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Teaching and Learning Problem: **ALCOHOL USE** D.F. Warring

Alcohol is the most widely abused drug in American colleges and universities. Among young adults in general, regular drinking of alcoholic beverages is more common than regular use of any other drug containing substances, including cigarettes and coffee (Dean, 1982). These facts may not surprise people familiar with recent publicity about drinking among young people. What is surprising is how little our colleges and universities including those teaching agriculture have been able to do in response to widespread drinking and its consequences.

Drinking in colleges and universities cannot be reduced by brief, narrow, or fragmented intervention. An effective program must deal with the full range of problems resulting from alcohol use and abuse in the college community, including the harmful effects of occasional drinking on driving, classroom performance, and personal relationships, not just alcoholism. The program must also contain a series of intervention options tailored to each problem and need not be designed only for the students. It should also set up a permanent structure for the discovering and intervening in drinking problems on the campus and for evaluating the effectiveness of various intervention measures.

Post-secondary institutions are communities made up of unique but interrelated units consisting of many subgroups with specific needs and strengths so that each one must be dealt with individually (Dean, 1982). An understanding of the reality of the uniqueness of the campus community and its effects on the surrounding community is crucial to the development of any effective alcohol program.

Many studies have investigated alcohol consumption, and the findings indicate an increasing use of alcohol by students (Hill and Bregen, 1979). In a survey administered to 38 University of Minnesota-Waseca students in February, 1984 (Table I), 29 reported that

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their alcohol consumption had increased since their enrollment there. In the same survey, 30 students reported that they feel that they get along better at social functions after they have had a drink. These results are consistent with the findings of Blane and Hewitt (1977), who found that approximately 66 percent of students who drink feel they get along better at social functions while drinking. However, the literature does suggest that misuse of alcohol and problem drinking are increasing (Kaplan, 1979).

Alcoholism is a stigmatizing term, and post-secondary students do not often fit the stereotypical image of people who suffer from alcoholism. Yet they are affected by the increasing use and abuse of alcohol (Ingalls, 1978). It is important, therefore, to adopt a conceptual model of alcohol problems that reflects the realities of alcohol use on the campus and that can be used as a base for intervention programming. This model, if it is to be the basis for effective program development, must encompass a wide range of alcohol useage behaviors. It must not be limited just to an addiction concept.

A range of alcohol problems exists that provides a continuum which lends itself very nicely to examining prevention. Primary prevention in the area of alcohol problems is directed at those individuals who engage in abstinence or social drinking behavior. Neither group experiences personal problems due to its use of alcohol, but both are potential victims of the impact of problem of addictive drinking in society. At UMW,

Table 1. Alcohol Inventory (Totals)

1.	Sex:	Male 24	Female 14	Total 38
2.	I drank alcoholic beverages before leaving high school:			
	Yes 15	No 23		
3.	I consumed my first drink at the following age:			
	under 13	8	13-15 15	16-18 12
				19-21 3
4.	I first became intoxicated at the age of:			
	under 13	6	13-15 15	16-18 14
				19-21 0
				Other 2
For the following questions, use the key below for answering:				
	N - Never/Does not pertain			
	O - Occasionally/Less than 25% of the time			
	F - Frequently/About 50% of the time			
	M - Most of the time/Around 75% of the time			
	A - Always/Very close to 100% of the time			
		N	O	F
		M	A	
5.	I was allowed to drink at home:	12	18	2
		6	3	3
6.	I drink to get drunk:	11	18	3
		3	3	3
7.	I drink more than I set out to:	10	22	3
		2	0	
8.	I feel I get along better at social functions after I've had a drink:	8	16	10
		3	1	
9.	I know my drinking limits and stick to them:	4	11	5
		11	7	
10.	I drink because I'm shy:	24	7	3
		2	2	
11.	A few drinks help build up my self confidence:	11	15	6
		3	3	
12.	I think my alcohol consumption level has increased since I've enrolled at UMW	Yes	29	No
				9
13.	I attend few parties because I don't drink:	Yes	0	No
				38
14.	I feel peer pressure to drink:	Yes	24	No
				14
15.	My average number of drinks per week is:			
	0	1	1-4	11
				5-9
				8
				10-14
				6
				15 or more
				12

primary prevention efforts are focused on the design of campus social events which do not focus on alcohol consumption, information dissemination, and on counseling support systems. Unfortunately, UMW has not developed an integrated large-scale effort that goes beyond this level to secondary and tertiary prevention programs.

Secondary prevention efforts are directed at early detection and treatment, which usually involves individuals who are involved in problem drinking behavior and whose behavior may presently involve problems that are indicative of future, more serious addictive behavior. Secondary prevention efforts might involve several intervention strategies designed to limit driving while intoxicated.

Tertiary prevention is concerned with chronic or irreversible disease processes. The goals of tertiary prevention efforts are to limit disabilities that result from the condition and to pursue rehabilitation. Individuals who demonstrate addictive behavior related to alcoholism may need treatments that include hospitalization, detoxification, diet improvement, counseling (for the patient and for the family), and life style assessment and change.

Alcohol and drug abuse prevention programs can be divided into two basic categories: incremental and systemic (Dean, 1982). Each category carries its own set of assumptions about principles and techniques appropriate to prevention and intervention. Incremental approaches promote prevention through correctional or supporting programs. These usually cover a single, specific area, such as information dissemination, peer counseling, or values clarification. These approaches appear to be based on the assumption that change in one life area will cause change in alcohol use behavior. Incremental approaches have not been traditional, but they yielded consistent, cost-effective, dependable behavior change (Dean, 1982). This is what UMW has attempted to do.

Systemic Approach

A systemic approach is based on the assumption that a series of planned, integrated intervention programs will alter individual behaviors within the group. The emerging systemic approach draws heavily from systems theory, which suggests that there are four main characteristics of a system:

1. A system is a unit which includes a boundary;
2. A system is an internal reality with tension, stresses, strains, and conflict between its component part;
3. Within a system, there is a balance or homeostasis between its internal forces;
4. A system contains feedback processes which allow the system to react to internal and external forces.

(Chin, 1976)

A college or university is one such system.

The systemic approach has been used effectively in public health. Illich (1976) has described declines in major disease processes as a function of healthy social and nutritional systems. A systemic public health

model takes three factors into account: the host, the agent, and the environment (Noble, 1978). It is imperative that we understand that alcohol problems are a result of the interaction between these three factors. The host is defined as the individual with characteristics that include the individual's knowledge, attitudes, and alcohol use behavior. The agent is alcohol, and the factors include its quantity, concentration, and availability. The environment is the setting or context in which drinking may or does occur. Systemic prevention programs deal with the totality of the life experiences of the target group (Hawk, 1974, and Streit, *et al*, 1973, 1974, 1978).

Primary, secondary, and tertiary alcohol abuse prevention modes could be integrated into a systemic approach, which would provide a means for dealing with all behaviors related to alcohol problems. A systemic approach is holistic in the sense that it looks at totalities and the elements which make up the totality, rather than the elements or components alone. These then together provide a conceptual foundation that focuses on the entire campus system as well as its subsystems.

Allport (1960) has suggested that open human systems involve four characteristics: (a) a continuous intake and output of energy and matter, (b) homeostatic states achieved in the system, so that external events that infringe on the system will not disrupt the system's internal form and order, (c) the tendency for a system to become more organized and differentiated over time, (d) extensive interaction between the system and the external environment, especially one such as UMW that has the types of interactions it does with the surrounding local community.

Campus Commitment

The basic mission of an alcohol program is to create an awareness of the effects of misuse of alcohol and to assist people in making responsible decisions about the use of alcohol. In order to accomplish this, campus commitment is essential. This support must be visible as well as financial. Lynch and Alldoory (1978) suggest that the university community is a social system, all components of which must be touched by the alcohol program. Key people must be identified, approached, and convinced of the value of the alcohol program. An alcohol conference (Gonzales, 1978) may be an effective means to gain support for the commitment to a campus program.

The groundwork has been laid at the University of Minnesota at Waseca (UMW) through the successful production of the "Spooky Spirits" programs over the past five years, and the establishment of the Alcohol and Other Drug Abuse Program (AODAP) Committee. Preliminary contacts and some interrelationships have been established with the local hospital and its Chemical Dependency Treatment Program. Sandy Conolly, the Director of the Chemical Dependency

Treatment Program, is cooperating with UMW at present by helping to present a mini-course on alcohol abuse, as well as via assessment and treatment of some of our students.

"Spooky Spirits" first started at UMW in 1978, and has been partially funded by AODAP since that time. One of this program's objectives is to assist individuals to make responsible decisions regarding the use of alcohol. The program was developed as a day-long program for the entire campus.

Four major goals of "Spooky Spirits" have been:

1. To identify dual choices:
 - a. Abstinence vs. use of alcohol; and
 - b. Abuse vs. responsible use of alcohol.
2. To offer educational information on alcoholic beverages to the UMW campus community.
3. To model responsible use of alcohol.
4. To implement programs that alter the drinking environment in order to promote responsible decisions regarding the use of alcohol.

It is hoped that students exposed to this program will be able to identify four patterns of drinking behavior: (a) abstinence, (b) social use, (c) abuse, or (d) chemical dependency. It is also intended that the students will be able to relate these patterns to their own specific behavior.

The theme for the February 16, 1984, event was "Spooky Spirits with Love," to coincide with Valentine's Day. There were 25 booths set up that focused on topics that included Fermenting for Fun and Flavor, How to Host a Party, The Universal DWI, the Un-Ben Bean, Alternative Spirits, Tips About Drinking and the Law, Chemical Dependency, as well as others. These booths were staffed by local agencies, faculty, staff, and student groups interested in our goals and objectives. Over 350 students and staff members attended the three and one-half hour event.

Evaluation

A short evaluation form was administered to a random sampling of 33 students and five faculty/staff members. The evaluators were asked to rate six different aspects of the event, and then to assign a rating to the event as a whole. The overall mean scores were 4.19 for students and 4.11 for faculty/staff, which indicates that the program was clear, successful, useful, attractive, and met the overall goals and objectives of the AODAP Committee. A similar evaluation form was given to the booth participants. The 15 respondents agreed that the program was very good, and all expressed a desire to participate in it again in 1985.

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