

University Alcoholism - A Doctor's view

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INTRODUCTION

As a University Health physician, one must be aware of the rising alcohol consumption amongst university students in the last number of years, most notably since the drinking age was lowered (1971). As this trend has shown a steady progression, one cannot help but feel uneasy about the present and future health of our youth.

TRENDS IN ALCOHOL CONSUMPTION

There has been a trend towards an ever increasing proliferation of campus pubs. However, it is in talking to the students and in examining the students, one gains closer insight into the change in the use of alcohol.

1. Alcohol is now a basis of almost all (or perhaps all) university social functions - staff, faculty and student functions. In addition it's use is becoming increasingly accepted as a normal accompaniment to meals; lunch and dinner. A drink of beer replaces a cup of coffee.

2. So we see University personnel and students commencing drinking at lunch and continuing throughout the day. This tendency to day time drinking was first noticed after licencing of the pubs and the opening of licenced areas at 12:00 noon. It is worth noting that Algonquin College in Ottawa has recently delayed its pub opening until 4:00 p.m. because of the problems related to day time drinking.

3. Among students there is an almost universal habit of week-end drinking. A common answer to the question, "what is your drinking pattern?" is "I only drink beer at week-ends." However, further elaboration may well reveal a heavy drinker of 5 to 10 beers daily, Friday through Sunday. This attitude reflects our poor health education in young adults who

consider this to be a normal drinking pattern.

4. The habit of daily drinking is certainly more commonly found among students than a few years ago. It is not unusual for some students to drink a few beers each night.

5. Then there is the emergence of the female drinkers. It is now socially acceptable and considered desirable for the girls to drink along with the boys. "What else is there to do?" A statement I hear quite frequently. So we are now seeing the heavy female week-end drinkers and occasionally, daily drinkers.

Certainly, one senses that the numbers of female heavy drinkers is still much less than the male, but this occurrence does reflect the trend towards increasing use of alcohol among today's University students.

AVAILABILITY

We have a student population drinking more frequently and for longer periods of time. For this to happen there must be an environment where liquor and beer are available, and easily accessible. In many Universities, there are pubs centrally and conveniently located, opening at noon and remaining open till 1:00 a.m. (Handy for lunches, dinners and breaks between classes). It is our experience at Carleton that drinking increases with availability. It is distressing to find that the number of alcohol outlets is still expanding on some University campuses.

EFFECTS ON HEALTH

A. Future Health

1. Alcohol dependency is established over long periods of time, perhaps 10 years. Once it is established it is relatively easy to diagnose, but the diagnostic criteria for alcoholism are of little use in the younger person where they do not yet apply. So rather than think about the so



"It does my heart good, son, to see you stone drunk rather than hopped up on grass."

called disease "Alcoholism" we must think in terms of a picture of greater or lesser degrees of problem drinking. These problem drinkers are at high risk and if left alone, will continue on to become tomorrow's alcoholics.

How do we recognize these problem drinkers who are at high risk? I believe there is an emerging picture. Some of the warning signals are:

1. Usually a history of high intake or sporadic high intake.

2. Sometimes some awareness by the drinker of his dependence, "I've been drinking too much lately", "I drink too much when I'm upset".

3. Perhaps there is some uneasy feelings among friends or a girl friend relating to drinking habits e.g. "my boy friend is great, except when he drinks too much!"

4. There is sometimes some degree of pre-occupation with alcohol. The problem drinker is aware of going to a party just to drink; or looks forward to the weekends for fun drinking; to the end of the day to relax with a few beers.

5. The drinker is usually uncomfortable if his friends don't drink; he usually will try some measure of persuasion and eventually will gravitate to other drinkers.

6. The drinker who drinks to relax, or to sleep is at risk. He, not infrequently will drink alone. The student with emotional problems is much more likely to abuse alcohol.

7. There are possibly academic or financial problems.

8. There is a tendency to gulp drinks. The problem drinker will usually consume many more drinks in an evening than his more moderate drinking friends.

9. Blackouts, following an evening's drinking, there may be difficulty remembering everything that happened the night before.

10. It is always worth inquiring about the drinking habits of students involved in accidents. The problem drinker is more prone to be involved in accidents on campus.

11. The student, who in his budget plans always estimates so much for week-end alcohol supplies is suspicious. This is quite a common practice.

The fact that students do have money may well be a neglected factor in the increase in alcohol use. Availability plus money may be a potent mixture!

The problem drinkers will continue on the path of dependency (alcoholism and all its' unwanted difficulties) unless there is intervention and attempts made to alter the pattern. In addition, he will be at greater risk of developing the many diseases more commonly found in alcoholics (e.g. Coronary heart disease). It makes sense to place emphasis on prevention at this point.

B. Accidents

1. A high percentage of our accidents occurring on and off campus are in some way related to alcohol. Although most of these accidents are minor, some are extremely serious, inflicting permanent damage. It is well known that auto accidents have increased alarmingly since the drinking age was lowered, and that

they are the leading cause of death in young people.

2. Alcohol is convenient as a tranquilizer for those with emotional problems. Although alcohol may temporarily relieve anxiety and depression, on withdrawal, these feelings will become more acute, necessitating a return to alcohol and so a pattern of destructive drinking can be quickly established. Behaviour problems in residence (hysteria, destructive behaviour etc.) are not infrequently associated with alcohol.

3. We have been aware, in the Health Service of an increase in physical problems, directly related to alcohol consumption e.g.:

Gastritis
General malaise and fatigue
Obesity (alcohol is an excellent way of supplying empty calories)
Headaches (it is sad to see students accept "hang-overs" as normal occurrences).

4. We have a number of students last year who drink to the point (or close to the point) of unconsciousness. This aspect is worrying because there is much to learn about the effects of alcohol. Alcohol is a drug which has many patho-physiological effects on body cells. E.g., could there be a change in personality with excessive and prolonged use of alcohol in the young? Could there be danger to the young reasonably mature student who simply uses alcohol because it's customary and available? Is there a risk to these students of developing dependency? When does this start? There are many questions to be answered.

5. Also, I would be very remiss if I did not mention some of the serious dangers to young women who drink excessively or attend parties where there is much drinking. The young woman is at far greater risk to casual sexual encounters, resulting in V.D. and unwanted

pregnancies. Rape is a definite danger. These "incidents" are certainly not daily occurrences, but neither are they rare, and they can have lasting, serious effects on the female student. I believe this is a neglected aspect of the dangers of alcohol. Many of these cases are never reported or brought to the attention of the physician. I have encountered all of these situations in my practice, on a number of occasions.

CONCLUSION

The dangers of developing and maintaining problem drinking in today's students is greater when there is environmental support of alcohol. Physicians who are involved in student health care must attempt to shift the emphasis away from alcohol to healthier environmental supports. I am not convinced that the development of the "pub scene" is entirely the result of student demand. Many students have voiced their concern to me about the trend in alcohol use. I believe we (the University community) should examine, honestly, the reasons we have allowed this alcohol environment to develop. All of us, faculty, staff and students have to learn to live with alcohol in a healthy manner and stress has to be placed on education in this field.

Comment Legal age is no factor in alcohol problem

The P.E.I. Legislative Assembly reportedly has on its agenda for the upcoming session a proposal to raise the drinking age from 18 to 19. This concern about the drinking age is a result of the large number of high school students now consuming liquor. It is hoped that the new drinking age will not only make it more difficult for kids to get into bars and to obtain liquor but will also result in a decrease in the number of drunken drivers. On the basis of my own experiences with alcohol in high school, which can be considered fairly universal, I disagree with these assumptions.

When I was in grade eight the legal age was 21. Even at that time some of my close friends were drinking. By grade nine nearly everyone was drinking. I should mention that my "gang" was an average group of students. There were others who started long before and others who started much later. This leads me to the conclusion that the drinking age does not affect the age at which a

person actually begins to drink.

One of the aims of the legislation is to stop younger teenagers from getting into bars. Our present legislation is supposed to do this. Bringing in this new legislation would be, in effect, punishing eighteen year olds for the incompetence of our bars' bouncers.

If the eighteen year old's privilege to drink is taken away it will only make another age group who, having nothing to do except drive around, will drink - doing much of it in their cars. This makes it seem that the legislation would in a way promote drinking while driving.

At the age of 18, one can get married, vote for our leaders, fight in wars and could already have spent two years in prison, but the government thinks that we should not be allowed to drink in case it corrupts our morals. I believe that lowering the drinking age is only a futile attempt to solve a problem that does not, in actual fact, have anything to do with a person's age.