

A Changing Culture:
An Analysis of High-Risk College
Drinking Behaviors

Presidential Leadership Academy

Written by: Meghan Barnett, Justin Bish, Kelsey Bradbury,
Katrina Kumpf, and Natasha Lundgren

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Introduction

Keg, shot, martini—no matter what form it’s in, alcohol is very much a part of the college social scene. On any given weekend, at almost any college campus, there are social events with alcohol as the main event. In American college culture it is considered a given these days, an ever present issue that many know is a growing problem, but few truly attempt to solve. There are studies giving statistics, doctors explaining consequences, and people with tragic stories. We all listen to these, agree that something should be done, and then go on our own way, assuming others will take charge. Unfortunately the situation is escalating at a rapid rate. What once was a minor problem, present but not too extreme, has snowballed over the past few decades. The most effective way to try and combat the issue is to investigate how it has changed over the years: compare past trends to current ones. What is at the heart of the college drinking culture? National trends feed into ones specific to each school and community. Much can be learned by examining and bringing to light the various effects of high-risk college drinking: social, criminal, medical, and psychological, as well as the effects on community.

Historic Trends

Attitudes towards alcohol have undergone drastic changes over the years. Before Prohibition in 1933, there was no minimum age for consumption of alcohol. After 1933 most states set the limit to around 21, as it was considered the “age of majority” (the age the nation considers you to be a legal adult). In the early 1970s the age of majority was lowered when the 26th Amendment made the voting age 18. This sparked a change in the drinking age as well, with most states deciding to stay with the age of majority for both and lower to 18 (though some stayed at 21). The issue continued to fluctuate throughout the 70s and early 80s, with some states deciding to raise the age once again due to the growing issue with drunk driving. Such statistics

lead to a complete change by Congress in 1984 with the National Minimum Drinking Age Act, effectively make the national age 21 (Drinking Age, 2010). Although 21 is considered the official drinking age for all, many states still vary on what is illegal. 21 is the age one has to be in order to purchase alcohol across the nation, but some states have exceptions regarding consumption (Figure 1). Some states simply restrict the age at which minors can have alcohol, but do not restrict consumption in certain locations. Other states have exceptions regarding alcohol given to a minor by their parents. So, although it may appear as though we have a black and white stance regarding the legality of alcohol consumption, much is still lies in the hands of the state legislatures and remains a much-debated issue.

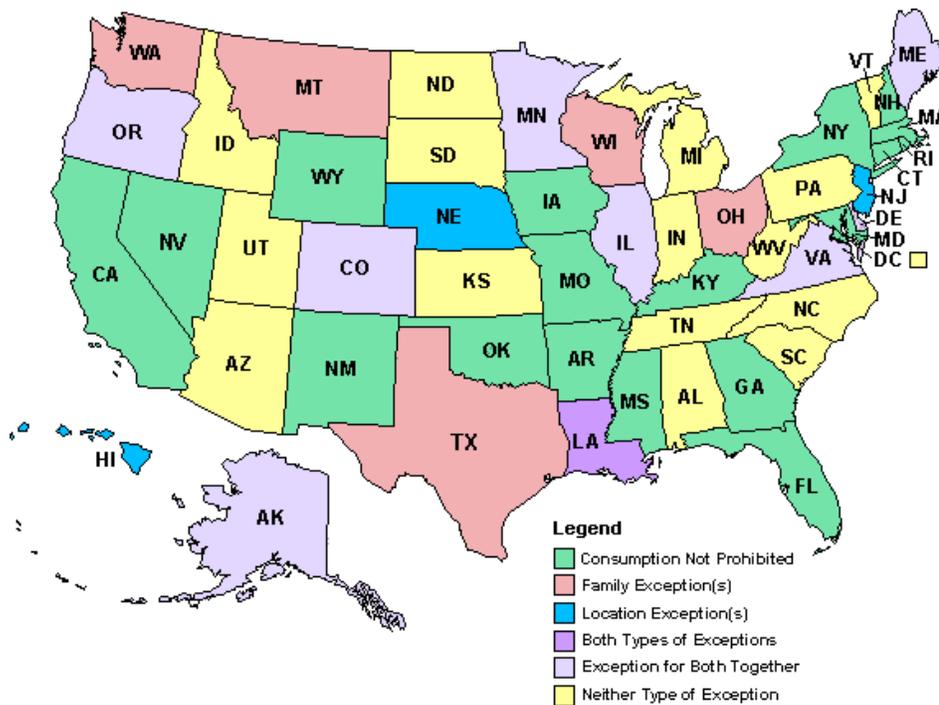


Figure 1: State Laws Regarding the Consumption of Alcohol by those under 21 (Underage Consumption Map, 2007)

This fluctuation in drinking age between the early 70s and the mid 80s sparked another change—the drinking habits seen on college campuses. Studies done at Indiana University reflect some of these trend changes. A condensed version of some of the results of one such test can be seen in Table 1.

<i>Percentages</i>	Abstain	Infrequent	Light	Moderate	Heavier	Heavy (Binge)
<i>Sex</i>						
Male 1974	16.5	7.1	9.1	20.7	26.4	20.3
Male 1982	18.3	7.8	7.1	17.1	24.8	24.8
Female 1974	23.9	13.7	13.9	26.5	17.5	4.4
Female 1982	23.5	10.7	12.8	22.4	19.1	11.5
<i>Class Year:</i>						
1 st 1974	20.8	11.8	10.5	23.7	21.1	12.1
1 st 1982	27.1	10.2	10.6	18.6	15.3	18.2
4 th 1974	15.6	10.6	13.1	20.6	28.1	12.1
4 th 1982	16.1	7.1	10.3	21.3	27.7	17.4

Table 1: Comparison of 1974 and 1982 Drinking Habits

(modified from Engs and Hanson, 1983)

These results compare drinking habits in 1974 (around the time when the drinking age was lowered) to those during 1982 (right before the National Minimum Drinking Age Act was passed). It was during these years that most students in college would have been allowed to drink—freedom to experiment and have fun without risk of getting underage violations for breaking the law. Table 1 reflects some prominent changes. Interestingly enough, the amount of abstainers went up in most cases. Perhaps this was a result of alcohol no longer being seen as a “rite of passage.” Perhaps students who might have gone out drinking excessively once they turned 21 decided to celebrate in other ways. The amount of light, moderate, and heavier

drinkers actually decreased, giving way to heavy “binge” drinking instead. Binge drinking by men went up 4.5%, and women shot up by 7.1%, from 4.4% to 11.5%. This trend continued even after the Drinking Age Act in 1984 (Table 2 below).

<i>Percentages</i>	1982-1983	1984-1985	1987-1988	1990-1991	1993-1994
Abstainers	17.7	10.4	20.9	21.6	26.8
Light - Moderate	61.8	59.8	57.6	56.9	51.9
Heavy	20.5	20.8	21.5	21.5	21.3

Table 2: Percent of Abstainers, Light/Moderate, and Heavy Drinkers Over Five Time Periods (Engs and Hanson, 1999)

From the early 1980s to the mid 1990s, the extremes sides of abstainers and heavy drinkers continue to increase while the amount of those drinking lightly to moderately decreased. Overall, this shows an intriguing trend: the amount of binge drinking occurring on college campuses is definitely on the rise, with those drinking a moderate or light amount decreasing. However the percentage of those abstaining is also increasing, though not as drastically as the increase in binge drinking. This corroborates the idea that college may not always be the stereotypical crazy “beer-fest” depicted in current movies and television shows. By the mid 1990s abstainers made up over a quarter of college students (Table 2).

Current Trends

The current trends in high-risk college drinking continue to follow past trends, with the amount of frequent binge drinkers remaining steady around 21% (Figure 2).

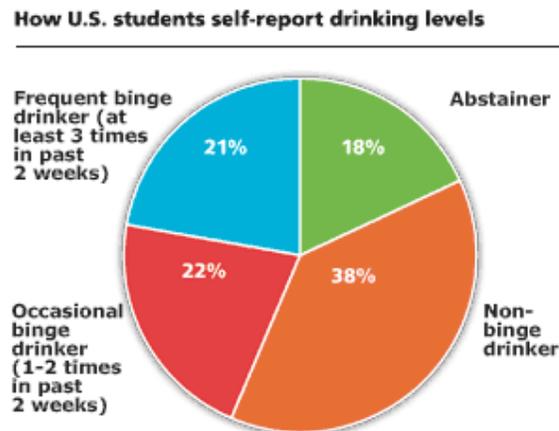


Figure 2: How US Students Self-Reported Drinking Levels

(Binge Drinking: Harvard College Alcohol Study calls for changes at U.S., 2009)

Common drinking habits in recent years also vary by class year, probably due to the fact that we enter college as underage citizens and turn 21 sometime in the middle. A recent Penn State PULSE survey showed that 82% of its participants celebrated their 21st birthday by including alcohol, and that 47% drank more than usual (21st Birthday, 2001). Most of these students reach the legal drinking age around their junior year in college, so they are eager to get started on the partying. However, drinking habits often change between freshmen year and seniors year. The amount binge drinking drops, as well as the amount of those abstaining, and the amount of moderate and heavier drinking increases (Table 1). By the time students reach their junior year, many say that binge drinking has “gotten old.” These students indicate that they drank heavily as freshmen and sophomores, but they have since grown out of habitual binge

drinking (Knapp). Most likely this reflects a trend that those who are legally allowed to drink will go out with friends to a bar and have a couple of beers, instead of pre-gaming with shots and then going to a frat or apartment party and binge drinking. Because it's now legal, 21-year-olds can go to a club to watch a sports game or do some dancing, instead of simply going to a frat where the event is centered around alcohol. This is a trend that occurs from past decades to the current time, as well as between freshmen and senior year—the idea that alcohol is just one component of the event instead of the alcohol being the main focus of the event. It ties into the trend of increasing percentages of binge drinking over the years (Table 2).

Expectations

One of the growing issues is that young people coming to college feel that drinking—excessively, underage, or even drinking at all—is expected of them. These students worry that they will not be getting the full “college experience” if they decide not to drink. In actuality, those who do partake in high-risk college drinking are in the minority. There is a major difference between what students expect regarding drinking behaviors and what is actually reported. A 1993 report shows that students “believed that normative drinking rates and drinking consequences not only were higher than their own, but higher than they actually were when measured independently” (Student Factors: Understanding Individual Variation in College Drinking, 2005). College students overestimate how much their peers are drinking, and feel that they have to drink more themselves to “keep up” and stay with the norm. As they start to drink more, their peers see this and think they have to drink more themselves, and the cycle continues with each passing year, pushing the real number constantly upward. A Penn State PULSE survey shows the results of a poll of men and women on how much they expected people their age to

drink versus the amount of drinking that was actually reported for different days during the week (Figure 3 and Figure 4, respectively).

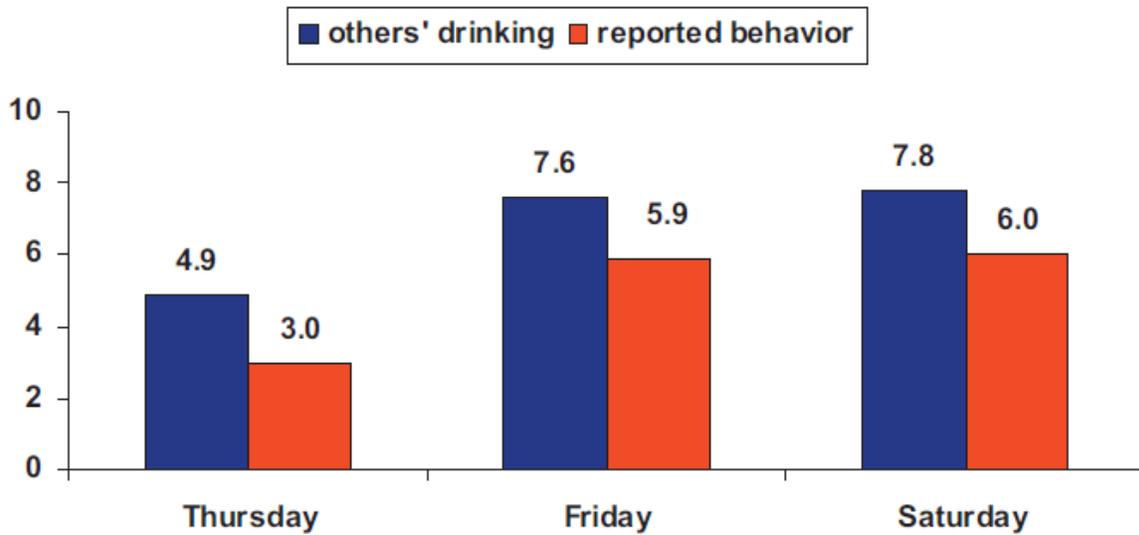


Figure 3: Penn State Pulse: Men's Perceptions v. Reported Behavior: Avg. Number of Drinks Consumed on a Typical Evening (Student Drinking: January/February 2008, 2009)

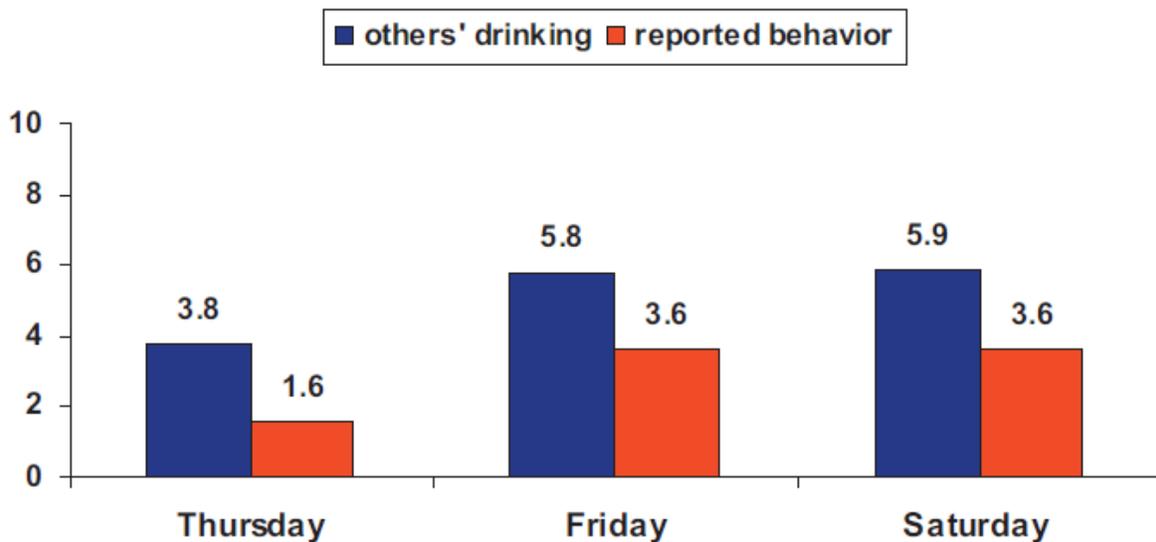


Figure 4: Penn State Pulse: Women's Perceptions vs. Reported Behavior: Avg. Number of Drinks Consumed on a Typical Evening (Student Drinking: January/February 2008, 2009)

In every case, the students expected their peers to have about 2 drinks more than their peers actually consumed. This shows how college-age students are socially constructed to believe that excessive drinking is the norm at college, and that students feel they are expected to partake in such behavior. As humans we tend to exaggerate, which might lead a person to “brag” about how much alcohol they had. Media does not help this image, with movies and television shows portraying the stereotypical drunk college setting as comical relief or an amusing plot. It doesn’t help that college students perpetuate this image when they talk with friends still in high school, often exaggerating stories to make the experience seem more dramatic. The news is also to blame for promoting this image—drunken behavior, arrests, and deaths are going to be reported. The idea of students having a safe, alcohol-free party with no problems is not typically considered “news worthy.” Tabloids and magazines also love to capitalize on celebrities and athletes and their camera-caught drunken behavior. Young children who idolize such people are bombarded with such images and facts. Star athletes, such as Arizona Cardinal Joey Porter, get caught in scandalous, detrimental situations, with the event being drawn out in the news as they go to trial and face suspension from their team. The same goes for actors and actresses—Lindsay Lohan, Paris Hilton, and Charlie Sheen to name a few. Alcohol is constantly being thrown into the spotlight, and as college students we are basically told that it’s expected of us. In sociology, this pattern is called self-fulfilling prophecy—we expect something to happen so much that we actually end up causing it come true. We believe that we are supposed to drink too much in college, and are told so by other students and the media, that eventually we give in and partake in such behavior. It’s considered part of the college experience, and we do not want to risk missing out on the fun.

Overview of Penn State Culture

“Penn State has it all – a large Greek system with an even larger student body, a rich tradition of sports, a Northeast location and loyal alumni” (Haugh). Even though these things make Penn State unique, they also give the school lousy odds when it comes to combating high-risk college drinking. According to the National Institute on Alcohol Abuse and Alcoholism, the top five college drinking risk factors are: division I schools, northeast regional schools, schools in rural locations, Greek presence, and on-campus housing (O’Shaughnessy). Penn State fits every single one of these criterion. Yet, the drinking culture stretches far beyond simple principles. From alumni nights at fraternities to tailgating at football games, alcohol is inevitably embedded in numerous levels of the school’s environment.

The statistics from the 2008-2009 Alcohol Annual Assessment are certainly consistent with these criteria. Nearly half of students, 44.7 percent, said they consider themselves moderate drinkers (Figure 5) (Annual Assessment). Alcohol related violations (public drunkenness, liquor law citations and DUI arrests) during the 2008-2009 school year exceeded 1,500 among students (Figure 6) (Annual Assessment).

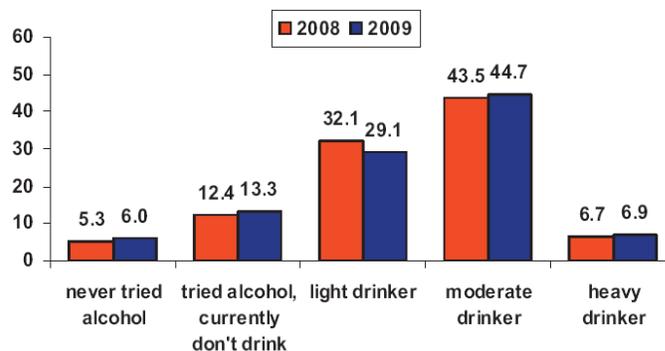


Figure 5: Students’ Self Reported Drinking Behavior (Annual Assessment)

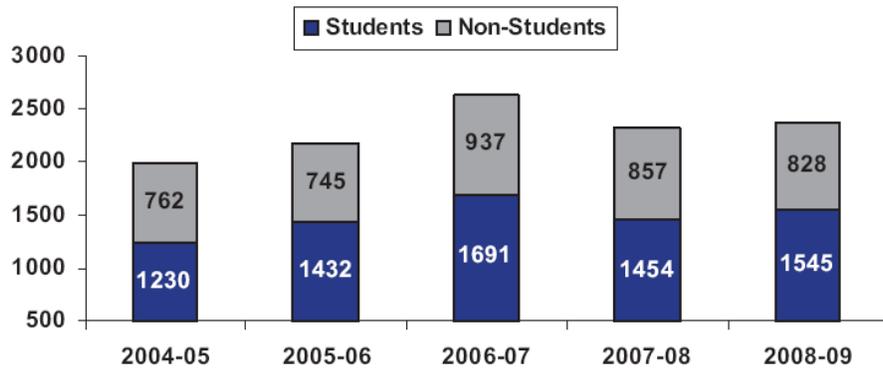


Figure 6: Annual Number of All Alcohol-Related Violations (Public Drunkenness, Liquor Law Citations, and DUI Arrests) (Annual Assessment)

Additionally, an overwhelming 586 students were admitted to Mount Nittany Medical Center for alcohol related problems; this is a thirty percent increase from the 2007-2008 academic year (Figure 7) (Annual Assessment). Of those students admitted, the average BAC level was .253, a value over triple that of the legal driving limit (Figure 8) (Annual Assessment).

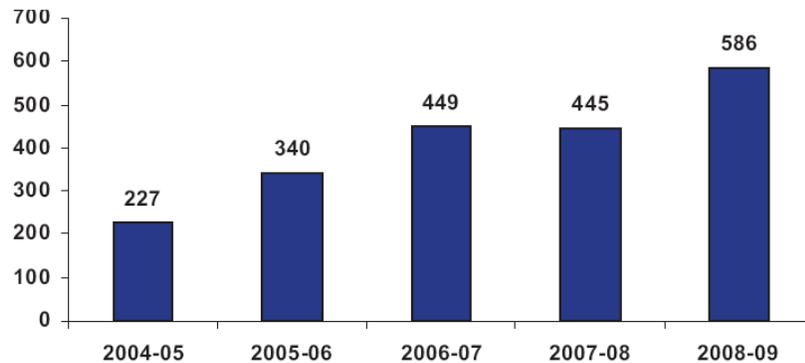


Figure 7: Number of Penn State Student Alcohol-Related Visits to Mount Nittany Medical Center (Annual Assessment)

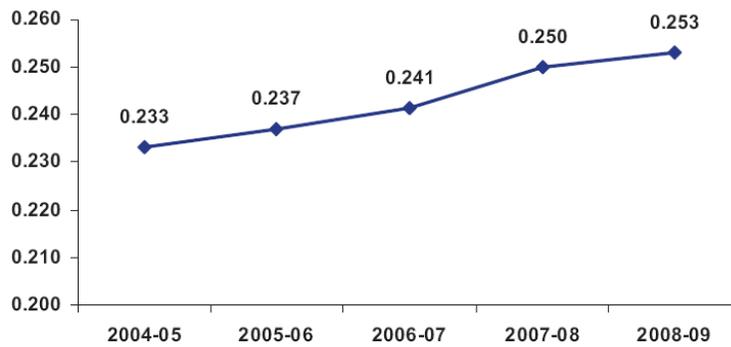


Figure 8: Average BAC Levels for Penn State Students' Alcohol Related Visits to Mount Nittany Medical Center (Annual Assessment)

Location/Lack of Downtown

State College, Pennsylvania is a rural town of less than five square miles. Ironically, there are about 100 different places serving alcohol are located within five miles of Penn State's Old Main (Schackner). It's no surprise that with over 40,000 students so close by, businesses in this town thrive on alcohol sales. According to the Pennsylvania Liquor Control Board, an alcohol license can go for as much as \$400,000 and there are over one hundred of those pricey permits in Centre County (Conrad). Consequently, there is little to nothing to do downtown for someone underage. Sure, downtown State College offers more than a dozen performing arts venues of varying size and quality. However, the majority of the smaller occupancy venues function primarily as bars (Gutmann).

As a result, apartment parties, house parties, and fraternity parties constitute the dominant source of weekend entertainment for underage and of age students alike. Since students under the age of twenty-one are not going to bars to drink, those who choose to drink must be attending venues such as apartment parties, house parties, and fraternity parties. Because these venues have

no serving restraints or social controls to regulate the consumption of alcohol, students are likely to participate in high-risk drinking behaviors.

On-Campus Activities (LateNight)

In the late 1990s, Penn State was one of the first institutions in the country to offer late-night, alcohol-free activities in the well-known student union building (Lasalle). Since then, an abbreviated search identified 41 colleges or universities offering weekend late night programming as of May 2009 (LateNight). Of those surveyed, Penn State is one of only three schools that offer events every Thursday, Friday, and Saturday night (LateNight). Also, Penn State is one of only four schools with an activity budget over \$250,000. In fact, the budget for the 2009-2010 academic year was almost \$350,000. A breakdown of this budget identified music, facility rental, and craft material expenses as the three leading sources of cost with prices over \$20,000 each (LateNight).

In its early years, LateNight featured “musicians, comedians, and magic shows in addition to today’s regularly scheduled activities of arts and crafts, dancing, games, and movies.” (Lasalle). These activities brought in large crowds of students and after LateNight was introduced in the 1990s, alcohol-related incidents decreased. Unfortunately, turnout has declined dramatically in recent years (Figure 9). In September 2005, attendance topped 22,000; in September 2009, fewer than 17,000 students participated (LateNight Monthly Attendance Report).

Although the mission of LateNight Penn State is great, its positive effects have faded away due to the lack of diverse activities offered and a subsequent lack of interest among students.

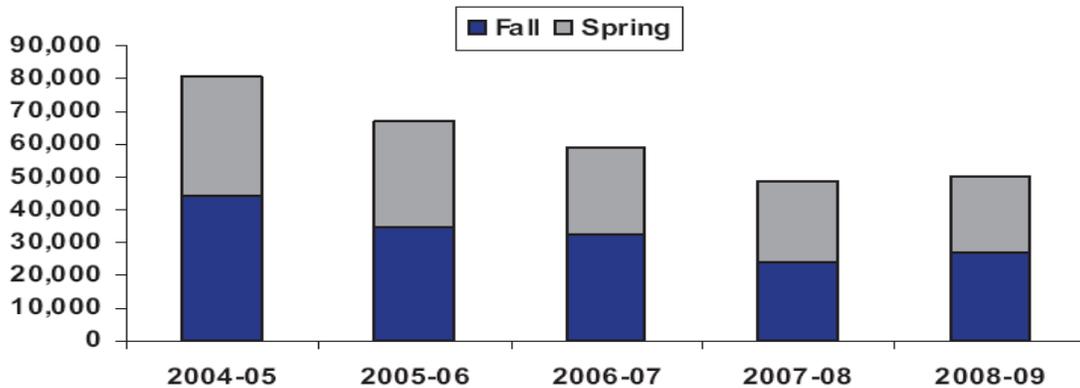


Figure 9: LateNight Attendance Fall/Spring Semester 2004-2009 (Annual Assessment)

The interest in the types of activities offered has changed since the early days of LateNight. In the most recent student survey, it was revealed that students prefer concerts, comedians, and movies well above any other activity. While these staples of LateNight garner interest and high attendance other activities need to be revamped (Table 3).

Type of Event	Percent likely
Concert	84.1
Comedian	79.2
Movies	71.7
White Building activities	52.9
Programs sponsored by student organizations	40.9
Student performers on Joegies stage	27.6
Arts and crafts	19.4
Novelty acts	14.3

Table 3: PULSE Student Survey of Preferred Activities-2007 (Student Activities)

Programs in Place

Much of the information University administrators use to assess the ways in which Penn State students use alcohol comes from the PULSE survey. The PULSE survey is conducted yearly by Student Affairs. Currently, Dr. Betty Harper coordinates the survey. It is difficult to determine trends based on the Pulse Survey data from previous years compared to recent years, but the survey underwent a significant revision in 2008, and will likely stay the same for the next

five years so that trend data can be established. The PULSE Survey is one of several data sources referenced for the Penn State Student Affairs Research and Assessment (SARA) Annual Alcohol Assessment Report; the Annual Assessment Report is a combination of PULSE data, police records, and medical data. PULSE survey data is analyzed to make sure that it is a representative sample of the population based on gender, ethnicity, age, class standing, and other demographic factors (Harper).

Two years ago, Penn State began requiring all first-year students, at all campuses across the state, to complete an online alcohol education program called AlcoholEdu (Lasalle). AlcoholEdu is designed to teach basic facts about alcohol and to motivate behavior change. The content was developed by a team of nationally recognized alcohol prevention experts. Last year, Penn State had the largest implementation of the program in the country with more than 14,000 students taking it before arriving on campus in August. (Lasalle)

Results from a study at San Diego State University suggest that AlcoholEdu significantly reduces high-risk drinking behaviors (Figure 10) (Hustad). However, Linda LaSalle from Healthworks stated that “Penn State did not see these same results” (Lasalle). However, because the program is so new, there is a lack of significant data to analyze AlcoholEdu’s effectiveness.

Outcome measure	AlcoholEdu v. controls
Typical week drinking	Significant reduction
Frequency of heavy episodic drinking	Significant reduction
Number of drinks consumed on a typical day	Significant reduction
Number of drinks on a peak day of drinking	Significant reduction
Estimated typical BAC	Significant reduction
Estimated Peak BAC	Significant reduction
Negative alcohol-related consequences	Significant reduction

Figure 10: AlcoholEdu Effects On Drinking Habits (Hustad)

AlcoholEdu focuses on the behaviors on incoming students. For current students, University Health Services (UHS) and Counseling and Psychological Services (CAPS) provides intervention-based programming and services for those who show early signs of potential alcohol abuse or addiction (Lasalle).

Penn State’s PAUSE program is a means of providing small-scale intervention and rehabilitation for students who have gotten into trouble with Penn State Judicial Affairs. The PAUSE program is based on the BASICS (Brief Alcohol Screening and Intervention of College Students) system. Programs based on the BASICS method are utilized by many colleges and universities nationwide as a preventative intervention programs to increase alcohol awareness and decrease unsafe drinking habits among college students (Zeman).

The PAUSE program consists of a 142 question pre-counseling screening test and two 50-minute sessions with a trained counselor. The results of the screening test are compiled into a personalized feedback sheet for each student based on his/her answers. Counselors pair the

results of the screening test with motivational interviewing tactics to help students change their mindset about drinking. The PAUSE program uses a harm reduction strategy that promotes safer drinking rather than abstinence from drinking. The BASICS model has proven to be effective in reducing risky drinking practices. The program's effectiveness is due, in large part, to the individualization of the counseling sessions. Every student is motivated by something, and that motivation can be a positive force in reduction of harmful drinking habits. It is up to the counselor to find each student's motivating factors and to help him or her draw a connection between those factors and risky drinking behavior. In other words, counselors must give PAUSE participants a reason to change their habits. No standardized solution is as effective as the BASICS model because every student thinks differently. Unfortunately, it is costly and inefficient to provide every Penn State student with BASICS-based counseling (Zeman).

Mary Anne Knapp is a clinical social worker/therapist with the Penn State Counseling and Psychological Services (CAPS). Knapp's main role is to provide counseling in both individual and group settings; she also coordinates outreach programs, including alcohol education sessions. The CAPS program treats problem drinkers in the Alcohol Intervention Program (AIP). Some of these students are self-motivated to seek help; others are urged to seek help by significant others; and a small number are forced by judicial affairs to seek treatment. Only the most serious cases are sent to CAPS for treatment, the majority of students are sent to the University Health Service's BASICS-inspired PAUSE program. Last year, 400 students were sent by judicial affairs to complete the PAUSE program, while only ten students were sent to the AIP (Knapp).

Residential Living

Annually, 13,000 students call Penn State dorms their home, many of whom are freshmen and sophomores not yet 21 years of age. Penn State, in line with Federal Law, restricts underage drinking in the dorms, both on and off campus (Lasalle). The Penn State code of conduct states that the University will not tolerate any underage drinking among its students. Despite these policies, the latest Partnership report lists 566 students out of the 13,000 are cited for drinking in the dorms; 404 of these cases involve underage drinking (Annual Assessment).

	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09
Underage possession	339	196	232	355	483	836	519	569	741	302	404
Open container possession, small qty	3	10	6	4	4	1	7	14	15	8	1
Possession of a keg on campus	NA	NA	NA	NA	6	3	4	2	1	1	3
Supplying to a minor	3	2	3	3	9	6	5	4	13	3	25
Party Responsibility	63	93	133	150	78	107	111	136	121	56	1
Excessive Consumption of Alcohol	29	27	16	43	52	58	49	53	108	70	132
Alcohol Intervention Program 1	413	390	526	537	391	449	329	493	NA	NA	NA

*Table 4: Residence Life Charge Code Comparison for University Park 1998-2009
(Annual Assessment)*

Effects on the Penn State Community

In recent years, Penn State has had an increase in the number specific trends that have affected the community. According to the Annual Assessment Report released to the university community for the 2008-2009 year on January 10, 2010 by Penn State's Partnership Campus and Community United Against Dangerous Drinking, the excessive problems across the community has increased even more. Mount Nittany Medical Center visits of Penn State students have

increased from 445 in 2006–07 to 586 in 2007–08. The average Blood Alcohol Content (BAC) on those hospital visits has increased from .250 to .253 over the course of the school year, and at the same time citations for public drunkenness and alcohol related violations have all increased a substantial amount (Nichols).

Officer Rhodes of the State College Police Department indicates, “there has been a significant increase in the trends of excessive alcohol over the past ten years.” Rhodes believes the increase is due to increased underage partying involving more students, as well as students being more disrespectful towards authority than they were ten years ago. Many residents who have observed the high-risk drinking culture at Penn State believe the reasons for the increase are the overall attitude of the generation of the students—an attitude that supports and encourages drinking alcohol to excess. This has caused Penn State to feel the repercussions of such a generational change (Rhodes).

Social Effects

High-risk drinking behavior has significant consequences on social interactions, behaviors, and relationships. This affects all students at Penn State—not just the students who choose to partake in drinking activities.

Over the past one hundred years, culture has shifted dramatically. With each generation has come sweeping changes—new technologies, new fashions, new politics. These shifts in the macroenvironment have accompanied radical shifts in American social norms, altering the way we interact with each other and our surroundings.

College students are faced with a social climate that is radically different than what it was years ago. In fact, each college student faces a social climate that’s unique, one that’s radically different than even his or her peers. Students are caught at a crossroads, navigating between

cultures—from their family, their hometown, their peers, their professors, their university, and of course, the nation as a whole. Therefore, students’ perceptions of alcohol are shaped by all of these cultures, as well as by individual experiences.

Researchers have difficulty assessing the movement of these cultural patterns—do the changing social standards cause increased binge drinking, or does the increase in binge drinking shape other social standards? Regardless, correlations exist between high-risk college drinking and a student’s social life, both on the national level and specifically at Penn State, in four primary areas: family, peers, dating, and academic or career-related endeavors. Although each individual experiences the effects of these social shifts differently, over-arching trends have emerged.

Family Relationships

In traditional American society, families represent the closest bonds of any individual. However, the family does not operate as a unit; rather, it’s composed of members at differing stages of development and maturity. In 1996, social work professor at Ohio State University, Dr. Audrey Begun, articulated rules that tend to govern family interactions. He stated that a family system is more than the sum of its parts, including embedded, multigenerational subsystems between specific members (for example, the relationship between a father and daughter, or between siblings). However, Begun also noted that families exist within a larger context and that changes in any part of the system, due to internal or external forces, affects the entire family. According to this theory, then, the culture of the family not only influences a college student’s perceptions of alcohol but is also affected by that student’s drinking habits (Alcohol and the Family, 2010).

A college student receives signals from his or her family members on acceptable drinking behaviors; this shapes students' thoughts on alcohol. Scientists generally agree that children of alcoholics are at a higher risk of becoming alcoholics themselves; however, children are also affected by environmental factors set by their parents (Alcohol and the Family, 2010).

Parents have a strong influence over their children's morals and religious views, both of which affect alcohol consumption. Similarly, children take social cues by watching the frequency of their parents' alcohol consumption, as well as perceiving standards of acceptable behavior. A recent university study monitored correlations between the behavior of students' parents and students' alcohol use, surveying from across the nation and controlling for variables such as age, gender, and family income (Fischer, 2006). The study looked at patterns between substance-specific parenting variables (such as consumption of alcohol), non-substance-specific parenting variables (such as lack of support and intrusive parental control, measured through the child's emotional regulation and psychosocial maturity), and the drinking behaviors of college students (Fischer, 2006). The base model of potential patterns is depicted in Figure 11. Although the researchers conceded that additional cultural variables may affect the ones they chose to monitor, they concluded that parental factors indirectly related to alcohol consumption in men in particular (Fischer, 2006). This study quantified the relationship between children, parents, and alcohol that many people have acknowledged, and experienced, anecdotally. Parents directly and indirectly shape their children's views on alcohol consumption, setting standards that students carry with them to college.

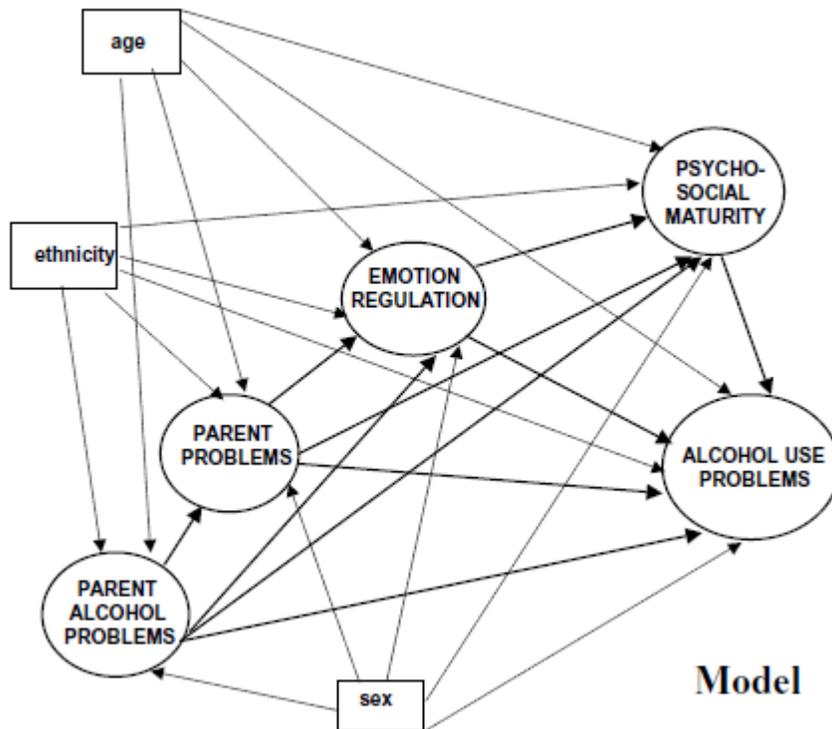


Figure 11: Patterns Between Substance-Free Variables, Non-Substance-Specific Parenting Variables, and college Drinking Behaviors

While parents shape their children’s response to alcohol, students also shape their family culture as they change their attitudes toward drinking. In an informal discussion, Penn State students noted the difference between living in a close-knit community to moving to an environment of 40,000 students as a contributing factor to shifts in perceptions of alcohol. At Penn State, students feel less accountable to family and community members than they did in high school. Despite Penn State’s best efforts, students can become anonymous in a large university setting; anonymity enables students to act more destructively than they would if they felt accountable to others. This anonymity does not translate back to family life, however, so students’ roles in their families shift as a result. According to Begun’s theory, the shift in an individual member of the family alters the relationships of all members of the family. Even if a

student's drinking behaviors are not directly addressed by family members, an intangible change occurs.

Leaving home to go to college contributes to changes in family dynamics for a variety of reasons and pinpointing alcohol as the sole culprit for these shifts is an unfair assumption. However, research indicates that family culture both affects and is affected by a student's drinking behavior; it's the degree of the effect that remains variable.

Peer Relationships

Individuals' relationships with their peers are also affected by the culture of high-risk drinking, regardless of whether or not individuals choose to drink. In CAPS therapist Mary Anne Knapp's experience, a large cohort of students come to Penn State because they are attracted to the school's partying reputation (Knapp). At a university like Penn State, where 73.8% of the student population engages in drinking, every person is affected by the drinking habits of those around them, regardless of one's own choices (Student Drinking, 2009). Some students are afraid to stop drinking because they fear losing the group of friends they've made and the social niche they've settled into (Knapp). A student's interaction with her or her peers is affected on both a quantitative and qualitative level, causing tension in a tangible way as well as leading to incorrect assumptions made of peers.

Drinking behaviors of students affect the texture of relationships between peers. According to Steele and Joseph's "alcohol myopia theory," people under the influence of alcohol pick up a restricted range of social cues than sober people, often acting on the others' provocations to instigate specific behavior (Monahan, 2000). As a result of this lack of self-control, 34.2% of Penn State students reported doing something under the influence of alcohol that they later regretted, according to a 2009 PULSE survey (Student Drinking, 2009).

Anecdotally, students also report adopting personality traits while drunk, shaping the tone of their relationships with others. In an editorial piece for San Jose University’s *Spartan Daily*, Erik Lacayo notes a variety of “drunk alter egos,” ranging from the surprise “life of the party” to the “downer” to the “angry or belligerent drunk” (Lacayo, 2004). Although these alternate personalities can manifest themselves in a variety of different ways, 30.3% of Penn State students reported exhibiting signs of the latter option, becoming “obnoxious, rude, or insulting” (Student Drinking, 2009). Each of these individual effects of drinking shapes and strains relationships between individuals.

Furthermore, students are affected by others’ drinking in tangible, concrete ways. In a Penn State PULSE survey conducted in 2009, shown below in Table 5, researchers found that more than 60% of students have had to baby-sit a friend who drank too much. 60.8% have been interrupted while studying or sleeping by someone who was intoxicated, and 20.5% have had their property damaged. Almost 33% of the students surveyed have had a serious argument because of someone else’s drinking. These sheer numbers indicate that a majority of students on campus have been affected by the drinking culture, even if they choose not to participate in it (Student Drinking, 2009).

Indirect Consequences	2003	2004	2006	2008	2009
Had to 'baby-sit' a student who drank too much	56.5	60.0	64.0	65.7	62.6
Had your studying or sleep interrupted	59.4	64.7	70.5	66.0	60.8
Been insulted or humiliated	27.4	32.1	36.9	40.6	40.5
Had a serious argument or quarrel	32.0	36.6	44.5	38.6	33.1
Had your property damaged	22.5	24.7	31.4	21.9	20.5
Been pushed, hit, or assaulted	12.6	14.7	20.1	17.7	15.2
Been a victim of unwanted sexual experience	3.5	5.5	5.8	5.5	5.7

Table 5: 2009 Penn State PULSE Survey, Student Drinking.

Changes exhibited by individual students lead to changes in relationships with peers and contribute to an over-arching trend in today’s social norms. These “alter-egos” have become part of the drinking landscape for college students everywhere, allowing more outrageous behavior to

become acceptable. Students often write off poor behavior by citing their drunkenness and in turn feel they have a “blank check” to act however they choose whenever they pick up a drink. Students expect less of their peers as a result of the drinking culture, and in turn, less is expected of them. The cycle continues—as high-risk college drinking becomes the standard, students are less accountable for their actions. As students become less accountable, high-risk drinking behaviors thrive.

Dating and the “Hook-Up” Culture

The dating landscape in America has shifted over the past few decades for a variety of reasons—increased connectivity due to technology, feminism, changes in the nuclear family structure, and more. Alcohol not only amplifies these changes, but adds new complications to romantic relationships between college students, helping to create a casual dating landscape largely based on “hooking-up.” Research indicates that alcohol affects men and women differently, which affects their interactions and has led to the creation of new social dating standards.

Alcohol has historically been labeled as a social lubricant, a method of relieving anxiety in social situations. Drinking, therefore, eases interactions between men and women, although in different ways. A 2006 study indicated that men use alcohol “as a means of coping with emotional distress,” although they may also resort to sensation seeking and other behaviors while drinking (Fischer, 2006). In another study, 87.5% of men stated that they believe alcohol reduces anxiety before interactions with women (Wilson, 1977). Women, on the other hand, exhibit a higher correlation between the perception of their self-esteem and alcohol (Fischer, 2006). In a 2000 study conducted by the University of Georgia, women with low self-esteem were reportedly more comfortable when talking to a flirtatious man while drinking than while sober;

women with high self-esteem were not affected by consuming alcohol under the same circumstances (Monahan, 2000). According to traditional gender stereotypes, men pursue sex while women serve as the “gatekeepers;” however, under the influence of alcohol, men become more aggressive while women are more prone to acting on impulses, increasing the odds of sexual interaction (Smith, 2008).

The perception of using alcohol as a social lubricant may be stronger than the effects of the alcohol itself. In 1977, a study compared the heart rates of thirty-two men, some of whom consumed alcohol and some who did not, while talking to an attractive woman. The heart rate of the men who falsely believed they had consumed alcohol was not significantly different than those who consumed alcohol and knew it (Wilson, 1977). Therefore, even the perception of alcohol consumption affects interactions between men and women.

As individual reactions to alcohol begin to shape behavior, interactions between individuals shift. Traditional models of dating are “nearly dead,” as relationships defined by casual sex become prevalent (England, 2007). In a 2007 study on a medium-sized private university’s campus, 21% of men and 32% of women had not been on any dates since coming to college, numbers that are not necessarily unique to that school (England, 2007). Rather, students have opted for a less structured method of romantic interaction, creating a new cognitive and cultural script for interactions with one another (Smith, 2008). Anecdotally, students have expressed that dating and relationships often stem from sexual encounters, “hook-ups,” on campuses today (England, 2007). Hook-ups, consequently, often follow drinking. On average, men have had 5 drinks, and women have had 3 drinks, prior to hooking up with one another (England, 2007). 47% of these encounters start at a party, and 28% of those who have hooked up report being “extremely drunk” beforehand, with a BAC of .12 or higher. Furthermore, alcohol

affects those who pursue traditional methods of dating. Dates are often affected by availability of alcohol, and dates that involve atmospheres containing alcohol are more likely to result in sexual encounters than “dry” dates. Alcohol’s presence on college campuses has not only affected the traditional model of romantic relationships between students but has also led to the creation of an entirely new culture.

These new dating behaviors often lead to cognitive dissonance among college students. Although some participants in the hook-up culture are grateful for the use of alcohol as a social lubricant, others express discomfort and regret for their sexual exploits while under the influence. In a study of 233 students, 69.9% reported to have participated in hook-up behavior, while only 28.8% indicate that they are “absolutely open” to doing so again (Smith, 2008). These numbers indicate that, although hooking up exists, not all students are comfortable with their participation with the culture. Perceptions of casual sex are shaped by previous experiences and personal standards, as well as by environmental factors and approval of peers (Smith, 2008). The culture perpetuates itself—as long as students are surrounded by a culture that glorifies casual sex, they will tend to participate in the behaviors they see.

These interactions between men and women correlate with a cultural shift that affects the tone and texture of relationships on college campuses, and among young adults, nationwide. According to a professor at La Salle University, Katherine Bogle, this cultural shift has virtually replaced dating, leading to a more casual perception of sexual interactions (Wilson, 2009). Due to an increased compartmentalization of different aspects of their lives, students often claim to not make time for relationships, to value their academic career above personal relationships (Wilson, 2009). A number of factors have given rise to this less personalized view of sex and dating, alcohol’s role as a social lubricant has played a role in amplifying existing trends.

Academic and Career Ramifications

Some students do not recognize that binge drinking has consequences on their futures. Many students indicate that their grades suffer as a result of binge drinking. In 2009, 24% of Penn State students reported getting behind in schoolwork as a result of their own drinking, 26% of Penn State students reported having missed class as a result of their own drinking, and 61% of Penn State students reported having their studying or sleep interrupted by another student's drinking (Annual Alcohol Assessment, 2009). Students with higher grades are more likely to be chosen for an internship, a job, or a place in a post-graduate program. Additionally, if a student is prosecuted for a drinking-related incident, this violation of the law will limit career options (Knapp). These topics are explored in depth in our colleagues' paper about academic expectations.

High-risk college drinking has given rise to unique cultural behaviors on campuses nationwide, changing the standards of acceptable behavior. Students not only interact with one another differently due to the prevalence of alcohol but with everyone around them—family members, professors, and the community at large. Given the excessive amounts of drinking, Penn State students are confronted with the inconsistencies and challenges of the new culture whether they choose to drink or not. Students are entrenched in their culture, and therefore rarely think critically about their actions, giving rise to a cyclical pattern of social development.

Criminal Effects

Alcohol can have a detrimental influence on an individual's attitude and decision making process. This is evident in many Penn State social settings. This spring, a member of our group

took the time to spend a typical, non-event Saturday here at Penn State with the State College Borough Police Department riding around, and responding to various calls throughout the borough. He also spent time on a Thursday night with the Centre County Life Link EMS. This was supposed to be a non-event Saturday, but scheduling conflicts restricted the time to be a Thursday, which also proved to be eventful.

The criminal effects of alcohol can be severe, as our member witnessed firsthand. The officer he was paired with was a fifteen year veteran with the State College Police Force. This officer stated he has noticed several new trends overtime, and as our group stated earlier, he believes students have become more disrespectful and the overall level of underage drinking has increased. During the ride along, our group member witnessed two DUI's, several disorderly conduct calls, and one felony-breaking and entering. The felony was the result of an over-intoxicated visiting student wandering into a random house. The student did not know his name, hometown, or where he was. He didn't know anything about his identity. It was astonishing that people would act like this in a foreign town. It was found out that the intoxicated student was visiting a friend, and his hometown was three hours away from State College. The officers said this is typically a weekly occurrence. This student could have been prosecuted with a felony charge, but because of the over-occurrence of these types of idiotic crimes on the student's part, law enforcement and officials drop the majority of these charges to misdemeanors. However, when charges are not dropped, students face severe consequences because it is extremely hard to find and be accepted for a job if an individual has a felony. This is not just a problem in State College. DUIs seem to be a national problem as well; about 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol last year (Hingson et al., 2002). About 5 percent of 4-year college students are involved with the police or campus security as a result of

their drinking (Wechsler et al., 2002) and an estimated 110,000 students between the ages of 18 and 24 are arrested for an alcohol-related violation such as public drunkenness or driving under the influence (Hingson et al., 2002). These numbers are consistent with what was observed during the ride-along. The medical effects of alcohol can be severe as well. A member spent an evening with the Centre County LifeLink and observed similar consistencies with the data presented. Several students were observed in the emergency room incapacitated because of the effects of alcohol. Individuals couldn't walk, vomited, and had severe alcohol poisoning throughout the night. These problems can all be avoided if responsible actions are taken by students.

Penn State Student Alcohol-Related Visits to Mount Nittany Medical Center Emergency Department

	Total Number Visits	Average BAC* (percent)	Average Age	Male	Female
2008	558	0.252	20	66.8%	33.2%
2007	411	0.244	20	58.6%	41.4%
2006	398	0.237	20	64.6%	35.4%
2005	304	0.234	20	59.1%	40.9%

*Blood Alcohol Content. The legal limit in Pennsylvania for driving under the influence is 0.080%.

Figure 12. Alcohol-related emergency department visits to Mount Nittany Medical Center by Penn State students. Photo Credit: Penn State Department of Public Information

**Alcohol-related Emergency Department Visits
to Mount Nittany Medical Center by Penn State Students**

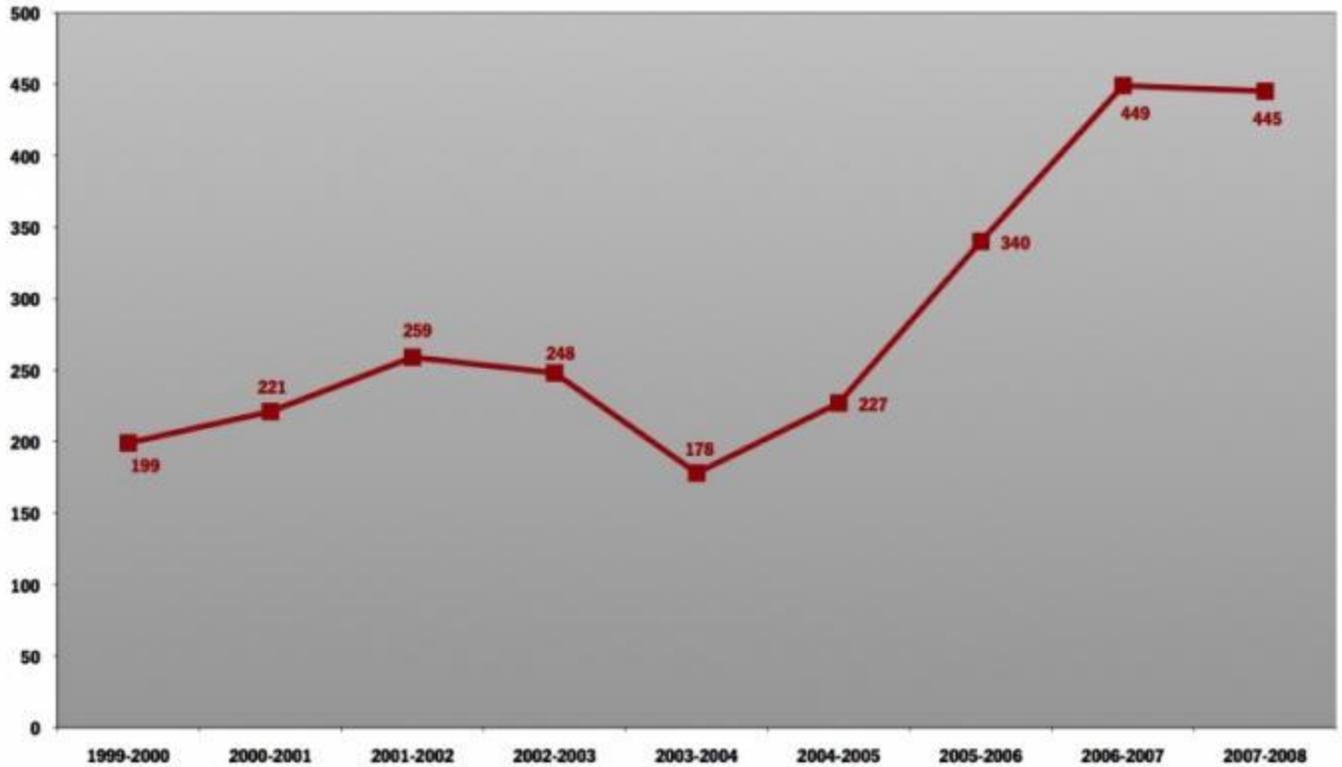


Figure 13. Penn State student alcohol-related visits to Mount Nittany Medical Center Emergency Department 2005 - 2008

Photo Credit: Penn State Department of Public Information

Direct Physiological Effects of High-Risk College Drinking

Both Penn State CAPS clinical social worker/therapist, Mary Anne Knapp, and Penn State University Health Services Associate Director of Education Services, Linda LaSalle have noticed that students fail to establish connections between their drinking habits and the associated physical consequences (Knapp; LaSalle). Short-term consequences of binge drinking include injuries, sleep problems, hangovers, immune system deficiencies, and weight gain (Knapp).

Frequent participation in high-risk drinking can take a serious toll on the body. The long-term physical consequences of alcohol include diseases of the four organs most directly affected by alcohol use: the liver, the heart, the stomach, and the brain (NIAAA).

When alcohol is ingested, it enters the stomach and the majority of the alcohol consumed is absorbed through the small intestine, and then travels to the liver. The liver is the organ that processes alcohol. Before it reaches the liver, alcohol must travel to the stomach and through the small intestine. Once it reaches the liver, alcohol is metabolized by the enzyme alcohol dehydrogenase. On average, a healthy liver is able to metabolize 0.5 ounces of pure alcohol per hour. 0.5 ounces of pure alcohol is the equivalent of 6-12 ounces of beer, 5 ounces of wine, or 1 ounce of hard liquor (Dummies.com). For the average college student, it takes the liver around 3 hours to eliminate the alcohol content of two drinks (NIAAA). However, the majority of Penn State students drink more than two drinks in a three hour period (Annual Alcohol Assessment, 2009).

Effects on the Liver

The most common diseases caused by a pattern of heavy drinking are diseases of the liver. Alcohol-induced liver disease comes in different severities. The three liver diseases caused by excessive alcohol consumption are steatohepatitis (fatty liver disease), hepatitis, and cirrhosis.

Alcoholic steatohepatitis, or fatty liver disease, is an early stage of alcohol-induced liver disease in which liver cells become swollen with fat globules and water, and the liver itself enlarges. In diseased livers, 10% or more of the liver's weight is fat (American Liver Foundation). According to Merck, the second-largest pharmaceutical company in the world, more than 90% of the Americans who abuse or are dependent on alcohol have fatty liver disease. Currently, more than 10% of the American public fits the diagnosis of abusing alcohol or being dependent on alcohol (Merck). According to statistics published by the National Institute on Alcohol Abuse and Alcoholism, based on questionnaire-based self-reports about their drinking habits, 31% of college students meet criteria for a diagnosis of alcohol abuse and 6% meet criteria for a diagnosis of alcohol dependence (Knight et al., 2002). If these students continue their drinking habits after graduation, the majority of these students are likely to develop alcoholic steatohepatitis. If people stop drinking at the steatohepatitis stage of liver disease, the liver is capable of healing itself, and further liver damage can be prevented (NIAAA). Unfortunately, there are no noticeable symptoms of steatohepatitis, so patients are often unaware they have the disease until the condition has worsened and the damage is no longer reversible. To check for steatohepatitis, doctors must do a liver biopsy and examine a small piece of liver tissue to determine fat content (American Liver Foundation).

Alcoholic hepatitis is advanced inflammation of the liver that causes soreness and swelling of the organ (NIAAA). Mild cases of alcoholic hepatitis typically do not produce noticeable symptoms, but in more severe cases, symptoms of hepatitis include loss of appetite, abdominal pain and swelling, fatigue, dry mouth, lightheadedness, and unexpected weight gain (MayoClinic). More serious cases of hepatitis can cause jaundice, itching, nausea, fever, and body aches because the liver fails to break down waste products (NIAAA). Symptoms of alcoholic hepatitis are often more apparent after binge drinking. In some cases, heavy drinkers never develop hepatitis, but in other cases, individuals who have only participated in high-risk drinking once or twice can develop the disease (MayoClinic). According to Merck, 10-35% of Americans who abuse or are dependent on alcohol have alcohol-induced hepatitis (Merck).

Alcoholic cirrhosis is the most advanced form of alcohol-induced liver disease (MayoClinic). Cirrhosis was the twelfth leading cause of death in America in 2006, with more than 27,000 deaths per year. Approximately half of these deaths are attributed to alcohol-induced cirrhosis (Heron, et al., 2009). Cirrhosis is essentially the scarring of the liver tissue. Over time, as the liver is repeatedly damaged, scar tissue builds up and impedes normal functioning. The severity of cirrhosis can vary. In more mild cases and with proper care, the liver can still function, though not as well as a healthy liver. In severe cases, the liver cannot function on its own; patients with advanced cirrhosis, must receive a liver transplant because the body is unable to function without the liver. Unfortunately, cirrhosis often produces no symptoms until the liver is significantly damaged. In other cases, patients with cirrhosis may attribute their symptoms to other causes (MayoClinic). According to Merck, 10-20% of Americans who abuse or are dependent on alcohol have alcohol-induced cirrhosis (Merck).

The NIAA reports that “even moderate social drinkers can experience liver damage” as a result of their behavior. However, according to Merck, liver diseases such as alcoholic steatohepatitis (fatty liver disease), alcoholic hepatitis, and alcoholic cirrhosis typically occur in men who consume more than 40-80 grams of alcohol per day for eight years and women who consume more than 20-40 grams of alcohol per day for eight years. For reference, a 12-oz glass of beer typically contains 3-10 grams of alcohol, while an 8-oz glass of wine typically contains about 10-15 grams of alcohol (Merck). Merck states, “If (alcohol) consumption exceeds 230 g/day for 20 yr, risk of cirrhosis is about 50%.” It should also be noted that alcohol consumption is not the sole causative factor for liver disease; women are at higher risk than men, people who have a diet low in protein-energy or high in saturated fat are at higher risk than people who eat a well-balanced diet, and people with a family history of alcoholic liver disease are at a higher risk than those who do not (Merck). Because the majority of students are in college for only four years, it is likely that students who partake in high-risk drinking during their college years can avoid serious, permanent liver damage if they reduce their alcohol consumption after leaving college. However, if drinking on a daily basis becomes a routine that college students continue after graduation, our generation may face staggering rates of alcoholic steatohepatitis, alcoholic hepatitis, and alcoholic cirrhosis.

Effects on the Heart

High-risk drinking has a negative effect on the heart, too. Alcohol consumption, even in moderation, raises blood pressure, which forces the heart to beat more times per minute for the same output of oxygen to the rest of the body. High-risk alcohol consumption can cause levels of triglycerides in the blood to increase, which also makes the heart work harder. Frequent, habitual

binge drinking has been shown to significantly increase the risk of strokes, cardiomyopathy, cardiac arrhythmia, and cardiac arrest (NIAAA).

Effects on the Stomach

Before it travels to the liver, alcohol is stored in the stomach. Alcohol acts as an irritant in the stomach and hydrochloric acid secretions used for digestion increase. The increase in hydrochloric acid also irritates the stomach. Repeated irritation due to heavy drinking can damage the stomach lining and lead to conditions such as gastritis (inflammation of the stomach lining) and ulcers. If binge drinking occurs shortly after eating, the digestive process may be interrupted, causing the body to lose out on absorption of nutrients (NIAAA).

Effects on the Brain

Until adolescents reach their mid-twenties, their brains are undergoing significant development. For this reason, heavy alcohol consumption has a greater impact on the brain function of adolescents than that of adults. Researchers are unsure whether or not damage to brain function is reversible. After alcohol is ingested, it takes thirty seconds for the alcohol to begin reaching the brain. The alcohol affects the central nervous system, acting as a depressant and inhibiting certain neurotransmitters from functioning. In the short term, high-risk alcohol consumption has a debilitating effect on two specific functions of the central nervous system: judgment and coordination. In severe cases, heavy drinking can affect the nerve cells that control breathing; this condition, known as respiratory depression, is potentially fatal (NIAAA).

Drinking to excess can be fatal even if binge drinking is not a habit. It is estimated that nearly 2,000 college-age students die each year from alcohol-related incidents (MADD). Many of the deaths attributed to binge drinking are due to death by asphyxiation. Death by asphyxiation occurs when a person loses consciousness due to heavy alcohol consumption, then vomits and inhales the fluids that have been vomited (NIAAA). In other cases, a simple accident becomes fatal. Many students reach a level of intoxication high enough to risk serious injury and/or death, but the majority of these students are circumstantially lucky and remain unharmed; these students think their drinking habits are relatively safe, and the students are lulled into a false sense of security about the riskiness of their behavior (Knapp). This sense of complacency allows for the culture of high-risk drinking behavior to continue and, in many cases, to worsen.

Indirect Physiological Effects of High-Risk Drinking

According to the most recent survey data, 16% of Penn State students report being hurt or injured because of alcohol use (Annual Alcohol Assessment, 2009). Alcohol consumption impairs judgment, which means that students under the influence of alcohol are likely to unintentionally hurt themselves (NIAAA). Unintentional injuries can include anything from bruises to burns, to life-threatening car accidents. Studies show that 599,000 college students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol. Of these unintentionally injured students, 1700 die each year (Hingson et al., 2005). In fact, one in three 18-24-year-olds admitted to emergency rooms for serious injuries is intoxicated (NIAAA).

Injuries and accidents are not the only problems associated with impaired judgment. Alcohol consumption can cause students to make decisions that put them in potentially dangerous situations. Nationwide, nearly 700,000 students between the ages of 18 and 24 are

assaulted by a peer who is under the influence of alcohol. Nearly 100,000 students report being a victim of alcohol-related sexual assault, and more than 100,000 students report having been too intoxicated to know whether or not they consented to having sex (Hingson et al., 2005). In addition to the immediate psychological and physical consequences of sexual assault, there are secondary physical complications such as pregnancy and sexually transmitted diseases (Knapp). In many cases, assault is preventable if students practice safety measures taught in orientation programs. Unfortunately, when judgment is altered by alcohol, students become more lax about ensuring their safety.

In addition to losing control over a given situation, students who partake in heavy alcohol consumption often make harmful decisions they would not make if they were sober. One example of this is the high rate of unprotected sex among students who are under the influence of alcohol. Studies show that 400,000 students report having unprotected sex each year as a result of alcohol consumption (Hingson et al., 2005). Unprotected sex is not the only consequence-bearing decision that students make when intoxicated. Incidences of vandalism, public urination, and other crimes increase significantly when alcohol is involved (NIAAA).

Psychological Consequences of High-Risk Drinking

Depression

According to statistics published by the National Institute on Alcohol Abuse and Alcoholism, over 150,000 students in the United States develop an alcohol-related health problem each year (Hingson et al., 2002) and 1.2–1.5% of students say they have tried to commit suicide within the past year due to drinking or drug use (Presley et al., 1998). In some cases, alcohol abuse may even be the direct cause of depression, panic attacks, and other psychological

disturbances. According to a 1993 article in Washington Post, Robert Post, former chief of the biological psychiatry branch of the National Institute of Health discovered that drugs such as alcohol can activate a gene called C-fos, which is linked to depression and other mental problems.” Students who have psychological problems such as depression and panic attacks often drink to avoid the effects of their psychological ailments. This creates a vicious cycle, because alcohol withdrawal intensifies feelings of depression and anxiety, and students often turn to alcohol to reduce their psychological troubles (Knapp).

Despite these facts, it is not standard procedure for University Health Services at Penn State to address alcohol abuse when treating depression in students (Turrisi). One the research projects Penn State HHD Professor, Dr. Rob Turrisi is working on, Project RAPID, addresses the issue of teen depression on campus. Because alcohol exaggerates symptoms of depression, Turrisi is trying to determine if alcohol abuse treatment could help to effectively treat depression in students. Turrisi cites prior studies that establish the following facts: 30-40% of college students suffer from symptoms of depression and more than 60% of students report partaking in heavy drinking every weekend. Looking at these statistics, it is very probable that many of the students who are experiencing depression symptoms are also participating in heavy drinking during the weekends, and thus worsening their condition. Project RAPID splits participants into four experimental groups. One group receives treatment for depression only. A second group receives treatment for alcohol abuse only. A third group receives treatment for combined depression and alcohol abuse. The fourth group is the control group, and receives no treatment. The research is not complete yet, but preliminary studies suggest that a combined treatment plan is most effective in treating students suffering from depression symptoms (Turrisi).

Alcoholism

Some students are at a higher risk genetically for alcoholism. If students drink in restrained ways, it is likely they will not trigger alcohol dependency; if students binge drink, they are much more likely to set off the dependency. Developing a tolerance to alcohol is a warning sign that alcohol dependence may be developing. The younger someone is when he/she starts drinking, the greater his/her chance of becoming addicted to alcohol at some point in his/her life. More than 4 in 10 people who begin drinking before age 15 eventually become alcoholics (NIAAA). The campus culture that celebrates drinking to excess may be molding a generation with high rates of alcoholism; time will tell.

CAPS offers a variety of tools for students who think they may have a drinking problem. One such tool is an anonymous alcohol screening assessment in the self-help resource section of the CAPS website; using this screening tool, students can determine whether they have a problem and can see treatment options. CAPS offers individual and group treatment sessions, but CAPS does not have the resources to fully treat every student that needs help, so therapists are often forced to make referrals to private institutions in the State College area. CAPS also sponsors AA meetings called Saturday Night Sober; these meetings take place from 11:00PM to Midnight in 106 HUB (Knapp).

There is a perception among students that college is a time to “go buck wild” for four years and that students will be able to stop their heavy drinking habits in order to lead a functional life after college. Mary Anne Knapp, a CAPS social worker/therapist believes that some students will be able to stop habitually binge drinking after they graduate, but a lot of

students are on a dangerous path and risk alcohol dependency as a result of their behavior in college (Knapp).

Proposed Policies

Implement Discussion Groups

The culture of high-risk college drinking at Penn State can be most readily viewed at a large scale level, during football games, on State Patty's Day, or any Friday or Saturday night. Students stumble down College Avenue, others damage property of surrounding neighborhoods, while others pregame in the dorms. Each individual's actions contribute to this scene, this perception of Penn State as the nation's #1 party school. Although policies can be enacted to address culture at this grand level, culture also exists on a smaller scale. Culture is composed of the decisions of individuals, and in order to most effectively enact change, individuals must be confronted with the culture they've created. Discussions about alcohol in small groups, where individuals with contrasting points of view can talk about their experiences, serves just this purpose, challenging students to think critically about their contributions to this community of high-risk college drinking.

These alcohol discussions could be created as an extension of the Race Relations Project, a program that already exists at Penn State. The Race Relations Project was started in 2002 and has been further developed over the past eight years by Dr. Laurie Mulvey and Dr. Sam Richards as a forum for students to discuss race with strangers during a 90-minute session in an "ideologically neutral environment" (What is the RRP?). Over time, the Race Relations Project has gained traction in the university, serving as a required component to courses in an array of disciplines, ranging from training for Resident Assistants to Business Ethics. Additionally, the

structure of these discussions, feeding from Dr. Richard's SOC 119 class, has been developed to create a consistently compelling experience for the participants.

As stated on the Project's website, the "guiding assumption [of these discussions] is that the articulation of one's viewpoint on an issue is the beginning of greater understanding and knowledge of that subject...[which creates] a synergy that advances critical thinking as well as bridge building" (What is the RRP?). The same guiding principles can be applied to critical thinking about alcohol and its role in the Penn State community. Although students may not drastically alter their habits or behaviors as a result of these discussions, they will be confronted with alternate viewpoints that may shape their own decisions and combat the image that partaking in high-risk drinking behavior is the only way to successfully experience college.

The Race Relations Project has already begun to incorporate alcohol into experimental discussions. In fact, members of the Presidential Leadership Academy have been able to both participate and observe some of these conversations, and anecdotally, have expressed positive opinions about the program.

The Race Relations Project can serve as a framework for the development of alcohol-related conversations, eventually allowing these talks to expand to a wider proportion of the university as facilitation methods are refined. This policy enables every student at Penn State to think critically about their culture and their actions, applying pressure on the individual to take a stance in changing the high-risk drinking culture.

Revamp LateNight

The Revamp Late Night policy was presented as a part of the Alternative Activities policy presentation. Much of the information presented here is also referenced in the Alternative Activities Executive Summary.

The evidence clearly shows that LateNight Penn State, which was a success in earlier days, must be revamped in order to bring back its appeal in the minds of students. Because the activities that students deem “fun” are constantly evolving, LateNight activities should regularly be re-evaluated and modified in order to keep students interested. This could be accomplished by a committee of students and LateNight coordinators who assess activities offered at LateNight throughout the semester.

A few activities students may find attractive include “Club HUB,” a night club located in the HUB; events showcasing different cultures; gaming promos, where systems are available to try new video games; and name-brand activities, such as a Red Bull or Victoria Secret-sponsored event. Offering new activities each week or each month is important because doing so will add novelty to the program.

As for funding, it is not suggested that the budget be increased but rather that the funds are reallocated. For example, as presented earlier in this report, arts and crafts are one of the main sources of cost yet one of the least popular events according to the student survey. Ultimately, revamping LateNight will be able to play a part in reducing high-risk college drinking at Penn State. If LateNight is revamped and restructured to include continuous innovation, the program can once again reach a larger audience of students.

Modify BASICS-Based Programming

Dr. Rob Turrisi, Penn State Health and Human Development Professor, is involved in Project COMET, a research project that examines the efficacy of different training and supervision methods for peer and professional counselors in the BASICS program. According to Turrisi, the BASICS program was originally meant to be executed by counselors brought to a

minimum threshold of competency via training. The original program guidelines includes testing counselors periodically to make sure they continue to perform at least at the minimum level of competency. The BASICS model is very technical and must be correctly executed in order to be successful. When the BASICS model is used correctly, it reduces significantly the average blood alcohol content of students who complete the program. However, if the program is not executed correctly, it can actually do more harm than good. Penn State does not currently assess the levels of proficiency of counselors involved in PAUSE, the University's version of the BASICS program (Turrisi). In order to most effectively change the high-risk drinking habits of students who undergo BASICS-based University programming, Penn State must make a few changes in the way the programs are run.

For the 2010-2011 school year, the PAUSE program is undergoing several changes. The name of the program will be changed to BASICS and the program will use individual counseling sessions exclusively instead of a combination of individual and group sessions. University Health Services is also considering the idea of hiring professionals to be counselors instead of using students' peers as counselors (Zeman). Peer counselors should not be replaced by trained professionals, and as a part of the upcoming PAUSE overhaul, a means for evaluating the competency of counselors should be implemented.

Trained professionals should not replace peer counselors because peers, when well-trained and well-supervised, have been found to be more effective than professionals (Turrisi). Continuing to use peers would not only enhance the efficacy of the program, but would also be a more cost-effective option for the school. In order to be most effective, though, it is imperative that peer counselors must be given ample training and regular feedback throughout the time that they administer the BASICS program.

One suggestion for a means of regularly evaluating peer counselors' performance is the Peer Proficiency Assessment (PEPA). This tool was created by Dr. Nadine Mastroleo, a former Penn State professor of Human Health and Development (Turrisi). PEPA is easy to learn and quick to use. It takes only an hour to learn how to use PEPA, and using the tool, supervisors can evaluate each recorded session in about ten minutes. PEPA has been shown to be an extremely effective evaluative tool (Turrisi).

By revising the current BASICS-based program to include regular assessment and feedback to ensure counselors' competency the University can ensure the BASICS model is executed as it was originally intended. By continuing to use peer counselors instead of hiring professionals, the University will save money and will see enhanced results. Both of these changes should be implemented into the current plan to modify the PAUSE program. If these changes are made, the BASICS-based program will reach its full potential in addressing students' high-risk drinking habits and reducing the average blood alcohol content of high-risk drinkers at Penn State.

Conclusion

A culture is made up of a group's beliefs—their attitudes, values, and everyday way of life. Students' thoughts affect their actions, which in turn influences other people's thoughts and actions. A person's expectations about something shapes behavior in such a way that people unconsciously cause situations for those expectations to be fulfilled. The more the idea that college is expected to be a place to have fun and drink is reinforced, the more students will seek out venues where high-risk drinking behavior takes place. The cycle continues, as students tell the stories and become the statistics that will reinforce the idea of college party culture in a new

class of students. In order to create a change, the ways students view alcohol as it relates to their college “experience” must change.

There are many factors involved in the shaping of a culture of high-risk college drinking. Attitude changes in regards to high-risk drinking behaviors can be better understood by looking at past trends and how they have influenced the current behaviors—alcohol was once simply a part of an event but has now become the central focus and reason for a party. Another factor at play is the fact that in most cases there are few enticing alcohol-free activities for students to take part in. When social options are limited, students will naturally turn to any place where there is a potential to have fun and meet new people. If students’ activity preferences are to shift away from high-risk drinking behavior, alternative options must be available both on campus and downtown.

After examining a few of the possible causes for the increase in high-risk drinking in today’s college culture, the effects of high-risk drinking behavior must also be examined. The way college students behave affects them and has an impact on the surrounding community as well. Taking part in high-risk drinking behavior has repercussions. Social ramifications involve relationships with friends and family and affects academic achievement. There also appears to be a correlation between binge drinking and the evolving “hook-up culture.” Extreme over-indulgence in alcohol consumption will naturally lead to legal consequences as well. In addition to social and criminal effects, physiological and psychological effects abound. The physical side effects of constant, hazardous drinking are definite and proven, and much more serious than the average college drinker would be willing to admit. There are also the psychological consequences of incessant drinking—depression or alcoholism would certainly have a dramatic influence on a person’s “college experience.”

Changing a culture is no small task, but there are a few things that might be able to give it a push in the right direction. In order to effectively combat high-risking drinking at Penn State, policies need to be made that are specific to this university. Implementing discussion groups related to alcohol awareness will challenge students to think more critically about the issue. Instead of simply detailing facts, these groups will encourage students to apply the problem directly to themselves and their peers. A chance to give students alternative activities is already in place with the weekend's LateNight in the HUB. However interests change over the years, and after a while events lose their appeal. Continuous "revamping" of LateNight entertainment could be useful in attracting the attention of students. A third policy to change the culture is the modification of the way the BASICS program is carried out at Penn State. One way to make sure that BASICS keeps with its original purpose is to implement regular assessment of peer counselors.

Penn State is rich with culture. Traditions are upheld for many years—some go back so far we cannot begin to guess their origin. Most of these rituals revolve around school spirit, such as the drum major's flip at the beginning of every football game, while others are simply a part of the Penn State lifestyle, like eating at the Creamery. Unfortunately, not all of these "traditions" reflect well on the Penn State name. Changing culture is no easy task, and regardless of the approach, change takes time. By analyzing all aspects of the issue and implementing policies based on this knowledge, steps can be taken to cause a positive shift in Penn State's social culture.

Bibliography

21st Birthday. (2001, January). Retrieved from Penn State PULSE website:

www.sa.psu.edu/sara/pulse/79-Birthday.PDF

A Review of Literature -- Alcohol and Family Problems. (2006). *Alcohol Concern: Making Sense of Alcohol*. Retrieved April 12, 2010, from Alcohol Concern website:

http://www.alcoholandfamilies.org.uk/documents/7/lit_review/alcohol_family_problems.htm

Alcohol and the Family. (2010, January 6). Retrieved April 12, 2010, from AtHealth.com

website: <http://www.athealth.com/consumer/disorders/alcoholfamily.html>

Alcoholic Hepatitis. (2008, August 15). *MayoClinic.com*. Retrieved April 5, 2010, from

<http://www.mayoclinic.com/health/alcoholic-hepatitis/DS00785>

Alcoholic Liver Disease. (2009, June). *Merck.com*. Retrieved April 5, 2010, from

<http://www.merck.com/mmpe/sec03/ch025/ch025a.html>

Annual Alcohol Assessment 2008-2009. Rep. The Partnership, 19 Jan. 2010. Web. 28 Mar. 2010.

<<http://www.sa.psu.edu/sara/pdf/Alcohol2009.pdf>>.

Binge Drinking: Harvard College Alcohol Study calls for changes at U.S. Schools. (2009,

January 14). Harvard School of Public Health. Retrieved April 20, 2010 from

<http://www.hsph.harvard.edu/news/hphr/winter-2009/winter09binge.html>

Cirrhosis. (2009, January 23). *MayoClinic.com*. Retrieved April 5, 2010, from <http://www.mayoclinic.com/health/cirrhosis/DS00373>

College Students and Alcohol Abuse. (2006). [Pamphlet]. Retrieved from <http://www.healthyminds.org/Document-Library/Brochure-Library/College-Students-and-Alcohol-Abuse.aspx>

Conrad, Tamara, and Suzan Erem. "Competing Interests Cloud Alcohol Debate." *Outside The Classroom*. 4 Feb. 2010. Web. 28 Mar. 2010. <<http://www.outsidetheclassroom.com/news-events/news/coverage/VoicesPA020410.aspx>>.

Drinking Age. (n.d.) Retrieved April 7, 2010 from <http://drinkingage.procon.org/>.

England, Paula and Reuben J. Thomas. Decline of the Date and the Rise of the Hook Up. Family in Transition. Skolnick, Arlene S. and Jerome H. Skolnick. eds. Boston. Pearson. 2007. 0205482651. Pp. 151-162.

Engs, Ruth and Hanson, David. (1983). *Drinking Patterns in the Mid 1980s of College Students*. Indiana University. Retrieved April 6, 2010 from <http://www.indiana.edu/~engs/articles/drink83.html>.

Engs, Ruth and Hanson, David. (1999) *Reduction of consumption theory: A test using the drinking patterns and problems of collegians in the United States since 1982-1993*. Indiana University. Retrieved April 8, 2010 from <http://www.indiana.edu/~engs/articles/contcon.htm>.

Fatty Liver. (2007, September 28). *American Liver Foundation*. Retrieved April 5, 2010, from <http://www.liverfoundation.org/education/info/fattyLiver/>

Fischer, J. L., Forthun, L. F., Pidcock, B. W., & Dowd, D. A. (2006, September 13). *Parent Relationships, Emotion Regulation, Psychosocial Maturity and College Student Alcohol Use Problems*. Retrieved from Journal of Youth and Adolescence website:
<http://www.springerlink.com/content/lu0t8w29380j8242/fulltext.pdf>

Graphs courtesy of Penn State Live and Penn State Department of Public Information. Accessed 20April2010. www.live.psu.edu

Gutmann, Martin. "Happy Valley Music Scene Vs. Music Scenes in Other College Towns." *Associated Content - Associatedcontent.com*. Web. 28 Mar. 2010.
<http://www.associatedcontent.com/article/536641/happy_valley_music_scene_vs_music_scene_s.html?cat=33>.

Harlow, John. *SPA-Light Night, 2009-2010 Expenses*. Rep. Print.

Harper, Betty. Personal interview. 11 Feb. 2010.

Haugh, Meaghan, and Kristine Snodgrass. "Officials: PSU Brews Strong Drinking Culture." *The Daily Collegian Online - Published Independently by Students at Penn State*. 27 Mar. 2007. Web. 28 Mar. 2010. <<http://www.collegian.psu.edu/archive/2007/03/03-27-07tdc/03-27-07dnews-10.asp>>.

Helmets, Ally. "Duke Prof Surveys 'Hook-Up' Culture." *The Llama Ledger* 17 Oct. 2007: n. pag. Web. 24 Apr. 2010. <http://media.www.llamaledger.com/media/storage/paper1178/news/2007/10/17/News/Duke-Prof.Surveys.Campus.hookUp.Culture-3036592.shtml>

Heron, M., Hoyert, D. L., Murphy, S. L., Xu, J., Kochanek, K. D., & Tejada-Vera, B. (2009, April 17). Deaths: Final data for 2006. In *National Vital Statistics Reports* (pp. Volume 57, Number 14). Retrieved from http://www.cdc.gov/NCHS/data/nvsr/nvsr57/nvsr57_14.pdf

Hustad, J. T. P. *Echeckup To Go*. Rep. Counseling & Psychological Services, San Diego State University. Web. 28 Mar. 2010. <ScienceDirect.com>.

Knapp, Mary Anne. Personal interview. 12 Feb. 2010.

Lacayo, E. (2004, December 1). Mixing Alcohol and Socializing Brings Out Alter Egos [Editorial]. *Spartan Daily*. Retrieved from

<http://media.www.thespartandaily.com/media/storage/paper852/news/2004/12/01/Opinioncolumnists/Mixing.Alcohol.And.Socializing.Brings.Out.Alter.Egos-1500103.shtml>

Lasalle, Linda. Interview by Torilynn Bell. 17 Feb. 2010.

LaSalle, Linda. Personal interview. 22 Mar. 2010.

LaSalle, Linda. "Penn State Initiatives Addressing Problem Behavior - Penn State." *Centre Daily Times - State College, PA*. 08 Feb. 2010. Web. 27 Mar. 2010.

<<http://www.centredaily.com/2010/02/08/1778440/facebook.html#ixzz0kidphRHm>>.

LateNight Eight-Year Monthly Attendance Report - Fall 2002-2009. [State College]. N. pag. PDF file.

LateNight Programming Benchmarking Project. Rep. Pennsylvania State University, 2009. Print.

Markowitz, S., Kaestner, R., & Grossman, M. (2005, May). *An Investigation of the Effects of Alcohol Consumption and Alcohol Policies on Youth Risky Sexual Behaviors*. Retrieved from National Bureau of Economic Research website: <http://www.nber.org/papers/w11378.pdf>

Monahan, J. L., & Lannutti, P. J. (2000, April). *Alcohol as a Social Lubricant: Alcohol Myopia Theory, Social Self-Esteem, and Social Interaction*. Retrieved from University of Georgia

website:<http://www.southerncenter.uga.edu/Alcohol%20as%20social%20lubricant..%20Alcohol%20myopia%20theory,%20social%20self-esteem,%20and%20social%20interaction.pdf>

National Institute on Alcohol Abuse and Alcoholism. (2007). *Harmful interactions: Mixing alcohol with medicines* [Pamphlet]. Retrieved from <http://pubs.niaaa.nih.gov/publications/Medicine/medicine.html>

Nichols, Laura. *PSU Alcohol Statistics*. 20April 2010. 10January 2010. *The Daily Collegian* http://www.collegian.psu.edu/archive/2010/01/10/report_psu_alcohol_statistics_1.aspx

O'Shaughnessy, Lynn. "College Drinking: Top Five Risk Factors - CBS MoneyWatch.com." *CBS MoneyWatch.com - Personal Finance Advice, Analysis and Financial Planning*. 22 Nov. 2009. Web. 22 Mar. 2010. <<http://moneywatch.bnet.com/saving-money/blog/college-solution/college-drinking-top-five-risk-factors/1066/>>.

Preventing College Drinking. (n.d.). Retrieved April, 2010, from <http://collegedrinkingprevention.gov/>

Ronald, K. (1993, August 31). Children's brains may change in response to stress. *The Washington Post*, p. Z12. Retrieved from LexisNexis database.

Smith, Siobhan, and Jennifer Aubrey. *Exploring the Hookup Culture: Factors Involved in the Endorsement of Hookup Culture*. *All Academic Research*. N.p., 20 Nov. 2008. Web. 24 Apr. 2010. http://www.allacademic.com/meta/p257896_index.html

Schackner, Bill. "At State College, Squad Targets Suppliers for Underage Drinkers." *Post-Gazette.com*. 07 Oct. 2007. Web. 28 Mar. 2010. <<http://www.post-gazette.com/pg/07280/823200-298.stm#ixzz0kjwgFmAY>>.

State College Police Department. Interview with Officer Rhodes. 20 March 2010.

State College LifeLink Interview. 18 March 2010.

Student Activities and Programming. Rep. Penn State Pulse, Oct. 2007. Web. 28 Mar. 2010. <<http://www.sa.psu.edu/SARA/pulse/150-SPA.pdf>>.

Student Drinking: January/February 2008. (Revised 2009, October). Retrieved from Penn State PULSE website: www.sa.psu.edu/sara/pulse/153DrinkingReport.pdf

Student Drinking: January/February 2009. (2009, October). Retrieved April 15, 2010 from Penn State PULSE website: <http://www.sa.psu.edu/sara/pulse/157DrinkingReport.pdf>

Student Factors: Understanding Individual Variation in College Drinking. (2005, Sep 23).

College Drinking – Changing the Culture. Retrieved April 8, 2010 from

<http://www.collegedrinkingprevention.gov/SupportingResearch/Journal/baer.aspx>

Tapert, S. (Interviewee). (2010, February 1). *Study: Teen drinking can have lifelong effects (from NPR "Talk of the Nation")* [Audio podcast]. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=123221107>

Turrisi, Rob. Personal interview. 30 Mar. 2010.

Underage Consumption Map. [File] (2007). Retrieved April 7, 2010 from

http://en.wikipedia.org/wiki/File:Underage_consumption_map_2007.gif

University Health Network. (2008). *Virtual Liver*. Retrieved April 6, 2010, from Department of Surgery, Toronto General Hospital website: <http://pie.med.utoronto.ca/VLiver/>

"What is the RRP?" *Race Relations Project*. Penn State University, n.d. Web. 24 Apr. 2010.

<http://www.racerelationsproject.org/about/what-is-the-race-relations-project/>

Wiley Publishing, Inc. (2010). How Your Body Processes Alcohol. In *Dummies.com*. Retrieved April 6, 2010, from <http://www.dummies.com/how-to/content/how-your-body-processes-alcohol.html>

Wilson, B. (2009, June 8). Sex Without Intimacy: No Dating, No Relationships. *NPR*. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=105008712>

Wilson, G. T., & Abrams, D. (1977, September). *Effects of Alcohol on Social Anxiety and Physiological Arousal: Cognitive versus Pharmacological Processes*. Retrieved from Rutgers University website: <http://www.springerlink.com/content/v4457u1114869042/fulltext.pdf>

Zeman, Suzanne. Personal interview. 18 Mar. 2010.