ALCOHOLISM PREVENTION:

Guide to Resources and References

National Institute on Alcohol Abuse and Alcoholism

Department of Health, Education, and Welfare
Public Health Service
National Institute on Drug Abuse, and Mental Health Administration
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Guide to Resources and References

Developed by
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This guide is intended as a compilation of literature pertaining to the prevention of alcoholism. Materials were chosen for inclusion by virtue of their quality; their specific relevance to alcoholism prevention, as opposed to the broader topic of drug abuse prevention; and their emphasis on primary prevention. Subject areas considered to cover the problem were selected and materials were classified accordingly. Even with the exclusion of secondary and tertiary approaches, prevention—and its literature—is multi-faceted. In the interest of accurate referencing and usefulness, therefore, some materials that do not conform to a discreet subject category appear more than once. In order to ensure that the guide is up to date, yet does not exclude important literature from the recent past, a 6-year span was chosen as the time period referenced. Therefore, only materials from 1973 to present—with the exception of a very few references to earlier, highly significant documents—have been included. We hope in this way to provide a comprehensive document of high quality that will be a useful tool to those interested in the prevention of alcoholism, particularly to administrators, educators, and policy makers.

Both primary and secondary document sources were searched. Documents in the NCALI database were examined for content and for leads to other prevention literature. The following computer data bases and secondary source publications were also searched:

- Alcohol Education Materials (Rutgers Center of Alcohol Studies)
- Comprehensive Dissertation Index, 1861–1972
- ERIC (Educational Resources Information Center)
- Hazelden Foundation Alcohol Data Base
- Journal of Studies on Alcohol (Rutgers Center of Alcohol Studies)
- Magazine Index
- Psychological Abstracts
- Readers' Guide to Periodical Literature
- Social Sciences Index

In addition to performing these searches, an attempt was made to cite the "fugitive literature" (documents not available through usual publication sources) on the subject.

Books, materials published in journals, and papers included in conference proceedings should be available at medical libraries and larger university and public libraries.
HISTORY


This pamphlet reviews the historical development of Federal drug abuse prevention programs, assesses their impact, reflects activities and themes, and recommends specific national prevention goals.


Statistics on the human and economic costs of alcohol abuse and alcoholism, and landmark legislation to deal with the complex problems, are cited. The failures of past alcoholism programs and attitudes which contributed to such failures are decried, and a new and massive effort emphasizing both treatment and preventive education is advocated.


An assessment is made of the progress to date of alcoholism prevention programs. Prospects of prevention are broken down into the following three major areas: (1) Fortifying personalities to better tolerate life stresses; (2) Reducing the stresses that force people into alcoholic escape; and (3) Modifying social drinking customs that perpetuate high alcohol consumption.


Policies and strategies of NIAAA's State Prevention Coordinator Program are discussed in terms of their national training program. Three major policies have been emphasized: (1) The promotion of the responsible use of alcohol; (2) The encouragement of primary prevention activities; and (3) The development of comprehensive community programming. (11 references)


The history of alcoholism prevention strategies is reviewed. Renewed interest in prevention dates from about 1960. There is no unanimity on methods, but 15 assumptions constituting common ground are described. Representatives of various disciplines should meet to state their assumptions, models, methods of operation and research results.


The uses of epidemiological studies of alcoholism are discussed in the context of a comparative evaluation of two different types of surveys. It is suggested that epidemiological studies can be useful in evaluating efforts at prevention. (74 references)


This paper presents an outline and historical review of past attempts to control alcohol use and abuse.
The author reviews alcoholism prevention and control measures in West Germany, Belgium, Austria, Switzerland, France, and England. Great Britain seems to have the most active and progressive alcohol education programs.

Rational self-counseling (RSC), based on therapy formulated by Albert Ellis (1962) and learning theories of Skinner, Mowrer, Rotter, and others, is advocated as an effective approach not only in treating alcoholism, but also in prevention. The authors cite previous studies that showed RSC to be an effective primary prevention experience for university students. (16 references)

A history of abstinence is offered, including a study of the methods of both religious and secular groups who espouse abstinence, a brief reappraisal of the temperance movement, causes leading to the decline of such groups, and recommendations to assess the potential within the present social context for new groupings of voluntary abstainers as one approach to prevention.

Advantages of the social learning model of alcoholism prevention and treatment are discussed in connection with reportedly successful research aimed at teaching moderation to alcohol abusers. A brief history of conceptual models of alcoholism is offered to put the prevention and treatment problems into perspective. (9 references)
CURRENT POLICIES, STRATEGIES AND METHODS, PHILOSOPHIES


The U.S. Office of Education program for development and support of classroom teacher training in alcoholism prevention in 55 States and territories is briefly summarized. Included is information on program goals and strategies, initial demonstration projects, and program decisions stemming from early experience. The effectiveness of demonstration models and research projects representative of this new teacher-training approach is discussed, and the outlook for the program in general is assessed.


The Arab countries are placed in three descriptive groupings regarding restriction and control of alcohol use. Charts showing the system of control used by eight Arab countries are presented.


The author defines prevention and delineates eight basic requirements for programs designed to prevent alcohol problems. He also describes three areas of data compilation that are prerequisite to implementation of a prevention program.


The author suggests that alcohol use is both functional and dysfunctional for the individual and society. A reasonable strategy for intervention in alcohol abuse and alcoholism and for prevention of these conditions is to improve the positive function of alcohol and to reduce the dysfunction. Some of the positive functions are encouraging drug-free alternatives to alcohol use for those who prefer not to drink, thus fostering a social environment which does not reinforce alcohol use to the point of abuse, and developing socially responsible use of alcohol by those who choose to drink.


According to the author, explaining alcoholism in terms of individual anomalies protects a powerful alcohol industry and the drinking public from the threat of more stringent public controls and from the realization that stronger ethical and cultural norms limiting the availability and use of alcohol are needed; above all, it provides an alibi for the alcohol industry. Also, referring to alcoholism as a disability stigmatizes and differentiates alcoholics from other drinkers, further encouraging the idea that the entire drinking public should not bear the cost of alcoholism prevention.


It is advocated that alcohol problems be defined solely in terms of harmful levels of alcohol, focusing directly on the substance of alcohol itself.
Implications of this theory are discussed in terms of a preventive policy for alcohol problems. (15 references)


The responsibility for controlling and reducing alcoholism must be assumed by all involved in the manufacture, sale, or consumption of alcohol, and all citizens should share the burden of reasonable restrictions on health hazards. A new alcohol policy based on just and reasonable limits on the availability, marketing, and consumption of alcohol is outlined. (42 references)


Recommendations for the prevention of alcohol-created problems are presented. Specifically, the author suggests: (1) Education of the medical profession in these problems; (2) More stringent laws on drinking and driving and unvarying enforcement of these laws; (3) Bans by all governments on all advertising of alcoholic beverages; and, most important, (4) Control of the production and limitation of the consumption of alcoholic beverages by a nonprofit organization maintained by the State.


Past and present education and mass persuasion campaigns on alcohol are reviewed, and implications of, and problems involved in, the implementation of such campaigns are examined. Various factors pertinent to mass communication efforts are discussed, including themes, target groups, modes of communication, message preparation and presentation, extent and depth of coverage, and effects. The lack of sufficient evaluative research on propaganda is noted, as are other problems such as poor coordination among campaign originators, low credibility and personal relevance of messages, the lack of a generally accepted alcoholism policy, and the low visibility of alcohol problems as a public issue. (88 references)


It is stated that the twin tasks of nonmedical health education are the substitution of new behaviors for problematic behaviors, and the primary preventive task of educating against problematic behaviors before they begin. It is contended that nonmedical health education must adopt and adapt the methods of its medical counterpart if it is to succeed. Analysis of successful campaigns reveal several common factors: 1) the adopted policy has the overwhelming approval of the majority, 2) the approved policy has been implemented by judicious use of the media (i.e., planning the message so as to get maximum response from the target audience). In conclusion, it is stated that nonmedical health education can be made to work as a measure of prevention. (4 references)


Four models for prevention of alcohol problems are described: (1) Social science; (2) Traditional public health; (3) Distribution of consumption; and (4) Proscriptive. It is suggested that the separation of preventive
activities from rehabilitative services is necessary for the emergence of a comprehensive alcohol policy. (18 references)


Research and conceptualization in primary prevention have been affected by two important developments occurring over the past decade or two. The first development has been a gradual shift in attention from predisposing factors in psychopathy to precipitating factors. The second development has been a gradual shift from thinking about the prevention of specific disorders to the prevention of disorders in general. (18 references)


This article discusses drug abuse treatment strategies appropriate for small urban and rural communities. Drug usage is viewed as symptomatic of broader societal problems, and the possibility of a community’s concern for drug abuse being channeled into concern for alcohol and tobacco abuse is suggested.


In the original paper the author concentrated on “physical” availability of alcohol. He found, after controlling for personal income and urbanization, no significant relationship of availability to alcohol consumption or alcoholism. This discussion emphasizes the need for consideration of all norms that bear upon alcohol use, both in evaluating a prevention policy and in forming normative approaches to prevention.


An economic, or supply-demand, model is proposed for the concept of prevention. Under this model, prevention is defined as the attempt to reduce the demand for drugs. Four strategies for reducing demand are discussed. The limitations of each strategy are discussed and, because of the prevalence of recreational patterns of moderate drug use, it is concluded that the prevention of all illicit drug use is not an achievable goal.


The authors state that various control measures have affected levels of alcohol consumption and, indirectly, alcohol-related problems. Possible alcohol control policies are outlined. It is suggested that the use of control as a strategy for prevention should be considered as an integral part of any comprehensive alcohol policy.


The authors’ plea for alcohol control includes a departure or at least a deviation from the current meaning of control. They advocate a shift in
goals from preventing drug abuse and dependence to minimizing the harmful effects of dependence. One course of action might be to minimize alcohol consumption and thereby mitigate its harmful effects. This sort of goal, its proponents argue, lends itself to clear, practical operational definition; policies directed at achieving it could be evaluated easily, and it is compatible with past successes because it focuses on institutional actions rather than on individual behavior.

The author reviews the difficulties arising from the limited scope of various programs, the contentiousness of different institutions in the alcoholism field, and policies which have largely neglected the primary prevention approach to alcohol problems.

A partnership between NIAAA and the licensed beverage industry in the battle against alcohol abuse and alcoholism in the United States is advocated. The director of NIAAA urges the industry to confront these issues and to take the lead in efforts to instill new levels of responsibility and respect for alcoholic beverages in American society.

Special emphasis is placed on the need for effective, quality alcoholism treatment programs and preventive education programs, the latter focused primarily on the alcohol problems of youth. The control of alcoholism is seen to have profound implications for the general welfare of society.

The author contends that tremendous amounts of money and energy have been spent to combat the drug problem in what now appears to be largely counterproductive ways. Education on alcohol and alcohol abuse must be integrated into the lives of the people. The government cannot hope to provide preventive education alone. The assistance of community and social organizations is also necessary.

Primary methods of preventing alcoholism, particularly those that will reduce the possibility of persons using alcohol to solve their life problems, are described. A preventive program is advocated in which educational institutions would provide theoretical information about alcohol and its use, with emphasis on the benefits as well as the deficits of alcohol.

The concept "education for living" is proposed as one method of reaching young people on the subject of alcohol abuse. Rather than depending solely on laws, we must look toward parental, school, and community guidance to prepare our youngsters for responsible participation in a society where 68 percent of adult persons drink. The author contends that we must develop a culture that deemphasizes drinking for the sake of drinking. Alcohol should be an adjunct for those who choose to drink, not the purpose or the means by which we function. (2 references)


Alcoholism is seen as a microcosm of all the unmet problems of civilized society. Its control is therefore advocated as a significant step toward general social welfare.


The author discusses the changing patterns of the Federal Government's participation in the support of human services at the state and local level and the strategies for involving human services agencies not having alcohol abuse as their primary concern, in an effort to include prevention of alcoholism in their service programs.


The author defines alcoholism as "the intermittent or continual ingestion of alcohol leading to dependency or harm." He rejects both the ideas of "problem drinking" and "disease" of alcoholism. From the prevention standpoint, more attention should be given to social and occupational factors susceptible to modification, and less to the internal milieu of the individuals affected.


The author discusses the problems of defining "alcoholism" for purposes of prevalence estimation. He argues that efforts toward establishing and interpreting rates of alcohol abuse and alcohol-related deaths would be more practical. Epidemiological methods commonly used for this purpose are reviewed. The question of how to halt or reverse the current trends in alcohol abuse is raised.


Methods used by epidemiologists in the field of alcoholism, such as prospective, retrospective and coincidence types of investigations, are described. It is recommended that governments adjust taxes as often as required to maintain a constant relationship between the price of alcohol and disposable income. (65 references)

A large proportion of recruits had experienced drinking problems before joining the Navy. It is suggested that Naval programs to ameliorate problem drinking must focus not only on prevention, but also on the reversal of existing peer-reinforced drinking habits and attitudes. (11 references)


The social-health approach to the prevention of alcoholism, recommended by the Liquor Regulations Committee of the Saskatchewan Legislature (Canada), seeks to use public policy to minimize the cost to society of the misuse of alcohol. Two different ways to achieve this objective are advanced; a social-health approach that seeks to combine these two views is outlined.


Teenage drinking is examined and basic figures on the prevalence of drinking among teenagers in five urban areas of Scotland are presented. A preventive measure for both alcoholism and other disorders, the Children's Hearing System of Scotland, is reviewed. Recommendations for prevention and treatment of alcoholism are included. (12 references)


The author defines alcohol as a drug which has created America's biggest drug problem. Education and prevention are seen as the only solutions to the problems of alcohol abuse and alcoholism.


Primary preventive measures include differential taxation of alcoholic beverages based on alcohol content; limiting the availability of alcohol; restricting advertising; health education programs directed at high-risk groups and professionals; and altering the environment, such as slum clearance and improved housing and income. Secondary prevention through early identification is possible in high-risk populations, such as children of alcoholics and suicide attempters. Treatment of alcoholism can be an important preventive measure if the emotional security of the children is thereby improved.


A report on excessive drinking in Alice Springs, Northern Territory, Australia, based on the findings of a recent survey, is briefly reviewed. Most people thought that alcohol problems could best be prevented by providing more opportunities for employment and recreation and by improving the living conditions; legal measures were also suggested. A committee composed of individuals and representatives of different organizations has been formed to implement the recommendations of the report.


Scientific research studies which explore the relationship of drinking to alcoholism and examine social factors pertaining to alcohol and drug
abuse are reviewed. It is noted that one-sided, negative alcohol education runs contrary to the experiences of many young people, thereby reducing the believability of all teaching on the subject of alcohol and drugs. (35 references)

Prevention programs aimed at a revision of attitudes and values contributing to alcohol abuse among blacks are advocated. In line with this objective, suggestions on alcoholism problem prevention for individual black drinkers and their loved ones are provided. (35 references)

The main challenges confronting the National Institute on Alcohol Abuse and Alcoholism are discussed by the former executive assistant to the director of that organization. Included is substantially increased attention to the prevention of alcoholism and drug abuse. (5 references)

According to the author, a significant reduction of alcohol and heavy drinking can be achieved only by curbing the average level of consumption. Education should be directed against heavy drinking. New legislation that would curb advertising and restrict availability of alcohol is essential, as is the need for the expansion of health and welfare services and alcoholism research.

The author provides information about the positive and negative aspects of alcohol and discusses current research findings on the treatment and prevention of alcoholism. It is emphasized that the prevention of alcoholism cannot be accomplished by punitive methods or prohibition.


Ecological approaches to primary prevention are described which place major emphasis upon the role of the community and the interdependent interaction of its subsystems: the individual, the small group, and the organization. In embarking on a significant effort at primary prevention, the following questions need to be addressed: who will be dealt with, who can provide services, how long efforts will be made before assessment of the effects, when prevention processes will be available, and where prevention processes will be applied. It is concluded that prevention has to do with the quality of the interactions and the degree of effectiveness of the primary institutions of a community in providing each person with increments of strength for coping with life.

The role a social-psychological theme plays in providing a perspective on prevention is addressed in this paper. The two major models for prevention—the normative model and the distribution of consumption model—were considered and deemed conceptually parochial. Primarily, the authors suggest that there exists a framework for alternative prevention approaches and that these approaches should receive attention in the prevention field. (10 references)


The current model of alcoholism prevention is based on three premises: (1) That awareness of "facts" about alcohol leads to a change in drinking; (2) That prevention programs centered around negative consequences of drinking will discourage excessive consumption; and (3) That a medical primary and secondary prevention model is applicable to alcohol education. The author contends that each of these premises has at its core some invalid statement. Until the cause of alcoholism is known, a primary prevention model is incongruous.


An introductory demonstration of the use of simulation and modeling in the study of alcoholism is designed to show the interactions of factors influencing the use of alcohol and the role of regulatory policies in alcoholism prevention. Preliminary research results suggested the feasibility of simulating alcoholism problems to guide experimental studies and to analyze regulatory policies as they affect alcoholism and the alcoholic beverage industry. (24 references)


The history of the disease concept of alcoholism is outlined and recent opposition to that conception and reasons for that opposition are discussed. As addiction constitutes a disablement in the medical sense, it is concluded that alcoholism is properly defined as a disease.


The major topics of the meeting included concepts and models of alcoholism, its etiology and epidemiology, and its treatment and treatment goals with special reference to community-oriented therapy. The volume's theme is much broader than the traditional medical perspective. It is noted that the medical and disease models of alcoholism are changing. A number of authors highlighted psychological, environmental, socioeconomic, and other variables.

The author strongly endorses a problem-oriented, "disaggregated" approach to prevention programming, both because of the comparatively higher risk of acute consequences than remote or chronic ones and because of the possibility of measuring the effects of prevention efforts with such a model. He proposes possible educational methods, suggests criteria for arriving at a final strategy, and discusses program evaluation. (6 references)


Four perspectives, or "assumptions," on alcohol use are discussed. After presenting the "Public Health" model of prevention (i.e. primary, secondary, and tertiary aspects), the author delineates various college approaches to primary and secondary prevention in light of the four assumptions. Three general methods of intervention are discussed and illustrated, often with specific programmatic examples: 1) change the drinking behavior, 2) change the reaction to, or consequences of, the drinking, 3) insulate the behavior from the potential problem or reaction. The pervasive tenet is that most college programs attempt to prevent alcohol-related problems by changing beliefs and attitudes, although regulatory methods are often used as well. (63 references)


Three contemporary approaches for the study of the family with implications for intervention methods directed toward the total family system are discussed.


A conceptual model is presented for understanding the nature and causes of abusive behavior based upon the dynamics between coping and stress, with an emphasis on the interrelationship between individual behavior and social-environmental influences. This model is directed towards primary prevention programs and the development of strategies to deal with the abuse problem. Successful primary prevention strategies must be based on a community systems approach that is ecological, community-wide and community-based. (18 references)


The major diseases afflicting adults in the United States and their susceptibility to primary (risk factor modification) and secondary (early intervention) prevention approaches are reviewed. To make more effective both primary and secondary approaches to medicine, the authors propose a 10-point program of selective screening and risk factor modification that is deemed achievable, practical, and acceptable to consumers. (135 references)


The problems of occupational alcoholism programming as they relate to employees of American firms who are assigned overseas are briefly discussed. Specific prevention and treatment strategies for companies with
overseas departments are proposed, the emphasis being on a systems approach comprising education, orientation, and prevention programs backed up by adequate treatment facilities and services. (5 references)


The Alcoholism Prevention Model Replication project of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is briefly reviewed. The author explains what replication is, why it is being done, what the goals of replication are, and how NIAAA intends to achieve these goals.


A model for conceptualizing and programming of primary prevention and promotion in all of the human services is offered, with special attention to mental health functioning. Strategies for both primary prevention and promotion may be directed to individuals or to the environment; but, in either case, the targets and the strategies must be clearly identified. Programs are often too global or too diffuse to be effective or credible. Working in closed social systems and sharp evaluation will help correct these problems. (15 references)

Noble, Ernest P. Address at the National Alcoholism Forum (San Diego, California), 30 April 1977. 37 pp.

The basic objectives of prevention strategy are elaborated. The application of prevention models is illustrated with reference to the NIAAA-funded Boys Harbor Teenage Alcohol Abuse Prevention Program in New York.


A primary prevention model is described that focuses on educational practices and interventions which contribute to developmental growth of the individual and on enhancement of the supportive function of the school and community. Various uses of this developmental model are suggested. (13 references)


The author contends that the problem of alcoholism can never be solved if only casualties are treated. A program of prevention or “intervention” is suggested, involving three elements; community, job, and home. It is stressed that success in any of these three areas cannot be attained without support from the remaining two areas.


Three aspects of prevention are discussed: primary prevention, which includes efforts to alter drinking habits and reduce the average consumption of alcohol; secondary prevention, consisting of early diagnosis and early treatment; and tertiary prevention, which is concerned with full treatment and rehabilitation. (52 references)

The conceptual framework and statistical foundation of the distribution of consumption model of prevention are examined and found wanting. It is argued that an alternative model offering more variables is necessary. (84 references)

Paterson, A.S. Dealing with alcoholism. *British Medical Journal* 2:1194, 1976. The policy of the World Health Organization to seek to diminish alcohol consumption is supported and is contrasted with the policies of the U.S. and British Governments that allow the alcoholic beverage industry to steadily increase sales of alcohol. It is suggested that support of WHO policy should be the first consideration in choosing a leader of new services to control alcoholism in Britain.


Recommendations are made in a number of areas, including mental health services, drug addiction and alcoholism. In the field of alcoholism primary prevention should include indoctrination in a sensible approach to alcohol as part of school health programs. If this is not included in the school curriculum, the HMO should provide such educational services. Children of alcoholics should receive special attention, including educational counseling. Secondary prevention of alcoholism, i.e., intervention before serious pathological changes have occurred, may be more successful.


In a peer approach to alcoholism prevention, a pilot project funded by NIAAA is using college students as models for high school students, high school students as models for junior high youth, and will eventually use junior high youth as models for elementary grade children. The models are tutoring troubled youth in academic subjects and jointly exploring facts about alcohol and the need for thoughtful decision-making about drinking.


Presentations on alcoholism prevention and treatment are included in this report of the South African National Council on Alcoholism and Drug Dependence (SANCA).


An editorial is presented concerning the role of the brewing industry in prevention of alcohol-related problems. To continue and strengthen its traditional role as a civilizing influence within society, the brewing industry must pursue with greater vigor the challenge of ensuring, by education, encouragement, and restraint, the beneficial use of its products.


This brief address comprises an elaboration of the development, growth, and some of the accomplishments of the Kentucky Task Force on Minority Alcohol Concerns. Conclusions based on the task force experience and proposals for meeting future treatment and prevention needs of black alcoholics are noted. (7 references)

Certain theories and models of alcoholism prevention based on manipulation of supply and price are outlined, and control mechanisms for curtailing consumption are examined. (26 references)


Alcoholism and alcohol abuse, which tend to be classified on the borderline between deviant behavior and psychiatric disorder, are the focus of a critical evaluation as an area of intervention marked by a considerable range of preventive strategies. It appears that current attempts to prevent alcohol abuse are based largely on unwarranted assumptions, which may themselves be preventing prevention. (65 references)


The objectives and goals of prevention are outlined. Control measures, treatment, education, mass persuasion, desensitization, alternatives to drinking behavior, and environmental manipulation are then each briefly discussed. A strategy aimed at one kind of problem with drinking may sometimes exacerbate other kinds of problems with drinking. A discussion among conference participants is recorded. (4 references)


Little systematic research has been conducted on the correlation of drinking control measures with drinking practice. Three hypotheses of alcohol control that are frequently explored in the literature are the "null" theory, the "constant proportion" theory, and the "inoculation" theory. These and other theories are defined and discussed. The author maintains that although a vast amount of research has been conducted and entered into the literature, it is from static studies rather than from studies of changing patterns. The result is that little cause-and-effect documentation is available for the control measures espoused.


The value of the prenatal clinic as a site for the prevention and treatment of alcohol-related problems is discussed in the light of the latest research on the hazards of alcoholism in pregnancy.


An alcohol abuse prevention model designed in accordance with the specific experiences and needs of the alcohol-abusing woman is presented. Various intervention strategies for prevention of female alcohol abuse are proposed. (26 references)


Alcohol prevention through family therapy is suggested as a possible mechanism for breaking the generational transmission chain of alcohol
It is recommended that family therapy be introduced and encouraged in treatment programs, alcohol education, and public information about alcohol abuse. (26 references)


Models of prevention, such as one based on the disease concept and one based on the "integration theory," are examined. The author recommends increased governmental control of availability and cost of alcohol in order to decrease the level of consumption among the population. (26 references)


The authors cite the ineffectiveness of the classical disease concept of alcoholism as a model for prevention, as no definable cause can be found. Further, they note that, with increasing evidence of chronic effects from sustained low-level drinking, the emphasis in primary prevention should be on controlling consumption levels in the general population. They suggest a prevention strategy comprising: 1) taxation on alcoholic beverages that reflects disposable income per capita, 2) a moratorium on relaxation of alcohol control measures, and 3) an education program to increase public awareness of the personal and societal impact of consumption levels. (14 references)


The control of alcohol consumption is discussed in the light of evidence that the level of consumption in a population is an important determinant of the prevalence of users of hazardous amounts. It is asserted that any control measure that affects overall consumption may also be expected to affect the prevalence of alcohol problems. At present, formulation of a control policy is constrained by unsatisfactory knowledge of the effects of most legal controls. The effect of price has been investigated more thoroughly than any other aspect of availability. The authors feel that, at this time, only limited recommendations for a health-oriented alcohol control policy can be justified. (5 references)


The authors defend both the premises for, and the significance of, the single distribution model of prevention, viz., inasmuch as the rate of heavy consumption of alcohol covaries with mean consumption in a population, and the probability of physical and social damage increases with heavy use, any measure that will reduce overall consumption is potentially important to a prevention program. They offer suggestions for stabilizing—as opposed to reducing—consumption. (48 references)


Primary, secondary, and tertiary alcohol abuse prevention measures are examined. These include education in the public media and schools, a legislative and an organic approach, early case finding and treatment,
and the recovery and rehabilitation of people with well-established alcoholism. (11 references)


The authors suggest that meditation could be an effective prevention method for potential users of alcohol, as well as a significant tool in helping the individual who already abuses alcohol. Between 11 and 40 percent of the meditation group reported discontinuation of alcohol use within the first 6 months; after 2 years this had increased to 60 percent. (10 references)


A prevention program should be built into an integrated total program which is essentially one of mental health and not isolated as a separate entity. A prevention program is not appropriate before high school; and it should include the pharmacology of drugs, the history of drug use in our society, the nature of dependence, legal issues, treatment modalities, and sociological implications in drug use. An interdisciplinary approach is recommended.


A review of information concerning the drinking habits of teenagers is presented. The effect of the lowering of the legal drinking age is explored. Possibilities for prevention of drinking and for dealing with existing drinking problems are discussed.


Two approaches to prevention of alcoholism and drug abuse are defined: (1) The sociocultural approach; and (2) The unimodal approach. It is felt that adherents to the sociocultural models tend to ignore the importance of per capita consumption in preventing alcohol abuse, but there are ample data to suggest that it may be necessary to reduce per capita consumption of alcohol and drugs in order to significantly affect the increasing rates of alcoholism and drug addiction.


The author expresses his concurrence with all points made in the original paper. In extending several of those points, he indicates a need for: greater emphasis on primary contact with a survey population—as opposed to statistical analysis; more involvement by researchers in longitudinal, prospective projects; a holistic approach to alcohol problems; and greater attention to individual differences in response to alcohol. Regarding this last issue, he differentiates between situation-specific and generalized alcohol dependence and comments on their meaning for prevention strategies.

In a survey of U.S. Army personnel in West Germany, a significantly greater percentage of abusers than nonabusers of hashish, amphetamines, opiates, and alcohol reported that they commenced use of alcohol, cigarettes, and coffee at age 12 or younger. The evidence from this and other research raises questions as to the possibility of preventing adult substance abuse by withholding alcohol, cigarettes, and coffee until age 13 or older. (27 references)


This report summarizes the basic organization and direction of the French alcoholism prevention campaign since establishment in 1954 of the High Commission for the Study of and Information on Alcoholism. The major governmental and private components of the program are reviewed, and current and future program priorities are elaborated.


A discussion of present, past and future approaches to intervention and prevention of alcoholism is presented, and recommendations are made. Research indicates that only intervention which progressively reduces incidence rates can offer any hope of controlling or eradicating disease. Such primary prevention approaches are not necessarily predicated on a complete knowledge of causes, since even a hit or miss interruption of a related chain of events may reduce incidence rates.


The author describes the theoretical and empirical foundations of the sociocultural and consumption distribution model approaches to alcoholism prevention. In trying to formulate a public alcoholism prevention policy that meets the goals of both models simultaneously without violating either, three approaches are offered. (44 references)


Suggestions for reducing the level of problem drinking include attitudes about the nature and purposes of drinking, reducing the availability of alcohol beverages, and eliminating or modifying advertisements about alcohol beverages. (30 references)


Alcoholism is presented as a matter of public responsibility rather than a concern merely for individuals and professionals most directly involved. In the delineation of this responsibility, the author investigates the place of alcohol in the American way of life. The alcohol industry, ethnic attitudes, and governmental regulations all contribute to and have the ability to reverse the patterns of alcohol abuse that exist in our society.

The author discusses gaps in current knowledge about preventing alcohol problems in women, describes seven prevention strategies and their potential usefulness for women, and suggests areas of needed research on women and prevention. (62 references)

This book deals with the social and individual implications of alcohol, tobacco, and drug use and abuse, and is recommended for use by educators, college-level students, and even front-line workers in substance abuse programs. Education and prevention are seen as the ultimate answer, but expansion of current rehabilitation and enforcement programs is also stressed. Each chapter has a separate bibliography.

Following presentation of a theoretical model program for alcohol prevention, a demonstration project is analyzed, emphasizing evaluation of program goals. A community-based approach to the prevention of alcohol abuse is recommended.

The principles of Alcoholics Anonymous are briefly discussed as they relate to recognition and treatment of the "prealcoholic" and hence to the entire question of alcoholism prevention. (31 references)
PREVENTION PROGRAMS


Results of a comprehensive national survey assessing the efforts of counties to provide alcoholism prevention and treatment services for their citizens are reported. Extensive tabular data on the county alcoholism services referred to in the text are provided in the appendices.


The state of the art of training and education in the field of primary prevention of alcohol abuse is discussed in the context of NIAAA guidelines. (116 references)


An interdisciplinary planning group report is presented in which an attempt is made by the State of North Carolina to focus on what can be done in the area of alcoholism prevention. It is recommended that a systematic logical effort be promoted by state governments in conjunction with local communities to develop resources and programs in addition to treatment in order to have an impact on reducing alcohol problems.


The organization, treatment approach, and effectiveness of the ACCEPT (Alcoholism Center Coordinating Education, Prevention and Treatment) program for the socially intact alcoholic patient in New York City are described.


This paper details the growth of the CASPAR Alcohol Education Program (Somerville, MA) during its first 2 years of development from 1974-1976 when it was selected as one of three prevention programs for national replication. The following areas are addressed: raising consciousness and mobilizing community support; gaining school administration acceptance; recruiting teachers for training; establishing a network of peer educators; training and consultation for human service agencies and evaluating prevention activities.


A survey conducted at various U.S. Army posts revealed that the drug and alcohol abuse patterns of soldiers exposed to Army drug education programs were not significantly different from those of soldiers who were not so exposed. These findings are corroborated by those of similar civilian studies. (14 references)

A description of the Jaycee alcohol abuse and alcoholism prevention program (Operation THRESHOLD) is given, and initial findings of the program are explicated. A variety of alcohol learning experiences for the training of Jaycee members are included.


An alcoholism education and prevention program was developed for the Eastern Idaho Community Mental Health Center, and the comparative effectiveness of differing modes of education and prevention within the program was assessed.


Statistics documenting the conservatism of the target community toward drinking and the problem drinker are presented, and the advantages of modern alcohol education in such a community are extolled. It is felt that this program of enlightenment in schools and to the general public helped to create an interest in the problems of alcoholism and the idea of responsible drinking. (6 references)


The Distilled Spirits Council of the United States, Inc. (DISCUS) advertising campaign, which encourages responsible drinking practices, contributes concretely to the cause of prevention. Other projects funded by DISCUS include the American Driver Traffic Safety Education Association and the National Council on Alcoholism's Education Association and Prevention Section workshop for educators, officials, and community leaders to explore techniques for youth-oriented program development. DISCUS is fully committed to supporting the cause of prevention of alcohol misuse.


Alcoholism prevention and education services in Oklahoma are described, with emphasis on those activities designed to decrease the incidence of new persons developing alcohol-related difficulties (i.e., primary prevention). The basic objectives of the Oklahoma Division on Alcoholism are noted, and brief summaries of the major prevention activities of several state and local organizations are provided. (10 references)


With a goal of influencing drinking traditions, the program discourages the practice of subsidizing drinks in “happy hour” settings and advocates the development of alternatives to alcohol consumption. These alternatives would include the establishment of facilities that do not depend on alcohol sales for their economic survival, and the provision of equally attractive nonalcoholic drinks at competitive prices wherever alcohol is served.


Prevention of alcoholism is discussed in light of the formidable position of alcohol in Australian society. It is suggested that educational facil-
itics, health and welfare services, and well-conceived legislation are necessary to bring the problem under control. (12 references)


Characteristics of a proposed comprehensive program of alcohol abuse services that would reduce the cost of the problem by reducing its scope are described. A community mental health approach to alcoholism that provides prevention, rehabilitation, and followup services is outlined.


An ongoing NIAAA alcohol information program, the University 50 + 12 Project, is described. The aims of the project include: 1) gathering information about campus drinking practices and attitudes, 2) disseminating information about alcohol use and abuse, and 3) encouraging the community to focus on alcohol issues and stimulate new education and communication efforts. The emphasis of the project on primary prevention is stressed. The general findings of project staff campus visits are detailed, and some of the individual campus programs are summarized. Suggestions for future efforts are presented. (3 references)


This booklet reviews the rationale and definition of prevention to be used by the Minnesota Alcohol and Drug Authority and presents the concept of a prevention support system as a means of facilitating and nurturing community-based primary prevention efforts within a whole State.


This booklet was written to provide a lay readership definition of primary prevention activities and the support system for these activities in Minnesota.


The author, responding to questions recently raised regarding the ability of local governments to finance alcohol countermeasures patterned after those of the ASAPs, details methods by which such programs can be economically conducted.


Recommendations for alcohol abuse and alcoholism primary prevention programs are made based upon the belief that these programs should reduce the incidence and occurrence of new cases of problem drinking in the population. In order to achieve the prevention goal to maximize beneficial use and eliminate destructive use of alcohol, public standards must be established for acceptable and nonacceptable use. As areas of consensus about standards emerge, they should be incorporated into the ongoing public health education activities of every State and local health agency which has a mission in the field of alcohol control.

This study presents an analysis of the discussions and findings of two seminars on the problems associated with alcohol and drug dependence which were sponsored by the World Health Organization in 1971 and 1972. Examples of preventive and treatment services in six countries are presented, and legal and penal aspects of addiction and research and program planning issues are discussed.


"Prevention/Rehabilitation Programs and the Black Community." Report, University of New Mexico at Albuquerque Institute for Social Research and Development, 1974. 34 pp. Results of a questionnaire and personal interviews showed that 64 percent of the agencies and 94 percent of the black residents felt that prevention and rehabilitation services were not meeting the needs of the black community. The need for better relations and communications between the agencies and the community is emphasized.

Sharfstein, Steven S. Neighborhood psychiatry: New community approach. Community Mental Health Journal, 10(1):77-83, Spring 1974. The author describes the function of a neighborhood psychiatric team, using a family life center as a base of operations for a comprehensive preventive and treatment program in one neighborhood of Boston. The advantages of working in a neighborhood—early intervention in crisis with individuals and agencies, accessibility to the entire family, integration with general health services, and easy followup and aftercare of recently discharged psychiatric patients—are described with case examples.

Sherbini, I.H. Prevention, a way of life. In: Tongue, E.J., and Moos, I., eds. Papers Presented at the 23rd International Institute on the Prevention and Treatment of Alcoholism. Lausanne, Switzerland: International Council on Alcohol and Addictions, 1977. pp. 331-338. The Islamic religion represents history's most successful attempt at alcoholism prevention. Prohibition was a part of a process of remodeling the whole society, based on religion, and of branching through all aspects of day-to-day life. According to the teaching of the Islamic religion, waste of time, money, youth, and health are prohibited, and everyone will be asked on the Day of Judgement how he spent them.

GROW, an anonymous community mental health organization, has 200 groups in Australia, which were known until recently as recovery groups. The name was changed in order to meet the increasing demand for the groups' services in prevention as well as in rehabilitation. Concepts of the program are outlined briefly. Prevention philosophy aims to teach people how to live.


The prevalence of drug and alcohol use among Montana Indian youths, age 6 through 18, was surveyed in 1975. It is concluded that research and findings from other cultures do not apply to the American Indian. More research into the differences and needs of this population is called for to obtain effective prevention programming.


The extent of the alcohol problem in the U.S. Navy, current theories of prevention, and the Navy's application of the prevention concept to reducing the high incidence of problem drinking are discussed. The author cites the need for a long-range, comprehensive, and multifaceted prevention program to supplement treatment and rehabilitation of problem drinkers. (122 references)


The author touches on the unevenness of alcoholism prevention in the countries of the world. Awareness and preventative programs are aimed more at dangerous drugs than they are at alcohol in most countries. However, in areas like the Caribbean, Latin America, Africa, Australia, and New Zealand, alcoholism is receiving increased attention.


An outline is presented as a possible guideline to be utilized in negotiations with parties interested in the development of a primary prevention program around the construction of the Trans-Alaska Pipeline. It was developed without extraordinary knowledge of Alaska, the Alaskan people, the available resources, or the Alaska Pipeline Company. The specific program measure of the outline is divided into three parts: altering the environment, strengthening community resources, and strengthening individual resources.

Wallack, L.M. "An Assessment of Drinking Patterns, Problems, Knowledge and Attitudes In Three Northern California Communities." Report, School of Public Health, University of California, Berkeley, California, April 1978, 320 pp.

This is a thorough report that describes the three study sites of the California Prevention Demonstration Program. The study covers the following topics: drinking patterns, drinking problems, intoxication, radio and television habits, exposure to alcohol-related messages, perceptions of community problems, knowledge and attitudes about alcohol-related issues, perceptions of community norms, and social contexts of drinking. There are detailed charts, statistics, and questionnaires accom-
panying each chapter. The report will serve as a tool for future planning activities related to prevention demonstration.


Estimates of drug use among Vietnam returnees are presented, and additional drug and alcohol education and prevention programs are discussed. Plans for drug and alcohol abuse prevention programs in 1974 are presented.
SPECIFIC ASPECTS OF PREVENTION

HIGHWAY SAFETY


Alcohol enforcement countermeasure programs are discussed in terms of the problem drinker in society and what can be done to counter the problems which he causes on the highway. Problems encountered by the police in enforcing drinking-driving laws are outlined.


Data on alcohol-involved traffic accidents in California suggest that drinking drivers, especially males, aged 20–24 years, are a high risk for alcohol-involved highway crashes. A tentative typology of young drinking drivers is developed. The various types of drivers described need different kinds of treatment, prevention, rehabilitation, and degrees of control. (15 references)


A report aimed at Air Force flight surgeons explores the problem of alcohol and aviation. It is suggested that an area of potential research is the role hangovers play in aviation accidents. (33 references)


The current focus of the National Highway Traffic Safety Administration’s TV campaign is to effectively educate the public through a mass media campaign. By showing two short commercials, “Teddy” and “The Bartender,” NHTSA emphasizes friendship as a means to prevent drunken driving. The slogan that appears in both commercials is “friends don’t let friends drive drunk.” In addition to the play on friendship, the commercials subtly dispel some myths about drinking and driving. The effectiveness of the campaign can be seen through a survey NHTSA took after the commercials were aired.


Studies on the prosecution of drunken driving cases show that punitive or prohibitive measures have been only partially successful. It is suggested that a clinical approach would provide a more positive, therapeutic, and preventive method of dealing with DWI offenses. Treatment recommendations include elements of discriminated aversive conditioning and other versions of behavior modification techniques. (7 references)


Results of a national study of adults aged 18–55 dealing with drinking and driving risk, attitudes towards drunk driving action, and communications strategies for encouraging personal action to prevent drunk driving are reported. Findings and recommendations based on a probability sample of 1600 persons are presented, and target populations for advertising are differentiated on the basis of life styles and personality profiles. (21 references)

An alcohol education program designed for the drinking driver as an adjunct to judicial approaches is discussed. A session-by-session format is described. The initial evaluation of the program points to a reduction in the recidivism rate of DWIs. (16 references)


Investigations of the preventive effect of different types of prison programs on the recidivism rate of subjects convicted for drunken driving were conducted. It was concluded that severe punishment was not effective in reducing recidivism rates. Suggestions for a new penal policy on drunken driving are proposed.


Studies of the effects of legislative changes on driver behavior indicate that severe penalties alone do not deter the majority of potential drinking drivers; the public appears to be ignorant of the laws and their consequences. It is suggested that highly visible law enforcement activity such as the use of specialized patrols and random roadblock checks, combined with public education programs, would increase the public's awareness of the chance of being apprehended, and thereby increase the general deterrence of driving-drinking.


The author reports on the status of the U.S. Department of Transportation's extensive, nationwide public information and education program on drunk driving. The basic premise of the entire alcohol countermeasures program is that the excessive, abusive use rather than normal, moderate use of alcohol by a relatively small segment of drivers causes most alcohol-related traffic fatalities.


Changes in legislation that have been proposed are: raising the drinking age, requiring mandatory identification cards, raising the driving age, granting probationary licenses that can be revoked for alcohol-related offenses, initiating comprehensive driver education, lowering the legal limit for blood alcohol concentration, and increasing roadside breath testing. Each of these proposals is assessed on the basis of the information available. (29 references)

The author notes that if the mortality and morbidity caused by drivers under the influence of alcohol is to be reduced effectively, legislation must insure not only that the drinking driver be detected and convicted, but also that the case be disposed of in such a way as to minimize a recrudescence of the offense. A need is cited for legislation to be associated with an effective program of driver education. (46 references)


Public education as a drinking/driving countermeasure in New South Wales is explored. Despite an increase in consumption of alcohol throughout Australia, surveys conducted before and after the campaign reflected a reduction in convictions and a lowering of blood alcohol level in convicted drivers.


The authors detail recent findings on BAC level determinations in traffic casualties in Victoria and South Australia after briefly reviewing the development of Australian legislation pertaining to DWI. Initial experience associates elevated BACs with road crash victims seen in hospital casualty departments. Other evidence indicates that such subjects have long-standing drinking problems. If confirmed, new methods for education and rehabilitation will need to be devised to handle the DWI problem. (14 references)


This book is an outgrowth of Landstreet’s experience as project director of the Fairfax County (Virginia) Alcohol Safety Action Project (ASAP), one of 35 such demonstration projects funded by the Department of Transportation in an effort to get drunken drivers off the road and reduce the number of alcohol-related accidents and fatalities. The author attempts to provide a detailed guide for interested community leaders and officials to establish similar projects in their own States or communities.


The authors contend that the lowering of drinking ages is correlated with the increase in alcohol-related highway fatalities among adolescents and the increased accessibility of alcohol to younger teenagers. Proposals aimed at alleviating the problem are presented. (8 references)


Literature published in 1973 and 1974 on the legal aspects of driving-drinking is reviewed; included are not only legal articles but also pertinent information published in scientific and other nonlegal journals.
The references are grouped as follows: (1) experimental studies on the effects of alcohol ingestion on driver performance; (2) field studies of the above; (3) measurements of blood alcohol and drug concentrations; (4) identification of problem-drinking drivers; (5) evaluation of countermeasures; and (6) legal and constitutional issues in enforcement of driving-drinking laws, adjudication, and sentencing. An additional listing of 80 periodicals, government reports, books, and bibliographies is appended.


The authors describe an experiment whose data revealed that subjects did not learn to discriminate their blood alcohol levels on the basis of internal cues. The results are discussed in reference to the utility of blood alcohol level discrimination training in alcoholism prevention programs.


DWI Phoenix, a corrective course for persons convicted for driving while intoxicated, is described, and the results of a study on its effectiveness are presented. (23 references)


This report reviews the progress of the Public Information and Education Countermeasure (PI & E), aimed at creating an awareness of drunk driving as a serious problem and persuading people to actively intervene in potential DWI situations to prevent the occurrence of excessive drinking and driving. It documents the need for effective public information and education programs, evaluates the overall effect of the effort, and describes implications for future directions and activity. The countermeasure proved very successful in attempts to provide accurate information about the causes, severity, and consequences of the alcohol/driving problem.


The author discusses some implications for alcohol prevention resulting from an experimental trial of crisis intervention following road accidents. (19 references)

Seixas, Frank. The voluntary health agency and its efforts to enlist the support of the medical profession in the campaign against alcoholism. In: *Alcohol/Safety Public Information Campaigns: Seminar No. 6*. New York: Public Communication Group, Highway Safety Research Institute, the University of Michigan at Ann Arbor, 1975. pp. 33–41.

A five-locale pilot program to distribute specified materials on the dangers of alcohol misuse to physicians, particularly in combination with driving, was reviewed. It is recommended that future programs include advanced publicity, training of volunteers, hand delivery of packets, continued followup, and a reorder form in the packets.

This article describes the adaptation of alcohol countermeasures to a Canadian situation. It is concluded that the program, though still inadequate in some respects, works—possibly because it helps people switch from intellectual to gut awareness and emotional acceptance.


This manual for teachers, designed for implementation in secondary schools, presents background and administrative information for an instructional program aimed at reducing youth involvement in alcohol-related vehicle crashes. Instructional aids, consisting of tests and traffic-related problems, are included.


The manual, designed for one-and-one-half-day workshops with 20 to 40 judges who handle driving while intoxicated (DWI) cases, is directed toward the exploration of new sanctions and treatments, increased coordination and communication with other agencies involved, and public education concerning the scope of the drinking-driver problem. It is one of the five workshop manuals developed to assist State and local agencies involved in programs related to the drinking-driver problem.


The manual is designed for one-and-one-half-day workshops with 20 to 40 law enforcement professionals who handle driving while intoxicated (DWI) cases. Activities include: small group exercises, an examination of two typical DWI case studies, an alcohol awareness seminar involving breath analysis, and followup discussions of current approaches to the drinking-driver problem.


The manual is designed for one-and-one-half-day workshops with 20 to 40 local officials of various agencies from a single jurisdiction (e.g., county) who have responsibility for alcohol-highway safety. Activities include: discussion of nature and scope of the problem, homogeneous small group plan-of-action discussions, and heterogeneous small group plan-of-action discussions.


The manual is designed for one-and-one-half-day workshops with 20 to 40 State officials who initiate or further team efforts to cope with the drinking driver. Activities include: small group exercises, discussion of the nature and scope of the problems, deficiencies of the analysis, and plan-of-action discussions.


The author concludes that the lowering of the legal drinking age leads to an increase in collision behavior of young drivers, particularly
alcohol-related collisions. Traffic safety, as it relates to prevention of alcohol-related problems among young people, is discussed. Included are specific suggestions for social policy changes in this area. (116 references)


Recent studies show that young people are driving in increasing numbers, consuming more alcohol and drugs, and increasingly combining these behaviors. These factors are related to rising collision rates in this group, particularly in jurisdictions in which the drinking age has been lowered. In addition to reducing the availability, lowering the legal blood alcohol limit, random roadside screening, and increasing enforcement and publicity, measures such as raising the drinking age in areas where it has been lowered and instituting probationary licensing schemes for teen-agers are recommended. (43 references)


The material presented in this 28-page booklet is intended to generate discussions among students, teachers, and parents about alcohol and thereby help people to focus on the way alcohol affects their lives. Representative topics are "What Does Alcohol Do to a Person?" and "What You Are Drinking!" A two-page teacher's guide is included.

PUBLIC HEALTH


The public health approach to alcohol problems—reduction of alcohol consumption and minimizing problems for the largest possible group through controls of production and distribution of alcohol—is contrasted with the view of many experts that alcoholism is an individual disability, and with the policy of the National Institute on Alcohol Abuse and Alcoholism in focusing on developing treatment resources and campaigning to teach responsible drinking.


The central thesis of this article is that public health is ultimately and essentially an ethical enterprise committed to the notion that all persons are entitled to protection against the hazards of the environment and to the minimization of death and disability in society. Prevention would serve in this scheme as the set of priority rules for restructuring existing market rules in order to maximally protect the public. The adoption of a new public health ethic and a new public health policy, however, must and should occur within the context of a democratic polity. (41 references)


The author considers alcoholism, with its many ramifications, to be a unique challenge to community medicine. It is generally agreed that alcoholism prevention, and the treatment and aftercare of the alcoholic
person and his family, cannot be undertaken by any one of the health professions acting alone. A discussion is included on the manner in which future efforts of community physicians can be combined to insure that alcoholism is given the priority it requires in a comprehensive scheme of health care.


Recommendations to the Health Education Council call for a program against the abuse of alcohol rather than the total rejection of its use. The idea is that health education should be aimed at the stage before compulsive and continuous drinking has developed. This means attempting to implant a belief in moderation as opposed to abstinence.


A new variable, the legal availability of alcoholic beverages, associated with alcoholism mortality apart from urbanization is identified. It is suggested that the probability of an interaction between attitudes and availability should be examined for its implications in the prevention of alcoholism. (14 references)


It is urged that public health departments organize programs for the prevention and screening of important noninfectious diseases. Recommendations for preventive regulatory and economic control measures are made for alcohol and other recognized agents of disease and death. Health education and public health screening programs for risk factors (e.g., taking drinking and smoking histories), as well as for disease, are advocated.

DETERMINANTS OF ALCOHOLISM


A historical perspective of alcoholic cardiovascular disease and its clinical picture is presented. Studies suggest that the earliest stage of alcoholic cardiomyopathy is subclinical or latent, thus more widespread than realized. According to the authors, acknowledging the possible multicausal nature of the disease may stimulate further research and give added impetus to a preventive approach stressing secondary as well as primary prevention. (66 references)


Social factors involved in the development of alcohol addiction are examined. The point is made that a large part of alcoholism prevention would entail group attitudes that are opposed to deviant drinking. (12 references)

After reviewing recent studies concerning variables in social history, personality characteristics, social role confusion, and possible treatment methods for alcoholic women, the author suggests that additional research be conducted in these and a number of other vital areas. It is suggested that future studies be aimed at examining factors that motivate drinking in women, personality theories, and differentiations between subgroups of alcoholic women. (109 references)


Three groups were surveyed to determine if attitudinal differences regarding alcoholism are related to consumption. Groups were: Alcoholics Anonymous (AA), college students, and members of a nondrinking religious sect. It is concluded that knowledge of alcohol use and attitudes toward alcohol make for more effective prevention and treatment programs.


The author discusses various controls that are imposed, either through laws or mores, on drinking practices. The purpose of these controls is to regulate who can drink, how much, under what conditions, and at what penalty for overindulgence. In considering the drinking and driving laws, for example, we are presented with a situation in which the laws, although taken seriously, are enforced half-heartedly. The conclusion is drawn that an existing law or social custom may well be ineffective as a tool of prevention.


A review of the research on alcoholic women is presented. The magnitude of the problem, life situations that trigger the onset of problem drinking in women, sexual adjustment, troubles due to excessive alcohol consumption, and treatment outcome are discussed. Knowledge of possible differences between female and male alcoholism is felt to be essential so that correspondingly different treatment and prevention methods can be put into effect. (37 references)


This is a first report by the World Health Organization of its study of the nature, prevention, and treatment of the physical, psychological, and socioeconomic consequences of heavy drinking.


The research literature concerning physiological, psychological, and social factors related to problem drinking in women is reviewed, and drinking behavior and patterns of alcoholic women are examined. Evidence concerning shrinking male/female alcoholism ratios is presented. Differences between alcoholic men and women are described in terms of clinical data, past history, deviance from normative behavior, and prognosis and response to therapy. (82 references)

A study of public attitudes toward price increases for alcoholic beverages among a cross section of adults aged 18 or over in Ontario indicated that about half of the public support the present pricing policies and that most drinkers (68 percent) support a change toward higher prices as a measure of preventing alcoholism. The major of those unwilling to pay more for alcohol felt an increase in prices would not reduce alcoholism and would discriminate against poor people, or favored other methods. Most drinkers felt that a price increase would not affect their drinking.


The text, a compilation of chapters by contributors, presents an overview of alcohol and alcohol abuse in Black communities. Topics include the etiology of alcoholism in Blacks, alcoholism in the urban Black population, case studies of Black alcoholics, counseling the Black alcoholic, a model for training Black alcoholism counselors, and alcohol and crime in Black America. Research issues, adolescent alcohol use, alcohol information, and effects of alcohol on the body are also examined.


Various studies on youthful drinking in the United States, Scandinavia, and Scotland are cited as early models for the present study being undertaken by the staff of the Medical Research Council (MRC), particularly a pilot project carried out in mid-1975. Although the author makes no claim to being an authority in health education, she voices the hope that educators might find the material useful in mounting a prevention campaign. (3 references)


Controversial aspects of the sociocultural model are addressed. Anthropological methodology, with its emphasis on nondirected interviewing technique, is called into question. It is felt that the sociocultural model has expanded knowledge concerning alcohol and human behavior, and the recognition of subcultural variants (ritual and symbolism) and their influence on drinking habits. It is stated that the fundamental weakness of the sociocultural model lies in the tendency to compare incomparable entities. Finally, needs for future studies are discussed. (29 references)


It is suggested that the relationship between attitudes toward alcohol and drinking behavior have implications for treatment and preventive educational measures. The experimental manipulation of various attitudes toward alcoholism hints at the direction of future research. (22 references)
The problems of student drinking, ethnic differences, and the effects of alcohol on the brain are discussed. The author attributes a large percentage of drinking problems to our cultural inability to accept alcohol on a matter-of-fact basis. Suggestions are given regarding education about alcohol and methods of alcoholism prevention. Statements from noted researchers are applied to theories concerning cultural and peer group influence on drinking behavior.

In reviewing the problem of alcohol abuse by adolescents, the author notes that a predominant factor in the family history of youths who have alcohol problems is the drinking behavior of the significant adults in their lives. The author outlines some methods of education, prevention, and treatment. (7 references)

As part of a federally funded Demonstration Alcohol Education Project, data were gathered over a 2-year period on the relationship of alcohol use to medical and mental health problems observed in outpatient clinics at the University of Massachusetts. Four separate forms involving three survey techniques were implemented. The author notes the predominance of acute, rather than chronic, alcohol-related problems. (3 references)

Although there is no typical alcoholic personality, the author believes that certain traits emerge from the literature. General recommendations are made that the productive use of leisure time needs to be taught as a preventive measure. (23 references)

Religious belief and practice were significantly associated with increased frequency of drinking, attitude toward alcohol use, and experience with marijuana, LSD, barbiturates, amphetamines, and cigarette smoking. The religious factors examined include belief in God, frequency of attendance at religious services, and the number of those who consider drinking a serious misdemeanor. (12 references)

Study findings indicate peer-group pressures have greater influence on student drinking behavior than do family-related factors. Students were asked to choose the one drinking pattern (out of seven derived from Mann) that best corresponded to their own. The author suggests adoption of a generally more relaxed attitude toward alcohol, based on ambivalence which was demonstrated by age at and place of introduction factors. Tables are included.

Three major governing images of alcohol problems are reviewed. It is concluded that governing images have distorted and limited discussions on the prevention of alcoholism and have created a cultural ambivalence toward the subject. Measures to encourage nondrinking behavior are suggested. (41 references)

Internal-external locus of control and alcohol use were investigated among high school students, and it was found that external control was positively related to problem-oriented motivations and social complications. A developmental model for the relationship between internal-external control and drinking is proposed.


The families of alcoholics display symptoms that reflect and replicate the alcoholic’s behavior: tolerance of unacceptable behavior, loss of control over drinking, obsession with alcohol, rigid response patterns to alcoholism that simulate compulsive behavior, and personality changes caused by attempts to ensure continuation of the system. Family thinking could help to prevent alcoholism in the next generation by offering the children of alcoholics new models for coping. Family thinking should be introduced and encouraged in treatment programs, alcohol education, and public information about alcoholism.


The concept of availability of alcohol is examined from the standpoint of definition problems encountered in its study and the results of empirical research. With the exception of self-service stores, changes in number and hours of alcohol outlets appear to have little influence on consumption. Methods of analysis, the effects of total prohibition, the somewhat equivocal results of Finnish studies on availability, and current world trends in consumption demand are considered in relation to their effect on per capita consumption. (37 references)


A study was designed to examine the relationship between overall availability and per capita consumption and liver cirrhosis rates in the 50 States and the District of Columbia. Results indicated that the correlation between per capita consumption and availability is positive and significant. It is suggested that slight changes in availability may have relatively little effect upon either consumption or problems, provided neither income nor urbanism is changed. (8 references)


The author expresses his concurrence with all points made in the original paper. In extending several of those points, he indicates a need for: greater emphasis on primary contact with a survey population—as opposed to statistical analysis; more involvement by researchers in longitudinal, prospective projects; a holistic approach to alcohol problems; and greater attention to individual differences in response to alcohol. Regarding this last issue, he differentiates between situation-specific and generalized alcohol dependence and comments on their meaning for prevention strategies.

The author discusses two cultural concepts, the Sapir-Whorf hypothesis and cultural relativity, as they relate to alcohol use and abuse. Alcohol consumption viewed from the anthropological perspective is ruled by limits and time-outs unique to each culture. Implications for alcoholism treatment, rehabilitation, and prevention are suggested.


In the author's viewpoint, epidemiological evidence suggests that the number of alcoholic people in a society can be reduced by decreasing the overall consumption in any given social system. (26 references)


Differing outcomes in those situations where alcohol control measures have been liberalized are described in three countries—Canada, Finland, and the United States. In Finland, the availability of medium (3.5) beer increased per capita consumption nearly 50 percent between 1968 and 1969. In Canada and the United States, lowering the drinking age has coincided with a steep increase in alcohol-related collisions of young male drivers. The theoretical relevance of this to future social policy is discussed. (33 references)


Discusses the theoretical and empirical foundations of two models for the prevention of alcoholism: the sociocultural model and the more statistically oriented, distribution of consumption model. Ways in which some of the models' divergences can be reconciled in the formulation of public policy are suggested. (44 references)


Data from a 1968 survey on the attitudes of London, Ontario, secondary school students relative to the desirability of intoxication with drugs are presented. The results suggest that, at that time, messages encouraging moderation or even abstinence in the use of alcoholic beverages would have been in conformity with values already held by broad sectors of the student population. (22 references)


When low alcohol-content beer (3.9 percent alcohol by volume) was introduced into the province of Ontario in 1975, an investigation of 76 regular users revealed that the marketing of the new product led to an increase in the number of situations where alcoholic beverages are used and to an increase in the use of beer as part of some people's drinking practices. (10 references)
The question of why certain people who drink become alcoholic while others remain moderate social drinkers is examined from standpoints of heredity, physiology, sociology, and personality. Methods of treatment, rehabilitation, and prevention are reviewed. (20 references)

Alcoholism and sex roles viewed from a psychological perspective lead the author to conclude that sex-role conflict is a significant contributing factor in alcoholism among women. Two different patterns of sex-role conflict are reported: 1) conflict between conscious femininity and less conscious masculinity, and 2) consciously desired masculinity conflicting with self-perceived femininity and/or social demands for traditional feminine behavior. Possible areas of change include personal predisposing factors that create needs for the effects of alcohol and social orienting factors that allow women to drink to satisfy those needs. (74 references)

The existence of a personality type in which the individual is predisposed to alcoholism is questioned in this article. It is concluded that the alcoholic personality may be one characterized by certain predisposing traits that may be triggered by specific environmental stresses. (17 references)
EDUCATION

ALCOHOL EDUCATION IN SCHOOLS


This guide focuses on grades kindergarten through six and discusses the following topics: why alcohol education is important; what should be taught about alcohol; and how alcohol education should be taught. The guide also includes a resource list for use by the teacher.


This teacher's curriculum guide is designed as an interdisciplinary resource on alcohol education for teachers of grades 7 through 12. The guide includes suggested content information for the teacher (alcohol in history, current attitudes toward drinking, reasons for drinking and abstinence, alcoholism, alcohol and driving) and teaching resources.


This curriculum guide is designed as an interdisciplinary resource on alcohol education for teachers of grades 7 through 12. Developmental traits are discussed, and objectives and learning experiences are presented. A division is made between grades 7 through 9 and 10 through 12, with each set of three grades considered separately.


The Holland Patent Project, centered in community schools in Holland Patent, New York, aims at teaching responsible alcohol use. Community volunteers and peer counselors conduct classes in values clarification for both students and parents, and emphasize basic responsibility concepts and coping with peer pressures. Although alcohol consumption has not decreased, there has been a decrease in alcohol-related traffic fatalities, accidents, and irresponsible behavior.


This paper posits that individual gains of a certain few students are equally as important as traditional instructional program effects which operate on a pre-to-post, group-level, gain-score model. A critical features scale was employed to track critical incidents and to detect and describe particular gains of selected students during a series of alcohol education classes.


A shift in attitude toward a more positive use of alcohol was found among 24 college students who voluntarily abstained from alcohol for 2 weeks. Following abstinence, both amount drunk and estimation of future drinking were reduced.

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Recent changes in approach to drug education in Illinois elementary schools are outlined. The change is from an emphasis on facts about drugs to one on personal decision-making. (10 references)


A majority of respondents believed that the university needs a special policy governing drinking on campus and that students should have a voice in formulating this policy. Most students favored some restrictions on drinking in all campus locations except the campus club and residence hall rooms and lounges. Approximately half the respondents felt that the university should provide alcohol education and treatment programs.


This article reports the results of a questionnaire mailed to 292 high school principals in the State of Washington about the nature and scope of a statewide alcohol education program. It is concluded that, overall, a statewide alcohol education program does not exist. Alternatives to school-based alcohol programs are recommended to reach youth who need such education.


This paper details the growth of the CASPAR Alcohol Education Program (Somerville, MA) during its first 2 years of development from 1974–1976 when it was selected as one of three prevention programs for national replication. The following areas are addressed: raising consciousness and mobilizing community support; gaining school administration acceptance; recruiting teachers for training; establishing a network of peer educators; training and consultation for human service agencies and evaluating prevention activities.


The subject of alcohol, to be taught effectively, should run through the entire curriculum as part of education for choosing lifelong values and attitudes.


Suggestions are made for teaching young people socially responsible behavior through public education programs and other measures that could contribute to the prevention of alcohol abuse.


The preventive aspects of the drug problem in kindergarten through twelfth grade are discussed with emphasis on the behavioral approach in drug education. The volume is intended as a guide to aid schools in resolving the dilemma of drug abuse and as a source of practical assistance for various school and community individuals.

An alcohol education program which improves knowledge of alcohol is described.


This report represents an attempt to measure young people's awareness of and attitude toward the prevention efforts their schools have undertaken. It also seeks to learn which prevention program topics the students desire.


An education program and a research study on how to affect dangerous behavior and establish controlled and responsible drinking behavior in university students are described.


Adolescents needs the opportunity to learn and think about their use of alcohol just as desperately as they needed information about drugs. Unfortunately, most people, adolescent and adult, equate teaching about drinking with moralizing.


The effectiveness of an alcohol education program at Indiana University was evaluated. The author notes that the results of this study appear to validate other reports which have suggested that an increase in knowledge does not necessarily change behaviors, and there should be no delusion that the "problem is now being solved." (20 references)


Students at the University of Florida, Santa Fe Community College, and two high schools were surveyed. Sports and recreational activities were chosen as preferred alternatives to drug use. Small group discussions were indicated by a majority of students as the most effective approach to drug abuse education. Doctors and physicians were considered the most reliable source of drug abuse information at the college and university level, while fellow peers were the primary source for the high school level. The survey revealed that the extent of drug use in the three populations was high, and effective preventative programs were lacking or minimal.


When the Michigan Alcoholism Screening Test (MAST) was administered to 245 students on two midwestern college campuses, 29% of the students on the small, private college campus and 19% on the large state university campus scored more than four points, indicating pos-
sible alcoholism. The authors hope that this study will stimulate further research on alcoholism among college students.


Knowledge level and permissive attitudes tend to increase with grade level. Knowledge scores also increase, but attitudes become less permissive with increasing academic standing. Questions are raised concerning the value of providing factual information as a method of deterring drug use.


This article describes information dealing with drug use in grades 9 through 13 in Canada and educational programs they have received.


The author explains why teachers must refrain from expressing their attitudes toward drinking and must instead encourage students to reveal and evaluate their own attitudes. This will promote both responsible drinking and personal development of the students.


This student booklet is to be used in conjunction with the teacher manual and films of the DIAL A-L-C-O-H-O-L series. It presents facts and illustrations on the use of alcohol and is intended to aid young people in deciding whether or not to drink.


This teacher manual is designed to help the teacher use four films with maximum effect. It includes information about alcohol and alcohol education, and resources for obtaining additional information about alcohol and alcohol education.


This student booklet is to be used in conjunction with the teacher manual and films of the Jackson Junior High series. It presents facts and illustrations on the use of alcohol and is intended to aid young people in deciding whether or not to drink.


Attention is directed to education in the schools and community. It is concluded that there is an abundance of data regarding beverage alcohol and that it is time more realistic and effective ways are designed to transmit this information to the young. (31 references)

This catalog tries to encourage fresh thinking and experimentation regarding alcohol abuse and prevention. Each is a separate unit that can be used independently to meet distinct needs. Part 2 offers specific and nonspecific strategies and a section on description of programs and projects operating on various campuses around the country.

Jones, T.L. Is alcohol education in schools necessary? In: National Alcohol and Drug Dependence Multidisciplinary Institute 75. Canberra, Australia: Australian Foundation on Alcoholism and Drug Dependence, 1975. pp. 146-152. Although the standard attitude is that alcohol education will stop young people from drinking and prevent alcoholism, results suggest that it has failed to have the desired effect.

Kraft, David P. "Follow-Up of a Federal Effort to Encourage Campus Alcohol Abuse Prevention Programs." Presented at: American College Health Association Conference (Philadelphia, Pennsylvania), 21 April 1977. 11 pp. Results of the NIAA-sponsored University 50-Plus-12 Project for stimulating campus alcohol abuse prevention programs are evaluated as of the time of the Fall 1976 followup visits. Information gathered during the 1976 visits showed an increase in the number of campuses with significant prevention programs. A brief description of some of the programs and projects developed at various universities over the past few years is provided. (6 references)

Kraft, David P., et al. "Alcohol Education Programming at the University of Massachusetts, Amherst, and Evaluation of Results to Date." Report to the National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland, 1977. 30 pp. This report seeks to foster responsible decisions about alcohol use, including comfortable drinking and nondrinking behaviors. It uses a variety of approaches: community development (responding to the needs and wants of target populations); extensive approaches (posters, pamphlets and special displays); and intensive approaches (small discussion groups to help individuals examine and modify their attitudes and behavior).

McClellan, Perry P. The Pulaski Project: An innovative drug abuse prevention program in an urban high school. Journal of Psychedelic Drugs, 7(4):355-362, October-December, 1975. The class emphasized exploration of new experiences by nonchemical methods, such as encounter, meditation, and chanting. Attendance was voluntary, and no grades were given. The program reduced the usage of drugs, particularly barbiturates, amphetamines, and psychedelics, but increased the use of alcohol.


---. Descriptive analysis of alcohol education materials. Journal of Studies on Alcohol, 36(3):416-421, 1975. The author investigated 878 alcohol education items (books, pamphlets, and leaflets) published in the United States and Canada from 1950 to 1973. Most of the materials for the general public were rated good, but the materials for junior high and elementary school students were of poorer quality. (12 references)

The author concludes that current efforts are inadequate, ambivalent, and vague. They should be handled by teachers trained in the field, have adequate time allotted to them in the school curriculum, use scientific materials, have specific goals, be geared to student needs, and be taught at grade levels most appropriate to student needs. (75 references)


Considers that drug-abuse prevention is possible and is contingent on the ability to develop relevant methods of preventive education, preventive treatment, and preventive rehabilitation. Specific suggestions for educational programs—from infant-parent levels through elementary and high schools to college curricula—are offered.


In response to the lowered age of majority, colleges must take some responsibility for the drinking patterns and alcohol knowledge of their students. A test, designed for use with those 14 years old and up, is presented as a learning technique for a unit on alcohol and its abuse. Emphasis is on discussion of responses.


The author advocates the integration of health education prevention programs into the mainstream of the health care delivery system. Continuity of care is important, and the author feels that health education should take place in the home, at work, in schools, and in clinics and hospitals.


Most individuals surveyed preferred a combined orientation for both alcohol and marijuana. It was concluded that education could focus on individual responsibility toward others and the importance of group influence on individuals. The formation of groups concerned with drug-abuse problems is therefore recommended.


Specific goals are set forth for preparing children to lead successful lives. A developmental model encompassing the family and the first 12 years of school is described, along with 11 possible prevention stages. This concept of combining strategies is explored, and it is suggested that prevention become a continuing concern of society itself. (94 references)


This paper, which stems from a research project sponsored by the Scottish Home and Health Department, discusses research on teenage drinking, stresses the need for improved alcohol education, and suggests some methods of improvement.

The authors assigned 935 seventh and ninth graders in two suburban junior high schools to experimental drug education or control groups. Results indicate that relative to controls, students receiving drug education significantly increased their knowledge about drugs, their use of alcohol, marijuana, and LSD, and their sale of the latter two drugs, while their worry about drugs decreased. With limitations, findings support the notion that drug education may not necessarily be positive in its effect and indicate the need for precise measurement of program outcomes.


The purpose of this guide is to prevent the abuse of substances by dealing with the psychological reasons individuals choose to abuse them. It stresses the development of responsible decision-making skills, formation of correct value judgements, and growth of positive self concepts among students. Included are: a question and answer section on alcohol and tobacco; a chart on abused drugs; a glossary of medical and drug terms; and a bibliography comprising teaching resources, college courses, pamphlets, and State agencies and organizations that deal with alcohol and drug problems.


The author proposes an alternative social learning model to the currently ascendant medical model. In the area of prevention, the learning model would start alcohol education courses at the high school level, possibly even the elementary level. The author takes the medical model to task for poor preventive strategies, and an emphasis on myth and personal experience in alcohol education, rather than objective scientific data. (3 references)

**GENERAL AND ADULT EDUCATION**


This guide is one of a series of three units of curriculum and teacher's guides, the others designed for grades kindergarten through six and seven through twelve. The guide includes the names and addresses of sources which provide free or inexpensive materials on alcohol.


The social science model, the distribution of consumption model, and the prescriptive model, as well as the traditional public health approach, are discussed in terms of implications for prevention. (153 references)

Brunn, Kettil; Edwards, Griffith; Lumio, Martti; Makela, Klaus; Pan, Lynn; Popham, Robert E.; Room, Robin; Schmidt, Wolfgang; Skog, Ole-Jorgen; Sulkunen, Pekka; and Osterberg, Esa. *Alcohol Control Policies in Public Health Perspective*. Helsinki: Finnish Foundation for Alcohol Studies, 1976. 106 pp.
This report, prepared by a small scientific working group, describes alcohol-related health damage, trends in alcohol consumption and the need for policies which place high priority on control of alcohol availability. It is presented as a "state of the art" paper discussing these and other items in a logical sequence.

A discussion of parenting skills for primary prevention of alcohol abuse is presented with an emphasis on enhancing the life-coping skills and development of the individual. Rationale for involving parents in alcohol abuse education is elaborated upon, and a basic program for achieving these goals is discussed. (10 references)

A selective review of the recent literature on alcohol abuse is offered, with emphasis upon identification, prevention, employment and productivity, and traffic safety. Constructive coercion, as opposed to punitive methods, is viewed as the best way to cut down on traffic injury and fatality rates. (38 references)

Operation THRESHOLD, the U.S. Jaycees' primary alcoholism prevention project, promotes responsible drinking, which it defines as safe, healthy and sensible use of alcohol. It focuses on the prevention of alcohol problems, especially in adults and older youths. Since it is an inherently positive theme, responsible drinking could become a rallying point around which the general public could build greater understanding about drinking and abstaining.

The author provides information about alcohol in a way that is at once comprehensive and highly understandable. The stated goal of this book is to promote prevention through alcohol education.

In its role as an alcohol information dissemination agency, the Finnish State alcohol monopoly (ALKO), is discussed. The aims of ALKO are to curtail harmful consumption, change attitudes that are favorable to overindulgence, and gain support for alcohol policy measures that would restrict the distribution and sale of alcoholic beverages.

The author discusses prevention of alcoholism in terms of the revision of drinking attitudes and customs which border on occultism. He advocates preventive education to remove the symbolism, superstition, mythology, and even "magic" which have accrued to alcohol. The surprisingly common belief in the "power" of alcohol to fulfill personal desires or solve personal problems is debunked.

According to the author, the best educational approach seems to be one that explains the consequences of using alcohol and various drugs in a nonemotional and nonmoralizing manner, and avoids unrealistically negative conceptions of users. (35 references)


A combination awareness group/instructional course on female alcohol and drug abuse was offered through the San Diego feminist Free University by staff of the Department of Substance Abuse of the City of San Diego. The 6-week,2-hour course involved a combination of lecture, discussion, and experiential participation.


The article includes points and suggestions that could be used in an instructional program about alcohol.


Grey North's advertising campaign for NIAAA hopes to assist the public to learn more about how alcohol works, how and why drinking problems develop, early warning signs, how treatment can help, and how to teach children about responsible drinking.


This paper states the “need to interest individuals, communities, and society as a whole in the idea that prevention is better than cure.” The growth of health education as it has extended into the realm of mental health during the past several decades is reviewed. Health education is termed “an investment in prevention for the future.” (12 references)


The many aspects of alcoholism prevention are reviewed, and suggestions for such prevention are offered in the form of printed guidelines for drinking and serving alcoholic beverages. A comprehensive alcohol education program is outlined for parents, teachers, and students.


Although alcohol education programs cannot be viewed as a panacea, the highest and most urgent priority is the adult alcohol education program. Specific recommendations are made for a model of prevention in which the department of education enters into a partnership with a voluntary organization committed to abstinence to provide materials and education. (5 references)

The author reviews the effectiveness of public education classes on alcoholism conducted by the Aberdeen and district councils on alcoholism in Scotland. It is believed that evening sessions on alcoholism provide a means of reaching both the general public and persons involved professionally with alcoholism problems and that appropriate involvement of newspapers and television will increase the impact of such classes. (2 references)


Eleven affective approaches to the prevention of drug abuse are analyzed. A summary of the possible age ranges of each strategy is presented in chart form. Strategies are also rated in seven areas, including costs, training necessary, and potential for direct impact on drug and alcohol problems.


The author discusses the problems involved in developing alcohol education programs in terms of a primary prevention perspective. Case findings and problems in early identification, program design and personnel are reviewed. Program administration procedures are presented. (34 references)

SPECIAL TARGET GROUPS


Adolescent alcohol consumption, patterns of use, treatment approaches, and prevention are discussed. Guidelines for the responsible use of alcohol are offered. (9 references)


Descriptions of some major trends in youth education about alcohol are provided. Attention is given to general population and target group approaches, and to different outcome goals. Goals include integrated drinking, where alcohol consumption becomes subordinate to other activities, reduction in deviant drinking, and abstinence. Various settings and activities are mentioned briefly. (10 references)


Statistical data are cited to support the view that teenage problem drinking is increasing. The reasons for this are examined and recommendations for prevention are set forth. (22 references)


The author examines the effectiveness of preventive efforts which have been primarily legal and education programs. Problems facing the educator are noted, chiefly the wide variation of community attitudes toward use of alcohol. Data are cited suggesting that problem drinking is only one of a class of socially deviant behaviors, all of which are rooted in sociocultural and personal factors.

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A disturbing trend is surfacing that indicates that young people are substituting alcohol for other drugs. It is mandatory that the adult population make themselves aware of the facts about alcohol and alcohol abuse in order to help the youth adopt a responsible attitude toward alcohol.

The increasing use of alcohol by early adolescents, including as many girls as boys, and the growing numbers of teenage polydrug abusers (with alcohol as the basic intoxicant) and pubescent alcoholics, are discussed. Because indulgence in alcohol is a culturally entrenched habit, overtly or covertly reinforced, it is stressed that children should be taught responsible and moderate drinking, and overindulgence should receive firm disapproval and condemnation.

The criteria on drug abuse prevention and education adopted by UNESCO at Paris in 1972 and a method used in Mexico to establish interpersonal relationships between drug abusers and treatment professionals are reviewed. The UNESCO theory assumes the direct participation of the people at whom prevention programs are aimed in execution, evaluation, and feedback processes.

It is noted that although numerous education, prevention, and treatment programs have been developed, many personnel lack adequate knowledge of pertinent conceptual issues or acquaintance with sources on alcohol and drug abuse among Indians. Recommendations include better contact between experienced personnel and local programs, and increased dissemination of published literature on alcohol. (196 references)

The question of chaplain responsibility in the area of substance abuse is addressed, and the author recommends that chaplains take an active role and establish a supportive relationship with the Army Drug and Alcohol Prevention and Control Program (ADAPCP), which was created in 1971.

Initially contributing to the lowest incidence ever of U.S. combat psychiatric casualties (12/1,000/year), the preventive and treatment policies of immediacy, expectancy, simplicity, and centrality were established
early in the Vietnam conflict. The drug abuse epidemic revealed the inadequacy of traditional approaches and the need for developing new approaches, especially primary preventive methods.


This paper reports on an effort by an alcoholism treatment program to mount an education/prevention effort with children of alcoholics and their mothers. Each session is described in detail, and recommendations for programming in this vital area are offered. (17 references)


Army efforts to control alcohol and drug abuse are examined as to their success and potential for future success. Deficiencies are noted in the prevention, identification, and rehabilitation areas of the Army Drug and Alcohol Abuse Prevention and Control Program. Recommendations for change are outlined, including an enlightened and concerned leadership. (37 references)


Contributions made by military behavioral scientists toward the development of community mental health programs are listed, as are recent actions by the military in the area of alcoholism prevention in overseas commands.


Results of recent surveys bearing on the question of alcohol use and misuse by young people throughout the United States are summarized, and alcohol abuse prevention programs developed specifically for the youthful drinker are described. Brief reviews of NIAAA youth initiatives and of some significant prevention programs and strategies funded by NIAAA are also provided.


Data from a 1975–1976 alcohol use survey among youth are discussed. Few programs dealing with alcohol prevention among youth were reported in the areas surveyed. A need is cited for alcohol prevention as a program strategy in an early age youth population.

Noble, Ernest P. Statement on alcohol and drug abuse education and prevention programs for youth before the Subcommittee on Alcoholism and Drug Abuse, Committee on Human Resources, United States Senate. 24 March 1977. 7 pp.

Models of alcohol abuse prevention for youth have been developed with NIAAA support, and the most promising models will be replicated in a limited number of sites. If evaluation is positive, the models will be disseminated nationally.

*Parents Are Responsible: A Program about Parents, Children and Drugs.* Minneapolis, MN: Minneapolis Health Department, July 1977. 90 pp.

This publication is the manual for a five session, small group, parent education program focusing on the family’s potential role in primary prevention.

This article discusses adolescent alcohol abuse, implications of lowering the drinking age, and measures and alternatives that might be developed to prevent further abuse. The importance of the peer group in adolescent drinking is noted, and a question-and-answer section on the problem is included.


The author describes the origins and methods of treating alcohol and drug abusers used by the U.S. Army.


Specific suggestions are given for developing prevention and treatment programs for women, and innovative projects of groups around the country involved in combating women's alcohol problems are described. Lists of both alcohol and women's organizations are offered, as well as organizing tools for women. Treatment, prevention, and education programs are covered. (34 references)


The epidemiology of alcohol-related problems in the United States Armed Services is briefly reviewed, and subtypes of alcoholism, treatment, and prevention are discussed. Prevention units have encouraged early identification, but discouraged inexpensive liquor, frequent happy hours, and the almost mandatory attendance at cocktail parties by officers.


A group of U.S. Navy alcohol outpatients was compared on a number of demographic and clinical variables with inpatient alcoholics and a general psychiatric outpatient population. An effort is made to lay the groundwork for early casefinding and alcoholism prevention in the service. (32 references)


A review of suggestions on prevention of alcoholism through general education, with a focus on education of special target groups, is presented. The suggestion is made that treatment efforts produce abstinent people who can be considered immunized by education and experience against alcoholic drinking. (46 references)


A punitive approach had no effect in reducing illicit drug use or experimentation. The program also had no influence on alcohol consumption patterns. It is suggested that, if drugs were being used as a way of handling stress and anxiety, the punitive approach would have no value since it would tend to increase stress.

An important prevention effort is alcohol education as part of a school curriculum. Some prevention models that are being tested are cited. In Dallas, Texas, the Southwest Allied Youth high school members work in teams to give factual presentations and lead discussions about alcohol in junior high classrooms. In Akron, Ohio, the YMCA has developed a nonschool program in which college-age counselors work with fourth, fifth, and sixth graders as part of YMCA activities, and evaluate their values and decision-making skills.
TRAINING


This report presents an approach to training teachers designed to prepare them for affective education roles such as alcohol and drug education. It includes essential values and attitudes, skills and knowledge of prospective teachers, as well as recommendations for the training program itself.


Bartenders have been considered particularly valuable in reaching into the community, and experimental programs exist in several States to train them as gatekeepers. Aspects considered are: that the bartender's control over the dispensation of personal recognition as well as drinks greatly enhances his personal influence; that he acts simultaneously as a businessman and a personal confidant; that he appears to elicit continued revelations of intimate personal facts, opening up a variety of relationships with others; and that he is the focal point in many of the communications among the customers.


This paper is a general statement concerning the role of the medical profession in the handling of alcohol abuse.


An educational program in alcohol prevention and detection designed for an industrial setting is described. The objectives of the program are enumerated and the methodology employed is explained. A discussion of the implementation procedure is given, thoroughly outlining the subjects covered in each training session. Various possibilities for the evaluation of the program are considered. (27 references)


It is suggested that doctors, because they are "high risk" candidates for alcoholism, should be exposed to special education. It is felt that this prevention effort would also benefit their patients. (15 references)


It is suggested that alcoholism among physicians is due to environmental factors (pressures during medical training and the responsibilities of medical practice) rather than emotional instability. Medical students should be educated about the high risks of alcoholism among physicians.


Phase 2 of a project in which bartenders were used for the early identification, referral, and support in treatment of situational drinkers is discussed. The training of bartenders involved informal instruction by a staff member. Various materials, including brochures advertising the
role of the bartender, were distributed among the patrons. Several obstacles encountered in this research project are discussed.


The author provides a wide-ranging discussion on the role of health professionals, doctors, liquor distribution agents, and recovered alcoholics in the dissemination of prevention information. It is suggested that the professional worker be educated to transcend traditional involvement with diagnosis, treatment, and rehabilitation to an acceptance of a role in primary prevention, and that a coordinated preventive approach be incorporated into the curricula of professional training. (9 references)


The relevant responsibilities of the medical profession in terms of alcoholism prevention, detection, and treatment are explored. Prevention is believed to be dependent upon widespread changes in social attitudes and behaviors, notably the need for doctors to point out the health risks of excessive alcohol consumption and early signs of alcoholism to their patients. (11 references)


A guide to assist program planners in the development of strategies to minimize youth’s abuse of alcoholic beverages is presented. Personal development and environmental change are cited as target areas for youth alcohol programs. Specific and nonspecific strategies in each target area are outlined.


The author discusses the national YMCA Youth Values Project, which is currently developing a training model for alcohol education with children and their parents. The major premise of the project—that general value decision-making skills need to be developed by each child, particularly about the use and abuse of alcohol and other drugs—is discussed. Specific plans for future evaluation are included.


The role of the pharmacist in educating the public as to alcohol/drug interactions is discussed. Some suggestions for beginning alcohol abuse education and prevention programs throughout the community are offered. Appendices include information on specific drug/alcohol interactions. (9 references)


This is a resource book prepared as a single source of practical material to help classroom teachers develop effective approaches to alcohol education. It contains such sections as the historical perspective of drinking,
the principles of alcohol education, the teacher's role in alcohol education, and the ranges of behavior involving alcohol. It also includes a bibliography of teaching media and sources.


Ten physicians were pretested in their first year of residency, 11 in their second year, and 11 in their third year on their knowledge of alcoholism (cognitive), attitudes toward alcoholics (affective), and ability to diagnose alcoholism (behavioral treatment skills). Discussion emphasizes the beneficial effects of the instruction program and the value of evaluating cognitive, affective, and behavioral components separately. (10 references)


This handbook, designed to accompany a 2-day training program, provides guidelines on alcoholism prevention programming for adult youth workers in alcohol service agencies. Young people in the 12-to-18 range comprise the target audience for this handbook, which aims at providing a prevention philosophy, a planning guide, and a compendium of resources.


Results indicate that following the workshop the participants felt more aware of drug problems, more confident of their ability to approach military personnel about problems of substance abuse, and better able to recognize symptoms of abuse.


The author outlines a systematic procedure for identifying the various factors that should be taken into consideration in determining the need for personnel training and proposes methods for evaluating them. This model can be used for evaluating the training needs of different types of activities and programs involved in the field of alcoholism.


A random sample of one-quarter of the GPs in the Sydney area indicated that education of medical students, GPs, and the public in areas of alcoholism, drug dependence, and social and emotional problems would be helpful in prevention, detection, and referral. (2 references)


Specific directions relevant to the role of the physician in the prevention and treatment of substance abuse are enumerated.

is described. The bartenders seemed aware of patron problems, felt a
sense of responsibility to their patrons, and were receptive to the idea
of obtaining outside assistance in helping them.

Wilkins, R. Community nurse and the alcoholic. *Nursing Times*, 69:1071–1072,

The author outlines the role of the community nurse in carrying out the
task of explaining the disease to both the patient and family. The crucial
elements of counseling are discussed: listening, understanding, and knowl-
edge of community resources. Suggestions for the community health
nurse on alcoholism research are given. (9 references)
LEGISLATION AND ALCOHOLIC BEVERAGE CONTROL

According to the author, regulations of the manufacture, sale and consumption of alcohol are necessary to reduce per capita consumption. The rise in critical alcohol problems shows the inadequacy of legislation governing the availability and use of alcohol. It may not be so difficult to mobilize public support for the new policy even though it might appear that a redistribution of the costs of prevention may meet with public resistance.

The commission found that few positive results could be ascertained for the State's programs, that use of cocaine and alcohol have rapidly increased among the young, that the immediate cause of drug abuse is poor self-esteem, and that funding for drug abuse programs should be redirected toward learning, health, and emotional problems. Commission bills to establish a New York State driving-under-the-influence-of-alcohol countermeasure program and to redefine prevention of drug and alcohol abuse are appended, along with a list of 1973 hearing witnesses.

An overview of theories explaining alcoholism in Ireland does not indicate that ingrained racial or cultural characteristics are a major cause. It is suggested that prevention of the alcohol problem would be most effectively exerted through licensing legislation and taxation policies. (30 references)

This article argues for a policy of prevention fostered by government health agencies and legal restrictions to undergird the health services' attempts to modify lifestyles that result in alcohol abuse. It is further maintained that mandatory safety laws are essential if the present-day highway carnage caused by drunken drivers is to be stopped. (19 references)

Legislation (the Brown Bill) is introduced to disallow alcoholic beverage advertising as a business tax deduction in an attempt to limit the promotion of alcohol consumption, especially among youth.

According to the author, a major reason for physicians' reluctance to become involved in treating alcoholics is the fact that the odds are against them and in favor of the disease. For every alcoholic patient helped, the alcoholic beverage industry tries to create new consumers and potential new patients; and for every effort to limit access to alcohol by those who cannot handle it, the patient's friends and civil libertarians protest the curtailment of his freedom.

The findings and suggestions of P.C. Whitehead and R.G. Ferrence concerning the role of alcohol in traffic accidents among young drivers are discussed.


Some ways and means of implementing new Federal legislation on alcoholism are examined. (5 references)


The author discusses various controls that are imposed, either through laws or mores, on drinking practices. The purpose of these controls is to regulate who can drink, how much, under what conditions, and at what penalty for overindulgence. In considering the drinking and driving laws, for example, we are presented with a situation in which the laws, although taken seriously, are enforced half-heartedly. The conclusion is drawn that an existing law or social custom may well be ineffective as a tool of prevention.


A brief sketch of Britain’s various licensing laws for controlling supply and consumption of alcoholic beverages is presented along with the author’s comments on the efficacy of such laws. It is the author’s contention that poverty, not laws, has been the main factor in periods of decreasing alcohol consumption. (12 references).


The issues raised at the alcoholism symposium held in 1976 at the Institute of Psychiatry in London are summarized and commented upon. The controversial issues concerned the recently proposed changes in the liquor licensing laws, the effect of alcohol availability on harmful drinking, and recent studies showing that remission (“normal” drinking) is far more frequent than total abstinence, the usual treatment goal.


The author presents the social-health approach to the prevention of alcoholism recommended by the Liquor Regulations Committee of the Saskatchewan legislature. This approach suggests the need for a pricing policy to reduce overall alcohol consumption and thereby reduce alcoholism. (11 references)


The author contends in a reply to an editorial on liquor licensing and public health that a decrease in the incidence of alcoholism in Britain occurred shortly after the severe restrictive legislation during World War I. Restrictions on the availability of alcohol can be viewed as preventive measures. Greater support in the opposition of liberalized legislation from the medical profession is urged.
Narcotic addiction and alcohol and drug abuse evoke much public concern regarding their management and control. Viewpoints vary from prohibition to ambulatory treatment. The goal of all drug control measures is, in general, the enhancement of the common or social well-being. The controversy, therefore, focuses on the best method of reaching the objectives rather than on the objectives themselves. (40 references)


Issue is taken with response to an editorial on liquor licensing and public health. Historically, restrictions on alcohol consumption in England have proven successful in their objective, while a dramatic and progressive increase in alcohol consumption has occurred since the liberalization of alcohol legislation in the 1960s. Liberalizing the laws further would be taking a dangerously opposite approach to previously successful efforts.


It is argued that there is a lack of clear evidence supporting the relationship between alcohol availability and the incidence of alcoholism; some localities with relatively low consumption rates have high alcoholism and alcohol-related mortality rates. A united stand by the medical profession against pending legislation would be premature and based on subjective rather than scientific evidence.


This article assesses evidence bearing on the effectiveness of legal measures believed to have some primary preventive value.


Focus is on legislation and derivative measures intended to prevent the occurrence of alcohol problems through regulation of the amount or character of alcohol consumption. Topics covered include: regulation of type and location of outlets, control of hours and days of sale, limitation of drinking age, price control, and differential taxation. (151 references)


The authors present relative price manipulation of alcohol as a powerful government instrument in controlling the prevalence of hazardous drinking and alcoholism. A taxation policy which might prevent drinking increases is outlined, along with appropriate public education programs to implement policy and political feasibility. (83 references)


A discussion is presented concerning various past and present political
approaches to alcohol use. It seems unlikely that the general public would support a level of taxation and law enforcement which would be required to bring about a substantial change in heavy alcohol consumption. It should be emphasized that no matter how theoretically worthwhile the economic control of alcohol consumption appears, it can only be effective if it is supported by a committed electorate, knowledgeable about the problems of drug abuse and how these problems may be solved. One of the important aims of education is to create such a population which not only supports, but demands, effective government control of the rising per capita consumption of alcohol.


The author considers means for controlling the availability of alcohol as a way to change the environment in which drinking takes place. Among these are fiscal and licensing legislation, limiting hours of service, and levying a tax on alcoholic beverages. Control of alcohol-related advertising is also considered as another means for making primary prevention effective. (10 references)


The author, in assessing the effects of California’s “tied-house” laws on minimizing alcohol problems, points out that any such effects are extremely small. It is contended that if State policy is to limit consumption, this can be accomplished more effectively than tied-house laws by either raising State taxes on alcohol or limiting hours of sale.


The increasing prevalence of teenage drinking and alcoholism and their relationship to lowered alcohol purchasing ages are discussed. Alcoholism must be acknowledged as a health concern by the medical profession and a social problem by communities and States, but the answer is in prevention. Raising the legal alcoholic beverage purchasing age to 19 would at least help to remove alcohol from the high school social scene.


The DWI laws in West Germany are considered in the context of a discussion of the legislative trend in that country. The current emphasis on “resocialization” in lieu of criminal proceedings in traffic safety legislation and the often unbearable consequences of this approach are noted.


Existing ABC laws, aimed primarily at regulation of the liquor industry, have a number of direct and indirect effects on the incidence, patterns, and circumstances of alcoholic beverage consumption, although little official notice has been given to the system's potential effects on public health. It is recommended that these laws be examined with a view toward defining their role in alcoholism prevention efforts.

Measures proposed by the French High Commission of Study and Information on Alcoholism aim at the reduction of alcohol availability. It is felt that beyond legal and regulatory restrictions, efforts must also be made to change social attitudes concerning drunkeness and alcoholism.


The author contends that although prevention of alcoholism appears to be far more cost effective than treatment, an attempt to reduce alcoholism by controlling the distribution and consumption of alcohol might be neither feasible nor desirable. Little is known about the benefits of control mechanisms or about effective techniques for inducing health-related behavioral changes through educational or informational strategies; moreover, the question of control concerns the equity and rights of individuals and groups.


Major changes in social norms are occurring among youth; the increase in alcohol use by teenagers is more closely related to relaxed attitudes by parents and society in general than to changes in legal age laws. Withholding the right to drink at 18, or rescinding the right once it is granted, will alienate the majority of youth because of a few potential misusers.
EVALUATION


This report summarizes a 487 page document which examines the short-term impact of alcohol education on students in grades 7-12 as taught by teachers who have had 20-40 hours of training from the CASPAR Alcohol Education Program. Pre-post gains in Somerville were due to students' changing from uncertain to positive responses. In comparison to a control community's approach to alcohol education, CASPAR's curriculum which stresses teacher training and proper implementation was found to be more effective.


The article outlines possible reasons why, in this author's opinion, drug education in public schools is not working.


Specific, recent mass media programs designed to alter information levels or behavior regarding alcohol use are discussed, as is evaluation research on the effectiveness of such programming. The relationship of advertising and marketing to alcohol consumption is also examined. Finally, recommendations concerning future mass medium strategies and research needs are offered. (102 references)


Findings indicate that educational and legal programs have not yet effected a decline in alcohol or drug abuse. Programs usually operate without systematic goals and do not appear to be based on consistent psychological or educational rationales. Suggestions for future research are outlined. (27 references)


The prevention approach to alcoholism is evaluated in this review of literature, with emphasis on two subject areas: 1) prevention of excessive drinking, and 2) prevention of problems due to drinking. Evidence for the effectiveness of legislative, educational, cost-control, and cultural change programs is reviewed. The general absence of proven effectiveness of programs is noted, and some suggestions for future research are offered. (22 references)


The purpose of this paper is to describe briefly the Navy's alcohol rehabilitation and prevention program and to discuss research completed through 1976 to measure effectiveness of the program.

Cahalan, Don; Roizen, Ronald; and Room, Robin. "Findings of a Statewide California Survey on Attitudes Related to Control of Drinking Problems."

The design of the survey to review drinking behavior, alcohol abuse or alcoholism, and prevention and treatment measures consisted of primary sampling points, with probability of selection in proportion to population. A two-stage statistical weighting procedure was applied to the data. Tables and a copy of the interview questionnaire are included.


Reviews and evaluates the initial year of an innovative peer group approach to drug abuse prevention in the schools of New York City. The history, goals, structure, and distinctive features of the program are described. Conclusions and recommendations relative to the program are presented.


The CDRGP technique proposes a method to collect and preserve sensitive data anonymously in order to make multiple time-point observations. The technique was field-tested with 259 7th, 10th, and 12th grade students who were exposed to a 10-unit, 2-week alcohol education curriculum. The multiple time-point data collected proved connectable for 98 percent of the cases; and the technique was found to have a high degree of credibility with students.


Results of a national study of adults aged 18–55 dealing with drinking and driving risk, attitudes towards drunk driving action, and communications strategies for encouraging personal action to prevent drunk driving are reported. Findings and recommendations based on a probability sample of 1600 persons are presented, and target populations for advertising are differentiated on the basis of life styles and personality profiles. (21 references)


The efficacy of lecture and small-discussion-group methods in increasing knowledge and effecting attitude changes about drinking and alcoholism was studied among 100 mental health workers (aged 18 to 56, 33 men) from seven community centers in Pennsylvania who participated in five weekly alcohol education sessions. It was concluded that it is a relatively easy task to change levels of information, but attitude change is a more complex process. No significant changes in attitude were found.

Goodstadt, Michael S. "Education and Prevention—Where Do We Go From Here?" Presented at: Summer School on Alcohol and Drugs (Calgary, Alberta), August 1974, 22 pp.

A review of prior and present drug education reveals a growing sensitivity to the total set of social and psychological dynamics involved in drug use and drug education. The future of drug education would seem to be dependent upon learning from the unrewarding experience of previous drug education efforts, together with the insights derived from careful study of the social sciences.
This article compares five approaches to drug abuse prevention—one education program, two treatment programs, and two law enforcement approaches.

It is noted that methods of prevention utilized in the field of public alcohol policy have generally depended upon the character of the problem as it is perceived by those who devise such policies. It is asserted that alternative prevention approaches must be designed to consider situ­ational rather than individualistic approaches. (46 references)

The implications of context in different models of prevention, the studies on which these variables are related to drinking behavior, and the methodological considerations for measuring context are examined. (40 references)

Research findings on the relationship of attitudes to factual knowledge concerning alcohol and drug abuse were reviewed, with special emphasis on the effects of drug and alcohol education programs and of the mass media on such attitudes. The data revealed that knowledge was not consistently correlated with attitudes. Drug education programs were found to be of little effectiveness in inducing attitude changes, and the effects of the mass media were largely anecdotal and speculative.

The general approach used in this study was to calculate a set of cost/effectiveness ratios for each countermeasure based on the mode or level of application. Potentials of each measure were assessed according to benefit/cost ratios combined with aspects of social, technological, and legal feasibility. (21 references)

This 14-page summary of a much longer study provides the results of a market analysis conducted with seventh and eighth graders (N=3300). Clusters of students were established and an assessment was made of the influence of background and interpersonal characteristics on drug use and drug using attitudes. A very strong peer network among both abstainers and high risk users and a leaderless and nonaligned group of moderate risk users with a weak peer network are identified. Implications of this analysis for media messages as well as community preventers are suggested.

It is felt that accurate feedback regarding program effectiveness is an absolute necessity. Without the pressure of rigorous evaluation efforts, there will be little incentive or direction for educators, therapists, or administrators to improve their programs of treatment and prevention.

Paschall, Kenneth E. "Effect of the Presence of an Authority Figure on Audience Participation in a Publicly Displayed Alcoholism Education Exhibit." Thesis, Florida Technological University at Orlando, 1974. 70 pp.

A study of audience participation at alcoholism education exhibits indicates that neither exhibits nor exhibit attendees by themselves have any significant effect on the viewers. Criteria for additional studies in this area are recommended. (18 references)


NIAAA has established as its long-range goal the development of effective and practical methods of preventing the abuse and misuse of alcohol and the testing and evaluating of the effectiveness of these methods. NIAAA bases its approach to alcohol abuse education on "value identification," which constitutes the first step in responsible decision-making.


The results of a study on the effectiveness of different drinking/driving campaign components are reported. The campaign was effective in increasing the number of subjects who reported not driving when they were drunk.


This is the first part of a 4-phase report of an interview survey designed to gauge the awareness of, and attitudes toward, the NIAAA advertising campaign. The campaign deals with the dangers of alcohol abuse and alcoholism. Phase 1 includes a "wrong index," derived from questions concerning the relationship between drinking frequency and individual problems. (See other phases listed separately.)


This is the second part of a 4-phase report of an interview survey designed to gauge the awareness of, and attitudes toward, the NIAAA advertising campaign. The campaign deals with the dangers of alcohol abuse and alcoholism. Phase 2 focuses on trends in attitudes about alcohol and the relationships between television viewing and advertising awareness. (See other phases listed separately.)


This is the third part of a 4-phase report of an interview survey designed to gauge the awareness of, and attitudes toward, the NIAAA advertising campaign. The campaign deals with the dangers of alcohol
abuse and alcoholism. Phase 3 provides data regarding the ability of respondents to recall alcohol-related and specific NIAAA advertisements. (See other phases listed separately.)

This is the final part of a 4-phase report of an interview survey designed to gauge the awareness of, and attitudes toward, the NIAAA advertising campaign. The campaign deals with the dangers of alcohol abuse and alcoholism. Phase 4 includes observations, conclusions, and recommendations. (See other phases listed separately.)

Educational campaigns are analyzed in terms of public recognition and recall and public reaction to 12 specific advertisements. Drinking behavior, attitudes, and knowledge about alcohol are described and these variables are introduced in an analysis of the advertisements and the overall impact of the education campaign with various kinds of drinkers.

Results of a tracking study to evaluate the effectiveness of a radio, TV, and print media campaign on alcohol and highway safety conducted for NHTSA by Gray Advertising, Inc. are presented. Key findings are cited in terms of: 1) the significance of the drunk driving problem and participation in alcohol related situations; 2) concern and awareness of the potential DWI situation and knowledge of relevant NHTSA advertising; 3) understanding of both the myth of black coffee as a sobering agent and the question of the potency of beer and wine; 4) involvement in countermeasure activities and the likelihood of individual countermeasures; and, 5) awareness of antidrunk driving communications. The design of the study and the population sampling procedures are also described, and implications of the findings for future communications programming are noted.

The appendices of a report to determine the stimulus effect and impact of the ASAP and other Federal alcohol safety programs on State and community highway alcohol safety projects are outlined. Site visit reports for 15 programs are reviewed. (20 references)

Community action programs, education, and increased law enforcement are cited as being only temporarily effective, at best, in curbing motor vehicle crashes caused by problem drinkers. Prevention of these losses rests primarily with improvements in vehicle and environmental crashworthiness.

The author, in a position paper draft, calls for a reexamination of current national policies and programs directed at alcohol-related problems. Topics discussed in this paper are: targets and strategies of prevention; institutions and agencies for prevention programs; disaggregation and coherent policy-making; and functions of the NIAAA’s Division of Prevention.


The author examines concepts of alcoholism prevention, noting that preventive efforts directed at a population with one kind of drinking problem are too often presumed to automatically reach populations with other kinds of drinking problems. The author suggests that an alternative to efforts at prevention of alcoholism might be efforts toward the minimization of alcohol problems. (35 references)


A guide for organizing, fundings, and evaluating drug and alcohol prevention programs is presented. A survey of 19 existing programs considered by the authors to be of high quality is included. (9 references)


This review examines evaluations of 127 primary prevention programs. Each study had been reviewed along 70 programming and research dimensions. Trends in programming and research are described. Prevention program evaluations reviewed demonstrated only slight effectiveness in influencing behaviors and attitudes. Recommendations for future evaluations are offered.


An evaluation of treatment and prevention programs is intended to show that treatment and research are the unitary phenomena, while primary, secondary, and tertiary prevention are the natural results of good treatment. Recommendations for the development and evaluation of alcoholism prevention programs are given. (54 references)


The author contends that an apparent lack of success in the areas of alcohol prevention, treatment, and research in Russia is due to the general unavailability of funds and the low prestige attached to the alcohol field within Soviet medical circles. (33 references)


Program planning and evaluation concepts are applied to the problem of alcoholism prevention and rehabilitation.

The authors evaluate an intensive drug education program for eighth grade students.

Wallack, L.M. "An Assessment of Drinking Patterns, Problems, Knowledge and Attitudes In Three Northern California Communities." Report, School of Public Health, University of California, Berkeley, California, April 1978.

This is a thorough report that describes the three study sites of the California Prevention Demonstration Program. The study covers the following topics: drinking patterns, drinking problems, intoxication, radio and television habits, exposure to alcohol-related messages, perceptions of community problems, knowledge and attitudes about alcohol-related issues, perceptions of community norms, and social contexts of drinking. There are detailed charts, statistics, and questionnaires accompanying each chapter. The report will serve as a tool for future planning activities related to prevention demonstration.


Evaluation of a student centered, decision-making program of alcohol education involving high school juniors is described. Pre and post questionnaires were administered before and immediately after the teaching program, 1 month and 1 year later. One year later, knowledge gains remained; attitude effects were no longer apparent. However, the students who underwent the alcohol education became intoxicated less frequently; 33 percent of the experimental and 60 percent of the control subjects became intoxicated five or more times during the ensuring year.


An evaluation is made of the Alcohol Safety Action Projects, a component of a program initiated in 1969 by the U.S. Department of Transportation intended to reduce alcohol-related highway deaths and injuries. A comparison of motor vehicle crash fatalities between communities that implemented the program and those that did not found no evidence of program effectiveness. (20 references)


Enforcement-oriented countermeasure programs to prevent alcohol-related fatal crashes in the United States have not been effective, according to the author, because they have mistated facts and based their programs on a number of misconceptions. It is concluded that the focus of research must be turned from drinking per se to other factors and conditions that precede the fatal crash. (20 references)
MEDIA

An ongoing project of the Stanford University Medical School, which is attempting to determine whether mass communication techniques can so motivate people that they will avoid needless heart and circulatory disease, is described. It marks the first time that a multifactor, bilingual campaign has been waged against premature death from heart disease. Knowledge of risk factors is stressed, including exercise, fatty food intake, smoking, and alcohol consumption. Some preliminary results are discussed.

The author reviews the roles of various approaches to alcohol education and the mass media in preventing alcohol problems. Five educational stances on alcohol use are presented: temperance, objective fact, responsible drinking, value clarification and sharing, and expedient exhortation. The focus of the mass media since 1972 has been on drinking/driving and responsible drinking campaigns. Extent of coverage and target groups are reviewed and campaign impact is evaluated. (16 references)

Specific, recent mass media programs designed to alter information levels or behavior regarding alcohol use are discussed, as is evaluation research on the effectiveness of such programming. The relationship of advertising and marketing to alcohol consumption is also examined. Finally, recommendations concerning future mass medium strategies and research needs are offered. (192 references)

The current focus of the National Highway Traffic Safety Administration’s TV campaign is to effectively educate the public through a mass media campaign. By showing two short commercials, “Teddy” and “The Bartender,” NHTSA emphasizes friendship as a means to prevent drunken driving. The slogan that appeared in both commercials is “friends don’t let friends drive drunk.” In addition to the play on friendship, the commercials subtly dispel some myths about drinking and driving. The effectiveness of the campaign can be seen through a survey NHTSA took after the commercials were aired.

Expectations concerning the future of California’s efforts to reduce excessive drinking are reported. The design for the media campaign consists of a single urban area model selected for a TV campaign of 30-second spots augmented by person-to-person communications. (13 references)

The “Prevent Alcoholism” (PAL) project, a media-oriented approach to the prevention of alcohol abuse and related problems, was evaluated by the authors, who describe results as “optimistic” in outlook. (14 references)


Discussions in this review are focused on aspects of liquor advertising and effects of antialcoholism campaigns. Antismoking and antidrinking campaigns, while having some effect, did not cause massive changes in behavior. It is suggested that programs be developed to evaluate mass media campaigns. (26 references)


A telephone survey of a stratified random sample of 1200 residents was conducted after the last program in a five-part television series designed to increase public awareness of alcohol problems and to stimulate corrective action. Mass media programs introduced people more effectively to the campaign than did interpersonal or organizational efforts. The campaign did not motivate viewers with alcohol problems to seek treatment: 23 percent said it had motivated them; 46 percent said it had not; 30.7 percent were not sure. Thus, the campaign did more to heighten awareness of alcoholism than to motivate corrective action. It is suggested that public service programming on commercial television networks may reach a wider audience.


The Edmonton campaign against drinking and driving significantly decreased the proportion of alcohol-impaired drivers on the road. Factual information and practical suggestions, distributed in Edmonton as placemats, posters, and payroll stuffers, were well received by the public and widely disseminated by the mass media. (4 references)


The homeostatic tendency of the alcoholic environment and the significance of this tendency for the development of drinking patterns and for the treatment of alcoholism are discussed. The task of prevention is to improve the patterns of learning which contribute to alcohol abuse, particularly through the use of mass media to provide behavioral models for the young. (25 references)


The stated goal of the campaign is to prevent alcohol-impaired individuals from driving by enlisting the support of the drinker-involved public. It was found that while public service directors respond to a good campaign, they will lose interest unless continually supplied with new material.

A publicity campaign stressing community involvement and action in the prevention of drunk driving is described. It is concluded that more intense campaign components must be developed to ensure an effective countermeasure program against drunk driving.


An attempt was made to determine if a young adult college student population felt the mass media messages were directed to them and to determine if the commercials were preventive in nature. It is felt by the author that the commercials were more remedial (tertiary prevention) than preventive. It is recommended that a preventive media message would be the most effective way to reach young people.


This article suggests that complete evaluation of anti-drug abuse campaigns should examine not only the messages created, but the programming content which makes up the information environment for those receiving the messages. A content analysis of commercial messages, public service announcements, and TV programs shown during prime time indicates that far more messages propose an increase in the use of specified drugs (all licit) than warn of the possible dangers of the abuse of illicit or licit drugs. It is concluded that commercial appeals promoting chemical agent use and programming which largely neglects abuse potentials suggest cautions for the strategy planner and questions for media programmers.


This is a revision of a 1963 study of the effort to achieve a unified approach to newspaper and magazine alcoholic beverage advertising. The study presents a brief history of advertising, a progression of alcoholic beverage advertising, dual responsibilities at the two levels of government, efforts to establish uniformity in advertising control, and the influence of advertising on specific issues.


Evidence suggests that information presented through mass media is successful in changing attitudes but not existing behavior for drug and alcohol abuses. Research involving the use of mass communication reveals that its most effective use is reinforcement of proper attitudes and practices previously instilled in the audience. Mass media are more effective in prevention of substance abuse than in rehabilitation and reform. (42 references)

Peterson, W. Jack, and Heasley, Robert B. "Study of the Effectiveness of Advertising in Changing Attitudes Toward Alcoholism in Nine Alaskan Com-
This survey updates a survey begun in 1974 to test the effects of a statewide multimedia campaign aimed at changing attitudes toward alcohol. Some 20 percent of the respondents acknowledged that the media campaign had made them more conscious of alcohol problems.


Results of a tracking study to evaluate the effectiveness of a radio, TV, and print media campaign on alcohol and highway safety conducted for NHTSA by Grey Advertising, Inc. are presented. Key findings are cited in terms of: 1) the significance of the drunk driving problem and participation in alcohol related situations; 2) concern and awareness of the potential DWI situation and knowledge of relevant NHTSA advertising; 3) understanding of both the myth of black coffee as a sobering agent and the question of the potency of beer and wine; 4) involvement in countermeasure activities and the likelihood of individual countermeasures; and 5) awareness of antidrunk driving communications. The design of the study and the population sampling procedures are also described, and implications of the findings for future communications programming are noted.


The Scottish Health Unit plan for alcoholism prevention is presented. Campaign objectives included expanding public awareness of social and health consequences of alcoholism. The importance of seeking immediate treatment and the need for providing education programs for health care professionals are emphasized. Press, television, and radio programs are used as vehicles for antialcoholism publicity. (6 references)


The ban on alcohol and tobacco advertising in British Columbia, which was passed on September 1, 1971, and lifted on October 31, 1972, was beset with various serious problems, including lack of community and mass media support. No specific penalties were provided and any citizen had the right to seek a court injunction against violators without having to prove damages.


The author explores public information programs throughout the United States on alcohol, drugs, and traffic safety in terms of general themes, intended results, and campaign materials. A list of television spots intended to inform the public about DWI problems is presented and includes messages from various alcohol safety action projects.

The outlook for primary prevention of alcohol-related problems is discussed in the light of unfavorable evaluations of various North American media and public education campaigns focused on "responsible drinking." In their place the adoption of a public policy emphasizing controls on the availability of alcoholic beverages in line with societal objectives is recommended. (28 references)


The public's identification of the drug problem with youth is to some extent a result of the media's attention to that aspect of drug use. Suggestions for more accurate and effective use of the various news media by drug program directors are given. The problems involved with saturation campaigns are considered.


The effectiveness of mass media messages promoting road safety, the design of effective communication programs, and a comparison of media campaigns with alternative countermeasure activities (legislative change and law enforcement) are explored. (37 references)
RESOURCES

AUDIOVISUAL INFORMATION SOURCES

Aims Instructional Media, Inc.
626 Justin Avenue
Glendale, CA 91201

FMS Productions
1040 North Las Palmas Avenue
Los Angeles, CA 90038

McGraw-Hill Films
1221 Avenue of the Americas
New York, NY 10020

The Ounce of Prevention
15900 West Ten Mile Road, Suite 302
Southfield, MI 48075

MULTIMEDIA PREVENTION MATERIALS


Dr. Chafetz presents a wide-ranging, humorous, and philosophical inquiry into the meaning and nature of education and prevention. He touches on such subjects as individualism, addiction, the role of Government agencies, and the need to study advances in other specialized fields.


Films in the series are:

"Al's Garage." A teen grounded by his father for driving while intoxicated has the consequences of such behavior explained to him by his girlfriend, who works at the local hotline. The teen signs up for a program for problem drivers. Myths and half-truths are dispelled by the kids at the hotline.

"Hotline." The operation of a teen-run hotline is threatened by various setbacks. The help of a young medical researcher is enlisted. A variety of telephone conversations which provide factual and physiological information are woven throughout the film.

"In the Beginning." A young couple planning their wedding encounters a conflict between the religious policy of abstinence of one family and the acceptability of social drinking for the other. Also included is a parallel plot involving a teen whose mother want to teach her the social uses of alcohol.

"The Legend of Paulie Green." Two teens with alcoholism problems—one personal and one with an alcoholic parent—are featured. The teen with the alcoholic parent learns from the hotline about Alateen, which specializes in helping young people cope with the problem of alcoholic parents.

“Barbara Murray.” A class discussion of whether alcohol is good or bad takes place with a substitute teacher. The teacher is a defensive nondrinker who tries to avoid discussing her attitudes. The film alternates between the teacher’s examination of her attitudes and the class discussion about why people drink. It illustrates that peer pressure influences adults as it does young people.

“Like Father, Like Son.” A boy’s problem with a father who drinks too much is featured. The film suggests methods and sources of help.

“The Party’s Over.” Some boys disrupt a slumber party with alcohol and cause a scene. The film introduces the problems associated with peer pressure.

“Route 1.” An eighth grade science class is studying different kinds of alcohol. A St. Bernard suffering a hangover arrives at school, which triggers a discussion of hangover cures and factual information about alcohol. Animation is used to illustrate the physiological effects of alcohol.

*Teenage Alcoholism. 1975. Series of filmstrips with a teacher’s guide and cassette. Purchase: Eye Gate House, 146-01 Archer Avenue, Jamaica, NY 11435.*

Individual titles in this series include “Harry’s Story;” “Janet’s Story;” “Parents and Alcohol;” and “The Long Road Back.” These filmstrips show the serious consequences of alcohol abuse and offer preventive measures.


This two-part sound filmstrip program is designed to develop student awareness of the problems of alcohol abuse. The two filmstrips present the social significance of alcohol abuse and the personal effects of alcoholism in the form of interviews with psychologists, sociologists, educators, and recovering teenage alcoholics. The two filmstrips are “Part 1—The Alcohol Abuser” and “Part 2—The Alcoholic Person.”

**INFORMATION SOURCES/ORGANIZATIONS**

**Alcohol and Drug Problems Association of North America**
1101 Fifteenth Street, NW, Suite 204
Washington, DC 20005
(202) 452-0990

**American Association Against Addictions (AAA)**
66 South Miller Road
Akron, OH 44313
(216) 867-5819

**American Association for Health, Physical Education, and Recreation (AAHPER)**
c/o School Health
1201 10th Street, NW
Washington, DC 20035

**American School Health Association**
515 East Main Street
Kent, OH 44240
Association of Labor-Management Administrators
and Consultants on Alcoholism (ALMACA)
1800 North Kent Street, Suite 907
Rosslyn, VA 22209
(703) 522-6272

COMPCARE
P.O. Box 27777
Minneapolis, MN 55427

Do It Now Foundation
P.O. Box 5115
Phoenix, AZ 85010
(602) 257-0797

Eastern Area Alcohol Education and
Training Program, Inc.
One Regency Drive
P.O. Box 512
Bloomfield, CT 06002
(203) 243-8326

General Services Board of Alcoholics Anonymous
P.O. Box 459
Grand Central Station
New York, NY 10017
(212) 686-1100

Hazelden Foundation
Box 176
Center City, MN 55012

Midwest Area Alcohol Education
and Training Program, Inc.
Department of Mental Health
5 Indiana Square
Indianapolis, IN 46204

National Alliance on Alcoholism Prevention
and Treatment (NAAPAT)
1809 West Eighth Street
Los Angeles, CA 90057

National Association of Alcoholism Counselors
Box 12
Flint, MI 48501
(313) 732-9393

National Association of Prevention Professionals
176 West Adams
Chicago, IL 60603
(312) 372-0835

National Center for Alcohol Education
1601 North Kent Street
Arlington, VA 22209
(703) 527-5757

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600
National Clergy Council on Alcoholism
2749 North Marshfield Avenue
Chicago, IL 60614
(312) 929-1062

National Council on Alcoholism, Inc.
733 Third Avenue
New York, NY 10017
(212) 986-4433

Responsible Drinkers
Box 1062
Burlingame, CA 94010

Rutgers Center of Alcohol Studies
Rutgers University
Publications Division
P.O. Box 969
Piscataway, NJ 08854
(201) 932-2011

Southern Area Alcohol Education and Training Program, Inc.
4875 Powers Ferry Road, NW
Atlanta, GA 30327
(404) 252-6811

Western Area Alcohol Education and Training Program, Inc.
241 Ridge Road, Suite 110
Reno, NV 89501
(702) 786-2343
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