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ALCOHOL EDUCATION: APPROACHES BY THE BUSINESS
COMMUNITY AND THE PUBLIC SCHOOLS

by

Colleen K. Johnson

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in partial fulfillment
of the
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ALCOHOL EDUCATION: APPROACHES BY THE BUSINESS
COMMUNITY AND THE PUBLIC SCHOOLS

Today in the United States about ninety-five million Americans are users of alcohol. About nine million Americans are victims of alcoholism. It is our number one substance abuse problem. Alcohol more than any other substance is related to violence. It is involved in half of the homicides and a third of the suicides. Half the prisoners behind bars have alcohol-related problems. Fewer than 10% of all alcoholic people are receiving the treatment needed. Fewer than half of the nation's hospitals admit patients whose primary diagnosis is alcoholism (Chafetz, 1974).

Included in this large number of users is the increase of alcohol users among the school-age group of Americans. It is not unusual today to find bottles in school lockers, youngsters cutting class to drink beer in school parking lots, fights spilling over from weekend beer busts, and high absenteeism on "hangover" Mondays as reported in U.S. News & World Report, April 14, 1975.

Chafetz (1975), former director of the National Institute on Alcohol Abuse and Alcoholism, warns:

All of the signs and statistics over the past couple of years have pointed to the fact that the switch is on among young people from a wide range of other drugs to alcohol (p. 40).

Preliminary results of a national survey conducted for the National Institute on Alcohol Abuse and Alcoholism early in 1974 indicated that 93% of boys and 87% of girls in their senior year of school

had experimented with alcohol, and more than half of the nation's seventh graders had tried drinking at least once during the previous year (Alcohol Health and Research, 1975).

There are a number of reasons given for this increase in the number of teen drinkers. One reason that has been cited is the lowering of the legal age limit by many states making it legal to possess alcohol at the age of 18. Now younger students may pass for 18 or others buy the alcohol for them. Another reason given is that parents are relieved to find their child is drinking alcohol rather than using some other drug. Still another reason is that drinking has become more socially acceptable than in the past. This is demonstrated in nearly all forms of advertisement: to be young, beautiful, one of the crowd, and to have fun, one must have a drink in his or her hand.

The problem is increasing regardless of all the programs that are functioning, the alcohol education done in our schools, and the millions of dollars poured into rehabilitation, information published, and opportunities provided in the community. The question to ask is "Where should changes be made?" A class on alcohol information and how to cope with the problem drinker can be offered in the community and there may be little or no response. Ways of coping with the alcoholic may be offered to the relatives of recovering alcoholics, and after one or two sessions there will be total lack of interest--no one shows up for the class. Secondary schools will admit they have a tremendous problem; students are being expelled because they come to school drunk

or are drinking on school property, and yet it seems very difficult to interest some authorities in an on-going alcohol education program.

Chafetz (1971) warns against the pitfall of expecting too much from alcohol education in the school setting. It takes more than school programs; home, church, and peer groups influence are more important. There will be few changes in the young people until the attitudes and behaviors of adults have changed. Jacobson (1973) states that alcohol is so steeped in folklore, custom, religion, mythology, anecdotal judgement, and unscientific reports, that no one educational method can be universally successful.

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Colleen K. Johnson

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APPROACHES USED IN BUSINESS

The motivation in business to do something for the problem drinker is considerable. Companies are interested in job performance, absenteeism, and late arrivals. The first step to a program is to accept the fact that the alcoholic is a salvagable human resource.

To better understand the scope of the alcohol problem some observations have been made (Peterson, 1972) although, some of the conclusions are subject to question:

1. The National Council on Alcoholism estimates that 5 to 10 percent of the work force is alcoholic.
2. Alcoholism ranks first in the nation as a major health problem.
3. Nine million Americans are chronic alcoholics.
4. Because of the drinking problems, 35,000 were killed and 2 million injured on highways in 1969.
5. Alcoholism is involved in 50 percent of all arrests.
6. Alcoholism accounts for 40 percent of all admissions to state hospitals.
7. Only 3 percent of the alcoholics are skid row; 97 percent are family centered.
8. Fifty percent of alcoholics attend or graduated from college.
9. Forty-five percent of alcoholics are professional or managerial people.
10. Seventy-five percent are men.
11. In Utah, alcoholism has increased 144 percent since 1965.

It is interesting that a number of articles published referred to companies with alcohol programs. However, upon examination of what program was provided, it was found that in many cases the program consisted of using the supervisors as key people to point out those employees with drinking problems. Once the employee was identified, there was some type of crisis precipitation device or confrontation to motivate the employee to accept help. The program then consisted

of referring that employee to available resources in the community. There was no alcohol education or prevention available in most industries prior to treatment. There is almost total absence of any published articles in the business field relating to alcohol education after 1973. The way many companies still handle the alcohol problem is the way they always handled it--warnings, layoffs, ignore or attempt to cover up the problem, and finally discharge of those who fail to "shape up."

Sadler and Horst (1972) agreed that the key to effective control of the alcohol program is a joint program of education, referral, and follow-through worked out by a company's management and the union involved. Habbe (1973) states that one of the prerequisites of a successful program is union cooperation. Habbe goes on to cite four points necessary for an effective program.

1. The focus of a cooperative alcoholism program should be on the well-being of the individual. Neither management nor the union should seek credit for a successful program.
2. The union should be involved in the program from the beginning and throughout all phases of its operation.
3. It is important for employees to understand that the program has the full and active support both of labor and of management.
4. While labor and management have vital roles in an alcohol program, it is not necessary that the roles be of equal importance.

The State of Washington Employee's Alcoholism Program states the necessary components of a successful program (Parker, 1973). The State had two primary objectives:

1. help supervisors identify problem drinkers, and
2. assist employees with alcohol problems to obtain treatment.

This program was established in the personnel department.

Immediately they set two goals which were:

1. an official state policy on alcoholism from which a program could be started, and
2. the broadening of the employee health insurance program to cover inpatient treatment for alcoholism.

The first step was to have a certification program for supervisors. There were people in management or supervisory positions who would identify employees with an alcohol problem. The responsibility of the supervisors at all levels of management was to implement the program; identify all instances of sub-standard work performance or unacceptable job behavior, and to take appropriate action.

Two of the statements given in the State's policy are of importance. One was that the State of Washington recognizes alcoholism as treatable. The other statement was that the State's concern with alcoholism was strictly limited to on-the-job performance or on-the-job behavior. It had no intentions of intruding upon the private life of the employee.

The employee with a drinking problem would have certain rights and responsibilities. First, the employee would receive the same consideration as an employee having any other illness, including use of sick leave, to become involved in an appropriate program of treatment. The State would expect an employee with a drinking problem to seek appropriate treatment. There would be no official records kept, and job security or promotional opportunities would not be jeopardized. The employee would be held responsible to correct unsatisfactory job performance or behavior. It was the hope of the State that the

employee would voluntarily seek information and counseling when indicated and then follow through with the prescribed treatment.

Another significant point of this program was that it carried the endorsement of the governor, secretary of state, state treasurer, state auditor, attorney general, superintendent of public instruction, commissioner of public lands, and insurance commissioner. The Washington Federation of State Employees, AFL-CIO and all locals endorsed the program.

This program contains what Wolf (1973) states are the steps necessary for establishing a program in a large or small business.

1. The employee is worth saving.
2. Top level policy and procedural guidelines are established.
3. Supervisory personnel are trained in the policies and procedures adopted.

It would seem then an effective program would make a thorough study of the company, its organization structure, staff resources, labor-management relationship, and what needs to be done with the alcohol problem among employees. There must be a clear understanding of the problem and strong backing for a program. Once labor and management are in agreement with a program, then the program must be adequately staffed.

In operational working terms, this would include a policy statement, joint labor-management cooperation, administration, information-education, line organization and operation, training, professional staff services, early identification, and follow through (Sadler & Horst, 1972).

Some companies are sending their employees to the local rehabilitation programs rather than firing them. These companies have found that it does not work to confront the employee with a drinking problem. This only causes the employee to become more defensive and secretive. The supervisor doesn't talk about the alcohol problem, but rather about late arrivals, absences, and unsatisfactory work. These companies use educational material, films, and seminars to inform their employees.

Other companies may use a telephone help line where a trained counselor can answer questions and direct the caller to the available resources in the community (Pave, 1972). Whatever a company decides to do about the alcohol problem, it is a real problem, with real people hurting and everyone is affected in some way.

APPROACHES IN THE PUBLIC SCHOOLS

On December 5, 1933 in the Proclamation ending Prohibition, President Franklin D. Roosevelt declared:

"The objective we seek through a national policy is the education of every citizen toward a greater temperance throughout the nation."

The American society in the past has always used education for prevention and reduction of undesirable conditions (Globetti, 1971). Globetti found that in 1971 programs for schools were almost non-existent. Nearly all states required by legal mandate some instruction in alcohol education, but, because of emotional disagreement concerning overall goals and plans of action, the results are that little has been done. What education has been given, many times has a negative connotation and runs contrary to the experience of the young people. This reduces the credibility of the education. If young people are to be taught so they can make a wise choice about alcohol use, then the education should not evoke fear or employ the strategy of terror in teaching about alcohol (Globetti, 1971). It was reported in the Drug Forum (1972) that although alcohol education programs are required by law in nearly all states, they are either non-existent or fragmentary and concerned primarily with an abstinence approach.

Where there is either no educational program or one that is ineffectual, young people rely on their peers for information. With inadequate information from their peers, it is no wonder that young people are unable to make wise and constructive decisions about the

use or non-use of alcohol.

Globetti (1972) believes that alcohol education should present the hypotheses, trends, and impressions as a result of alcohol usage, and to be sure to label them as such. It is absolutely essential that the instructor have current information and know his own feelings and biases about alcohol. There should be informal discussion groups with the instructor being used to clarify the issues. If the environment is non-threatening, the students can explore, examine, and discuss their own attitudes and behaviors toward alcohol.

Work done by Globetti and Harrison (1970) surveying 440 students enrolled in grades 7 through 12 showed that students were eager to learn about alcohol and believed there was a need for instruction. Approximately 9 out of 10 students thought they should have an opportunity to learn about the nature of alcohol. The students wanted to be taught the dysfunctional aspects of drinking, objective facts and then allowed to make their own decisions about the use of alcohol.

It is interesting that in 1970, although by legal mandate alcohol education was to be prescribed as part of the public school curriculum, school officials believed they had only a small role to play and that alcohol information should come from the home and church. Students who did discuss the use of alcohol with their parents found that most often they heard about the evil nature of alcohol and no scientific data. The consequences were that the students were not receiving valid alcohol information from the school, home, or church, and so turned to their peers. It was found that 7 out of 10 said that the use of

alcohol was a major source of discussion among friends.

Alcohol education should be talked about in a healthy and rational way and not in the context of good and evil. Young people should develop insight into their feelings about themselves and others, and the role alcohol plays in reducing sensitivity to standards of behavior consistent with their own family or group (Hames, 1971). Hames would agree with Chafetz (Hames, 1971) who warns not to expect too much from alcohol education in the school setting, but suggest ways in which schools might provide students with knowledge and still motivate them to use the knowledge to their benefit.

Referring to the work of Waller (1969, p. 2), Hames gives the following suggestions:

1. Young people are a fairly homogeneous audience in age and in agreement about the faults of the older generation. With this group one can convey the idea that it's possible to drink and still drive safely.
2. Be extremely hesitant to judge or moralize regarding drinking.
3. Avoid compounding myths about alcohol.
4. Teach that taking responsibility for the drinking of others is not old-fashioned and that rather it shows self-interest. It is not the matter of blame but one of not using prevention.
5. When students are involved in the cocktail party they often have an opportunity to use peer influence for a good purpose.
6. Inform students that the synergistic effects of adding alcohol to other drugs can be extremely hazardous. The person who can drive with one or two drinks may not know that if he adds a tablet to help control a cold he may become confused or drowsy.
7. Try to help students understand that the laws requiring blood alcohol levels and implied consent laws are not an attack on their constitutional liberties.
8. Explain that time is the main factor in reducing blood alcohol levels. Coffee, exercise, fresh air, and cold showers do not remove alcohol from the blood stream.

Students must be motivated to make changes in their social drinking patterns that are a part of our society. The approach to motivate must be one using various methods such as discussion groups, up-to-date research, the factual films available, and a teacher who knows the subject and relates well with the students.

In 1970 the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act was passed. This was the first time the nation officially recognized alcoholism as being primarily a health problem. The time has come to move in the direction of education and prevention, if in fact the consideration is that alcoholism is a health problem rather than a criminal justice problem.

Next comes the long range project of adoption of new attitudes, values, and behavior. This task must include individuals, families, religious bodies, civic and service organizations, and government besides the leadership role the schools will play (Chafetz, 1974).

The President's Committee on Health Education has described the task this way:

"Changing personal attitudes requires educating people both individually and collectively--not in terms of personal habits but, just as importantly, in terms of community-wide health 'citizenship'...Efforts to change health behavior must be seen in the same light as efforts to change any other form of human behavior; resistance to change exists; apathy is remarkably strong (1974, p. 6)."

It seems that any alcohol education which would begin to change attitudes and take responsibility in alcohol use would need to be extended throughout the entire curriculum. The young people should be provided with unbiased information about alcohol in an unemotional manner; to help them analyze, clarify, and understand their personal

attitudes about alcohol use (Baton Rouge Curriculum Guide, 1971). This involves choosing lifetime values and attitudes. There is a vast difference between dispensing information and changing values, attitudes, and behavior.

Perhaps one effective way to approach the changing of values and attitudes is to change the approach of the teacher. In the past the teacher usually gave out facts of classification, effects, and pharmacological principles in a "Why you shouldn't use alcohol" lecture. The students would attack this approach and the teacher would be defending the information. Because alcohol education is an emotional issue, the effective teacher needs to become a facilitator (Osman, 1974). The role of the facilitator is to clarify the issue and to provide regular opportunities for the students to examine their own values in a self-directed non-threatening, non-judgmental atmosphere.

Osman gives three objectives for an effective facilitator:

1. Assist students to identify their choices that may involve values.
2. Encourage students in order to elicit their responses.
3. Challenge students to think through their value choices by nudging them with clarifying questions.

The important part of the clarifying questions is to nudge the student into thinking through the seven step process of valuing (Raths, Harmin, and Simon, 1966). These seven steps that collectively define valuing are used in a facilitating learning strategy.

1. choosing freely one's own values.
2. make value choices from alternatives
3. make these choices after thoughtful reflection of the consequences of each alternative
4. being happy with and cherishing the choice made

5. being willing to publicly affirm the choice made
6. acting on the choice made
7. acting repeatedly on the choice made as a pattern of life

The facilitator may use art, audiovisual material, debates, discussion, drama, field trips, independent study, essays, interviews, lectures, polls, research, readings, science, teaching peers, writing poetry or song lyrics to stimulate strong feelings (Finn and Platt, 1972). Students working in small groups would be asked several questions to help them focus their thinking on the value issue raised. This also helps the student to work through the seven steps of valuing. Each student would write down his own sincere and honest thoughts after a limited time of discussion. These thoughts are never handed in or shared unless a student would choose to do so. In order to prevent influencing those students who had not thought through the issue, the facilitator would not disclose any responses until the students had an opportunity to share reactions among themselves.

An effective program will be properly conducted when it will focus on the development of values by the student, but will not teach any specific values. It will encourage the student to explore alternatives, but it will not suggest which alternatives are superior (Edwards, 1974). In this system the student will be encouraged to make the decision. These values may be taught either directly or indirectly. Some classroom techniques are suggested as follows (Grassroots, 1974):

Micro-Lecture: In this technique a short timed lecture is given on a relevant subject. The students may assist in giving the lectures.

Brainstorming: Students give ideas freely and without comment or censoring except for clarification on a

particular topic. This gives a free and accepting atmosphere to express themselves.

The Process Wheel: Students draw a wheel with a number of spokes. The wheel is focused on a particular topic in a question format. Such questions as "What makes you lonely?" or "Why do people use alcohol?" or "When do you feel left out?" are written on each spoke. The student then produces responses that are meaningful to him. By sharing these responses in a small group the students can determine how others feel and also resolve their anxieties by learning that their perceived inadequacies are widely shared and need not be a source of embarrassment or concealment.

Force Field Analysis: Students are asked to represent, by means of a paper and pencil technique, those forces which are acting on them which affect a particular decision that they may wish to make. Encouraging and discouraging forces are identified and assigned values. When all relevant forces are identified students study and share their analyses. More informed decisions can be made after students participate in this exercise.

The Fishbowl: Students form two concentric circles. The inner groups is given a topic which they discuss while the outer circle observes. At appropriate times the teacher stops the discussion and the students in the outer circle give feedback to the inner group. This may be their ideas about what has been said about the subject or their perceptions of how the group is handling the topic. After the feedback the inner group continues the discussion with the new information as a stimulant. The outer group continues to observe. This procedure can be used to process material and feelings that have developed from the small classroom discussions.

Role Playing: Students act the roles that they are assigned. The student is asked to act out a particular role as if he were the person in the role. The students can analyze the motivations and feelings that evolve.

Prescription: Students give each other prescriptions for desirable changes in behavior. Prescriptions may be given in pairs or in large groups. This encourages students to experiment with new behaviors. Prescriptions given are followed up in subsequent classroom sessions to emphasize their importance to support students attempting new behavioral activities, and to change or modify the prescription given.

Not only the values and attitudes need changing but also some important principles of alcohol education should be stressed. Chafetz (1973) gave the following principles:

1. It is not essential to drink. One should not be placed under pressure by other members of society if the desire is to abstain.
2. Excessive drinking does not indicate adult status, virility, or masculinity.
3. Uncontrolled drinking or alcoholism is an illness; not a perversity, not necessarily a character defect; and not even a direct result of drinking.
4. Safe drinking depends on specific psychological as well as physiological factors. These include:
 - a. early development of healthy attitudes toward drinking within a strong family environment.
 - b. prevention of high intoxication levels by restricting beverage consumption to small amounts in appropriate dilution in combination with food.
 - c. recognition that drinking is dangerous when used to solve emotional problems.
 - d. universal agreement that drunkenness will not be sanctioned by the group.
 - e. engender as public attitude that drinking to the point of intoxication is socially unacceptable.
5. An understanding that "alcohol education" should not be restricted to alcoholism or alcohol. Education on alcoholism and excessive drinking should be considered only one specific topic of education about living and coping with life.

Considering the teacher as a facilitator and the principles important in alcohol education, several curricula were examined. Several objectives must be stressed for an effective curriculum (Finn, Platt, 1972).

1. The curriculum must produce responsible decisions about alcohol use.
2. Alcohol is a community problem that can be solved best by community wide effort. Any curriculum development program that involves the community participation stands a better chance of success.
3. Alcohol education should be at several different grade levels. Schools should meet students' needs at an early age. It is also reinforcing to have alcohol education at different levels.
4. Responsible use of alcohol is most effectively promoted when it is treated in a coordinated fashion in several subject areas simultaneously or consecutively.

One method to use is the survey to establish the needs of the

community (Miles, 1974). One survey conducted indicated that students as early as grades 4, 5, and 6 express interest and curiosity about alcohol. In junior and senior high, attitudes and interest are complex. In grade 12, students ask schools to make no value judgments--just present the facts. However, teachers still must be careful to not create the impression that alcoholism is a "minor" problem, and yet be able to establish a learning situation of mutual respect and understanding. The student must feel as though he/she is a responsible human being. Both teacher and student must be taught to respect the integrity of the home environment regardless of whether persons in those homes are non-users, responsible users, or abusers of alcohol. It is the teacher's responsibility to help the student arrive at an intelligent decision. It is not the teacher's responsibility whether the student decides to abstain or to use alcohol. The teacher should not develop feelings of guilt or frustration over what the student decides to do about alcohol.

It is important that before a program is established, one becomes familiar with the school philosophy and community attitudes. One method of quickly gaining such insight is to speak with representatives of local religious groups, with long time residents, law enforcement officials, physicians, and with influential community leaders. There should be a clear set of goals established to best assure success of a program presented. It must be clear that the students are not being taught how to drink, but rather presenting accurate information about the subject and then assuring each student

that the decisions he makes about drinking are his own. A great deal of distrust and misunderstanding can be avoided if the people responsible for managing the school--superintendent, principals, board of education, and teachers, know what is being taught. Differences of opinion should be cleared up beforehand (Miles, 1974).

Miles (1974) has elaborated upon alcohol education by suggesting concern with the relationship of alcohol to the behavior of the students in areas they consider important; personal health, success in school, in work, and in social situations. The program should concern itself with what alcohol is, what it can and cannot do, when its use is appropriate or inappropriate. Also, it should include learning about why some people drink to such an extent that the abuse of alcohol leads to other problems. Also, there is the responsibility to develop patterns of behavior that will prevent these problems. Patterns of life adjustment, based on erroneous information and immature emotional outlooks often acquired early in life, are difficult to change.

Alcohol education should aim to develop in the student the sense of responsibility for his own welfare and that of others. Behavior related to alcohol is surrounded by emotional, political, social implications, creating a need for insight into the dynamics of such a complex human behavior problem (Miles, 1974). To help students achieve objectives of alcohol education the following guidelines should be kept in mind:

1. For every act of behavior that is related to alcohol there are multiple causes which should be discussed and understood.

2. An understanding of immediate and long range consequences of alternative patterns of behavior will help the student make decisions and develop those behavior patterns that will be of greatest benefit to himself and others.
3. Behavior patterns of benefit to the individual will be of benefit to a large segment of the school and community population (Miles, 1974).

One curriculum which is presented is only a suggestion of what can be used from grades 4 through 12. The New York State Educational Department, Bureau of Secondary Curriculum Department, Albany (1970), presented the following material through "Strand II: Sociological Health Problems. Prototype Curriculum Materials for the Elementary and Secondary Grades."

Grades 4, 5, and 6 the following outcomes were desired:

1. to understand the nature of alcohol and its effects on family and community life
2. to understand the economic aspect of alcohol use
3. to acquire a knowledge of the use and abuse of alcohol

Murphy (1970) would concur that this curriculum meets the needs of grades 4, 5, and 6.

The teaching units were:

- I. The Nature of Alcohol
- II. The Use of Alcohol in the Early Days of America
- III. Alcohol in the Human Body
- IV. Elimination of Alcohol in the Body
- V. Alcohol and Problems
- VI. Alcohol and the Family

Grades 7, 8, and 9 were provided with unbiased information and provided opportunities to discuss the use and abuse of alcohol in the light of current knowledge and understanding. The teachers were responsible to:

1. help students understand emotional, social, and physiological effects of alcohol

2. stimulate discussion which will promote understanding attitudes toward problems of alcohol misuse
3. help students understand that satisfaction and problems are derived through alcohol use
4. help students understand the need for economic and legislative controls on the use of alcohol
5. help students recognize and understand that there are cultural differences in drinking patterns which may create conflicts of opinion

The teaching units were:

- I. The Adolescent and Alcohol
- II. The Use of Alcohol in the United States
- III. The Social Problems Associated with Alcohol
- IV. Legislative Control and Economics of Alcohol

For grades 10, 11, and 12 the outcome desired is as follows:

1. gain objective, unbiased, scientific information concerning alcohol, its use and effect on individuals and society
2. to seek accurate information so that they can explore their own feelings and attitudes about drinking
3. to develop a sense of responsibility for one's individual welfare and that of others in the proper use of alcohol
4. to develop insight concerning their behavior in social situations involving use of alcohol
5. develop awareness of medical problems caused by or associated with the misuse of alcohol

The teaching units were:

- I. Alcohol and Mental Health
- II. Physiological Effects of Alcohol
- III. The Psychological Effects of Alcohol
- IV. Alcoholism--A Medical Problem
- V. Other Disease Forms Associated with Alcoholism
- VI. Rehabilitation and Treatment
- VII. Research Agencies and Prevention

This is only an outline of what is possible. However, any curriculum used must consider the following points:

1. community participation
2. accurate information
3. opportunities to develop healthy attitudes toward drinking
4. alternative behavior patterns
5. motivation to make value choices

RECOMMENDATIONS FOR FUTURE EDUCATIONAL APPROACHES

The ideal educational approach would be to educate and motivate the adult population to make changes in their attitudes and behavior toward use of alcohol. Even though attempts have been made to do this through existing community organizations, little progress has been made. Many avenues of information and rehabilitation have been provided; yet because of the emotional aspect involved with the use or misuse of alcohol only those who are being pressured to seek help are being reached. Seemingly the only way to attack this problem will be through a more effective program. In the past we have used education to prevent and reduce undesirable conditions. To be more effective this education must begin very early in the elementary school. Furthermore, the idea must be first sold to the community through civic and service organizations, religious bodies, individuals, families, and government. Of course the school board, superintendent, principals, and teachers must cooperate or the program will not be successful.

Any alcohol education component that is chosen for a school system should be integrated through the subject curriculum beginning at least in grade four. There are those who would recommend starting at the kindergarten level (Finn and Platt, 1972).

The most realistic way to implement an interdisciplinary method is to integrate alcohol education with such subjects as social studies, home economics, science, English, and driver education (Alabama State

Department of Education, 1972). If alcohol education is to be correlated into the curriculum, the following points need to be carefully considered.

1. Curriculum materials should be available that identify the specific content for each subject area with clearly stated goals to be achieved.
2. Teachers should be selected who are interested or willing to become interested in including alcohol information in their subject fields.
3. Provision is made for appropriate in-service preparation of teachers with supportive help from resource teachers when desired to maintain interest and obtain current information.
4. Responsible school personnel should be administratively assigned to coordinate the correlation efforts, help keep teachers up to date and interested, and periodically evaluate the program (Cornacchia, Bentel, and Smith, 1973).

Students should be encouraged to make decisions. These decisions should be based on values that the student has developed and the alternatives that have been explored. Not enough emphasis can be placed on the role of the teacher-facilitator. It is this individual who will help to clarify the issues and assist students to make their decisions in an informed and nonjudgemental manner.

CONCLUSION

The materials reviewed for the period 1970 to 1975 revealed much repetitious information about the alcohol problem, factual information about alcohol and alcoholism, and the need for education. However, there were few articles dealing with how to use the available information in the educational approach to the problem. Education is more than dispensing information. Alcohol education should be involved in helping individuals make choices that will result in new attitudes, values, and behaviors.

It is apparent that business cannot deal with this problem until employees have an unsatisfactory work record. Business is concerned with job performance, absenteeism, and late arrivals. The first step is to recognize that the employee is worth saving. It is important that any program started has the full support of both labor and management. The goal should be early recognition of the employee with a drinking problem and rehabilitation of the employee.

To reach the individual at an early age, alcohol education must be integrated in the public school system. This approach would:

1. sell the idea of alcohol education in the community through civic and service organizations, religious bodies, individuals, families, and government
2. obtain the cooperation of the school board, superintendent, principals, and teachers
3. selection of a satisfactory alcohol curriculum
4. integrate the alcohol information throughout the present public school curriculum
5. have the integration of alcohol information start by grade four
6. use the teacher-facilitator approach
7. develop decision-making skills

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