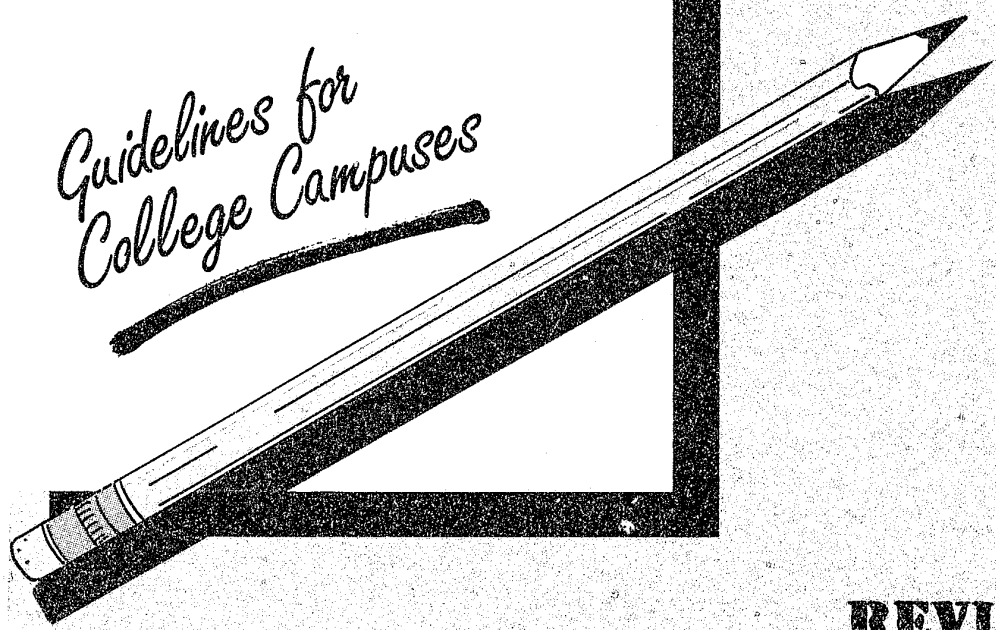
Alcohol Problems Prevention/Intervention Programs

Guidelines for College Campuses



REVISED

State of New York — Mario M. Cuomo, Governor

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ALCOHOL PROBLEMS PREVENTION/INTERVENTION PROGRAMS

Guidelines for College Campuses

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TABLE OF CONTENTS

INTRODUCTION

Among the nation's major health problems, alcohol abuse and alcoholism are a growing national concern. Inevitably alcohol has a significant impact on educational institutions. It is imperative that New York State increase efforts to significantly reduce alcohol consumption to prevent alcohol problems. These efforts should include strategies that affect overall consumption through controls on price and availability, as well as public education and other efforts to reduce consumption among identifiable heavy drinkers and high-risk groups. Colleges and universities can support these efforts by evaluating current campus alcohol policies and by developing or expanding alcohol programs.

Drinking alcoholic beverages is a part of the American lifestyle emulated at most college campuses. Alcohol-related problems are universal, but can be particularly acute for college students. Many are away from home for the first time, suddenly free to make personal decisions and take risks. Peer pressure can be enormous. Some students, leaving a family where alcoholism is present, may experience additional stress.

There is some debate among researchers about whether college drinking is measurably greater now than it was ten years ago. However, drinking is undeniably a fashionable and open part of college life. On average, adolescents and young adults in their post high school years, from 18-25 years of age, have higher rates of alcohol consumption than those exhibited at any other period during their lifetimes.[1] Consequently, it is important for institutions of higher education to meet the need for comprehensive campus alcohol programs.

Although the majority of students do not show a consistent pattern of problem drinking, and colleges would never justify treatment or rehabilitation centers for alcoholics, problem drinkers do exist on campuses. The college environment provides an ideal setting for dealing with problem drinking behaviors. Campus personnel see students on a daily basis in situations requiring responsible behavior. The environment is such that irresponsible behavior can be identified, confronted and changed at an early stage. Effective education and intervention efforts can be developed. Administration, faculty, other staff and students can be trained to identify and intervene with a student who shows behavior characteristic of alcohol abuse.

The New York State Division of Alcoholism and Alcohol Abuse has developed this manual in response to the growing interest of colleges statewide for technical assistance in dealing with alcohol-related problems.

Part One of the manual provides an overview of the dimensions of alcohol-related problems and delves into the causes and prevention of alcohol problems. Part One outlines the Public Health Model approach to dealing with alcohol problems and stresses the importance of effective primary prevention strategies to reach not only persons suffering from alcoholism but also those not currently dependent on alcohol. This section also highlights research with important implications for college alcohol programming. A chapter is devoted to children of alcoholic parents who are at particular risk for developing alcohol-related problems.

New to this edition are chapters on women and minorities, whose special needs have traditionally been overlooked. Another new chapter deals with the limitations of the popular "responsible drinking" approach to prevention messages. The Division's Regional College Alcohol Consortia Project is highlighted in the last chapter of Part One.

Part Two provides a practical, step-by-step procedure for organizing an effective alcohol program for the college population. The chapters in Part Two are organized sequentially and provide explanation and direction in initiating, improving or expanding a campus alcohol program that includes prevention and intervention components. The steps are considered critical components of a well-rounded, workable model program which can be adapted to fit the diverse and unique needs of individual colleges and universities.

The chapters in Part Two also have been updated with new information on prevention, intervention and program evaluation.

"Focus On Prevention," the 1986 Update of the Division's Five-Year Comprehensive Plan for Alcoholism Services in New York State provided the framework for Part One of this manual. Part Two of the manual was developed in part from materials contained in the Guide to Campus Alcohol Programs, State University of New York Agricultural and Technical College at Alfred. The guide was the end product of a three-year demonstration project funded by the Division.

[1] Barnes, Grace M., and Welte, J., "Predictors of Alcohol Use Among College Students in New York State," Journal of American College Health, Vol. 31, Page 150, 1983.

PART ONE

Prevention: A Framework for Planning

Campus Alcohol Programs

CHAPTER I

ALCOHOL-RELATED PROBLEMS

In 1982, nearly a half billion gallons of alcoholic beverages were sold in New York State. This included nearly 395 million gallons of beer, 37 million gallons of distilled liquor and over 54 million gallons of wine. This amounts to nearly 30 gallons of beer, 2.8 gallons of liquor and 4 gallons of wine sold for each New Yorker over the age of 14.

That's a lot of alcohol.

Every one of us, everywhere, is directly or indirectly affected by alcohol problems. Often we call them by other names. Many times we fail to recognize them as alcohol related at all. In fact, most people don't realize that alcohol use is responsible for:

- 70% of all child sexual abuse
- 50% of all rapes
- 50% of all homicides
- 50% of all fatal car crashes
- 85% of deaths by fire
- 25% of suicides
- 40% of family court actions

Add to those problems the well-documented link between alcohol use and many health problems. In 1982, for example, 3,165 New Yorkers died of cirrhosis of the liver. Over 2,000 deaths in 1983 were directly attributable to alcohol through alcohol psychosis, alcoholism, alcohol poisoning or alcohol-related cirrhosis. Consumption of alcohol is also connected to cancer of the mouth, pharynx, larynx and esophagus, chronic pancreatitis, and adverse effects on the fetus and newborn infants.

The combined problems associated with alcohol use, including addiction, associated trauma and disease, and the related social and economic problems, are estimated to cost the U.S. economy $116.7 billion annually and the New York State economy $8-10 billion annually.

In short, alcohol is a drug that takes a devastating toll on all of us, including young people. The three leading causes of death among young people in New York State - accidents, homicides and suicide - are all significantly related to alcohol use. Alcohol intoxication is also related to youthful vandalism and fights, and is frequently associated with the illegal sale or delivery of alcohol by an adult.

Young people are not immune from alcohol dependence problems either. In a 1983 survey of New York State secondary school students, 11 percent reported feeling "hooked" on beer, wine or hard liquor. Alcohol dependence in young people is frequently associated with the use of and dependence on other drugs.

College students, and college campuses, are not immune. Colleges too experience vandalism and other crimes. Every year there are reports of intoxicated students falling from windows and even of students dying from alcohol poisoning.

According to a Newsweek On Campus poll, conducted by The Gallup Organization in September 1984, 72 percent of college students use alcoholic beverages. Over half of the students polled, a full 56 percent, thought college students generally drink too much. In fact, 24 percent reported that they had friends with drinking problems, and 46 percent said that drinking sometimes interfered with their friends' academic work.

A 1982 study conducted by the Research Institute on Alcoholism found that of 7,731 students attending college in New York State the rate of heavy drinking among those between the ages of 18 and 21 was 20 percent to 24 percent. This study concluded that there are indications drinking behaviors are established before college during junior and senior high school years. Clearly this indicates the need for prevention efforts to be initiated before the college years. However, the high proportion of heavy drinking indicates the need for colleges to recognize the necessity for both prevention and intervention efforts.

The material in Chapter II leads to the conclusion that effective prevention efforts can be mounted against alcohol problems, given the resolve to significantly reduce the future prevalence and related costs of alcohol problems and the commitment to take the necessary steps.

CHAPTER II

CAUSES AND PREVENTION

To begin a discussion of the causes of alcohol problems, and ways to prevent them, it is useful to review the characteristics of ethyl alcohol and associated health problems. There are three significant properties of ethyl alcohol that affect one's good health and can lead to alcohol problems.

- INTOXICATION: These problems are related to the drug's sedative property and are typically associated with impaired judgment or coordination. These include the apparent majority or near-majority of all crimes, suicides, accidental deaths, and other traumatic injuries. Gross intoxication is not necessary to produce such problems, which have been associated with blood alcohol levels of .05 percent and below. Levels above .10 percent represent an apparent hazard in any circumstance.

- ALCOHOL DEPENDENCE (ALCOHOLISM): There is a range of problems associated with the addictive properties of alcohol, including those resulting from the psychological dependence and habituation of the early stages of alcohol addiction, as well as those associated with physical addiction such as tolerance, craving, loss of control over consumption and withdrawal syndrome. Alcohol dependent people and their families encounter abnormally high levels of all types of alcohol problems, including intoxication problems and other alcohol-related illnesses, and the resulting behavioral, social and economic consequences.

- ALCOHOL-RELATED DISEASES: Problems associated with the long-term effects of human tissue exposure to ethyl alcohol including ulcers, cirrhosis of the liver, fetal alcohol syndrome and cancer of the esophagus.

There are three major areas in which the nature and causes of alcohol problems significantly shape prevention strategy. These are: 1) the role played by availability of alcohol in the control of alcohol problems; 2) the relationship of biological, psychological and social factors in the origin of alcoholism; and 3) the levels of alcohol use which may have beneficial or neutral effects on general health.

1. Controls on Availability

The relationship between alcohol use and alcohol problems has been somewhat confused. Many people who recognize the disease nature of alcoholism view discussions of controls on availability as distracting attention away from more useful treatment and prevention activities. To the extent that problems are directly related to alcohol use and not to other contributing factors, controls on availability are effective in preventing alcohol problems.

In addition, alcohol controls have a mixed reputation and are viewed by some as both ineffective and excessively restrictive of human liberty. Weighing a restriction of liberty against a positive contribution to the public welfare is common in establishing public policy. In the case of alcohol controls this task is complicated by the widespread perception that the Temperence Movement and Prohibition were total failures.

The history of the Temperance Movement and Prohibition in the United States is generally taught, and thought of, independently of historical context. Little attention is paid to their relationship to efforts to control other drug problems or their impact on alcohol-related problems. In actuality, the Temperance Movement of the late nineteenth and early twentieth century was a successful social force and was not directed primarily toward prohibition. There is evidence that alcohol use was significantly reduced as a result of the Temperance Movement, which is reflected in the declining rates of deaths from cirrhosis.

Prohibition also proved to be a successful strategy for controlling alcohol-related health problems. Between 1920 and 1930 when Prohibition was in effect alcohol availability and consumption were significantly reduced, particularly among the working and middle class. The fact that the decline of deaths from liver cirrhosis was maintained during Prohibition but began a rise after repeal underscores the public health impact of this effort. Obviously Prohibition failed as a social and political measure. Public acceptance and demand for the drug led to widespread illegal production and resulted in lawlessness and corruption.

While the social and political history of Prohibition are often cited as arguments for the legalizing of other drugs, the fact that Prohibition was successful as a strategy for alleviating alcohol-related problems is usually overlooked in that context, as well as in discussions of contemporary control strategies.

The history of alcohol prohibition is best considered in the context of legal prohibitions against other potentially dangerous drugs. It was not until the 20th century that the sale and distribution of marijuana, heroin and cocaine were subject to government regulation.

The Harrison Narcotic Act of 1914 prohibited the sale of heroin and cocaine. The sale of marijuana was first prohibited by state statute in Louisiana in 1927. By 1937, 46 of 48 states already had similar statutes, but it was not until the passage of the Marijuana Tax Act in the same year that sales were controlled by the federal government. Barbituates, still considered to have some value in the routine practice of medicine, were first introduced into general practice in 1903. Barbituates have had various state laws requiring a physician's prescription since 1949, and were classified as "dangerous drugs" by the Drug Abuse Control Amendment of 1965.

Because of the unique history of Prohibition, and the measures taken after its repeal, alcohol remains the only drug of its type that is not classified and regulated by the federal government as a dangerous drug. Clearly this distinction is not based on the chemical properties of alcohol or its relative safety compared to similar drugs. The unique legal status of alcohol is central to the way alcohol and efforts to control alcohol problems are viewed by the public.

2. Contributing Factors in the Origin of Alcohol Dependence

The causes of alcoholism have long been debated. Often overlooked in traditional discussions, especially by those not familiar with the subject, is the fact that alcohol is an addictive substance. Dependence on alcohol is inevitable if used in sufficient quantities and frequency over a long enough period of time.

For a long time, people thought of alcoholism as a "bad habit" caused by some personal weakness or lack of willpower. In the 1950s, the American Medical Association and the World Health Organization recognized alcoholism as a disease.

Like other diseases, alcoholism has definite signs and symptoms: loss of control, memory blackouts, increased tolerance, and ultimately physical dependency and withdrawal syndrome. The disease of alcoholism produces specific physical changes in the body. The liver, stomach, pancrease and brain are some of the organs that can be severely affected by alcoholism.

Just like diabetes or arthritis, alcoholism is a chronic, progressive disease. Alcoholism is progressive because it follows an identifiable course. Left untreated, it will eventually result in serious physical and mental disability or death. Like other chronic diseases, the symptoms of alcoholism may "go away" with treatment, but the disease is still present in a controlled form. In other words, the disease is in remission as long as the alcoholic person doesn't use alcohol.

The disease of alcoholism develops as a result of the way the amount of alcohol we use interacts with our own particular body chemistry. Depending on the way our own body interacts with alcohol, it may take alot of alcohol to "trigger" alcoholism, or it may take very little. Each person, because of heredity and biology appears to be born with a certain level of risk for developing this disease. For some people the risk is higher than for others.

Most specialists in alcohol problems now recognize that once initiated the untreated process of addiction to alcohol follows a predictable course that leads to full-blown physical dependence, and ultimately to irreversible physical, mental and social deterioration. Research since the 1950s has made it increasingly clear that the genes people inherit can contribute to the development of alcoholism. In the past few years, studies have shown that approximately one-half of all alcoholic people have inherited a genetic predisposition - or susceptibility - to the disease. Studies of twins and adoptees have shown that children who have a bilogical parent who is alcoholic are four times more likely to develop alcoholism than the children of nonalcoholics. For sons of alcoholic fathers, the risk is even higher

This research has led to a new understanding of alcoholism as a complex disease. Most people develop the disease not from one thing, but as a result of the interaction of several elements, including inherited traits, exposure to alcohol, family experience, and cultural and environmental factors.

While inherited susceptibility appears to be the most powerful variable in the development of alcoholism, but it is still necessary for the susceptible

person to use alcohol in sufficient quantities and for a long enought period of time to initiate the process of addiction. Clearly, most people who use alcohol do not consume it in a pattern sufficient to cause addiction. Some people appear to develop dependency by using abnormal quantities of alcohol, perhaps to cope with unusual stress or in response to psychological problems. It is also true that many people who become dependent begin with drinking patterns that either encouraged or tolerated by their social environment; in some cases this social tolerance continues even after alcohol dependence has become evident.

This information has enormous implications for colleges. On many campuses, and among many student groups, heavy and unsafe use of alcohol has been an accepted, if not encouraged, norm. College students also continue to be the focus of extraordinary alcohol advertising and promotion efforts designed to encourage alcohol use.

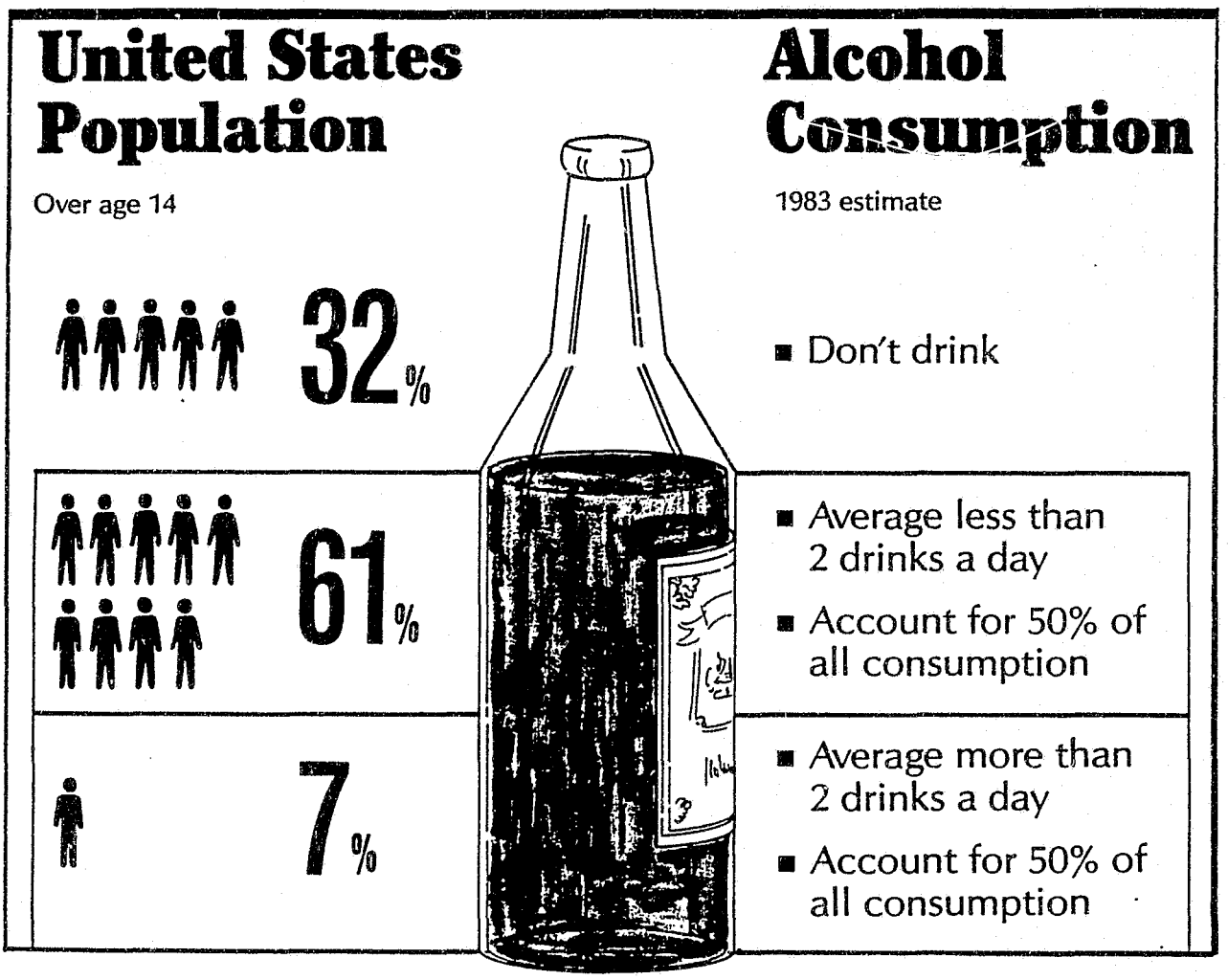
While psychological factors, and some social ones, may produce "deviant" patterns of alcohol use, it appears that social and cultural pressures are the principal determinants of most persons' alcohol use patterns. These social and cultural factors are, in fact, aggressively manipulated to influence alcohol use patterns, primarily to promote sales of alcohol. Similarly, public education strategies can be targeted to discourage alcohol use in specific high-risk groups and situations, just as advertising now targets particular groups to encourage product use.

3. Influence of Alcohol Use on Other Areas of Health

Recently, some studies have indicated an association between low levels of alcohol use and good health. Some studies of this type have shown better general health in those who use alcohol in small quantities over those who abstain. However, it is not clear that these studies consider the varied reasons why people abstain, such as histories of parental alcoholism and other unknown variables that later may be found pertinent. The subject of safe levels of alcohol use must be addressed because it will have an impact on messages for the general public regarding the desirability and safety of any alcohol use.

For several reasons, two drinks per day appears to represent the point over which daily alcohol use is unsafe for most persons. Some fetal alcohol effects, such as low birth weight, have been associated with consumption levels as "low" as an average of two drinks per day. None of the studies associating positive health effects with alcohol consumption found benefits over the average level of two drinks per day. In fact, two drinks per day is the level below which most alcohol users fall.

As noted in the chart on the next page, 32 percent of Americans don't drink at all; 61 percent drink less than two drinks per day; 7 percent drink 50 percent of all the alcohol sold. It's obvious that the 32 percent who don't drink don't have a problem. It's likely that the 7 percent who drink 50 percent of the alcohol do, or will, have a problem. Efforts to reduce alcohol consumption among this group are clearly necessary to reduce the prevalence of alcohol-related diseases.



Source: Fifth Special Report to the U.S. Congress on Alcohol and Health from the National Institute on Alcohol Abuse and Alcoholism.

The 61 percent who drink "moderately" must be alert to the fact that anyone can drink too much and that there are certain groups and times when any drinking is unsafe.

It appears that the most powerful prevention strategies are those which discourage alcohol use in circumstances that require unimpaired judgment and coordination or among groups that have an unusual risk for alcohol problems. Additionally, strategies that discourage use in general, particularly use in intoxicating quantities or at levels above an average of two standard drinks per day, will prevent alcohol problems.

The Public Health Model

The Public Health Model provides a comprehensive and consistent framework for analyzing alcohol problems and developing prevention strategies. It is superior to other approaches that look at various alcohol problems in isolation from one another or fail to recognize their essential nature as health problems.

The three key elements of this model are: 1) the host - the person and his or her own biological and psychological susceptabilities to alcohol problems, as well as the person's knowledge about alcohol, attitudes that influence drinking patterns and drinking behavior itself; 2) the agent - alcohol, its content, characteristics, distribution and availability; and 3) the environment - the setting or context in which drinking occurs and the community mores that shape drinking practices.

All three elements are interactive and interdependent. Consequently, in approaching the prevention of alcohol problems, the most effective strategies will be those that deal with all three elements of the model.

The agent and the host have characteristics that are fixed and others that are maleable. For example, the chemical structure and properties of alcohol are fixed, including those properties (sedative, addictive and toxic) that have a potential health impact. On the other hand, the form in which alcohol is available to the user may be changed. Similarly, a person - host - cannot change his or her inherited susceptibility to the addictive properties of alcohol but can alter individual use patterns.

All environmental factors related to alcohol problems can be changed. Long-established cultural norms obviously are harder to change than transient advertising messages or educational curricula, but all are subject to intentional change. Of all factors which significantly contribute to the incidence of alcohol problems, environmental factors are the most easily and effectively changed by public policy or public actions.

The public health approach views prevention as possible at three different stages:

Primary Prevention

Primary prevention efforts are designed to promote health and to prevent the occurrence of a problem, intervening in such a way as to prevent its initial occurrence. Primary prevention of intoxication problems seeks to prevent intoxication or protect the intoxicated person (and those in the vicinity) in some other way from the related hazards. Primary prevention of alcohol dependence requires that a person's alcohol use pattern be maintained below the level of quantity and frequency needed to produce dependence in that individual.

Secondary Prevention

Secondary prevention efforts are designed to detect problems in their early stages and to arrest their progress. These efforts prevent full development of a problem to the point at which treatment will be more difficult and costly.

Tertiary Prevention

For the victims of a health problem which is not prevented or arrested at an early stage, treatment is needed to arrest the natural progress of the illness and to prevent further deterioration. When the progress of the illness is arrested, rehabilitation services may prevent or minimize permanent disability or dependence. Though incurable and potentially deadly, it is important to remember that alcoholism is also among the most treatable of all chronic diseases. Modern alcoholism treatment methods have proven highly effective, and offer real hope of recovery to most alcoholic persons.

Most alcoholism treatment professionals believe that recovery depends on several major elements: completely avoiding alcohol and other mood-altering drugs; following a lifestyle that incorporates spiritual, physical and emotional health; and participating in a program of recovery that promotes and supports these principles. Many people find all of these elements in Alcoholics Anonymous (AA) and need no formal professional treatment. Others will require professional treatment on either an inpatient or outpatient basis, usually in addition to AA.

To date, the majority of college alcohol programs have involved primary prevention efforts. Still, effective secondary prevention efforts for alcohol dependence have been established in schools, workplaces and a variety of other settings where the opportunity to identify potential cases exists.

Chapters XIV and XV in Part Two of this manual discuss campus-based prevention and intervention programs in detail.

CHAPTER III

"RESPONSIBLE" DRINKING

For decades the only prevention strategy used was that of scare tactics. Religious doctrine taught people that excessive alcohol use would lead to condemnation. To achieve proper spiritual lives, people had to abstain or control their use of alcoholic beverages and illicit substances.

A second tactic was a biological one. Many school health classes spent hours describing the physiological consequences of abusive drinking on the liver, heart and brain. Graphic films depicted the horrible impact of substances such as alcohol, tobacco and marijuana on our bodies. This approach still holds appeal today.

Finally, social tactics described accounts of drinking and driving accidents, the increased homeless population, domestic violence, school dropouts and other situations where over indulgence in alcohol and drugs caused social problems. Schools invited speakers from the criminal justice system to relate graphic horror stories of children sentenced to detention halls, living a life of crime and sometimes dying after months of alcohol abuse.

These scare tactics sought to deter the public from abusive drinking. The problem was that this prevention method did not result in statistically significant reductions in the use or abuse of alcohol.

In the late seventies, "responsible" decision making about alcohol use became the accepted theme of campus alcohol programming. College students were now encouraged to make responsible decisions about alcohol use.

The concept of responsible drinking seemed a more plausible prevention philosophy above the popular scare tactic approach. The foundation of the responsible drinking ideology is:

Most people who drink don't develop alcohol problems.

This concept came as a relief to those in colleges, alcoholism treatment and the alcohol beverage industry.

Responsible drinking embodies the theory that if you use alcohol in a "responsible" manner and follow a suggested set of guidelines, chances are you will never develop a drinking problem. Guidelines for responsible drinking are:

- Learn how alcohol affects your body.
- Know your "limits."
- Avoid driving while intoxicated.
- Recognize another's right to drink or abstain.
- Sip, not gulp, drinks.

- Don't focus social activities on drinking.
- Seek help if you have a problem with alcohol.
- Respect the law.

Currently there are several alcohol prevention/education programs working under the responsible drinking ideology:

- Students Against Drunk Driving (SADD);
- Designated Driver;
- Friends Don't Let Friends Drive Drunk;
- Buddy System (alcoholic beverage industry college program);
- BACCUS (Boost Alcohol Consciousness Concerning the Health of University Students).

On the surface, the strategy of responsible drinking appears to represent a straightforward, well-reasoned approach to alcohol education. The approach has not, however, led to reductions in widespread alcohol use or alcohol problems on college campuses. A close examination of the principles of responsible drinking and the messages of these prevention programs reveals several limitations.

While the strategy recognizes that youth under the legal purchase age are faced with choices about alcohol use, the responsible messages may presume that the normal choice will be use. The message that non-use is the choice strongly preferred by society for youth may not be presented. Often overlooked is the fact that laws must be broken for young people to use alcohol except under parental supervision. Participation in the violation of these laws may not be discouraged, or even discussed, in the process of responsible decision making.

The strategy further implies that responsible use is a way to prevent alcohol problems: "responsible" suggesting that some "irresponsibility" is at the root of alcohol problems; and "use" suggesting that non-use (the only certain way to prevent alcohol problems) is NOT a way to prevent alcohol problems. The legitimacy of the choice of abstinence may be ignored; or, as more recently addressed in the message "It's OK to say no," that alcohol use is the norm and non-use is merely an acceptable deviation.

Some responsible drinking messages do not discourage alcohol use in any quantity or level except prior to driving an automobile, implying DWI is the sole alcohol problem facing society. These messages fail to address other problems associated with alcohol use, such as addiction, accidental deaths and injuries, and the majority or near majority of all crimes.

While many prevention professionals now view this approach as a subtle form of alcohol promotion, it is clear that the messages delivered through this stra-

tegy are at the least mixed and potentially misleading. Consequently, many responsible drinking educational efforts may have a neutral, if not negative, impact on preventing alcohol problems.

The prevention strategy that goes beyond the limitations of responsible drinking is that of "healthy lifestyle choices." Healthy lifestyle choices allow individuals to help reduce their risk of developing alcohol problems by learning about individual risk factors. Individual risk is determined by learning the safe quantity and frequency of your drinking, whether you belong to a high-risk group, or if you are drinking during a high-risk situation. Let's take each of these steps separately.

High Risk Groups

Certain individuals, because of special medical problems or unusual sensitivity to alcohol, may be unable to drink alcohol safely. Diabetics, heart patients and persons with diseases of the digestive and nervous systems should consult their physicians about drinking. People with a family history of alcoholism are four times more likely to become alcoholic themselves.

Others fall into the high-risk category only temporarily, such as young people and pregnant women. Children and adolscents differ from adults in terms of body size and the liver's ability to handle alcohol. It takes less alcohol for a young person to become intoxicated. As new drinkers, their tolerance will be low.

Throughout pregnancy the use of alcohol poses a serious risk to the developing fetus. Low birth weight, spontaneous abortion, mental retardation, hearing defects and physical abnormalities are among the variety of fetal alcohol effects. Because it is impossible to precisely estimate how much alcohol will damage a developing fetus, the safest course is total abstinence during pregnancy. Other high-risk people should consider a similar approach and avoid alcohol.

High-Risk Situations

Most people recognize the danger in combining drinking and driving, but how about babysitting? or canoeing? or cooking?

There are many high-risk situations where any drinking is unsafe. Many aspects of daily life, particularly work and recreational activities, require alertness and coordination. Boating, hunting, climbing stairs, working with machinery, hiking, participating in sports, swimming and similar activities can be dangerous when mixed with alcohol.

Other risky situations involve times when your condition is already impaired by some other cause, such as depression or emotional stress. Drinking in these circumstances makes things worse, never better. Combining alcohol and medications, such as tranquilizers, sedatives and antihistamines, is also risky. The depressant effects of alcohol and these drugs can combine to produce a dangerous state of central nervous system depression.

Knowing how much to drink and how often is extremely important to prevent alcohol-related problems. Individuals who belong to a high-risk group for developing alcohol problems, and/or are participating in any high-risk activity, should not drink alcohol at all. For people who are not members of either high-risk category, there are a few suggested low-risk guidelines to follow that reduce their chances of developing alcohol-related problems.

Low-Risk Guidelines

- Do not exceed two drinks a day.

  For low-risk people in low-risk situations who drink daily, a limit of two drinks a day seems safe. This is zero to two drinks a day, not 14 drinks "saved up" for a one-night binge.

- No more than three drinks per occasion.

  If you are not a daily drinker and you watch out for individual factors, up to three drinks on an occasion is a safe limit; drinking no more than one drink per hour in a low-risk situation.

- Adjust for individual factors.

  Sex, weight, stomach content, mood, oral contraceptives, age, menstruation, type of drink, other drugs, attitude and recent illness or tiredness all effect your body's reaction to alcohol and your choice to drink.

Basically, if you know you belong to a high-risk group or are going to be in a high-risk situation, the best advice is not to drink. We sometimes forget that not drinking is an option. It's your choice. If you don't want to drink, for whatever reason, simply say "no thanks" and expect others to respect your decision.

Like heart disease and cancer, alcoholism has been called a "lifestyle-related health problem." That's a fancy way of saying that there are choices you can make about the way you live and what you do that increase or decrease your chances of developing alcoholism. Once you become aware of the risk of developing the disease, you have the opportunity to take steps to avoid it.

People at high risk for heart disease can exercise, cut down on high-cholesterol foods and avoid stress. These are all "low-risk" choices that reduce the chances of developing heart problems. Similarly, you can make low-risk drinking choices that reduce your risk of developing alcohoism and alcohol related problems.

CHAPTER IV

CHILDREN OF ALCOHOLIC PARENTS

"In college, I did notice that I was drinking more than other people. But my friends congratulated me on how well I could hold it."

"I am always on my guard with people. I want to trust them, but it is so much easier to just rely on myself. I'm never sure what other people want."

"Sometimes your emotions and feelings can get so confused and miserable that you can develop unhealthy ways of thinking and acting. Sometimes these feelings can make your body feel sick, too, with stomachaches, headaches or other physical troubles."

Does this sound like someone you know? All of these quotes are from children of alcoholic parents.

The term "children of alcoholic parents" is used in the broad sense to refer to any person, adult or child, who has a parent identified in any way as having a significant problem related to alcohol use. This includes parents identified as having a problem by their children, a physician or a human service agency, as well as those who are self-identified. A "professional" diagnosis of alcoholism is not necessary.

One out of every eight Americans is the child of a parent who has or had a drinking problem. Over 28 million Americans share this status. This breaks down to about 7 million people under the age of 18, and 22 million over that age.

Alcoholism is a family disease that has a devastating impact on each individual family member and on the family system as a whole. In any family, the life of each member is joined with and affected by all the others, and may be seriously disturbed by the illness of another family member. This is not just the case with alcoholism; it happens with any major illness. If a parent or child is dying of cancer, for example, it is easy to see how an entire family is affected by and has to deal with the disease.

Because of the stigma attached to alcoholism, families often find themselves living in a virtual state of isolation. Family members may feel ashamed or embarrassed by the alcoholic persons behavior, guilty about not doing enough or even causing the drinking, and often responsible for trying to get the alcoholic member to stop drinking. Sometimes family members will make excuses for the drinking or deny that it is harmful. Frequently, families deny that there is any problem at all.

Children of alcoholic families are prone to a wide range of problems, including anxiety, depression, eating disorders, learning disabilities, and a variety of stress-related medical problems. They also run a special risk for developing alcholism themselves, a risk four times higher than that of the general public.

Children who reside with their alcoholic parents must often deal on a daily basis with family disruption, broken promises and parental inconsistency. They also must contend with the fear, silence and shame that surrounds the "family secret." Some of these children are physically abused, others are neglected, while still others are the victims of sexual abuse.

Often these children are responsible for taking care of themselves, their brothers and sisters, or perhaps their alcoholic parent. Many of these children feel they are to blame for their parent's alcoholism, believing that if they were somehow "better," the drinking would stop.

As children growing up in an alcoholic home, children of alcoholic parents develop a variety of coping mechanisms to relieve the unpleasantness and tension in the family environment. Some do poorly in school, have few friends and frequently get into trouble. Others are overachievers and very mature for their age. Regardless of the coping mechanism, these behaviors invariably become rigid roles that affect all aspects of the children's lives and can plague them into adulthood.

As adults, many develop alcoholism themselves. Some become physically or mentally ill, even suicidal. It also is important to note that daughters of alcoholic parents are more likely to marry alcoholic men, thereby projecting similar problems onto new generations.

Ever since researchers began studying alcoholism, their findings have shown a higher rate of alcoholism among people who had relatives with alcohol dependence. A 1979 review of 39 alcoholism studies conducted since the 1930s showed that alcoholic people were more likely than others to have an alcoholic father, mother, brother, sister, grandparent or more distant relative. At one time this was attributed to learned behavior, a poor family environment or even poverty.

Researchers have used a variety of methods to separate the effects of heredity and environment by comparing the rates of alcoholism among twins, half-siblings and adoptees. Study after study has supported the theory that genetics does play a significant role in determining who develops the disease of alcoholism.

Perhaps the most ideal investigations for understanding how genetics and environment contribute to developing the disease of alcoholism involve children who were adopted at an early age. These studies have shown that adopted children whose biological parents are nonalcoholic have the same low rates of alcoholism regardless of whether or not their adoptive parents are alcoholic. Children who have a biological parent who is alcoholic are four times more likely to develop alcoholism than the children of nonalcoholics, even when they are raised by nonalcoholic adoptive parents. For the sons of alcoholic fathers the rates are even higher.

In Sweden, studies of men and women adopted before the age of three years enabled researchers to identify two types of genetic predisposition to alcoholism. The first type occurs in both men and women, and requires both the genetic predisposition and an environment that encourages the development of the disease. The second, more severe type is found only in men and, although less

widespread, it seems to be unaffected by the environment. In families with this type of susceptibility, alcohol problems were nine times greater in sons whose biological fathers were alcoholic, even when the adoptive family environment did not encourage alcohol abuse.

In addition to other problems, there are now indications that children of alcoholic families may also be more susceptible to cocaine dependency.

Studies of twins and adoptees provide strong evidence that alcoholism has a genetic basis. But we need to know more. Scientists are investigating the specific physical characteristics - or "markers" - people may inherit that would indicate their susceptibility. This knowledge could provide the basis for early identification of those people most at risk to developing the disease.

As one approach to this search, scientists are examining genetic variations in the enzymes that metabolize - or process - alcohol in the liver. Some researchers believe that people can inherit a certain set of enzymes that negatively affect their body's ability to handle alcohol and increases their susceptibility to alcoholism.

Other studies are investigating the action of alcohol on the brain. These studies suggest that some people inherit a special sensitivity to alcohol, and may become alcoholic because alcohol is abnormally stimulating or "rewarding" to them.

These and other interesting ideas remain inconclusive and continue to be the object of further research. By and large, these studies have been conducted on white males. Further research must consider other populations, such as women and minority groups. At this time there are no proven biological markers for determining who will or will not develop alcoholism. However, given that hereditary factors play a role in certain forms of alcoholism, it is not unduly optimistic to predict that accurate biological markers for some types of alcoholism and alcohol-related problems will become available in the near future.[2]

Until precise markers are found, the strongest indicator of genetic risk is when the same sex parent is alcoholic. In other words, sons of alcoholic fathers and daughters of alcoholic mothers should consider themselves at particularly high risk for alcoholism.

Most current prevention programs for children of alcoholic parents have stressed education about alcohol and drugs; understanding of the dynamics of alcohol use and abuse in the family; exploring the child's role in the alcoholic family; teaching the child to identify and accept his/her emotions; discussing practical survival skills in families where there is physical danger; and clarifying personal and societal values concerning drinking. There has been increasing discussion in the field about the desirability of recommending total alcohol abstinence to this and other groups found to be at high risk. Some professionals do not believe that the risk of alcohol dependence faced by such children warrants an abstinence strategy. Others doubt that effective strategies to encourage abstinence can be developed in the current social climate.

Organizing campus Al-Anon groups provides an essential support system for students who are the children of alcoholic parents. Al-Anon is an organization for families and friends of alcoholics. It is based on the same 12 suggested steps of Alcoholics Anonymous. Members learn to accept alcoholism as an illness, to lessen family tension and to encourage the alcoholic person to seek help in overcoming the problem. Al-Anon is an excellent source of information on the physical and emotional problems associated with children of alcoholic parents. Some Al-Anon chapters even have special groups for adult children of alcoholic parents.

It is vital that the campus community become educated and sensitive to the needs of children of alcoholic parents as a group of students at high risk for adjustment problems, alcohol abuse and the disease of alcoholism. No comprehensive and truly effective campus alcohol program can ignore the special needs of these students. Incorporating the needs of children of alcoholic parents in campus programs will help educate students who may be a part of this high-risk group and be unaware of it.

[2] Noble, Ernest P., Ph.D., M.D., "Prevention of Alcohol Abuse and Alcoholism," Alcoholism and Related Problems, pages 145-146, 1984.

CHAPTER V

WOMEN AND ALCOHOL

Experts estimate that there may be as many as 5.7 million women in this country who abuse alcohol, and countless others who show patterns that may lead to excessive drinking. But it has only been in the last few years that researchers have begun to understand about women with alcohol problems.

This is a concern for women because studies at South Oaks Hospital in Amityville, New York, and at universities and hospitals around the country, are showing that women alcoholics are more sensitized to alcohol than men, become addicted sooner, develop alcohol-related problems more quickly, and die younger than men with similar drinking patterns.

Women also are more likely than males to compound their problem by abusing other drugs as well, but women are seriously under-represented in chemical dependency programs. The more powerful social stigma attached to the women who drink or abuse drugs encourages denial, and most programs address the "typical" - or male - substance abuser. Similarly, outreach efforts often reach more men than women.

Despite increasing research and attention to alcohol abuse during the late adolescent and early adult years, there has been limited consideration of the particular issues for young women in relation to alcohol.

Among college women who drink, 15 percent are heavy drinkers, up 10 percent since 1974. This is of concern because alcohol damages a women's body faster than it does a man's and with much less consumption. Because women have more body fat and less muscle tissue than men, the alcohol in their systems is less diluted. In the short-term, heavy alcohol consumption by a female college student may seriously impair her academic performance, thus curtailing her options for employment and graduate school. Continued habitual or heavy use of alcohol may also slow down or limit a woman's career potential in later life because of ill health or the short-term consequences of periodic drunkeness.

In 1987, Engs and Hanson reported on a study of over 2,000 college women. About 50 percent of women with grade point averages (GPA) of 3.5 and up did not drink; while over 60 percent of women who did drink had GPAs of two and under. About 53 percent of the young women with low GPAs were heavy drinkers, consuming more than 14 drinks a week. These women also experienced significantly more consequences of drinking directly related to performance, including coming to class drunk or missing classes because of hangovers.

These problems seem to be especially severe for juniors and seniors, so they cannot be seen as a function of freshmen "going wild" away from home for the first time.

Heavy-drinking college women in this sample also scored high on other problems associated with alcohol consumption on campus, such as driving while

intoxicated, trouble with school administrators, etc., all of which can have lasting effects on one's desirability as an employee or candidate for graduate school.

Another area of concern for college women about alcohol is the effect it has on a woman's social life including personal relationships and sex.

Among the most persistent myths about alcohol is that it is an aphrodisiac. Because is relaxes inhibitions, people believe it intensifies sexual pleasure. In fact, drinking alcohol makes orgasm more difficult to achieve and lessens its intensity because it depresses the central nervous system. In a 1981 national survey of women, those who were the heaviest drinkers had the highest rates of sexual disinterest and lack of orgasms.

Drinking does not make women sexier or more attractive either. It does make them more available, as reflected in a popular greeting card that shows a coed clad in a T-shirt imprinted with "INSTANT SEX (just add alcohol)". Whether through increased vulnerability or impaired judgment, alcohol is often a factor in women's unwise or unsafe sexual acts.

In addition to lowering inhibitions, drinking clouds judgment. People make sexual decisions under the influence of alcohol that are unwise and unsafe. Unwise sex can include sexual acts which may betray a woman's commitment to herself and to the people she loves; or those that recklessly risk unwanted pregnancy. Today, sex can also be fatal, if impulsiveness and alcohol prompt people to ignore protecting themselves physically from possible contamination by the AIDs virus.

Women may even experience increased aggression due to drinking. The 1987 Engs and Hanson study reported that 17 percent of the women who drank got into fights as a result of drinking. The growing incidences of date rape documented on campuses across the country frequently involve the use of alcohol and other drugs by both the men and the women.

Alcohol is a consistent factor in reports of date rape. Although the rapist is usually not drunk, he has almost always been drinking; and since the victim, too, has often had something to drink, she may feel responsible for the attack and thus does not report it.

Drinking has other health consequences for women. Alcohol inhibits the body's ability to use vitamins and calcium. Thus, its habitual use can result in dull hair and skin, aggravated acne, and dandruff. A daily glass of wine can add 10 pounds a year.

The habitual or heavy use of alcohol affects a woman's repreductive health, too. Women who suffer from PMS often medicate themselves by drinking. Because alcohol is a depressant drug, it actually worsens the depression they feel, rather than alleviating it.

Heavy alcohol use is implicated as a cause of miscarriage, infertility, still-birth and birth defects. Research cited in the New England Journal of Medicine in May 1987 also suggests that even three drinks a week can increase the risk of breast cancer.

Not enough is known about how alcohol and estrogen interact, but some studies indicate that even small amounts of alcohol have an intoxicating effect on women just prior to or during menstruation, and on women who take birth controls pills. This makes the consequences of drinking even more unpredictable for women, who already have a greater susceptibility to intoxication than men because the alcohol they drink is less diluted in the body.

Alcohol is decidedly more damaging to women than it is to men. It is a drug that women should use with prudence and restraint. The sexual consequences of not doing so can be not only embarrassing, but also dangerous.

College alcohol program planners can obtain information about programs for women in their area from a county Task Force on Women or local alcoholism service providers. Private agencies, such as Family Services and Mental Health Clinics, often have trained and experienced counselors available to make referrals to appropriate service agencies.

Note: The authors gratefully acknowledge the Association of Junior Leagues, Inc., whose Woman to Woman Project provided the information for this chapter.

CHAPTER VI

CONSIDERING THE MINORITY STUDENT

As social scientists have pointed out, culture has a significant impact on human behavior. Culture also influences the use of alcohol and other drugs. It is imperative that alcohol program planners at all levels consider the unique circumstances and special needs of the different ethnic groups and minorities they serve.

Minority group members have historically suffered disproportionately from discrimination, poverty, unemployment, inadequate health care, poor housing, lack of education and dietary problems.

The stress normally experienced by college students is exacerbated for the minority student by a number of factors, including:

- sense of isolation, inadequate support systems;
- financial concerns, family priorities/obligations;
- lack of role models, e.g., few minority faculty, family members; and
- possible language barrier.

Some minority students also may be the first members of their families to ever attend college. Consequently, they may feel added pressure to excel and/or may feel that their families don't understand what they are going through, or cannot provide guidance or moral support.

Any of these factors are compounded further if the student is the child of an alcoholic parent or substance abuser.

Often campus alcohol programming fails to address the special needs of the minority student. This has closed the door to students on campus in need of education, prevention and possible treatment for alcohol problems.

Strategies for colleges and universities to consider in better meeting the needs of minority students include:

- Actively recruiting minority students, administration, faculty and staff to participate in the planning and implementation of campus alcohol programs.
- Hiring minority personnel in the counseling office and/or health center, particularly bilingual staff where appropriate.
- Publicizing minority support groups that are located on campus or in the community.
- Establishing links with community services sensitive to minority issues.

- Obtaining culturally specific materials for distribution in campus program activities.

- Training and sensitizing administration, faculty, staff and students to raise awareness of and help identify minority students experiencing stress that may lead to alcohol problems.

These strategies may enable colleges and universities to bridge the gap of services for minority students. Considering the special needs of minority students is an important aspect of developing a truly effective program that is responsive to the needs of the entire campus community.

CHAPTER VII

REGIONAL COLLEGE ALCOHOL CONSORTIA PROJECT

Campus alcohol programming has changed considerably over the last ten years. Colleges began looking seriously at the problems of alcohol abuse and the need for programming on their campuses after the results of a three-year alcohol education demonstration project funded by the National Institute of Alcohol Abuse and Alcoholism were published. (College Students and Alcohol: The 50 + 12 Project, David P. Kraft; M.D. 1974-75.)

The 50 + 12 Project was followed by the publication of the National Institute of Alcohol Abuse and Alcoholism's The Whole College Catalog About Drinking: A Guide to Alcohol Abuse Prevention, 1976. This was a helpful guide for campuses to develop and implement an alcohol prevention program, the prevailing theme then being "it's okay to drink as long as you do not get drunk."

The next, popular guide for alcohol education was published in 1978 by Dr. Gerardo M. Gonzales, of the University of Florida. This manual, Procedures and Resource Materials for Developing a Campus Alcohol Abuse Prevention Program: A Tested Model, adapted some of the principles of effective prevention proposed in the Whole College Catalog About Drinking. It incorporated these principles into a specific structured approach which was used to initiate alcohol pre-vention programs. The focus and theme of Dr. Gonzales' prevention program was to teach students to use alcohol responsibly.

Responsible decision making about alcohol use became the accepted theme of campus alcohol programming in the late seventies. This approach to alcohol education was the core of most campus programming in New York State into the early eighties, at the same time the minimum purchase age for alcoholic beverages was being raised to nineteen.

This progression of programming was given momentum by the development of the student peer group BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students). BACCHUS was a student organization founded by Dr. Gerardo M. Gonzales in the late seventies. Students were encouraged to organize campus BACCHUS chapters to educate fellow students about alcohol and its role in our society. BACCHUS taught students how to drink responsibly and to respect someone's decision not to drink. BACCHUS is still active today with over 200 chapters across the country. There are approximately 12 chapters in New York State.

After the minimum purchase age was raised to 19 on December 4, 1982 the New York State Division of Alcoholism and Alcohol Abuse organized a phone survey to ascertain the extent of campus alcohol programming and the effect of the new law. Results of the survey supported the national trend toward alcohol programming. Approximately 10 percent of colleges in New York State had no formal alcohol education. Of that 10 percent, about half stated they occasionally had speakers in their classrooms or residence halls to discuss problems with alcohol abuse. Most campuses sponsored alcohol awareness days or weeks; several had alcohol awareness months. These awareness activities focused on drinking and driving, the effect of alcohol on the body, a description of the disease of

alcoholism and teaching responsible drinking. A small minority of colleges were beginning to organize formal alcohol education programs with a task force to review campus alcohol use and a year-round program to address alcohol problems.

Reviewing the results of the phone survey, the Division developed and published The College Alcohol Education Intervention Manual in 1983. This manual was distributed to every college in New York State to assist in the development of comprehensive campus alcohol programming.

On December 1, 1985 the minimum purchase age for alcohol was raised to 21 years. As a result, the majority of the college campuses in New York State recognized an immediate need to change campus alcohol policies and improve their current alcohol education programs. Colleges and universities no longer felt comfortable with basic alcohol awareness programs. Consequently, the Division revised and distributed the college manual, renaming it Alcohol Problems, Prevention/Intervention Programs: Guidelines for College Campuses. This manual included all of the original programming information and added a special section on prevention, which included information on alcohol-related problems, causes and prevention of alcoholism and children of alcoholic parents.

With the change in the minimum purchase age, a shift in public attitude and the new college manual, many colleges and universities have begun to alter their views on alcohol programming. The majority of colleges in New York State are trying to expand their alcohol programming from the original alcohol awareness special events to comprehensive prevention/intervention programming.

The problem now facing colleges is finding the budget and expertise to effectively expand their alcohol programs. To address this problem, the Division initiated the Regional College Consortia Project, the first such statewide initiative in the country to address the alcohol-related problems faced by todays' colleges and universities.

Regional College Alcohol Consortia are groups of representatives from local colleges, universities, councils on alcoholism and alcoholism service providers, located regionally throughout New York State. Networking through the consortia groups is already proving an effective way to build better working relationships between colleges and communities.

GOALS AND OBJECTIVES

The goal of the Regional College Alcohol Consortia Project is to further assist campuses in New York State in developing and implementing comprehensive alcohol prevention/intervention programs, as outlined in this manual.

To accomplish this goal three objectives must be met:

1. For all consortia members to obtain a working knowledge and sensitivity to the diversity of the roles, functions, services, concerns and philosophies of the three groups represented.

2. For each Regional College Alcohol Consortium to identify specific campus alcohol concerns through regularly scheduled consortium meetings.

3. To strengthen county and regional networking among campuses, local councils on alcoholism and local alcoholism service providers.

The consortia provide a forum for dialogue between college representatives and alcoholism service providers, groups who may traditionally have assumed adversarial roles. Within the context of the consortia, group members can identify mutual issues and concerns, share resources and support each other's efforts. Similarly, individual colleges find that other campuses in their area experience problems and can exchange ideas about how to deal with them.

Once established the consortia members work together to strengthen and improve campus alcohol programming on a regional basis and with strong ties to their local community resources.

To date, established consortia activities have included:

- Sponsoring alcohol prevention workshops during campus alcohol awareness weeks.

- Organizing an afternoon reception for local colleges to showcase effective alcohol prevention/intervention programs.

- Holding a breakfast for college presidents to address the need for administrative support of campus alcohol programming.

- Assisting member colleges with developing a campus alcohol task force.

- Developing a formal identification and referral system to get students with alcohol abuse problems channeled into appropriate community-based services. Previously, such students simply had their residential privileges suspended and/or dropped out of school.

PART TWO

The Campus Alcohol Program

CHAPTER VIII

DEVELOPING CAMPUS COMMITMENT: THE TASK FORCE

Organizing an effective campus alcohol program can be challenging and exciting. The task force is an integral component of this effort. It can develop a clear picture of the problem, enlist support of key people and significantly increase administration, faculty, staff and student involvement. Ultimately, the task force should direct the implemention of campus alcohol activities.

Colleges and universities vary widely in organizational structure. While no one task force model is applicable everywhere, there are some important basic elements The chief administrator should designate one department, division or individual to be responsible for program implementation and coordination. Representation is also critical. The more comprehensively the task force includes a cross-section of the college community, the more effective its planning and success will be.

Representatives from the following groups should be appointed to the task force:

- Office of the President and campus administration
- College Council/Board of Trustees
- Student service personnel
- Department of Residential Life - professional and paraprofessional housing staff
- Students - without their involvement your chances of success are minimal
- Faculty
- Campus clergy of various denominations
- Campus health services
- Counseling personnel
- Campus disciplinary and judicial system
- Campus media - radio, newspaper and educational television
- Campus activities staff
- Fraternities and sororities
- Campus safety and security officers
- Alumni association
- Campus pub operations

Organizational steps for the first task force meeting include:

1) Elect or appoint a chairperson.

2) Develop a needs assessment survey. Chapter IX outlines this process in greater detail and Appendix 1 provides a sample survey instrument.

3) Designate representatives or sub-committees to study and report to the task force on the following areas:

- Research - Needs Assessment Survey
- Campus Policies and Regulations
- Judicial/Disciplinary Procedures
- Media/Publicity
- Education and Prevention Programs
- Intervention Programs

4) Decide the dates and frequency of sub-committee meetings and set a date for the next task force meeting.

CHAPTER IX

THE NEEDS ASSESSMENT SURVEY

Americans in general have little or no accurate knowledge about the drug alcohol. For that reason, it is imperative that every college conduct a survey to assess both the extent and nature of alcohol use, and the level of knowledge of drinking practices, problems and behaviors on campus. Survey data can answer the following questions:

1) How much do the administration, faculty, staff and students know about campus use and abuse of alcohol?

2) What are the attitudes toward alcohol use on campus?

3) Are there problems on campus related to student alcohol use? If so, what are they?

4) How well does the campus community understand the minimum legal purchase age law and regulations?

By providing hard data, the survey will focus program planning efforts, provide a wealth of information for future awareness building, and minimize negative emotional reactions. Campus data can be viewed in perspective with state and national statistics, thus lessening the reaction that the campus has a unique problem which it fears becoming public.

Even if task force members are not experienced in survey design and statistical methodology, the task of implementing a campus survey does not have to be ominous. Many campuses have research personnel or faculty who can provide assistance with design, implementation and interpretation. In many instances, they can provide access to the campus computer system. Even a large sampling does not have to create an overwhelming demand on staff time. Regardless of access to research personnel and a computer, you can design a simple survey instrument to provide pertinent information without inundating an office over a prolonged period of time. In this case, the ability to be more selective about the information sought in the survey is important.

There are a number of areas to consider as you plan and design a campus needs assessment survey:

1) <u>You will want to answer the following questions</u>:

- Are there pre-program hypotheses you want to include? e.g., Male students drink more than female.
- What questions will you use to test knowledge?
- How will you assess behavior and consequences? e.g., Has drinking had a negative effect on grades?

2) You will want to include questions on:

- Age
- Sex
- Class year
- Academic major
- Family demographics
- Type of residence
- Pre-college alcohol use
- Changes in alcohol use during college
- Where, when, why, with whom is alcohol consumed

3) How many people will you survey?

For optimum results, the survey should be administered to the entire administration, faculty, staff and student body. If this is not possible, a random sample may provide sufficient information. If you choose a random sample, you must have a valid selection process. Your research director, statistics faculty or counseling staff may be able to assist with this process.

4) How will you distribute and collect the survey? Options include:

- Direct mail.
- Through resident assistants.
- Classroom distribution in courses that all students take.
- Faculty pay envelopes.
- Through service organizations willing to distribute and collect the survey.
- Student distribution through courses where credit is awarded for survey design, distribution and collection, e.g., sociology, research methods classes, etc.

5) Warning

- Keep your survey short and specific.
- Always pre-test your survey.
- Use the survey instrument as an education and awareness tool, as well as a means of data collection.

If the task force opts for a distribution method involving outside assistance, it's advantageous to train the individuals who'll be conducting the survey. In this training you'll want to clearly explain the purpose of the survey. Also be sure the trainees understand the need to identify the task force and provide the assurance of confidentiality to survey respondents. In a direct mail or anonymous return situation the same information would be included in a cover letter. Don't forget the obvious, a thank you.

Appendix 1 contains a sample survey for your use.

If you wish to expand your data base, you also may want to request the following alcohol-related information:

- Campus vandalism statistics
- Campus discipline records

- Campus security reports
- Health center data
- Counseling service information
- Statistics from other campuses
- College-operated ambulance service data
- Longitudinal studies
- Data on student withdrawal, non-return, academic dismissal or disciplinary expulsion related to alcohol abuse.

Once the task force has administered the survey and collected the data, the next step is to interpret the findings. Your survey can serve a variety of purposes, but only if appropriate constituencies are apprised of the results. Oral and/or written reports should be made to the following campus constituents:

- Office of the President
- Campus administration
- College Council, Trustees, Board of Directors
- Student service personnel
- Faculty and staff
- Resident Directors and Resident Assistants
- Student government
- Students
- Campus health services
- Counseling staff
- Public safety and security officers
- Campus pub and dining services
- Campus clergy
- Campus media

Although one standard report can suffice for all groups, specially tailored reports might be more appropriate. For example:

- Statistics regarding classes missed due to hangovers, attendance at class while intoxicated, lower grades, etc., are relevant to faculty and will encourage them to participate in campus alcohol programs.

- Statistics related to vandalism, agressive behavior or roommate problems are of special concern to student services personnel and campus security.

- Information regarding accidents due to intoxication and the frequency of alcohol use in combination with other drugs is important for campus health services staff.

- Reports of using alcohol "to get drunk" will raise the awareness of college counselors regarding values and drinking norms on the campus.

- Statistics regarding incidents of driving while intoxicated or riding with an intoxicated driver are of particular concern to campus safety and security officers and campus media.

- Results showing significant alcohol abuse on campus can help convince students of the need for alcohol education, prevention and intervention programs.

The task force has the responsibility to provide feedback on the survey results to all those who contributed to the needs assessment survey.

Straightforward reporting of survey statistics will heighten awareness of campus problems or concerns and lead to specific activities. Some colleges have conducted the following activities as a result of their survey findings:

- Survey statistics formed the basis for a series of campus newspaper articles, campus radio spots, alcohol prevention posters, and short "Did you know?" statements for faculty newsletters.

- A college president used statistics on traffic accidents and fatalities as the basis for an address to parents encouraging them to talk with their children about drinking and driving.

- Accident statistics were used as part of a faculty campaign to convince graduating seniors to enjoy senior week in a safe manner.

- Ambulance service and health center statistics regarding alcohol-related medical emergencies led to a refined reporting system and a new method of planned intervention with students who endangered themselves.

- Local statistics were compared with state and national data for Alcohol Awareness Week activities.

- Publicizing the costs of alcohol-related acts of vandalism prompted one campus to review and change its judicial system.

- Local police reports transmitted daily to a Vice President for Student Affairs resulted in the formation of a "town-gown" group which met regularly to discuss community and campus concerns related to student alcohol abuse and local crime.

- Statistics noting students' inability to handle peer pressure and academic workload led to workshops on assertiveness training and peer counseling.

- Statistics regarding student use, abuse, problems, etc., have been utilized by many campuses to justify budget requests for alcohol programs appropriations.

- Data concerning students' lack of knowledge about alcohol has convinced some colleges to develop an alcohol and drug education curriculum or elective course.

A simple survey or more complex assessment can be conducted regardless of institution size, budget availability, staff expertise or institutional policies on human research. If you cannot do a formal survey, you might draw on existing information such as security reports, police logs, vandalism statistics, faculty and staff reports, and discipline statistics. Whatever your method, the goal is to present factual information for the purpose of raising campus awareness on alcohol use and abuse.

CHAPTER X

GOALS, OBJECTIVES AND THE PROCESS EVALUATION

Now that you have completed your needs assessment survey and examined the results, the task force should develop program goals and objectives.

The purpose of establishing written goals and objectives for your alcohol program is to provide direction to your efforts and to clarify the who, what, where, when and why of your activities. A shortcoming of many programs is that goals and objectives are described in broad, generalized, non-specific terms. Consequently, the statements are not useful for evaluation purposes.

In order to demonstrate what a task force intends to accomplish, goals and objectives must be clearly stated, specific, timely and measurable. Begin by identifying your major campus concerns as outlined by your survey findings. Then develop goals and objectives in accordance with the results of the needs assessment survey.

A task force with a realistic perspective will reject unattainable goal statements, e.g., "to totally eliminate alcohol abuse on the campus." Ask the following questions in developing realistic goals and objectives:

- What specific drinking behaviors are evident on the campus?
- What do students know about alcohol? What do they need to know?
- How does alcohol abuse affect the campus? (Student retention, vandalism, health and safety emergencies, aggressive behavior, poor community relationships, etc.)
- What message does the college want to communicate about alcohol? (Policies, values, standards, individual and group rights and responsibilities, etc.)
- What programs, services, policies and attitudes currently exist?
- What is the priority of concerns?
- What human and fiscal resources can be committed to the program?

Goals articulate the overall purpose or direction of your program. This is not to say, however, that your goals should be sweeping and vague. Be sure to develop specific and realistic goals.

The following is an example of a realistic long-term goal:

> To educate and sensitize the campus community about the issues of alcohol use and abuse.

An objective is in essence a "sub-goal." Each objective should move you closer to achieving a goal. Objectives are long-term or short-term depending upon the duration of acivities and the intended range of impact. Below is an example of a long-term objective:

> Through the use of workshops, public education material and pre-post testing, the campus community will improve by 20 percent its knowledge of alcohol use and abuse.

Activities are the steps used to fulfill the stated objective. Some of the activities which apply to this objective are:

- Design and conduct alcohol education workshops.
- Design and disseminate public education materials.
- Design and implement pre-post testing on alcohol awareness and knowledge (a sample pre-post test is provided in Appendix 2).

An example of a short-term objective is:

> Through the use of campus assessment surveys and subsequent public education, the campus community will be able to identify at least four current alcohol-related behaviors or health problems on campus.

Some of the activities which apply to this objective are:

- Collate the campus assessment survey results.
- Publish and dissemminate results of the assessment survey to the college community (e.g., college paper, faculty newsletters, etc.).
- Use the campus radio station to broadcast a panel discussion on the implications of the survey results. Invite administration, faculty, staff and students to participate.
- Design and distribute posters focusing on the most dramatic findings of the survey.

Once the task force has developed goals and objectives, you should consider a process evaluation. A process evaluation will help you measure how effectively specific activities you've undertaken have met your goals and objectives. The following questions may be helpful in determining this process:

- Was the objective accomplished?
- How was it accomplished and by whom?
- How many people participated?
- Were reactions positive or negative?

- Were there any unanticipated outcomes?
- Will this activity or objective be continued, revised or dropped?

Regardless of the structural approach to the evaluation process, it is easy to measure your efforts using goals and objectives. You should consider the following items in your process evaluation:

- Goal area.
- Objectives.
- Methods or activities to accomplish the objectives.
- Time frame for accomplishment.
- Designation of staff responsible for implementation.
- Report of objective attainment (numbers, changes, positive and negative outcomes, future needs, recommendations, etc.). This step becomes your process and outcome evaluation.

The process evaluation enables the task force to take an objective and critical look at the structure of the program: what was done, how many participants attended, dates and times of the programs, and the number of program activities. You will then be able to evaluate the success or failure of particular activities and make appropriate decisions about improvements or changes to your program. The following two pages present an example of how to set up a process evaluation.

Note: More detailed reference information on developing and conducting evaluations can be found in Evaluation: A Systematic Approach by Peter H. Rossi and H.E. Freeman (Sage Publications, 1982).

SAMPLE PROCESS AND OUTCOME EVALUATION

The following organizational format is by no means the only, or even preferred, method. It is presented for clarification of the evaluation material.

GOAL: To educate and sensitize the campus community about the issues of alcohol use and abuse.

Expand prevention/education programs for the student body.

OBJECTIVES		ACTIVITIES	TIME FRAME		REPORT ON OBJECTIVE ATTAINMENT
Through the use of workshops, public education materials and pre-post testing, the campus community will improve by 20 percent its knowledge of alcohol use and abuse.	1.	Assign two Residence Hall Directors to develop program format.	by 8/15	1.	Staff assigned selected topic of new legislation and recruited a village police officer and campus safety officer to assist.
	2.	Secure budget appropriations for materials and refreshments	by 8/15	2.	Budget estimate submitted to Inter-Residence Council and approved.
	3.	Establish a date, time and room for each hall.	by 9/01	3.	Dates established at first Residential Life Department meeting.
	4.	Plan publicity posters, RA encouragement, classroom advertisement, campus newspaper and radio.	by 9/01	4.	Posters done, copy sent to media, and hall staff and faculty provided information. All materials completed by September 5.
	5.	Have visual aids, printed materials, publicity materials printed and duplicated.	by 10/01	5.	Same as 4.
	6.	Design and distribute a pre-test of knowledge, attitudes, etc. about alcohol.	by 10/20	6.	Same as 4.

OBJECTIVES	ACTIVITIES	TIME FRAME	REPORT ON OBJECTIVE ATTAINMENT
	7. Plan and order refreshments.	by 11/01	7. Dining Service provided attractive non-alcoholic drinks, cheese, and crackers.
	8. Conduct the programs.	by December	8. All programs completed by December 10. Outcomes were highly positive in that student attendance was exceptionally high (average 80/hall) and the evaluations indicated the information gained was valuable. Evaluations of the program also indicated additional areas of student concern for future programs. An unexpected outcome was that the program prompted a group of students to begin a student peer support group.

CHAPTER XI

21-YEAR-OLD PURCHASE AGE

As of December 1, 1985, the legal minimum age to purchase alcoholic beverages in New York State is 21. Under the law, no person can sell, deliver or give away any alcoholic beverage to any person under the age of 21. Violation of the law is a class B misdemeanor. The 21-year-old purchase age law is reprinted for your information in Appendix 3.

Raising the purchase age to 21 is not a panacea to end youthful alcohol abuse. It is, however, an important first step; one that should be followed by public awareness and education, increased enforcement, re-evaluation of campus and county alcohol beverage regulations, and increased cooperation between the college, alcoholism agencies and the local community.

If it has not already done so, the task force should explore the changes engendered by the 21-year-old purchase age, answering the by now popular question: "How has 21 affected our campus?" Changes/problems resulting from 21 fall into two categories: policy and regulations and campus programming.

Policy and Regulations

- Campus policy and regulations governing alcohol use must be revised to reflect the 21-year-old purchase age.

- Administration, faculty, staff and students should receive copies of the revised policy and regulations. They should have the opportunity to ask questions and comment on interpretations and how the policy and regulations affect them.

- Student affairs/activities staff must be alert to the legal ramifications of the law and relay this information to the students.

- The administration must determine the extent of the college's responsibility with regard to enforcement of the law on campus.

- Training should be developed to assist Resident Directors and Resident Assistants in interpreting and enforcing the new policy and regulations as they affect the dorms under their jurisdiction.

Campus Programming

- Campus awareness and education programs on alcohol use and abuse should be increased and made visible to a wider campus population.

- The task force should conduct an overview of campus social events aimed at developing viable non-alcoholic alternatives to activities that have traditionally focused on alcohol.

There is no question that the 21-year-old purchase age has had a dramatic and lasting impact on college campuses across the state. The college community, through the efforts of the task force, must come to realize that this impact is not necessarily negative, but can be a force for positive changes on the campus. The publicity surrounding 21 has opened many doors for campus alcohol education efforts. The awareness level of alcohol problems on the college campus has never been higher. For the first time, many colleges are taking a hard look at alcohol policy and regulations with regard to both on- and off-campus parties. The 21-year-old purchase age also can provide a focal point for broadening campus-community cooperation and understanding.

CHAPTER XII

CAMPUS ALCOHOL POLICY

The college campus is not exempt from state, federal and local laws. Every college or university Board of Trustees, or other governing board(s), should adopt a campus alcohol policy that will guide students and the college community in complying with these laws.

For the purpose of this manual an alcohol policy is a formal, written statement of the college's position on the use of alcoholic beverages. Some colleges have adopted policy statements which forbid any drinking of alcoholic beverages on campus. An effective policy clearly sets forth regulations, specific guidelines and rules to carry out the intent of the policy. Regulations are necessary for the college to maintain internal control of student alcohol consumption. Usually a standing committee is responsible for the development of regulations.

Early on in the development of a campus alcohol program, the task force should examine the campus alcohol policy. In light of the 21-year-old purchase age, revisions may be necessary and should be recommended to the Board of Trustees or appropriate governing body for adoption. No campus alcohol program will be effective unless the campus alcohol policy and regulations are provided to all members of the college community. If the college has not already done so, the task force should insist that copies of the policy and regulations be distributed to all students, faculty and staff.

The task force cannot develop and implement prevention and intervention strategies until a policy and regulations are in place. It is important to note that policies and regulations must be carefully thought out and discussed among committee members. Policies and regulations that are not enforceable can create greater problems, undermining the intended effect.

There is no standard campus alcohol policy applicable to all schools. Each college must develop a policy and regulations that reflect its basic philosophy and unique needs. This manual presents several sample policy statements and regulations only as examples. The Division of Alcoholism and Alcohol Abuse does not endorse any specific policy or regulation, recognizing that different ones fit individual campus needs.

Sample Policy Statements

Selected sections of diverse alcohol policy statements from four New York State colleges follow as examples.

Four-Year Residential College

The use of alcoholic beverages by members of the college community is permissible only at certain authorized events and under carefully defined and

controlled conditions. This policy applies to all students, faculty and employees and their recognized organizations, and takes full cognizance of federal, state and local laws. The policy also recognizes the customs and changing mores of the community.

In the implementation of this policy, it is understood that a standing committee representative of students, faculty and administration has been established to determine the appropriateness of alcoholic beverages at specific events. No funds collected by the college will be used for the purchase and/or serving of alcoholic beverages. Food and non-alcoholic beverages will be available at authorized events when alcoholic beverages are served. As part of this policy, the following definitions of on-campus and authorized events have been established:

A. On-campus:

State property under the control of the college foundation properties, and all land belonging to Auxiliary Services.

B. Authorized events:

All social activities of recognized college organizations and organizations approved by the Office of Continuing Education which involve the use of college facilities, including state, college foundation and Auxiliary Services properties.

Two-Year Residential College

Students are subject to all local and state laws concerning the use, possession, sale and transportation of alcoholic beverages. Students violating the law face possible suspension from college or dismissal from residence hall living.

Residence Halls - Students are allowed to consume alcoholic beverages in college residence hall rooms. All students will be given information concerning the legal ramifications of the New York State Alcoholic Beverage Control Law. Discussion of the laws will be held once each semester in group meetings. Kegs of beer in residence halls and the consumption of alcoholic beverages outside of residence hall rooms are prohibited. No exceptions will be allowed unless approved by the college President or designee.

Campus Parties - Prior approval is required for all student gatherings requesting permission to serve alcoholic beverages on campus (except the campus pub) via the campus party permit issued by the Vice President for Student Personnel Services. When a campus party permit is approved, all individuals will be required to comply with the New York State Alcoholic Beverage Control Law.

Campus Pub - The pub is open to all students. No underaged guests are allowed in the pub. Only those students who are of legal drinking age or older will be permitted to purchase alcoholic beverages. If violations of the New York State Alcoholic Beverage Control Law occur, immediate action will be taken be taken which may lead to discontinuing the sale of alcoholic beverages.

Four-Year Residential University

The college expects that members of the college community who serve or consume alcoholic beverages will do so in a responsible manner. The college will continue to provide information about the dangers of alcohol abuse, to educate and provide counseling services, and to protect the rights of all members of the community. All New York State laws and local statutes regarding sale, purchase and distribution of alcohol must be observed.

Community College

The use of alcoholic beverages on campus is not permitted except at college sponsored/approved events or activities where prior approval has been obtained from the President, the Dean of the college, or the Dean of Students. The normal procedure for requesting authorization to use alcoholic beverages is through the student activity "Request Form." A limited number of these special events are approved during the academic year.

Sample Regulations

The following is a list of various regulations in effect at colleges and universities throughout New York State:

- Alcoholic beverages shall not be permitted anywhere but in the individual's room.
- Residents of the dormitories who are of legal drinking age are permitted to use legal beverages, and may have a few guests in their room while these beverages are being served. This is intended to allow for guests only, and parties in residence hall rooms are not allowed. All guests in residence halls are subject to all rules and campus policies. If a guest violates the policy, the host will be held responsible for the guest's actions.
- Advertisements should not create the impression that drinking is the sole purpose of an event.
- Consumption of alcohol will not excuse a person from the legal or disciplinary consequences of disorderly or unlawful conduct.
- Individuals must not be coerced to drink alcoholic beverages at any time.
- A system for checking IDs must be enforced. This will protect the organizers from unknowingly serving alcohol to underage persons.
- Parties must end no later than 1:00 a.m.
- Parties are allowed only on Friday and Saturday nights.

- When alcohol is served at a party, a non-alcoholic beverage must also be served. The minimum proportion of non-alcoholic beverages to alcoholic beverages must be 50 percent non-alcoholic to 50 percent alcoholic.

- Food must be served at all parties at which alcohol is served.

- Students who choose not to live in an environment in which the consumption of alcoholic beverages is permitted will have the opportunity to move to a room where alcohol use is not permitted.

- Group gatherings that infringe on the right of others to live in an atmosphere conducive to study, or in any other way abuse this option, shall be disbanded; those involved will be subjected to disciplinary action.

The campus alcohol policy statement should also describe the penalties students face for violating regulations and being convicted of these violations. For example, a policy might state that violations will result in the suspension of party privileges and possible referral to an undergraduate disciplinary board.

Regulations should also keep administration, faculty, staff and students informed about state and local laws where violations can result in charges and convictions. Some of these laws and the New York State Alcoholic Beverage Control Law are described later in this chapter.

Before publicizing policies and regulations, the task force should consider the following questions:

- Are policies and regulations clearly stated and not contradictory?

- How well known are current policies and regulations throughout the campus community?

- Do campus regulations apply to administration, faculty, staff and student organizations, or are regulations for students only?

- Are there provisions in the campus disciplinary system to deal with violators and are penalties enforced?

- Are those charged with enforcing campus alcohol regulations supported by the administration? Is their authority clearly defined?

The following is a list of campus constituents who should be informed about state and local laws, campus policy and campus regulations:

- Administration
- Students
- Faculty
- Parents
- Community
- Campus police
- Food services personnel
- Maintenance and Clerical staff
- Student leaders
- Clubs and organizations
- Student services personnel
- Campus health services
- Pub managers

An individual or committee should be assigned by the task force to publicize the policies and regulations. There are a variety of mechanisms to disseminate this information, including:

- Mailings
- Student orientation
- Parent orientation
- Classroom presentations
- Faculty meetings
- Newsletters
- Town-gown meetings
- Student & faculty handbooks
- Faculty training
- Campus media and posters
- Residence hall meetings
- Student leadership training
- Resident assistant and director training
- Pub manager training

Alcoholic Beverage Control Law

1. Legal Minimum Purchase Age:

   No person shall sell, deliver or give away or cause or permit or procure to be sold, delivered or given away any alcoholic beverages to any person, actually or apparently, under the legal age of purchase. This is a class B misdemeanor.

2. Selling or Giving Alcohol to an Intoxicated Person:

   No person shall sell, deliver or give away or permit or procure to be sold, delivered or given away, any alcoholic beverages to any intoxicated person or any person, under the influence of alcohol.

   Violators may be faced with a fine up to $50, up to five days in jail or both.

3. Dram Shop Liability:

   Any person who shall be injured in person, property, means of support, or otherwise by an intoxicated person, or by reason of the intoxication of any person, whether resulting in his death or not, shall have a right of action against any person who shall, by unlawfully selling to or unlawfully assisting in procuring liquor for such intoxicated person, have caused or contributed to such intoxication; and in any such action such person shall have a right to recover actual and exemplary damages.

3a. Social Host Liability:

   Creates civil liability for anyone who knowingly furnishes alcoholic beverages to any intoxicated person under the legal age of purchase if the intoxication results in injury or damages to a third party.

4. Using False Identification (ID):

   Any person under the legal age of purchase who is found to have presented or offered false or fraudulent written identification of age for the purpose of purchasing or attempting to purchase alcoholic beverages may be faced with probation for a period of not exceeding one year, and may in addition receive a fine not exceeding $100.

Other Laws

1. Some local government statutes have an "open container law" which prohibits individuals from having open containers of alcoholic beverages in a public place. Such local laws may not apply to private property or state land within the community.

2. The New York State Education Law prohibits hazing that involves the forced consumption of alcohol.

CHAPTER XIII

ALCOHOL MARKETING AND THE COLLEGE CAMPUS

Everyday Americans are exposed to hundreds of advertisements selling everything from lemonade to lifestyles. One cannot pick up a paper or magazine, turn on the television or tune in a radio without encountering them. Advertisements are so prevalent that they have come to be accepted as simply another aspect of contemporary life.

Advertising not only affects our purchasing decisions, it also affects our visions of society, our attitudes toward other people, and our philosophical beliefs. Advertisements have been behaviorally designed to appeal to the personality of drinkers. Alcoholic beverage producers are able to market a potentially addictive drug with very few restrictions. The concern that arises from these marketing techniques is whether this advertising contributes to increased consumption of alcohol by young people.

Most college students drink alcoholic beverages. Beer is the most popular alcoholic beverage, with distilled spirits and wine following. Alcoholic beverage producers have developed specific marketing approaches to maximize the new drinker market and capture the attention of entry-level consumers. One of the aims of beer companies is to attract college freshman to their product and thereby develop a lifetime brand loyalty.

This aim is seldom in the best interest of the student. All too often the beer ads take on an anti-education theme, one that is seductive to the students and may damage their school careers. The ads depict students studying in the library, preparing for term papers, reading assignments, preparing for final exams, and mock any fellowship with campus activities (e.g., marching band, glee club, etc.). Underlying all of these ads is a particular mind-set; that is, when college becomes difficult and studying is required, reach for a can of beer to relax and ease the pressure.

The exact effects of advertising on student alcohol consumption are not clearly known. In the last 25 years millions of former college students developed severe drinking problems, many of them developing alcoholism. Authorities agree that many problem drinkers establish their drinking patterns during their college years, although most college problem drinkers "mellow out" with age.

Alcohol advertising generates much-appreciated revenue for college newspapers. Many editors will undoubtedly defend alcohol advertising on the grounds that the income it provides contributes to the financial viability of their newspapers. Alcohol ads constitute just over one-half of all national ads sampled in college newspapers: 33 percent of beer ads, 16 percent liquor, 12 percent for local bar and tavern specials and 7 percent for wine. The Journal of the American College Health Association, in their February 1979 issue, released the results of a study on "The Problems of Alcohol Advertisements in College Newspapers." The study drew from a list of the 400 largest campuses in the United States, randomly selecting 32 college newspapers. The study concurred that alcohol did indeed dominate national advertising in college papers.

The New York State Division of Alcoholism and Alchol Abuse recommends that the college task force encourage the campus newspaper to ban advertisements for alcoholic beverages and local specials (bar, restaurants, liquor stores, etc.). The challenge to the task force then is to develop methods of attracting alternative advertisements to support the cost of the campus paper.

Marketers are well aware that the most effective method of appealing to young adults is through entertainment. They sponsor athletic events and concerts to reach a large number of young consumers at one time. The intensive nature of campus life makes this an attractive and effective marketing approach as the college lifestyle inherently encourages camaraderie and interaction.

The beer industry has an almost exclusive monopoly on non-advertising campus marketing techniques. In addition to sponsoring athletic events, rock concerts and parties, beer companies employ on-campus student representatives to promote the use of their brands. Students are paid with semester salaries, full scholarships, college credits and free trips. Some receive extra bonuses based on monthly sales.

The United States Brewer's Association advertising code prohibits targeting beer advertising at young people. However, even a casual perusal of beer advertisements will reveal a multitude of blatant appeals to youth. Another prime offense to this code is an event held every year, popularly known as "Spring Break." Thousands of college students, and a significant number of high school students, travel to Florida each spring to enjoy the sun and fun, as well as a myriad of alcoholic beverage sales promotions. Marketers offer students a variety of products and entertainment, often free, in an attempt to get students to identify with their brands. Free concerts, T-shirts, frisbees, hats and parties are there to be enjoyed and, unfortunately, often abused. Recently, due to many injuries and fatalities, free samples of alcoholic beverages have been restricted. However, numerous other marketing and promotional activities persist.

No one can estimate how many students are influenced by alcohol advertising to abandon their studies in favor of using alcoholic beverages as a cure-all. The number of students who will develop serious problems with alcohol, and possibly develop alcoholism, is also unknown. It is quite clear, however, that alcohol advertisements on campus and in college newspapers are appealing and encourage the excessive use of alcohol by students. Allowing this massive blitz of advertising to continue on college campuses undermines all alcohol education efforts and can be damaging to the health of students.

Note: An excellent film on alcohol advertising and promotion is "Calling the Shots" by Jean Kilbourne. The New York State Division of Alcoholism and Alcohol Abuse recommends this film as a reference for campus alcohol prevention and education programs.

CHAPTER XIV

PREVENTION PROGRAMS

Today's students seem to know more about alcohol than their counterparts of a decade ago. This awareness, however, may not be internalized or as yet incorporated into their value system. While most students have begun drinking before they reach college age, many still are struggling with their identities and establishing their lifestyles. The decision whether to drink has been made, although the question of how or when to drink remains.[3]

Consequently, it is particularly important to expose students to information on alcohol, alcohol abuse and the disease of alcoholism. Only with the right information and education will they be able to make the appropriate decisions about alcohol use to minimize their risks for alcohol problems.

Effective prevention strategies require policies that place the interests of public health above the economic, political and popular student opinion of campus socializing. The success of campus prevention programming requires a significant, direct commitment to these policy choices, as well as the incumbent investment of resources.

Your campus needs, as identified in the needs assessment survey, should guide the task force in developing and targeting prevention programming that is problem-specific to your campus. It is important to note that prevention programs are far more effective if they involve students in the brainstorming and development of the promotional, educational and social activities undertaken as part of the program. Student involvement will increase their understanding of program philosophy and objectives and help to build overall student support and acceptance. The support and enthusiasm generated by involved students increases the likelihood of broader peer involvement. Peer training and education have proven to be highly effective among the college population. Students seem more willing to accept the principle of low-risk drinking when shown by peer example that moderate drinking is acceptable, preferable behavior. An example of an effective peer education program can be found in Appendix 4.

The prevention strategy of healthy lifestyle choices can serve as an important guide in planning effective prevention programs and activities. The six general themes listed below are all derived from this strategy and its focus on low-risk versus high-risk drinking.

- To promote a positive valuing of good health and a complete understanding of the relationship between alcohol use and health.
- To discourage alcohol use by students under 21 years old and delay its onset.
- To discourage any alcohol use by high-risk groups, such as children of alcoholic parents, or by persons who suffer illnesses or take medications that contraindicate the use of alcohol.

- To discourage any alcohol use in high-risk situations, where injury to self or others would be more likely due to impaired judgment or coordination.

- To discourage any alcohol use in quantities sufficient to produce intoxication.

- To promote an understanding of effective strategies for identifying and helping people with alcohol problems.

One of the most frequent mistakes made in alcohol prevention programming is the failure to provide sufficient factual information on alcohol before attempting to change students' attitudes, values and behavior. However, facts by themselves will not change behavior. The presentation of factual information, coupled with values clarification and decision-making skills, can enhance awareness and sensitivity to the impact of alcohol on an individual's life. Programs that include these components can be difficult to implement because they compete, and often contradict, values and attitudes learned from families and peers over a lifetime. Begin with small, informative and appealing activities and work your way toward highly visible events which attract campus-wide participation. Remember that the elements of fun, enjoyment and high interest help to ensure the success of your efforts and become a drawing card for future programs.

Some easily developed primary prevention activities include:

- Symposiums, speakers or presentations
- Film festivals
- Panel discussions and debates
- Providing pamphlets and alcohol publications
- Breathalyzer demonstrations
- Group discussions
- Mini workshops on bartending, Blood Alcohol Concentration (BAC)
- Poster competitions

One particularly effective activity to involve the entire campus is organizing and presenting an "Alcohol Awareness Week." Use a high traffic area to set up booths where the campus community can obtain information on different health and alcohol-related issues and organizations.

Some suggestions are:

- Assertiveness Training
- Human Sexuality
- Time Management Skills
- Drinking and Driving
- Diet and Exercise
- Drinking and Pregnancy and Alcohol-Related Birth Defects
- Alcoholism: A Disease Concept
- Alcoholism: A Family Disease
- Hosting Parties

- Study Skills
- Good Eating Habits
- Children of Alcoholic Parents
- Self-Help Groups: Alcoholics Anonymous, Al-Anon, Alateen

Local councils on alcoholism, county mental health clinics, human service providers, clergy, self-help groups, and state alcoholism and health agencies are good sources of materials and/or representatives to staff the various booths. Eliciting the participation of community representatives eases the burden on the alcohol prevention committee and strengthens college-local community cooperation.

Along with your booths, you should plan a week of educational activities for students. The topics selected for booths may be expanded into a workshop or incorporated into classroom discussion. Below is a list of additional topics which have been used successfully in the past on several campuses.

- Legal Issues - DWI and DWAI laws, Dram Shop Act
- Alcohol and Nutrition
- Identifying the Signs and Symptoms of Alcoholism
- Sources of Referral for the Alcohol Abuser and Family Members

The success of your Alcohol Awareness Week will provide you with supporters for your future prevention activities.

Another area of programming that can be enjoyable is the alternative non-alcoholic social event. One college requires a non-alcoholic social event every semester because there are events at which alcohol is served. Residence hall staff, student leaders and activities staff members often are under the misconception that students cannot have fun without alcohol. Media, adult role models and peers have reinforced this belief. The success of the non-alcoholic social event depends on enthusiasm, media "blitzes" and a campus policy that ensures alcohol will not be the focal point of any event. Plan your activities to meet the needs of students. For example, if students drink to relax, relieve tension, have fun, meet people and feel comfortable with peers, you must plan non-alcoholic events that address these needs. Appendix 5 provides a list of 124 alternative programming ideas, some of which have proven successful at colleges around the country.

Along with your programming activities, don't forget the important element of staff training. For your program to be effective, the campus must be fully educated and supportive of the program's goals and objectives. Staff who require training are those who come in contact with students on a regular basis, including:

- Residence hall staff
- Faculty, especially faculty advisors
- Activities staff
- Student leaders
- Campus safety and security staff
- Bartenders
- "Bouncers"
- Counseling staff
- Health center professionals

Prevention programming is a year-round, ongoing concern. You'll want to educate and reinforce the idea that any drinking on campus should be done in low-risk situations. There also should be no pressure to drink on those who choose to abstain at a social occasion.

[3] The Whole College Catalog About Drinking, National Institute on Alcohol Abuse and Alcoholism, Page 4, 1976.

CHAPTER XV

INTERVENTION AND DISCIPLINARY PROCEDURES

To date most college programming has involved primary prevention efforts. Yet on any college campus there are students who already have alcohol-related problems. If the college has not already done so, the task force should encourage the development of early intervention efforts. An intervention component enables staff to refer students who require help.

Intervention techniques can be as simple or complex as needs of the campus dictate, and thus range from a simple confrontation by concerned residence hall staff to a judicial referral for long-term counseling. Not every student who is intoxicated needs treatment, but some do. It is necessary to learn to recognize individuals who are having difficulty with their alcohol use. The four phases of alcohol use are depicted below. Understanding the progressive steps in a developing problem will help the concerned individual to recognize the need for intervention.

FOUR PHASES OF ALCOHOL USE

1. Experimental	2. Social/Recreational	3. Harmful Abuse	4. Use to Feel Normal
Learns by using.	Seeks the mood swings.	Growing preoccupation with alcohol.	Experiences intense emotional pain.
Makes you feel good.	Drinks to enhance a pleasurable situation.	Alcohol interferes in an important area of your life.	Only alcohol relieves the pain.
Can alter and control mood swings.	Associates alcohol with fun/good-times/relaxation.	Trouble follows: fights, DWI; experiences blackouts; tolerance increases.	Alcohol becomes only "true friend."
Can return to the residence halls without disturbing others.	Can consistently control the amount of use.	Broken promises.	Alcohol helps you make it through the day.
	Behavior usually appropriate.	Alcohol changes lifestyle.	Complete loss of control, loss of choice.
	Tolerance begins to develop.		

Most people who choose to drink alcohol stay within the social/recreational phase. With the right informatin and education, administration, faculty, staff and students can learn to identify behaviors that indicate when an individual abuses alcohol and is advancing into the harmful abuse phase. The following is a list of the behaviors that may signal a potential problem:

- Excessive amounts of money spent on alcohol.
- Vandalism and/or property damage while under the influence of alcohol; more than one incident of this nature is a particular sign.
- Vehicular arrest for DWI or DWAI, or arrests for other alcohol-related incidents involving campus security or the community police department.
- Frequent intoxication.
- Absenteeism from class due to drinking or hangovers.
- Tardiness due to drinking.
- Drop in grades.
- Difficulty studying or working due to alcohol use.
- The occurrence of blackouts. This is NOT "passing out" from overindulgence. It could best be described as an alcohol-induced amnesia. It is an interval of temporary memory loss during which the person remains conscious and active, and may even appear sober, but later has no recollection, even if reminded, of where they were or what they might have done.
- Changes in drinking behavior, which may include:

  a. A tendency to continue drinking after companions have finished.

  b. Drinking more than peers: gulping, drinking between rounds, arriving earlier at a bar, encouraging friends to "drink up."

  c. Changing peer groups to ones that reflect new drinking practices.

  d. Change in the type of alcoholic beverage consumed.

- Development of a negative attitude towards environment, school, peers, etc.
- Problems arise or are compounded due to drinking. These problems affect the individual and/or others.
- Frequent hangovers: Alcohol has two effects on the central nervous system. The first is to sedate and the second is to agitate (irritate). This agitation is commonly known as a "hangover." Some common symptoms of a hangover are headache, upset stomach, fatigue, thirst, and a general feeling of uneasiness and irritability.

- Increased tolerance for alcohol: As alcohol use increases, the drinker soon discovers more drinks are required to get the desired effect. As process continues over a period of time, the drinker develops the ability to "hold more." Some experts attribute increased tolerance to a learning process. It also may be attributed to the liver's ability to handle alcohol. Over time this increased tolerance, coupled with the irritation (hangover) effect of alcohol, can set up an addiction process.

- Avoidance/Denial: The person will not talk about his or her drinking; becomes defensive, gives excuses, may question or ridicule your attitude or motives.

- Mood and/or personality changes.

- Loss of control: This is the major symptom of a problem. The person is unable to consistently control drinking. The person may even be able to to stop drinking for periods of time. However, once the drinking starts, there is no control over the amount of alcohol consumed and how long the drinking episode continues.

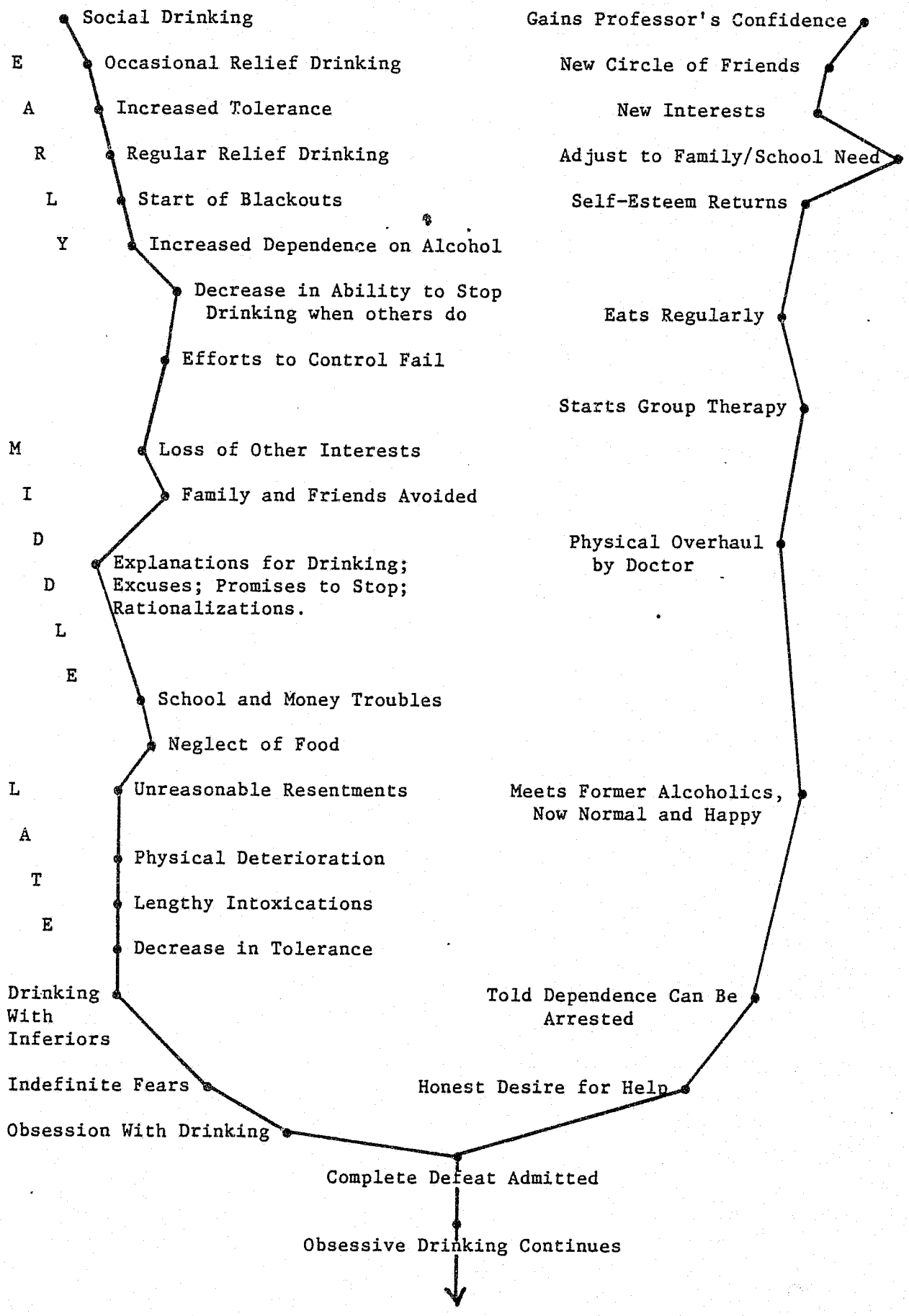
These signs may be helpful in identifying an alcohol problem. Much of what can then be done depends on how well the person intervening knows the individual, as well as the relationship that the two of them have established. Frequently friends and roommates are asked to assist in bringing the student in for help.

If alcohol use continues despite the problems it causes the person may be suffering from the disease of alcoholism. Because alcoholism is a progressive disease, people who exhibit the behaviors listed above and do not receive intervention may become alcoholic. The chart on the next page outlines the early, middle and late stages of alcoholism.

Counseling the alcohol abuser often has been a frustrating experience for the helping professional. Typically, the individual completely denies the presence of any type of alcohol-related problem. So thorough is this denial system that all attempts to explore the individual's alcohol use are met with unyielding resistance. Because the alcohol abuser usually does not have any insight into the poblem, it is crucial that persons close to the individual understand the nature of alcohol abuse. These individuals must take the initiative if the alcohol abuser is to be helped.

Early intervention is critical. The impaired judgment induced by alcohol keeps the abuser locked in a self-destructive cycle. This pattern prevents the abuser from admitting the abuse and should be dealt with immediately. As the alcohol abuse progresses the individual becomes a victim of his or her own developing defense mechanisms. The person's judgment is progressively impaired, causing the abuser to lose touch with reality.

PROGRESSION OF ALCOHOLISM



Another way to help the problem drinker is to avoid being part of the problem. Most people do well-meaning things that may actually encourage the problem drinking to continue. This process is known as "enabling." People enable problem drinkers to keep drinking and denying their problems by helping them escape the harmful consequences of drinking. Some examples of enabling problem drinkers are:

- Lying or making excuses for them.
- Lending them money after they have spent their own on alcohol.
- Denying the problem yourself.
- Drinking along with them.
- Not talking about their drinking because they get angry.
- Justifying the drinking ("He's under so much pressure.").
- Attempting to control the drinking (hiding the alcohol).
- Minimizing the drinking ("It's not so bad.").
- Avoiding problems to keep the peace.
- Taking over responsibilities (cleaning up a mess made while drunk).[4]

Reality Therapy

Reality therapy is a philosophical approach which may be helpful in designing a college intervention program for individuals with strong denial systems. Using reality techniques the student alcohol abuser is made to focus on present behavior, helped to accept responsibility for that behavior, and guided in learning to fulfill needs without causing harm to himself, herself or to others. The person who intervenes needs to build an emotional relationship with the abuser and take an active role in the helping process, to firmly guide the abuser towards a responsible course of action. The counselor (or the person to whom the abuser is referred) then assists the abuser in determining personal needs and recognizing unfulfilled needs. The counselor will also help the abuser in choosing ways to meet such unfulfilled needs in a responsible manner and examining the consequences of the planned course of action.

Learning the basic principles of reality therapy and how to use them does not require prolonged training. Counselors can train student services staff to assist them with early identification and intervention of troubled students. Student staff will require modest amounts of supervision by counselors. The value of the therapy should not be underestimated because the approach is understandable and easily used by the vast majority who receive training. In addition, reality therapy counseling is particularly attractive in the college environment where staff and student turnover is rapid but a consistent, ongoing program is required.

In applying the reality therapy approach, it is important to call attention to the behavior pattern that has developed. The abuser needs to recognize that the various drinking episodes are not isolated incidents but rather a pattern of behaviors that could lead to dangerous problems. Because of the abuser's strong denial system documentation must be used by the counselor. This documentation is essential when confronting a person who has exhibited problematic behavior due to the abuse of alcohol. Documentation must be specific, concise and focus solely on behavior. Documented, observed behavior must be described in a factual, non-judgmental way, and include dates, times and the specific connection to drinking.

In taking the above approach, the following can be expected:

1) If you choose to speak with the student, you will display evidence that you care enough about this student to be concerned about his/her behavior.

2) Should you choose not to speak with this student, the information you recorded can be given to someone comfortable in this role.

Do not be afraid to talk to a student who is suspected of having a problem. Be a friend and try to provide support. The best advice, regardless of the situation, is to keep calm and not to panic. Think through what is to be said and done before seeing the student. If the helping person appears nervous, their anxiety may be transferred to the student being confronted. Confrontation is sometimes difficult for students to accept, so be prepared for resistance and denial. It can be very helpful to role play the situation with someone else ahead of time.

Learning confrontation techniques is essential for people in supervisory postions. Appendix 6A provides a list of guidelines to assist in the development of these skills. Appendix 6B contains a sample documentation form currently in use at one state university campus.

Another situation which may arise is the need to confront an intoxicated student. If the student smells of alcohol, is unsteady, slurs words and appears sick, stay with them for about an hour; keep the student awake until he/she is okay. If you have any doubt that the student is in physical danger, send for appropriate medical help immediately. If the student is rowdy and aggressive (a behavior many residence staff encounter), speak in a clear, firm voice; do not laugh or ridicule the student as this is apt to provoke anger. It is important to reassure the student that you are there to help.

It is essential to have a list of community emergency and crisis resources readily available. There should be a referral link to the campus health center, counseling services, and safety and security staffs so a system is in place for crisis situations. It is recommended that the campus system include an alcoholism counselor on staff.

If a college does not have an alcoholism counselor, a referral system should be implemented that connects campus health services with community alcoholism services. An alcoholism counselor from the community or an alcoholism service may be willing to establish a program with on-campus office hours.

Initiating an Effective Intervention Program

Training and educating the residence hall staff and judicial personnel to recognize a student in need of alcohol education, counseling and/or referral for treatment is the first step in developing an effective intervention program.

When residence staff have written more than one documentation on one student, the forms should be forwarded to the residence director of the building. After reviewing the forms, the director can choose among three options:

1) All incidents are a matter of coincidence, no action taken.

2) Refer for review by the campus disciplinary board.

3) Recognize a possible problem with alcohol and confront the student. Refer the student to the alcoholism counselor, counseling services or health center staff.

Non-residential colleges can apply these same steps by instructing appropriate college staff and/or faculty to refer reports to the college health service director or activities director.

Disciplinary Board

College disciplinary boards, commonly referred to as campus judicial boards, often receive alcohol-related cases for review. The board members should be aware of disciplinary choices when an alcohol problem is suspected. The ideal system incorporates a liaison between the disciplinary board and the campus alcoholism counselor, so that a referral for evaluation can be made quickly. The counselor then presents a series of recommendations to the disciplinary board, through the liaison, outlining the suggested course of action. Recommendations are not enforceable per se because the student has the choice of accepting either the counselor's recommendation or more serious disciplinary actions. Recommendations might include:

1. Assign the student to volunteer a number of hours working on prevention activities around campus.

2. Require the student to attend individual alcoholism counseling sessions.

3. Require the student to attend a six- to eight-week alcohol education series.

4. Require the student to attend a minimum number of group counseling sessions.

5. Mandate outpatient alcoholism treatment, with suspension as the consequence for lack of compliance or refusal.

6. Recommend a leave of absence for inpatient detoxification (withdrawal from alcohol) and subsequent alcoholism treatment. Documentation for this recommendation would have to be provided.

Referral Policy

Identifying an alcohol problem is only part of the intervention process. Campuses must establish and publicize a referral system within the campus com-

munity. Administration, faculty, staff and students all should have access to this system and feel comfortable using it. Local alcoholism counselors can work with the task force and community services to set up a workable system.

Several years ago, the University of Maryland developed a successful Alcohol Education Program which includes in its design a well-defined referral system as part of the judicial process. Students who are referred to the Judicial Board have the option of entering the Alcohol Education Program as an alternative to further disciplinary actions.

Students are notified in writing of the option to enter the Alcohol Education Program and are instructed to make an appointment with the coordinator. During the first meeting, the student is evaluated to determine whether entering the program is appropriate. One of the tests used for evaluation is the Michigan Alcoholism Screening Test (MAST), an alcoholism detection questionnaire that assesses selected adverse social and medical consequences of excessive drinking. The MAST questions, which have been adapted for the University of Maryland's use, combined with the evaluation process, help identify students who are alcoholic so they can be referred for alcoholism treatment.

Upon acceptance into the program, the student must sign a contract to attend the program and complete specific tasks, such as keeping a daily log and staying chemically free while in the program. When the six weeks are completed, the student is again evaluated. Based on the results, the student is referred back to the program, enters a support group or returns to his or her former status. Appendix 7 contains information, forms and memos developed by the University of Maryland to record the steps of its program. Every school program should have a referral system. The information in Appendix 7 may be useful in setting up such a system on your campus.

[4] Yarris, Elizabeth, Ph.D. and Rapaport, Ross, Ph.D., Intervention - Help for the Problem Drinker, 1988.

CHAPTER XVI

PUBLICIZING YOUR PROGRAM

Proper use of the media can play an important role in the success of your campus alcohol program by creating support and encouraging involvement. Every facet of the alcohol program should be publicized, from the formation of the task force to a sneak preview of activities and programs scheduled for the following academic year. Along the way you'll want to publicize the needs assessment survey; post rules and regulations; announce your alcohol awareness and education efforts; and advertise workshop topics, dates and locations. The necessity for a well-developed and functional media campaign cannot be overemphasized. The positive influence and persuasive power of the media can be illustrated by examining how extensively the public has been affected by alcoholic beverage marketing techniques (see Chapter XIII).

Campus media can be used just as effectively to promote alcohol awareness and non-alcoholic events. The task force can downplay drinking using the same marketing techniques, but on a smaller scale. For example, attractive, well-composed ads; colorful, informative posters; and factual editorials can raise awareness and have a positive influence on the college community.

The impact of campus programming and activities will be enhanced by the proper use of the media available to the campus. The task force, through the subcommittee in charge of publicity and media, needs to inform the campus and the surrounding community about the campus alcohol program, what it can do for them and how can they become involved. Community understanding and suport will not be a reality unless the media becomes an integral part of the program's planning process. And, by informing as many people as possible of the program's goals and objectives, you will uncover resources and organizational support you may not have known were available.

With the different kinds of media that a campus has available, it is necessary to learn how to obtain support. The first step is to determine what resources are available to the task force. Research the campus and community media resources and decide which ones will be the most effective and provide the greatest exposure for the alcohol program. Meet with media representatives to discuss your publicity needs. Once the media committee has selected the resources which will provide the most help and greatest exposure, coverage can begin. The more research you do and the more you prepare yourselves to work with the media, the greater their support and participation will be. Below is a list of media resources available to most colleges.

Campus Media:

- Newspaper
- Radio

- Campus magazines
- Official college publications: orientation flyers, health service publications, catalogues, sports programs.
- Newsletters: student organizations, fraternities, administration
- Others: posters, bulletin boards, book jackets, T-shirts, public address announcements.

Community Media:

- Daily, weekly, suburban newspapers; penny shoppers, advertisements, editorials, features, columns, news.
- Television
- Radio
- Other: business publications, billboards, newsletters of community organizations.

News releases in local and campus papers should be developed, poster campaigns planned, radio spots prepared and overall yearly coverage of the alcohol program's events discussed. Creative techniques for publicity are easily developed when programmers are encouraged to brainstorm and consider approaches never before attempted on campus.

Many colleges have marketing, advertising or media experts who can be a source of ideas and assistance. You might also try enlisting the cooperation of students enrolled in communications and journalism courses to help write press releases, announcements and advertisements; art and design students can help develop attractive publicity materials. Appendix 8 lists some suggested guidelines for writing alcohol-related stories and announcements.

Copies of all your ads, newsletters, editorials and other publicity material should be saved for future reference and to assist the media committee in their end-of-year evaluation. The following chapter explains evaluation process and the purpose of conducting this kind of research.

CHAPTER XVII

PROGRAM EVALUATION

The final component of the campus alcohol program involves evaluation. Conducting an end-of-year program evaluation is an important tool in assessing program impact on the campus community. This type of evaluation is called an "impact evaluation." As explained in Chapter X, evaluations help you measure how effectivly the task force is meeting program goals and objectives.

Some questions which should be addressed in an impact evaluation are:

What did the program try to do?

What did the program accomplish?

How did it affect the campus community?

What changes were stimulated by the program?

An evaluation matrix is an effective tool to evaluate all facets of the campus program. This type of matrix groups methods of evaluation into four categories. A sample matrix on the next page describes a range of possible evaluation elements found in each category. The task force should substitute appropriate elements to measure its program efforts.

When the matrix is completed for the year's activities, the task force will be able to judge the successes and failures of the program and identify the prevention and education efforts that are working on the campus. The task force should use the evaluation results to see if staff time, funds and resources were used in the most effective manner. Evaluation data also will help you analyze which program efforts were the most effective and made the best use of time and budget. This information then provides the framework for planning future programming efforts, showing the task force where to make needed changes and improvements.

If the evaluation process is built into the structure of all program activities, gathering the data needed for your impact evaluation will be routine, rather than a high-pressure crisis at the end of each year. Having this information readily available throughout the year will also enable you to answer any questions about the program that may arise during the year.

All campus programs compete for restricted funds and staff time. If the task force can demonstrate that significant behavior changes (e.g., residence hall damage decrease) have resulted from the alcohol program, you should be in a position to justify the program's existence and secure future funding. Obviously, this necessitates that the task force present the evaluation results to the college administration and those who control funding allocations. It is also imperative that you inform the campus community about the evaluation if you are to maintain and, more importantly, increase campus support and involvement.

Evaluation Matrix

	OBJECTIVE (Quantitative)	SUBJECTIVE (Qualitative)
Direct Measures	Survey - knowledge of alcohol facts Number of referrals for treatment Number of parties with food, alternative bev. Alcohol's relation to health reports Campus records (campus security)	Survey - personal attitudes and behavior Discussion groups Reported frequency of student drinking by RAs, RDs Participant satisfaction - programs
Indirect Measures	Attrition rate Grade point averages Number of counseling sessions Contact hours of programs Number of brochures picked up Level of residence hall damage Number of police reports - fighting, noise Number of people contributing time, money Number of people requesting further information	Structured interviews (RAs, RDs) Survey - students, administration, faculty and staff (program perceptions and awareness) Program visibility Results of staff training Cooperation with community alcohol service providers Interventions for students with alcohol-related problems

Source: David S. Anderson, Ph.D., Campus Alcohol Consultants, P.O. Box 65557, Washington, D.C. 20035, 1986.

APPENDICES

APPENDIX 1

NEEDS ASSESSMENT SURVEY

Attitudes Towards Alcohol and Drinking Behavior

Part I - Information about Drinking

1. How often in a typical week do you drink alcoholic beverages? _____

2. How old were you when you first began drinking with your friends? _____

3. Has the college experience increased your personal use of alcoholic beverges? _____

4. How many of your friends drink alcoholic beverages?

   Almost none _____
   About 25% _____
   About 50% _____
   Almost all _____

5. Do you believe that drinking is a serious problem for people at _____?
   (name of college)

   No. _____

   Yes, but the college should not be involved. _____

   Yes, and the college should control the use of alcohol. _____

   Yes, and the college should provide an eductional program. _____

6. Do you believe that the college should require those who have been convicted of disciplinary offenses under the influence of alcohol to seek help for their drinking?

   Yes _____
   No _____

7. How often does someone's drinking intefere with your studies, sleep, work, or other things you have wanted to do?

   Frequently _____
   Sometimes _____
   Never _____

8. To what degree does the behavior in question 7 bother you?

   Quite a lot _____
   A little _____
   Never _____

Part II - Information about Alcohol Consumption

1. Rank these alcoholic beverages in the order of the frequency of use. Use 1 for most frequently consumed and 4 for the least frequently consumed.
   Beer _____
   Wine _____
   Mixed drinks _____
   Straight liquor _____

2. On the average, how many times a month do you attend parties where alcoholic beverages are served? _____

3. Usually, when you drink, how many glasses of beer or wine, mixed drinks, or shots of liquor do you drink? _____

4. Have you ever worried that you might become dependent on alcoholic beverages?
   Yes _____
   No _____

5. Have you ever worried about the consequences of drinking? Yes _____
   No _____

6. Have you ever consumed alcohol in conjunction with another drug?
   Yes _____
   No _____

7. Have you ever regretted any actions resulting from drinking?
   Yes _____
   No _____

8. How often do you find yourself in situations where you are encouraged to drink more than you would like to?
   Frequently _____
   Sometimes _____
   Never _____

9. In your opinion, what percentage of the students at _____ drink too much? _____ %
   (name of college)

10. People have many reasons for drinking. Check as many of the following reasons as they apply to you.

To avoid studying	___	To forget disappointments	___
To get along better on dates	___	To get high	___
To reduce fatigue	___	To get drunk	___
To be sociable	___	To improve sex life	___
To ease physical pain	___	To get out my aggressiveness	___
To ease emotional pain	___	To help me sleep	___
To enjoy the taste	___	To ease inhibitions	___
To reduce shyness	___	To satisfy thirst	___
To make me feel good	___	To make me relaxed	___
To join in with my friends	___	To celebrate an occasion	___
Others (please specify)	___	To help cope with my job	___

Part II (con't)

11. People occasionally have problems with alcohol. Check the alcohol-related behaviors that you have experienced or engaged in during the past year.

Had a hangover	___	Have lost a job	___
Vomited	___	Have cut a class	___
Had an argument	___	Received a lower grade in a class	___
Had a fight	___	Involved in an accident	___
Got into trouble	___	Damaged property, pulled fire alarm, etc.	___
Blacked out	___	Got into trouble with the law	___
Been involved in casual sexual activity	___	Gone to class (or work) after several drinks	___
Have driven a car knowing I drank too much	___		

12. Rank each of the following places in terms of frequency where you drink alcoholic beverages. Use 1 for the most frequent drinking place and 6 for the least frequent.

Dorm room, apartment or home	___
College pub	___
Local bars	___
College-sponsored functions	___
Non-college social functions	___
Office or job location	___

13. How much do you spend in an average week on alcoholic beverages? $_____

Part III - Information about You

1. What is your sex? Male ___ Female ____

2. (a) If you are a student, are you an undergraduate? ___
graduate student? ___

(b) If you are an employee,

Administrator or faculty	___
Clerical staff	___
Maintenance	___
Other	___

3. Where do you live?

In a fraternity or sorority	___
In an off-campus apartment	___
At home with my parents or guardian	___
In a residence hall	___
My own home	___
Other (please specify)	___

Part III (con't)

4. Age

17-18	____
19-21	____
22-24	____
25-35	____
36-50	____
Over 50	____

Part IV - Policies and Regulations

1. What do you consider to be a reasonable amount of alcoholic beverages per person at a social function? _____ (number of drinks)

2. Are you aware of the campus policies on alcohol use? Yes ___ No ___

3. If you answered yes to question 2, do you believe that they are reasonable? Yes ___ No ___

4. The New York State Legislature amended the law raising the minimum age for sale, purchase, and distribution of alcoholic beverages to 21, effective December 1, 1985. If most of our students are legally minors, how do you feel alcohol use should be handled on campus? Use as much space as you need or attach additional sheets.

APPENDIX 2

PRE-POST ALCOHOL KNOWLEDGE TEST

		TRUE	FALSE	ANSWER
1)	Alcohol is a drug.	____	____	T
2)	Everyone's body reacts the same way to the same amount of alcohol.	____	____	F
3)	A person can die of alcohol poisoning.	____	____	T
4)	Drunkenness and alcoholism are the same thing.	____	____	F
5)	Alcoholism is a disease.	____	____	T
6)	Alcoholic people can be helped.	____	____	T
7)	Certain symptoms warn people that their drinking may be leading to alcoholism.	____	____	T
8)	Every drink of alcohol affects the brain.	____	____	T
9)	Beer drinkers never develop alcoholism.	____	____	F
10)	Most alcoholic people are homeless.	____	____	F
11)	Each alcoholic person has a different drinking pattern.	____	____	T
12)	Anyone can develop alcoholism.	____	____	T
13)	Young people are never alcoholic.	____	____	F
14)	"Passing out" and "blacking out" are the same thing.	____	____	F
15)	Alcohol is a stimulant.	____	____	F
16)	Drinking coffee, taking a cold shower or exercising vigorously can help "sober up" a person who has had too much alcohol.	____	____	F
17)	"Enabling" as used in alcoholism refers to the process of helping people to recover.	____	____	F
18)	Two signs of <u>early stage</u> alcoholism are blackouts and increased tolerance.	____	____	T

APPENDIX 3

21-YEAR-OLD PURCHASE AGE

Alcoholic Beverage Control Law

Section 65. Prohibited sales

No person shall sell, deliver or give away or cause or permit or procure to be sold, delivered or given away any alcoholic beverages to

1. Any person, actually or apparently, under the age of twenty-one years;
2. Any intoxicated person or to any person, actually or apparently, under the influence of liquor;
3. Any habitual drunkard known to be such to the person authorized to dispense any alcoholic beverages.

Neither such person so refusing to sell or deliver under this section nor his employer shall be liable in any civil or criminal action or for any fine or penalty based upon such refusal, except that such sale or delivery shall not be refused, withheld from or denied to any person on account of race, creed, color or national origin. In any proceeding pursuant to subdivision one of this section, it shall be an affirmative defense that such person had produced a photographic identification card apparently issued by a governmental entity or institution of higher education and that the alcoholic beverage had been sold, delivered or given to such person in reasonable reliance upon such identification.

Section 65-a. Procuring alcoholic beverages for persons under the age of twenty-one years.

Any person who misrepresents the age of a person under the age of twenty-one years for the purpose of inducing the sale of any alcoholic beverage, as defined in the alcoholic beverage control law, to such person, is guilty of an offense and upon conviction thereof shall be punished by a fine of not more than two hundred dollars, or by imprisonment for not more than five days, or by both such fine and imprisonment.

Section 65-b. Offense for one under age of twenty-one years to purchase or attempt to purchase an alcoholic beverage through fraudulent means.

1. Any person under the age of twenty-one years who presents or offers to any licensee under the alcoholic beverage control law, or to the agent or employee of such licensee, any written evidence of age which is false, fraudulent or not actually his own, for the purpose of purchasing or attempting to purchase any alcoholic beverage, may be arrested or summoned and be examined by a magistrate having jurisdiction on a charge of illegally purchasing or attempting to illegally purchase an alcoholic beverage. If a determination is made sustaining such charge the court or magistrate shall release such person on proba-

tion for a period of not exceeding one year, and may in addition impose a fine not exceeding one hundred dollars.

2. No such determination shall operate as a disqualification of any such person subsequently to hold public office, public employment, or as a forfeiture of any right or privilege or to receive any license granted by public authority; and no such person shall be denominated a criminal by reason of such determination, nor shall such determination be deemed a conviction.

General Obligations Law

Section 11-100. Compensation for injury or damage caused by the intoxication of a person under the age of twenty-one years.

1. Any person who shall be injured in person, property, means of support or otherwise, by reason of the intoxication or impairment of ability of any person under the age of twenty-one years, whether resulting in his death or not, shall have a right of action to recover actual damages against any person who knowingly causes such intoxication or impairment of ability by unlawfully furnishing to or unlawfully assisting in procuring alcoholic beverages for such person with knowledge or reasonable cause to believe that such person was under the age of twenty-one years.

2. In case of the death of either party, the action or right of action established by the provision of this section shall survive to or against his or her executor or administrator, and the amount so recovered by either a husband, wife or child shall be his or her sole and separate property.

3. Such action may be brought in any court of competent jurisdiction.

4. In any case where parents shall be entitled to such damages, either of such parents may bring an action therefor; but that recovery by either one of such parties shall constitute a bar to suit brought by the other.

Section 11-101. Compensation for injury caused by the illegal sale of intoxicating liquor.

1. Any person who shall be injured in person, property, means of support, or otherwise by any intoxicated person, or by reason of the intoxication of any person, whether resulting in his death or not, shall have a right of action against any person who shall, by unlawful selling to or unlawfully assisting in procuring liquor for such intoxicated person, have caused or contributed to such intoxication; and in any such action such person shall have a right to recover actual and exemplary damages.

2. In case of the death of either party, the action or right of action given by this section shall survive to or against his or her executor

or administrator, and the amount so recovered by either wife or child shall be his or her sole and separate property.

3. Such action may be brought in any court of competent jurisdiction.

4. In any case where parents shall be entitled to such damages, either the father or mother may sue alone therefor, but recovery by one of such parties shall be a bar to suit brought by the other.

Penal Law

Section 260.20 Unlawfully dealing with a child

A person is guilty of unlawfully dealing with a child when:

1. Being an owner, lessee, manager or employee of a public dance hall, public pool or billiard room, public bowling alley, theatre, motion picture theatre, skating rink, or of a place where alcoholic beverages are sold or given away, he permits a child less than sixteen years old to enter or remain in such place unless:

   (a) The child is accompanied by his parent, guardian or an adult authorized by a parent or guardian; or

   (b) The entertainment or activity is being conducted for the benefit or under the auspices of a non-profit school, church or other educational or religious institution; or

   (c) Otherwise permitted by law to do so; or

4. He gives or sells or causes to be given or sold any alcoholic beverage, as defined by section three of the alcoholic beverage control law, to a person less than twenty-one years old; except that this subdivision does not apply to the parent or guardian of such a person; or

It is no defense to a prosecution pursuant to subdivision four or five of this section that the child acted as the agent or representative of another person or that the defendant dealt with the child as such.

Unlawfully dealing with a child is a class B misdemeanor.

NOTE: This appendix contains only those subsections of these laws relevant to the 21-year-old purchase age.

APPENDIX 4

ALCOHOL EDUCATION SERIES*

The Alcohol Education Program on campus is the primary responsibility of the Division of Student Affairs. The program has four major components: outreach programs scheduled at least once a month and presented by the administrative staff and/or outside speakers; informational material, such as individual educational booklets, posters, etc., that will supplement students' learning; on-campus support groups dealing with alcohol abuse, e.g., AA and Al-Anon which provide the campus with a ready referral base and assistance with some outreach programs; and a group of students, known as the "Peer Alcohol Resource Team."

The Peer Alcohol Resource Team is fully trained to serve in an advisory capacity to the Student Affairs Division in alcohol education programming and assist in the implementation of our outreach programming. The selection process takes place in the spring. The selection of this group is closely supervised by the professional staff in Student Affairs.

Student Affairs professionals and interested faculty members train the team for approximately 18-20 hours initially. Training topics include:

- physiology
- responsible hosting
- facts and myths
- drinking and driving law
- signs of alcoholism and referral services
- alcohol as a drug and mixing with other drugs
- intervention and confrontation skills

The Team is also trained in "bartending skills" for the non-alcoholic bars. These bars are requested by sponsoring clubs for on-campus events. The club gives the Team a budget and the Team purchases ingredients. The labor is provided free. Recipes of the night's drinks are made available with an "alcohol prevention message" printed on the back. The Team likes the exposure and clubs enjoy not having to work! The Team dispenses "fancy drinks" and soft drinks. Sometimes this is the only bar; at other times there is also a bar where beer and wine are served.

The Alcohol Education Program is funded by the Division of Student Affairs through the Student Development Office. Funding, totaling $2,500, includes expenditures for printing, speakers, training material and films.

*This Alcohol Education Series was developed and is currently used by Western New England College, Springfield, Massachusetts.

During New Student Orientation in the fall of 1982, posters were distributed and are still hanging in many residence hall rooms. The posters were professionally done and were well received. In past years, recipe booklets were distributed. The recipe booklet is being revised to include more alcohol facts and partying tips. Other literature is also being revised to reflect reorganization and expansion of the program.

An example of the outreach program is the Alcohol Awareness Fair hosted by the Team. A letter-writing campaign is initiated early in the fall to various agencies for free literature, posters, etc. Displays and small lectures are set up throughout the day including passive learning, as well as participatory demonstrations using the breathalyzer, bartending skills and driving simulator.

APPENDIX 5

PROGRAM ALTERNATIVES

The following list of non-alcoholic alternative programs was developed by a workshop group in just one brainstorming session:

1. Square Dance
2. Roommate Game - like "Newlywed Game" - between roommates
3. Ice Cream Social
4. Olympic Games - bed race, obstacle course, tug-of-war, etc.
5. Junk Boat Regatta - student, faculty and staff make boats out of junk and have a race
6. Mock wedding and reception
7. "Family Feud"
8. "Dating Game"
9. "Gong Show"
10. Night at Races - $1.50 for six races
11. Casino Night - using play money, prizes offered
12. Human Checkers or Human Backgammon (students are the pieces)
13. Clown for a Day
14. Hair-cutting Demonstration
15. Make-up Demonstration
16. Faculty/student games
17. Co-ed Football
18. Slave or Service Auction - auction off RAs or students to do chores
19. Weight room - Body Building Program
20. Dinner for 8 - raffle or auction off a dinner at a professor's house
21. Carnival
22. Hot Dog Day - day of booths and games to raise money for local charities
23. International Day
24. Sell doughnuts in dorm
25. Jog together and pick up beer cans
26. Exercise course
27. 5-mile Fun Run - sponsored by Pepsi-Cola
28. Poker jog - each stop you get a card, best hand wins
29. Corn Roast
30. Clam Bake
31. Cross-Country Skiing
32. Snow-Shoe Race
33. Fireplace Gathering, serve hot cider and doughnuts
34. Dorm Campouts
35. Sleigh/Hay Rides
36. Pajama party with all night films
37. Midnight "pigouts"
38. Pancake Night - 12 - 4 a.m.
39. Dance Marathon
40. Water Polo

41. Frisbee golf - play golf with a frisbee, hit targets on a course
42. Broom Ball hockey
43. Fashion Disco
44. "Friday Night at the Fights" - martial arts demonstration
45. "Hollywood Squares"
46. Ice sculpture competition
47. Workshops within dorm - self-esteem, career, etc.
48. Slide show - each living area creates a slide show to present to the dorm; awards for best show
49. International Lunch
50. Dinner with entertainment
51. Intramurals
52. Skill competition - physical, intellectual
53. Un-birthday Party - have parents send presents to dorm director, then have everyone meet and throw a surprise birthday party
54. Theme festival
55. Vandalism Program - panel of administrators to interact with students regarding vandalism problem
56. Banner contests for individual dorms
57. Home movies
58. Breakfast in bed - serve breakfast to residents on Saturday or Sunday morning, charge a small fee
59. Dial-a-Dog - students call office for hot dogs; RAs deliver to rooms
60. "Moan-In" during finals week - have residents moan and crown a king and queen moaner
61. Jello War - contest between floors or suites, throw different colored Jello at each other (an outside event)
62. "Kiss-a-Pig" contest - person who collects the most $$ has to kiss a pig
63. Swimphony
64. Tickets for "snack" after fire drill; have fire chief there for a discussion on fire safety
65. "New Games" festival
66. Coffee breaks during exams
67. Air Band Contest
68. "Off-the-Wall" Munchies (unusual treats)
69. Trivial Pursuit Contest
70. Christmas party for underpriviledged children
71. Retreat
72. Faculty "Last Lecture" Series - faculty member gives lecture on the topic that he/she would speak on if it were going to be his/her last lecture
73. Bagel Breakfasts
74. Coffee House
75. Monte Carlo Night
76. Drama
77. Pie-throwing Contests
78. Mock-alcohol Party
79. Racial Awareness Day
80. Cultural Dining Series
81. Freshman-Senior Scavenger Hunt

82. Floor theme party
83. Sexual awareness presentations
84. Sober Weekend
85. Don't Drink & Drive Week (Christmas Time)
86. Holiday Sing
87. Progressive Dinner
88. Bathrobe Brunch - Residents brunch in their bathrobes in lounges
89. Rootbeer Bash
90. Roller Skating
91. Fraternity Challenge
92. Health Care Awareness
93. Rape Awareness
94. Pot-luck Dinner
95. Movie critic combo
96. Painting contests
97. Non-credit courses
98. Stereo Demonstrations
99. Living/Learning Workshops
100. Debates
101. Sign-making Party
102. Magic Show
103. RA Comedy Roast
104. Kissing Party
105. Ping-Pong Tourney
106. Late night classes
107. Dry Disco
108. Relaxation exercises
109. Breakfast cartoons
110. Free munchies
111. Semi-Formal
112. Drug Use and Abuse Information
113. Plant Care Workshop
114. Cooking Workshop
115. Chess Tournament
116. Floor, Wing or Suite decorating contest
117. Self-Defense Workshop
118. Ski-Day
119. Cider-n-Cheese Party
120. Bloodmobile
121. Bowl-a-Thon
122. Touring theatre shows
123. Seance
124. Sunday Sundae Party

Brainstorming with campus programmers can produce limitless ideas that, when coupled with sound program planning techniques, will bring new life to campus social life.

APPENDIX 6A

CONFRONTATION GUIDELINES

Conditions That Help The Confronter

1. Care about the person
2. Be well-informed
3. Develop support
4. Be confident
5. Be a clear communicator
6. Be nonjudgmental
7. Be consistent
8. Be positive
9. Be open to further involvement with the person

When confronting you should:

1. Be simple and direct, proceed openly and smoothly. Rushed interpersonal encounters of any type are usually not conducive to increased awareness.

2. Know facts regarding the behavior you are confronting:

   a. What conditions surround the observed behavior?
   b. What relationship do you have with the person you are confronting?
   c. How does that person see you?

3. Be specific and clear in your confrontation. This is essential when considering the impact of an individual behavioral confrontation in this and future confrontations.

4. Confront behavior not values. Selling your values as the appropriate way to behave probably will not work. Specify what behaviors are causing others a problem, such as damage, rowdiness, messiness, etc. Specify the behaviors you observe that may be causing the person a problem, such as personal isolation, disciplinary action, etc.

5. At every available opportunity, communicate your interest in the person and ask him/her clarifying questions:

   a. How do you view your current behavior?
   b. Why are you acting this way?

6. Show your feelings about the confrontation. If you are angry, check to see if your anger is directed at the behavior or the person. Communicate the distinction to the person. Identify feelings as feelings, rumors as rumors and facts as facts.

7. Focus on the person's strengths but do not engage in an on-the-spot counseling session or personality build-up period.

8. Confront behavior in a positive and constructive manner. Show the individual you are concerned with the positive elements of living together. Collective responsiblity is such an element and includes consideration of others.

9. Make the confrontation objective about the specific observed behavior and subjective about your interest in the person.

10. End the confrontation with an open invitation to talk.

11. Education, practice and staff development all contribute to the effectiveness of the confronter.

APPENDIX 6B

DOCUMENTATION FORM*

Date of Incident _____ Time of Incident ___AM ___PM

Location _____

Person Submitting Report _____

Address _____ Phone No. _____

Persons Involved:

	Name	I.D. No.	Address	Phone No.
1.				
2.				
3.				
4.				
5.				

Specific Details of Incident:

_____

_____

_____

_____

_____

_____

_____

_____

Alcohol-Related Behaviors (any abnormal behaviors: slurring of words, loud voice, staggering, lack of control of body parts, smell on breath, etc.):

_____

_____

_____

_____

_____

Result of Warning _____

_____

I have reviewed and understand the contents of this Documentation Form.

Student's Signature _____ Date _____

Staff Signature _____ Date _____

*Documentation form taken from State University of New York College at Cortland

APPENDIX 7A

*SAMPLE MAST QUESTIONS

Warning: Do Not Administer This Test Without Training

		Score	Positive Answer
1.	Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as other people.)	2	No
2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of that evening?	2	Yes
3.	Does your wife, husband, a parent, near relative or friend ever worry or complain about your drinking?	1	Yes
4.	Can you stop drinking without a struggle after one or two drinks?	2	No
5.	Do you ever feel guilty about your drinking?	1	Yes
6.	Do your friends or relatives think you are a normal drinker?	2	No
7.	Are you always able to stop drinking when you want to?	2	No
8.	Have you ever attended a meeting of Alcoholics Anonymous (AA) for yourself?	5	Yes
9.	Have you gotten into fights when drinking?	1	Yes
10.	Has drinking ever created problems between you and your wife, husband, a parent, near relative or friend?	2	Yes
11.	Has your wife, husband, a parent, near relative or friend ever gone to anyone for help about your drinking?	2	Yes
12.	Have you ever lost friends or girlfriends or boyfriends because of drinking?	2	Yes
13.	Have you ever gotten into trouble at work or school because of drinking?	2	Yes

*MAST QUESTIONS
PAGE 2

		Score	Positive Answer
14.	Have you ever lost a job because of drinking?	2	Yes
15.	Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	2	Yes
16.	Do you drink before noon often?	1	Yes
17.	Have you ever been told you have liver trouble? Cirrhosis?	2	Yes
18.	Have you ever had Delirium Tremens (DTs), severe shaking, heard voices or seen things that weren't there after heavy drinking?	5	Yes
19.	Have you ever gone to anyone for help about your drinking?	5	Yes
20.	Have you ever been hospitalized because of drinking?	5	Yes
21.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?	2	Yes
22.	Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking has played a part?	2	Yes
23.	Have you ever been arrested, even for a few hours, because of drunk behavior?	2	Yes
24.	Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	2	Yes

*Contact the University of Maryland for further details regarding the MAST Test.

APPENDIX 7B

ALCOHOL EDUCATION PROGRAM

PROGRAM GUIDELINES

The Judicial Programs Office and the Health Center jointly offer an Alcohol Education Program that is your alternative to further University disciplinary action. In order for the program to be beneficial to you, and in order to avoid further disciplinary action, you should make your first appointment at the Health Center as soon as possible. Failure to make and keep appointments will be regarded as an indication of your unwillingness to participate in the Alcohol Education Program. Your case will then be referred back to the Judicial Programs Office.

In order to satisfactorily complete the program you must:

1. Schedule an initial evaluation appointment with (name), Alcohol Program Coordinator, (where) (phone number).

2. Participate in the alcohol education/counseling sessions which will be outlined during the initial appointment.

The Judicial Programs Office will be notified upon successful completion of the program.

Confidentiality is strictly enforced.

APPENDIX 7C

MEMORANDUM

TO: _____
Director
Judicial Program

FROM: _____
Coordinator
Alcohol Program

SUBJECT: Alcohol Program Student Progress: Interim Report

This is to inform you that _____ is enrolled in the Alcohol Education/Counseling Program.

Further notification regarding completion will be sent to you within four months.

APPENDIX 7D

ALCOHOL PROGRAM CONTRACT

During the next _____weeks, I agree to work on the following:

I have discussed the above-named objectives for the change of my behavior and I consent to work toward the achievement of these objectives.

_____ _____

DATE YOUR NAME

_____

STAFF MEMBER

APPENDIX 7E

ALCOHOL EDUCATION GROUP GUIDELINES

For successful completion of the Alcohol Education Program, you will be expected to follow these guidelines:

1) Attendance is mandatory.

2) Absence is allowed only by medical excuse. Only one such absence will be accepted. A second absence necessitates re-enrollment in a later group. (One chance only.)

3) Punctuality is expected at each of the six sessions.

4) Sessions are drug-free. Please don't come under the influence.

5) Smoking is prohibited during the sessions.

6) Completion of weekly assignments and participation in the group process is expected.

APPENDIX 7F

ALCOHOL GROUP FORMAT

WEEK #1 I. Introduction

A. Introduce group leaders.

1. Discuss alcohol program.

2. Discuss purpose of group, expectations, program contracts, daily logs, and topic areas.

B. Members introduce themselves.

1. Reason for being here.

2. Amount usually drunk.

3. Amount drunk at time of alcohol incident.

C. Show film "Understanding Alcohol Use and Abuse."

D. Film reactions.

WEEK #2 II. Alcohol and Physiology

A. Discuss log for past week.

1. How much drunk?

2. What situation was student in when he/she drank?

3. Were there problems sticking to the set limit?

4. Should changes be made in next week's drinking?

5. Feelings about keeping log and setting up a limit?

B. Myth/Fact quiz and discussion.

C. Show an alcohol and physiology film, if possible ("Medical Aspects").

D. Handout material re: alcohol and the body.

E. Questions and discussion.

WEEK #3 III. Responsible Drinking, Problem Drinking, Alcoholism

A. See II-A.

B. Ask group for definitions of the different drinking patterns or discuss "Why People Drink."

C. With group, arrive at clear definitions for each category.

D. Discuss treatment for alcoholism:

1. Counseling

2. AA

3. Al-Anon for family members

4. Detoxification centers

5. Inpatient facilities

E. Discuss various theories re: causes of alcoholism.

F. Discussion and questions.

WEEK #4 IV. Pressures to Drink

A. See II-A.

B. Show the film "Calling the Shots."

C. Discuss film and the following areas:

1. Advertising strategies

2. Environment, e.g., bars and how they promote drinking.

3. Peer pressure -- discuss campus drinking in this area.

WEEK #5 V. Drinking and Driving

A. See II-A.

B. Show film, "Until I Get Caught" or "Under the Influence."

C. Discuss film and group reaction.

D. Discuss local laws and punishments.

WEEK #6 VI. Wrap-up

A. See II-A.

B. Discuss each member's future plans for drinking.

C. Strategies to ensure this plan.

D. Reactions about group.

APPENDIX 7G

ALCOHOL PROGRAM

DRINKING LOG GUIDELINES

1) Numbers and kinds of drinks consumed - include approximate size of glass.

2) Location - party, bar, friends house, alone, etc.

3) Companions - Whom were you with?

4) Pressures to drink - Were you aware of any pressures to drink from any other person or source? Was it your idea to drink?

5) Reasons for drinking - Were you aware of a particular reason or motivation?

6) Limit - How aware were you of sticking to the agreed-upon limit? Did this affect your ability to have a good time?

APPENDIX 7H

MEMORANDUM

TO: _____
Director
Judicial Programs

FROM: _____
Coordinator
Alcohol Program

Subject: Alcohol Program Student Progress

This is to inform you that _____

_____ has been evaluated and has successfully completed the six-week Alcohol Education/Counseling Program.

_____ has been evaluated and has successfully completed the recommended Alcohol Education Program and has been referred to _____ for continuing treatment. _____ will provide further notification of the student's progress.

_____ has successfully completed the recommended educational sessions and has agreed to seek further treatment at _____.

_____ has been evaluated and has declined the recommended education, counseling or treatment sessions.

_____ has failed to make or keep his/her appointments for the Alcohol Education/ Counseling Program.

APPENDIX 7I

ALCOHOL EDUCATION GROUP EVALUATION

1. My overall rating of the group is:

   1 2 3 4 5 6 7 8 9 10

   Poor and waste of my time — Excellent and very worthwhile

2. The part of the group I liked best and why:

3. The part of the group I liked least and why:

4. What additional topic areas or experiences do you feel should be included in the group?

5. How effective was the group leader in the following areas:
   Rate on a scale of 1 - 5 (1 = poor, 5 = excellent).

   _____Knowledge of subject matter

   _____Responsiveness to group needs

   _____Energy and vitality

   _____Communication skills

   _____Skill at group management

6. Have your drinking habits changed because of the group experience? How?

7. Any additional comments or suggestions?

APPENDIX 8

GUIDELINES FOR REPORTING ON ALCOHOL AND ALCOHOLISM

Jean Kilbourne, a board member of the National Council on Alcoholism and an author and lecturer on alcohol advertising and related topics, compiled the following guidelines to assist anyone who is writing alcohol-related materials.

1. When referring to the "war on drugs" or the "drug problem" be sure to include alcohol, which is the most widely destructive drug in the country. Say "alcohol and other drugs" not "alcohol and drugs" or "alcohol and illegal drugs," since alcohol is also the most widely misused legal drug and is the drug of choice of teenagers.

2. Alcoholism is a disease. It is not a moral issue and has as little to do with willpower. Like diabetes or cancer, it is a physiological illness that is chronic, progressive and, if not treated, fatal. Therefore:

   - Use "recovering" alcoholic rather than "reformed" alcoholic. Reformed implies that alcoholism is a crime and/or moral issue rather than a disease.

   - Don't use "drunk" as a noun. Alcoholics are not drunks or lushes.

   - Avoid words like "workaholic" or "chocoholic." They are nonsensical and they trivialize the very serious illness of alcoholism.

   - Try not to stereotype alcoholics. One in ten drinkers is alcoholic and less than three percent are on "skid row." The illness can and does strike people of all ages, ethnic groups, races, income levels, social classes, etc. Most alcoholics live in families and hold jobs. Sometimes very high-powered ones. There is no common denominator of character or personality. There is no such thing as an "alcoholic personality."

   - Do what you can to help publicize Alcoholics Anonymous, Al-Anon and Adult Children of Alcoholics groups, the most available and effective means of treatment for alcoholics and their families and loved ones. The stereotypes of these groups are untrue and need to be eradicated. Never break the anonymity of a member of one of these groups.

   - Avoid the phrase "responsible drinking." This implies that alcoholics are irresponsible. It is also often used to promote drinking among young people and all such drinking is, of course, illegal. Experts in the field now use "low-risk" versus "high-risk" drinking to make the distinction. For example, any drinking by an alcoholic is high-risk, as is any drinking by a driver or operator of any kind of machinery. There are many other kinds of high-risk drinking.

- Say "drinking and driving" or "alcohol-impaired driving" rather than "drunk driving." It is very easy for people to distance themselves from "drunk driving," since people rarely considered themselves drunk. In addition, even small amounts of alcohol can impair driving. One does not need to be "drunk" to be an impaired and dangerous driver.

- Don't glorify alcohol use or misuse. For example, in a Boston Globe story on the singer Sting, readers were told that "...well before noon, everyone was thoroughly buzzed on Finnish vodka, Montserratian ganja, and their own shared bonhomie." "Hard-drinking men" are still often lauded in articles. For example, one reporter wrote in an editorial obituary, "He ate, drank, loved and fought heroically; that is, his appetites, thirsts, affections and combatted spirit were extraordinary." This is most likely the portrait of an alcoholic who died from his illness.

- Identify the role of alcohol and alcoholism in a story whenever possible.

(Jean Kilbourne, 51 Church Street, Boston, MA 02116.)

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