

Guidelines for developing Alcohol Abuse Prevention and Education Programs for College Women: A brief overview

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Ruth C. Engs, "Guidelines for developing Alcohol Abuse Prevention and Education Programs for College Women: A brief overview." Paper presented: Junior League/National Council on Alcoholism. *Women to Women Conference*, September 29-30, 1988, Washington, DC. Obtained from IUScholarworks <http://hdl.handle.net/2022/26434>

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Female college students drinking patterns and problems

Studies over the past 30 years have shown that female college students are less likely to drink and to get into problems with their drinking compared to male college students. However, they have been drinking more frequently and in greater quantities since the late 1970s, compared to the 1950s and 1960s. During this present decade many women students have been found to exhibit abusive drinking patterns and alcohol related problems. Drinking has also been shown to be a contributing factor in rape and pregnancy. Women students are more likely than men to be put into circumstances where their date may be too intoxicated to safely drive them home (Engs and Hanson, 1985; Engs and Hanson, in press Berkowitz and Perkins, 1987)

Some recent data collected by David Hanson, Sociology, Potsdam, NY and myself show a decrease ($X^2=22.0$ $df=2$ $p < .001$) in the percent of female students drinking once a year or more since 1985. A sample of about 1500 female students in each of three time periods was collected from the same 56 colleges in all areas of the United States. The results show that 80% of the students drank during both the 1982-83 and the 1984-85 academic year compared to 73% in

the current 1987-88 academic year. This same trend has been found in males and appears to be the result of raising the drinking purchase laws. It appears that the decrease has resulted from fewer light and moderate drinkers. We have also found that more underage students of both sexes are likely to drink and to be heavy drinkers compared to legal age drinkers(Engs and Hanson, 1988).

Though there has been a decrease in the percent who drink, there has been no change in heavy drinking among women over this decade. Nor has there been a change in 13 of 17 alcohol abuse behaviors. Other than for drinking and driving problems which have continued to decrease since 1982, there has been an increase in vomiting and being criticized for drinking too much (Table 1).

The implications of these results and many other reports, found in the literature, are that women do exhibit alcohol abuse problems which could contribute to serious problems and should be addressed by colleges.

General guidelines for college prevention programs

Colleges and universities which receive federal funding must now have drug and alcohol programs in place. There are several aspects of good prevention programming planning and implementation for colleges which can be found in detail in "Needs assessment and evaluation handout."

Briefly, in order to address prevention programs for women students, or for that matter all college students, it is important to keep in mind that programs need to have administrative support and policies, educational programming and evaluation aspects. Policies include administrative support, community support, college regulations concerning drinking on campus, and student assistant programs which can included peer counseling and education efforts. Educational programming includes education for self responsibility, the physiology of alcohol, co-dependency, signs and symptoms of problem drinking and where to get help. Needs assessment includes baseline data and evaluation of the effectiveness of various efforts.

Identification of high risk women students for prevention efforts

For conserving limited prevention and education resources on college campuses, it is important to

identify individuals who are at risk for alcohol abuse problems. It is thought that children from problem drinking homes have a higher probability of getting into drinking problems or, in particular if they are female, dating or marrying males who are likely to become problem drinkers. Freshmen, students from Roman Catholic backgrounds and for whom religion is not important, are also, more likely to abuse alcohol.

To help these high risk females who are found to be co-dependent and or have some of other risk factors, specific programs can be developed by campus religious groups, freshman orientation committees or student personnel or counseling centers. These women can be encouraged to enter support groups or educational situations where possible emotional problems and the issues of co-dependency can be addressed. Co-dependency status of students can be identified by use of the 11 item CODE instrument (Engs and Anderson, 1988). The types of educational and intervention programs aimed at these high risk individuals will depend upon local campus situations.

Developing Education material for women using the guidelines of the Health Belief Model

Telling women students that drinking is illegal if they are under 21 years of age and that drinking can cause alcoholism or fetal alcohol syndrome problems is not likely to be effective in preventing alcohol abuse (Goodstadt and Caleekal-John, 1984). In order to change health behavior, the health belief model suggests that educational material must be based upon actual problems which are likely to occur soon after consumption. The reasons for this is that the model specifies (Rosenstock, 1974) that in order to change a person's behavior the person needs (1) to feel personally susceptible to the health problem, (2) to believe the problem will cause serious personal harm, and (3) to believe there are actions the individual can take in which the benefits outweigh the costs.

Hangovers, appear to have occurred to almost all female students, and vomiting has occurred with almost a half of them as found in our national study. If these alcohol abuse problem can be reduced, it can be assumed that more serious problems such as missing class because of hangover, or driving related problems would in turn be reduced. Because hangovers and vomiting problems are common, it is likely

that students may feel personally susceptible to them, thereby, causing them to be more likely to take actions to minimize the immediate problem compared to other long range problems.

The following is examples of the type of educational messages, based upon the three primary components of the health belief model using the vomiting problem.

"If you drink more than 6 drinks in a few hours you are likely to vomit. Vomiting is likely to turn off your date or boyfriend.

You can prevent vomiting by drinking no more than one or two drinks per hour."

Keeping in mind that colleges women, particularly if they are from alcoholic families, are thought to be more likely to abuse alcohol and more likely to date males who are at risk for abuse alcohol, some specific educational strategies can be developed for these problems which reflect the guidelines of the health belief model. An example of a message reflecting this is as follows:

"No wonder my date seemed so great, he's just like my father.

Even though I really like him he is now toodrunk to drive me home and I'm afraid I could get hurt. Guess I'd better see if I can get someone else can get me home."

Awareness of your campus

Before these types of educational messages, or for that matter, any type of prevention programs for women can be developed, the type of college in terms of public or private, religious or non-denominational or all female or co-educational needs to be determined. Depending upon the demographics of a college, varied programs may or may not be able to be developed. In general select from the many approaches, techniques, ideas and philosophies you read or hear about which appear to be applicable to your situation. Be aware of programs which say they have "the answer". Programs which work well for a small, female Catholic college may cause increased problems on a large, public, co-educational one. Furthermore, various combined efforts and continued focus appear most likely to be effective than single approaches or methods.

Summary

In summary female college students do abuse alcohol. In any educational program aimed at women there must be broad general guidelines and support from the campus administration. Hi risk women for abuse or of dating alcohol abusing men need to be identified and be encouraged to get help if they are having problems. Specific messages aimed at these high risk women and for all women based upon common abusive behaviors can be developed based upon the health belief model. Prevention and education programs must be developed for individual campus situations.

Table 1. Percent female college students, from a national sample of students, exhibiting problems relate to drinking in the past 12 months. Sample size: 1982-83 = 1974; 1984-85 = 1685; 1987-88 = 2021

	<u>1982-3</u>	<u>1984-5</u>	<u>1987-8</u>
Hangover	70	70	73
Vomiting	40	43	47*
Drive Car After Drinking	50	47	43*
Drive Car After Knowing Bad Too Much to Drink	31	30	30
Drink While Driving	36	32	29*
Come to Class After Drinking	6	6	7
Cut Class Because of Drinking	6	8	7
Missed Class Because of Hangover	22	25	24
Stopped for DWI	1	1	1
Criticized By Friend For Drinking Too Much	8	9	12*
Trouble With The Law	2	2	3
Lower Grade	4	4	4
Problems With School Administration	1	2	2
Gotten Into Fight Due to Drinking	8	8	10
Think have problem with drinking	7	6	7
Damage To School Property Due to Drinking	4	4	5
Lost Job Because of Drinking	1	1	1
Forced Sex	1	1	5
Heavy Drinking(5 drinks at one sitting 1Xwk. or Over 14 Drinks/week	16	15	16

* P < .001

REFERENCES

Berkowitz, A.D and Perkins, H.W. (1987) Recent research on gender differences in collegiate alcohol use. Journal of American College Health. 36:123-129

Engs, R.C and Hanson, D.J.(in press). Gender differences in drinking patterns and problems among college students: A review of the literature. Journal of Alcohol and Drug education. 35:36-47.

Engs, R. C. and Hanson, D. J. (1988). University students` drinking patterns and problems: examining the effect of raising the purchase age. Public Health Reports, November/December, 103(6):667-673.

Engs, R.C. and Hanson, D.J.(1985). The drinking patterns and problems of college students:1983. Journal of Alcohol and Drug Education. 31(1),65-83

Engs, R. C. Alcohol and other Drugs: Self Responsibility (1987). Tichenor Pub Group: Bloomington, IN

Engs, R.C. and Anderson, D. S. The CODE Manual.(1988) Campus alcohol Consultations: Washington, DC

Goodstadt, M. S. and Caleekal-John, (1984). Alcohol education programs for university students: A review of their effectiveness. International Journal of the Addictions. 19(7):721-741

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. Health Education Monographs, 2(4) 328-335.

NEEDS ASSESSMENT AND EVALUATION

INFORMATION REQUIRED FOR BASELINE DATA AND EVALUATION

FOR CAMPUS ALCOHOL EDUCATION PROGRAMS

Baseline information is needed to ascertain probable alcohol-related problems on your campus and to give you an idea of the effectiveness of your alcohol program/policy changes. Direct data includes the number of individuals involved with various alcohol problems. It can be compared over time to ascertain a change. This involves direct measurements of problems or events.

Indirect data involves surveys of students regarding their drinking patterns and problems. It also includes surveys of administrators concerning their perceived campus alcohol-related problems. The most prevalent type of baseline data tends to be indirect because it is the easiest to obtain. There have been numerous studies which have collected baseline data using the Student Alcohol Questionnaire (SAQ). Information which can be obtained by this instrument include the types of problems related to drinking plus the frequency and quantity of student alcohol consumption. Co-dependency status, a risk factor for heavy drinking, can be identified using the CODE instrument.

DIRECT - BEHAVIORS WHICH ARE ALCOHOL-RELATED INCLUDE:

- Number of DWI in county or campus from all law enforcement agencies
- Number of fights in county or campus from law enforcement agencies
- Number of hospital admissions due to drinking on campus and in community
- Number of administrative referrals to student service office
- Number of referrals to health and counseling centers
- Number of alcohol related arrests (i.e. noise in the dorm or disturbance of peace from parties) or complaints
- Number of students referred to both campus and non-campus treatment centers
- Number of alcohol related motor vehicle and other accidents

INDIRECT - SELF-REPORT SURVEYS CAN BE DONE WITH:

- Survey of student population regarding their drinking attitudes, knowledge and behavior
- Survey of administration concerning their perceived idea of campus drinking patterns and policies

It is usually a good idea to compare your campus data with national data to determine where they stand in comparison to national statistics. The SAQ can be used for this.

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