

Binge Drinking

A New College Epidemic

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Make a punch, man. The chicks go for punch. It tastes like a fruit drink, and anyway, everyone thinks it's a light drink”
“Yeah, but what are you going to spike it with?”
“Vodka, of course—it's got hardly any taste, so we can make the punch quite strong.”
The “boys” were making their party concoction in a large plastic tub. They poured in fruit juices and even—in a stroke of culinary genius—opened a couple of cans of peaches, blended them, and added the slurry to the juice.
“Just like Mom makes for Sunday company,” Tom gave John a wink.

“Have you got the vodka?” asked John.

“Yeah. It's under my bed.”

Four bottles of vodka went into the punch. “How's it taste?” “Not bad.” “How many are you expecting to the party?” “Perhaps 20.” “Then I'll add a couple more bottles of vodka. That's a fair-sized tub.”

“Are you inviting Steve?” asked John. “No, he's too uptight; anyway, I want to make a move on his sister Mandy if I can get her loosened up.”

Such are the preparations at colleges around the U.S.A. and other places for the “big bash” events that are proliferating as weekend college “binge-outs.”

Binge drinking (consuming, at one sitting, five or more drinks for males, or four or more for females) is a major problem among young people. In fact, high-risk alcohol and other drug use is considered the “most widespread health problem on college and university campuses in the United States.”¹

Studies suggest that between 1993 and 2001, approximately 44 percent of college students

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were heavy drinkers, defined for men as five or more drinks in a row on at least one occasion in the past two weeks, and for women as four or more drinks.²

A report developed by a special taskforce on U.S. college drinking of the National Institute on Alcohol Abuse and Alcoholism (NIAAA),³ composed of college presidents, alcohol researchers, and students, and reported by Hingson, reports that each year in the U.S.:

- Some 14,000 college students between 18 and 24 years of age die from unintentional injuries related to alcohol, and more than 150,000 develop an alcohol-related health problem.

- 500,000 students in the same age group are unintentionally injured while under the influence of alcohol.

- More than 600,000 college students are assaulted by another student, and more than 70,000 suffer sexual assault or date rape related to alcohol.

Other startling facts about alcohol

Each year, American college students spend \$5.5 billion on alcohol (mostly beer). This is more than they spend on books, soda, coffee, juice, and milk combined.

use by college students:

- As many as 360,000 of America's 12 million undergraduates will ultimately die from alcohol-related causes. This is more than the total number who will be awarded advanced degrees.

- Each year, American college students spend \$5.5 billion on alcohol (mostly beer). This is more than they spend on books, soda, coffee, juice, and milk *combined*.

Heavy drinking is occurring at younger ages, as well. Binge drinking during the past 30 days was reported by eight percent of youth ages 12 to 17. Among persons under the legal drinking age (12 to 20 years old), 15 percent were binge drinkers, and seven percent were heavy drinkers.⁴

Alcohol poisoning—a severe and

potentially fatal physical reaction to an alcohol overdose—is the most serious consequence of binge drinking. With the HIV/AIDS epidemic raging, there is increasing concern about the combination of alcohol consumption and unsafe sex, with no precautions against pregnancy or sexually transmitted disease. This, in the U.S., involves some 400,000 students annually, a quarter of whom (100,000) are so intoxicated, they don't know whether they consented or not.⁵

U.S. students missing class, falling behind, or doing poorly because of alcohol amount to 25 percent of the student body. Hingson reports that in 2001, between 1.2 and 1.5 percent of students tried to commit suicide due to drinking or drug use, and 2.1 million students drove while under the

influence of alcohol.⁶

Not only are these students likely to harm themselves, some 11 percent of them admit to vandalism while under the influence of alcohol.⁷ Each year, some five percent of four-year U.S. college students become involved with police or campus security over alcohol problems, and some 110,000 students are arrested for an alcohol-related violation.⁸

It does not take a genius to deduce that American colleges have a crisis on their hands. In fact, U.S. college drinking constitutes a serious public health problem.

Alcohol consumption is not just an American problem. The World Health Organization calls abuse of alcoholic beverages “one of the most serious public health problems in the world.”⁹

The age when one begins to drink is related to alcohol dependency.

More than 40 percent of persons who began drinking before age 15 were diagnosed as alcohol-dependent at some point in their lives; compared to only about 10 percent of those starting at age 20 or older.¹⁰ These figures offer a most powerful argument for abstinence.

Of special concern is alcohol consumption by college women. Women tolerate alcohol less well than men, so those who attempt to compete with men to see “who can hold their liquor best” are putting themselves at serious risk. Not only do females weigh less than males—and therefore have less total body water to dilute the alcohol—but they also have smaller livers, so their bodies have a harder time cleansing alcohol from their systems.

The liver is the body’s major detoxification center. Here, enzymes break down the alcohol so it can be absorbed. Energy is released from al-

cohol metabolism at a rate of seven calories per gram.

Alcohol is alcohol, whether in hard liquor, wine, or beer. The alcohol content of a 10-ounce can of beer, a five-ounce glass of wine, or a shot of liquor (1.5 ounces) is the same. This means that the “dainty” drinks women consume, thinking they are less toxic, are just as damaging as a shot of hard liquor when compared “drink” to “drink.” In addition, alcohol’s empty calories supply no nutrients such as vitamins or minerals. This may contribute not only to weight gain, but also to the “fatty liver” of many regular drinkers, a factor in the development of cirrhosis.

Binge drinking, or drinking heavily over a period of time, is a major health hazard during pregnancy, and is more common among 18- to 24-year-olds—also a woman’s prime fertility period. White women are more likely to drink than black women; but the latter drink more heavily, as a group, if they do drink.¹¹

Even moderate drinking is hazardous to the fetus. There is no “safe” level of alcohol consumption during pregnancy. Alcohol in any concentration is a toxic poison. Its effect is particularly noticeable in developing brain tissue. The brain’s functional reserve allows it to compensate for minor damage, so the effect of alcohol on the fetus is often hard to measure. But a child whose intelligence is only average might have had an intellect in the exceptional range if his or her mother had not drunk alcohol during pregnancy.

Because of her lower concentration of body water, a woman will have a higher blood concentration after consuming a smaller amount of alcohol, compared to a man of the same weight. In addition, women process alcohol more slowly than men, owing to differences in liver mass.¹² Women also develop alcohol-related liver damage sooner than men, and at a

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lower level of consumption. They are more likely to die of cirrhosis of the liver.¹³ Because of their different response to alcohol, women need different strategies for managing alcoholism.

Other alcohol-related risks for women include the following:

- Breast cancer risk increases when drinking exceeds one drink per day.¹⁴
- Violent victimization of young

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lence, automobile accidents, and crime.

Middle-aged persons with fatty plaque buildup in their blood vessels may gain some limited benefit from the anticoagulant (blood-thinning) results of consuming one drink per day, but there is no evidence of such benefit in healthy people. In fact, experts consider this one positive effect insufficient to overcome the many risks of alcohol. No editorial on the subject in medical journals has recommended that people start drinking for health reasons, despite the impression fostered by the liquor industry.

Even individuals who would benefit from alcohol's anticoagulant effect can obtain the same results by taking a low-dose aspirin each day, with none of the negative side effects of alcohol. Alcohol would never pass FDA approval as a medication, if it were recommended for this purpose. Rather than being beneficial to society, its side effects are measured in billions of dollars of health costs, property damage, human misery, and premature mortality.

A number of studies have shown that there are ways to change these statistics.¹⁷ Working out of the Harvard School of Public Health, Wechsler and his associates report: "Students who attend college, in states that have most restrictions on underage drinking, high volume consumption, and sales of alcoholic beverages, and devote more resources to enforcing drunk driving laws, report less drinking and driving."¹⁸

An article by the same team reported on the role of low prices and special promotions of alcohol. Studying more than 10,000 students at 118 colleges, they found special weekend low price sales and large volume cases of alcohol were positively associated with the amount of alcohol consumed by students.

The authors concluded: "The regulation of marketing practices such as sales prices, promotions, and advertisements may be important

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women increases in the circles of those drinking alcohol. They are more likely to be shoved, kicked, or punched than their peers who attend religious services and have frequent parental monitoring.¹⁵ Such young women are mixing with a crowd that drinks more and are, consequently, less controlled in their behavior. Alcohol consumption may also be an indicator of poor self-esteem and social skills.

• There is some evidence of higher levels of violence in homes when premarital drinking has occurred during the courtship. In fact, though husband drinking patterns are the predominant factor in alcohol-related domestic violence, problem

drinking by wives has also been linked to husband-to-wife aggression.¹⁶

Data such as these should give pause for thought to parents, educators, and students. Schools need to establish alcohol education programs and effective disciplinary deterrents to student drinking. Many students are concerned about their peers' destructive behavior and can be induced to participate in drinking prevention programs and peer counseling.

The search for excuses to drink—such as the oft-quoted benefit to middle-aged persons of one drink per day, is for many but a desire to salve the conscience. Even young people are aware of the toll of alcohol in vio-

strategies to reduce binge drinking and its accompanying problems.¹⁹

Interventions at the college level need to take into account the environment of the college, the personality traits of students, and the cognitive processes that help to form the students' thinking and expectations in relation to drinking. The institution can shape many of the emotional, social, and interpersonal factors related to student drinking behavior.

What about students attending Christian colleges—and particularly, Adventist schools?

Those piously thinking that this is “not an Adventist problem” need to reacquaint themselves with Gary Hopkins' data which—though showing a smaller percentage of alcohol and drug usage—nevertheless confirm anecdotal impressions that, indeed, Adventist schools are not immune to these problems.²⁰ It is time for parents, school officials, board members, and students to work together to implement a comprehensive program like the 3-in-1 program recommended by the taskforce of the NIAAA.²¹

Its recommendations include a research base, the collection of baseline information, the setting of incremental goals, and an ongoing method of evaluation. Outside support is available, and in the U.S., funding from federal, state, and local agencies is there for the asking for well-planned programs.

Research strongly supports a program of multiple components that complement one another. These must be integrated so that the program has a clear target and unified objectives. The first target is the “at-risk” or “alcohol-dependent drinkers” as individuals. The second is the student body as a whole. The third target is the community of the college (teachers, administrators, staff, and students) and its surrounding community.²²

The NIAAA taskforce recom-

mends that presidents, administrators, college prevention specialists, students, and community members think in broad and comprehensive ways about college drinking. Student drinking is the outcome of multiple factors, including genetic and biologic factors, family and cultural background, previous drinking exposure, and student activity and behavioral patterns. This makes a multifaceted approach vital.

Alcohol problems form a continuum from occasional misuse to serious dependency. Individual students need to be engaged in a process of screening and support on a one-to-one basis.

The student body as a whole is best addressed by examining the factors on campus that encourage or permit alcohol usage. These include the availability and promotion of alcohol. On an Adventist campus, important factors include students having large amounts of unstructured time, inconsistent publicity and enforcement of campus policies and local laws, and perhaps most significant—student perceptions of alcohol

usage as the norm.

The community of the college, and the community in general, can discourage college drinking through collaborative strategies that involve student affairs offices, residence life directors, local police, retail alcohol outlets, and even the courts.

Of course, the number one initiative is a decision by administration to address the problem in a way that is perceived as supportive of students rather than condemnatory. It is important to change the culture of drinking at an early stage because life patterns quickly become entrenched. Family drinking patterns can visit the ravages of alcohol on multiple generations.

But we must move beyond the statistics and the cold numbers to the overall societal burden created by school and college drinking, to put faces on the problem. The faces should be those of our children and loved ones. Once we see that the lives at stake are those we love, we may be moved to become involved, to change the attitudes from those that foster consumption of this legal drug to ac-



tively discouraging its use.

For educators, this problem is not going to go away spontaneously. It affects students' grades and their health, as well as their ability to benefit from education and to connect with God. In an Adventist setting, we must be concerned not just with transmitting information, but also with developing the whole person.

Behavioral change requires complex interactions. Dissemination of information is insufficient to achieve behavior modification. Behavior is predominantly determined by the presence of meaningful relationships. The influence of a caring adult is very important in teen behavior. Teacher-student relationships are known to be of a high order of influence, where these are positive.

Student-to-student relationships are also influential, but not to the same extent as teacher-student interactions. A sense of belonging and connectedness, as was shown in the National Longitudinal Study on Adolescents, is the single most powerful influence on behavior.²³

This places a high responsibility on the educator to personalize his or her interaction with students. Such interactions must be spontaneous and real, rather than contrived and forced.

Teachers must show they really do care—not only about students' grades, but also about their personal lives. Ellen White puts it well: "Our schools. . . should be family schools, where every student will receive special help from his teachers as the members of the family should receive help in the home. Tenderness, sympathy, unity, and love are to be cherished. There should be unselfish, devoted, faithful teachers, teachers who are constrained by the love of God and who, with hearts full of tenderness, will have a care for the health and happiness of the students."²⁴

Adventist educators, as professionals with a sacred vocation, must commit themselves to helping students make good choices for time and eternity. ☞



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