

Journal of the Health Resource Center

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Editorial Report

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The Journal of the Health Resource Center, a publication of California State University Long Beach, Student Health Services, devotes this issue to an urgent topic for college students, alcohol imperilment. Universities are alarmed by the fact that this liquid intoxicant has become an alluring predator to which students can fall prey. All too often alcohol is showcased as an elixir that once swallowed will transform any drinker into the most handsome or beautiful, intelligent, suave and vibrant individual one could ever hope to be. In other words, alcohol promises to remold the drinker from frog to prince. But in reality, if too much alcohol is consumed, inevitably the drinker will transpose back to frog. Abusing alcohol never provides its victim a fairy tale ending.

Scientific and medical facts indicate alcohol is a drug and therefore should be used with caution and in moderation. Alcohol is a central nervous system depressant and when over consumed, can cause serious and possible fatal results. The consequences of excessive college drinking are more widespread and destructive than most people realize. Alcohol is tied to 1,400 college student deaths annually, 500,000 injuries, 600,000 assaults and 400,000 instances of unprotected sex. In hopes of combating these stark statistics, the following featured articles focus upon alcohol realities such as: alcohol policy on campus; driving under the influence and California state laws regarding alcohol; alcohol poisoning; and the risks of combining alcohol and drugs.

Many students believe risky drinking is a rite of passage, a traditional college custom. Often times, students might perceive that their peers are participating in excessive drinking. In fact they might feel if they are not drinking in this fashion there is something wrong with their behavior. Of course this is not the case. Statistics prove that most CSULB students have 1-4 drinks a week or drink not at all; 64% of CSULB students have 2 or fewer drinks a week; and 34.5% of CSULB students choose not to drink. Also it is important to stress that the effects of alcohol differ from person to person, depending on the following criteria: how much one drinks, how quickly the alcohol is consumed, the size and weight of the person drinking, whether one is male or female, one's health status, and whether one is using alcohol with other drugs. Even though the immediate effects of alcohol seem positive by providing a person with a false sense of relaxation and well being, the reality is quite the opposite. The actuality

of a student drinking more and more is quite debilitating. For an example, drinking to excess can cause a drinker to become dizzy, experience a loss of motor skills, have their vision blur and their words slur. In addition, alcohol can cause the drinker to exhibit exaggerated swings in emotions, moving from anxiety to depression to anger.

The articles contained in this journal highlight the truth about excess alcohol consumption. Furthermore, attention is focused upon the importance of alcohol policies on campuses and how these regulations can prevent serious mishaps and even death from alcohol poisoning to university students. Also included are suggestions for preventative and cautionary measures to be used when drinking alcohol. It is imperative for all students to know what occurs when their Blood Alcohol Concentration (BAC) reaches a certain level. By providing these alcohol facts, students are afforded the capability to drink wisely, safely and in moderation.

Education is the most important commodity a university offers and sometimes this knowledge may come from outside the classroom. Such is the case when presenting the facts about alcohol. Even though it is a subject of great consequence, most students would never be inclined to take an alcohol course. Therefore, the goal of this journal is to set forth these alcohol truths, thus empowering students to make far wiser drinking decisions that afford them the opportunity to lead a life better than any fairy tale.

Alcohol Poisoning: A Dangerous Drinking Game for College Students

Kristen Force

College students who consume alcohol might not realize the risks they are taking when they consume 21 shots for a birthday celebration or try to drink more than anyone else at a party. Excessive drinking could lead to alcohol poisoning, which occurs when drinkers overdose on alcohol. Intoxication depends on rate of consumption, food intake, body weight and composition, and sex. Once a person is intoxicated, no effective method exists to encourage sobriety. Sleeping, drinking coffee, and eating food cannot “sober up” an inebriated person more quickly. On the other hand, action must be taken to treat alcohol poisoning, a serious medical condition, which can be fatal. Excessive alcohol consumption has both physiological and social consequences. Alcohol use is also associated with increased injuries, accidents and academic problems. This article addresses the faulty methods used to become sober, the consequences of alcohol consumption and the proper treatment for alcohol poisoning.

Many students consider drinking as just another part of the college experience. Drinking – often to excess – is like a rite of passage that will provide them with fond memories of younger, wilder days. But excessive drinking can have critical, life-changing and even life-ending consequences. Alcohol poisoning is a serious health hazard that is often mistaken as the normal body’s processing of alcohol. To prevent the occurrence of alcohol poisoning, friends should look out for one another, and each drinker should take responsibility for his or her drinking.

Alcohol poisoning can happen to anyone at any age, but teenagers and young adults are most vulnerable. Alcohol poisoning creates internal and external physiological effects that should be understood by anyone who is in an environment where alcohol is being consumed. Providing insight on how the body reacts to and processes alcohol can hopefully create safer drinking experiences for individuals. If relied upon during an emergency situation, common drinking myths can cause fatal results. The following article both presents the myths and offers the appropriate actions to take when confronted with these serious situations.

What is alcohol poisoning?

As with any drug, alcohol can be consumed to the point of overdose, a condition known as alcohol poisoning. The consequences can be just as deadly as a lifetime of chronic drinking, but recognizing and responding to the warning signs can save lives. Rapid consumption of large quantities of alcohol can overload the liver’s ability to metabolize ingested substances and can cause the blood alcohol concentration (BAC) to rise quickly.

Twenty drinks in one hour can cause a 160-pound male to reach a BAC level beyond 0.40 grams/deciliter. Studies estimate that at this level, the areas of the brain that control heart and lung function become partially anesthetized, and coma or death can occur. While researchers and doctors have attempted to define a mean lethal BAC, large variations in tolerance among

individuals have been observed. The degree of alcohol poisoning depends on factors such as sex, body mass, age, preexisting medical conditions, drinking experience, and usage of other drugs while drinking.¹

Although alcohol poisoning is clearly acknowledged and discussed today, this openness has not always been the case. Until the 1990s, many universities or states did not track deaths caused by alcohol overdoses. Death certificates listed cardiac arrest or asphyxiation as the underlying cause instead of alcohol poisoning. Families were often told the individual’s death was a freak accident instead of the truth; the person drank him/herself to death.² Even today, only a few cases make national headlines, and these usually involve fraternities and sororities, due to initiation rituals.²

Common alcohol myths

Many people believe sobriety can be achieved readily by doing one or more of the following activities immediately after imbibing: drink black coffee, take a cold bath, sleep, and exercise. In reality, the body must be given time to metabolize the alcohol in its system. An individual can slow the level of intoxication in several ways, including drinking water in addition to alcohol and eating food while drinking. However, once intoxication has occurred, it is simply a waiting game for the effects to diminish.³

Unfortunately, a person suffering from alcohol poisoning may not have enough time to recover without medical attention. Alcohol is a depressant that slows the functions of the nervous system, thus diminishing involuntary processes such as breathing, heart rate, and the gag reflex, which prevents choking. Signs that someone is suffering from alcohol poisoning include: mental confusion, unconsciousness, unresponsive when pinching the skin, seizures, slow or irregular breathing, and low body temperature. Slow breathing is considered less than eight breaths per minute, while irregular breathing is defined as 10 or more seconds between breaths.²

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Therefore, allowing a person who has drunk excessively to sleep is dangerous and can prove fatal. A person's BAC can continue to rise even while sleeping because alcohol still enters the bloodstream from the stomach and intestines. Thus, sleeping becomes problematic because others might have difficulty determining if the person is only sleeping or has become unconscious. All too often someone tries to help a highly intoxicated person by putting him or her to bed, only to find the person dead in the morning.³

Vomiting is another response that many consider normal after drinking too much. This physiological response is common because alcohol irritates the stomach, but the risk of choking is a serious concern for someone with alcohol poisoning. Vomiting while the gag reflex is less responsive can lead to choking, which causes death by asphyxiation in an unconscious person.³

Those who decide to drink alcohol, especially in large amounts, must be aware of their consequences of this choice. The dangers to physical health can quickly extend beyond a pounding headache the following day. Low body temperature, known as hypothermia, can lead to cardiac arrest and, ultimately, death. Hypothermia, which occurs when more heat is lost than the body can generate, can be a result of alcohol's depressant effect on the body's systems. A bluish skin color or paleness is an indicator of a lowered body temperature. Hypoglycemia, too little sugar in the blood, can cause seizures.⁴ Binge drinking can lower blood sugar levels because the body's breakdown of alcohol interferes with the liver's efforts to raise blood glucose. Hypoglycemia caused by excessive drinking can be very serious and even fatal.⁴

Rapid binge drinking by young people during a bet or a dare is especially hazardous because a fatal dose can be ingested before any warning signs appear. While death is the most serious result, it is not the only consequence; alcohol poisoning can also lead to irreversible brain damage.² In any amount, alcohol is a toxin that promotes neuronal cell death. Involuntary processes, such as heart rate and respiration, are under the control of neurons and can stop functioning if neurons do not receive the necessary stimulation.⁴

Factors affecting level of intoxication

Diagnosing alcohol poisoning can be subjective because symptoms are often ambiguous. For example, determining if a person is sleeping heavily or actually unconscious may be difficult. Medical personnel rely on the BAC of an individual to

assess intoxication and his or her risk of further complications.⁵

BAC is a more accurate determinant of alcohol poisoning than the number of drinks a person consumes because individuals respond differently to alcohol. For example, a person who has just one drink can experience the same effects as another person who has three or four drinks. The following factors contribute to a person's BAC after a drinking episode.

- **Rate of consumption** – Sipping a drink over 30 minutes will cause BAC to rise more slowly and have a lower peak than gulping it in less than five minutes.
- **Food** – Food in the stomach slows the increase rate of BAC and lowers the peak BAC. Alcohol is diluted by the stomach's contents, and food lining the wall of the stomach will impair alcohol absorption into the bloodstream. Alcohol is unable to reach the small intestine – where absorption occurs faster – when food is present.
- **Body weight** – More body mass provides more space, blood, and tissue for alcohol, resulting in a lower BAC than in a person who weighs less. A person who weighs 100 pounds would not have a BAC twice as high as a 200-pound person due to other factors.
- **Body composition** – BAC levels will rise faster in people with more body fat than in individuals with more lean muscle. This difference exists because of alcohol's insolubility in fats and high solubility in water. Lean, muscular bodies contain more water that can dissolve and excrete the alcohol, compared to those with more body fat.
- **Sex** – Body water also plays a role in how both sexes respond to alcohol. Women's body weight is 50% water, while men's body weight is 60% water. For a man and woman of equal weight, the woman will have a peak BAC about 20% higher than that of a man if they consume the same amount of alcohol. The time required to reach peak BAC is the same regardless of sex, indicating that women absorb alcohol more rapidly than men.⁵

Alcohol intoxication varies by individual and depends on a variety of factors. The amount of alcohol required to reach a certain BAC will vary. Source: Be Responsible About Drinking.⁶ (See Table 1).

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Physiological effects

Alcohol has been shown to reduce bone integrity in adults, a condition that can lead to osteoporosis and broken bones. Unlike earlier studies that reported alcohol was responsible for the erosion of bone content, research now suggests alcohol interferes with normal bone growth and development. This finding is especially significant for college-aged drinkers because many young adults are still growing and developing. Peak bone mass is not reached until about the age of 35. Making choices that weaken bone mass earlier in life can further increase the chance of serious problems later.⁷

Immune responses, including early responses to infection, are suppressed by acute alcohol exposure. Researchers have found a decreased ability to recruit and activate white blood cells, predominant germ killers, when alcohol is circulating in the body. According to theory, alcohol has an “all-or-none” effect on the immune system. The presence of alcohol, rather than

the amount, dictates the immune response. Therefore, immune function is most responsive and effective when no alcohol is present.⁸

Conversely, other body systems, such as the circulatory system, exhibit improved function when alcohol is present in moderate amounts. The benefits found from moderate consumption (one glass for women, two glasses for men per day) are attributed to the antioxidants in some alcohol, such as red wine. However, these benefits are lost when alcohol consumption is elevated beyond a healthy rate. Alcohol impairs the immune function by decreasing a white blood cell’s ability to attack harmful cells at sites of injury or infection.⁸

As previously mentioned, moderate drinking can provide health benefits. Statistics indicate alcohol consumption by moderate drinkers can promote a longer life expectancy as compared to those of a heavy or non-drinker. These findings do not represent a medical recommendation to drink. Furthermore, even if a person has consumed no alcohol for that week, it

Blood Alcohol Concentration (Percent)	Effects
0.02-0.03%	Slight euphoria, mildly relaxed. Depressant effects not apparent.
0.04-0.06%	Relaxation, less inhibition, sensations of warmth, emotions intensified. Minor impairment of reasoning, less caution.
0.07-0.09%	Slight impairment of balance, speech, vision, reaction time. Reduced judgment, self-control, caution. Legal impairment is 0.08%. Driving is illegal at this level.
0.10-0.12%	Significant impairment of motor coordination, loss of judgment, slurred speech, euphoria.
0.13-0.19%	Dysphoria predominates instead of euphoria. Nausea may appear. Drinker may be careless and appear sloppy.
0.20%	Confusion, disorientation. Vomiting may occur, impaired gag reflex, blackouts likely.
0.25%	All mental, physical, sensory functions severely impaired. Risk of asphyxiation from choking on vomit, risk of injury from falls.
0.30%	Little comprehension of surroundings. May pass out suddenly and have difficulty waking up.
0.35%	This level is similar to that of surgical anesthesia. Coma is possible.
0.40%-higher	Onset of coma. Death is possible due to respiratory arrest.

Table I. Physiological effects as blood alcohol concentration levels rise

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is never safe or healthy to have seven drinks in one sitting. For example, drinking seven drinks in one sitting because an individual has not consumed any alcohol that week is neither safe nor healthy. For women, moderate drinking means no more than one drink in a day, regardless of any past alcohol consumption levels.⁹

Even though responsible alcohol consumption can provide physiological benefits, such as stress reduction, reduced risk of cardiovascular disease, and increased appetite, especially in the elderly, there is always some risk involved by drinking. Moderate drinking can increase the risk of accidents, strokes caused by bleeding, adverse interactions with medications and drugs, and birth defects. A study published in the journal, *Epidemiology*, found the risk of death from liver disease greatly increased in individuals who consumed only a couple of drinks a day. Those who consumed two drinks each day were more than three times as likely to have cirrhosis of the liver compared to non-drinkers.⁹

Consequences of alcohol abuse

The consequences of excessive drinking affect everyone on a college campus, even those who choose not to drink. The following statistics from the National Institute on Alcohol Abuse and Alcoholism highlight these consequences:

- **Death** – At least 1,400 college students die each year from alcohol-related injuries, including motor vehicle crashes
- **Injury** – Approximately 500,000 students are unintentionally injured while under the influence of alcohol.
- **Assault** – More than 600,000 students are assaulted by other students who have been drinking.
- **Unsafe Sex** – About 400,000 students report having had unprotected sex after drinking and more than 100,000 students say they have been too intoxicated to know if they consented to sex.
- **Academic Problems** – One in four college students has experienced negative academic consequences from drinking, including missing class, falling behind with assignments, and receiving lower grades overall.
- **Health Problems** – Alcohol-related health problems affect more than 150,000 students. Moreover, between 1.2% and 1.5% of students say they tried to commit suicide within the past year

due to drinking or drug use.^{6, 10}

Taking action

If one suspects that an individual has ingested a fatal dose of alcohol, medical attention should be sought immediately. Since determining the seriousness of another person's alcohol intake can be difficult, a general guideline is to seek help if the following symptoms occur. The person cannot be awakened, has begun choking, or has a pale or bluish skin color. Be sure to turn the person on their side to prevent asphyxiation. Under these circumstances, one should call 911 for help without leaving the victim unattended, if possible. Constant supervision is necessary in case vomiting or choking occurs. When medical personnel arrive, assist by providing information about the symptoms and the amount of alcohol the victim consumed. Simply monitoring the individual or turning him onto his side to prevent choking is not enough; trained medical help is necessary.

The first step in helping a person who has alcohol poisoning is to protect the airway from vomit, which usually requires the insertion of a tube into the trachea. Oxygen is administered and the victim may be placed on a respirator to make breathing easier and more consistent. Medication is also given if convulsions are present.

Some conventional treatments used for overdoses of other substances are not effective for alcohol poisoning. Pumping the stomach, using syrup of Ipecac to induce vomiting, consuming activated charcoal, and taking Narcan (which reverses a drug's depressant effect on the central nervous system) are all methods that do not work.²

Conclusion

Though legal, alcohol is a drug like any other and should be used with caution and in moderation. Drinking to excess not only can lead to unpleasant experiences in the following hours, but can cause long-term health damage and even death. As previously indicated, alcohol poisoning is very deceptive because symptoms may be mistaken for normal recovery from drinking. To ensure a safe drinking experience, friends should look out for each other and each person should recognize his or her personal limits.

Too often the importance of this message is disregarded by college students because of a mentality that "it won't happen to me." The feeling of invincibility experienced by young people

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often leads them to participate in risky, unsafe behavior that has serious consequences. Unfortunately, for some students, the lesson is only learned when a close friend or loved one dies from alcohol poisoning.

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Alcohol and Drugs: A Risky Combination

Dannie Allen

Prescription and over-the-counter (OTC) medications can have two significant interactions with alcohol. First, alcohol can slow the metabolism of the drug due to the competition for the same enzyme used for absorption. As a result, the drug has a prolonged reaction on the body, and negative side effects may occur. Second, certain enzymes that are active only in the presence of alcohol can convert drugs into toxic chemicals. These chemicals can cause severe damage to the body. In addition, drugs themselves may have an effect on alcohol metabolism, increasing the risk for intoxication. This article provides a detailed description of the interactions between alcohol and specific drugs, including barbiturates, anticonvulsants, pain relievers, tricyclic antidepressants, morphine, ecstasy, antihistamines and cold medications.

Alcohol and drug abuse remain serious crises in our society today and have long since made appearances on the college scene. According to the United States Department of Health and Human Services National Survey Results on Drug Use, the use of drugs has intensified with college students in America since roughly the mid-1960's.¹ Within the survey, college students were defined as those who were one to four years past high school, who were either enrolled full time in a two or four year college. No decline in college student binge drinking was observed from 1981 to 1986, and there was only a slight decline of 5% from 1986 to 1993.¹ College campuses are a ripe environment for alcohol use. Underage students intermix with those of legal purchasing age, which allows them to obtain alcohol more easily. Also, alcohol advertisements target young adults, who usually constitute the majority of college populations.

Numerous medications and drugs produce serious negative effects when combined with alcohol. Illness, injury, and even death are possible outcomes. People mix alcohol and drugs/medications for many reasons. The college scene is a prime location for people to combine alcohol and drugs because of the students' reputations for "partying." Drugs that are commonly combined with alcohol include ecstasy, sedatives, pain relievers, and other over-the-counter (OTC) medicines.

Why Combine?

An alarming 3.5 million adolescents have problems with alcohol. Problems caused by alcohol abuse range from poor school performance, severe family conflicts, truancy, and delinquent criminal behavior.²

The following reasons explain why college students might experiment with illicit drugs, over consume alcohol, or even mix the two: disease, emotional instability, environmental and background factors, curiosity, boredom and leisure time, relaxation and pleasure, the nature of life, spiritual and identity

formation, and even crime relationships or "running with the wrong crowd."³

Negative Effects of Interactions

Alcohol can interact with illicit drugs, as well as with prescription medications. Either interaction can be very serious. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), many medications have the possibility of interacting with alcohol in a negative way. It is estimated that alcohol-medication interactions may be a factor in at least 25% of all emergency room admissions.⁴ Reactions between alcohol and drugs are becoming more of a problem in medical settings.⁵ Many drug reactions are unpredictable, and, for this reason, mixing alcohol and drugs is very dangerous, even life-threatening.⁵ Combining alcohol with drugs affects the body's ability to absorb, distribute, metabolize, and excrete. The combination also affects judgment, mood, perception, and psychomotor skills.

How Drugs and Alcohol Interact

When a drug is ingested, it travels through the recipient's bloodstream to its specific destination, where it will produce a change in an organ or in a tissue.⁴ The drug is metabolized by enzymes in the body, which will decrease and diminish the effects that the drug has on the body. Alcohol behaves in much the same way. However, when alcohol and drugs are taken together, the alcohol can have an effect on the drug.⁴ Alcohol depresses the central nervous system, which means it slows down the brain and nervous system.⁵ Common alcohol-drug physiological effects are as follows:

- ❑ A single drink or multiple drinks over several hours in conjunction with drugs may decrease the metabolism of the drug because the alcohol and the drug will be competing for the same enzymes. Because of this interaction, the effect of the drug is prolonged, which places an individual at risk for harmful side effects from the drug.

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- ❑ Enzymes that are activated by the presence of alcohol can turn some drugs into toxic chemicals that can damage the body's organs, especially the liver. Conversely, some drugs will affect the metabolism of the alcohol consumed, putting the individual at higher risk for intoxication.⁴

Specific Alcohol-Drug Interactions

Alcohol and Barbiturates

Barbiturates are sedatives, anticonvulsants, hypnotics, and anesthetics. They are depressants, which means they slow the functioning of the brain. As a depressant, barbiturates mainly calm and relax (sedate) or induce sleep (hypnotize).⁶ Ingesting alcohol and barbiturates acutely leads to a decreased drug tolerance, and chronic drinking in an individual can lead to an increased tolerance to barbiturates. When barbiturates are taken with alcohol, the metabolism of each one is inhibited. Elevated blood levels of each increases the time needed for the drug to be cleared from the body. For this reason, many fatalities have been reported from mixing the two because high blood levels of alcohol and barbiturates in a person's blood can be lethal. Interactions between alcohol and barbiturates also include a large decrease in mental status, a decrease in respiration, and a decrease in blood pressure.⁷

Alcohol and Anticonvulsants

One example of an anticonvulsant is Dilantin, a common anti-epileptic drug used to control several types of seizures. An individual who habitually overindulges on alcohol metabolizes Dilantin at a faster rate. Alcoholism on its own can lead to seizures, especially when an individual suddenly quits drinking. Thus, satisfactory drug therapy can be difficult for such an individual. Mixing Dilantin with alcohol can also lead to a folic acid deficiency.

Alcohol and Pain Relievers (Tylenol, Advil)

The labels on almost all OTC drugs have warnings against the use of these medications with alcohol. Alcohol and aspirin damage the lining of the stomach. Alcohol and Advil (ibuprofen) can cause stomach bleeding, ulcers and damage to the liver. The interaction of alcohol and Tylenol (acetaminophen) increases the risk of hospitalization for upper gastrointestinal tract bleeding.⁸ Acetaminophen, an OTC drug, has the ability to cause liver injury in humans.⁹

Alcohol and Tricyclic Antidepressants

Antidepressants are prescription drugs given to persons who have clinically diagnosed depression. Antidepressants tend to have both a depressive and a sedative effect on the central nervous system.⁵ Depressants will decrease the heart rate, respiratory rate and blood pressure of an individual by constricting the bronchi and decelerating the heart rate. One to several servings of alcohol consumed at the same time as an antidepressant will decrease the drug's metabolism because the medication competes with alcohol for the same metabolic enzymes. Decreased metabolism of the drug will prolong as well as enhance its effect on the body. Moreover, the individual is at risk for experiencing the drug's harmful side effects.

Conversely, chronic or long-term alcohol consumption causes drug tolerance. This effect occurs because long-term use activates drug-metabolizing enzymes and keeps them activated over an extended period of time, even without alcohol. Therefore, a chronic user may need higher doses of drugs to get the desired "therapeutic" feeling. Alcohol increases the sedative effect of tricyclic antidepressants such as amitriptyline, which impairs mental skills that are necessary for driving. Some beers and wines contain tyramine, a chemical whose reaction with alcohol can lead to hypertension. As little as one standard drink may increase the risk that this interaction will occur.⁴

Alcohol and Morphine (or Morphine-related Drugs)

Medically, morphine, a highly addictive opiate, serves as a painkiller. Morphine and alcohol have a potentiating effect on each other. In other words, the combination of the two drugs enhances each drug's individual effects. As a result, a person might feel the effects of morphine twice as strongly. Potentiation may last minutes or hours. Numerous deaths from such combinations have been reported.⁵

Alcohol and Ecstasy

Ecstasy is a derivative of amphetamines, which are drugs that induce an increased level of dopamine in the brain. Ecstasy, also known as MDMA, is a type of hallucinogen that produces side effects common to both amphetamines and hallucinogens. Ecstasy is commonly used at raves, dances, concerts, parties and other social venues. In social situations such as dances, concerts, and raves especially, users are dancing, which raises their body temperatures. Ecstasy also elevates the body temperature, putting a user at risk for overheating and dehydration. When alcohol, which also dehydrates, is used in conjunction with ecstasy, it further increases the risk of overheating and dehydration. For this reason, combining ecstasy

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and alcohol is very dangerous. Ecstasy reduces the sedation caused by alcohol consumption, but it does not reduce the impairment of judgment and performance. “Herbal Ecstasy” is an alternative drug that contains ephedrine as well as caffeine.¹⁰ It is important to know that drugs containing products which are “herbal” can lead to serious morbidity and even mortality.¹⁰

Alcohol and Antihistamines

OTC drugs such as Benadryl (medical name: Diphenhydramine) are used primarily for treating allergic reactions. Large quantities of antihistamines can be harmful, especially if they are taken with depressants such as alcohol. Even at the recommended dose, antihistamines can cause side effects such as dizziness, nervousness, or blurred vision. Alcohol has the ability to intensify the drowsiness effects of antihistamines, so antihistamines and alcohol should be taken at different times.¹¹

Alcohol and Cough/Cold Medicines

Cough/cold medicines are drugs that relieve symptoms such as coughing, stuffy nose, aches, and fevers. Combining alcohol with these OTC medications increases the effects of the cough/cold medicines and can be harmful.

Recreational use of codeine is emerging as a trend in the United States. Users are consuming codeine cough syrup with and without alcohol. Cough syrup abuse and reports of death by codeine overdoses are becoming a problem. Consuming cough syrups with alcohol may lead to increased intensity of side effects. Those side effects may include fatigue, drowsy-high, loss

of coordination, urinary retention and constipation.¹²

Conclusion

Consuming alcohol and taking an OTC or prescription drug can potentially decrease the drug’s efficacy. In addition, the combination can lead to side effects or an increase in the actions of the drug.¹³ Some alcohol-drug combinations can cause serious harm. Therefore, it is necessary to read labels when using a non-prescription drug and to talk to the pharmacist about whether alcohol can be safely consumed while taking a particular prescribed medicine.

People who choose to partake in alcoholic beverages should be aware that serious reactions could occur if alcohol is consumed in conjunction with prescription or OTC medications.⁴ Contact the physician or pharmacist for information regarding the consumption of alcohol with any medication.

Questions to ask the doctor or pharmacist before taking a drug:

Question #1:	“How do I take this drug?”
Question #2:	“Can I take this drug with other drugs?”
Question #3:	“Will I be able to drink alcoholic beverages while I am on this drug?”
Question #4:	“Should I avoid certain foods, beverages or other products while I am taking this drug?”
Question #5:	“What are possible drug interaction signs that I should be aware of?”
Question #6:	“How will this particular drug work in my body?”
Question #7:	“Is there any other information I should know about before taking this drug?”

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College Students Driving Under the Influence

Yumiko N. Lee

Alcohol abuse is responsible for many accidents and deaths every year in the United States. Approximately 1400 college students die from alcohol-related incidents annually, and the number of students involved in accidents is even higher. Because excessive drinking and engaging in risky activities are embedded in college culture, changing students' drinking behaviors is a challenge. Education is the primary way to tackle this problem. Students need to learn the facts about alcohol use and the consequences of driving under the influence. This article explains the terminology for driving while intoxicated and the legal consequences. Moreover, it provides the facts and statistics that will enable students to make safer choices regarding alcohol use and driving.

College Drinking Behavior - Risky Drinking Behavior

There is a belief held by many students that binge drinking is a rite of passage or a traditional college custom. Some students expect to party endlessly throughout college without any repercussions. Increasing the level of understanding about alcohol-related accidents among college students is vital for prevention of future incidents. Early education is important because health risk behaviors, including abusive drinking patterns, are often established during youth and are practiced into adulthood.

Many health educators have attempted to establish programs utilizing counteractive methods such as early detection, stricter policies, aggressive law enforcement, and timely interventions to reduce the number of alcohol-related problems.⁶ However, these measures may still protect students from the harsh realities of alcohol abuse. Without presenting the cold-hard facts about the effects of excessive and risky drinking, this student population may not be inclined to make changes in their behaviors. The following facts might lead students to evaluate their own behaviors.

Fact 1.
Many unintentional injuries and deaths are caused by risky behavior such as alcohol abuse.

To identify the prevalence of health risk behaviors among youth, the Youth Risk Behavior Surveillance System has been conducted every other year.⁷ The National College Health Risk Behavior Survey (NCHRBS) was conducted in 1997 among undergraduate college students.⁸ These survey results indicate that risky behavior, such as alcohol abuse, was responsible for unintentional injuries and deaths of students.

Fact 2.
Fifty-two percent of all fatal traffic accidents were

caused by drunk drivers.

According to the NCHRBS, more than 27% of college students responded that in a 30-day time period they had driven after drinking alcohol.⁸ In 2002, The National Highway Traffic Safety Administration (NHTSA) reported drunk drivers caused 52% of all traffic fatalities in the United States. Moreover, the average blood alcohol concentration (BAC) level of those drivers involved in alcohol-related fatal crashes was 0.17.⁹

Fact 3.
Eighty percent of college students drink alcohol.

According to the "Epidemiology of Alcohol and Other Drug Use Among American College Students," published by the National Advisory Council to the National Institute of Alcohol Abuse and Alcoholism, approximately 80% of college students drink alcohol, and 40% of these respondents engage in heavy episodic drinking, four or more drinks in one sitting. Male students drink more than female students, and white students drink more than black or Hispanic students.¹⁰ Many regulations, policies, and punishments for students who violate school alcohol rules have been implemented throughout the nation. Nevertheless, the attempts have been unsuccessful to lessen the magnitude of excessive alcohol consumption.

Drinking and Driving

Many college students think they will never be involved in a fatal car accident or be arrested for drunk driving, even though they drive under the influence. This false belief is usually a direct result of a lack of knowledge about drunk driving and its consequences. In an attempt to better the public's understanding, the U.S. Department of Transportation developed a list of terms related to drunk driving.¹¹ However, these specific definitions vary among states and local jurisdictions. The following terms are associated with California law and regulations.

Blood Alcohol Concentration (BAC) is the alcohol content in the body. BAC is expressed in milligrams of alcohol per 100

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milliliters of blood, measured by weight per unit of volume. Typically this measurement is converted to a percentage such as 0.10%, which indicates that one-tenth of a percent of a person's blood is alcohol.¹²

Drinking Driver is a person involved in a traffic fatality who has a positive BAC. In the California Driver's Handbook, a drunk driver is referred to as a "drinking driver." In California, 0.08% is the legal limit of alcohol concentration for someone over 21 years of age. The consumption of alcohol reduces the ability to make appropriate judgments.¹³

DWI is the legal offense of driving while impaired or intoxicated by alcohol or drugs. A driver can be arrested even when the BAC is under 0.08%.

DUI is defined as driving under the influence of alcohol or drugs. A driver, age 21 or older, can be arrested for a DUI if the BAC level is 0.08% or above. Someone under the age of 21 can be arrested when the BAC is 0.01% or higher.

More than 60% of college men and almost 50% of college women binge drink at least three times over a 2-week period. Not only have they binged on alcohol, but have also admitted to driving under the influence.¹⁴ Road safety is based upon the skills of all drivers. Another driver's safety cannot be guaranteed when college students are driving under the influence. According to an alcohol behavioral impairment study, a driver's response becomes impaired from the very first dosage of alcohol. At the lowest levels of BAC, awareness can be diminished. When BAC reaches 0.04%, tracking, visual perception, and psychomotor skills begin to decline, and a state of drowsiness can develop.¹

Legal Consequences

According to the "Drivers' Handbook in California: 2004," a BAC of 0.08% or higher is illegal for drivers over 21 years of age. For persons under 21, a BAC of 0.01% or higher is also illegal. The legal limit is established to ensure the safety of the average driver, while still allowing people to enjoy alcohol for special occasions. If convicted of driving under the influence of alcohol or drugs, the judge can sentence someone to a jail term from 48 hours to 6 months. The monetary penalty ranges from \$390 to \$1,000 for the first conviction. In addition, a driver's license can be suspended for up to 6 months. The DMV can provide a restricted license for urgent needs, such as driving

to work and home. However, a licensed DUI program must be completed, certificate of insurance (SR22) must be filed with the DMV, and payment of restriction and reissue fees must be completed in order to regain a driving license.

If convicted twice within two years, the court can order jail sentences of up to one year. The fine can extend to \$1,000, and the vehicle can be impounded for as long as 12 months. A driver can lose his or her license for up to 2 years. A restricted license can be obtained after a 12-month suspension period only if the driver enrolls in a DUI program, installs an ignition interlock device (IID), files a certificate of insurance (SR22) with the DMV, and pays a restriction and reissue fee. In cases involving death or injury, punishment is feasible under California's Three Strikes Law. Civil law suits brought against the drunk driver can also be a possibility.

The law is very strict about carrying alcohol or drugs in any vehicle whether on or off the highway. Drinking all alcoholic beverages in a vehicle is illegal for both a driver and passengers. A container in a vehicle must be full, sealed and unopened. Otherwise it must be placed in the trunk or on a seat without passengers. Furthermore, keeping liquor in the glove compartment is illegal, whether the container is opened or closed.

If a driver is under 21 years of age and convicted of a DUI, the vehicle may be impounded for up to six months. The owner of the vehicle must pay a storage fee as well. In addition, the DMV can revoke a driver's license for at least one year or until they have reached the age of 18, whichever period is longer. When under age, carrying alcoholic beverages in a car is illegal, unless delivery is to the parents or work-related.

When driving, the use of illegal, prescribed, or over-the-counter drugs is punishable if it impairs driving skills. Here are some facts:

- Most cold, allergy and hay fever medication can sedate or cause a driver to become drowsy.
- Pep pills, caffeine tablets, "uppers" and diet pills can make a driver more alert, but they can also cause nervousness, dizziness, and the inability to concentrate after a short period of time.
- If the label states "may cause drowsiness or dizziness," do not take before driving.

If arrested for driving under the influence of alcohol or drugs in California, a person must undergo a breath, blood or

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urine test. A BAC greater than 0.08% and the failure to complete or refusal to take the tests listed above can be reason for a peace officer to take possession of a driver's license. A hearing can be requested within 10 days of the arrest date. When a police officer suspects that a driver is under the influence, the driver does not have a right to talk to anyone, including a lawyer or to choose the type of sobriety test administered.

Punishments for a DUI may vary based on the sobriety test results and past behaviors of the driver. The following examples of a driver's license restriction are based upon California law.

If the driver refuses to take a test or fails to complete the test:

- First offense: 1 year suspension
- Second offense in 7 years: 2 years of revocation
- Three or more offenses in 7 years: 3 years of revocation

If the driver takes a chemical test and BAC is greater than 0.08%:

- First offense: 4 months suspension
- One or more offenses in 7 years: 1 year suspension

If the driver is under 21 years old and BAC is greater than 0.01% or if the driver refuses or fails to complete the test:

- DMV will suspend driving privileges for 1 year

In order to obtain a five-month restricted driver's license, the driver is required to submit evidence of a DUI program enrollment, has filed the certificate of insurance (SR22), and paid all applicable fees. The restricted driver's license allows driving only to work or school. If the driver fails to attend the program or pay the fees, the DMV can immediately suspend the license, and the suspension will remain for the rest of the period.

If a police officer stops a driver for a traffic law violation, the driver signs a promise to appear in court. However, the officer does not usually explain this obligation. Ignoring tickets and failing to appear in court (FAC) will be part of the permanent driving record. Failure to pay fines (FPF) will also be listed on a driving record.

Normal traffic convictions are counted as one point per conviction. A DUI and/or reckless driving conviction (usually for DWI, which can happen when stopped by a police officer and the BAC is below 0.08%) is worth two points.¹⁵ A driver may be

considered negligent if his or her record has a certain number of points through a specific period of time:

- 4 points in 12 months
- 6 points in 24 months
- 8 points in 36 months

Police Officer's Perspective

San Francisco Police Transportation Regulation Inspector, Farrell Suslow, expressed his deep concerns regarding young drunk drivers during an interview on April 13, 2004. He stated that drunk drivers are not only dangerous to themselves, but also to others on the street. Alcohol consumption leads to driving impairment, a hazard to public safety. Often, police officers inadvertently discover drunk drivers when they halt someone for other reasons such as stopping at a green light, running a stop sign, expired registration, and erratic driving. Inspector Suslow relates that they are not specifically looking for drunk drivers. In actuality, the main focus is to maintain a safe environment for everyone. If the officer becomes suspicious due to a smell of alcohol, a field sobriety test (FST) is performed on site to determine if the person is impaired. For example, the officer might ask the driver to count from one through ten and to state his or her name. If the person fails the field test or refuses to be tested, the officer gives one of two chemical tests: a breathalyzer or blood test.

Prevention

Unfortunately, drunk driving can cause serious harm not only to the intoxicated driver, but also to an innocent bystander. These accidents lead to serious injuries and death, inextricably altering lives and destroying families. Young people driving while intoxicated might face fatal consequences, in addition to legal punishments and revoked licenses. Ideally, young drivers should learn about the risks of drunk driving through education rather than a tragic accident. In fact, education of young drivers is an effective prevention strategy. Many organizations promote education about alcohol and safe driving, including: Mothers Against Drunk Driving (MADD) (<http://www.madd.org/home/>), the National Clearinghouse for Alcohol and Drug Information (<http://www.health.org/>), National Institute on Alcohol Abuse and Alcoholism (<http://www.niaaa.nih.gov/>), the Alcohol Research Group (<http://www.arg.org/>), National Center for Injury Prevention and Control (<http://www.cdc.gov/ncipc/>), and National Highway Traffic Safety Administration (<http://www.nhtsa.dot.gov/>). Facts, statistics and stories regarding

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alcohol-related problems and motor vehicle accidents are available through these organizations' websites and publications.

Alternatives

Prevention is a key to avoiding drunk driving incidents. The goal is to separate drinking from driving. Options that help avert drunk driving include having a party at home and inviting the guests to spend the night. By extending the invitation to spend the night, guests will not be inclined to get behind the wheel of their car and drive under the influence. Moreover, another safe and fun alternative is a non-alcoholic party. However, if drinking alcohol is part of the event, guests should have a designated driver, a person who agrees to be a sober chauffeur to friends. Taking a taxi or using public transportation is another alternative to driving intoxicated.

Drunk driving is the third preventable cause of death among young adults. Drinking alcohol can be part of an enjoyable moment if one understands the consequences of alcohol misuse. College students might face tragedies if they do not receive proper information about alcohol consumption. Providing the facts- including legal, physical, and emotional consequences related to alcohol abuse- is the best way to prevent alcohol-related accidents.

Table 1. Blood Alcohol Concentration by Weight (Men)

Men									
Approximate Blood Alcohol Percentage									
Drinks	Body Weight in Pounds								
	100	120	140	160	180	200	220	240	
0	0	0	0	0	0	0	0	0	Only Safe Driving Limit
1	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.02	Impairment Begins
2	0.08	0.06	0.05	0.05	0.04	0.04	0.03	0.03	Driving Skills Significantly Affected
3	0.11	0.09	0.08	0.07	0.06	0.06	0.05	0.05	
4	0.15	0.12	0.11	0.09	0.08	0.08	0.07	0.06	
5	0.19	0.16	0.13	0.12	0.11	0.09	0.09	0.08	Possible Criminal Penalties
6	0.23	0.19	0.16	0.14	0.13	0.11	0.1	0.09	
7	0.26	0.22	0.19	0.16	0.15	0.13	0.12	0.11	Legally Intoxicated
8	0.3	0.25	0.21	0.19	0.17	0.15	0.14	0.13	Criminal Penalties
9	0.34	0.28	0.24	0.21	0.19	0.17	0.15	0.14	
10	0.38	0.31	0.27	0.23	0.21	0.19	0.17	0.16	

Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

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Table 2. Blood Alcohol Concentration by Weight (Women)

Women									
Approximate Blood Alcohol Percentage									
Body Weight in Pounds									
	90	100	120	140	160	180	200	220	
0	0	0	0	0	0	0	0	0	Only Safe Driving Limit
1	0.05	0.05	0.04	0.03	0.03	0.03	0.02	0.02	Impairment Begins
2	0.1	0.09	0.08	0.07	0.06	0.05	0.05	0.04	Driving Skills Significantly Affected
3	0.15	0.14	0.11	0.1	0.09	0.08	0.07	0.06	
4	0.2	0.18	0.15	0.13	0.11	0.1	0.09	0.08	
5	0.25	0.23	0.19	0.16	0.14	0.13	0.11	0.1	
6	0.3	0.27	0.23	0.19	0.17	0.15	0.14	0.12	Possible Criminal Penalties
7	0.35	0.32	0.27	0.23	0.2	0.18	0.16	0.14	Legally Intoxicated
8	0.4	0.36	0.3	0.26	0.23	0.2	0.18	0.17	
9	0.45	0.41	0.34	0.29	0.26	0.23	0.2	0.19	Criminal Penalties
10	0.51	0.45	0.38	0.32	0.28	0.25	0.23	0.21	

Subtract .01% for each 40 minutes of drinking. One drink is 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

Source: U.S. Department of Health and Human Services

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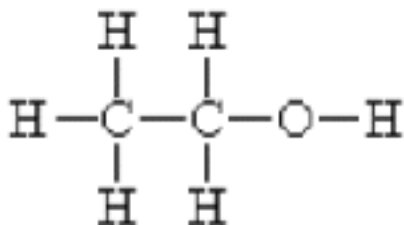
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Campus Policy at California State University, Long Beach

Linda Peña

Accidents, violence, and fatalities have plagued college communities due to irresponsible alcohol use among its students. The academic achievement of students and their health is of great concern for administrators, parents, and students alike. The need to stem alcohol-related problems on campuses has prompted universities all over the country including CSULB, MIT, and Stanford to adopt policies, and pro-active programs and departments to better execute corrective action, to teach the effects of alcohol use and abuse, and to identify and neutralize the motivating factors that lead students to engage in negligent drinking. Today at almost all U.S. campuses alcohol policies are in place to effectively mitigate the negative impact of alcohol use and abuse.



The molecular structure of alcohol is comprised of carbon, hydrogen, and oxygen: **C₂H₅OH**

At times it is difficult to understand how this simple molecular structure, otherwise known as alcohol, can be such a threat to universities across the nation. However, this fact is substantiated in a 2002 Harvard School of Public Health Alcohol Survey, in which 81% of those college administrators surveyed concluded that students' alcohol use was a major problem on their campuses. This finding is significantly higher than the results of a similar survey completed by the same researchers in 1999, when only 68% of respondents expressed this level of concern about students' drinking.¹ The consequences of excessive college drinking are more widespread and destructive than most people realize. Alcohol is tied to 1,400 college student deaths annually, 500,000 injuries, 600,000 assaults and 400,000 instances of unprotected sex. Furthermore, while young adults not going on to college tend to drink more often, collegians usually consume more at one sitting when they do partake.²

A recently conducted Harvard alcohol survey found that while many college administrators on America's campuses are concerned about heavy drinking, their ideas for a course of action differ.¹ How can colleges best protect students from the results of their own drinking? For years, universities have attempted to protect students through preventive techniques. Administrators have used the following preventive measures: banning alcohol on campus and in residence halls, restricting alcohol at events,

providing alcohol education, conducting social norms marketing campaigns and managing substance abuse among students. Although all these techniques can be efficacious, campus policy still remains one of the most effective means by which to keep students safe.

At California State University, Long Beach, all alcohol policies are clearly stated in the following publications: *The CSULB Regulations for Campus Activities*, *The Student Organization and the University Community*, and *The Residence Hall Calendar and Handbook*. The policies for on-campus alcohol consumption read as follows:

- a. Alcoholic beverages generally may not be consumed on campus except at sponsored events and with specific approval of the Assistant Dean of Students.
- b. Alcoholic beverages may only be consumed on the university premises that have been licensed by the Department of Alcoholic Beverage Control.³

In addition, if a student were to drink alcohol at an

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unauthorized or unlicensed event, he/she could receive a citation from the CSULB University Police. This policy is stated in the following CSULB regulations:

- a. Where indicated by law, university police shall seek identification, and issue an immediate campus disciplinary citation, and/or other appropriate citation to anyone drinking in open areas on campus, which are not in an authorized area for an approved, sponsored event.
- b. Possession and/or consumption of alcoholic beverages is prohibited in and around the residence halls. The residence halls are governed by policies and procedures stated in the annual "*Residence Hall Calendar and Handbook*."³

Some CSULB students question the rationale for any alcohol policy. They contend that no policy can prevent students from drinking if they so desire. These students should be reminded that a primary goal of all CSU campuses is to provide an environment that guarantees all students an opportunity to obtain a good education. Past events have shown that alcohol can interfere with students successfully obtaining an education. For instance, in April 2000, UC Davis senior David Thornton died after downing 21 drinks to commemorate his 21st birthday.² Furthermore, on October 4, 2000, the following headline appeared in the on-campus newspaper at California State University, Chico: *Pi Kappa Phi pledge dies*. "Adrian Heideman died before he got to wear his fraternity letters. Heideman, an 18-year-old Chico State University student and Pi Kappa Phi Pledge, was pronounced dead by Chico police early Saturday morning in his fraternity house, a victim of what police are calling an apparent alcohol overdose."⁴ Months later, Jesse Patrick Snow, a Sacramento State University student, was killed in a car crash after a night of heavy drinking with friends.

These deaths sent a shock wave throughout the nation and the university systems. In order to address the potential dangers of alcohol consumption, dramatic changes took place at all 23 CSU campuses. The California State University Chancellor, Charles B. Reed, appointed an Alcohol Policies and Prevention Programs Committee. With the help of this collaborative group and the California State University Board of Trustees, the Chancellor revamped the current policies and created an Alcohol, Tobacco and Other Drugs (ATOD) Program

for all CSU campuses. The ATOD Program was intended to bolster already existing policy and add new direction to provide the best learning environment for students. Also it was hoped that this system-wide policy, which was adopted in July 2001, would assist in curbing student alcohol abuse.

Each campus has taken the directives from the Chancellor and has established its own policies and a program suitable for its unique needs. At CSULB, the ATOD Program is provided through Student Health Services. The program follows the enforcement guidelines put forth in the campus Alcohol and Drug Policies and California State Law as stated in the following excerpt:

The use of alcoholic beverages must be in compliance with California State Law and is strictly limited to persons 21 years of age and older. The possession, transportation, and/or consumption of alcohol by individuals less than 21 years of age is strictly prohibited. Alcoholic beverages may not be consumed in public areas and must be concealed and not in plain view when transported in the Residence Community. Residents in the Residence Community under the age of 21 are not permitted to host residents of any age who are in possession of alcohol in the room/apartment.³

At CSULB, the ATOD Program conducts a Step1-2-3 Education/Disciplinary Plan. Students receiving a first violation for alcohol from the residence halls, athletic department, or university police are required to register for the mandatory class within one week of their initial referrals. This prevention/intervention class presents the facts about physical and mental effects of alcohol on the brain and the body. By having students attend this class, the university aspires to direct them towards making positive and safe alcohol consumption choices. For a second alcohol violation, the student must attend an appointment with Counseling and Psychological Services (CAPS) within one week of referral. A third violation requires students living in the residence halls to be referred to the associate director of housing to set a date for vacating their residence hall. If the student does not live on campus, he or she is referred to Judicial Affairs for further disciplinary action.

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For students who remain unconvinced that policy deters alcohol misuse, the story of a current CSULB sophomore presents supportive evidence to those skeptics. Several years ago, when this student was a freshman, he returned to campus early one Thursday evening to relax with friends living in the residence halls. His friends produced several six packs of beer and a couple of bottles of tequila, and they decided to play the drinking card game, *Connection*. Our freshman recalls that it seemed only an hour had passed when a suspicious resident advisor knocked on the door. The students took a silent, unanimous vote to ignore the knocking and to continue drinking. Since they refused to open the door, the resident advisor called the university police. When the university police arrived at the scene, our freshman made a quick dash to the parking lot and jumped into his car. The police stopped him as he pulled out of the parking lot and administered a breathalyzer test. His blood alcohol concentration (BAC) was over the legal limit, so he was transported to a holding tank at the Long Beach City Police Department. Later he was booked for driving under the influence (DUI).

Today, as he recalls the incident, he cannot help but remember his overwhelming sense of disbelief over the sequence of that night's events. In his mind, he had only been innocently relaxing with friends. They were drinking what seemed to be an ordinary amount of alcohol. Oftentimes students underestimate the quantity of alcohol they drink. "Downing" or "slamming" a few drinks might not seem like much to them. However, the liver breaks down only ½ oz. of pure alcohol per hour, and nothing can accelerate this process. The amount of alcohol the liver can process in one hour is referred to as a "standard drink." The alcohol content guidelines for one standard drink are as follows:

- 12 oz. can of beer
- 4-5 oz. glass of wine or one cooler
- 1.25 oz. hard liquor or one cocktail

When reviewing these guidelines with our student, he realized every gulp of tequila was well over 1.25 oz. of hard liquor. He now understands the reason for his BAC of .32. When the University Police stopped him, he needed only a .01 to be booked for driving under the influence at age 18. Only recently he understood had he continued to drink that night, he could have reached the lethal limit of .40 in less than another hour. Our student now credits the university alcohol policy for possibly saving his life or preventing injury to himself or someone else while driving under the influence.

When the residence hall advisors knocked on their door, they based their action on the following university policy:

- (1) Containers that contain or contained an alcoholic beverage are not permitted in the residence halls.
- (2) Residents in the company of someone who is consuming or in possession of alcohol or alcohol containers in the student rooms are also subject to judicial action.³

Obviously, alcohol is a nationwide concern for universities. Like the CSU system, many other universities have been attempting to address the alcohol issue on their campuses. Even universities that have never had prior alcohol policies have been forced to include regulations after unfortunate consequences of alcohol use. For example, the Massachusetts' Institute of Technology (MIT) instituted new policies after the death of Scott S. Krueger from alcohol poisoning. Krueger was in a coma for three days before he died. His BAC was 0.41 when he arrived at the hospital.⁵ After the tragic death of freshman Scott Krueger, MIT's students and administration began an evaluation of the alcohol policies and social climate on campus from a new and intense perspective. The results have included major changes in policies, heightened student awareness on alcohol, a stronger emphasis on MIT community events, increased alcohol education by students and staff, and stricter enforcement of MIT's rules by the university and the Interfraternity Council.⁶ The university encourages fraternities and sororities to declare themselves alcohol free. Five fraternities, Sigma Nu, Beta Theta Pi, Sigma Phi Epsilon, Phi Delta Theta and Phi Kappa Sigma have voluntarily done so.

Likewise, Cornell University President Rawlings announced the appointment of the President's Council on Alcohol and Other Drugs, an initiative aimed at improving the overall campus environment by reducing the harm associated with the misuse of alcohol and drugs.⁷ "Abuse of alcohol is problematic at Cornell among students and other members of the campus community, as it is nationwide," Rawlings said. "Too often this abuse undermines academic success and jeopardizes safety, both of the individual and of other members of the community."⁷ For the first time, prestigious universities such as MIT and Cornell

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were admitting a significant number of students were sabotaging their future goals with alcohol abuse.

Stanford University admitted that although their drinking rates were lower than the national average, any incidences that did occur were often very serious.⁸ In the fall of 1998, a member of Phi Delta Theta was found unconscious outside his fraternity house on October 10th and taken to Stanford Hospital suffering from serious head injuries. Apparently, he had fallen from a second-floor balcony and was in serious but stable condition when admitted. As a result of this incident, Stanford Dean of Students, Marc Wais notified the fraternity it would lose its on-campus housing privileges.⁹ Due to this and other alcohol-related mishaps, the university decided to make some on-campus changes. The winter 1999 Stanford Parents Newsletter introduced new programs that addressed the use of alcohol on campus:

Our new programs are dorm-based and address the motivations for drinking and getting drunk. Students are challenged to look at questions of self-regulation. Who are you expecting to regulate your behavior? You are 18, and what are you looking for? The new programs provide more resources to the residences. If there is an incident, we help the residence staff assess the situation and size that teachable moment. We are also developing a class for students who have experienced a problematic episode with alcohol.⁸

Stanford prohibited underage drinking in all residence dorm rooms. However, the dorms could still provide alcohol at certain events if served in the lounges. University administrators felt alcohol consumption could be safe if monitored during certain school-sponsored occasions. However, this hope proved fallible. After several serious mishaps with drunken students, Stanford's alcohol policy became stronger this past fall 2003. "The era of Branner keggers and Paloma progressives is over."¹⁰ University policy now states that all dorms will no longer be allowed to serve alcohol at events in their lounges, hallways or outdoor areas. According to Ralph Castro, Stanford's alcohol and drug educator, recent studies on college drinking indicate that

limiting the availability of alcohol to students can decrease the likelihood of alcohol abuse.¹⁰

Many students reading this article may still remain skeptical of the effectiveness of current university alcohol policies. However, other students, administrators, faculty and parents have praised CSULB for the action taken on campus. Moreover, the university believes its policies have prevented further harm to its students. The CSULB sophomore's story and other recorded alcohol-related incidents substantiate the university's position.

One must remember why university alcohol policy exists. Ralph Castro, Stanford's alcohol and drug educator, stresses that alcohol policy strives to empower students to make healthy decisions – ones that positively affect themselves and the campus community as a whole.⁸ Cornell President Hunter Rawlings believes alcohol policy can prevent a student's academic success being jeopardized by alcohol misuse.⁷ All three administrators agree that policy assists in providing an environment that will best fit the need for all students to achieve academic success. As stated by Chancellor Reed on July 15, 2003, in his *First Biennial Report*, it is the university's desire to provide a safe and secure environment for all students; encourage student health and wellness in an environment supportive of learning; promote healthy choices for students; enforce laws and policies consistently as regards to the use of alcohol; and encourage students to take responsibility for each other; Good Samaritan behavior should be supported and recognized, and students should be supplied with the tools to help others practice safe and responsible behavior.¹¹

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• NOTES •

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