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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. This collection is found at IUScholarWorks:

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HAS THE AMERICAN CLEAN LIVING (ANTI-ALCOHOL) MOVEMENT CRESTED?

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ABSTRACT

Western Europeans brought their drinking patterns, formed in antiquity, to the new world. Because of vast cultural differences in these drinking norms, in combination with political and social forces, anti-alcohol and prohibition movements have occurred in the United States. These have often been part of social reform cycles, sometimes called "clean living movements," where concerns about tobacco, diet, pure water, exercise and social conditions have also been common.

The current movement started in the late 1970s. It has resulted in modifications of public policy and education concerning alcohol. Some of the changes since the beginning of this reform cycle have included the raising of the legal purchase age for alcoholic beverages, warning labels on alcoholic beverages, government agencies suggesting abstinence from alcohol, severe penalties for drunken driving, and lowering of blood alcohol concentration for impaired driving. Although the per capita consumption of alcohol has continued to decline since 1980 among the populace as a whole, and among underage drinkers, there has actually been an increase in alcohol related problems, other than vehicular crashes, among youth despite these measures. This current wave of anti-alcohol reform appears to have begun to wane. This is symbolized by increased publications of research showing an association between health and longevity with small amounts of alcohol, recent federal guidelines encouraging moderate drinking and the lowering of drinking age in one state. It is now time to rethink restrictive policies and educational

programs implemented during the past 15 years and develop more sensible and balanced approaches to alcohol education and public policy in the United States of America.

BACKGROUND INFORMATION: DRINKING CULTURES IN THE OLD- AND NEW-WORLD

Development of Drinking Cultures in Europe

In western European societies, two different drinking cultures developed in antiquity. Wine consumption with meals by most members of the culture emerged in the Mediterranean regions along with a norm of moderation. In the more northern and eastern regions of Europe, drinking to intoxication of grain based beverages, the "Nordic" feast drinking pattern developed along with ambivalence towards alcohol. Romanization brought the "Mediterranean" wine culture to West Central Europe. In the upheaval of the early Middle-Ages the Nordic patterns of the Germanic invaders became assimilated into the Mediterranean norm creating a "blended pattern" in Central Western-Europe and to some extent the UK. Areas untouched by the Romans retained the Nordic feast-drinking patterns. Immigrants from these different European areas brought their practices to the New World, thus setting the stage for cultural clashes (Engs 1991a; Engs 1992a, Engs 1995).

Immigrant Cultural and Anti-Alcohol Measures

A difference in values and customs between the American colonists and those of later immigrants was a factor in anti-alcohol legislation. Early Protestant British settlers to the New World came with fear and hostility towards Roman Catholics. They also consumed alcohol more or less in moderation. During the 1840s and 1850s, hundreds of thousands of heavy drinking Irish Catholic immigrants crowded into disease ridden slums. In the 1850s, state prohibition laws were passed. These anti-alcohol measures, fueled by fear and hostility towards the Catholic immigrants and their health and social problems, was an effort to exert social and political control over the 'drunken Irish' on the part of the Protestant establishment. However, they were repealed as they were found unenforceable (Engs 1992b; Rorabaugh 1991; Linder and Martin, 1987; Rosenberg 1987; Aaron and Musto 1981; Blocker 1989; Gusfield, 1985; Whorton 1982; Rorabaugh 1979; Hofstadter 1968; Debar 1911).[#]

In the last two decades of the 19th and the first decade of the 20th century, several million immigrants from Germany, Eastern and Southern Europe and Ireland, poured into the swelling urban areas of the United States. Saloons, which arose in these cities, were frequented by the immigrants and often became the base of corrupt political machines.

[#] See a book later published by the author, *Clean Living Movements: American Cycles of health reform* (2000) which details antipathy toward immigrants and their drinking patterns.

Fear and hostility towards saloons and their immigrant patrons, along with anti-German hysteria before World War I, led to the passage of the 18th Amendment as part of the Progressive Reform movement. Due to many factors, including public opposition, Prohibition was repealed in 1932. After this era, children of the immigrants became, more or less, assimilated into the American ethos (Musto 1996; Engs 1995; Engs 1992b; Rorabaugh 1991; Blocker 1989; Linder and Martin 1987; Aaron and Musto 1981; Keller 1977; Greeley 1971; Hofstadter 1968; Rumbarger).

Increase of Youthful Drinkers and Drinking Laws to Curb their Imbibing

Although most adults in the United States drank more or less in moderation after World War II, youth tended to drink to drunkenness. The large number of "baby boomers"—especially males in the prime drinking age bracket in the 1960s through the 1970s—accounted for an increase in alcohol consumption from the 1950s to about 1980 (Treno, et al 1993; Rorabaugh 1991). In addition "Hippies" of this era engaged in other anti-establishment activities. It is argued that fear and hostility to this youthful drinking and its resulting problems, including increased fatal crashes due to drinking and driving, may have been a factor for counter measures against drinking during the late 1970s through early 1990s (Engs 1987).

Cycles of Alcohol Consumption

Besides hostility to groups with different drinking patterns and alcohol abuse problems which affect the establishment, there are other factors which may have led to anti-alcohol measures. At the turn of the century, and after World War II, increased alcohol consumption and perceived problems related to alcohol, may have also been the result of rapid urbanization, population growth and increased wealth (Purcell 1985). Moreover, Room (1987) observed that patterns of increases and decreases of alcohol consumption and anti-alcohol sentiments are in cycles of about 70 years or three generations (Blocker, 1989 suggests five anti-alcohol movements). Per capita consumption peaked in 1830, 1910, and 1980 (Martin and Linder 1987). Most anti-alcohol counter measures have appeared within 20 years after the peak in per capita alcohol consumption during a period of decreasing consumption (Engs 1992b; Linder and Martin 1987). It is suggested that these alcohol consumption cycles and social control measures to counteract alcohol abuse are part of a generalized "clean living reform movement" that includes other health issues (Engs 1991).

CLEAN LIVING MOVEMENTS

In the United States there have been three clean living, or social reform, movements. These movements occur roughly every 70-90 years. During the approximate 30 years of the reform phase of the cycle, opposition towards alcohol, tobacco, drugs, sexual related behaviors, certain foods and advocacy for exercise, pure water, vegetarian diets and the prevention and elimination of other health, social and environmental problems have been common. These cycles of reform

generally wax and wane in reaction to perceived social problems. They may also occur due to stress from rapid urbanization and collective amnesia of past social events because of the death of the oldest generation. After the reform phase of the movement, which often results in government intervention to curtail use and take away freedom of choice, a backlash with increased use of the substances often occurs. In the aftermath of severe curtailment of tobacco and alcohol availability during the 1920s, their use accelerated until the late 1970s when their use began to decline. The recent increase in smoking and other substance by youth in the mid-1990s may be the beginning of a backlash from the current movement (Engs, 1991; Engs 1989; Engs and Firs 1989; Engs 1988; Greene 1986; Linder and Martin 1987; Whorton 1982; Musto 1996).

Cycles of Alcohol Reform

The current anti-alcohol cycle began during the late 1970's when some states began to raise legal drinking age laws. During the Vietnam War years, drinking ages were lowered in some states. However, it was argued that this lowering led to increased fatal motor vehicle crashes among youth (GAO 1987; Wagenaar 1989). Public concern and legislation against alcohol abuse began to increase during the early 1980s. In the late 1980s and early 1990s, as was found in the previous "Temperance Movements", public outcry against behaviors resulting from alcohol abuse evolved into the demonization of alcohol itself (Musto 1996; Blocker 1989; Room 1987; Heath 1989; Gusfield 1985; GAO 1987; Pittman 1980).

There are many examples of organizations, concerns and public policy changes which are part of the current anti-alcohol movement. The creation of grass-roots associations such as Mothers Against Drunk Driving, severe penalties against drunk driving, public outcry against fetal alcohol syndrome, decreases in legal blood alcohol concentration limit for impaired driving, 21 year old alcohol purchase laws, abstinence education in schools and colleges, tavern owners being liable for alcohol related incidence, and warning labels on alcoholic beverages are all part of the current movement (Engs 1991b; Engs 1989; Engs and Fors 1988). Still on the agenda of alcohol reformers is advocacy for increased taxes, the elimination of electronic media advertisement, fewer retail licenses and higher taxes for alcohol. In addition there is endorsement of limited tavern hours and more severe penalties for underage drinkers (GAO, 1987; OSAP 1991).

Results of "Alcohol Counter Measures" During this Reform Cycle

Current anti-alcohol reformers contend that restrictive public policies and abstinence based school education programs will reduce alcohol abuse and illegal consumption among youth. Since 1980 per capita consumption among college students has slowly decreased mirroring a decrease among adults. It is interesting to note that most of the anti-alcohol legislation came after the beginning of this decreased consumption. With a few exceptions anti-alcohol legislation has done little to affect negative behaviors resulting from heavy drinking among youth today as was

also found during past cycles (Engs and Hanson 1994; Whorton 1982; Pittman 1980; Engelman 1979; Debar 1911).

Since the early 1980s there has been a decrease in alcohol related fatal vehicular crashes (GAO 1987; Wagenaar 1989). However, safer automobiles, safer roads, mandatory seat belt laws, and lower speed limits may have been factors in this decline; one study suggests that legal drinking age has no perceptible influence on fatalities (Asch and Levy 1987). There has been more awareness on the college campus of alcohol abuse, however, it has not translated into less heavy drinking or abuse (Wechsler et al 1995; Engs and Hanson 1994, 1988).

An increase in a number of alcohol abuse problems since the passage of federally mandated 21 year old purchase laws has occurred among youth (Engs and Hanson 1994, 1988). The percent of heavy drinkers (over 5 drinks at any one sitting) among all university students (about 21%) and among all drinkers (about 26%) has remained the same over the past 15 years. There is little difference in the percent of university students over, and under 21, years of age who consume alcohol (Engs and Hanson 1994, 1989; 1988). Among adults there have also been increases in violence related to alcohol abuse over decade of the 1980s while per capita consumption has been declining (Collins 1984; USDC 1991, 1995). If the aim of alcohol reform policies is to reduce alcohol abuse this has not been very apparent since the early 1980s.

Are we passed the crest of the current anti-alcohol cycle ?

Rorabaugh (1991) suggests that the early 1990s were the most anti-alcohol years since Prohibition. He states: "Although legal, liquor has not become entirely respectable". However, the peak of the current anti-alcohol wave may have come in the year of his article. Editions of two government publications all but advocated abstinence and prohibition. The federal governments food guide 1990 Dietary Guidelines (USDA, p84-85, 1990) said:

Alcohol has no net health benefit, is linked with many health problems, is the cause of many accidents, and can lead to addiction, their consumption is not recommended.

The 1990 OSAP Prevention Monograph -6- Youth and Drugs: Societies' mixed messages, suggests that educating individuals about dangers of irresponsible drinking are ineffective and that more sweeping efforts to change societal values and laws should be pursued. This federally sponsored monograph, also calls for higher taxes, restrictions on production, decreased availability as means of reducing consumption. Safe, responsible, or "low risk" drinking, cannot be presented by schools or teachers who receive federal funding funds (OSAP 1989, 1990).

The first sign of a backlash towards the anti-alcohol movement may have been the 60 minutes television program in 1991 called the "French Paradox." It discussed the fact that even though the French have a very high fat diet, they have a lower prevalence of heart disease due to their

wine consumption. Over the past few years there has been an acceleration of research and reports related to the safety of moderate drinking (Engs and Aldo-Benson 1995; Fuchs et al 1995; Gronbaek et al 1995; Rimm and Ellison 1995). Literature reviews and the results discussed in these 1995 publications mention over 30 articles which suggest that one or two drinks of wine or beer is associated with longevity and better health compared to abstaining or heavy drinking. Another sign of the cresting of the current movement was wording change in the Dietary Guidelines for Americans, 1996(USDA, 51-52, 1996). This was a benchmark of changing governmental attitude. It included:

Alcoholic beverages have been used to enhance the enjoyment of meals
by many societies throughout human history ... [and] when used in moderation
may be safe and pleasurable.

The guideline recommends no more than a drink a day for women or two drinks a day for men. This United States recommendation is conservative compared to United Kingdom's which suggests up to two drinks for women and three for men (Thomas et al 1993). A recent UK report suggests even higher amounts might be safe (Inter Departmental Working Group 1995). In late 1995, 60 minutes had a follow up on their original "French Paradox" which covered some of the new reports concerning moderate drinking and decreased mortality. In March 1996 the state of Louisiana lowered its legal drinking age to 18 years. As a society perhaps we are now starting to begin to differentiate between use, compared to the abuse, of alcohol which has been blurred over the past decade.

The tide is beginning to change in the current clean living wave in terms of alcohol. However, there are still efforts to curtail alcoholic consumption and advocacy for more restrictive policies on the part of reformers even though current measures have had minimal impact upon general alcohol abuse, particularly among youth. The time has come to develop more sensible and balanced approaches to alcohol education and public policy.

SUGGESTIONS FOR SENSIBLE ALCOHOL EDUCATION AND POLICIES

Suggestions for alcohol education and public policy based upon the author's involvement with alcohol education and research for over twenty years are as follows (Engs 1981; Engs 1990; Engs 1987; Engs and Fors, 1987; Hanson 1995):

- alcohol education needs to be part of the comprehensive School Health Program. It needs to include methods for responsible choices concerning drinking in addition to methods for responsible, sensible, healthy and safe consumption.
- the legal purchase and drinking age should be lowered to 19 years of age. This is the age where most young adults are enrolled in type of post-secondary education or training.

- community alcohol education programs need to be accomplished by service, legal, religious and governmental organizations and by the alcohol beverage industry. These should include methods for responsible choices concerning drinking in addition to methods for safe drinking.
- parents should be allowed to serve their children alcohol in public places. In addition education for parents needs to focus on parenting skills and role-modeling for responsible and sensible alcohol consumption for those who do chose to drink.
- alcohol needs to be recognized as a substance that has both positive and negative characteristics like many other substances, behaviors, objects and activities. Definitions for acceptable and unacceptable drinking related behaviors need to be discussed.
- strong sanctions against negative alcohol related behaviors such as driving while intoxicated and violence related to alcohol need to be enforced.

In summary, the anti-alcohol aspect of the current clean living movement appears to have crested. It is now time to rethink the restrictive policies and educational programming implemented during the past 15 years and develop more sensible and balanced approaches to alcohol education and public policy in the United States of America. Finally, as citizens in a multi-cultural society that proclaims freedom of expression and choice, the right of all citizens to unbiased information concerning alcohol, other substances, and health information must be protected. Legislation that attempts to prohibit lifestyle choices can cause further health and social problems. Individuals must be allowed to make personal choices even if they are perceived as "bad" or unhealthy choices, such as smoking cigarettes or consuming over 5 drinks per day, and differs from our own personal value systems and beliefs.

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