

# College Alcoholism Abuses : A Prevention And Intervention Programming

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## **ABSTRACT**

*Underage drinking and alcohol abuse by college students are of major concern both for the individuals and for all those in the campus community. This paper reviews the extent of the problem currently and in an historical perspective. It also reviews research concerning the immediate and long-term health and social outcomes of binge drinking, along with the “second hand” effects for those around the drinkers. Profiles of those individuals and groups most at risk for problem drinking are suggested. It also provides examples of efforts to prevent or reduce collegiate drinking, including campus-community coalitions, environmental management and social marketing campaigns. Additional resources and further suggestions for a comprehensive prevention effort are included*

**Keywords :** *collegiate alcohol abuse; prevention; binge drinking.*

## **Introduction**

The bad choices made by students [in the Middle Ages] were not dissimilar to the bad choices many collegians make today. The former chose to get drunk—often; they behaved vilely on occasion, and they rioted now and then:::(and) the general public expected, even demanded, that school officials do things they were not qualified to do—namely eliminate students’ reprehensible actions that reflected the presence of social problems (Nuwer, 1999,)

## **Reasons for Drinking**

### **Personal**

A number of researchers—and parents and school administrators—have asked college students why they drink and to such excesses. Reasons include liking the taste of alcohol,

celebrating, relieving tension, just to get drunk, and because it seemed like the thing to do (Klein, 1992). Klein also found that reasons given by abstainers for not drinking included disliking the way alcohol makes them feel, fearing they would develop an alcohol problem and not liking the taste. A smaller number also noted some religious influences.

Kidorf, Sherman, Johnson and Bigelow (1995) surveyed freshmen using the Alcohol Expectancy Questionnaire during their first week of college. They found that expectations that alcohol will increase social assertiveness and is associated with global positive changes, the “social value” of alcohol, were positively correlated with increases in beer consumption over the first two months of college for male students, although not for female students.

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Smith, Abbey and Scott (1993) identified four categories of reasons for drinking: to cope with problems, to be sociable, to enhance one's social confidence, and for enjoyment. They found that feeling social pressure to drink predicted sociability, confidence and problem coping, suggesting perhaps that family, friends and media may be strengthening the notion of relieving stress and forgetting troubles through alcohol. Social influence was apparent in that the more often subjects' friends drank the more likely they would too, to be sociable. Expectancies concerning alcohol outcomes were related to reasons for drinking, that is, if one believed alcohol relieved stress than subjects reported drinking to cope with problems. Finally, drinking to cope was the strongest reason-to-drink predictor of frequency of heavy drinking, quantity consumed and drinking alone.

Binge drinking by freshmen, associated with positive alcohol expectancies, is also predicted by the belief that heavy drinking is the norm among college students (Maggs, 1997). Baer, Stacy and Larimer (1991) reported that students' perceptions of typical drinking within their own social groups were significantly higher than actual self-reports indicated. Such inaccurate beliefs about normative drinking behaviors can lead individuals to condone their own behaviors or even influence them to greater use, a factor now addressed in many prevention programs. Perkins and Berkowitz (1986) also note that those college students who drink more heavily believe campus attitudes about drinking are more liberal. Such misperceptions can certainly be a risk factor for alcohol abuse behaviors.

Sensation seeking is one other personal risk-taking psychological factor associated with heavy drinking behaviors (Johnson & Cropsey, 2000) with higher levels of sensation seeking predicting greater involvement in drinking

games and more negative alcohol-related consequences. Personality factors are thus hypothesized to be interacting with norms and contextual factors in influencing participation in drinking behaviors.

### **Socio-cultural**

The role of alcohol advertising is both obvious and insidious on college campuses, with students and campus administrators alike often not recognizing its scope and impact. One report suggested approximately 35 percent of college newspaper advertising revenue comes from alcohol ad

Alcoholic beverage companies have a large stake in the use of their products by college students; special edition beer cans, for example, with collegiate logos and beer ads in university stadiums keep these products visible to the target audience. Although maintaining that their focus is on those 21 or over, it is clear from the amount of advertising and number of promotions on campuses that beverage companies see the entire campus audience as the message recipient. The major beer companies once had an official "campus representative" assigned to most large college campuses, and to some smaller ones as well (Jacobsen et al., 1983). Many schools are now banning these representatives, but beer companies and distributors still sponsor sports events, concerts and even free liquor tasting parties. They also provide shirts, hats and other articles of clothing, making students their walking billboards for ads. Michelob posters and ads in campus areas have urged students to "Put a Little Weekend in Your Week," encouraging students to drink all week not just on weekends.

### **Alcohol-Related Problems**

The effects of alcohol abuse behaviors can be seen in the alcohol-related problems reported by students, ranging from academic

and health difficulties to social and legal issues (Wechsler et al., 2000a). Among all students who drank, 9 percent of non-binge drinkers missed a class, 10 percent got behind in schoolwork, 18 percent did something they regretted, 8 percent engaged in unplanned sex, 4 percent got hurt or were injured, or drove after drinking. The same categories for frequent binge drinkers had rates of 63 percent, 46 percent, 62 percent, 42 percent, 27 percent and 57 percent respectively.

Almost 4 percent of nonbinge drinkers reported having five or more different alcohol-related problems compared to 17 percent for occasional binge drinkers and 48 percent for frequent binge drinkers. Despite these figures, however, few students consider that they have a drinking problem. In a 1993 study (Wechsler et al., 1994) only 0.6 percent of the frequent binge drinkers thought they had a problem with alcohol and few students had ever tried to get help for alcohol problems. It is interesting to note that 22 percent of the frequent binge drinkers thought that they had at one time had a drinking problem compared to 7 percent of the non-binge drinkers.

Many studies have documented adverse effects of binge drinking, including brain damage (Hunt, 1993), more likelihood of use of illicit drugs (Wechsler et al., 2000a), and memory loss (Browning, Hoffer & Dunwiddie, 1992). Increased vulnerability to injury (Shepherd & Brickley, 1996) and violent behavior (Valois,

Many other health and social outcomes are also directly related to collegiate alcohol use, including impairing the body's ability to recognize and fight foreign bodies such as bacteria and viruses, and irritating the gastrointestinal system, blocking the absorption of certain nutrients and minerals. College students are also at particular risk for alcohol-related car accidents, resulting in many deaths

and injuries for both the drivers and their fellow student passengers—and the public. Weschler et al. (1994) report that a large proportion of the students in their study drive after drinking alcohol, with frequent binge drinkers having significantly more dangerous driving behaviors. They often drive to off-campus bars catering to students when alcohol is restricted on and around campuses, and where controlled. Impaired driving ability results from even from one or two drinks, not a point at which most collegians stop.

### **Secondary Binge Effects**

An additional dimension to recent collegiate alcohol studies has also been the identification of the problems experienced by students in general because of their fellow students' drinking behaviors. Eight types of problems were identified by Wechsler et al (1994) including: been insulted or humiliated; had a serious argument; been pushed, hit or assaulted; had property damaged; had to take care of a drunken student; had sleep or study interrupted; experienced an unwanted sexual advance; and been a victim of sexual assault or date rape. In schools with a low binge drinking rate, 64 percent of the students reported experiencing at least one of these second-hand effects compared to 81 percent at medium binge level schools and 86 percent at high binge level institutions. There was clearly a much lower level of second-hand effects at the low binge level schools.

The Center for Science in the Public Interest (CSPI) has launched a website for college students who are tired of the second-hand effects of collegiate alcohol abuse. This site, [www.HadEnough.org](http://www.HadEnough.org). (2000) was developed in collaboration with the University of North Carolina at Chapel Hill and Cornell University. It is an interactive project providing information to help students improve the quality of life on campus and to validate their concerns

that alcohol abuse need not be a rite of passage for university students. The campaign takes an advocacy role, bringing non-bingeing students into the efforts to change drinking cultures.

### **Program Effectiveness**

In response to the increase in collegiate alcohol problems, many institutions of higher education have developed a range of alcohol awareness and education or other primary prevention programs, but with limited evaluation. Little is known about effectiveness of such techniques, with most of them being atheoretical, and lacking efficacy studies. Kleinot and Rodgers (1982) offer reasons for ineffective programs including: lack of consensus on goals for the program; inappropriate reliance on an abstinence approach; inadequate evaluation of programs; failure to identify the “active ingredients” in an overall program; and programs based on the empirically disconfirmed assumption that increasing knowledge alone will change attitudes and behavior. While prevention studies generally have become more sophisticated and conceptually grounded at the college level, far less empirical research has examined program outcomes and for whom.

### **Environmental Management**

The Higher Education Center for Alcohol and Other Drug Prevention (HEC) advocates an environmental management approach to combat alcohol-related problems that arise on campuses and in surrounding communities as a result of student drinking. This multi component approach is informed by the field of public health, emphasizing the broader physical, social, cultural, and institutional forces that contribute to problems of human health (Wallack, Dorfman, Jernigan,

Themba, 1993). The framework for the HEC approach is grounded in the notion that

colleges must take reasonable protective measures to guard against foreseeable hazards and risks in the school environment (DeJong et al., 1998). The HEC plan incorporates three spheres of action: 1) a campus task force, 2) a campus and community coalition, and 3) associations of colleges and universities, utilizing four main strategies.

The first component, environmental strategies, such as academic requirements, extra curricular/recreational options, alcohol industry advertising/ sponsorship limitations, residential life options, zoning ordinances, responsible beverage service, and faculty advisor duties, provide a framework to monitor campus conditions, limit availability, develop an infrastructure to support alter-native activities, craft a plan for new programs and policies, and eliminate mixed message environments, all to reinforce responsible alcohol use (DeJong et al., 1998). Educational strategies are also part of a total prevention effort, including awareness and information campaigns, curriculum development and infusion, peer education, and student leadership training. These require participation from university faculty, staff and students (DeJong et al., 1998), exercising leadership roles in proposing new initiatives, as well as carrying out prevention efforts.

### **Laws and Policies**

Regulations and Sanctions. Regulations concerning the sale of alcoholic beverages were first noted over 3,600 years ago in the oldest written code of law, the Code of Hammurabi (Colin, 1981). Today many formal social controls limit the sale, possession and use of alcohol, through federal, state and local laws, with both civil and criminal penalties. It should be noted, however, that most of these laws are not consistent across jurisdictions, reflecting in part the differing views on alcohol use. They

are also not enforced uniformly by police and other agents of the government. In addition to legal sanctions, other community groups may place restrictions on use and possession.

University alcohol policies provide regulation in a number of areas, addressing who can use alcohol, where, and under what circumstances or situations. Today the legal drinking age of 21 provides some specific limitations, although those are not always well enforced at college-related social events, e.g., tailgates, informal faculty-student gatherings. Certainly, however, inappropriate behaviors are not condoned by administrators who prohibit drunken behaviors and disorderly conduct. But again, selective enforcement by local and university police gives students a very mixed message—and opportunities to drink.

### **Collegiate and Community Policy Examples**

College and university officials, as well as community groups, have taken the initiative to devise alcohol-related policies that entail stricter penalties for those students who violate them. These policies range from universities contacting parents in regard to dangerous and destructive drinking episodes by their child, to suspension or expulsion of students due to repeated offenses.

Since the demise of *in loco parentis* in the 1960s, colleges and universities have contacted parents in regard to their child's drinking behavior only in the event of a tragedy such as death or serious injury. However, institutions of higher education around the country are now turning to parents for help in their crusade to curb alcohol abuse among their students. The Family Educational Rights and Privacy Act (Buckley Amendment) contains a clause that permits colleges to release educational and disciplinary records to the parents of students who are financially dependent on their parents (Reisberg, 1998a).

The Drug-Free Schools and Campuses Act requires that institutions of higher education have policies to prevent the unlawful possession, use or distribution of alcohol and illicit drugs by students and employees. Educational programs, standards of conduct, legal and disciplinary sanctions and information on counseling and other treatment programs must all be made available. Failure to do so can cause a school to lose their federal funding (Wechsler, Austin & DeJong, 1996). These regulations require schools to provide a written review of their programs every two years, and have caused many institutions to take a new look at what they are doing and how they can do more with better results.

### **Social Marketing**

Another attempt to curb excessive alcohol consumption among college students has been the use of social marketing campaigns that target the specific drinking patterns seen at individual campuses. Social marketing, a theoretical approach to behavior change, has been used successfully as a process for increasing the acceptability of ideas or practices in a target group, for problem solving, and to introduce and disseminate ideas and issues, as well as strategy to develop effective communication messages (Lefebvre & Rochin, 1997). One such campaign in Montana was designed to “de-normalize high-risk drinking” (Higher Education Center, 1998c). The University of North Carolina at Chapel Hill and Cornell University have also been involved in a social marketing anti-drinking media blitz aimed at reducing the popularity of binge drinking among their students. According to the Center for Science and Public Interest, which is responsible for this campaign, the purpose is to generate long-term changes in behavior and norms (*Chapel Hill Herald*, 1997).



### **Normative Education**

Studies have consistently found that significant differences exist between students' perceptions of typical drinking behavior among college students and the self-reported drinking behavior in this population (Haines & Spear, 1996; Perkins & Berkowitz, 1986). As a result, campuses have begun to incorporate prevention strategies that focus on dispelling the perception that students have in regard to rampant drinking among their peers. Some critics, however, worry that such messages ignore the serious problems of alcohol abuse. They suggest that de-emphasizing the issues may not give students complete information on the dangers of binge drinking, as well as the potential for legal and health problems.

Nevertheless, many students do perceive their fellow students' behavior quite inaccurately (Hsu & Wish, 1999). In response, the University of Arizona at Tucson developed an ad campaign targeting incoming freshman to correct their misperceptions that alcohol and other drug use among their peers is the norm (Higher Education Center, 1998b). Entering freshmen received posters with the actual rate of alcohol consumption on them which was also reported in newspaper ads. Northern Illinois University (NIU) used a print media campaign to inform students that most students at NIU drink five or fewer drinks when they party, among other messages about moderate drinking norms on campus. As a result, data indicate that within the six year time period of this campaign, binge drinking rates decreased 35 percent among NIU students (Haines, 1996).

### **Faculty Involvement**

Although alcohol abuse prevention has not been seen as part of the traditional faculty role, faculty involvement is vital to the success of prevention efforts. One study examined the extent to which program comprehensiveness,

programmatic outcomes, program integration and environmental factors were being addressed by colleges and universities (Werch, Pappas, & Castellon-Vogel, 1996). Although 88% of the institutions train students, and 55% train staff to assist in implementing drug and alcohol use prevention activities on campus, only 41% involve faculty. Some faculty-centered alcohol intervention programs have been implemented, with mixed results. In one, an integrated theoretical approach was used, looking at the individual and his or her biopsychosocial susceptibility to alcohol and other drug problems, as well as the individual's knowledge, attitudes and motivations that influence usage patterns, and drinking or drug use behavior itself, as well as the environment or context in which drinking or drug use occurs (Gonzalez, 1989). This experimental course at the University of Florida, conducted by faculty members and peer educators, provided lectures, small-group discussions, and structured activities.

One of the most promising educational approaches to prevention in higher education is curriculum infusion, using multiple subject areas as an avenue for providing substance abuse education and prevention skills. Infusion-driven education encourages students to see the interrelationships among disciplines, to determine the personal relevance of the subjects, and to apply this knowledge to their own behaviors.

In another example, the University of Cincinnati, a commuter campus, implemented a faculty-based effort, "Retaining the Fragile Student," designed to train faculty to identify and refer students with alcohol treatment needs. Evidence of success was an increase in faculty knowledge of substance abuse, intervention techniques and resources. However, specific outcomes regarding the program's effectiveness have not been documented (George Mason University, 1998).

### **Coalitions Among Institutions of Higher Education**

To provide a more unified, consistent approach to prevention, The Boston Coalition, a city wide anti-drug and anti-violence coalition was formed in 1997 by twenty-four area college presidents and deans who signed a pledge to control the illegal drinking that runs rampant on area campuses (Higher Education Center, 1998a). The effort was designed to plan and develop programs to change behavior on Boston-area campuses individually and collectively. The initiative was explicitly structured to have a city-wide impact from the outset, with the feeling that if students' awareness and behavior regarding alcohol would improve, the entire city would benefit. Similarly, Indiana also recently formed a coalition among 20 of its colleges and universities. Their aim is to share ideas as well as to strategically develop an alcohol policy that all of the institutions in the coalition will adhere to (Reisberg, 1998c).

### **A Matter of Degree**

Beyond the prevention efforts of individual colleges and universities, private as well as public foundations interested in the health and well being of young adults have funded programs on college campuses that target the problem of excessive alcohol consumption among college students. The Robert Wood Johnson Foundation, for example, in partnership with the American Medical Association, created the "A Matter of Degree : A National Effort to Reduce High-Risk Drinking Among College Students" program to foster university and community collaborations to combat problems related to the abuse of alcohol on campuses and in local communities (American Medical Association, 1998a). "A Matter of Degree" (AMOD) schools are identifying the environmental factors such as alcohol

advertising and marketing, institutional policies and practices, local ordinances—even social and cultural beliefs and behaviors—that converge to encourage alcohol abuse, and working together to create positive change. Ten universities have been involved in this program to date. The following are a few examples of the AMOD initiative in action.

### **University Presidents**

A number of college presidents have initiated their own efforts aimed directly to students and parents. For example, the President of Syracuse University has written letters to students and to parents concerning alcohol abuse and binge drinking. He notes the many efforts for prevention that the school has in place, the willingness of the university to enforce the rules about drinking on campus, and responsibilities of students and parents to support and cooperate and participate in these efforts (Shaw, 2000). Other university administrators are also writing to students on their 21st birthday, warning them about the dangers of the "traditional" 21 shots on that birthday.

### **Fund for the Improvement of Post Secondary Education (FIPSE)**

Since 1987 the U.S. Department of Education's Fund for the Improvement of Post-secondary Education (FIPSE) has sponsored hundreds of institution-wide alcohol and drug use prevention programs (Werch, Pappas & Castellon-Vogel, 1996). Recent studies have determined that FIPSE-funded prevention efforts have provided a significant level of prevention programming with some program successes

### **Campus-Community Coalitions**

Many colleges and universities are also now working with surrounding communities in coalitions to strengthen the impact of their

prevention efforts. The essence of an environmental management approach to alcohol and other drug prevention is for college officials, working in conjunction with the local community, to change the campus and community environment that contributes to AOD problems (DeJong et al., 1998). Such change can be brought about through an integrated combination of programs, policies, and public education campaigns.

The town-gown link is critically important to all prevention programming. The campus has a major impact, financially as well as socially on the surrounding community. But the effect is reciprocal—the policies of and enforcement by local bar and restaurant owners, for example, give clear messages about what behaviors are “allowed” or ignored.

Landlords are also concerned about safety and other liability issues as well, not just property damage and noise. Rental housing contract standards for students can set limits on kegs, parties, noise and damage. Community allowances for student behaviors can be costly in more than financial terms. It is clear that the local power brokers must be included in any campus-related prevention planning, standards and programs.

### **Alcohol Beverage Control Efforts**

There are a number of models of Alcohol Beverage Control agencies across the country. Control states are those that have the responsibility for wholesale, and, in some cases, retail sales of beverage alcohol, usually spirits and wine. The similarity between control and open state ABC agencies is usually a regulatory licensing and/or enforcement function. However, states with either model are becoming very active in prevention and education regarding underage and abusive alcohol use. Pennsylvania, Washington, Virginia, Alabama, Ohio, Michigan, Oregon,

New Hampshire, Vermont and Maine have all been involved in program development in these areas. Open states have also begun efforts, notably Texas, California and Florida. The National Alcohol Control Beverage Association sponsored a national alcohol education seminar recently to explore various state activities. Examples include leading state coalitions on underage and collegiate drinking, developing server and owner training, building enforcement to reduce underage access to alcohol and developing educational programs and media campaigns.

### **Intervention Efforts**

Although alcohol use and abuse are common behaviors among college students, many students do not suffer apparent long-term consequences of these experiences. However, a significant percentage of students do abuse alcohol to the extent that it becomes a problem while they are still in school, and as a result, universities have incorporated the use of student assistance services aimed at providing special attention to referred problem drinkers.

One such Alcohol Intervention Program (AIP) is designed to provide a service where students help other students. It involves individual and group education about alcohol, its effects, and the role it plays in the student’s life, as well as decision making skills development (Penn State University Health Services, 1998). Individuals are referred to this program either by Judicial Affairs, faculty, staff, resident assistants, fellow students, or in some instances, by self-referral.

### **Recommendations And New Directions**

Although many programs, policies and other prevention efforts have been reported by academic administrators there is a lack of program evaluation particularly in relation to student behaviors. Efficacy studies are almost



non-existent and the limited data are often descriptive and/or anecdotal at best. However, it is clear that many schools that are recognizing and admitting to the extent of alcohol abuse on their campuses are seeking a comprehensive approach to prevention. *Education* alone cannot change health behaviors it is clear from related research, nor can *Enforcement* but both must be present however.

For a complete systems-wide prevention effort, higher education must also *Enhance*, that is, build on the positive aspects of the college culture. Reinforce those who do not abuse alcohol, expand the alcohol-free programs and opportunities, and recognize and support the organizations and groups who are sharing in prevention, even those that are more “indirect.” Identify and acknowledge—enhance—those efforts and make them part of the system of prevention. In addition, student and administrative leaders alike need to *Encourage* new ideas, new directions, creative approaches, experimental methods for distinct, targeted audiences. While universal messages may have value in addressing social norms, it is clear that different groups and individuals have their own standards and behaviors that should be targeted more specifically, with more focus. And as has been noted by Wechsler, Kelley, Weitzman, Giovanni and Sebring (2000b), the paucity of evaluation data can only serve to limit the effectiveness of any prevention goals. *Evaluation* must be coupled with all program initiatives, to inform and influence future efforts, at the local campus level as well as at state and national perspectives. Future funding will require these data. Finally, together these efforts will provide the *Environment* for healthy and responsible use—and non-use—of alcohol by students.

### Conclusion

The role and involvement of students in alcohol abuse prevention is critical to the long-

term success of collegiate programming. They must be part of the coalition of university constituents, both for their unique perspectives and for the “person-power” they represent in carrying out programming. Students have been trained as peer educators in many schools, but are now taking increasing responsibilities in other areas as well, in planning, program development and implementation, and evaluation. This is important to the sense of ownership that number of binge episodes and the amount consumed. Some students are resistant to limiting their drinking and related social behavior, and will be non-compliant with many of the proposed standards. They will need time too to identify and accept the personal positive results that can occur. Prevention, and its much needed evaluation, can be labor intensive, tedious, and hard to measure. A long-term approach is necessary to address binge drinking but it is clear more of the campus and community must be involved and supportive of the process. And if it works, nothing happens! That is, the public is no longer aware of the excesses of student drinking, which will be significantly reduced. Are we ready to admit this is a public health problem and bring in the additional support, funding and level of effort necessary for change to occur?

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