

ARE YOU UNDER THE INFLUENCE?: MEASURING THE AWARENESS OF
UNIVERSITY STUDENTS REGARDING ALCOHOL

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Are You Under the Influence?: Measuring the Awareness of University Students
Regarding Alcohol

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ABSTRACT

Ten percent of all people who consume alcohol develop an alcohol use **problem** (Doweiko 2006). Kilbourne (2003) notes, “by some estimates just 10% of those **who** drink alcohol in the U.S. consume 60% of all alcohol ingested.” She adds that advertising is the main form of alcohol education (Kilbourne 2003). Alcohol is influencing youth, who are beginning to drink at a younger age, while a higher percentage of adults drink more and more. College-age students (and their parents) **are** advised to be aware of binge drinking, drinking games, “party schools,” and how alcohol can influence their school performance from many sources including: websites, **media**, and universities themselves. Drinking alcohol can cause many problems including alcoholism, which is now recognized as a disease by more than just those in the medical profession. A plethora of support groups are offered for those with the disease of alcoholism and for those who suffer because someone they love is an alcoholic. Ohio has increased the severity of Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) laws, which penalize drunk drivers financially and possibly with incarceration. Domestic violence, homicide, rape, vehicular accidents, and suicide can also be enhanced by adding alcohol to the crime equation.

The objective of this research was to investigate the level of awareness **among** college-age individuals of the influence of alcohol on our society and to explore perceptions of alcohol use by the same college-age students. The data results from 76 respondents to a 29-question survey questionnaire were analyzed along with an analysis of previous research. A summary of the four hypotheses and their findings are discussed as follows: The first hypothesis, “Most of society is unaware of any support program

beyond Alcoholics Anonymous,” was supported. The second hypothesis was that “Many people drink and drive and ride with someone who is under the influence,” and the findings did support the hypothesis. The third hypothesis, “The disease concept of alcoholism is not widely accepted” was not supported by the results of the survey questionnaire. The fourth hypothesis, “Crime is intensified by adding alcohol to the equation” was referred to in several of the survey questions, and it became apparent that most students are unaware of the effects of alcohol use on crime.

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CHAPTER ONE

INTRODUCTION

History of Alcohol

Scientists believe that the consumption of alcohol dates back at least 10,000 to 15,000 years ago (Potter, 1997). Prehistoric humans began to experiment with fermenting fruits and discovered how to produce beverages containing alcohol (Doweiko, 2006). Doweiko (2006) continues, “the use of fermented beverages dates back before the invention of writing. Anthropologists believe that the process of making *mead*, a form of beer made from fermented honey, was discovered during the late paleolithic era, or what is commonly called the latter part of the stone age” (p.70). Doweiko (2006) explains also that ethyl alcohol was discovered to be a source of energy. Alcohol was used in celebration and religious worship until the Christian Roman Empire forced its own morality onto the inhabitants of the Empire, stamping alcohol as a reflection of pagan religions (Walton, 2002). Drinking restrictions were placed on 14th and 15th century England, and “by the start of the 19th century public intoxication was seen not as a sign of religious ecstasy as it had been in the pre-Christian Roman empire, but as a public disgrace” (Doweiko, 2006, p.71).

The troubled history of alcohol is debated by scholars, scientists, religious fanatics, and historians, with common themes both negative and positive prevailing. Alcohol consumption is viewed negatively by those who fear the harmful outcomes that alcohol produced, and positively by those who enjoyed the substance and the influence

that it had on them in body, mind, and spirit. The negative stigma of alcohol consumption dates back to the early centuries of the Christian church, while the mystery of the appeal of alcohol remains even today.

Alcohol Today

The practices of drinking alcohol as well as the amounts that one consumed long ago, are much differed compared to alcohol use and practices today. Doweiko (2006) notes that today the average adult in the United States consumes around two gallons of alcohol per year (2.189 gallons, 8.29 liters). Although the amount does not seem to be much, it is the number of people that drink, not the quantity they drink, that is surprising. According to the U. S. Department of Health and Human Services, an estimated 48.3 percent, or 109 million people (almost half of Americans aged twelve or older), reported being current drinkers of alcohol in a 2001 survey. One might be astounded that children 12 years old are reporting that they drink. In the United States, the legal drinking age is 21.

Children and teens under 21 acquire alcohol and consume it with sometimes grim consequences in the United States. In the State of Ohio, it is illegal to sell to a minor (ORC 4301.63), but surprisingly, it is legal for parents to purchase alcohol and give it to their children. It is illegal, however, for parents to allow their children to get drunk. Violations according to the Ohio Revised Code (4301.99) will receive harsh penalties. The current study concentrates on college-age students and their drinking habits.

The average age of a student entering college is 18. Students do not usually reach 21, or the legal drinking age, until their junior or senior year of college. The fact that

some students are drinking before that time, means that another adult, possibly a parent, is buying alcohol for them, or they are able to purchase alcohol illegally. Drinking alcohol when one is under the age of 21 and becoming intoxicated is illegal and can have dire consequences. Costs of drinking alcohol illegally will be explored later, but first it is important to examine what advertising has to do with youth purchasing and consuming alcohol.

Alcohol and Crime

Alcohol and crime have a history of their own. Doweiko (2006) notes that public intoxication was depicted as public disgrace by the start of the 19th century. Old movies depict drunken cowboys getting thrown out of the saloons onto the street after a fistfight ensued. Lyrics in rap songs recite crimes committed and the drugs and alcohol that were used. Alcohol is popular among college-age people, and some students on college campuses make it a serious hobby to drink. Binge drinking and other drinking games can lead to sickness, including alcohol poisoning and blackouts. This can cause unintentional acts; sometimes criminal acts. The brochure, *A Message to Parents About High-Risk Drinking at College*, published by Ohio Parents for a Drug Free Youth, reports that 95 percent of violent crime on campus is alcohol related. The brochure also noted, “52% of today’s college drinkers drink with the sole intent to get intoxicated. 90 percent of reported campus rapes involve alcohol use by the victim or the perpetrator. 80 percent of the acts of campus vandalism occur as a result of drinking.”

Hingson et al. (2005) researched the magnitude of alcohol-related mortality and morbidity rates among United States college students aged 18-24. Here are some of their findings:

- 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes;
- 599,000 college students between the ages of 18-24 are unintentionally injured under the influence of alcohol;
- more than 696,000 college students between the ages of 18-24 are assaulted by another student who has been drinking; and
- more than 150,000 college students develop an alcohol-related health problem.

Hingson et al. (2005) reported an alarming number of college-age students who have been affected by the sometimes, deadly combination of crime and alcohol. In order to avoid this deadly team, it is important to understand alcohol related terminology, especially the differences between abuse and use of alcohol.

Important Terminology

Abuse consists of one not only using alcohol, a potentially harmful substance, but abusing—perhaps consuming too much of the substance, and in turn harming themselves or others around them. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institutes of Health (2001) states that “nearly 17.6 million adult Americans abuse alcohol or are alcoholic(s).” The NIAAA’s (2001) definition for alcohol abuse is that it “does not include an extremely strong craving for alcohol, loss of

control over drinking, or physical dependence....[but] it is a pattern of drinking that results in one or more of the following situations within a twelve month period:

- Failure to fulfill major work, school, or home responsibilities;
- Drinking in situations that are physically dangerous, such as while driving a car or operating machinery;
- Having recurring alcohol related legal problems, such as being arrested for driving under the influence of alcohol or for physically hurting someone while drunk; and
- Continued drinking despite having ongoing relationships that are caused or worsened by the drinking.”

Alcoholism, according to the NIAAA, states that alcoholism is also known as “alcohol dependence,” and is “a disease that includes four symptoms:

1. Craving: A strong need, or compulsion to drink.
2. Loss of control: The inability to limit one’s drinking on any given occasion.
3. Physical dependence: Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, occur when alcohol use is stopped after a period of heavy drinking.
4. Tolerance: The need to drink greater amounts of alcohol in order to ‘get high.’ ”

Alcoholism is even considered a disease by those outside of the medical field. It is not an infectious disease by a physical means, but it does have an infectious connotation. To be *infectious*, is to be “a) capable of causing infection; b) communicable

by invasion of the body of a susceptible organism” (Merriam Webster, 1996). Although the disease cannot be received, or “caught” physically by another person, or physically transferred from one to another, the disease of alcoholism can infect an entire family, workplace, or group of people in the alcoholic’s immediate environment. This alone is alarming, but when one considers the fact that teenagers and even children are beginning at a younger age everyday experimenting with alcohol, one’s awareness is immediately heightened to the level of significance this problem has taken.

Teen Drinking

As the youth of our society grow older and more mature, they themselves become old enough to drink, although some teens choose to drink before they are old enough. Other teens drink by force, possibly in abusive family situations, while others are encouraged, or required to for religious reasons, or on holidays. It is important to investigate the level of awareness that they hold concerning the influences of alcohol in different areas of their everyday life. According to Knight et al. (2002), 31 percent of college students met criteria for a diagnosis of alcohol abuse while six percent met a criteria for a diagnosis for alcohol dependence in the past 12 months, according to questionnaire based self-reports about their alcohol consumption (Knight et al., 2002).

Advertising

The United States is a consumer body and alcohol is available for purchase. Alcohol can be purchased at local grocery stores, as well as state liquor agencies, bars, and restaurants. Businesses are not always careful about whom they sell to, and underage

people are able to purchase and acquire alcoholic beverages. Peer pressure, previous experiences, familiarity of drinking through parents and relatives, and advertising are all ways in which one may be familiar with the culture of alcohol. This in turn can continue to encourage teens to purchase and consume alcohol.

Advertisements for alcohol are abundant in media, commonly trying to convince Americans how “cool” it is to drink. Alcohol consumption is prevalent in movies, television shows, and commercials (the Budweiser commercials are favorites among Superbowl viewers). Alcohol use in media connotes positive images of quality times with friends, with no negative, and possibly realistic, images of the potential outcomes of drinking alcohol. The Anheiser Busch Corporation (2006), the producer of Budweiser, offers the advice to, “Please Drink Responsibly,” while Smirnoff Ice (2006) recommends consumers to “Drink Intelligently,” and Smirnoff (2006) states, “We encourage responsible drinking.” None of the three companies encourage drinkers to abstain from drinking when the person knows he or she is going to drive, yet both Budweiser and Smirnoff sponsor NASCAR drivers. Budweiser is the main sponsor for driver Dale Earnhart Jr., who drives the number eight car, and according to *The South Texan* (2005); Smirnoff Ice is the sponsor for Matt Kenseth’s number 17 Roush Racing car carrying the slogan: “Be a champion. Drink responsibly.”

NASCAR is not the only sport that is sponsored by a company that produces alcohol. Kilbourne (2003) notes that most sporting events are sponsored by alcohol producing companies, such as Miller Light and Bud Light. Most families watch sporting events together, and often half-time shows, periods, and quarters are sponsored by companies that produce alcohol. The message that this is sending to all underage people,

is that alcohol is popular and acceptable, and advertising continues to show that alcohol is “cool” and has the “everyone is doing it,” or “everyone is drinking it,” mentality.

Kilbourne (2003) notes that children who are introduced to alcohol in a casual manner, such as through advertising, are much more likely to consume alcohol when they are older. She adds that much of alcohol advertising targets children through the use of cartoons, funny animals, and catchy tunes (Kilbourne, 2006). One might say that alcohol is encountered everywhere, but almost nowhere is the *use* of alcohol distinguished from the *abuse* of alcohol, or the negative effects that alcohol can cause.

Consequences

Other consequences of drinking irresponsibly can include penalties, such as those found in Ohio’s drinking and driving laws. Ohio has increased the severity of Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) laws, which penalize drunk drivers financially and possibly with incarceration. Other states have also “upped” their DUI/DWI laws, taking the Blood Alcohol Concentration (BAC) level from a .1% to a .08%, showing an awareness at the law enforcement level that alcohol consumption can be harmful when operating a motor vehicle (Ohio Bureau of Motor Vehicles, 2006).

An estimated 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol last year, with an estimated 110,000 students in that age bracket being arrested for an alcohol-related public drunkenness or driving under the influence (Hingson, Heeren, Winter & Wechsler, 2005). Alcohol also enhances the following crimes: domestic violence, homicide, rape, and suicide. “The widespread use of alcohol has resulted in multiple attempts to control or eliminate its use over the years, but these

programs have had little success” (Doweiko, 2006, p.72). Alcohol is very convenient and available. Society encourages people to drink and youth are targeted the most through advertising and peer pressure. Fortunately for the youth, there are avenues of help and rooms full of warmth to welcome them and to offer them support.

Support Groups

A plethora of support groups for those with the disease of alcoholism, and for those who suffer from the disease because someone they love is an alcoholic, are found in many geographic areas. The support group *Alcoholics Anonymous*, is offered for those suffering from the disease of alcoholism. Support toward recovery and guidance for healing is offered to alcoholics with this disease. *Al-Anon* and *Alateen* are groups that give family members and friends of alcoholics support in dealing with the disease of alcoholism suffered by their loved one, and also provides a better understanding of themselves in regard to the disease and the consequences that occur because of the alcoholic’s drinking problem. The consumption of alcohol has consequences for those who drink, for their health and their well-being as well as the lives of those around them (NIAAA, 2001).

Research Objective

The objective of this research is to investigate the level of awareness among college-age individuals of the influence of alcohol on our society and to explore perceptions of alcohol use by the same college-age students. College students are in the midst of a drinking culture, which is fuel enough to study their responses. In doing so,

knowledge and opinions of alcohol use and abuse will be assessed. Common misconceptions and impressions will be assessed in order to design a future program to teach vital information regarding alcohol to college-age students. It is important to measure the awareness pertaining to the influences of alcohol among college-age students, in order to establish the needed level of education needed to dispel dangerous misconceptions regarding alcohol use. The goal of this project is to answer the question: what are college-age students' perception of alcohol and its effects? Prior research will be reviewed to provide information on alcohol in relation to: binge drinking; sexual risk behaviors and sexual activities while also using drugs; the public's acceptance of the disease concept of alcoholism; familial transmission of the disease of alcoholism; and suicide. These areas relate best to college-age students because they often experience many more transitions in relationships, employment, living places, and schools compared to adults ten years older.

Summary

A review of the influences of alcohol throughout history and a connection between the negative implications that alcohol has had on society as a potentially harmful substance that can be consumed and abused was made. The objective of this study is to survey college-age students in order to determine their level of awareness and perceptions of the influence of alcohol on society. Alcohol advertising was discussed at length establishing a necessary understanding of society's goal of convincing the American consumer, in this case college-age students, not only to buy alcohol, but also to consume

it. Alcoholism was defined as a disease and consequences of the disease, including Ohio DUI and DWI laws, were explored in addition to information on support groups within the alcohol genre. The purpose of this project and the choice to use college-age students for this study were also explained.

In the next chapter, Chapter Two, a synopsis of the theories and research examined is provided and prior research is reviewed. The following chapter reviews previous literature on alcohol related subjects. In following chapters, the review of previous research is measured against the findings from the survey questionnaire among college-age students and it is assessed. The researcher discusses the methods used to gather data using the survey questionnaire and then explores the findings of that data. A final discussion takes place to piece together the responses of the individual college-age students from the self-reported survey questionnaire, as well as to compare what national research in the area of alcohol related studies shows. Suggestions for future research and the limitations of the current research project are presented in the final chapter.

CHAPTER TWO

LITERATURE REVIEW

Chapter Overview

The following literature review encompasses research that supports the hypotheses presented by the researcher as well as offering comparatives in agreement or disagreement with the findings of the survey questionnaire, all of which are discussed in Chapter Four. The hypotheses are as follows: H₁ Most are unaware of any program beyond Alcoholics Anonymous; H₂ Many people drink and drive and ride with someone who is under the influence; H₃ The disease concept of alcoholism is not widely accepted; and H₄ Crime is intensified by adding alcohol to the equation.

Chapter Two will discuss the following topics:

- the disease concept of alcoholism
- alcoholism as a familial transmission
- alcohol and sexual activity
- alcohol and suicide
- advertising's influence on alcohol use

Alcoholism – A Disease?

The disease concept of alcoholism, although accepted by scientists and those in the medical field, is even in today's society challenged. Ries (1977), who looked at this issue 29 years ago, studied tenants and their responses, and alcoholic tenants that resided

in the same apartment building. Ries (1977) found that her respondents were wary to accept alcoholism as a disease. They stated that illnesses are often labeled as social objects, and therefore the general public will define alcoholics as being diseased. Even if the tenants knew it was a disease, they would treat them differently than other persons with other diseases. Ries (1977) concluded that alcoholics were perceived more unfavorably than were persons with some other diseases (she measured against blindness and epilepsy) and found that attitudes toward alcoholics are generally intolerant. It is the interest of the current researcher to investigate whether or not those same views are held widely by society currently.

Alcoholism as a Familial Transmission

Zhang and Merikangas (2000) also offered a varied view on an alcohol related topic. They introduced their study by explaining that a *segregation analysis* “makes use of familial data to assess whether a trait of interest such as alcoholism aggregates within families, whether the trait has genetic components, and whether it follows a Mendelian mode of inheritance” (Zhang and Merikangas, 2000, p. 815). A *Mendelian mode of inheritance* is a genetic cross between a disease and an inheritance gene (<http://www.phschool.com/science/biology>). Zhang and Merikangas (2000) developed a frailty model that established an integrated framework that they could use to evaluate the familial transmission of a disease, specifically the disease of alcoholism. The frailty model allowed Zhang and Merikangas (2000) to control covariate (variable one adjusts for in the study) effects and conveniently test the interactions between covariates and familial factors (p. 815). According to the authors, “the frailty model (1) assumes the

conditional independence among all family members on the frailty variable. Our limited simulation studies suggest that this seemingly small distinction can result in a notable difference in modeling some familial data” (Zhang & Merikangas, 2000, p. 815). Frailty models have been used in this capacity before, and Zhang and Merikangas (2000) point out prior studies that have used this method, supporting their own use of the model. They note that the use of the frailty model was out of convenience due to its uniqueness in its “readiness to include the interactions between covariates and frailties. This feature is particularly important for testing covariate-specific familial transmission of a trait” (Zhang & Merikangas, 2000, p. 518).

The frailty model was employed to examine the familial transmission of major subtypes of alcoholics, namely alcohol abuse and dependence. Zhang and Merikangas (2000) posed a combination hypothesis consisting of a several step analysis describing their study:

1. We assess whether alcoholism aggregates within families, which is a hypothesis supported by several existing studies.
2. Next, we test the possibility of a major gene.
3. Furthermore, we evaluate whether there exists any interactions between a familiar factor and the covariates such as sex and age specific familial aggregations, which is an inconvenient task using existing models (p. 816).

Zhang’s and Merikangas’s (2000) purpose was to develop a frailty model that would assess “putative environmental and genetic attributes of human diseases” (p. 821). They explained that the convenience of a frailty model is that it

provides a convenient and integrated framework to test a genetic mode of inheritance against a familial aggregation, to control for covariate effects, and to incorporate interactions between covariates and familial (or genetic) factors...[and] we applied the frailty models to investigate the familial transmission of alcohol (Zhang & Merikangas, 2000, p. 821).

They noted that although their findings were “largely consistent” with previous studies, their results turned out some interesting factors in terms of “sex-specific thresholds for alcoholism that moderate familial aggregation” (p. 821). The authors concluded that alcohol dependence is strongly familial, whereas alcohol abuse expresses a marginally significant pattern of familial transmission. Females manifest alcoholism at a lower threshold; moreover, there is no sex-specific familial transmission of alcoholism after adjustment for the threshold effect (Zhang & Merikangas, 2000).

Alcohol and Sexual Activity

Another alcohol related study, conducted by Mott and Haurin (1988), examined the pattern of initial use of a variety of illicit substances in relationship to early sexual activity. They stated, “adolescent substance use and its possible linkage with other adolescent behaviors (such as sexual intercourse) may be the single most important issue on any social policy agenda involving contemporary youth” (Mott & Haurin, 1988, p. 128). Almost 20 years later, this researcher believes that the same statement could be made. Mott and Haurin (1988) proposed that if younger adolescents used illicit substances, it could possibly cause them to enter into earlier sexual activity than they

would have without using illicit substances. Their findings were in line with their hypotheses, showing that heavier alcohol use is closely linked with earlier sexual activity than with more casual alcohol use.

In a similar study, Santelli, Robin, Brener, and Lowry (2001) measured the same relationship between alcohol or drug use and sexual risk-taking, exploring the impact of lifetime use and current use simultaneously. The researchers investigated “whether the timing of alcohol and other drug use influenced condom use and multiple sexual partners among unmarried, sexually experienced youths” (Santelli, Robin, Brener, and Lowry, 2001, p. 200). They examined the association between age at initiation of the use of alcohol and the two sexual behavior outcomes for respondents aged 18 and older. The researcher had a tape recording of the questionnaire. The respondents listened singly to the recording through headphones and then entered their results. Their data suggested that “different aspects of the timing of substance use have distinct relationships with the likelihood of condom use and of multiple sexual partners” (Santelli, Robin, Brener, and Lowry, 2001, p. 203). The results showed that recent substance use and use of a substance at last sexual intercourse, showed a strong association with the likelihood of multiple sex partners. Also, the amount of substances used was also strongly associated with the likelihood of condom use the last time that the respondent had had intercourse.

Alcohol and Suicide

In another study, Stack and Wasserman (1993) explored the association between marital status and suicide while controlling for the alternative explanation based on

alcohol consumption. By reviewing the works of Durkheim, the researchers reviewed previous research on both marital integration and suicide that linked with alcohol, and how it can foster the destructive problem of anomie. *Anomie*, according to the Dictionary of American Criminal Justice, Criminology, and Criminal Law, is defined as “meaning without law or norms, it is commonly referred to as a state of normlessness...more accurately a state during which the traditional social and cultural ways, rules, regulations, and laws have broken down as a result of some major social upheaval and are no longer applicable or functional, leading to a generalized social and cultural malaise....a state or condition associated with social disorganization, often accompanied by demoralization and its numerous dysfunctional behaviors” (pg. 9). Durkheim largely dismissed alcohol consumption as an important determinant of suicide, creating what Stack and Wasserman (1993) refer to as a “90-year silence” on the issue of a possible association (p. 1019).

Their study comprised a national sample of suicide completions consisting of 10,000 deaths. Their conclusion was that low marital integration significantly increases the odds of death by suicide, in contrast to Durkheim’s theory. Non-married persons are also more apt than married persons to be heavy drinkers. Hence, such persons are at relatively high risk of suicide for at least two reasons: (1) isolation from the institution of marriage, and (2) alcohol abuse. Stack and Wasserman (1993) found that alcohol abuse does have direct effects on the odds of suicide.

Advertising’s Influence on Alcohol Use

Another study that researched a connection with alcohol and direct effects from use was a study that Saffer (1997) completed, similar to the work of Kilbourne (2003), on

advertising's influences on alcohol. He explored (1) whether or not advertising was a contributing factor in the high level of motor vehicle fatalities in the U. S., and (2) whether or not the bans on alcohol advertising would minimize motor vehicle fatalities, in turn saving 2,000-3,000 lives a year. He investigated "whether the effect of alcohol advertising is limited to brand choice or whether alcohol advertising also increases total alcohol consumption" (Saffer, 1997, p. 431). The point of his research, was to compare alcohol advertising to the number of vehicle fatalities, and in turn, to see if it would be possible to lower the number of vehicle fatalities, by also limiting alcohol advertising.

Saffer (1997) noted that "advertising industry sources, Leading National Advertisers (LNA), estimated that in 1990 alcohol producers spent over \$1 billion on mass media advertising" (p. 431). He found that alcohol advertising is a contributing factor in the high level of motor vehicle fatalities in the U.S, although it is less important than alcohol price as a determinant of motor vehicle fatalities (p. 440). Saffer (1997) hypothesized that the demand for advertising is negatively related to the price of advertising. For example, U. S. consumers like advertising, almost as if were a form of entertainment, however, advertising is expensive, and therefore negatively affects the price of advertising. Something in demand is almost always going to be more expensive.

Saffer (1997) offered the advice that the likely effects of two advertising policy initiatives, if designed, could possibly limit advertising in the area of alcohol, which could be estimated using the data and econometric results. The policies are as follows: (1) "an extension of the voluntary ban on broadcast advertising to include beer and wine;" and (2) "the elimination of highway fatalities with respect to advertising" (pp.

440-441). If these policies were initiated, alcohol related advertising would be **banned**, and both the use and price of alcohol would go down as a result.

Saffer's (1997) data indicated that the elimination of the tax deductibility of alcohol advertising could reduce alcohol advertising by about 15 percent, reduce **motor** vehicle fatalities by about 1,300 deaths per year, and raise about \$300 million a year in new tax revenue (p. 431).

Hypotheses

After reviewing all of the previous studies, it is somewhat clear why this important study was conducted. The purpose of this study was to discover what the public's perception is of alcohol and its influences, specifically the perceptions of college-age students. Content areas in perception include: crime, alcohol related deaths, support groups, and the disease concept of alcoholism. Specifically, four hypotheses guide the current research:

- H₁ Most are unaware of any program beyond Alcoholics Anonymous.
- H₂ Many people drink and drive and ride with someone who is under **the** influence.
- H₃ The disease concept of alcoholism is not widely accepted.
- H₄ Crime is intensified by adding alcohol to the equation.

Summary

In offering a synopsis of the theories and research examined, it is necessary to mention that the percentages for alcohol use by youth and the destructive force that

alcohol adds to violence, are discussed in previous research and are much higher than expected by this researcher. All of the findings in previous research support the hypotheses of the effects of alcohol on certain situations. It was surprising to discover that alcohol was so widely used in America: Doweiko (2006) notes, "49% of the adult population has used alcohol at least once" (p. 72). Nearly half of the population, according to Doweiko (2006) uses alcohol, and college youth are a large portion of that 49 percent.

Chapter Three will describe how the data will be gathered in order to address or test these hypotheses and the source of the data.

CHAPTER THREE

METHODS

Purpose

The objective of this research was to investigate and measure the level of awareness and perceptions among college-age individuals concerning the relationship of alcohol with society. A similar goal was to explore perceptions of alcohol use by the same college-age students. It was important to evaluate the level of awareness that these students hold concerning the influences of alcohol in different areas of their everyday life. By measuring common misconceptions and impressions of alcohol on society, it is the future objective of the researcher that the data provided could be used to design a program to teach vital awareness pertaining to the influences of alcohol among college-age students.

Research Question

The goal of this project was to answer the question: What is society's perception of alcohol and its effects, specifically among college-age individuals?

Hypotheses

The hypotheses researched in this study were the following:

H₁ Most of society is unaware of any support programs beyond Alcoholics

Anonymous.

H₂ Many people drink and drive and ride with someone who is under the influence.

H₃ The disease concept of alcoholism is not widely accepted.

H₄ Crime is intensified by adding alcohol to the equation.

The first three hypotheses were evaluated through a composite look at replies from the survey. The third and fourth hypotheses were also supported and evaluated by an analysis of prior research in addition to responses from numerous questions on the survey questionnaire.

Research Design

A questionnaire (see Appendix A) was chosen as the data-gathering instrument. The researcher, or participating professor, handed out a group-administered survey, “a survey that is administered to respondents in a group setting” (Trochim, 2005, p. 92). College-age students were chosen in part because, according to Doweiko (2006), 80 percent of 18 year-olds have used alcohol. The students’ perspectives concerning their own use and abuse of alcohol, alcohol as a disease, and alcohol’s involvement in accidental and intentional deaths, were measured. These statistics offer a grim view of college campuses and the “problems” that consuming alcohol can create. In order to attempt to measure a larger population accurately, this researcher chose a smaller scaled survey and a smaller scale population to administer the survey. College-age students on the campus of Youngstown State University in Youngstown, Ohio were voluntary and anonymous and asked to complete a survey questionnaire.

The questions on the survey instrument served a dual purpose. The answers to the questions not only provided the researcher with valuable information, but hopefully the questions themselves triggered the respondents to think about the answers, and possibly heightened their awareness of their own consumption of alcohol, or perhaps the influences of alcohol on society.

Fourteen of the 29 survey questions used a dichotomous response format, defined as “a question with two possible responses” (Trochim, 2005, p. 77). This makes those questions exhaustive and mutually exclusive for this research project. Eight other questions were fill-in-the-blank questions. There was only one unstructured response format question, defined as “a response format that is not predetermined where the response is determined by the respondent” (Trochim, 2005, p. 83). Only one of the questions was a filter, or contingency question, defined as “a question you ask the respondent to determine whether they are qualified or experienced enough to answer a subsequent one” (Trochim, 2005, p. 80). Finally, five of the questions used a nominal response format, defined as “a format that has a number beside each choice where the number has no meaning except as a placeholder for that response” (Trochim, 2005, p. 78).

The varied question formats offered mixed responses that encouraged the respondent to think about their answers as they wrote them. The researcher did not want respondents to purely fill in many circles, or simply respond “yes” and “no” in a column-like format down the page of the survey. This survey offered information, in the form of facts and statistics on alcohol use and abuse, to the respondent as they completed the survey. The primary aim of the researcher was not to just gather data, but to also share

knowledge and information on the topic of alcohol and to increase the respondents' awareness.

Sample and Sampling Procedure

The value of a college-age sample is that the population is diverse in demographics. Although college-age students are a convenient sample, they are not an easy sample with which to work. The sample was chosen from students attending Youngstown State University. Youngstown State University is located in Youngstown, Ohio in the northeastern area of the state. Youngstown State University offers 100 undergraduate majors along with certificates, and associate, bachelor, and (34) master's degrees, as well as one doctorate degree (www.ysu.edu). The student body consists of 12,812 total students (as of the Fall 2005 semester), and is very diversified (for this geographical area) with both traditional and non-traditional students, students from wide-ranging culture and ethnic backgrounds, including commuter students, and on-campus students who live in dorms, on-campus housing, and fraternity or sorority houses (www.ysu.edu).

Students attending courses during the second summer session were asked to participate by voluntarily filling out the survey questionnaire. The students were attending courses offered in the following academic areas: Criminal Justice, Political Science, Women's Studies, and Psychology. The students ranged from freshmen to graduate students, ages 18 and older, both male and female. They were from different ethnic backgrounds as well as varied academic majors.

A non-random convenience sample of the population was chosen and a final 76 (n=76) surveys were gathered, used, and assessed. All returned questionnaires were used in this research project. One hundred ninety-eight (n=198) surveys were sent out with the goal of n=100 (to gather a decent amount of surveys to conduct research) to nine different academic classes occurring during the summer session.

Questions included five (# 25-29) demographic variables regarding the respondents' gender, age, ethnicity, education level, and academic major. (See Appendix A).

Permission was granted by Youngstown State University's Institutional Review Board (IRB), and consent was given from the students' instructors (see Appendix B). Consent to participate was assumed if the student completed the survey. Instructors in the following areas of study were contacted and a request (see Appendix C) was made of them to administer the survey questionnaires in their second summer session class(es): Criminal Justice, Political Science, Women's Studies, and Psychology. The participating instructors administrated the survey questionnaires and returned the completed survey questionnaires to the researcher by way of confidential inner office mail. The survey questionnaires were then compiled, organized, coded, and entered into the data entry computer program, SPSS/PC+ Version 10.0.

Sampling Instrument (Data Collection Tool)

The survey questionnaire was voluntary and anonymous. Twenty-nine questions were asked including demographical variables regarding the respondents' gender, age,

ethnicity, educational level, and academic major. Questions were designed to collect the following information:

- their opinion of whether or not alcohol influences decisions if/when one has been drinking;
- their opinion on whether or not alcohol increases a person's willingness to commit a crime;
- their opinion of alcohol as a disease;
- their age at the time of their first drink;
- their age when they started to drink on a regular basis;
- how often they drink alcohol;
- the average number of drinks they consume in a week;
- if they have participated in binge drinking;
- if they have ever witnessed an injury resulting from binge drinking;
- if they have played drinking games;
- whether or not they have ever driven drunk;
- whether or not they have ever been in a car with someone else who was driving under the influence;
- what amount they feel they can drink and remain under the Blood Alcohol Concentration (BAC) level;
- what awareness of DUI first offense laws they hold;
- their knowledge of what percentage of all motor vehicle deaths are due to alcohol;
- their estimate of percentage of motor vehicle deaths due to alcohol;
- their opinion on punishment for first time drunk driver offenders;

- their awareness of the number of cases where there is a present relationship between alcohol and suicide;
- their awareness of the number of cases where there is a present relationship between alcohol and rape;
- whether or not alcohol has impaired their grades;
- whether or not alcohol has affected their school work beyond their grades;
- their awareness of alcohol-related support groups; and
- what other programs relating to treatment and support they are aware.

Analysis Plan

Descriptive statistics and correlations were run on all of the dichotomous questions. Correlations and t-tests were run to see if the educational level of the student was related to their knowledge or opinion of whether or not alcoholism is a disease. Correlations were run between gender and drinking games. Majors were also examined to see if they were correlated; Criminal Justice majors, as a result of their studies, may possess more knowledge in this topic than other students.

Summary

This chapter described how the data were gathered for this project, the hypotheses to be tested were discussed, and the sources of data were addressed. The methods of the project were explained in detail including the purpose of the research project, the primary research question, the hypotheses, the research design, the sample, the sampling measures, and the analysis plan.

In Chapter Four, the next chapter, results are presented. The findings of the review of prior research and the correlation that they have with the results from the survey questionnaires are also presented.

CHAPTER FOUR

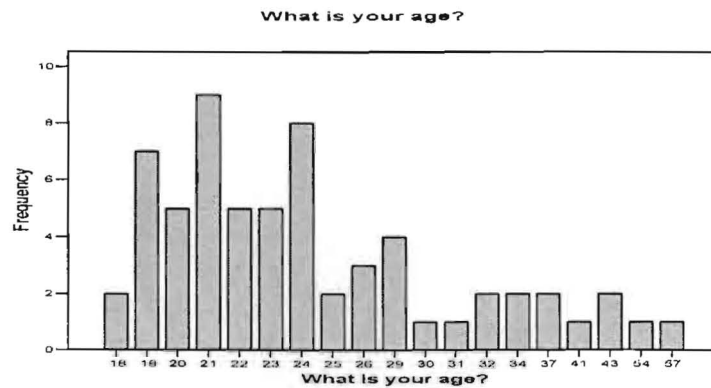
FINDINGS

Frequencies

A survey questionnaire was distributed to Youngstown State University students attending the second summer session. The survey questionnaire was voluntary and anonymous. Twenty-nine questions were asked including five demographic variables regarding the respondents' gender, age, ethnicity, educational level, and academic major. The gender and age questions were a dichotomous format; the major question was fill-in-the-blank, and the ethnicity and level of education questions were meant to be nominal response format questions, but there ended up being multiple answers for the ethnicity question. The results of those demographics are as follows:

- Gender – of the 76 respondents, 39.5 percent (n=30) were male, 57.9 percent (n=44) were female, and 3.6 percent (n=3) left the answer line blank. There were fourteen more female respondents than male. According to a correlation run on the results of the survey questionnaire, female respondents drink an average of three drinks a week, and men respondents reported drinking seven drinks a week. There is a significant statistical difference between the genders ($t = 2.31, p \leq .05$).
- Age – the range ran from 18-57, with the largest percentages being 10.5 percent (n=8) at ages 19, 20, and 24. The largest group was 11.8 percent (n=9) at age 21. Other large age groups were 22 and 23 at 7.9 percent (n=6). (See Figure 1).

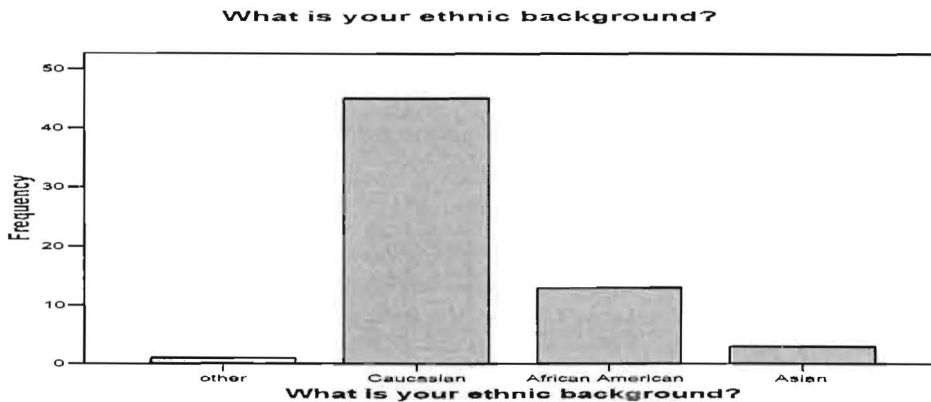
Figure 1



After running correlations, some interesting factors about age in relationship to other variables were found: the older the respondents are currently, the more likely they were to believe that alcohol influences one's decisions ($r = .321, p \leq .05$); the younger the respondents started drinking, the more likely they were to participate in binge drinking ($r = .474, p \leq .001$); the younger the respondents started drinking, the more likely they were to engage in drinking games ($r = .497, p \leq .001$); the younger the respondent was the first time they drank, the more likely that alcohol impaired their school performance beyond their grades ($r = .229, p \leq .05$); and the younger a respondent started drinking, the less likely they were aware that alcohol may lead to suicide ($r = .245, p \leq .001$). Age was a key factor in the relationship between the respondents and alcohol. The youths at first drink impaired judgment about alcohol overall.

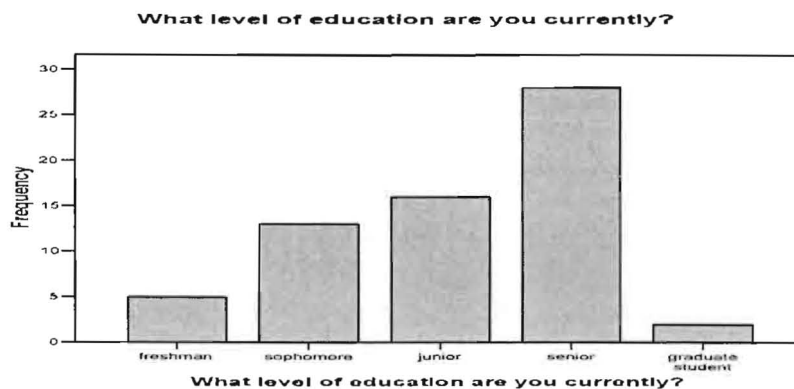
- Ethnicity – The largest ethnic group represented was White/Caucasian at 68.4 percent ($n=52$). Other represented ethnicities were: African American ($n=15, 19.7\%$), Asian ($n=4, 5.3\%$), and African American/Native American/Alaskan ($n=1, 1.3\%$). One respondent chose all, one chose not to answer, and ($n=2, 2.6\%$) of the respondents chose “other.” (See Figure 2).

Figure 2



- Educational Level – The largest representation was the senior level class at 43.4 percent (n=33). Freshman (n=5, 6.6%), sophomore (n=15, 19.7%), junior (n=18, 23.7%) and graduate (n=3, 3.9%) students completed the group. Approximately, 2.6 percent (n=2) of the respondents left the answer blank. (See Figure 3).

Figure 3



- Academic Major – The largest group of respondents were Criminal Justice majors who number 24 out of the 76 respondents (31.6%). The next largest group was at 6.6 percent (n=5) representing Psychology and Political Science; Nursing and Allied/Public Health both had three responding majors out of 76 (3.9%), and Telecommunications, Education, and Forensic Science had 2 respondents each at

2.6 percent. Four respondents were pre-med, or 5.3 percent, while all of the rest of the majors only had one respondent (1.3%) representing that major: Criminal Justice and Business, Criminal Justice and Allied Health, Criminal Justice and Computer Information Systems, Civil Engineering Technology, English, Spanish/Italian, Communication, Exercise Science/pre PT, Biology, Finance and Accounting, Nutrition, Music Performance, Combined Science, Piano Performance, Mechanical Engineering, Accounting, Aviation, Management, International Relations, Political Science and History, Exercise Science and Human Performance. The varied majors are due to the fact that the Introduction to Criminal Justice (CRJUS 1500) class is a Humanities course that attracts students with majors from other disciplines. The participants in this study represent different age generations, several different academic major programs, and are from wide-ranging educational classes.

After running correlations, this researcher found a few interesting relationships among age with alcohol as the variable: the younger a respondent started drinking impacted the amount they drank ($r = .283, p \leq .05$); and the younger the respondent was the first time they drank, the more likely that alcohol impaired their school performance beyond their grades ($r = .229, p \leq .05$).

Majors also had some interesting relationships with other variables when correlated; a chi squared test showed that non-Criminal Justice students had more knowledge about support groups beyond Alcoholics Anonymous than Criminal Justice students ($\chi^2 = 39.04, df = 4, p \leq .001$); and that Criminal Justice majors had a slightly better understanding about the number of motor vehicle related

deaths than non-Criminal Justice majors; and males were slightly more likely to be Criminal Justice majors than females ($\chi^2 = 76.28$, $df = 4$, $p \leq .001$).

Hypotheses

The results of the survey questionnaire either provided support or reflected as no support to the hypotheses. The hypotheses were:

H₁ Most of society is unaware of any support programs beyond Alcoholics

Anonymous;

H₂ Many people drink and drive and ride with someone who is under the

influence;

H₃ The disease concept of alcoholism is not widely accepted;

H₄ Crime is intensified by adding alcohol to the equation.

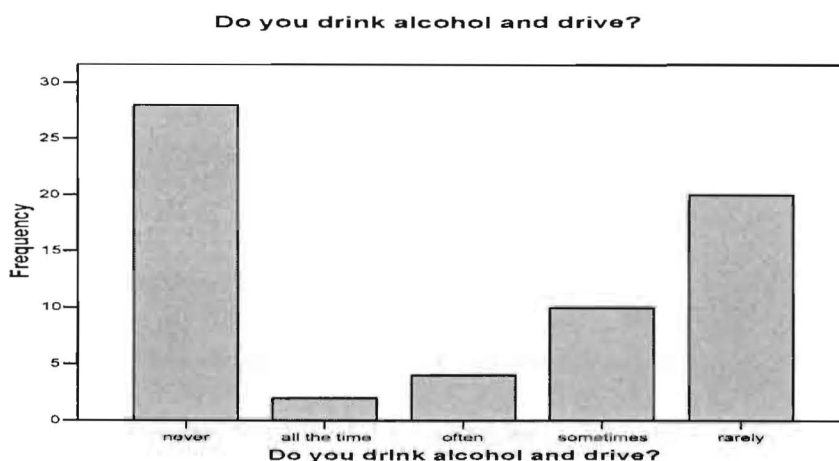
The first hypothesis, "Most of society is unaware of any support program beyond Alcoholics Anonymous," was barely supported. Almost all respondents, 72 of the 76 (94.7%) had heard of Alcoholics Anonymous (AA), and just over half, 51.3 percent, had heard of Al-Anon, a support group for friends and relatives of alcoholics. Approximately 62 percent (61.8%) had not heard of Alateen, a support group for friends and relatives of alcoholics for younger children or adolescent teens. A critic could look at the percentages above and comment perhaps on the fact that respondents hardly knew about support programs beyond Alcoholic Anonymous. According to a chi-square test, non-Criminal Justice students had more knowledge about support groups beyond Alcoholics Anonymous than Criminal Justice students ($\chi^2 = 39.04$, $df = 4$, $p \leq .001$).

There is a need, however, to look at the answers provided in the next question on the survey questionnaire: “What other programs or treatment are available for alcoholics? (please list those you are aware).” Thirteen respondents did reply with a written response. Eighty-two point nine percent, or 64 respondents, left the space blank. Answers included: detoxification centers, alcohol clinics, counseling, the Neil Kennedy Center, rehabilitation centers, church programs, Glenbeigh, Mothers Against Drunk Driving (MADD), inpatient/outpatient rehabilitation, teen institutes, and Teen Challenge (a national Christian drug and alcohol rehabilitation program).

The evaluation from the second hypothesis, “Many people drink and drive and ride with someone who is under the influence,” was alarming to this researcher. The questions asked: “11.) Do you drink alcohol and drive (please circle one)? All the time, Often, Sometimes, Rarely and Never” and “12.) Have you ever ridden in a car with someone who drank and then drove?” The findings supported the hypothesis. The results were disappointing to this researcher, because 14.5 percent (n=11) “sometimes” drive after drinking alcohol, and 5.3 percent (n=4) drink and drive “often,” with 2.6 percent (n=2) driving and drinking “all the time.” A little less than half, 47.4 percent (n=36), of the students “never” drink and drive and 30.3 percent (n=23) drink and drive “rarely.”(See Figure 4). Those results are not as shocking as the 76.3 percent (n=58) who ride in a car with someone who was drinking and driving. Approximately 76 percent (n=58, 76.3%) replied that “yes” they did indeed ride with someone who was drinking and driving, but 23.7 percent (n=18) said “no.” Hingson (2005) reported that 2.1 million students between the ages of 18 and 24 drove under the influence of alcohol in 2001. According to correlations on the information from the surveys this researcher conducted,

the younger the respondents were when they started drinking, the more likely they were to ride with someone who was drinking and driving ($r = .241, p \leq .05$); and if the respondent was willing to drive drunk, then they were more willing to ride with a drunk driver ($r = .413, p \leq .001$).

See Figure 4



Ironically, a question placed later in the survey asked students “How should we punish first time drunk drivers” and asked them to choose from one of the following options (their responses are included): mandatory community service ($n=8, 10.5\%$), mandatory fine ($n=12, 15.8\%$), mandatory jail time ($n=10, 13.2\%$), license suspension ($n=16, 21.1\%$), mandatory treatment ($n=10, 13.2\%$), or to choose “other” and specify. Several responses included a combination of the above choices, but three were standard: “yellow license plates,” “drug and alcohol treatment,” and “community service with people injured by drunk drivers.” Although they are not willing to drink and drive themselves, they are willing to allow someone else to drink and drive, not only putting their own lives in danger, but subjecting that person to a possible DUI or DWI (see Figure 5). Another survey question queried if alcohol influences decisions if/when the respondent is drinking

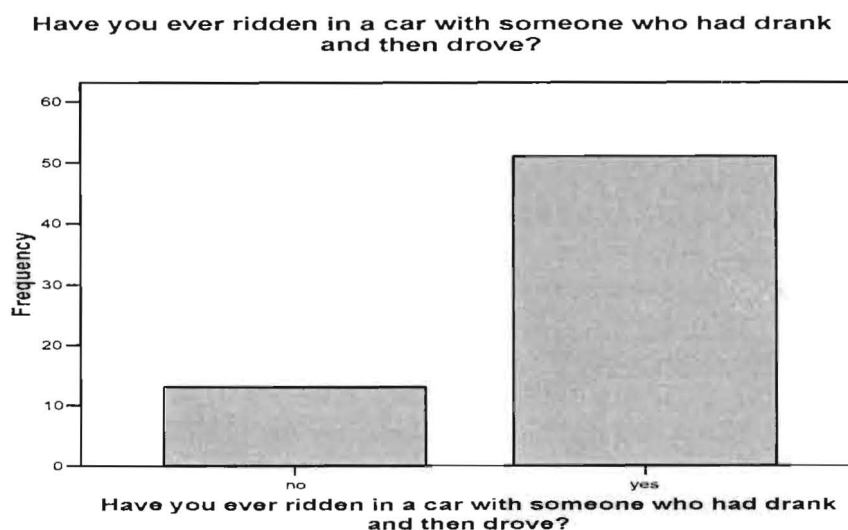
and 85.5 percent (n=65) responded that “yes” it did, while 11.8 percent (n=9) did not agree that alcohol did affect their decision-making abilities. The percentage of respondents who were aware of the .08 percent BAC level for Ohio’s DUI law was 82.9 percent. When correlations were run on the data results from the surveys, those who reported drinking were more likely to know what amount they could drink before reaching their BAC level ($r = .233, p \leq .05$); and those who practiced binge drinking, were more likely to know their BAC ($r = .269, p \leq .05$). To recapture what the students were stating:

- 86 percent (n=65) think that alcohol affects a persons decisions when they have been drinking;
- 83 percent (n=63) are aware that the Ohio DUI BAC level is .08 percent
- 36 percent (n=27) of the respondents did not know how much they could drink before reaching that level;
- 53 percent (n=40) “rarely-sometimes-often-all the time” drink and drive; but
- 76 percent (n=58) will ride in a vehicle where the person driving has been drinking.

The respondents are aware of the law, but they are not aware of how it affects them personally. Over half of them still drink and drive and three-fourths (n=22/76) of them ride with a person that is drinking and driving. It appears that their perception of alcohol is altered by their perception of reality. In their created reality, it is not wrong to drink and drive unless you get caught. If one were to get caught, they were not sure how much they would have had to drink in order to get a DUI. If their friend is driving, then it does

not matter; they are not the one who is going to get punished, it will be their friend. Very few students seemed to realize that they could hurt themselves, or someone else. They seemed to only be worried about the repercussions from the law. An alarming relationship came out of the correlations run on the data results from the survey: the younger the respondents were when they started drinking, the more likely they were to ride with someone who was drinking and driving ($r = .241, p \leq .05$); and if the respondent was willing to drive drunk, then they were more willing to ride with a drunk driver ($r = .413, p \leq .001$).

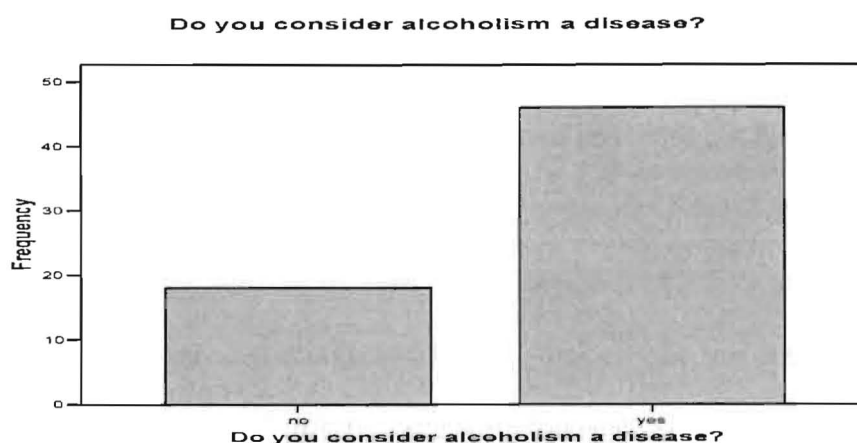
Figure 5



The third hypothesis, “The disease concept of alcoholism is not widely accepted” was not supported by the results of the survey questionnaire. A large percent ($n=54, 71.1\%$) of the respondents answered “yes” while 28.9 percent ($n=22$) answered “no.” Those who reported that crime increases with alcohol use were more likely to report it but recent opinion has changed, at least according to this survey was a disease ($r = .227, p \leq .05$). (See Figure 5). Ries’s (1977) study supports this theory, questionnaire. The

number of people who do not accept the disease concept of alcoholism surprised the researcher, in preliminary questioning to other students and co-educators, and she assumed that college-age students would be of the same mind. The hypothesis was not therefore, supported.

Figure 6



The fourth hypothesis, “Crime is intensified by adding alcohol to the equation,” was referred to in several of the survey questions. It became apparent that most students are not aware that alcohol relates to many crimes. When asked if they thought, “alcohol increases a person’s willingness to commit a crime,” 75 percent (n=57) responded “yes,” while 22.4 percent (n=17) responded “no” (1.3 percent left the answer blank, while 1.3 percent wrote in the word “maybe,” n=1).

The students were asked what percentage of motor vehicle deaths were due to alcohol, and their answers ranged from 1-95 percent. When asked what percentage of cases are they aware that alcohol use may have led to suicide, answers ranged from 0-90 percent.

Respondents were asked what percentages of rape cases were due to alcohol use, answers ranged from 0-100 percent. Hingson et al. (2005) reported that more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape. Students do not have a clear understanding of the correlation of crime and alcohol consumption.

Drinking Habits of Respondents

Youngstown State University is mostly a commuter school; students drive in from all parts of Northeast Ohio and even Western Pennsylvania. Some freshmen live on campus, but most of the students are commuters. Approximately 71 percent (n=54) of the respondents were between the ages of 12 and 18 when they had their first drink, and 24 of the respondents currently drink on a weekly basis, 22 on a monthly basis, 12 never drank, eight drank once a year, and three respondents drank daily.

According to the responses from the survey instrument, 52 of the respondents have participated in binge drinking, with 38 of those students witnessing someone receiving an injury as a result. Approximately fifty percent (n= 40, 52.7%) of the student respondents in this study drink and drive, and 76.3 percent (n=58) will ride in a vehicle where the person driving has been drinking.

Analysis of Correlations

Descriptive statistics and correlations were run on all of the dichotomous questions. Correlations were run to see if the educational level of the student was related

to their knowledge or opinion of whether or not alcoholism is a disease, however, there were no relationships to support this correlation.

Correlations were run between gender and drinking games. Three relationships surfaced: the younger the respondents started drinking, the more likely they were to participate in binge drinking ($r = .474, p \leq .001$); the younger the respondents started drinking, the more likely they were to engage in drinking games ($r = .497, p \leq .001$); and if a respondent engaged in binge drinking, then they were more likely to have driven drunk ($r = .404, p \leq .001$).

Academic majors were also examined to see if they were correlated; Criminal Justice majors, as a result of their studies, were believed to possess more knowledge on the topic of alcohol than other students. Non-Criminal Justice students had more knowledge about support groups beyond Alcoholics Anonymous than Criminal Justice students ($\chi^2 = 39.04, df = 4, p \leq .001$); Criminal Justice majors had a slightly better understanding about the number of motor vehicle related deaths than non-Criminal Justice majors; males were slightly more likely to be Criminal Justice majors than females ($\chi^2 = 76.28, df = 4, p \leq .001$); and finally, female respondents drink an average of three drinks a week, and men respondents reported drinking seven drinks a week. There is a significant statistical t-test between the genders ($t = 2.31, p \leq .05$).

Summary

The hypotheses tested are as follows:

H₁ Most of society is unaware of any support programs beyond Alcoholics

Anonymous;

H₂ Many people drink and drive and ride with someone who is under the influence;

H₃ The disease concept of alcoholism is not widely accepted;

H₄ Crime is intensified by adding alcohol to the equation.

A summary of the four hypotheses and their findings are discussed as follows: The first hypotheses, “Most of society is unaware of any support program beyond Alcoholics Anonymous,” was supported. The second hypothesis was that “Many people drink and drive and ride with someone who is under the influence,” and the findings did support the hypothesis. The third hypothesis, “The disease concept of alcoholism is not widely accepted” was not supported by the results of the survey questionnaire. The fourth hypothesis, “Crime is intensified by adding alcohol to the equation” was referred to in several of the survey questions. It became apparent, that most students are not aware that alcohol relates to many crimes, and therefore it showed that students are unaware of the effects of alcohol use on crime. Crime is indeed intensified by adding alcohol to the equation.

The following chapter, Chapter Five, contains a discussion of the research project, the researcher’s experience conducting the project as well as a summary of the findings.

CHAPTER FIVE

DISCUSSION

Reason for Research

Although there are many contributions to the field on alcohol, the uniqueness of the research performed in this study is the offering of the personal involvement with alcoholism that the researcher holds: this researcher has an alcoholic parent and many other relatives use and abuse alcohol, this researcher often finds herself involved in relationships with alcoholics, and this researcher is involved in a support group (Al-Anon) geared toward supporting those who are relatives or friends of alcoholics. Alcohol has been a part of her life for almost all of her life.

This researcher's father allowed her to taste her first sip of beer when she was five or six, and she remembers him sometimes taking his daily medication with a double shot of Bushmills once in a while. Her brother and she started early as bartenders. She can remember her father telling her and her brother to use two cubes of ice in a Rocks glass and pouring four fingers worth, not two. This researcher was the only one to continue her bartending career; she has bartended at three different establishments over the last five years. She and her brother have both carried on the tradition of drinking too; she has drank alcohol for the last eight years. Although she is not a heavy drinker, and as far as she knows, her brother is not either, they both come from a family that has many heavy drinkers. Alcohol damaged her parent's marriage as well as a romantic relationship of

her own with an alcoholic, led to suicide for two of her cousins, and has scarred many of her memories of weddings, family campouts, and relationships.

Just as any job can get old, this researcher feels that her bartending career came to that point. The same jokes were told, the same sad songs sung, and the same sob stories related. There were many good times in bartending, but the memories of the long hours, rude drunks, and smoky bar rooms (Ohio is just now implementing “no smoking” bans in public places, especially those that serve food) tend to outweigh any reminiscence of nice customers and pleasant conversations. *Al-Anon* teaches that some relationships cannot last as long as the disease of alcohol can, and on a personal level this researcher finds this to be true. In fact, this relationship that she has with alcohol prompted her to choose it as a topic for her research over any other.

Summary of Findings

A summary of the four hypothesis and their findings are discussed as follows: The first hypotheses, “Most of society is unaware of any support program beyond Alcoholics Anonymous,” was barely supported. Almost all respondents, 72 of the 76 (94.7%) had heard of Alcoholics Anonymous (AA), and just over half, 51.3 percent, had heard of Al-Anon, a support group for friends and relatives of alcoholics.

The second hypothesis was that “Many people drink and drive and ride with someone who is under the influence,” and the findings did support the hypothesis. Approximately 14.5 percent of the students “sometimes” drive after drinking alcohol, and 5.3 percent drink and drive “often,” with 2.6 percent driving and drinking “all the time.”

More than half, 47.4 percent of the students “never” drink and drive and 30.3 percent drink and drive “rarely.”

The third hypothesis, “The disease concept of alcoholism is not widely accepted” was not supported by the results of the survey questionnaire. A large percent (71.1%) of the respondents answered “yes” while 28.9 percent answered “no.”

The fourth hypothesis, “Crime is intensified by adding alcohol to the equation” was referred to in several of the survey questions. It became apparent that most students are not aware of the effects of alcohol use on crime.

Limitations

There were several limitations within the scope of the research project, beyond the initial problems found with the hypotheses. The first limitation of this research project is the gathering of data. One hundred eighty-nine survey questionnaires were sent out and this researcher had hoped to receive at least $n=100$ surveys back, but she received only $n=76$ (38%) in return. Because of the varied demographics of the participants in their education, academic level, age, ethnicity, and gender, a generalization can be made from the findings. The validity of the data is strong because of the anonymity of the data.

Another limitation was the survey questionnaire itself. A few of the questions on the survey questionnaire did not turn out to be useful because of inconsistencies and discrepancies within the questions.

Measuring Tool – Survey Questionnaire

A survey questionnaire was chosen to measure the opinions of the population because it is efficient. It is realized that disadvantages of a survey questionnaire include low response rates, more extreme responses, devalued answers, and the simple fact that respondents may lie. The sample population was a convenient, non-random population of Youngstown State University's second summer session, and was not in itself a limitation.

Problems with the Survey Questionnaire

There were multiple survey question problems. This survey questionnaire was used previous to the research for this project on friends and fellow classmates (on a volunteer basis) of the researcher to see if any discrepancies could be discovered in the questions, and the survey questionnaire was modified greatly. It was disappointing to still discover the following five problems:

Question number two, "Do you think that alcohol increases a person's willingness to commit a crime?" should not have been used. Students do not often relate crimes such as murder, rape, homicide, and domestic violence to alcohol use, even though drinking and driving is a crime.

Question number three should have defined alcoholism and stated that it is indeed a disease. A question could have then followed asking the respondent's opinion of whether or not they consider alcoholism a disease.

Question number five had the most varied answers – "How old were you when you began to drink on a regular basis?" The phrase "regular basis" can be confusing, and

although the question offered options such as: “daily,” “weekly,” and “monthly,” students were quite confused over what “regular basis” really meant. Several students noted that they were not old enough to drink, and although they may have tried alcohol already, they did not, or were not, able to drink on a “regular basis.” Many people just filled in an age on the response line, but other students chose to either leave the line blank, or felt they needed to explain why they were not putting an actual number, representing their age, on the line.

Question 14 used a dichotomous format question that requested a “yes” or “no” answer. If an answer of “yes” was given, then the respondent was encouraged to give another answer to a following contingency question. The wording must have seemed awkward to the students. Although the students responded collectively (responses ranged only from 0-3 drinks), there remained some confusion over the question.

Question 24 – “How should we punish first time drunk drivers?” – gave the respondents specific answers to choose from, while also requesting the respondents to “please only circle one.” Many students circled more than one, and on the last line which stated, “other, please specify,” some students rewrote some of the choices above linking them together, while others chose all of the options above, while still others just made up options on their own. Responses were diverse and it was difficult to narrow down a collective answer from among the respondents.

Another discrepancy was that half of the questionnaires were administered by the researcher, and the other half were not. Those surveys were administered by individual, volunteer, course instructors. It is to be pondered whether or not the researcher’s presence as made a difference in the responses of the students.

The survey questionnaire was also used to measure the opinions of the population because it is efficient. Although there are disadvantages to a survey questionnaire including: low response rates, more extreme responses, devalued answers, and the simple fact that respondents may lie, it was still the most convenient way to gather the needed information. The survey questionnaire was distributed quickly and returned relatively quickly. Compositing data from a survey questionnaire is also an efficient process and the survey questionnaire overall offers a swift way to measure the sample responses and expresses almost immediate findings.

Future Research Recommendations

It is recommended to future researchers that they use a modified survey questionnaire requesting specific information from the students based on their common knowledge and not assuming that they know anymore than that.

Another recommendation would be that of a different sample. A collective consisting of the “general” population from major cities and rural and urban areas of people of all ages would be interesting, rather than just specifically researching college-age students on an urban college campus.

What are the Signs of a Drinking Problem?

The NIAAA (2001) offers advice on discovering whether a person possibly has a drinking problem. It is a good idea for one to ask themselves the following questions:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?

- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning (as an “eye opener”) to steady your nerves or get rid of a hangover?

The pamphlet goes on to suggest what a person can do if they answered “yes” to **any** of the above questions.

Summary

The data that has been presented within this paper shows that college-age students are not as aware of the influences of alcohol as this researcher had hoped. It was the intention of the researcher to measure common misconceptions and impressions in order to design a future program to teach vital awareness of alcohol use to college-age students. College-age students are at a very impressionable age, most coming from living at home with parents who are aware of their every move. The advances in technology, especially cell phones, should make communication between parents and their children easier. When teens begin college, they are exposed to some things that they may not have been introduced to before. As far as alcohol is concerned, teens are away from home more when they begin to attend college, and they have a much more flexible schedule. Alcohol is a popular necessity at any party or happening, and teens may meet this drug. Without a good value system, a teen could find real, and possibly fatal, harm when experimenting with alcohol.

If a program was designed to educate teens and to teach them vital information on the subject of alcohol, then teens could be better prepared to meet the problem of alcohol. If the uses and abuses of alcohol were spelled out for teens through an interesting and

enlightening program, then teens could have sensible facts and statistics to help guide them through any situation that they might encounter involving alcohol. Some of the facts and statistics discovered while doing this research are shocking, with high amounts of college-age students dying every year due to the influences of alcohol. Perhaps a program offered during a senior high school or freshman college class might change those alarming statistics and help keep our youth alive.

References

- Anheiser Busch Corporation. (2006). Retrieved from www.budweiser.com on August 11, 2006.
- Doweiko, H. E. (2006). *Concepts of Chemical Dependency* (6th ed). Belmont: Thomson Brooks/Cole.
- (2005). "Editorial: Old No. 7 Takes Poll Position." *The South Texan*. Retrieved from www.tamuk.edu/southtexas/archives/2005/01-25-05/stories/editorial2.htm on August 13, 2006.
- Falcone, David N. (2005). *Dictionary of American Criminal Justice, Criminology, and Criminal Law*. Upper Saddle River: Pearson /Prentice Hall.
- Hingson, R.W., Heeren, T., Zakocs R.C., Kopstein, A., & Wechsler, H. et al. (2005). Magnitude of Alcohol-related Mortality and Morbidity Among U.S. College Students Ages 18-24: Changes from 1998 to 2001. *Annual Review of Public Health, 26*, 259-279.
- Kilbourne, J. (2003). *Deadly Persuasion: The Advertising of Alcohol and Tobacco*. Internet video premier. Retrieved from www.mediaed.org/videos/mediaandhealth/dcadlypersuasion/# on August 11, 2006.
- Knight, J. R. et al. (2002). Alcohol Abuse and Dependence Among U. S. College Students. *Journal of Studies on Alcohol, 63*(3), 263-270.
- Merriam Webster's Medical Desk Dictionary. (1996). Springfield, Massachusetts: Delmar Thompson Learning.

- Mott, F. L., & Havrin, R. J. (1988). Linkages Between Sexual Activity and Alcohol and Drug Use Among American Adolescents. *Family Planning Perspectives, 20(3)*, 128-136.
- Ohio Bureau of Motor Vehicles. (2006). "Ohio D. U. I. laws." Retrieved from www.bmv.ohio.gov/driver_license/dui_law.htm on July 25, 2006.
- Ohio Parents for Drug Free Youth. *A Message to Parents About High-Risk Drinking at College*. [Brochure].
- Potter, J. D. (1997). Hazards and benefits of alcohol. *The New England Journal of Medicine, 337*, 1763-1764.
- Ries, J. K. (1977). Public Acceptance of the Disease Concept of Alcoholism. *Journal of Health and Social Behavior, 18(3)*, 338-344.
- Saffer, H. (1997). Alcohol Advertising and Motor Vehicle Fatalities. *The Review of Economics and Statistics, 79(3)*, 431-442.
- Santelli, J. S., Robin, L. Brener, N. D., & Lowry, R. (2001). Timing of Alcohol and Other Drug Use and Sexual Risk Behaviors among Unmarried Adults and Young Adults. *Family Planning Perspectives, 33(5)*, 200-205.
- Smirnoff Corporation. (2006). Retrieved from www.smirnoff.com on August 11, 2006.
- Stack, S. & Wasserman, I. (1993). Marital Status, Alcohol Consumption, and Suicide: An Analysis of National Data. *Journal of Marriage and the Family, 55(4)*, 1018-1024.
- Trochim, W. M. K. (2005). *Research Methods: The Concise Knowledge Base*. Cincinnati: Atomic Dog.
- U. S. Department of Health and Human Services. National Institute of Health. National

- Institute of Alcohol Abuse and Alcoholism. (2001). "Alcoholism: Getting the Facts." [Brochure]. Retrieved from pubs.niaaa.nih.gov/publications/GettheFacts_HTML/facts.htm on August 15, 2006.
- Walton, S. (2002). *Out of It: A cultural history of intoxication*. New York: Harmony.
- Youngstown State University. (2006). www.yzu.edu.
- Zhang, H. & Merikangas, K. (2000). A Frailty Model of Segregation Analysis: Understanding the Familial Transmission of Alcoholism. *Biometrics*, 56(3), 815-823.

Appendix A

Survey Instrument: Alcohol Related Survey

Anonymous Alcohol Related Survey

This survey is being conducted for a graduate thesis project in Criminal Justice. The results will be published and reported in the aggregate. If you wish to participate, please complete the survey form and then fold it in half and return it to your instructor. If you do not wish to participate, please simply fold the survey in half and return it to your instructor. Thank you for your assistance. If you need any additional information, you can contact Dr. Tammy King in the Criminal Justice Office at (330) 941-3279, or Ed Orona, Director, Grants and Sponsored Programs at YSU (330) 941-2377.

1. Do you think that alcohol influences your decisions if/when you have been drinking?

	Yes	No
--	-----	----

2. Do you think that alcohol increases a person's willingness to commit a crime?

	Yes	No
--	-----	----

3. Do you consider alcoholism a disease?

	Yes	No
--	-----	----

4. How old were you when you had your first drink of alcohol? _____ years

5. How old were you when you began to drink on a regular basis? _____ years

6. How often do you drink alcohol (please only circle one)?

Daily	Weekly	Monthly	Holidays Only	Once a year	Never
-------	--------	---------	---------------	-------------	-------

7. On average, how many drinks of alcohol do you consume a week? _____ (# of drinks)

8. "Binge drinking is generally defined as having 5, [4 for women], or more drinks on one occasion, meaning in a row or within a short period of time" (Naimi, 2003; NIAAA, 2004; Wechsler, 1998). Have you ever participated in binge drinking?

	Yes	No
--	-----	----

9. Have you ever witnessed an injury resulting from binge drinking?

	Yes	No
--	-----	----

10. Have you ever participated in drinking games?

	Yes	No
--	-----	----

11. Do you drink alcohol and drive (please circle only one)?

All the time Often Sometimes Rarely Never

12. Have you ever ridden in a car with someone who had drunk and then drove?

Yes No

13. Were you aware that you are considered drunk driving if your Blood Alcohol Concentration (BAC) is .08% or above in Ohio?

Yes No

14. Do you know what amount you can drink before your BAC reaches this level?

Yes No

If yes, how much? _____

15. To the best of your knowledge, what percentage of all motor vehicle deaths are due to alcohol? _____ %

16. Has alcohol ever impaired your grades? Yes No

17. Has alcohol ever impaired your school performance beyond your grades?

Yes No

18. To the best of your knowledge, what percentage of cases are you aware of where alcohol use may have led to suicide? _____ %

19. To the best of your knowledge, what percentage of cases are you aware of where alcohol use led to a rape? _____ %

20. Have you heard of Alcoholics Anonymous -a support group for alcoholics?

Yes No

21. Have you heard of Al-Anon -a support group for friends or relatives of alcoholics?

Yes No

22. Have you heard of Alateen -a support group for children of alcoholics?

Yes No

23. What other programs or treatment are available for alcoholics? (please list those you are aware of):

24. How should we punish first time drunk drivers (please circle only one):

mandatory community service

mandatory fine

mandatory jail time

license suspension

mandatory treatment

other, please specify _____

25. What is your gender? : _____ male _____ female

26. What is your age? : _____ years

27. What is your ethnic background:

a. Caucasian

b. African American

c. Hispanic

d. Asian

d. Native American/Alaskan

e. Other

28. What level of education are you currently (please circle only one)?

Freshman (0-31 s.h.)

Sophomore (32-62 s.h.)

Junior (63-93 s.h.)

Senior (94 s.h.)

Graduate Student

29. What is your major? _____

Appendix B

Institutional Review Board Human Subjects Exemption Approval

August 4, 2006

Dr. Tammy King, Principal Investigator
Ms. Sarah Lynn Kiepper, Co-investigator
Department of Criminal Justice
UNIVERSITY

RE: HSRC Protocol Number: 06-2007
Title: Alcohol Use and Abuse

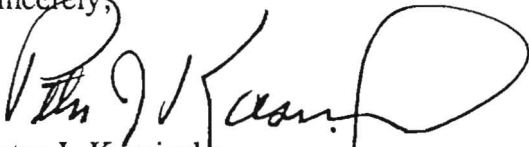
Dear Dr. King and Ms. Kiepper:

The Human Subjects Research Committee has reviewed the abovementioned protocol and determined that it is exempt from full committee review based on a DHHS Category 2 exemption.

Any changes in your research activity should be promptly reported to the Human Subjects Research Committee and may not be initiated without HSRC approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the Human Subjects Research Committee.

The HSRC would like to extend its best wishes to you in the conduct of this study.

Sincerely,



Peter J. Kasvinsky
Dean, School of Graduate Studies
Research Compliance Officer

PJK/cc

✓ c: Departmental File
Department of Criminal Justice

Appendix C

Letter of Request to Professors for Survey Completion

To:

From: Sarah L. Kiepper, Graduate Student, Criminal Justice Department

Date: August 1, 2006

Re: Alcohol Related Survey

My name is Sarah Kiepper and I am working on my thesis project in Criminal Justice. I'm requesting your assistance and I would appreciate your cooperation in having the Summer Session 2 students in your class(es) fill this questionnaire.

The students are to answer the questions, fold the questionnaire in half and turn it into you. I am then requesting that you send the forms to the Criminal Justice Department via campus mail, attention Dr. Tammy King. The survey should only take approximately 10 minutes to complete.

If you have any questions, please contact Dr. Tammy King, Chair of the Criminal Justice program at (330) 941-3279, or Ed Orona, Director, Grants and Sponsored Programs, at (330) 941-2377.

Thank you for your assistance.

Are You Under the Influence?: Measuring the Awareness of University Students About Alcohol

Abstract:

Alcohol abuse is a major problem in today's society. Ten percent of all people who consume alcohol develop an alcohol-use problem (Doweiko 2006). Kilbourne (2002) notes, "by some estimates just 10% of those who drink alcohol in the U.S. consume 60% of all alcohol ingested, and the top 30% of drinkers consume 90% of all the alcohol ingested" (Doweiko, 2006). Alcohol is infecting youth; people are beginning to drink at a younger age, while a higher percentage of adults drink more and more. College-aged students (and their parents) are advised to be aware of binge drinking, drinking games, "party schools," and how alcohol can influence their school performance from many sources including: websites, media, and universities themselves. Drinking alcohol can cause many problems, including alcoholism, which is now recognized as a disease by more than just those in the medical profession. A plethora of support groups are offered for those with the disease of alcoholism, and for those who suffer because someone they love is an alcoholic. Ohio has increased Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) laws, which penalize drunk drivers financially and possibly with incarceration. Domestic violence, homicide, rape, vehicular accidents, and suicide can also be enhanced by adding alcohol to the equation.

Through the use of a questionnaire, research will be conducted to gather information on college students' perception of the effects of alcohol. Findings from the

survey and a review of prior research will also be assessed. The primary investigator is interested in measuring the perceptions of college-age students on alcohol's influences.

Appendix D

Ohio Department of Highway Safety Resources List
for Alcohol-Related Help and Support Services

ADULT CHILDREN OF ALCOHOLICS

World Service Organization
PO Box 3216
Torrance, CA 90510
(310) 534-1815
www.adultchildren.org

AFRICAN AMERICAN FAMILY SERVICES

2616 Nicollet Avenue South
Minneapolis, MN 55408
(612) 871-7878
www.aafs.net

AL-ANON/ALATEEN FAMILY GROUP HEADQUARTERS

1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
(757) 563-1600
U.S. Meeting information: (888) 425-2666
www.al-anon.alateen.org

ALCOHOLICS ANONYMOUS (AA)

General Service Office
475 Riverside Drive
New York, NY 10115
(212) 870-3400
www.aa.org

AMERICAN COUNCIL ON DRUG EDUCATION (see Phoenix House)**AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)**

4601 North Park Avenue, Upper Arcade
Suite 101
Chevy Chase, MD 20815-4520
(301) 656-3920
www.asam.org

CENTER FOR ALCOHOL & ADDICTION STUDIES

Box G-BH, Brown University
Providence, RI 02912
(401) 444-1800
www.caas.brown.edu

CENTER FOR SCIENCE IN THE PUBLIC INTEREST (CSPI)

1875 Connecticut Avenue NW, Suite 300
Washington, DC 20009
(202) 332-9110
www.cspinet.org

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

One Choke Cherry Road
Rockville, MD 20857
(800) 729-6686 for Publications

(240) 276-2420 for General Inquiries
www.samhsa.gov

CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

One Choke Cherry Road
Rockville, MD 20857
(800) 662-4357 for National Helpline
(240) 276-1660 for General Inquiries
www.samhsa.gov

CHILDREN OF ALCOHOLICS FOUNDATION, INC.

164 West 74th Street
New York, NY 10023
646-505-2060
www.coaf.org

COCAINE ANONYMOUS

World Service Office
3740 Overland Avenue, Suite C
Los Angeles, CA 90034-6377
(310) 559-5833
(800) 347-8998 Hotline
www.ca.org

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA)

625 Flaters Lane, Suite 300
Alexandria, VA 22314
(703) 706-0560
(800) 54-CADCA
www.cadca.org

DRUG STRATEGIES

1616 P Street NW, Suite 220
Washington, DC 20036
(202) 289-9070
www.drugstrategies.org

EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION (EAPA)

4350 No. Fairfax Drive, Suite 410
Arlington, VA 22203
(703) 387-1000
www.eap-association.org

ENTERTAINMENT INDUSTRIES COUNCIL

10635 Santa Monica Boulevard, Suite 100
Los Angeles, CA 90025
(310) 446-7818
(800) 783-3421
www.eiconline.org

BETTY FORD CENTER

39000 Bob Hope Drive
PO Box 1560
Rancho Mirage, CA 92270

(800) 854-9211
www.bettyfordcenter.org

HAZELDEN FOUNDATION

Box 11
Center City, MN 55012
(800) 257-7800
www.hazeldcn.org

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTION

Case Postale 189
CH 1001 Lausanne SWITZERLAND
011 41 21 320 9865
www.icaa.ch

INTERNATIONAL NURSES SOCIETY ON ADDICTIONS

PO Box 10752
Raleigh, NC 27605
(919) 821-1292
www.intnsa.org

JACS (JEWISH ALCOHOLICS, CHEMICALLY DEPENDENT PERSONS AND SIGNIFICANT OTHERS)

850 Seventh Avenue, PH
New York, NY 10019
(212) 397-4197
www.jacsweb.org

JOIN TOGETHER

One Appleton Street, 4th Floor
Boston, MA 02116-5223
(617) 437-1500
www.jointogether.org

LEGAL ACTION CENTER

153 Waverly Place, 8th Floor
New York, NY 10014
(212) 243-1313
(800) 223-4044
www.lac.org

MARIN INSTITUTE FOR THE PREVENTION OF ALCOHOL & OTHER DRUG PROBLEMS

24 Belvedere Street
San Rafael, CA 94901
(415) 456-5692
www.marininstitute.org

MOTHERS AGAINST DRUNK DRIVING (MADD)

511 E John Carpenter Freeway, Suite 700
Irving, TX 75062
(214) 744-6233
(800) getmadd [438-6233]
www.madd.org

NAR-ANON FAMILY GROUP HEADQUARTERS, INC.

22527 Crenshaw Boulevard, Suite 200B
Torrance, CA 90505
(310) 534-8188
(800) 477-6291
www.nar-anon.org

NARCOTICS ANONYMOUS (NA)

World Service Office
PO Box 9999
Van Nuys, CA 91409
(818) 773-9999
www.na.org

NATIONAL ALLIANCE FOR HISPANIC HEALTH

1501 16th Street NW
Washington, DC 20036
(202) 387-5000
www.hispanichealth.org

NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACoA)

11426 Rockville Pike, Suite 301
Rockville, MD 20852
(888) 554-2627
www.nacoa.org

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS (NAATP)

313 West Liberty St., Suite 129
Lancaster, PA 17603-2748
(717) 392-8480
www.naatp.org

NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS (NAADAC)

901 N. Washington St., Suite 600
Alexandria, VA 22314
(800) 548-0497
www.naadac.org

NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS (NADCP)

4900 Seminary Road, Suite 320
Alexandria, VA 22311
(703) 575-9400
www.nadcp.org

NATIONAL ASSOCIATION OF LESBIAN & GAY ADDICTION PROFESSIONALS (NALGAP)

901 North Washington Street, Suite 600
Alexandria, VA 22314
(703) 465-0539
www.nalgap.org

**NATIONAL ASSOCIATION OF STATE
ALCOHOL AND DRUG ABUSE DIRECTORS
(NASADAD)**

808 17th Street NW, Suite 410
Washington, DC 20006
(202) 293-0090
www.nasadad.org

**NATIONAL ASSOCIATION ON ALCOHOL,
DRUGS, AND DISABILITY, INC. (NAADD)**

2165 Bunker Hill Drive
San Mateo, CA 94402-3801
(650) 578-8047
www.naadd.org

**NATIONAL BLACK ALCOHOLISM AND
ADDICTIONS COUNCIL**

5104 N. Orange Blossom Trail, Suite 111
Orlando, FL 32810
(407) 532-2774
www.nbacinc.org

**NATIONAL CENTER ON ADDICTION AND
SUBSTANCE ABUSE AT COLUMBIA
UNIVERSITY**

633 Third Avenue, 19th floor
New York, NY 10017
(212) 841-5200
www.casacolumbia.org

**NATIONAL CLEARINGHOUSE FOR
ALCOHOL AND DRUG INFORMATION
(NCADI)**

PO Box 2345
Rockville, MD 20847-2345
(800) 729-6686
www.health.org

**NATIONAL COUNCIL ON ALCOHOLISM
AND DRUG DEPENDENCE (NCADD)**

22 Cortlandt Street, Suite 801
New York, NY 10007-3128
(212) 269-7797
www.ncadd.org

NATIONAL FAMILIES IN ACTION

2957 Clairmont Road NE, Suite 150
Atlanta, GA 30329
(404) 248-9676
www.nationalfamilies.org

NATIONAL FAMILY PARTNERSHIP

2490 Coral Way
Miami, FL 33145
(800) 705-8997
www.nfp.org

**NATIONAL HIGHWAY TRAFFIC SAFETY
ADMINISTRATION**

400 7th Street SW
Washington, DC 20590
(202) 366-9550
www.nhtsa.dot.gov

**NATIONAL INHALANT PREVENTION
COALITION**

322-A Thompson Street
Chattanooga, TN 37405
(423) 265-4662
(800) 269-4237
www.inhalants.org

**NATIONAL INSTITUTE ON ALCOHOL
ABUSE AND ALCOHOLISM (NIAAA)**

5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-9304
(301) 443-3860
www.niaaa.nih.gov

**NATIONAL INSTITUTE ON DRUG ABUSE
(NIDA)**

6001 Executive Boulevard, Room 5128
Bethesda, MD 20892
(301) 443-4577
www.nida.nih.gov

**NATIONAL ORGANIZATION ON FETAL
ALCOHOL SYNDROME (NOFAS)**

900 17th Street NW, Suite 910
Washington, DC 20006
(202) 785-4585
www.nofas.org

**OFFICE OF MINORITY HEALTH
RESOURCE CENTER**

PO Box 37337
Washington, DC 20013-7337
(800) 444-6472
www.omhrc.gov

**OFFICE OF NATIONAL DRUG CONTROL
POLICY**

Executive Office of the President
750 17th Street NW, 6th Floor
Washington, DC 20503
(202) 395-6751
www.whitehousedrugpolicy.gov

**PARTNERSHIP FOR A DRUG-FREE
AMERICA**

405 Lexington Avenue, Suite 1601
New York, NY 10174
(212) 922-1560
www.drugfree.org

PHOENIX HOUSE FOUNDATION

164 West 74th Street
 New York, NY 10023
 (212) 595-5810
www.phoenixhouse.org

PHYSICIANS AND LAWYERS FOR NATIONAL DRUG POLICY

Box G-BH, Brown University
 Providence, RI 02912
 (401) 444-1817
www.plndp.org

PRIDE YOUTH PROGRAMS

4 West Oak Street
 Fremont, MI 49412
 (231) 924-1662
www.prideyouthprograms.org

REMOVE INTOXICATED DRIVERS (RID)

PO Box 520
 Schenectady, NY 12301
 (518) 372-0034
www.rid-usa.org

RUTGERS UNIVERSITY CENTER OF ALCOHOL STUDIES LIBRARY

607 Allison Road
 Piscataway, NJ 08854-8001
 (732) 445-4442
www.alcoholstudies.rutgers.edu

THE CHRISTOPHER D. SMITHERS FOUNDATION

PO Box 67
 Mill Neck, NY 11765

(516) 676-0067
www.smithersfoundation.org

STUDENTS AGAINST DESTRUCTIVE DECISIONS (SADD)

PO Box 800
 Marlborough, MA 01752
 (508) 481-3568
www.sadd.com

SUBSTANCE ABUSE LIBRARIANS AND INFORMATION SPECIALISTS (SALIS)

2000 Hearst Avenue, Suite 300
 Berkeley, CA 94709
 (510) 642-5208
www.salis.org

THERAPEUTIC COMMUNITIES OF AMERICA

1601 Connecticut Avenue NW, Suite 803
 Washington, DC 20009
www.tcanet.org

THE TRAUMA FOUNDATION

Building One, Room 300
 San Francisco General Hospital
 San Francisco, CA 94110
 (415) 821-8209
www.tf.org

WOMEN FOR SOBRIETY

PO Box 618
 Quakertown, PA 18951-0618
 (215) 536-8026
www.womenforsobriety.org