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This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

Indiana University Archives
Paper manuscripts and material for Dr. Engs can be found in the IUArchives http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859
DRUG-TAKING PATTERNS OF HEALTH CARE STUDENTS IN BRISBANE

MADAM: During the first academic session of 1980, a survey of 431 medical, 213 nursing, and 147 pharmacy students in Brisbane was accomplished. Over 88% of these students drank at least once a year and 60% drank at least once a month. Pharmacy students (50% male) consumed a mean of 15.1 g/day of absolute alcohol, medical students (60% male) consumed 13.2 g/day, and nursing students (95% female) consumed 9.4 g/day (10 g = 1 drink). The males in the sample consumed a mean of 20.3 g/day of absolute alcohol and the females consumed 8.7 g/day. These consumption rates are lower compared to other Australian studies of students and individuals in this age group (28.1 g/day and 10.5 g/day of absolute alcohol for males and females respectively).¹

About 80% of students consumed caffeine on a monthly basis and 45% drank it on a daily basis. Females drank significantly more (P<0.05) caffeine than males. Non-prescription analgesics were consumed by 30% of the group, with females (41%) consuming them significantly more frequently (P<0.05) than males (22%) on a monthly basis. Nursing students, who were mostly females, consumed analgesics more frequently than the other two occupation groups. There was a significantly higher (P<0.05) consumption of analgesics on a yearly basis for females compared to males (48 doses/year against 30 doses/year). However, the consumption of analgesics in this sample was lower compared to other Australian studies, and similar to many other reports in which females consumed analgesics and caffeine more frequently, and in higher doses, than males.

Tobacco was used by 31% of the nursing students, 20% of the pharmacy students, and 10% of the medical students on a weekly basis. Although there was a significant difference (P<0.05) in consumption patterns between the courses, there was not a difference between the sexes. Other recent studies have also indicated that nurses consume more tobacco than doctors. Sedatives and tranquillizers were also used more frequently by nursing students. Eight per cent of the nursing students used tranquillizers at least once a year compared to 4% for pharmacy and medical students. Eleven per cent of the nursing students used sedatives at least once a year compared to 9% for pharmacy students and 8% for medical students. Although significantly more females used tranquillizers, there was no difference between the sexes for sedative use.

Marihuana was used by approximately 3% of students in each of the course groups on a monthly basis, with 21% having tried marihuana at least once in their life. Less than 5% of students had tried any other illicit drugs, such as hallucinogens, cocaine, heroin, or stimulants. The use of these substances by students appears to be less in this sample than in other reports from Australia and other countries.

In conclusion, these students on the whole appear to be more conservative in all of their drug use compared to other studies carried out in Australia. It is disquieting to find that nursing students in this sample appear to consume most substances other than alcohol, especially coffee, tobacco, sedatives, and analgesics, more frequently and in higher quantities than other students, although this is not necessarily true for females in the other occupations. Since these higher rates of smoking and analgesic consumption have been reported by other surveys, it has been suggested that stress, along with easy access to a variety of substances, and peer group pressure may all account for the higher use of substances among nurses compared to others in the health field. This is a disturbing result which needs further investigation.

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