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Overcoming the Barriers to Program Success**

Kenneth C. Mills; Bryan Pfaffenberger; Dennis McCarty

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Kenneth C. Mills  
JE Bryan Pfaffenberger  
Dennis McCarty

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# Guidelines for Alcohol Abuse Prevention on the College Campus

## Overcoming the Barriers to Program Success

### *Alcohol Abuse and Public Institutions: The Challenge*

This article presents a theoretical orientation and some practical guidelines for planning an alcohol abuse prevention program tailored to the specific needs of colleges and universities. Beginning with an analysis of recent trends of thought in alcohol-abuse prevention, we propose a program that is focused on clearly specified and measurable alcohol-related problems, rather than on more vague goals of fostering responsible or moderate drinking. We suggest that, on the college campus, the successful prevention program will define alcohol-related problems in a way that engenders cooperation and consensus, and that it will include a sensitivity for the positive functions that students attribute to alcohol use in their social life. Finally, we offer a framework for program design and implementation that can be adapted to a particular institution's requirements. Preliminary data for program planning are presented.

Few institutions in our society are free from the variety of problems—often extremely costly ones—that arise from alcohol abuse. In the secondary school, the college, the military base, and the corporation, alcohol abuse takes its toll in the form of measurable costs: increased absentee rates, higher health care costs, traffic injuries,

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*Kenneth C. Mills is associate professor of psychology in psychiatry, University of North Carolina at Chapel Hill. Bryan Pfaffenberger is assistant professor of anthropology, Knox College. Dennis McCarty is social psychologist, Center for Alcohol Studies, University of North Carolina at Chapel Hill.*

property damage, and lost productivity. A recent estimate of the costs placed the debit to our economy at an astonishing \$43 billion [22]. In addition, there is the nonquantified human cost of excessive alcohol consumption: low morale, decreased self-esteem, and an inability to get along with one's family [4, 31].

When we think about alcohol-related problems, the image that often comes to mind is that of the alcoholic—the individual who suffers from what has rightly been termed a disease. Chronic, progressive, and potentially fatal, alcoholism ranks third, behind heart disease and cancer, among serious diseases afflicting Americans today. Alcoholism shortens an individual's life expectancy by ten to twelve years [22]. Yet the visible and serious problems of the alcoholic constitute only the tip of the iceberg. While not so serious as alcoholism, *problem drinking* is widespread in our society, particularly among youths.

Problem drinkers are people who use alcoholic beverages in ways that cause problems of health, of interpersonal relationships, of self-worth, or of the ability to function effectively and to meet their responsibilities. There are an estimated 9.3 to 10 million problem drinkers today in the U.S., and the highest rate of problem drinking occurs among men in the 18–20 age group [21]. Problem drinking, then, is in itself a very serious problem in our society, especially for young men. It results in an unknown, but probably large, proportion of the alcohol-related problems in our society that are quite evident where young adults are predominant in a population.

Among college youths, for example, driving after heavy drinking was reported as occurring at least once a year for one out of every three undergraduates of thirteen colleges [7, 8, 9]. Few of these individuals will ever be treated for alcoholism in a clinical setting. Nevertheless, they engage in behaviors that can be extremely costly to our society in terms of property damage, injuries, and fatalities. Indeed, the leading cause of death among youths aged sixteen to twenty-four is the alcohol-related traffic fatality. The *Third Special Report to the U.S. Congress on Alcohol and Health* emphasizes that the high risk group for accident vulnerability is comprised of male drivers between sixteen and twenty-four who achieve a low blood alcohol concentration (less than 0.08 percent) through moderate consumption [21]. Although young people between sixteen and twenty-four represent only 22 percent of the licensed driver population, they are involved in 38 percent of all fatal accidents [21]. Kraft [16] reports that a small but significant proportion of students seen by the Student Health Service have acute rather than chronic alcohol-related problems. Most students with

alcohol-related visits to the medical clinics had experienced accidental injuries due to their drinking behavior. Student visits to the Mental Health Clinic were equally attributed to difficulties arising from their own drinking and difficulties related to another person's alcohol use. Many students expressed problems with their academic and career performance. Few of the student visits during the sample period could be attributed to alcoholism. Most of the acute problems involved traumatic injuries, contusions, cuts, and sprains. Clearly, colleges and universities, where young, alcohol-abusing people are concentrated, could perform a valuable service to our society by trying to prevent alcohol abuse.

Why do people abuse alcohol, and what can a college do to prevent problem drinking? For many years, alcohol-related problems have been addressed by conceptualizing alcoholism and problem drinking as signs of an underlying, pathological condition [15]. Scientific effort has been expended to discover the etiology, but there is little consensus among scientists on the causes of alcoholism. Some argue that problem drinking arises from genetic propensities [12, 27], others trace its origins to early childhood experiences [2, 23], and still others suggest that problem drinking is an anxiety-reducing response to increased economic and social disorganization [26]. Problem drinking, therefore, appears to arise from problems that run very deep in our social order, suggesting that, to prevent alcohol abuse, all of our myriad social ills must be solved first. The enormity of the alcohol problem, and the lack of scientific consensus on its underlying cause, have led more than a few concerned administrators to wonder whether prevention is possible.

Yet, it is equally obvious that alcohol-related problems pose a serious threat not only to the welfare of our society but also to the college's ability to perform its mission. Alcohol abuse leads to missed classes, lower grades, and property damage. Facing lowered productivity and profits, corporations faced with employee alcohol abuse have set up occupational alcoholism programs in the hope that persons bound for alcoholism can get help and clinical treatment before the disease has progressed to its most destructive stages [31]. Roman describes the unique application of the corporate model of performance based employee assistance programs to the university community [24]. Just what sort of primary prevention program is most helpful for colleges?

Some universities have, in recent years, instituted alcohol education programs. Traditionally, the education approach to prevention relies

on the presumption of human rationality. If people who drink to excess are shown that such drinking may lead to problems, then (it is believed) drinkers will drink more responsibly. Among the various educational approaches used are “scare tactics,” “moralizing,” or “just plain facts” [3, 17]. At their best, traditional abuse-education programs increase knowledge about the dangers of consumption but do not radically alter behavior [3]. While it is perhaps too early to brand this approach a failure, its lack of spectacular success has suggested a more promising approach. If youth drinkers fail to respond to the education approach by altering their behavior, then we may infer that there are conditions peculiar to the youth drinking environment that tend to encourage abuse even after the consequences of alcohol abuse are made known. From this observation it appears that (1) we must learn more about the conditions that encourage abuse and (2) find ways to alter those conditions to encourage more healthy behavior.

### *A Perspective on Youth Drinking*

Recent studies of youth drinking patterns suggest strongly that youth drinking problems differ from adult drinking problems [28]. Alcohol problems among youths are likely to occur as acute events rather than chronic conditions. The problem events occur in certain youth drinking situations, such as drinking and driving, drinking and fighting, or drinking and property damage. Youth problems with alcohol are, thus, situationally defined. Smart and Gray [29] surveyed 1,439 youths in Canada and found that the best predictors of youth drinking problems were those factors directly connected with the drinking situation. Parental, peer, or historical variables had little unique predictive ability to isolate problems. Youth problems are also likely to be less evident after the individual leaves the drinking environment. While 35 to 50 percent of drinkers aged fifteen to twenty-four show signs of problem drinking, half of them show none when they reach their mid-thirties [21]. These findings suggest that, unlike the chronic condition of the adult alcoholic, youth drinking problems are more readily explicable as a product of social situations than individual pathology.

Much alcohol abuse occurs in formal and informal groups that are derived from an institution's personnel but carry on social relations that are peripheral to the institution's jurisdiction; that is, friends who carry on occasional drinking sprees, after-hours drinking groups that meet in the bar across the street from the college, or college fraternities that sponsor heavy drinking parties [20]. Within such groups, peer

pressure can operate to encourage alcohol abuse even by individuals who did not abuse alcohol before coming to college and will not after leaving it.

### *Prevention of Youth Problems on the College Campus*

The current trend of prevention programs on the college campus is to focus efforts on the social conditions of alcohol abuse that seem to lead to problems [10, 11, 14, 25, 33]. Intervention strategies are often designed to correct what is seen as group deviance and to encourage students to avoid practices that might be self-destructive. The basic premise of such programs is that alcohol-abusing groups generate problems because they foster and sustain an unhealthy, irresponsible, and maladaptive learning environment. This learning environment should, some argue, be altered, for it leads to the costly, dangerous, disruptive, and unhealthy consequences of alcohol use.

Specifically, it is argued that there must occur, within the student group, an innovation orchestrated by an official agency [18]. An innovation can be achieved by altering the learning environment of the group so that more adaptive or responsible behaviors and beliefs take root. Thus, at the present time, the "state of the art" in prevention is the program designed to alter the learning environment in a target population, with specific reference to resocializing groups of people to behave in responsible and adaptive ways. Typically, procedures used include media, lectures, workshops, classes, education centers, peer counseling, and other methods aimed at creating a "new consciousness" about alcohol abuse and counteracting the influence of peer pressure [18].

### *The Barriers to Program Success*

However logical the intervention-innovation paradigm may appear, its essential premises guarantee that students will resent and avoid intervention efforts. The intervention program begins with an implicit, negative evaluation of the target population. The group is conceived as a deviant one requiring alteration. Yet many alcohol-abusing groups do not see themselves as deviant at all, but rather as estimable organizations that should not be persecuted for what they see as a few regrettable incidents.

Another barrier to the success of intervention is that the program may very well be perceived as an attack on the groups' social solidarity. College and university programs typically assume that students are not aware of their drinking decisions and that, in fact, these decisions are

made for them by peer pressure. The goals of these programs, then, emphasize the task of teaching people how to resist peer pressure and to be individually responsible for their drinking behavior.

Some programs assume that the responsible drinker is the individualist who cannot be dissuaded from the resolute stance of moderation and of accountability in drinking behavior. The responsible drinker, as portrayed in these programs, does not respond to maladaptive peer pressures to drink heavily; disapproves of heavy drinkers; approves of moderate drinking and of abstention; does not engage in brawls; avoids or modifies situations in which drinking is the central organizing principle; does not make other people feel threatened, unhappy, or nervous by drinking irresponsibly; does not drink to avoid anxiety, guilt, or depression; does not allow drinking to interfere with the job; and shows impeccable restraint in drinking matters whatever the occasion [18]. To many college groups, the responsible drinker closely resembles a faculty advisor or administrator and not a student member.

This approach to prevention does not recognize that many students perceive drinking groups as fulfilling positive functions for them; a point that is well recognized by Madison Avenue. Alcohol ads in college newspapers emphasize that students will encounter boredom and alienation in the “responsible” world of lectures, examinations, and careers, and offer as a palliative the fellowship of drinking “heroes who enjoy life” [5]. Drinking is portrayed as a context for the *rejection* of individualism and competitiveness—a context in which good feelings and good times occur. Intervention programs, with their negative definition of drinking groups and their attempts to win converts to the cause of individualism, are not likely to achieve results among the many students who define group drinking as a way to find relief from the role demands of the “responsible” world.

### *Alcohol and the Abusing Community: An Alternative to Intervention*

Since many students believe that heavy group drinking has a positive function, we believe that prevention can be successful if there are three basic prerequisites:

1. *Definition of the problem*—the alcohol abuses to be prevented should be defined in ways that the students recognize as intolerable (e.g., drinking and driving fatalities, DWI arrests, recognizable property damage).
2. *Negotiation of a prevention contract*—the program should be designed in consultation with the students and should provide a

perceived benefit to the participants. Further, the program should not maintain a pejorative evaluation of this target community but rather recognize the value its members ascribe to its solidarity.

3. *Self-administration*—the prevention program itself should not be imposed by an external agency in a manner resembling the administration of sumptuary regulation but rather should be carried out, with external aid and encouragement, by the students themselves, i.e., a peer program.

*Definition of the problem.* We propose that groups planning a prevention strategy begin by addressing *only* those documented problems that are specifically unacceptable. For example, drinking and driving among college students clearly entails a threat to the welfare of the student community as well as to the community surrounding the campus. It is part of a college's responsibility to minimize any negative impact that the students might have on the host community.

Preliminary investigations are necessary to gain an initial awareness of problem areas. Self-report surveys are useful to measure the nature and extent of the problems [7, 8, 13, 30, 32], to find out in which groups or categories of persons the problems are most likely to occur [6], and to assess the progress and success of the program once implemented [20].

We conducted a survey to identify specific alcohol-related problems and problem areas within our campus community [19]. Surveys were mailed to 658 students selected through a systematic sampling of every twentieth undergraduate. Seventy percent (465) of the sample returned usable surveys. The completed sample consisted of 262 women and 203 men. Age and class distributions in the final sample were similar to the distribution in the undergraduate population. In the survey, respondents were asked to indicate how much beer, wine, and hard liquor he or she consumed during the previous month. In addition, they indicated the number of times during the four weeks prior to the survey each of ten alcohol-related problems were experienced: (1) hangover, (2) feeling nauseous or vomiting from drinking, (3) driving after several drinks, (4) drinking while driving, (5) missing classes because of a hangover, (6) passing out from drinking too much, (7) being criticized for drinking too much, (8) getting into a fight after drinking, (9) injuring self or others while drinking, and (10) not remembering what happened while drinking. Both absolute consumption and problems experienced are measures of the group's involvement with alcohol.

Survey data were analyzed to determine whether the number of

problems that students experienced varied by sex, fraternal affiliation, class standing, or place of residence. Coincident with the amount of alcohol consumed, a significantly higher proportion of males experienced more alcohol-related problems than females, and members of Greek organizations had problems more frequently than nonmembers (Table 1). Group differences for each of the ten problems were also examined.

The survey also contained two items concerning the extent to which respondents have observed others experiencing alcohol-related problems. The first item asks students to indicate the number of times in the last four weeks that they helped a friend who became sick from drinking. A higher proportion of fraternity or sorority members (40 percent) than nonmembers (26 percent) reported the experience. The second item asked respondents to indicate the number of times in the four weeks prior to the survey that they observed drunk students damage property. Half of the fraternity or sorority members had observed intoxicated students damage property. No significant differences were found by sex, class standing, or place of residence.

Table 2 indicates that problem frequency among students was also related to the drinker's classification as a light, moderate, or heavy drinker. The data illustrate that heavy drinkers reported a greater frequency of problems for *all* of the problems assessed in the 1978 administrations of the survey. For example, about 70 percent of the heavy drinkers reported drinking after driving within the month prior to the survey. Only 37 percent of the moderate drinkers and 14 percent of the light drinkers reported the same behavior. Similar distributions for heavy, moderate, and light drinkers are apparent for reports of hang-over, missing classes, arguments, passing out, and becoming sick while drinking. Few drinking-related problems were reported by non-drinkers. In summary, alcohol-related problems tended to occur among men, in student groups, and in the context of heavy drinking. A replication of the survey in 1979 revealed almost identical findings.

The survey results suggest that problems could be reduced by discouraging heavy drinking. Yet, as Blane suggests, students believe that, being adults, they have a right to get drunk, and that no one should interfere with that right [3]. A program aimed at heavy drinking will not be likely to win student interest and cooperation. We propose that, if the interview or survey data show that alcohol abuses are likely to occur among subinstitutional communities, the occasional heavy drinking that occurs in groups should *not* be defined as a form of abuse in itself. To be sure, heavy drinking can set the stage for the onset of

TABLE 1  
Means, Standard Deviations, and *F* Ratios For Alcohol-Related Problems and Alcohol Consumption During the Month Prior To the Survey by Selected Characteristics

Characteristics	n	Problems Per Month				Ounces of Ethanol Consumed			
		M	SD	F	P	M	SD	F	P
Sex									
Female	215	2.68	5.45	19.80	0.001	19.68	22.03	25.60	0.001
Male	178	5.62	7.78			33.44	30.20		
Class									
Freshman	95	3.35	6.90	3.65	0.013	20.65	23.69	2.24	0.083
Sophomore	85	2.74	4.64			25.74	28.65		
Junior	101	3.97	5.87			30.55	28.32		
Senior/5th year	112	5.55	8.38			26.31	26.34		
Fraternal Affiliation									
Member	101	8.02	9.58	26.63	0.001	37.63	29.36	23.43	0.001
Nonmember	292	2.80	5.11			21.85	24.79		

NOTES: Problem occurrence (P): minimum = 0, maximum = 90. Quantity of ethanol consumed per month was calculated on the following basis: One 12 ounce beer = 0.48 ounces of ethanol; One 4 ounce glass of wine = 0.48 ounces of ethanol; 1.5 ounces of ethanol; 1.5 ounces of 80 proof liquor = 0.45 ounces of ethanol.

TABLE 2  
Problems Reported by Drinker Status (in Percent)

Problem	Drinker Status			
	Nondrinker	Light	Moderate	Heavy
Hangover	0.0	5.1	46.0	81.2
Drove after drinking	0.0	14.3	36.8	68.4
Drove while drinking	0.0	7.9	18.6	56.7
Forgot what happened	0.0	4.1	21.3	49.6
Missed class w/hangover	0.0	3.1	20.7	49.6
Became sick/vomited	0.0	4.1	21.8	33.0
Passed out	0.0	1.0	8.6	32.5
Injured self/others	0.0	2.0	2.3	15.8
Criticized for drinking	0.0	4.1	8.0	14.5
Physical fight	0.0	0.0	2.3	12.0

NOTE: Nondrinkers did not drink in month prior to the survey. Light drinkers had between 1 and 10 drinks. Moderate drinkers drank 11 to 55 drinks. Heavy drinkers drank 56 or more drinks in the month prior to the survey.

harmful habits of alcohol use; nonetheless, we believe that, where student group intoxication occurs, prevention programs may alienate target group members by appearing to denounce the agent and the expression of their fellowship: group drinking. To avoid failure, the emphasis of the prevention program should be placed on those documented abuses, such as drinking and driving, that are not an essential element in ritual expressions of group solidarity and that can be recognized by the group as a potential problem. The focus for prevention is upon the problem and its determinants and not upon drinking per se.

The importance of problem definition for community participation cannot be underestimated. As Bacon has argued, "To have any chance of being worked for with intensity and continuity, prevention needs to be directed against a class of continuing or recurring phenomena which can reasonably be interpreted by a good many people to be extensive, costly, and painful" [1]. Such a definition requires, above all, the presentation of the problem at face value as a community problem, rather than in terms of some underlying, pathological affliction of individuals. One should not say: "Too many of *you*, probably due to your irresponsibility or poor upbringing, miss classes because of hangovers." One should say: "Too many of *us* enjoy our company with one another to the point that we don't make it to class the next day!" Such a definition is also helpful for problem evaluation. One cannot count the incidence of irresponsibility or "poor upbringing" but one *can* count the incidence of alcohol-related classes missed or DWI arrests. The specif-

ic, countable abuse that the program addresses should be measured before, during, and after the project. Only then is it possible to speak of a prevention program's success in a scientifically meaningful way [1].

Any programmatic definition of a problem, whether constructed through survey or interview, is limited in that the nature of the problem is first delineated by the program designer. Respondents to the assessment procedure simply document the relative frequency of problem occurrence within the format provided. Ideally, the initial item pool for a survey will have been generated through informal contact with student concerns. The risk remains, however, that the program can define a problem that does not reflect student perceptions.

The formal documentation process that organizes and reports on student experiences is merely the first step to crystallize the community mandate for a prevention effort. The program can accurately represent student concerns if program representatives keep the perspective while negotiating a prevention service that the members of a group may hold their own unique definition of an alcohol-related problem. Further, the group may have already begun to implement informal solutions for the problem(s). For example, frequent suggestions about program design are likely to emerge while interviewing key leaders from fraternity and sorority groups. Problem solutions that are perceived to originate from the target group can become an ideal nucleus from which the official program can further facilitate problem clarification.

*Negotiation of a prevention contract.* Once specific and intolerable alcohol abuses in an institution have been documented, the evidence should be presented to the students in a way that does not communicate a negative intent but rather a desire to help. Alcohol abuses tend to lead, first and foremost, to problems of a minor but persistently troubling nature. The initial contract, therefore, should stress that the intention of the program is to help the group experiencing these problems overcome them. Rather than selecting individuals out of the group as converts to the cause of responsibility and adaptive behavior, the program should negotiate a contract of assistance with the group as a whole. This strategy implicitly recognizes the validity and the importance of the formal and informal communities involved in alcohol abuse.

One practical strategy that has been particularly successful is to present the results of local survey and interview data to a group of students in a selected residence hall. Contact with the resident advisor, the area government officers, or floor representatives can be made during floor meetings at the beginning of the semester. The meeting agen-

da is designed to gain approval for alcohol education activities and to have participants identify specific problems related to alcohol use that they must deal with frequently. Survey or interview data are used simply as discussion openers.

Typically, a floor or hall committee is formed and the specific service requirements that match a particular problem are outlined. Members of the core committee for each student group are given the task to generate a “problems-solutions list” and to also invite other floor residents to attend the planning meetings. In the meetings, the limit and scope of the alcohol education service is negotiated. One group of resident advisors may negotiate a training seminar on how to deal with alcohol-related medical emergencies, while another group of floor officers may request more detailed instruction on methods to implement a policy on drinking and noise. The participants are urged to isolate the specific time and place in which alcohol-related problems occur and to outline solutions that are achievable. After problems are identified, solutions are narrowed and the peer educators work together with the resident students to design inservice programs.

Prevention programs cannot free themselves, in the eyes of most people, from the stigma of previous approaches that sought to avoid abuse by preventing the consumption of alcohol. In our experience, college students, for example, tend to perceive alcohol abuse prevention programs as saying to them, in effect, “don’t drink at all,” with all the attendant implications associated with temperance. Thus, to win community involvement, it must be made abundantly clear that the program intends to provide resources and help for individuals and for groups experiencing intolerable alcohol-related problems, leaving the privilege to drink, without stigmatization, to the individual if he or she so chooses.

*Self-administration.* Community involvement in alcohol abuse prevention provides the groups experiencing problems with an alternative *raison d’être* besides alcohol abuse—without demanding that the group give up the expression of its solidarity and its identity in group in preventing the documented *abuses*. This approach (1) recognizes the existence and the validity of the group, (2) imbues the group with legitimacy by nominating it as the cornerstone and the agent of prevention, and (3) respects the value that group solidarity has for its members. At the same time, it provides another vehicle for the expression of community identity and purpose, namely, the prevention of the documented problems.

Proper definition of the problem may be expected to arouse com-

munity support and involvement, but training is needed for effective prevention work. A modern alcohol education program can be organized to train peer groups to design, develop, and implement alcohol specific countermeasures in response to problems on campus directly or indirectly attributable to alcohol consumption. Thus, the training, service, and evaluation parts of a program are directed to function together to increase student awareness of alcohol-related problems and peer resources for problem solution. The program can be a *peer problem solving approach to alcohol education*. One objective for a peer program is to develop individual and group instruction methods for undergraduate and graduate peer educators. Through an academic course offering, peers are trained to produce and distribute a variety of alcohol-specific activities: classroom presentations, dorm workshops, poster campaigns, radio shows, and information booths.

Peer training is organized so that the students become more aware of the documented, immediate consequences of alcohol use by college students. Again, the focus remains with problems associated with alcohol abuse and not drinking per se. Prevention, as defined in an academic curriculum, rests on identifying problems, organizing solutions, and delivering problem-specific services.

For example, some common problems reported by students in Table 2 were (1) hangover, (2) driving after drinking, (3) missed classes because of hangover, (4) arguments, (5) passing out, and (6) sickness. Further, heavy drinkers on the average reported problem frequencies almost twice that of moderate drinkers. Peer activities, therefore, should focus on heavy drinkers, situations where abuses are most likely to occur (parties, concerts), and specific problems that are likely to be resolved. For example, one peer presentation on "alcohol first aid" focuses on the problems of hangover, passing out, and alcohol overdose. Another peer program presents a three-part demonstration on the social influences on drinking and driving. Peers urge local fraternity and residence groups to adopt procedures and policies that will reduce the incidence of drinking and driving.

There should be a resource and support center within the institution where student workers can be trained, student leaders can express their views, open meetings on the abuse program and its progress can be held, and decisions based on scientific data can be made about the design and the subsequent "fine-tuning" of the program. The support center should provide the program with continuity and cohesion, which are essential to its success.

Continuity is required to maintain interest in the program as the key

services that the program provides adapt to changing requirements. The fine tuning of services cannot be accomplished if a sense of cohesion is not firmly established at the program's outset. The center should provide support and rewards for student participation. It should foster the image of a student organization dedicated to helping students with alcohol-related problems. The emphasis in the support center should be placed on community involvement, rather than the assessment of blame, in working toward a solution to a problem that nearly everyone recognizes as antithetical to the needs of the institution.

### *Conclusion*

We suggest that a focus on alcohol-related problems, together with an emphasis on guided student participation, offers a promising avenue for the prevention effort. The problem specific approach to prevention for the college campus is designed to reduce the probability that alcohol education is perceived by the student as a coercive intrusion upon individual freedom.

The strategies that are designed to solve problems are derived from objective measures and consensus from the student groups who receive the services. Further, strategies are designed to reduce specific problem occurrences, rather than to eliminate more broadly defined disease states or to promote adult responsibility.

A problem specific approach breaks down alcohol abuse on campus into a number of parts, thus allowing a greater number of policy and procedural alternatives that would not be possible with broader goals [24]. More importantly, because each particular problem is isolated, specific individuals and groups of students can become legitimately involved in solutions for particular problems. The peer problem solver can participate without pressure to adopt a personal philosophy that encompasses neo-prohibitionism or temperance. Finally, a problem solving and problem analysis approach can be the basis for community participation in the prevention process.

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