

## **DRS Alcohol and Drugs Policy (Bendigo specific)**

The Division of Residential Services (DRS) at La Trobe University is committed to the health, safety and welfare of its students and staff. The core principles underlying this policy reflect our responsibility by ensuring that students and staff enjoy living, learning and working in an inclusive environment that respects the diversity of its population, as well as a desire to increase awareness, knowledge and understanding of the use and misuse of alcohol amongst students, staff and visitors.

This policy has been developed to minimise alcohol-related harm to individuals, to property, and to the reputation of the DRS in the community. An overall objective of this policy is to empower residents of the DRS to make informed choices about the use of alcohol, to equip staff to deal sensitively and effectively with incidents associated with alcohol misuse, and to raise awareness of available support services.

### **Legal responsibility**

The DRS, like the university has an obligation to uphold the law. This policy recognises the need for effective and consistent action, while seeking a proper balance between recreation, study, privacy and concern for the individual. This policy has been developed within the legislative framework and policies under which the DRS operates. Relevant legislation and policies include:

*Occupational Health and Safety Act (2004); Liquor Control Reform Act (Vic) (1998) (and subsequent amendments); Victorian Tobacco Act (1987); Alcoholic and Drug-dependent Persons Act (1968); Drugs, Poisons and Controlled Substances Act (1981); Victorian Equal Opportunity Act (1995); La Trobe University Codes of Conduct (staff and students).*

### **Alcohol and health**

Alcohol consumption in Australia is legally and culturally accepted, and students who are over the age of eighteen – and the vast majority of residents are in this category – are legally entitled to purchase and consume alcohol. Most residents have enjoyed drinking with their family and friends before beginning their tertiary studies, and continue to enjoy drinking during their studies.

While regular consumption of even moderate amounts of alcohol may create a health risk, research evidence suggests that patterns of consumption amongst younger drinkers may involve binge drinking – that is substantial intake during a single episode of drinking interspersed with periods of low or no intake. Another pattern is heavy drinking. Our understanding of these terms is as follows:

*Binge drinking:* more than four standard drinks in one session.

*Heavy drinking:* more than two sessions weekly of sustained drinking.

Both binge and heavy drinking carry a high risk of behavioural and health difficulties, some acute and others of a long-term nature.<sup>1</sup> The following alcohol-related problems have been identified as being sufficiently serious and sufficiently common to warrant a policy response:

- Alcohol-related deterioration in academic performance, leading on occasion to exam failure and drop-out from university.

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<sup>1</sup> . An easily accessible report indicating risks associated with adolescent drinking was aired on the ABC's Health Report on 8 October 2007: <http://www.abc.net.au/rn/healthreport/stories/2007/2050987.htm>s

- Drunken behaviour - on campus, in colleges or in sporting facilities - which causes offence, damage to property, and creates risk for other members of the university community or of the wider community.
- Unprotected sexual activity following excessive drinking, potentially leading to unplanned pregnancy and also carrying a risk of infection with sexually-transmitted diseases.
- Physical health problems caused directly by alcohol consumption or indirectly as a result of alcohol-related accidents.
- Serious mood disorders to which alcohol is a major contributory factor.

The rationale for the policy proposals being made here is that of health promotion, and the proposals are framed in the context of the DRS's development of safe living and learning communities for residents. While not discounting the role played by individual predisposition or vulnerability, an educational and health promotion perspective suggests that environmental strategies have an important role to play in fostering moderate or low-risk drinking practices both in the general population and amongst specific sub-groups, such as tertiary students. This of course is recognised by the drinks industry, which advertises and otherwise promotes its product throughout society, and targets the tertiary sector.

### **DRS alcohol policy guidelines**

Within this health promotional and values framework, the broad aim of the policy is to create and maintain a residential environment conducive to the health and well-being of residents and staff, to the maintenance of a vibrant learning (and living) community, and which is aligned with the university's core values.

Specifically, the objectives (which frame our specific policies) are:

- O1. To provide an environment free from pressure to drink for those who choose not to drink.
- O2. To model responsible drinking and discourage high-risk drinking amongst those who choose to drink.
- O3. To inform all members of the DRS community of the risks involved in alcohol consumption and of the nature of alcohol-related problems.
- O4. To reduce the incidence of alcohol-related problems amongst residents.
- O5. To provide a caring environment and an effective response system for those who develop alcohol-related problems.

### **DRS alcohol policies**

The following policies are proposed to meet the objectives enumerated above:

*O1. To provide an atmosphere free from pressure to drink for those who choose not to drink.*

- 1. No 'open bars', or 'unlimited alcohol' events are to be organised or supported by residents.
- 2. No events should be organised which encourage the rapid consumption of alcohol, nor should alcohol be awarded as a prize or reward for competitive events.
- 3. No prizes or incentives in the form of alcoholic drinks should be offered.
- 4. All events organised within the DRS, by DRS staff or residents, or associated with the DRS which include access to alcoholic beverages must provide equal access to

non-alcoholic beverages. The latter should not be offered as a 'sub-standard' alternative.

5. Marketing for events should not identify access to free or cheap alcohol as a primary incentive to attendance.
6. Care should be taken in seeking or accepting sponsorship from drink companies, bars, hotels and nightclubs so as not to encourage irresponsible drinking. All sponsorship arrangements should be checked with the Residential Supervisor or other responsible DRS officers before acceptance.

*O2. To promote low-risk drinking and discourage high-risk drinking amongst those who choose to drink.*

1. The DRS will support the provision of attractive, alcohol-free environments for events and activities, and will encourage the organisation of activities and events which are alcohol-free.
2. The schedule of recreational/social events and activities organised by students in the DRS must include at least one alcohol-free event for each two events which offer alcohol.
3. All student club representatives must attend training in the Responsible Serving of Alcohol (RSA). All residents should be regularly reminded of the risks involved in serving alcohol to people who are already intoxicated.
4. All residents should be regularly reminded of the risks involved in both binge drinking and heavy drinking.
5. Those responsible for licensed premises are responsible for ensuring that RSA guidelines are followed. Residents who appear intoxicated must not be served alcohol.
6. Non-alcoholic drinks and food should be served at events at which alcohol is provided.

*O3. To inform all members of the DRS community of the risks involved in alcohol consumption and of the nature of alcohol-related problems.*

1. Residents, particularly student leaders, should be encouraged and assisted in providing accurate advice on alcohol-related problems in publications distributed at the beginning of the academic year.
2. Advice on alcohol should routinely be included in orientation talks to first-year students during BRS' Orientation program - *Resfest*. The DRS will make such advice available.
3. Staff and student leaders should be encouraged to refer to problems associated with alcohol during their initial meetings with first-year students.

*O4. To reduce the incidence of alcohol-related problems amongst residents.*

1. The first days and weeks are an important period in forming expectations and accepted behaviours amongst new residents. Student leaders, along with DRS staff, will be required to ensure that the DRS alcohol policies are both known and enforced during this period.
2. Student leaders have a particular responsibility in modelling responsible attitudes and behaviours towards alcohol consumption. Student leaders will be trained and supported in being pro-active and sympathetic towards residents who exhibit binge or heavy drinking patterns of behaviour.
3. Student leaders are expected to endorse and support the DRS alcohol and drug policy by their behaviour and role modelling. Student leaders' position of trust and authority makes such visible support critical in ensuring a healthy living and learning culture in residences. Violations of the policy by student leaders are unacceptable.

4. Orientation and Transition events should abide by the DRS alcohol policies, and efforts should be made to provide attractive, accessible and inclusive activities that do not rely on alcohol for their success.
5. All events at which alcohol is served that are organised by students in the DRS must:
  - Follow event management protocols
  - Be organised and supervised by residents who have undertaken RSA training
  - Be managed by residents in conformity with DRS alcohol policies
  - Be run in a manner that manages risk, through adequate staffing, security and safety, and briefings to all student organisers.
  - Should be superintended by student organisers who do not consume alcohol. The ratio of such organisers to participants in events should be 1:25 at the minimum, that is, one student organiser *not* consuming alcohol for every 25 attending the event. The names of the student organisers should be listed in advance.
6. Student organisers of events are responsible for ensuring that these events do not breach DRS alcohol policies. Evidence that alcohol has been served irresponsibly or that inadequate attention has been given to ensuring adherence to DRS alcohol policies will lead to reporting, counselling and possible withdrawal of leadership responsibilities.

*O5. To provide a caring environment and an effective response system for those who develop alcohol-related problems.*

1. The DRS has been established to maintain living and learning communities and adopts a three-pronged approach to behavioural problems associated with alcohol: (a) educational, (b) remedial, and (c) disciplinarian.
2. (a) *Education*. As set out above, all residents will be informed of the DRS alcohol policies and of the dangers associated with both heavy and binge drinking. Through posters, workshops, meetings and newsletters, educational information and advice will be provided by the DRS and student leaders.
3. (b) *Counselling*. We recognise that some residents will need counselling support in order to deal with problems related to the use of alcohol. The DRS, via the Residential Supervisors, will refer such residents to counselling support and may from time to time mandate that residents obtain support as a condition of their remaining in residence.
4. (c) *Discipline*. Intoxication is not regarded as exonerating residents who misbehave on campus, in other premises under the control of the DRS, or at functions off-campus associated with the DRS. Residents, as young adults, are viewed as responsible for their actions at all times. Residents who abuse alcohol and fail to abide by the DRS alcohol policy will be subject to discipline in a manner than is proportionate to the severity of the abuse, as follows:
  - Report to RA or other student leader
  - Report to Residential Supervisor (RS)
  - Report to Residence Life Coordinator (RLC)
 The RS and RLC are empowered to advise and direct residents to seek counselling support (3[b]).
5. The RS and RLC, in accordance with the Code of Conduct, are empowered to mandate that any resident whose behaviour is not in compliance with this policy be excluded from DRS residence either for a fixed period or permanently.

**A note on the DRS Drugs policy**

There is a ban on all using, possessing or dealing illicit drugs on residence. Any resident found to be breaching this ban can expect to have their residency terminated and to have the matter referred to the police for action. Residents should be aware that the penalties for possession, use and trafficking can be severe. Student leaders are expected to report illegal drug use, possession and trafficking to the Residential Supervisors.

**Monitoring the DRS Alcohol and Drugs Policy**

This policy will be reviewed twice yearly by the Residential Supervisors and Residence Life Coordinator, who will advise the *Associate Director: Residential Life* as to any changes recommended. Resident input into the review process will be provided via the Residential Supervisors.