Community Alcohol Education and Prevention Program

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COMMUNITY ALCOHOL EDUCATION
AND PREVENTION PROGRAM
by
John Fredricks

A dissertation submitted in partial fulfillment
of the requirements for the degree
of
DOCTOR OF PHILOSOPHY
in
Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah
1975
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Abstract
Community Alcohol Education
and Prevention Program
by
John Fredricks, Doctor of Philosophy
Utah State University, 1975

Major Professor: Dr. Elwin Nielsen
Department: Psychology

The objective of this study was to develop and evaluate an alcohol education program for the inhabitants of region seven, state of Idaho. A questionnaire comprised of multiple choice, and true-false questions, plus an attitude scale was developed to measure changes by way of pre and post testings.

The five hypotheses of this study are:
1. That our community and school education program would result in subjects obtaining a higher percentage of correct responses on information items on the post test administration of our questionnaire versus the pre testing.

2. The community and school education program would result in subjects obtaining an attitude rating more in line with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) position on the post test administration of the attitude survey, as compared to their pre test rating.
3. There would be a larger increase in the number of clients who sought out counseling at the Center for problems related to alcoholism during our six month test period, as compared to the increase experienced during the same six months of the previous year prior to the new program.

4. During the six month test period there would be a larger number of presentations, as requested, to community groups, as compared to the number given during the same six months of the previous year prior to the new program.

5. During the six month test period there would be larger amounts of money received from local contributors (agencies or individuals), as compared to the same six months of the previous year prior to the new program.

A frequency count and corresponding percentages were tabulated for each question from the questionnaires received during a 1 percent random sampling of households in the community. Also, an analysis of variance was run to determine if there was a significant difference pre to post on community respondents, or on school students who received an alcohol education presentation in their classrooms.

Results indicate no shift in community or school student's attitudes, nor in the community's informational level. Four out of six schools had an increase in the student's
informational level, which was significant at the .01 level. Likewise, a class of Licensed Practical Nursing students showed a significant increase.
The Problem

The study of alcoholism and alcohol abuse has been conducted for many years by a variety of workers in many different settings. However, the total accumulation of data, while large, lacks quality in research methods when compared to other behavioral science research areas. The myths that surround alcohol have probably kept many researchers from entering this field of study. Then, too, the monies that have been available for research seem to have been distributed most heavily in areas other than alcoholism. Finally, in 1970 the United States Congress passed into effect Public Law 91-616, the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970." As a result of this enactment and the funds it made available, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) was established within the National Institute of Mental Health (NIMH).

NIAAA set about gathering, analyzing and developing information, and sought to identify health problems which were correlated with the use and abuse of alcohol. This material was published in December, 1971 and titled the "First Special Report to the U.S. Congress on Alcohol and Health." The report makes it clear that the internal consumption of alcoholic beverages in the United States is typical behavior, and that most people who drink do not do so in an abusive manner. There are approximately 95 million drinkers in the nation; "about nine million men and women are alcohol abusers and alcoholic individuals" (U. S. Department of Health,
Education, and Welfare, 1971a). Defining alcohol abuse and alcoholism is necessary for our understanding of who these nine million people are, and what effect they have upon our society.

Alcohol abuse, in one sense, is present any time a person becomes drunk. Repeated episodes of intoxication or heavy drinking which impairs health, or consistent use of alcohol as a coping mechanism in dealing with the problems of life to a degree of serious interference with an individual's effectiveness on the job, at home, in the community, or behind the wheel of a car, is alcohol abuse ... and may raise a strong inference of alcoholism.

When a person develops increased adaptation to the effects of alcohol, so that he needs increasing doses to achieve and sustain a desired effect, and shows specific signs and symptoms of withdrawal upon suddenly stopping drinking, this is considered to be alcohol dependence or addiction. Under certain circumstances and for certain periods of time that are unique for him, an alcoholic person - one who manifests the behaviors of alcohol dependence, or alcoholism, needs to drink, even though he may know the potential destructive behavior of his consequences (U. S. Department of Health, Education, and Welfare, 1971a, p. 1).

The report estimates that 4.5 million of our problem drinkers are employees. This results in a ten billion dollar loss to industry each year due to lost work time, medical expenses, impaired job efficiency and accidents on the job. The law enforcement agencies report that one-third of all arrests involve alcoholic individuals, which consequently costs the nation 100 million dollars a year in arrest and imprisonment proceedings. It is important to remember that this phenomenal expense falls upon the American taxpayer.

"The general public pays a price for alcohol-related problems. A bill of at least two billion dollars is run up each year for medical payments and for welfare benefits to alcoholic individuals who are physically or emotionally
incapacitated" (U. S. Department of Health, Education, and Welfare, 1971a). Approximately half of the victims of fatal auto accidents have significant amounts of alcohol in their bloodstream. "Alcohol related accidents also cause injuries annually to half-a-million people, result in several hundred thousand arrests, and carry a pricetag of more than one billion dollars for property damage, insurance costs, and medical services" (U. S. Department of Health, Education, and Welfare, 1971a).

Part of the subsequent phases of the NIAAA effort are to identify "the most feasible methods for mounting effective prevention and treatment programs in the field of alcohol abuse and alcoholism" (U. S. Department of Health, Education, and Welfare, 1971a). This latter endeavor is in large part being conducted by providing funds for the development of Alcoholism Treatment Centers (ATC) throughout the United States. Eighty-four million dollars was budgeted for fiscal year 1972. It is the responsibility of each center to develop viable treatment and prevention programs and to objectively evaluate the outcomes of such programs. The problem, then, of this research is to develop an alcoholism education and prevention program for the "Eastern Idaho Community Mental Health Center," and then to assess the comparative effectiveness of differing modes of education and prevention within the program.
The scientific literature on alcoholism is not particularly large when compared to other areas of research such as schizophrenia or mental retardation, and the authors represent a rather widely divergent group of people. Consequently, one finds many contradictions which no one has been able to rectify. Likewise, a good bit of the material lacks any valid objective data which would make possible a testing of the authors' theories. When this type of material is weeded out one finds that much of what is left focuses upon physiological characteristics, which leaves relatively few studies having to do with the prevention of alcoholism. No attempt will be made to report on all the studies; nevertheless, this review will cover those studies which have had a bearing upon the development of the new alcoholism education and prevention program within the Eastern Idaho Community Mental Health Center.

Prevention of alcoholism and alcohol abuse can be dealt with by making it impossible for people to drink alcoholic beverages. There are some individuals and groups in American society who feel this to be the only sensible route to take. During the early part of this century this position gained rather wide acceptance. By 1919, 33 states had enacted prohibition laws of one kind or another. The following year the Prohibition Amendment was enacted by the United States Congress and remained in effect for 13 years. During this period the manufacture or use of alcoholic beverages in our nation was legally forbidden (Idaho Department of Health, 1966).
The data available from the prohibition era neither supports or refutes the effectiveness of prohibition as a viable preventive tool. Lacking any clear-cut evidence, many people have felt it more advisable to experiment with other means of prevention. The prohibition means of prevention also raises serious questions about the constitutionality of any such measures which interfere with the individual freedoms and choices of citizens living in a democratic society. This is particularly true in light of the fact that only one out of ten drinkers creates any problems for his fellow man.

Since the prohibition era the attempts to prevent alcoholic problems have centered upon the education of children. In many states it is mandatory that the school system provide this education. The educational approach used has stressed the "evil nature of alcohol and the deleterious effects of its use. With few exceptions alcohol education efforts have been strongly abstinence-oriented" (Unterberger & DiCicco, 1968). The bulk of written materials used by the schools has dealt "almost exclusively with the pharmacological aspects of alcohol and a recital of the social problems created by its use, paying little attention to the sociocultural facets of the subject" (Unterberger & DiCicco, 1968).

Current statistics on the national (U.S. Department of Health, Education, and Welfare, 1971a) and state level (Idaho Department of Health, 1966) make it quite clear that alcoholism and its associated problems have not decreased over the years, but have steadily become worse. Since 68 percent of our national...
population partakes in alcoholic beverages, it seems ludicrous to suppose that it might be possible to scare youth into abstinence. The abstinence model is based on a fallacy which has no scientific data to support it. That is, it is assumed that drinking problems are a result of the drink rather than the drinker; consequently, by removing the drink the problems will dissolve. This type of irresponsible and insufficient education “may merely focus attention on problem areas, and possibly exacerbate the situation by making alcohol use a “forbidden” area, and thus more attractive to those who need to show “toughness” or contempt for authority” (Davies & Stacey, 1971).

Since such a large proportion of Americans drink, it can be safely assumed that most young people will have witnessed the relaxing and socially beneficial effects of social drinking. To reject “an entire body of familiar experience about the positive attributes of social drinking will result merely in increased resistance to the message as a whole, particularly by the drinkers in any group” (Davies & Stacey, 1971). Coverage of both the pros and cons is a new approach, but it is not just limited to American educators.

The changing scene in alcohol education is international in scope. An abstract in the September, 1972 issue of the "Quarterly Journal of Studies on Alcohol" reports on a content analysis of alcohol-information in educational plans and textbooks of public schools in Finland. The reported conclusion was that “temperance education should be reformed
and modernized. Rather than the authoritarian teaching methods currently in use, more democratic and progressive methods should be employed. The students should be given the responsibility to determine their own future in relation to alcohol use and not be dictated to by the teacher" (Olkinuora, 1971).

Teaching abstinence for religious reasons is the responsibility of the home and can best be implemented there. But teaching abstinence or prohibiting usage by teenagers at the public level can never be effective, since there is no logical basis for such a position. "The teen-ager does not understand why the prerogative to drink in public is legally withheld until the age of 21 in most states, when many states confer auto licenses at age 16 or 18, as well as the freedom to marry, own property, carry firearms, and die for one's country" (Unterberger & DiCicco, 1968). Likewise, explanations that "It's not good for you" or "You are too young," will fail to have an impact on the teen-ager who is attempting to learn to handle adult responsibilities and privileges.

There are those who question the rationale for an alcohol education program, since it is already against the law for minors to consume alcoholic beverages. "All studies have demonstrated that teen-age drinking practices bear little relationship to laws" (Unterberger & DiCicco, 1968). "In most states, the "legal drinking age" refers to the sale or serving of alcohol in a public place. Usually this does not apply to drinking in a private home or other nonpublic place" (U. S. Department of Health, Education, and Welfare, 1972c). The figures on alcohol
consumption among teen-agers varies from 20 to 80 percent, depending upon the age and sex of the respondents as well as their social and community environment. On the national level "a majority of teenagers (averaging roughly 60 percent) say that before leaving high school they have "used" alcoholic beverages" (U. S. Department of Health, Education, and Welfare, 1972c). And as the Unterberger study points out, the majority of youthful drinkers have parental approval.

Even though teenagers do use alcohol some adults suggest that the drinkers should be delineated from the non-drinkers, so that the educational efforts could be provided to the drinkers and avoid wasting the time of the non-drinkers. This position is not tenable if we heed the evidence presented in the report to Congress which showed a higher rate of alcohol related problems among groups of individuals whom were reared under an abstinence philosophy or a philosophy which was very ambivalent about the usage of alcoholic beverages. Needless to say, that delineation is not feasible anyway, since "contrary to adult assumptions, there are no differences between drinking youth and abstaining youth in such matters as academic grades, participation in organizations, or leadership" (Unterberger & DiCicco, 1968).

Longitudinal studies of human personality characteristics provide some helpful guidelines. One such study employed psychologist ratings and the California Q set on the personality characteristics during adolescence and adulthood of 45 women. Twelve were classified as heavy drinkers, and only three as
problem drinkers. The results indicated inefficient coping ability among the three problem drinkers and the four abstainers, while manipulation of others appeared to be a dominant social skill of the heavy and problem drinker. The author felt one of the major implications of the study to be that "positive mental health approaches instituted in the youthful, formative years may reduce the need for irresponsible drinking and facilitate the development of controlled drinking habits" (Jones, 1971).

What attitudes do high school students have towards alcohol education? Four hundred and forty students in a Mississippi community (Globetti & Harrison, 1970) were almost in unanimous agreement that the school has a responsibility to provide information on the nature and use of alcohol. Almost 50 percent of them felt such alcohol educational programs would be beneficial in curtailing the excessive and abusive drinking of their fellow classmates. Likewise, a study of 19,929 Kentucky students (Kane & Patterson, 1972), half of whom were non-drinkers, 79 percent "said that persons their age should have an opportunity to learn more about beverage alcohol and alcoholism. Of those who felt this way, 59 percent would prefer to learn about alcohol in school, 32 percent at home, and 9 percent at church" (Kane & Patterson, 1972).

The research has shown us that educational efforts directed towards youth may be beneficial, that abstinence oriented and fear promoting approaches have been unsuccessful, and that youth themselves are clamoring for alcohol education.
With evidence such as this it is understandable why Morris Chafetz, the director of the "National Institute on Alcohol Abuse and Alcoholism" (NIAAA), has taken such a novel stand. "We choose to try to define responsible social drinking" (U. S. Department of Health, Education, and Welfare, 1971c).

Then it seems we must get on with providing youth the information and education they need and want, and the choice to drink or abstain will be theirs.

Whether we as adults fancy it or not, the choice is theirs—we cannot make it for them. They must be taught to think for themselves if they are to make any kind of an adjustment to life. Most would agree that every life situation has the element of choice. All life is a choice. To drink or abstain is one of the many choices youth must make. The only person that can make this choice is that person himself. The words "choice" or "freedom" would not have any meaning or make sense to youth, if they were just puppets. This has been one of the real problems in Alcohol Education Instruction—we want youngsters to act like puppets. "Do this" or "Don't do that, because I say so" rather than allowing them to make decisions on their own. Telling youngsters they should drink or abstain would be puppet tactics. When these types of strings are pulled, there is very little strength for the learner. It seems to me the real strength lies on persons learning to think, thus making choices according to reliable knowledge rather than imposition (Dimas, 1967, p. 11).

Adult education cannot be overlooked, since it is they who primarily set the home attitudes towards alcohol use. Likewise, "The best teaching is by example: if children do not see alcohol abused, they are less likely to abuse it themselves when they grow up" (Committee on Alcoholism and Drug Dependence, 1971). Also, the long-standing social attitudes of the adult population has overlooked the "excessive drinking of alcohol by persons who are not alcoholics but whose drinking can have significant physical, psychological, and social consequences"
(Committee on Alcoholism and Drug Dependence, 1971). Thus, it is necessary to communicate to adult social groups and organizations so that they can be given more adequate and thorough information pertaining to differing modes of alcohol consumption and its consequent effects.

Community attitudes have been reported on extensively (U. S. Department of Health, Education, and Welfare, 1971a, 1971b; Unterberger & DiCicco, 1968). The consensus points towards the existence of much confusion about drinking alcoholic beverages. Consequently, the public has many prejudices and misunderstandings which have delayed the scientific research of, as well as the development of treatment services. "It is as necessary to change these attitudes as it is to treat the disorder. A primary requirement, therefore, is community understanding based upon community education" (U. S. Department of Health, Education, and Welfare, 1971b).
**Objectives**

One of our primary objectives was to dispel the many myths surrounding alcohol. This meant we must provide factual data to the public and the school students. This required a presentation of the positive effects of alcohol, as well as the negative ones. We were obligated to show and discuss the normal as well as the abnormal use of alcoholic beverages. Those cultural patterns involving a dignified use of alcohol needed to be examined, alongside the cultures that abused alcohol. The overall implication was that we must pull together the known facts and convey them to the public.

Our secondary concern was to "redirect unhealthy needs for alcohol into nondestructive and rewarding channels. We must develop alternatives to reliance on potions and pills that bring temporary surcease from the pains of living" (U. S. Department of Health, Education, and Welfare, 1971a). This meant our program had to be built on understanding and caring, rather than fear and guilt.

During the childhood years many individuals become involved in a wide variety of activities; however, there are those who have never learned the importance of varied interests. Thus we attempted to convey the importance of involvement in additional activities other than work and the home. Such things as sports, hobbies, social functions, etc. can play a vital role in the well functioning personality.

The development of this new innovative program necessitated the construction of a measurement instrument to assess current
attitudes and knowledge level about alcohol, so that the program could be periodically evaluated.

Finally, if we accomplished no more than letting people know from whom and where they could receive help, then we will have taken a giant step forward.
Hypotheses

The hypotheses of this study were:

1. That our community and school education program would result in subjects obtaining a higher percentage of correct responses on information items on the post test administration of our questionnaire versus the pre testing.

2. The community and school education program would result in subjects obtaining an attitude rating more in line with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) position on the post test administration of the attitude survey, as compared to their pre test rating.

3. There would be a larger increase in the number of clients who sought out counseling at the Center for problems related to alcoholism during our six month test period, as compared to the increase experienced during the same six months of the previous year prior to the new program.

4. During the six month test period there would be a larger number of presentations, as requested, to community groups, as compared to the number given during the same six months of the previous year prior to the new program.

5. During the six month test period there would be larger amounts of money received from local contributors (agencies or individuals), as compared to the same
six months of the previous year prior to the new program.
Methods and Procedures

Sample

1970 census figures were used to determine the number of households in the Center's catchment area. This was broken down for each incorporated area and for the smaller non-incorporated villages. Alcoholism has been titled the family disease since every problem drinker adversely affects approximately four other people. It is for this reason that sampling procedure was concerned with households rather than the population of individuals. The survey form on the pre test was dropped and retrieved at designated houses between the hours of 5:30 P.M. and 8:30 P.M. Monday, November 6, 1972 through Friday, November 10, 1972, and between the hours of 10:00 A.M. to 5:30 P.M. on Saturday, November 4, 1972 and Saturday, November 11, 1972. The post test was conducted from 5:30 P.M. until dark Monday, May 21, 1973 through Friday, May 25, 1973, and between the hours of 10:00 A.M. and dark on Saturday, May 19, 1973 and Saturday, May 26, 1973. The sampling was done by the male professionals on the Center's staff.

Sample size was 1 percent of the reported number of households, which means our sample size was one of the largest ever attempted in alcoholism work. The sample was chosen by dividing each populated area into half the number of units needed, which then gave us two sample subjects from each unit with a total representation of 1 percent from that total populated area. Each unit was divided into four equal size quadrants. The southern quadrants were used in the pre test survey and the
northern quadrant in the post test survey. For the pre test we selected as our individual samples, the first house on the east side of the street running south, which was closest to the south side of each unit's quadrant intersection. The second respondent was taken from the house two doors away from the first respondent's house. The minute details of selection were presented on a typewritten sheet which was given to each interviewer. Only a copy of the post test instructions is given in Appendix B, since the pre test instructions are essentially identical. Also in Appendix C is a copy of the guide given to each survey person, which details how he was to present himself. Appendix D shows the notice given to all law enforcement agencies, so as to make the survey work public knowledge. On the post test the interviewer went north of the quadrant's intersection to the first East-West street and chose the house on the north side of the street which was closest.

For sampling purposes, the outermost boundaries of each town's gridwork were somewhat arbitrarily picked so as to allow inclusion of some of the surrounding rural area. This, along with the use of non-incorporated areas insures that our sampling will include rural respondents as well as urban respondents.

The hours during which the survey was conducted were selected so that we had a high probability of catching both household heads at home. The survey staff allowed approximately one hour to elapse before returning to pick up each household's
questionnaire, at which time they delivered a copy of the pamphlet "Alcohol - Some Questions and Answers."

Design

The physicians in the community program were the first to be approached. This was done in two parts. First, a presentation was made by Dr. Pullen in October, 1972 to the bi-monthly meeting of the local American Medical Association chapter. The information was given so as to acquaint them with the clinic's treatment services in hopes of encouraging the referral of alcoholic patients. This step was taken in accordance with the recommendations of the National Institute of Mental Health booklet on "Developing Community Services for Alcoholics" (U. S. Department of Health, Education, and Welfare, 1971b).

A primary source of case finding is the private physician. If the medical society is kept informed at every step in development of the comprehensive services program, its cooperation can be helpful in familiarizing society members with the program purpose and methods. Physicians could be provided with information concerning community treatment resources and referral procedures. They would, of course, be assured that confidentiality would be scrupulously protected (U. S. Department of Health, Education, and Welfare, 1971b, p. 21).

The second part was the visitation of clinic staff to the offices of each individual physician and lawyer for the purpose of placing literature which then could be picked up by the patients. This distribution of the pamphlets generally adhered to the following format:

- "Drinking Game" - 4 copies to each office
- "Thinking about Drinking" - 2 copies to each office
"Alcohol-Some Questions and Answers" - 6 copies to each office
"Mental Health" - 2 copies to each office

We have four unique posters on alcoholism from which the professionals chose for placement on their waiting room walls. In addition, literature was placed in the waiting rooms of all hospitals, state rehabilitation service agencies, county and city police departments, county and state health departments, and all public libraries. The distribution of literature is spelled out in Appendix E.

The education program for the broader community was begun by developing a registry of all service clubs and religious organizations in the area. Providing literature for these groups was our minimal contact. Above that, we offered to provide one of our professional staff members to speak to the group and lead a group experience which would focus on facts and fallacies about alcohol consumption, and the importance of maintaining responsible drinking patterns.

A number of changes were made in the Center's four session alcoholism lecture series, the most notable being a change to a group discussion approach rather than a lecturer approach. Jim Fulks, M.S.W., as the director of the alcohol program began each series with a lecture on the social aspects of drinking, and incorporated the "Cauldron Slide Program" as a lead-in to group discussion. The second session was given by the author. My approach delved into child rearing, interpersonal relationship patterns, personality characteristics, and other psychological aspects of the alcoholic syndrome. Dr. Myrick
Pullen, M.D., a psychiatrist who serves as the Center's clinical director made the third presentation. He covered the effects alcohol has upon the physiological functioning of the human being. Dr. William Karg, director of the Center's metropolitan "Alcoholic Information Center" attempted in the fourth session to synthesize the material presented in the previous three sessions, as well as answering questions and dispensing literature. The total portfolio of materials which were used in the lecture series is presented in Appendix F.

The series was presented in the evening from 8:00 P.M. to 9:30 P.M. on the first four Tuesdays of each month. During the months up to and including March the series was held at the Sacred Heart Hospital. During April and May the series was held at the Presbyterian Church. Current plans are to move the location of the series every few months, so as to reach as large a part of the local population as possible.

Goals of the series on a broader scale consisted of clarifying attitudes towards drinking. Thus, it was pointed out that our culture is very ambivalent regarding alcohol beverage consumption. Some think it's the "in thing." Some think intoxication is a funny condition (jokes, laughing at drunks, telling stories on self). Some feel that drinking is a moral problem, leads to disruption in community living, etc. Many of us have a mixture of feelings or attitudes regarding drinking. A second goal was to present factual information to the community as to the extent of the problem areas, and identification of resources to assist the community in an
effort to prevent and combat the problem. A final goal was to promote case finding and assist the person and family suffering from results of alcohol abuse.

The superintendent of each school district was approached and advised of our efforts to begin setting up an alcohol education program in the school. Consequently, these meetings resulted in the development of two approaches to be tried in six schools.

The first approach was tried in O. E. Bell Junior High and Central Junior High with a total of 494 seventh grade students. This consisted of a three week contact with the school, which was begun by administration of the pre test survey to all seventh grade students on a Monday. The following Monday all seventh grade students were assembled in the school auditoriums where they viewed the 28 minute film "Alcohol and You." Following the film, Dr. Butler gave a 15 minute presentation of factual statistics concerning alcohol problems in the surrounding locale.

Tuesday and Wednesday, Dr. Butler went to each individual seventh grade class where for 1 hour he gave a lecture and led a discussion on the sociological aspects of alcoholism. During this time he displayed the 14 inch x 17 inch National Institute on Alcohol Abuse and Alcoholism (NIAAA) posters shown in Appendix G, and gave each student a copy of "Thinking About Drinking."

Wednesday and Thursday the author went to each classroom for an hour presentation. This included both psychological
and physiological factors relevant to the abusive use of alcohol. The physiological information was presented by showing the students the 15 minute film "To Your Health." The class hour was concluded by giving each student a copy of the "Alcoholism Program Survey" data sheet listed in the Alcohol Lecture Series Portfolio, Appendix F.

On Thursday and Friday Dr. William Karg met with each class and talked about stigma and denial associated with alcoholism. He also led a discussion on available community resources for alcoholics and their families. Each student was given the pamphlet "Alcohol - Some Questions and Answers." This concluded the presentation of educational material.

The following Monday the teachers administered the post test of the survey to each student, thus ending the four hour alcohol education program in that school. It should be noted that a set of instructions for administration of the pre and post test were given to each teacher. In addition, the Center's staff stressed the importance of the surveys remaining anonymous.

The second approach of the school program was tried in three schools, the seventh and eighth grade of Terreton Junior High, consisting of 72 students, the ninth grade of Midway Junior High consisting of 223 students, 23 students of the senior class at Dubois High School, and 210 eighth graders at Roberts Junior High.

This approach used the same pre and post testing time table and dispersed the same literature to the students. However, the students only received a two hour program,
instead of the previous one of four hours.

The first hour was used to show the entire assembled class the film "Alcohol and You" and also to present factual statistics and sociological data relevant to alcoholism. This was done on the Monday following the pre test.

During the second hour a presentation was made in each classroom which attempted to disseminate the psychological, physiological, and community information, which was given in the last two presentations of the former approach.

These two approaches in essence attempted to present the same information and material. The latter approach necessitated more of a lecture approach with less time for group discussion or questions and answers. The basic information presented was drawn from the materials in Appendix F, Alcohol Lecture Series Portfolio.

In addition to the community and public school samples, a six hour presentation over a period of three days was given to 27 female students who were enrolled in a Licensed Practical Nursing education program at Sacred Heart Hospital in Idaho Falls. This approach was basically the same as in the community lecture series and the public school program, but differed in that it allowed more time for group discussion.

The public media was asked to cooperate in a variety of ways. The newspapers ran a brief weekly announcement giving the pertinent details of that week's community alcoholism lecture series. In addition, they printed articles about the presentations our staff made to local civic organizations.
Also, a series of five articles were devoted to giving the community general information about the alcoholism program, and specific detailed feedback on the results of the school program and the community pre test survey. During August, 1973, two additional articles were printed. They presented some of the final results of the school program and the community post test survey. Newspaper articles are presented in Appendix J.

The local television and radio stations were provided public service tapes, which were procured from the "National Clearing House on Alcohol Information." A listing of these tapes is given in Appendix H. Since using these tapes was entirely a public service provided by the stations, we have no accurate tabulation as to how frequently they were used. However, all indications are that each station aired at least one tape a week throughout the year.
Instrumentation

Since there was no adequate test on alcohol information available, it became necessary to devise one. Consequently, many staff meetings, consultations with community and school personnel, and a complete review of the literature were required to pull together the factual knowledge that we wished to impart to students and the public. The resulting questionnaire was pre-tested in five community homes. This pre-testing led to major changes in the instrument such as dropping some questions and adding others. Again, the questionnaire was taken to five different community homes for a second pre-test. Following the second pre-test, the questionnaire underwent minor revisions, such as layout and wording before reaching its final form.

The final form of the questionnaire, Appendix A, contains 36 multiple choice, nine true-false, and 21 attitude questions. The multiple choice and true-false questions were based upon factual information which we wished to give out in our community and school education programs. Thus, our program was essentially criterion referenced. It should be noted that a typographical error resulted in question 45 being omitted from the community pre-test.

The attitude scales were devised in an attempt to ascertain the current attitudes of each sample and via post testing determine if the educational program was effective in changing attitudes. The attitude scale was modeled around information on public attitudes as reported in several
research reports with a heavy reliance on the "Report to Congress" and the "Developing Community Services for Alcoholics" (U. S. Department of Health, Education, and Welfare, 1971b).

The scale initially devised used six points of reference. However, after completion of the community pre test, the scale was changed to a four point multiple choice format under advisement of statistical and computer consultants. The six point scale was originally chosen over a four point scale due to its offering more reliability. However, when using such a large sample size as was done in the school program, the increase in reliability is insignificant. The use of six points involves a great deal more time analyzing than does a four point scale. Consequently, the four point scale was used in all the school programs, but the six point scale was again used on the community post test for the sake of maintaining testing consistency.
Statistical Analysis

Community Program

The community survey forms were filled out by each subject marking his answer in the appropriate place. These forms were then gone over, one by one, and the data were transferred to IBM sheets by the clinic's professional and clerical staff. The IBM sheet was not given to the community respondents, as it was felt that a significantly large proportion of adults would not be able to accurately place their scores due to unfamiliarity with IBM sheets. However, all the school students and nurses answered the questionnaire by directly placing their answers on the IBM sheet. These IBM sheets were then fed through the Optical Scanner at Utah State University to obtain an IBM punch card for each completed community pre and post test survey as well as for each pre and post test survey completed in the schools.

Following the suggestion of Nunnally's "Psychometric Theory" and the 1966 Idaho study, the community data were run through the computer at Idaho State University and a frequency count was obtained on both pre and post tests. Adequate feedback of information to the lay public, whether it be through the mass media, or the clinic's continuing education program, was best accomplished by using the percentage figures derived from the frequency count. These frequencies are given in Table 1, where each question is listed along with its alternative answers. The total number and percentage of respondents to each alternative is also given.
<table>
<thead>
<tr>
<th>Variable 1</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 12</td>
<td>B. 55</td>
</tr>
<tr>
<td>% of Responses</td>
<td>4.47</td>
<td>20.52</td>
</tr>
</tbody>
</table>

Respondents to variable 1. Pre - 268 Post - 262

<table>
<thead>
<tr>
<th>Variable 2</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>52.85</td>
<td>27.85</td>
</tr>
</tbody>
</table>

Respondents to variable 2. Pre - 280 Post - 280

<table>
<thead>
<tr>
<th>Variable 3</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 5</td>
<td>B. 4</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1.79</td>
<td>1.43</td>
</tr>
</tbody>
</table>

Respondents to variable 3. Pre - 279 Post - 285
### TABLE 1 (Continued)

Pre and Post Test Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 4. How does the alcoholic feel about himself?</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Very self-confident</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>B. Lacks confidence in self</td>
<td>242</td>
<td>246</td>
</tr>
<tr>
<td>C. He really likes himself</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>D. He doesn't have any feelings</td>
<td>15</td>
<td>9</td>
</tr>
</tbody>
</table>

| % of Responses | 6.09 | 86.73 | 1.79 | 5.37 | 5.35 | 87.85 | 3.57 | 3.21 |

Respondents to variable 4. Pre - 279 Post - 280

<table>
<thead>
<tr>
<th>Variable 5. How many alcoholics recover after receiving professional help?</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Over half of them</td>
<td>202</td>
<td>182</td>
</tr>
<tr>
<td>B. Very few of them</td>
<td>70</td>
<td>67</td>
</tr>
<tr>
<td>C. None of them</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>D. All of them</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

| % of Responses | 72.66 | 25.17 | 1.43 | 0.71 | 71.09 | 26.17 | 1.17 | 1.56 |

Respondents to variable 5. Pre - 278 Post - 256

<table>
<thead>
<tr>
<th>Variable 6. In seeking help for an alcoholic problem in my family I would prefer to go to:</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. My clergyman</td>
<td>35</td>
<td>34</td>
</tr>
<tr>
<td>B. My family doctor</td>
<td>43</td>
<td>33</td>
</tr>
<tr>
<td>C. The Eastern Idaho Alcoholism Program</td>
<td>43</td>
<td>80</td>
</tr>
<tr>
<td>D. The local Alcoholics Anonymous (AA) group</td>
<td>146</td>
<td>129</td>
</tr>
</tbody>
</table>

| % of Responses | 13.10 | 16.10 | 16.10 | 54.68 | 12.31 | 11.95 | 28.98 | 46.73 |

Respondents to variable 6. Pre - 267 Post - 276
### TABLE 1 (Continued)

**Pre and Post Test Community Frequency Count**

<table>
<thead>
<tr>
<th>Variable 7.</th>
<th>Nationwide how many teenagers claim to have used alcohol before leaving high school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>5%</td>
</tr>
<tr>
<td>B.</td>
<td>35%</td>
</tr>
<tr>
<td>C.</td>
<td>60%</td>
</tr>
<tr>
<td>D.</td>
<td>95%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 4</td>
</tr>
<tr>
<td></td>
<td>1.43</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1,43</td>
</tr>
</tbody>
</table>

Respondents to variable 7. Pre - 279 Post - 282

<table>
<thead>
<tr>
<th>Variable 8.</th>
<th>The alcohol found in beer, wine, and liquor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Has no calories</td>
</tr>
<tr>
<td>B.</td>
<td>Is not a depressant</td>
</tr>
<tr>
<td>C.</td>
<td>Contains no vitamins</td>
</tr>
<tr>
<td>D.</td>
<td>Is a stimulant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 13</td>
</tr>
<tr>
<td></td>
<td>4.83</td>
</tr>
<tr>
<td>% of Responses</td>
<td>4.83</td>
</tr>
</tbody>
</table>

Respondents to variable 8. Pre - 268 Post - 280

<table>
<thead>
<tr>
<th>Variable 9.</th>
<th>What effect does alcohol have on the brain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>It is a depressant</td>
</tr>
<tr>
<td>B.</td>
<td>It is a stimulant</td>
</tr>
<tr>
<td>C.</td>
<td>Has no effect</td>
</tr>
<tr>
<td>D.</td>
<td>Effects are not known</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 204</td>
</tr>
<tr>
<td></td>
<td>76.69</td>
</tr>
<tr>
<td>% of Responses</td>
<td>76.69</td>
</tr>
</tbody>
</table>

Respondents to variable 9. Pre - 266 Post - 258
### TABLE 1 (Continued)

#### Pre and Post Test
#### Community Frequency Count

**Variable 10.** At parties alcoholic beverages:
A. Are absolutely necessary if people are to mix socially
B. Aid people to mix socially
C. Prevent people from mixing socially
D. Has nothing to do with mixing socially

<table>
<thead>
<tr>
<th>Variable 10.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>1</td>
<td>98</td>
</tr>
<tr>
<td>% of Responses</td>
<td>0.36</td>
<td>36.16</td>
</tr>
</tbody>
</table>

Respondents to variable 10. Pre - 271 Post - 280

**Variable 11.** How many American adults drink alcoholic beverages?
A. Very few
B. All
C. Less than half
D. Most

<table>
<thead>
<tr>
<th>Variable 11.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% of Responses</td>
<td>0.36</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Respondents to variable 11. Pre - 275 Post - 284

**Variable 12.** In America drinking alcoholic beverages is:
A. Typical behavior
B. A sin that should be prohibited
C. A foreign plot to undermine America
D. Only done by immoral people

<table>
<thead>
<tr>
<th>Variable 12.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>226</td>
<td>31</td>
</tr>
<tr>
<td>% of Responses</td>
<td>85.60</td>
<td>11.74</td>
</tr>
</tbody>
</table>

Respondents to variable 12. Pre - 264 Post - 275
### TABLE 1 (Continued)

#### Pre and Post Test

##### Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 13.</th>
<th>The highest rate of alcohol problems are found in what age group?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 15 to 25</td>
<td>B. 25 to 40</td>
</tr>
</tbody>
</table>

Pre Test Responses | Post Test Responses
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 28</td>
<td>10.44</td>
</tr>
<tr>
<td>B. 168</td>
<td>62.68</td>
</tr>
<tr>
<td>C. 70</td>
<td>26.11</td>
</tr>
<tr>
<td>D. 2</td>
<td>0.74</td>
</tr>
</tbody>
</table>

Respondents to variable 13. Pre - 268 Post - 259

<table>
<thead>
<tr>
<th>Variable 14.</th>
<th>What percentage of Americans do not drink alcoholic beverages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 10%</td>
<td>B. 32%</td>
</tr>
</tbody>
</table>

Pre Test Responses | Post Test Responses
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 80</td>
<td>28.98</td>
</tr>
<tr>
<td>B. 125</td>
<td>45.28</td>
</tr>
<tr>
<td>C. 59</td>
<td>21.37</td>
</tr>
<tr>
<td>D. 12</td>
<td>4.34</td>
</tr>
</tbody>
</table>

Respondents to variable 14. Pre - 276 Post - 279

<table>
<thead>
<tr>
<th>Variable 15.</th>
<th>How many gallons of beer per person are consumed each year in Idaho?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. One</td>
<td>B. Ten</td>
</tr>
</tbody>
</table>

Pre Test Responses | Post Test Responses
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 22</td>
<td>8.05</td>
</tr>
<tr>
<td>B. 112</td>
<td>41.02</td>
</tr>
<tr>
<td>C. 98</td>
<td>35.89</td>
</tr>
<tr>
<td>D. 41</td>
<td>15.01</td>
</tr>
</tbody>
</table>

Respondents to variable 15. Pre - 273 Post - 277
### Variable 16
There are approximately 50,000 people killed in auto accidents each year. How many of these have alcohol in their blood?
- A. Very few
- B. Slightly over half
- C. 90%
- D. All of them

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 10</td>
<td>3.64</td>
</tr>
<tr>
<td>B. 197</td>
<td>71.89</td>
</tr>
<tr>
<td>C. 66</td>
<td>24.08</td>
</tr>
<tr>
<td>D. 1</td>
<td>0.36</td>
</tr>
</tbody>
</table>

Respondents to variable 16. Pre - 274

### Variable 17
How many disabling injuries are suffered in crashes involving problem drinkers each year in America?
- A. 10 thousand
- B. 500 thousand
- C. 9 million
- D. 200 million

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 87</td>
<td>32.58</td>
</tr>
<tr>
<td>B. 139</td>
<td>52.05</td>
</tr>
<tr>
<td>C. 37</td>
<td>13.85</td>
</tr>
<tr>
<td>D. 4</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Respondents to variable 17. Pre - 267

### Variable 18
From national figures it is estimated how many alcoholics live on each city block?
- A. None
- B. Maybe 1
- C. 3
- D. 12

<table>
<thead>
<tr>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>% of Responses</td>
</tr>
<tr>
<td>A. 7</td>
<td>2.56</td>
</tr>
<tr>
<td>B. 112</td>
<td>41.02</td>
</tr>
<tr>
<td>C. 137</td>
<td>50.18</td>
</tr>
<tr>
<td>D. 17</td>
<td>6.22</td>
</tr>
</tbody>
</table>

Respondents to variable 18. Pre - 273
<table>
<thead>
<tr>
<th>Variable 19.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>11</td>
<td>110</td>
</tr>
<tr>
<td>% of Responses</td>
<td>4.07</td>
<td>40.74</td>
</tr>
</tbody>
</table>

Respondents to variable 19. Pre - 270

<table>
<thead>
<tr>
<th>Variable 20.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>1</td>
<td>201</td>
</tr>
<tr>
<td>% of Responses</td>
<td>0.36</td>
<td>73.35</td>
</tr>
</tbody>
</table>

Respondents to variable 20. Pre - 274

<table>
<thead>
<tr>
<th>Variable 21.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.</td>
<td>B.</td>
</tr>
<tr>
<td>Frequency</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1.53</td>
<td>5.36</td>
</tr>
</tbody>
</table>

Respondents to variable 21. Pre - 261
### Table 1 (Continued)

#### Pre and Post Test Community Frequency Count

**Variable 22.** Alcoholism may be suspected when the person's drinking leads to:
- A. A variety of problems in their daily lives
- B. An upset stomach
- C. A case of bad headaches
- D. Loud and boisterous talk

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>A. 248</td>
<td>B. 1</td>
</tr>
<tr>
<td></td>
<td>91.51</td>
<td>0.36</td>
</tr>
</tbody>
</table>

Respondents to variable 22. Pre - 271 Post - 278

**Variable 23.** Modern education on alcohol seeks to:
- A. Get people to quit drinking
- B. Get people to cut down on their drinking
- C. Provide facts and encourage drinkers to drink responsibly
- D. Encourage people to drink all they want

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>A. 83</td>
<td>B. 33</td>
</tr>
<tr>
<td></td>
<td>30.85</td>
<td>12.26</td>
</tr>
</tbody>
</table>

Respondents to variable 23. Pre - 269 Post - 277

**Variable 24.** Research has found that the highest proportion of alcoholic sons come from homes where the mother was:
- A. Very affectionate
- B. Very rejecting
- C. Affectionate at times and rejecting at other times
- D. Passively affectionate

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>A. 8</td>
<td>B. 133</td>
</tr>
<tr>
<td></td>
<td>3.04</td>
<td>50.57</td>
</tr>
</tbody>
</table>

Respondents to variable 24. Pre - 263 Post - 267
## TABLE 1 (Continued)

### Pre and Post Test Community Frequency Count

**Variable 25.** When you have problems which way is most likely to help you work out those problems:

- A. Think them over
- B. Write for advice to a newspaper help column
- C. Discuss them with friends and relatives
- D. Read a book about solving problems

<table>
<thead>
<tr>
<th>Variable 25</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 130  B. 7  C. 102  D. 20</td>
<td>A. 138  B. 2  C. 102  D. 10</td>
</tr>
<tr>
<td>% of Responses</td>
<td>50.19  2.70  39.38  7.72</td>
<td>54.76  0.79  40.47  3.96</td>
</tr>
</tbody>
</table>

Respondents to variable 25. Pre - 259 Post - 252

**Variable 26.** What percentage of American adults drink alcoholic beverages?

- A. 5%
- B. 25%
- C. 68%
- D. 95%

<table>
<thead>
<tr>
<th>Variable 26</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 2  B. 24  C. 207  D. 40</td>
<td>A. 2  B. 24  C. 205  D. 46</td>
</tr>
<tr>
<td>% of Responses</td>
<td>0.73  8.79  75.82  14.65</td>
<td>0.72  8.66  74.00  16.60</td>
</tr>
</tbody>
</table>

Respondents to variable 26. Pre - 273 Post - 277

**Variable 27.** What is the decrease in life expectancy of an alcoholic?

- A. Alcohol doesn't affect how long you live
- B. Unknown
- C. 2 months
- D. 10 to 12 years

<table>
<thead>
<tr>
<th>Variable 27</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 9  B. 90  C. 6  D. 170</td>
<td>A. 5  B. 93  C. 2  D. 182</td>
</tr>
<tr>
<td>% of Responses</td>
<td>3.27  32.72  2.18  61.81</td>
<td>1.77  32.97  0.70  64.53</td>
</tr>
</tbody>
</table>

Respondents to variable 27. Pre - 275 Post - 282
TABLE 1 (Continued)
Pre and Post Test
Community Frequency Count

Variable 28. Among Orthodox Jews, native Italians and other groups where alcohol is used by almost everyone as part of social traditions, the incidence of alcoholism and problem drinking is:
A. Non-existent
B. Low
C. Somewhat high
D. Extremely high

<table>
<thead>
<tr>
<th>Variable 28.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.  B.  C.  D.</td>
<td>A.  B.  C.  D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1.84  47.23  36.53  14.39</td>
<td>3.24  45.12  32.49  19.13</td>
</tr>
</tbody>
</table>

Respondents to variable 28. Pre - 271 Post - 277

Variable 29. Of the alcoholics in this nation, how many are Skid-Row derelicts?
A. None of them
B. 5%
C. 60%
D. Nearly all of them

<table>
<thead>
<tr>
<th>Variable 29.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.  B.  C.  D.</td>
<td>A.  B.  C.  D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1.10  66.05  28.04  4.79</td>
<td>0.38  72.13  24.04  3.43</td>
</tr>
</tbody>
</table>

Respondents to variable 29. Pre - 271 Post - 277

Variable 30. I feel this community's attitudes about drinking are:
A. One should never drink
B. It is permissible to drink, but not to become drunk
C. It is permissible to drink, and to become drunk occasionally
D. One should drink for the purpose of getting drunk

<table>
<thead>
<tr>
<th>Variable 30.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.  B.  C.  D.</td>
<td>A.  B.  C.  D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>55.39  32.34  10.40  1.85</td>
<td>50.91  34.06  13.91  1.09</td>
</tr>
</tbody>
</table>

Respondents to variable 30. Pre - 269 Post - 273
**TABLE 1 (Continued)**

Pre and Post Test
Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 31. Which one of the following is the most serious social problem in our community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Alcoholism and alcohol abuse</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
</tbody>
</table>

Respondents to variable 31. Pre - 248 Post - 263

<table>
<thead>
<tr>
<th>Variable 32. Idaho's alcoholic problems per population are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Less than other states</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
</tbody>
</table>

Respondents to variable 32. Pre - 273 Post - 281

<table>
<thead>
<tr>
<th>Variable 33. Drinking brandy or other alcoholic beverages:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Increases body temperature</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>% of Responses</td>
</tr>
</tbody>
</table>

Respondents to variable 33. Pre - 271 Post - 248
### TABLE 1 (Continued)

**Pre and Post Test Community Frequency Count**

**Variable 34.** Each year there are how many arrests for drunkenness in the United States?
- A. Very few
- B. 50 thousand
- C. 100 thousand
- D. 2 million

<table>
<thead>
<tr>
<th>Variable 34</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. B. C. D.</td>
<td>A. B. C. D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>1.14 18.63 38.40 41.82</td>
<td>1.85 18.58 33.82 45.72</td>
</tr>
</tbody>
</table>

Respondents to variable 34. Pre - 263 Post - 269

**Variable 35.** Of all homicides in the United States, how many are alcohol related?
- A. None
- B. One-tenth
- C. One-half
- D. All

<table>
<thead>
<tr>
<th>Variable 35</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. B. C. D.</td>
<td>A. B. C. D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>0.37 44.36 53.75 1.50</td>
<td>0.73 43.22 53.84 2.19</td>
</tr>
</tbody>
</table>

Respondents to variable 35. Pre - 266 Post - 273

**Variable 36.** This community's attitudes toward the use of alcohol are:
- A. Liberal
- B. Moderate
- C. Conservative
- D. Unconcerned

<table>
<thead>
<tr>
<th>Variable 36</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. B. C. D.</td>
<td>A. B. C. D.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>7.06 27.88 56.87 8.17</td>
<td>8.79 24.90 60.43 5.86</td>
</tr>
</tbody>
</table>

Respondents to variable 36. Pre - 269 Post - 273
TABLE 1 (Continued)

Pre and Post Test
Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 37. I have been concerned about the drinking problem of a friend or relative.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. True</strong></td>
</tr>
<tr>
<td><strong>B. False</strong></td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>157</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>58.36</strong></td>
</tr>
<tr>
<td><strong>Post Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>112</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>41.63</strong></td>
</tr>
<tr>
<td><strong>Respondents to variable 37. Pre - 269</strong></td>
</tr>
<tr>
<td><strong>Post - 260</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 38. Heavy drinking over a period of years can cause permanent brain damage.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. True</strong></td>
</tr>
<tr>
<td><strong>B. False</strong></td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>261</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>94.90</strong></td>
</tr>
<tr>
<td><strong>Post Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>14</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>5.09</strong></td>
</tr>
<tr>
<td><strong>Respondents to variable 38. Pre - 275</strong></td>
</tr>
<tr>
<td><strong>Post - 279</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 39. Drinking too much alcohol at one time can result in death or an unconscious coma.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. True</strong></td>
</tr>
<tr>
<td><strong>B. False</strong></td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>262</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>94.58</strong></td>
</tr>
<tr>
<td><strong>Post Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>15</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>5.41</strong></td>
</tr>
<tr>
<td><strong>Respondents to variable 39. Pre - 277</strong></td>
</tr>
<tr>
<td><strong>Post - 283</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 40. Alcohol interferes with those parts of the brain which control reasoning and judgment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. True</strong></td>
</tr>
<tr>
<td><strong>B. False</strong></td>
</tr>
<tr>
<td><strong>Pre Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>274</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>98.91</strong></td>
</tr>
<tr>
<td><strong>Post Test Responses</strong></td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>% of Responses</strong></td>
</tr>
<tr>
<td><strong>1.08</strong></td>
</tr>
</tbody>
</table>

Respondents to variable 40. Pre - 277

Post - 283
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Alcohol does not have to be digested; it is absorbed directly into the system. A. True</td>
<td>B. False</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>252</td>
<td>16</td>
<td>243</td>
</tr>
<tr>
<td>% of Responses</td>
<td>94.02</td>
<td>5.97</td>
<td>91.69</td>
</tr>
<tr>
<td>Respondents to variable 41.</td>
<td>Pre - 268</td>
<td>Post - 265</td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Alcohol is a drug. A. True</td>
<td>B. False</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>227</td>
<td>49</td>
<td>229</td>
</tr>
<tr>
<td>% of Responses</td>
<td>82.24</td>
<td>17.75</td>
<td>81.49</td>
</tr>
<tr>
<td>Respondents to variable 42.</td>
<td>Pre - 276</td>
<td>Post - 281</td>
<td></td>
</tr>
<tr>
<td>43.</td>
<td>The more anxiety that exists in a society, the more alcoholism problems they will have. A. True</td>
<td>B. False</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>235</td>
<td>35</td>
<td>242</td>
</tr>
<tr>
<td>% of Responses</td>
<td>87.03</td>
<td>12.96</td>
<td>87.05</td>
</tr>
<tr>
<td>Respondents to variable 43.</td>
<td>Pre - 270</td>
<td>Post - 278</td>
<td></td>
</tr>
<tr>
<td>44.</td>
<td>Being overly indulgent in the rearing of children, that is, allowing them to be dependent on you in every way may lead to the child's becoming an alcoholic. A. True</td>
<td>B. False</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>210</td>
<td>57</td>
<td>204</td>
</tr>
<tr>
<td>% of Responses</td>
<td>78.65</td>
<td>21.34</td>
<td>74.72</td>
</tr>
<tr>
<td>Respondents to variable 44.</td>
<td>Pre - 267</td>
<td>Post - 273</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 1 (Continued)

**Pre and Post Test**  
**Community Frequency Count**

<table>
<thead>
<tr>
<th>Variable 45. Some people are better drivers after having several drinks.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. True</td>
<td>Frequency</td>
<td>A. 1</td>
</tr>
<tr>
<td>B. False</td>
<td>% of Responses 100.00</td>
<td>B. 0.00</td>
</tr>
</tbody>
</table>

Respondents to variable 45. Pre - 1 Post - 267

<table>
<thead>
<tr>
<th>Variable 46. One should never drink.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strongly agree</td>
<td>Frequency</td>
<td>A. 116</td>
</tr>
<tr>
<td>B. Mildly agree</td>
<td>% of Responses 42.49</td>
<td>B. 27</td>
</tr>
<tr>
<td>C. Slightly agree</td>
<td>40</td>
<td>9.89</td>
</tr>
<tr>
<td>D. Slightly disagree</td>
<td>35</td>
<td>14.65</td>
</tr>
<tr>
<td>E. Mildly disagree</td>
<td>26</td>
<td>12.82</td>
</tr>
<tr>
<td>F. Strongly disagree</td>
<td>29</td>
<td>9.52</td>
</tr>
</tbody>
</table>

Respondents to variable 46. Pre - 273

<table>
<thead>
<tr>
<th>Variable 46.</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 116</td>
</tr>
<tr>
<td>% of Responses</td>
<td>41.42</td>
</tr>
</tbody>
</table>

Respondents to variable 46. Post - 280
TABLE 1 (Continued)

Pre and Post Test
Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 47. It is permissible to drink, but not to become drunk.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strongly agree</td>
<td>49</td>
<td>10</td>
</tr>
<tr>
<td>B. Mildly agree</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>C. Slightly agree</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>D. Slightly disagree</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>E. Mildly disagree</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>F. Strongly disagree</td>
<td>93</td>
<td>97</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 47. Frequency</th>
<th>49</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>18.14</td>
<td>3.70</td>
</tr>
</tbody>
</table>

Respondents to variable 47. Pre - 270

<table>
<thead>
<tr>
<th>Variable 48. It is permissible to drink, and to become drunk occasionally.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strongly agree</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>B. Mildly agree</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>C. Slightly agree</td>
<td>26</td>
<td>36</td>
</tr>
<tr>
<td>D. Slightly disagree</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>E. Mildly disagree</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>F. Strongly disagree</td>
<td>159</td>
<td>159</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 48. Frequency</th>
<th>10</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>3.70</td>
<td>4.30</td>
</tr>
</tbody>
</table>

Respondents to variable 48. Pre - 270

<table>
<thead>
<tr>
<th>Variable 48. Frequency</th>
<th>12</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>4.30</td>
<td>4.30</td>
</tr>
</tbody>
</table>

Respondents to variable 48. Post - 279
### TABLE 1 (Continued)

#### Pre and Post Test

<table>
<thead>
<tr>
<th>Community Frequency Count</th>
</tr>
</thead>
</table>

**Variable 49.** One should drink for the purpose of getting drunk.

<table>
<thead>
<tr>
<th></th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>12</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>24</td>
<td>214</td>
</tr>
<tr>
<td>% of Responses</td>
<td>4.47</td>
<td>0.74</td>
<td>2.98</td>
<td>2.98</td>
<td>8.95</td>
<td>79.85</td>
</tr>
</tbody>
</table>

Respondents to variable 49. Pre - 268

**Variable 49.** A. B. C. D. E. F.

<table>
<thead>
<tr>
<th></th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Test Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>242</td>
</tr>
<tr>
<td>% of Responses</td>
<td>2.50</td>
<td>1.79</td>
<td>2.50</td>
<td>2.50</td>
<td>3.94</td>
<td>86.73</td>
</tr>
</tbody>
</table>

Respondents to variable 49. Post - 279

**Variable 50.** I believe in teaching students the facts about alcoholism.

<table>
<thead>
<tr>
<th></th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>251</td>
<td>12</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>% of Responses</td>
<td>91.27</td>
<td>4.36</td>
<td>1.09</td>
<td>0.36</td>
<td>1.09</td>
<td>1.81</td>
</tr>
</tbody>
</table>

Respondents to variable 50. Pre - 275

**Variable 50.** A. B. C. D. E. F.

<table>
<thead>
<tr>
<th></th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Test Responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td>249</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>% of Responses</td>
<td>88.92</td>
<td>5.00</td>
<td>2.50</td>
<td>1.42</td>
<td>0.00</td>
<td>2.14</td>
</tr>
</tbody>
</table>

Respondents to variable 50. Post - 280
### TABLE 1 (Continued)

<table>
<thead>
<tr>
<th>Variable 51.</th>
<th>I would feel comfortable talking to neighbors or friends about an alcoholic problem in my family.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strongly agree</td>
<td>B. Mildly agree</td>
</tr>
<tr>
<td>C. Slightly agree</td>
<td>D. Slightly disagree</td>
</tr>
<tr>
<td>E. Mildly disagree</td>
<td>F. Strongly disagree</td>
</tr>
</tbody>
</table>

#### Pre Test Responses

<table>
<thead>
<tr>
<th>Variable 51.</th>
<th>Pre Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>50</td>
</tr>
<tr>
<td>Respondents to variable 51.</td>
<td>Pre - 273</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 51.</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>38</td>
</tr>
<tr>
<td>Respondents to variable 51.</td>
<td>Post - 267</td>
</tr>
</tbody>
</table>

#### Variable 52. Nothing can be done unless the alcoholic "wants to stop drinking."

<table>
<thead>
<tr>
<th>Variable 52.</th>
<th>Nothing can be done unless the alcoholic &quot;wants to stop drinking.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Strongly agree</td>
<td>B. Mildly agree</td>
</tr>
<tr>
<td>C. Slightly agree</td>
<td>D. Slightly disagree</td>
</tr>
<tr>
<td>E. Mildly disagree</td>
<td>F. Strongly disagree</td>
</tr>
</tbody>
</table>

#### Pre Test Responses

<table>
<thead>
<tr>
<th>Variable 52.</th>
<th>Pre Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>197</td>
</tr>
<tr>
<td>Respondents to variable 52.</td>
<td>Pre - 274</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 52.</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A.</td>
</tr>
<tr>
<td>% of Responses</td>
<td>183</td>
</tr>
<tr>
<td>Respondents to variable 52.</td>
<td>Post - 282</td>
</tr>
</tbody>
</table>
TABLE 1 (Continued)
Pre and Post Test
Community Frequency Count

**Variable 53.** The alcoholic must "hit bottom" (i.e., lose job, home, family and health) before he will "want to get well."
- A. Strongly agree
- B. Mildly agree
- C. Slightly agree
- D. Slightly disagree
- E. Mildly disagree
- F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 53</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>53</td>
<td>43</td>
<td>50</td>
<td>20</td>
<td>39</td>
<td>66</td>
</tr>
<tr>
<td>% of Responses</td>
<td>19.48</td>
<td>15.80</td>
<td>18.38</td>
<td>7.35</td>
<td>14.33</td>
<td>24.26</td>
</tr>
</tbody>
</table>

Respondents to variable 53. Pre - 271

**Variable 53.** It is hopeless to treat alcoholics because they may reform for a while but they always slip back.
- A. Strongly agree
- B. Mildly agree
- C. Slightly agree
- D. Slightly disagree
- E. Mildly disagree
- F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 54</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>12</td>
<td>16</td>
<td>14</td>
<td>28</td>
<td>48</td>
<td>153</td>
</tr>
<tr>
<td>% of Responses</td>
<td>4.42</td>
<td>5.90</td>
<td>5.16</td>
<td>10.33</td>
<td>17.71</td>
<td>56.45</td>
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</tbody>
</table>

Respondents to variable 54. Pre - 271

<table>
<thead>
<tr>
<th>Variable 54</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>9</td>
<td>23</td>
<td>22</td>
<td>26</td>
<td>42</td>
<td>159</td>
</tr>
<tr>
<td>% of Responses</td>
<td>3.20</td>
<td>8.18</td>
<td>7.82</td>
<td>9.25</td>
<td>14.94</td>
<td>56.58</td>
</tr>
</tbody>
</table>

Respondents to variable 54. Post - 281
TABLE 1 (Continued)
Pre and Post Test
Community Frequency Count

Variable 55. Alcohol itself is the offender; if its use were prohibited by law, then there would be no problem.
A. Strongly agree
B. Mildly agree
C. Slightly agree
D. Slightly disagree
E. Mildly disagree
F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 55.</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>36</td>
<td>8</td>
<td>13</td>
<td>25</td>
<td>30</td>
<td>160</td>
</tr>
<tr>
<td>% of Responses</td>
<td>13.23</td>
<td>2.94</td>
<td>4.77</td>
<td>9.19</td>
<td>11.02</td>
<td>58.82</td>
</tr>
</tbody>
</table>

Respondents to variable 55. Pre - 272

Variable 55. | A. | B. | C. | D. | E. | F. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>9</td>
<td>18</td>
<td>19</td>
<td>24</td>
<td>34</td>
<td>172</td>
</tr>
<tr>
<td>% of Responses</td>
<td>3.26</td>
<td>6.52</td>
<td>6.88</td>
<td>8.69</td>
<td>12.31</td>
<td>62.31</td>
</tr>
</tbody>
</table>

Respondents to variable 55. Post - 276

Variable 56. Most persons in our society who drink do so without harm to themselves or others.
A. Strongly agree
B. Mildly agree
C. Slightly agree
D. Slightly disagree
E. Mildly disagree
F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 56.</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>25</td>
<td>40</td>
<td>35</td>
<td>32</td>
<td>42</td>
<td>99</td>
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<tr>
<td>% of Responses</td>
<td>9.15</td>
<td>14.65</td>
<td>12.82</td>
<td>11.72</td>
<td>15.38</td>
<td>36.26</td>
</tr>
</tbody>
</table>

Respondents to variable 56. Pre - 273

Variable 56. | A. | B. | C. | D. | E. | F. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>20</td>
<td>42</td>
<td>38</td>
<td>36</td>
<td>39</td>
<td>103</td>
</tr>
<tr>
<td>% of Responses</td>
<td>7.19</td>
<td>15.10</td>
<td>13.66</td>
<td>12.94</td>
<td>14.02</td>
<td>37.05</td>
</tr>
</tbody>
</table>

Respondents to variable 56. Post - 278
### TABLE 1 (Continued)

**Pre and Post Test Community Frequency Count**

**Variable 57.** We should teach about alcohol in such a manner so as to lead young people away from its use.

<table>
<thead>
<tr>
<th>A. Strongly agree</th>
<th>B. Mildly agree</th>
<th>C. Slightly agree</th>
<th>D. Slightly disagree</th>
<th>E. Mildly disagree</th>
<th>F. Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>177</td>
<td>28</td>
<td>28</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>% of Responses</td>
<td>65.07</td>
<td>10.29</td>
<td>10.29</td>
<td>6.25</td>
<td>4.77</td>
</tr>
</tbody>
</table>

Respondents to variable 57. Pre - 272

**Variable 57.**

<table>
<thead>
<tr>
<th>A. Strongly agree</th>
<th>B. Mildly agree</th>
<th>C. Slightly agree</th>
<th>D. Slightly disagree</th>
<th>E. Mildly disagree</th>
<th>F. Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>171</td>
<td>30</td>
<td>22</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>% of Responses</td>
<td>62.86</td>
<td>11.02</td>
<td>8.08</td>
<td>6.25</td>
<td>6.25</td>
</tr>
</tbody>
</table>

Respondents to variable 57. Post - 272

**Variable 58.** Hobbies, friends, and recreational activities help release tension, which may prevent the development of an alcoholic problem.

<table>
<thead>
<tr>
<th>A. Strongly agree</th>
<th>B. Mildly agree</th>
<th>C. Slightly agree</th>
<th>D. Slightly disagree</th>
<th>E. Mildly disagree</th>
<th>F. Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>191</td>
<td>46</td>
<td>21</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>% of Responses</td>
<td>70.22</td>
<td>16.91</td>
<td>7.72</td>
<td>1.47</td>
<td>0.36</td>
</tr>
</tbody>
</table>

Respondents to variable 58. Pre - 272

**Variable 58.**

<table>
<thead>
<tr>
<th>A. Strongly agree</th>
<th>B. Mildly agree</th>
<th>C. Slightly agree</th>
<th>D. Slightly disagree</th>
<th>E. Mildly disagree</th>
<th>F. Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>166</td>
<td>65</td>
<td>24</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>% of Responses</td>
<td>60.36</td>
<td>23.63</td>
<td>8.72</td>
<td>1.81</td>
<td>3.27</td>
</tr>
</tbody>
</table>

Respondents to variable 58. Post - 275
<table>
<thead>
<tr>
<th>Variable 59</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>% of Responses</td>
<td>5.53</td>
<td>4.05</td>
</tr>
</tbody>
</table>

Respondents to variable 59. Pre - 270

Respondents to variable 59. Post - 274

<table>
<thead>
<tr>
<th>Variable 60</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>55</td>
<td>36</td>
</tr>
<tr>
<td>% of Responses</td>
<td>20.29</td>
<td>13.28</td>
</tr>
</tbody>
</table>

Respondents to variable 60. Pre - 271

Respondents to variable 60. Post - 276
TABLE 1 (Continued)

Pre and Post Test
Community Frequency Count

**Variable 61.** The alcoholic or problem drinker is a criminal.
- A. Strongly agree
- B. Mildly agree
- C. Slightly agree
- D. Slightly disagree
- E. Mildly disagree
- F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 61</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Responses</td>
<td>4.04 1.83 3.67 10.29 20.22 59.92</td>
<td>% of Responses</td>
</tr>
</tbody>
</table>

Respondents to variable 61. Pre - 272

**Variable 62.** The alcoholic or problem drinker has a mental problem.
- A. Strongly agree
- B. Mildly agree
- C. Slightly agree
- D. Slightly disagree
- E. Mildly disagree
- F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 62</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>A. 96 B. 63 C. 50 D. 16 E. 12 F. 32</td>
<td>Frequency A. 84 B. 62 C. 46 D. 33 E. 24 F. 25</td>
</tr>
<tr>
<td>% of Responses</td>
<td>35.55 23.33 18.51 5.92 4.44 11.85</td>
<td>% of Responses</td>
</tr>
</tbody>
</table>

Respondents to variable 62. Pre - 269

Respondents to variable 62. Post - 274
TABLE 1 (Continued)
Pre and Post Test
Community Frequency Count

<table>
<thead>
<tr>
<th>Variable 63. The alcoholic or problem drinker has a form of medical illness.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>108</td>
<td>56</td>
</tr>
<tr>
<td>% of Responses</td>
<td>39.85</td>
<td>20.66</td>
</tr>
<tr>
<td>Respondents to variable 63. Pre - 271</td>
<td>Respondents to variable 63. Post - 274</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable 64. The alcoholic or problem drinker is morally weak.</th>
<th>Pre Test Responses</th>
<th>Post Test Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>66</td>
<td>45</td>
</tr>
<tr>
<td>% of Responses</td>
<td>24.35</td>
<td>16.60</td>
</tr>
<tr>
<td>Respondents to variable 64. Pre - 271</td>
<td>Respondents to variable 64. Post - 279</td>
<td></td>
</tr>
</tbody>
</table>
TABLE 1 (Continued)
Pre and Post Test
Community Frequency Count

Variable 65. For the average, healthy person a certain amount of alcohol can be used without any lasting effects on the body or brain.
A. Strongly agree
B. Mildly agree
C. Slightly agree
D. Slightly disagree
E. Mildly disagree
F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 65.</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>64</td>
<td>50</td>
<td>51</td>
<td>27</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td>% of Responses</td>
<td>23.79</td>
<td>18.58</td>
<td>18.95</td>
<td>10.03</td>
<td>8.55</td>
<td>20.07</td>
</tr>
</tbody>
</table>

Respondents to variable 65. Pre - 269

Variable 66. You cannot sober up by drinking black coffee, taking a cold shower, or breathing pure oxygen.
A. Strongly agree
B. Mildly agree
C. Slightly agree
D. Slightly disagree
E. Mildly disagree
F. Strongly disagree

<table>
<thead>
<tr>
<th>Variable 66.</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>70</td>
<td>44</td>
<td>51</td>
<td>29</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>% of Responses</td>
<td>26.51</td>
<td>16.66</td>
<td>19.31</td>
<td>10.98</td>
<td>13.25</td>
<td>13.25</td>
</tr>
</tbody>
</table>

Respondents to variable 66. Pre - 264

Variable 66. | A. | B. | C. | D. | E. | F. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>77</td>
<td>32</td>
<td>46</td>
<td>44</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>% of Responses</td>
<td>27.79</td>
<td>11.55</td>
<td>16.60</td>
<td>15.88</td>
<td>14.44</td>
<td>13.71</td>
</tr>
</tbody>
</table>

Respondents to variable 66. Post - 277
Based on the community pre test a series of articles was run in the local newspaper. These articles used the percentage figures to show the local survey results. One of the most outstanding findings was that 56 percent of the respondents did recognize alcoholism as being the number one health problem in the nation (variable 31). The public seems to be aware that ingestion of alcohol is common, since 76 percent said that "most" American adults drink alcoholic beverages (variable 26). The results of variable 37 gives us an idea as to how big a problem alcoholism is in this locality. Fifty-eight percent of the local population said they were concerned about the drinking problem of a friend or relative.

The 58 percent concerned may be a spuriously high figure, since national statistics indicate that only about one out of ten drinkers ever has any problem with it. One explanation can be found in the fact that this community has a predominate religious culture which frowns upon the use of alcohol. Thus many individuals might consider their friends and relatives as having a drinking problem, even though their drinking was confined to one cocktail or glass of wine on New Year's Eve. This explanation fits in with variable 30 where 55 percent of those surveyed believed the prevailing community attitude to be "one should never drink." However, on variable 21 only 15 percent listed religion as being the prohibiting factor in why Americans do not drink.

The survey results indicate much misinformation about alcoholism problems. For example, most residents thought that
the largest number of alcoholic problems occur in the 25-40 age range, while in fact the largest problem group is from 15-25.

A one way analysis of variance comparing the community pre test to the community post test was run to determine if there had been a significant increase in the information level or attitudes of the community at large. As shown in Table 2 no significant change occurred.

The lack of change was to be expected given such a short period of experimentation. From this it would seem advisable to pick a new random sample and re-survey the community another year from now, at which time it would be more likely to find a change if the community education program is continued.

Another method would be to re-survey the previous sample. This would provide an index as to the importance of being cued in, and how it may help individuals to perceive local alcohol education efforts and thus accrue more information than the public who have not been personally contacted.

**School Program**

The pre to post school survey results were analyzed using a one way analysis of variance to determine if the children had gained a significant increase in their information and attitudes pertaining to alcohol. This analysis was divided into two sections, one dealing with the factual questions which consists of the multiple choice and true-false items, and part two which analyzed the attitudinal scales.

Given 86 error degrees of freedom and one column degree
<table>
<thead>
<tr>
<th></th>
<th>Factual Data</th>
<th>Attitude Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Pre Test Respondents -</td>
<td>280</td>
<td></td>
</tr>
<tr>
<td>Number of Post Test Respondents -</td>
<td>285</td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>86</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>317323.68</td>
<td>647.34</td>
</tr>
<tr>
<td>F Ratio</td>
<td>0.06</td>
<td>0.00</td>
</tr>
<tr>
<td>A significant F ratio equals</td>
<td>3.96</td>
<td>4.08</td>
</tr>
</tbody>
</table>
of freedom, an F ratio of 3.96 is needed for significance at the .05 level, and an F ratio of 6.96 is needed for significance at the .01 level.

Examination of Table 3 reveals that Central, O. E. Bell, Roberts, and Terreton all had significant increases in section one analyzing the factual data. Likewise, the Licensed Practical Nursing Students received an extremely high F ratio of 18.33, thus indicating a tremendous increase in their information level. These data then indicate that for these groups our educational program was a most profitable experience in terms of increased alcohol information levels.

The remaining Midway and Dubois groups apparently did not have a successful learning experience. With an F ratio of 1.71 and 1.44 respectfully, they fall short of the .05 level of significance required in this study. This lack of significant gain is particularly interesting when compared with the verbal feedback of the clinic's professional staff who had expressed the belief that the Midway program had run exceptionally well.

However, many previous alcohol education studies as mentioned in the review of literature, have shown that more can be accomplished with sixth, seventh, or eighth graders, than with those in the ninth grade or above. This particular study appears to bear this out since the Midway group was comprised of ninth graders, and the Dubois group consisted of tenth, eleventh, and twelfth graders.

However, with respect to Midway there may be an alternate explanation. The clinic's staff followed the routine procedure
<table>
<thead>
<tr>
<th></th>
<th>Factual Data</th>
<th>Attitude Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Licensed Practical Nursing Students - 27 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>86</td>
<td>40</td>
</tr>
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<td>Column Degrees of Freedom</td>
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<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>497301.06</td>
<td>778.98</td>
</tr>
<tr>
<td>F Ratio</td>
<td>18.33</td>
<td>0.08</td>
</tr>
<tr>
<td>A significant F ratio equals:</td>
<td>3.96</td>
<td>4.08</td>
</tr>
<tr>
<td><strong>Central 7th Grade - 267 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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</tr>
<tr>
<td>Correction Factor</td>
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<tr>
<td>F Ratio</td>
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</tr>
<tr>
<td>A significant F ratio equals:</td>
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<td>4.08</td>
</tr>
<tr>
<td><strong>O. E. Bell 7th Grade - 227 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>255879.87</td>
<td>305.69</td>
</tr>
<tr>
<td>F Ratio</td>
<td>8.80</td>
<td>0.22</td>
</tr>
<tr>
<td>A significant F ratio equals:</td>
<td>3.96</td>
<td>4.08</td>
</tr>
<tr>
<td>Educational Program</td>
<td>Pre to Post Test</td>
<td>Analysis of Variance</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Roberts 8th Grade - 210 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>254306.25</td>
<td>287.25</td>
</tr>
<tr>
<td>F Ratio</td>
<td>12.28</td>
<td>0.02</td>
</tr>
<tr>
<td>A significant F ratio equals:</td>
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<td>4.08</td>
</tr>
<tr>
<td><strong>Midway 9th Grade - 223 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>229311.09</td>
<td>271.37</td>
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<tr>
<td>F Ratio</td>
<td>1.71</td>
<td>0.06</td>
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<tr>
<td>A significant F ratio equals:</td>
<td>3.96</td>
<td>4.08</td>
</tr>
<tr>
<td><strong>Terreton 7th &amp; 8th Grades - 72 students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
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<td>1</td>
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<tr>
<td>Correction Factor</td>
<td>275424.68</td>
<td>282.10</td>
</tr>
<tr>
<td>F Ratio</td>
<td>11.02</td>
<td>0.11</td>
</tr>
<tr>
<td>A significant F ratio equals:</td>
<td>3.96</td>
<td>4.08</td>
</tr>
</tbody>
</table>
**TABLE 3** (Continued)

Educational Program  
Pre to Post Test  
Analysis of Variance

<table>
<thead>
<tr>
<th></th>
<th>Factual Data</th>
<th>Attitude Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error Degrees of Freedom</td>
<td>88</td>
<td>40</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>320235.56</td>
<td>283.13</td>
</tr>
<tr>
<td>F Ratio</td>
<td>1.44</td>
<td>0.00</td>
</tr>
<tr>
<td>A significant F ratio equals:</td>
<td>3.96</td>
<td>4.08</td>
</tr>
</tbody>
</table>

Dubois 10th, 11th & 12th Grades - 23 students
of stressing to the teachers that the surveys be anonymous to protect the rights and privacy of each child. Upon receiving the IBM sheets from the pre tests it was found that those from several classes had the names of the students on them. These teachers were approached and asked to make sure that the students did not do the same on the post test. Nevertheless, the post tests again had student’s names.

The analysis of variance for the attitudes is given in Table 3. Given 40 error degrees of freedom and one column degree of freedom an F ratio of 4.08 is needed to achieve significance at the .05 level. The range runs from a low of 0.00 at Dubois to a high of 0.24 at Central Junior High. Thus, in answer to our hypothesis, the education program was unable to effect a significant change in attitudes towards the National Institute on Alcohol Abuse and Alcoholism (NIAAA) stance on responsible drinking. It is interesting to note that while the Licensed Practical Nursing students achieved the highest increase in information level, they have a relatively low attitudinal change score if compared to the junior high groups.

A final analysis of variance was computed to compare the four hour program to the two hour program. On the factual questions the computations arrive at an F ratio of 1.99, which is given in Table 4. However, given 268 error degrees of freedom and 1 column degree of freedom an F ratio of 3.88 is needed to achieve significance at the .05 level. Consequently, there appears to be no rationale for using a
**TABLE 4**

4 Hour Versus 2 Hour Educational Program Analysis of Variance

<table>
<thead>
<tr>
<th></th>
<th>Factual Data</th>
<th>Attitude Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Hour = 494 students</td>
<td>268</td>
<td>116</td>
</tr>
<tr>
<td>2 Hour = 528 students</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Error Degrees of Freedom</td>
<td>23266.59</td>
<td>0.12</td>
</tr>
<tr>
<td>Column Degrees of Freedom</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Correction Factor</td>
<td>1.99</td>
<td>1.83</td>
</tr>
<tr>
<td>F Ratio</td>
<td>3.88</td>
<td>3.93</td>
</tr>
</tbody>
</table>

A significant F ratio equals:

**TABLE 5**

Intakes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Factual Data</td>
<td>45</td>
<td>34</td>
</tr>
<tr>
<td>Attitude Data</td>
<td>116</td>
<td>0.12</td>
</tr>
</tbody>
</table>
four hour approach, since the two hour program obtains the same positive results.

The attitudes section arrives at the same conclusion. Given 116 error degrees of freedom and 1 column degree of freedom an F ratio of 3.93 is needed to be significant at the .05 level. As can be seen in Table 4 the results were not significant since the achieved F ratio was only 1.83. Thus, a combination of the two comparisons leaves no doubt about the necessity of confining our education program to a two hour approach. This will then help the clinic keep the costs down, since it will cut in half the amount of professional time needed.

Due to the expansion of the clinic's consultation and education activities and the resulting increase in media reporting of these activities, it was hypothesized that the test period would witness more intakes of alcoholic clients than the same period of the previous year. This data is presented in Table 5 "Intakes." The data in this chart, as well as some others is confined to the period of time from January to May, rather than from November to May. The reason for this was the absence of any data prior to January, 1972 when the Alcoholism Program officially opened its doors. The January - May, 1972 figures are based primarily on Client Intake Forms (CIF). The first client intake form was not given until January 24, 1972. There were five previous cases, authenticated from patient records, which were new clients in January, 1972 who were later followed on Stanford Research
Institute (SRI) progress reports, although they had never taken the client intake form. These were counted. Clients who had client intake form's in the time period studied but who had been active clients before the start of the time period were omitted. The 1973 figures are based entirely on client intake forms.

The January to May, 1972 period had 45 clients admitted to the alcohol program, while the same period in 1973 only had 34 clients admitted to the program. When queried about this decrease, the program staff felt it to be the result of the flood of chronic alcoholics which immediately entered the services of the Center upon the inception of the alcoholism program in January of 1971. Thus, the staff felt the figure of 34 to be a more accurate baseline against which future data could be compared.

Hypothesis number 4 was devised as a means of monitoring our consultation and education activities with community organizations. We knew beforehand that the total number of hours involved would increase because of our education program in the schools and because of our community alcoholism lecture series. However, we hoped that there would be a carry-over of interest in other groups who would request our staff to make presentations.

Table 6 contains all the data pertinent to our consultation and education activities. The figures are based on Consultation and Education (C&E) forms. These were unavailable for the time period before January, 1972. Hence, the comparison made is between January - May, 1972 and January - May, 1973. In an
### TABLE 6

Presentations to Local Groups

<table>
<thead>
<tr>
<th></th>
<th>Jan.-May, 1972</th>
<th></th>
<th>Jan.-May, 1973</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Hours</td>
<td>No.</td>
<td>Hours</td>
</tr>
<tr>
<td>Schools</td>
<td>6</td>
<td>11 1/2</td>
<td>20</td>
<td>125</td>
</tr>
<tr>
<td>Church Groups</td>
<td>6</td>
<td>12 1/2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Civic Organizations</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Alcoholism Lecture Series</td>
<td>4</td>
<td>8</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Radio/TV</td>
<td>3</td>
<td>2 1/2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Government Agency</td>
<td>3</td>
<td>6 3/4</td>
<td>9</td>
<td>13 1/4</td>
</tr>
<tr>
<td>Non-government Alcoholism Program</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1 3/4</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>35</td>
<td>59 1/4</td>
<td>61</td>
<td>198</td>
</tr>
</tbody>
</table>

### TABLE 7

Comparison of Donations

- From November 14, 1971 through May 14, 1972 .......... $692.50
- From November 14, 1972 through May 14, 1973 .......... $280.25
effort to make the data as "hard" as possible the following rules for inclusion and exclusion were formulated and followed:

1. Duplications were eliminated. That is, if there were more than one staff on a program, the total time of the program is counted only once.

2. Out of state presentations were not counted, e.g., Jim Fulks in Salt Lake City, Jim Fulks and Ronald Strong in Seattle.

3. Films shown by staff counted, but if simply loaned out not counted.

4. Consultation with executives (e.g., principals) to arrange educational programs not counted.

5. Discussion of problems with other agency personnel not counted.

6. Activities not focused on alcoholism not counted, e.g., Lamper's Encounter Group work, lectures on dying, etc.

7. Presentations at in-service training not counted.

8. Attendance at workshops not counted unless the staff gave a lecture or led a discussion on alcoholism.

The total number of presentations for the January to May, 1973 period was 61, which is almost double the 35 given in the January to May, 1972 period. Likewise, the 1972 period involved only 59 \( \frac{1}{2} \) hours, while the 1973 test period involved 198 hours of presentation. However, the increases of the totals for both number of groups and hours of presentation from the first time period to the second, are accountable for by the increase
in the school program and in the community alcoholism lecture series.

The expected carry-over of interest did not materialize, as there were three significant decreases. Church groups fell from six presentations to one. Radio and television presentations fell from three to one. And non-governmental alcoholism programs such as Alcoholics Anonymous fell from five to one. Additionally, there still remains a lack of consultation and education activities with business and industry.

These data suggest that while we did increase the number of presentations and hours of work, in the future we must by mail or phone directly contact those organizations we wish to make presentations to. Such an increase in effort should certainly be applied to the three areas which experienced a decrease in contact.

Hypothesis number 5 was also for monitoring purposes, and the relevant data is given in Table 7. From November 14, 1971 through May 14, 1972 the program received $692.50 in donations. While during the November 14th to May 14th period of the following year, the Center only received $280.25 in donations. The difference was due to several $200 court induced donations in the first time period. Both of these figures indicate a need for the Center to more actively seek out private funds.
Trends

A comparison of F ratios on the factual material provides some additional information about the program and the recipient population.

The Dubois and Midway data, while not being significant, does show that the students had an increase in their information level. This looks relatively positive when compared to the community's F ratio of .06, which suggests no increase in information level.

The Licensed Practical Nursing students' F ratio of 18.33 is half again as high as any of the school program ratios. This may simply be a result of their having received the longer six hour program. However, the difference may be a reflection of the difference in the motivational level of the groups. That is, many public school students are in class only because the law requires it, it is what everybody else does, or due to a lack of anything else to do. On the other hand the Licensed Practical Nursing class consists of individuals who expended a great deal of effort to gain entrance into the school program, and consequently have a high degree of motivation to do well and reach the final goal of graduation. Thus, we might expect these Licensed Practical Nursing students to benefit more readily from any educational presentation than would the public school students.

All of the attitudinal F ratios were insignificant, but again there are some differences which bear noting. The four hour program at O. E. Bell and Central Junior High obtained
F ratios of .22 and .24 respectfully, while the two hour program went from a low of .00 at Dubois to a high of .11 at Terreton, with the Licensed Practical Nursing students receiving a .08. The suggestions here are two; first, we may be witnessing a trend for longer programs to initiate more attitude change than short programs if used in the public schools, and secondly, public school students may be more amenable to attitude change than the older group of Licensed Practical Nursing students, who possibly have more rigidly fixated attitudes.
Conclusion

The primary conclusion from this study is, that the alcohol education program provided to the schools of region seven by the Eastern Idaho Community Mental Health Center, was successful in educating students on the facts pertaining to the use and abuse of alcoholic beverages. This success was shown by a gain in information level, which was significant at the .01 level for four of the six schools. Furthermore, it was found that a two hour classroom presentation was as effective as a four hour approach, thus suggesting that the program in the future should be limited to two hour presentations.

The study's attempt to measure attitudinal changes found no significant changes occurring among the students. Consequently, it appears that either the brevity and/or design of the classroom instruction was not conducive to facilitating attitudinal shifts.

A group of Licensed Practical Nursing students, with an age range of 19 to 54, received a six hour program, which resulted in a high increase in their information level. When this is compared to the lack of significant gain found in the senior high school classes, one may formulate the conclusion that it may be motivational factors, rather than age which has been responsible for the lack of positive gain in other alcohol education research projects dealing with high school students.

Regarding the community education program, it appears that a much more extensive period of time than six months is
needed, if one hopes to change community attitudes or bring about a significant increase in the community's alcohol information level. However, the data herein conclusively shows that 58 percent of the local population does have some type of problem related to the use of alcoholic beverages. Likewise, approximately 55 percent of the community seem to be aware of the magnitude of the local abuse of alcohol.

The dissertation committee requested a follow-up study to compare the number of intakes received in December, 1973 to those received in previous Decembers. The rationale being that if the community education program were effective in notifying the community of our services, then December, 1973 intakes might be larger than previous years. December has been shown in past years to be a significant month for mental health centers. Emergency services are more in demand, and the total number of intakes is higher than for other months. Apparently the spirit of the holidays along with the heightened activity and intensified interpersonal groupings, result in heightened mental distress for many people. Table 8 does show a significant increase for this December's intakes. Nineteen intakes compared to the two previous year's intakes of seven and eight respectively amounts to over a 100 percent increase. Consequently, it would appear that the community program has changed behavior by getting more people involved in our program.

A final conclusion is that the community data reflects an accurate and valid sampling of the local populace. This is indicated throughout the data results, but most clearly
TABLE 8
Comparison of Intakes

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>December, 1971</td>
<td>8</td>
</tr>
<tr>
<td>December, 1972</td>
<td>7</td>
</tr>
<tr>
<td>December, 1973</td>
<td>25</td>
</tr>
</tbody>
</table>

in variables 31 and 37. The former shows that 56 percent of the community pre test respondents listed alcohol as the most serious problem in the community, while 53 percent of post test respondents did so. On variable 37, 58 percent of pre and post test respondents said they had a friend or relative with a drinking problem.
Implications for Future Research

A thorough duplication of this study would be a worthwhile venture if for no other reason than that of educating school children. Likewise, the increased intake load presently being experienced makes all our previous research efforts worthwhile. Of course, an exact duplication would meaningfully add to our knowledge, regardless of its substantiating or negating findings. Since the study requires an enormous amount of man hours and a lengthy period of time, it might be best if duplication were carried out as a joint venture by several individuals working on their Masters thesis.

Attitudinal change within the community was not successfully accomplished in this study, nor was there a significant increase in the public's level of knowledge pertaining to the use of alcohol. The lack of meaningful change on these two variables can be seen as the result of the short term nature of the study. Consequently, it is suggested that future research projects involving community education, should be designed and conducted in a longitudinal manner. This would, out of necessity, involve the replication of testing of independent random groups from within the community up until such time as the bulk of the populace would be composed of those individuals who formerly received alcohol education from our program when they were primary school students.

Differential procedures may be needed to bring about attitudinal change; a longer time period of study in itself may be insufficient. The measurement instrument that was used may lack adequate sensitivity. Some consideration might be
given to other attitudinal measures. Development of objective behavioral observation techniques may be the ultimate necessity.

The school education program has produced some data which casts doubt upon the concept that lower age subjects absorb more information than older subjects. A future research program could examine this concept by utilizing a standard educational approach with a large number of groups, each representing a single grade level. If this were conducted in affluent schools as well as poor schools, while at the same time including group samples from various types of institutions of higher learning, it would be more likely to precisely pin down the relevant variables, and when and where they have a bearing upon learning.

The educational program incorporated in this study allowed for minor deviations which may have resulted from the manifestations of the individual instructor's personalities. A future plan could add meaningfully to our understanding of what techniques are best, if a comparative analysis were done. Optimally this would involve using the same instructor, but having a variety of educational approaches. Approaches under study might include lecture, group, programmed text, field excursions, etc.
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Appendixes
Appendix A
Alcoholism Program Survey

AOCOHOLISM PROGRAM SURVEY

DATE:

TOWN:

List those who answered the questionnaire (Husband, wife, etc.)

COMMENTS:

Interviewer's signature
IN THE FOLLOWING QUESTIONS PLEASE CHECK THE MOST APPROPRIATE ANSWER

1. In America today, how many people drink alcoholic beverages?
   A. One hundred thousand
   B. Nine million
   C. Fifty million
   D. Ninety-five million

2. Of those who drink alcoholic beverages, approximately how many end up abusing it or becoming alcoholics?
   A. One out of ten
   B. Five out of ten
   C. Eight out of ten
   D. Ten out of ten

3. Recovery from alcoholism can best be started by:
   A. Putting him in jail
   B. Ignoring him
   C. Sentencing him to death
   D. Giving him and his family counseling

4. How does the alcoholic feel about himself?
   A. Very self-confident
   B. Lacks confidence in self
   C. He really likes himself
   D. He doesn't have any feelings

5. How many alcoholics recover after receiving professional help?
   A. Over half of them
   B. Very few of them
   C. None of them
   D. All of them

6. In seeking help for an alcoholic problem in my family I would prefer to go to:
   A. My clergyman
   B. My family doctor
   C. The Eastern Idaho Alcoholism Program
   D. The local Alcoholics Anonymous (AA) group.

7. Nationwide how many teenagers claim to have used alcohol before leaving high school?
   A. 5%
   B. 35%
   C. 60%
   D. 95%

8. The alcohol found in beer, wine, and liquor:
   A. Has no calories
   B. Is not a depressant
   C. Contains no vitamins
   D. Is a stimulant
9. What effect does alcohol have on the brain?
   ___ A. It is a depressant
   ___ B. It is a stimulant
   ___ C. Has no effect
   ___ D. Effects are not known

10. At parties alcoholic beverages:
    ___ A. Are absolutely necessary if people are to mix socially
    ___ B. Aid people to mix socially
    ___ C. Prevent people from mixing socially
    ___ D. Has nothing to do with mixing socially

11. How many American adults drink alcoholic beverages?
    ___ A. Very few
    ___ B. All
    ___ C. Less than half
    ___ D. Most

12. In America drinking alcoholic beverages is:
    ___ A. Typical behavior
    ___ B. A sin that should be prohibited
    ___ C. A foreign plot to undermine America
    ___ D. Only done by immoral people

13. The highest rate of alcohol problems are found in what age group?
    ___ A. 15 to 25
    ___ B. 25 to 40
    ___ C. 40 to 55
    ___ D. 55 to 70

14. What percentage of Americans do not drink alcoholic beverages?
    ___ A. 10%
    ___ B. 32%
    ___ C. 55%
    ___ D. 80%

15. How many gallons of beer per person are consumed each year in Idaho?
    ___ A. One
    ___ B. Ten
    ___ C. Twenty-seven
    ___ D. Seventy-five

16. There are approximately 50,000 people killed in auto accidents each year. How many of these have alcohol in their blood?
    ___ A. Very few
    ___ B. Slightly over half
    ___ C. 90%
    ___ D. All of them

17. How many disabling injuries are suffered in crashes involving problem drinkers each year in America?
    ___ A. 10 thousand
    ___ B. 500 thousand
    ___ C. 9 million
    ___ D. 200 million
18. From national figures it is estimated how many alcoholics live on each city block?
   A. None  
   B. Maybe 1  
   C. 3  
   D. 12

19. How much does the American public spend on alcoholic beverages each year?
   A. 95 thousand dollars  
   B. 10 million dollars  
   C. 21 billion dollars  
   D. 50 billion dollars

20. Of all those who commit suicide in the United States each year, how many are associated with alcohol?
   A. None  
   B. One-third  
   C. Almost all of them  
   D. All

21. Why do some Americans not drink?
   A. They are afraid to  
   B. Friends and family frown upon it  
   C. For a wide variety of reasons  
   D. Their religion prohibits it

22. Alcoholism may be suspected when the person's drinking leads to:
   A. A variety of problems in their daily lives  
   B. An upset stomach  
   C. A case of bad headaches  
   D. Loud and boisterous talk

23. Modern education on alcohol seeks to:
   A. Get people to quit drinking  
   B. Get people to cut down on their drinking  
   C. Provide facts and encourage drinkers to drink responsibly  
   D. Encourage people to drink all they want

24. Research has found that the highest proportion of alcoholic sons come from homes where the mother was:
   A. Very affectionate  
   B. Very rejecting  
   C. Affectionate at times and rejecting at other times  
   D. Passively affectionate

25. When you have problems which way is most likely to help you work out those problems:
   A. Think them over  
   B. Write for advice to a newspaper help column  
   C. Discuss them with friends and relatives  
   D. Read a book about solving problems
26. What percentage of American adults drink alcoholic beverages?
   ___ A. 5%
   ___ B. 25%
   ___ C. 68%
   ___ D. 95%

27. What is the decrease in life expectancy of an alcoholic?
   ___ A. Alcohol doesn't affect how long you live
   ___ B. Unknown
   ___ C. 2 months
   ___ D. 10 to 12 years

28. Among Orthodox Jews, native Italians and other groups where alcohol is used by almost everyone as a part of social traditions, the incidence of alcoholism and problem drinking is:
   ___ A. Non-existent
   ___ B. Low
   ___ C. Somewhat high
   ___ D. Extremely high

29. Of the alcoholics in this nation, how many are Skid-Row derelicts?
   ___ A. None of them
   ___ B. 5%
   ___ C. 60%
   ___ D. Nearly all of them

30. I feel this community's attitudes about drinking are:
   ___ A. One should never drink
   ___ B. It is permissible to drink, but not to become drunk
   ___ C. It is permissible to drink, and to become drunk occasionally
   ___ D. One should drink for the purpose of getting drunk

31. Which one of the following is the most serious social problem in our community?
   ___ A. Alcoholism and alcohol abuse
   ___ B. Drug addiction and drug abuse
   ___ C. Pornography
   ___ D. Use of tobacco

32. Idaho's alcoholic problems per population are:
   ___ A. Less than other states
   ___ B. About the same as other states
   ___ C. More than other states
   ___ D. Highest in the nation

33. Drinking brandy or other alcoholic beverages:
   ___ A. Increases body temperature
   ___ B. Decreases body temperature
   ___ C. Has no effect on body temperature
   ___ D. Effects on body temperature are unknown
34. Each year there are how many arrests for drunkenness in the United States?
   ___ A. Very few
   ___ B. 50 thousand
   ___ C. 100 thousand
   ___ D. 2 million

35. Of all homicides in the United States, how many are alcohol related?
   ___ A. None
   ___ B. One-tenth
   ___ C. One-half
   ___ D. All

36. This community's attitudes toward the use of alcohol are:
   ___ A. Liberal
   ___ B. Moderate
   ___ C. Conservative
   ___ D. Unconcerned

True-False Instructions

On each of the following statements place a check-mark beside "True" if it is true, or place a check-mark beside "False" if the statement is false.

37. I have been concerned about the drinking problem of a friend or relative.
   ___ True
   ___ False

38. Heavy drinking over a period of years can cause permanent brain damage.
   ___ True
   ___ False

39. Drinking too much alcohol at one time can result in death or an unconscious coma.
   ___ True
   ___ False

40. Alcohol interferes with those parts of the brain which control reasoning and judgment.
   ___ True
   ___ False

41. Alcohol does not have to be digested; it is absorbed directly into the system.
   ___ True
   ___ False

42. Alcohol is a drug.
   ___ True
   ___ False
43. The more anxiety that exists in a society, the more alcoholism problems they will have.
   ___ True
   ___ False

44. Being overly indulgent in the rearing of children, that is, allowing them to be dependent on you in every way may lead to the child's becoming an alcoholic.
   ___ True
   ___ False

45. Some people are better drivers after having several drinks.
   ___ True
   ___ False

**Scaling Instructions**

If you strongly agree with the statement, you should place your check-mark as follows:

Strongly agree ___:___:___:___:___:___:___ Strongly disagree

If you strongly disagree then place your check-mark thus:

Strongly agree ___:___:___:___:___:___:___ X Strongly disagree

If you mildly agree or disagree then mark thus:

Strongly agree ___:___:___:___:___:___:___ X

OR

Strongly agree ___:___:___:___:___:___:___ X

Strongly disagree

If you slightly agree or disagree then place your check-mark as follows:

Strongly agree ___:___:___:___:___:___:___ X

OR

Strongly agree ___:___:___:___:___:___:___ X

Strongly disagree

**IMPORTANT:** (1) Place your check-marks in the middle of spaces, not on the boundaries:

THIS NOT THIS

___:___:___:___:___:___:

(2) Be sure you check every scale for each statement - do not omit any.

(3) Never put more than one check-mark on a single scale.

Now turn the page and begin.
46. One should never drink.

Strongly agree ______:______:______:______:____: Strongly disagree

47. It is permissible to drink, but not to become drunk.

Strongly agree ______:______:______:______:____: Strongly disagree

48. It is permissible to drink, and to become drunk occasionally.

Strongly agree ______:______:______:______:____: Strongly disagree

49. One should drink for the purpose of getting drunk.

Strongly agree ______:______:______:______:____: Strongly disagree

50. I believe in teaching students the facts about alcoholism.

Strongly agree ______:______:______:______:____: Strongly disagree

51. I would feel comfortable talking to neighbors or friends about an alcoholic problem in my family.

Strongly agree ______:______:______:______:____: Strongly disagree

52. Nothing can be done unless the alcoholic "wants to stop drinking."

Strongly agree ______:______:______:______:____: Strongly disagree

53. The alcoholic must "hit bottom" (i.e., lose job, home, family and health) before he will "want to get well."

Strongly agree ______:______:______:______:____: Strongly disagree

54. It is hopeless to treat alcoholics because they may reform for a while but they always slip back.

Strongly agree ______:______:______:______:____: Strongly disagree

55. Alcohol itself is the offender; if its use were prohibited by law, then there would be no problem.

Strongly agree ______:______:______:______:____: Strongly disagree

56. Most persons in our society who drink do so without harm to themselves or others.

Strongly agree ______:______:______:______:____: Strongly disagree

57. We should teach about alcohol in such a manner so as to lead young people away from its use.

Strongly agree ______:______:______:______:____: Strongly disagree
58. Hobbies, friends, and recreational activities help release tension, which may prevent the development of an alcoholic problem.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

59. The community is not responsible for helping the alcoholic or problem drinker.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

60. The only person that can help the alcoholic is himself.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

61. The alcoholic or problem drinker is a criminal.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

62. The alcoholic or problem drinker has a mental problem.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

63. The alcoholic or problem drinker has a form of medical illness.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

64. The alcoholic or problem drinker is morally weak.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

65. For the average, healthy person a certain amount of alcohol can be used without any lasting effects on the body or brain.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree

66. You cannot sober up by drinking black coffee, taking a cold shower, or breathing pure oxygen.

Strongly agree ______:____:____:____:____:____:____:____ Strongly disagree
Appendix B

Rules of Location for Selecting Community Sample

There will be two houses located in each section as determined by the following rules. The first house is tentatively located for the interviewer in "descriptions and location." The selection of a second house is the responsibility of the interviewer.

For the first house:

1. If possible, north of cross to first East-West street, and pick closest house on north side of street. If no houses on north side use houses on south side.
2. If it is not possible to go north from the section cross, go to closest East-West street in any direction.
3. If still not possible, go to closest North-South street and pick on east side of street. If necessary use west side but avoid duplication with fall survey.
4. For "empty" section pick a street in an adjacent section.

For the second house:

1. If on an East-West street, pick the third house west of the first house, still on the north side of street, if possible. If no houses take the third house east of the first one on north side of street. If not possible to use north side use south side of East-West streets.
Rules of Location for Selecting Community Sample

2. If on a North-South street, pick the third house north of the first one on east side of street, if possible; if not, use west side.

3. If there is still a problem, any house in the vicinity, sticking as close to the above rules as possible.
Appendix C
Guide for Survey Team

1. Introduce self; tell where you are from.

2. Explain purpose; ask if they filled one out last fall and if so, go on to next house.

3. If they agree to fill out the questionnaire, tell them:
   a) You will leave and return in about an hour to pick it up. If they will be gone ask them to leave it in the mailbox, screen door, etc.
   b) That you would appreciate answers to all questions, even if pure guesses.
   c) To answer only once for each question since our computer program is set up that way.
   d) What to mark on face sheet.
   e) Offer a pencil if they have neither pen nor pencil.

4. When you pick up questionnaire leave pamphlet on Alcoholism. After leaving, check to see if the respondent filled out the questionnaire. Last fall five blank ones were turned in. So, find another respondent if this happens to you.
Appendix D

Public Notice

To Whom It May Concern:

On November 6-11, 1972 the Eastern Idaho Community Mental Health Center will be carrying out a research project in your town or community. The purpose of the research is to sample community attitudes and knowledge about alcoholism. The results of the study will be used to determine where the Center can best become involved in fighting the problem of alcoholism.

The research team will be leaving questionnaires at various homes in the community and asking households to complete them to be picked up later in the same day or evening.

The staff of the Eastern Idaho Community Mental Health Center sincerely appreciate your cooperation in this matter. Should you have any questions please feel free to contact the Center in Idaho Falls, 523-9100, or one of the satellite clinics in Salmon, 756-2424; Rexburg, 356-5652, or St. Anthony, 624-3462 ex. 45.
### Appendix E

**Distribution of Alcoholism Literature and Dates**

November 15, 1972 - May 15, 1973

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## Appendix E (continued)

### Distribution of Alcoholism Literature and Dates

**November 15, 1972 - May 15, 1973**

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Appendix F
Alcohol Lecture Series Portfolio

Services Provided by the Clinic.

1. In-Patient Service: The in-patient unit has over the past year developed into a strong and viable component of the comprehensive alcoholism program. Excellent medical and psychiatric care for alcoholics have been established under the direction of Myrick Pullen, M.D., alcohol medical director. Dr. Pullen has established valid and reliable detoxification procedures and has provided within the in-patient service procedures for treatment of associated disorders and concurrent diseases to alcohol abuse. The in-patient facility provides for short and middle term medical management of all alcohol associated medical conditions. Coordination of services and continuity of procedures within the in-patient service has been excellent under Dr. Pullen's medical management.

2. Emergency Services: This element of service is currently operating in two areas, being, (1) emergency medical services and, (2) non-medical emergency services. The medical component of emergency service is under the Clinical Direction of Dr. Pullen. Presently four physicians are covering for 24 hour medical services in alcohol emergency. Such coverage is provided in the Sacred Heart Hospital Emergency Room. Treatment of acute intoxication, disorientation, alcohol related injuries, psychotic episodes, and delirium-tremens are handled within this service. In that the emergency
room is within the same hospital as the Center's in-patient unit, it is found that continuity between emergency medical service and in-patient service is quite satisfactory. Detoxification procedures are often times initiated in the emergency element of service and continued into in-patient services. Professional non-medical staff members of the alcoholism treatment program cover the non-medical emergency service on a weekly On Duty basis. Staff provides crisis intervention, therapies, emergency social services and emergency family counseling services within this element. On Duty staff members maintain 24 hour coverage through a local telephone answering service. The non-medical emergency service component encourages usage by existing community care givers and agencies and promotes action which can lead potential patients and clients into continuing treatment programs. The non-medical emergency service utilizes volunteer services in providing for emergency housing of dependents, visitation, and transportation assistance to persons coming into this service component.

3. Intermediate Services: The comprehensive alcoholism program presently operates an Intermediate Service including partial hospitalization, Halfway Houses, and special living arrangements. The partial hospitalization program has been primarily a day-care for patients who have living arrangements at night, but who need daily treatment, supervision,
and activity within the hospital setting during the days. Such activities include group therapy, individual therapies and supervision of chemotherapy. The Halfway House for men, Halfway House for women, and the newly established Native American Center for American Indians, provides a transition from in-patient to community living for clients needing such service. The transitional service also provides for (1) rehabilitation services, including group therapy and individual psychotherapy; (2) supervised activities, including proper utilization of leisure time, and; (3) vocational services, including on the job training, vocational counseling, assistance in job applications and interviews and assistance in preparation for employment. The intermediate service is presently establishing small group homes for three to five clients which will provide for more independent living arrangements and allow for a transition from a Halfway House living situation to more independent life style. All services providing for the improvement, restoration and maintenance of the alcoholic's capacity to function effectively as a member in the community are provided in the intermediate element of service.

4. **Outpatient Services:** Screening, diagnostic and referral services are provided through this component. Also, traditional social, psychological, psychiatric, and out-patient medical services are provided in this element.
Appendix F (continued)

Presently there is no waiting list for such outpatient services and a broad spectrum of programs and approaches are offered to the client within this service. The majority of referrals from existing community agencies are directed into the out-patient service. Close coordination to the agencies in the community has been established through this service with particular emphasis in coordinating approaches with the regional public health officers and nurses, and community social service workers in the social and rehabilitative service department. Such close coordination provides for a more active case finding and referral by the other local agencies.

5. Consultation and Education Service: The Comprehensive Alcoholism program is now operating the Alcoholism Information Center which provides a variety of educational material to individuals and organizations in the community. A community lecture series is held on a weekly basis to provide a broad based educational program to members of the community in hopes of enlightening attitudes of community in relation to alcoholism and alcohol related problems, and to more effectively intervene into early levels of alcoholism and provide earlier identification in case finding of persons with alcohol associated problems. This element has established a school program in the area high schools and junior high schools. Also, a speaker bureau has been formed to provide speakers to various
Appendix F (continued)

Community programs and service groups. The Consultation and Education public information effort includes distribution of over 200 posters and distribution of over 1000 pamphlets on the nature of alcoholism. Presently the Consultation and Education element is directing energies toward involving local physicians in early case finding methods and referral procedures to the Center. Booklets have been distributed to local physicians for distribution to patients with possible alcohol related problems. Consultation to the Alcohol Safety Action Program (ASAP) and courts regarding a patient is available providing a release of confidential information is signed by the patient, and a request is made to the Center.

6. Research and Evaluation: Research and evaluation efforts have centered primarily in the Stanford Research Institute program. Research and evaluation thus far has centered in descriptive statistical data pertaining to diagnostic groupings, type of therapies, and numbers of patients in services. A research design is now being completed which will study the impact of Consultation and Education efforts throughout this region.

7. Satellite Offices: To establish a more relevant and consistent system of services to the eight county area, satellite offices have been developed in Rexburg, St. Anthony, and Salmon. These satellite offices are manned by professional level staff residing in those particular
Appendix F (continued)

communities. This approach will provide for a continuous delivery of services to outlying areas, and will help to "tune in" the Center's comprehensive alcohol and mental health programs directly to community needs.
Appendix F

Alcohol Lecture Series Portfolio

The Alcoholic Scoreboard.

36,000,000 Americans harmed directly or indirectly because of alcoholism or problem drinking.

9,000,000 alcoholics or problem drinkers.

200,000 new cases of alcoholism each year.

28,400 of the 50,000 killed in traffic accidents each year had alcohol in their blood at the time of the accident.

500,000 disabling injuries are suffered in crashes involving problem drinkers.

34,800 or more than half of the 60,000 non-highway accidental deaths are alcohol involved.

11,000 death certificates annually list alcoholism or alcoholic psychoses as cause.

2,000,000 (approximate) arrests each year for public drunkenness - 40% of all non-traffic arrests.

$21,700,000,000 latest annual expenditure by Americans for alcoholic beverages according to the Distilled Spirits Institute.

$15,000,000,000 annual economic drain because of alcoholism in lost work time, health and welfare costs, property damage, etc.

15% (approximate) of the 400,000 patients in state mental hospitals are under treatment for the problem of alcoholism.

Over half the states report alcoholism the most frequent diagnosis for first admissions to state hospitals.
Appendix F (continued)

1/3 of all suicides are alcohol-related.
1/2 of all homicides are alcohol-related.

Steady increase in the number of alcoholics admitted to state hospitals.

10-12 year decrease in life expectancy of every alcoholic.

Impossible to estimate human suffering related to alcoholism, from broken homes, deserted families, and problems of children of alcoholic parents.

The above statistics were prepared by the American Council on Alcohol Problems, based on material in a statement by Vernon E. Wilson, M.D., before the Senate Subcommittee on Alcoholism and Narcotics, March 18, 1971, and from one other source as indicated on the "Scoreboard."

Dr. Wilson is the Administrator of Health Services and Mental Health Administration, U.S. Department of Health, Education and Welfare. He was accompanied in his presentation before the Senate Subcommittee by Mr. Charles Miller, Deputy Assistant Secretary, Budget, and Dr. Bertram Brown, Director, National Institute of Mental Health.
Appendix F

Alcohol Lecture Series Portfolio

Are You An Alcoholic?

(To answer this question, ask yourself the following questions and answer them as honestly as you can).

1. Do you lose time from work due to drinking?
2. Is drinking making your home life unhappy?
3. Do you drink because you are shy with other people?
4. Is drinking affecting your reputation?
5. Have you gotten into financial difficulties as a result of drinking?
6. Have you ever felt remorse after drinking?
7. Do you turn to lower companions and an inferior environment when drinking?
8. Does drinking make you careless of your family's welfare?
9. Has your ambition decreased since drinking?
10. Do you crave a drink at a definite time daily?
11. Do you want a drink the next morning?
12. Does drinking cause you to have difficulty in sleeping?
13. Has your efficiency decreased since drinking?
14. Is drinking jeopardizing your job or business?
15. Do you drink to escape worries or troubles?
16. Do you drink alone?
17. Have you ever had a complete loss of memory as a result of drinking?
18. Has your physician ever treated you for drinking?
19. Do you drink to build up your self-confidence?
Appendix F (continued)

20. Have you ever been to a hospital or institution on account of drinking?

If you have answered "yes" to any one of the questions, there is a definite warning that you may be an alcoholic.

If you have answered "yes" to any two, the chances are you are an alcoholic.

If you have answered "yes" to any three or more, you are definitely an alcoholic.

The above test questions are used by the Johns Hopkins University, Baltimore, Md. in deciding whether or not a patient is an alcoholic.
Appendix F

Alcohol Lecture Series Portfolio

Alcoholism Program Survey

1. There are ninety-five million Americans today who drink alcoholic beverages.
2. Of those who drink alcoholic beverages, approximately one out of ten end up abusing it or become alcoholics.
3. Recovery for an alcoholic can best be started by giving him and his family counseling.
4. The alcoholic lacks confidence in himself.
5. Over half of those alcoholics receiving professional help recover.
6. Nationwide, 60% of teenagers claim to have used alcohol before leaving high school.
7. The alcohol found in beer, wine, and liquor contains calories but no vitamins.
8. Alcohol has a depressant effect, not a stimulant effect on the brain.
9. At parties alcoholic beverages often aid people to mix socially.
10. Most American adults drink alcoholic beverages (60% of the women and 77% of the men as of 1965).
11. Drinking alcoholic beverages is typical behavior in America.
12. The highest rate of alcohol problems is found in the 15-25 age group.
13. Thirty-two percent of Americans do not drink alcoholic beverages.
14. Twenty-seven gallons of beer per person are consumed each year in Idaho.

15. There are approximately 50,000 people killed in auto accidents each year in the United States. Slightly over half of these people have alcohol in their blood.

16. There are approximately 500,000 disabling injuries suffered in crashes involving problem drinkers each year in America.

17. On the average, three alcoholics live on each city block (according to national estimates).

18. The American public spends about 21 billion dollars each year on alcoholic beverages.

19. One-third of the suicides each year in the United States are associated with alcohol abuse.

20. There are a wide variety of reasons to explain why some Americans do not drink.

21. Alcoholism may be suspect when a person's drinking leads to a wide variety of problems in his daily life.

22. Modern education on alcohol seeks to provide facts and encourage drinkers to drink responsibly.

23. Research has found that the highest proportion of alcoholic sons come from homes where the mother was affectionate at times and rejecting at other times.

24. When you have problems, discussing them with friends or relatives is the way most likely to help you work out those problems. This is usually better than thinking problems over, writing for advice to a newspaper column,
Appendix F (continued)
or reading a book about solving problems.

25. 68% of American adults drink alcoholic beverages.

26. There is a 10 to 12 year decrease in life expectancy of alcoholics.

27. Among Orthodox Jews, native Italians and other groups where alcohol is used by almost everyone as a part of social traditions, the incidence of alcoholism and problem drinking is low.

28. Skid-Row derelicts comprise only about 5% of the alcoholics in this nation.

29. In comparison with drug addiction and drug abuse, pornography and use of tobacco, alcoholism and alcohol abuse is by far the most serious social problem in our community.

30. Idaho's alcoholic problems, when compared to the national averages, are about the same as other states.

31. Drinking brandy or other alcoholic beverages decreases body temperature.

32. There are about two million arrests for drunkenness each year in the United States.

33. One half of all homicides in the United States are alcohol related.

34. Heavy drinking over a period of years can cause permanent brain damage.

35. Drinking too much alcohol at one time can result in death or an unconscious coma.
Appendix F (continued)

36. Alcohol interferes with those parts of the brain which control reasoning and judgment.

37. Alcohol does not have to be digested; it is absorbed directly into the system.

38. Alcohol is a drug.

39. The more anxiety that exists in a society, the more alcoholism problems it will have.

40. Being overly indulgent in the rearing of children, that is, allowing them to be dependent on you in every way, may lead to such children becoming alcoholics.
Appendix F

Alcohol Lecture Series Portfolio

The Psychology of Alcohol

All human beings, at one time or another suffer from anxiety, tension, and depression. This may be a result of the real problems they face each day, or it may be due to the insecurities and conflicts they have within themselves. Different people may use different methods to get rid of their anxieties. The individual who is functioning well will likely try to pinpoint his problem and then attempt to work on it until the problem is solved, which results in doing away with the anxiety. Another person may choose to just think about the problem which usually results in more anxiety and nervousness and possibly ulcers. A third person may attempt to avoid thinking or dealing with his problems and try to keep a strong control over his nervousness. If this is done the body and mind may get sick. Thus, we may find the person has a lot of colds, skin troubles, diarrhea, or some other kinds of continual medical problem. If the mind gets sick a nervous breakdown may occur, or the person may tend to be accident prone. A fourth individual may marry someone who will take care of him and handle all his problems. This usually results in an unhappy marriage and eventual divorce. Our fifth person may be the one who frequently drinks excessive amounts of alcohol which temporarily relieves him of his anxieties and tensions, but over the long run may result in more anxiety, since he may create additional problems for
himself while in a drunken state, such as wrecking his car, losing his job, or perhaps blowing the week's grocery money. Alcoholism may be suspected when a person's drinking leads to a wide variety of problems in his daily life. There is some research evidence which suggests that the more anxiety that exists in a society, the more alcoholism problems it will have.

We know that alcohol interferes with those parts of the brain which control reasoning and judgment. Consequently, while under the influence of alcohol, the drinker may do things which hurt himself or others. One-third of the suicides each year in the United States are associated with alcohol abuse.

When most of us have problems, discussing them with friends or relatives is the way most likely to help us work out those problems. This is usually better than thinking about the problem, or writing for advice to the newspaper column, or reading a book about solving problems.

However, if we can't seem to solve our problems, or if we have a basic defect in our personality, such as a lack of confidence in ourselves (which by the way is often how the alcoholic feels), then it is best to seek help from a mental health professional.

Recovery for an alcoholic can best be started by giving him and his family counseling. Over half of those alcoholics receiving professional help recover.
Appendix F (continued)

Most of those who use alcohol are not trying to drown their problems. But, rather they feel that alcohol aids them to mix socially.

Research studies with children suggest that being overly indulgent in the rearing of children, that is, allowing them to be dependent on you in every way, may lead to such children becoming alcoholics.

Likewise, it has been found that the highest proportion of alcoholic sons come from homes where the mother was affectionate at times and rejecting at other times.

Roe studied the cases of 36 children who had been placed in foster homes before the age of 10. Each of them had been born in families where at least one of the parents was an alcoholic. These children were followed into early adult life. Not one became an alcoholic, and only three used alcohol. "We must conclude that the reported high incidence of alcoholism in the offspring of alcoholics is not explicable on the basis of any hereditary factor."

From many years of experience and research into alcoholism there are several general conclusions which can be made.

1. Presently there is no reason whatsoever to believe that there is a hereditary reason for alcoholism.

2. Abusive use of alcohol appears to be the result of learning. This learned behavior appears to be a maladaptive attempt to deal with the anxiety which results from the daily problems of living.
Appendix F (continued)

3. The learning of this maladaptive behavior appears to be the result of a complex interaction of the parent's child rearing practices, training received in the schools and churches, and the attitudes that the surrounding society has towards using alcoholic beverages.

4. Psychotherapy and counseling are usually needed to help the person overcome the problems which led to his abusive use of alcohol. Medical help alone is not sufficient.

5. It is doubtful if abstinence can be considered as a solution to alcoholic abuse or the proper goal of alcoholic education.
Appendix F

Alcohol Lecture Series Portfolio

Questions About Drinking and Alcoholism For Some,
A Matter of Life and Death ........

To drink or not to drink - that is NOT the question.
How do you drink? What does it do for you? What does it do
to you? Is there loss of control? Adverse effects? Upon
honest answers may depend your entire future, health,
happiness, career, sanity, indeed your very life ..........

The public already knows answers ... Misinformation that
is ... Intelligent, well-informed people close eyes and ears
to this subject ... Wear blinders ... Blot out informative
articles. Many think it is best not to look too closely, or
learn too much. Are we informed? Social or normal drinking,
careless drinking, dependent drinking, and most important
alcoholic drinking?

Why do we drink? To feel better? To relax? Forget day's
worries? To feel convivial? To talk freely, to enjoy
themselves. Drinking is obviously one of mankind's most
treasured ways of feeling pleasure. Also, one that he has
always been most unwilling to give up.

Most drinkers know little about alcohol and its action.
We use it carelessly. A nation of careless drinkers. Thus a
vast number of people suffering from a devastating disease.
Years of careless heavy drinking usually precede the onset of
alcoholism. Not all drinking is careless. Most drink rarely
and rarely drink very much.
Appendix F (continued)

The amount consumed constitutes moderation, not frequency. Social/normal drinking imply merely accepted drinking patterns of a particular social group. Maybe light, moderate, or heavy. In our urban society heavy drinking seems to be the norm. Out of the ranks of these heavy drinkers come most alcoholics. No one knows which one will be tapped. All are eligible. There is a great deal we don't know about alcoholism. Not enough research. This situation is slowly but surely changing. Hope does exist for the alcoholic, and is here now. We do not know the causes of alcoholism. But, we do know how to recognize and diagnose it, and we do have successful methods of treatment. (Discuss mental health center) V.R.I.G.D. We do not have a cure. We do have means for arresting the disease. Hundreds of thousands of recoveries, living proof that alcoholics can get well and return to useful, productive and happy lives.

With this hope, and this proof, why should any alcoholic go on needlessly suffering? Why don't they avail themselves of all the help that exists? Or why don't their families and friends, fellow workers, their employers or employees seek help for them? Well, it's not a proper subject. Label yourself, friend, etc.? Few would be able to recognize early symptoms when the best chance for recovery is present. The answer is stigma ........ STIGMA, a state of mind which produces public attitudes that are anti-therapeutic to say the least. In bald language, STIGMA KILLS .......
Appendix F (continued)

DISEASE OR DISGRACE:

STIGMA manifests itself in many ways, in false beliefs.

1. A. is entirely a moral problem and Alcoholics are moral delinquents.
2. A. is simply a matter of will power and Alcoholics are weaklings.
3. A. is a deliberate self-degradation and Alcoholics just slide downhill.
4. A. is only found on skid rows and Alcoholics are all homeless derelicts.
5. A. is a hopeless condition and Alcoholics are all hopeless drunks.

Destruction for many results from this STIGMA .......... The family goes to great lengths to conceal their alcoholic. Fellow workers and bosses cover up and give him "one more chance." Neighbors and friends carefully look the other way. It may go away. All are participating in a great conspiracy of silence. Thinking they are protecting the alcoholic. They are preventing helping measures. SILENT TREATMENT IS THE WORST TREATMENT OF ALL. STIGMA drives the alcoholic and his family underground, isolates them from their fellows, twists and distorts them psychologically as they cringe under the heavy burden of shame. They feel DISGRACED and so they HIDE and KEEP QUIET.

A study of wives of recovered alcoholics by the National Council on Alcoholism. They waited an average of eleven years,
Appendix F (continued)

after they first realized that there was something seriously wrong, before talking to anyone about it. Doctors, lawyers, clergymen or even their own families. None knew that help was available or where to find it. All during those long, painful years while the illness progressed and the losses mounted; money, jobs, home, friends, psychological and physical well being of children. Yes, the large majority of our alcoholic population is married, living at home with children and a job.

WOMEN. The large majority of women alcoholics are housewives, more easily hidden inside the home. the STIGMA is twice as heavy and infinitely more cruel for a woman. Thus, they stay hidden longer and the disease progresses further. Only recently have their chances for recovery begun to catch up with men.

DENIAL AND CONCEALMENT are the universal characteristics of the alcoholic. Denial is the end result of STIGMA. Drink too much? Who me? Trouble with drinking? I can quit anytime. Can take it or leave it alone! No one willingly admits to being a moral delinquent, a weakling, etc. How can we blame them? They, too, are ignorant of the facts. They are brain-washed into the mythology surrounding alcoholism. We need factual information before recoveries can be improved.

THE FIRST FACT - Alcoholism is a treatable disease. Recovery 50 to 80%.
Appendix F (continued)

TREATABLE D. - Disease concept eliminates ancient stigma. Public attitudes must change. How we can discuss the nature of the illness.

THE SECOND FACT - A. is a progressive disease. Three distinct phases. Early, middle, late. Each a number of years.

PROGRESSIVE D. - Primary A., about 10%, 1st drink - full blown A. All and at any stage can recover ...

THE THIRD FACT - The A. has lost the power of choice - whether to drink - when to drink - where to drink - and how much to drink.

LOSS OF CONTROL - Occurs end of early stages or beginning of middle. It does not happen sharply. For a considerable time control comes and goes. Progression is gradual, maybe slow and erratic.

SYMPTOMS - Can be listed and learned and observed.

EARLY SYMPTOMS - Most difficult to grasp, because they are almost entirely matters of feeling, rather than behavior. Although not really visible to others, they can be recognized by the incipient Alcoholic, and he may be able to handle the situation without outside help.

INITIAL AND CRUCIAL - First reaction to alcohol.

It's Magic ...

Solves problems of discomfort, anxiety and fears.
Appendix F (continued)

Provides instant self-confidence.

Soon becomes terribly important, he needs it. Out of this need comes an increasing dependence. From the ranks of dependent drinkers come alcoholics.

Along with these internal signs are a few visible ones.

Gulping drinks. Ability to outdrink others.

Overconcern about availability of liquor.

Need for drinks on practically all occasions.

Feelings of guilt - sneaking drinks.

These may not be noticed by the uninformed.

**MIDDLE PHASE** - Follows after some 10 years of (apparently normal drinking). Blackouts begin (perhaps frightening). May walk, talk, drive (apparently normally) but has no recollection after. A form of amnesia with a particular terror. **HANGOVERS - Progress.** (only a hair of the dog helps) **DRINKING BEHAVIOR - markedly different.** Drunk at the wrong time, place, and too frequently. People say (old George goes on the wagon to prove differently and he may succeed for a time). What he can't do is limit drinks once he takes a drink (Control evaporates).

*Alcoholics Anonymous* says "it is the FIRST drink that gets you drunk." Their approach has produced more recoveries than
Appendix F (continued)

all other methods combined. Explain the program briefly. Al-Anon - Proven effective in restoring the nonalcoholic, but often equally suffering spouse to a normal, happy life. This sometimes happens long before the alcoholic is ready to seek help. Thus, motivation for recovery occurs.

Let there be NO mistake about it, Alcoholics need expert help if they are to Recover. They are very sick people, and no more capable of self-treatment than a heart or cancer victim or the mentally ill. (Spontaneous remission) Most alcoholics who try to quit for good on their own find it (totally impossible).

The last phase of alcoholism needs NO description, for this is what everyone has always recognized, thinking it was the whole picture, instead of the final feet of film. The alcoholic (lives to drink) and drinks to live. Has given up all hope of managing his life. (No Control). BUT, even yet they can be helped (Never a hopeless drunk).

A complete program of recovery is available here in Eastern Idaho. Good medical care, hospital beds, individual and group therapy, vocational counseling, recreational therapy, financial help, Information Center, out-patient care, halfway houses (men and women). Alcoholics Anonymous, Al-Anon, and Al-Ateen in the eight counties. Most of all we need a new climate of understanding on the part of the public, and that means everyone here tonight.

Film: TIME FOR DECISION - information sheet follows.
SYNOPSIS: The tendency of compulsive drinkers in "respectable" middle-class circumstances to deny their problem is illustrated by the story of a young lawyer caught in the web of alcoholism. Until the admission is made that outside help is needed, he and his family are locked into a vicious circle of alcoholism and reproach. The viewer is made aware of the various resources -- public and private -- which can aid in solving the third greatest of U.S. public health concerns.

EVALUATION: This is a good film for white, middle-class family and school audiences. It provides a realistic view of the familial and social problems of an alcoholic, dealing much more with the emotional and economic consequences of the illness than with professional treatment aspects.
Appendix F

Alcohol Lecture Series Portfolio

Medical Aspects of Alcoholism

1. Responses to alcohol vary with the individual.
   A. Usual -- relief from tensions
   B. Other -- belligerent feelings, increased anxiety, or episodes of confusion and disorientation.

2. Effects on the brain.
   A. Observable effects - result of effect on brain, which integrates and controls activity.
   B. Rate of intoxication and behavioral expression of - related to speed of absorption from stomach and small intestine.
      1. Fairly constant rate of metabolism
      2. Rate of consumption
      3. Size of person (150 lb. man - 1 drink/hour is metabolized).
      4. Learned response may change this
      5. 0.05 percent blood alcohol - level of first consistent change in mood and behavior.

C. Depressant effect felt at greater concentration.
   1. 0.10 - voluntary motor action clumsy
   2. 0.20 - entire motor area of brain depressed and emotional control affected.
   3. 0.30 - more primitive perceptive areas dulled.
      Confused or becoming stuporous.
   4. 0.40 - unaware of environment and in a coma.
Appendix F (continued)

5. Higher blood levels result in death.

3. Effects of Chronic Heavy Consumption

A. Appears to alter sensitivity of Central Nervous System to alcohol − tolerance.

1. Moderate drinker and alcoholic (dependent) respond differently.

a. Alcohol-dependent

1. Relatively huge amounts to produce change in feelings.

2. Complex behavioral tasks with much higher blood alcohol levels.

3. Cause of this not known.

4. Severe withdrawal symptoms 12 to 18 hours after cessation of drinking (shakes, overactive reflexes, sweating, nausea, anxiety, D.T's - potentially lethal).

5. Not apparently related to amount of alcohol consumed or duration.

4. Effects on Sensation and Perception (Laboratory setting)

A. Visual acuity - little affected. Dark Adaptation with high doses. Adaptation to light and color perception dulled -- esp. to red.

B. Hearing - faint sounds heard but discrimination dulled by moderate to heavy doses.

C. Odor and Taste affected by low dose.

D. Touch - little except pain which is diminished.
Appendix F (continued)

E. Time and space perception probably altered.

5. On Motor Performance

Impaired but with individual differences.

On difficult problems in logic, small amounts improved performance of very intelligent young people, but larger amounts caused deterioration.

6. Emotions.

A. Behavior when drunk largely culturally determined.
B. Seems to decrease fear (animal experiments corroborate).
C. Reaction time little affected below 0.07 blood alcohol.
D. Accuracy affected but not speed.
E. Humor - aggressive type.
F. Impulsive, uninhibited responses increased.
G. Sexuality - large doses impair sexual performance.
   Long history of alcoholism - signs of dysfunction and degeneration of sex glands and increased sex problems in both sexes.
H. On Sleep.
   Decreased REM with large doses.
I. Accidents and violence.

1. Highway.
   a. Probably more related to heavy drinking and chronic alcohol-related problems than normal drinking.
   b. One-car accidents - many suicidal and 1/3 suicides associated with excessive alcohol intake.

2. Other accidents.
Appendix F (continued)

50% home or recreation and 18% work accidents are fatal and related to alcohol intake,
None-fatal similar order.

   a. Committed on the alcoholic is greater.
   b. Immediate intake of large amounts prior to homicides and other assaultive behavior. 50-54% of these crimes associated with drinking.
   c. Chronic heavy drinking more associated with self-destruction.

(NOTE) These are probably also related to expectations of the effects of alcohol and blame laid on alcohol, rather than looking deeper.

Diseases Associated With Alcoholism.

1. Liver - alcoholic liver disease - one of the most serious consequences of alcohol abuse.
   A. Fatty liver.
      1. Alcohol releases excess hydrogen
      2. Becomes "preferred fuel"
      3. Fat deposited from other sources
      4. Few Clinical Symptoms
      5. Results also from small intake over long period
   B. Hepatitis.
      1. Peculiar cellular degeneration found only in alcoholism
      2. Symptoms - fever, elevated WBC, pain in upper rt. quadrant, jaundice.
Appendix F (continued)

C. Alcoholic cirrhosis.
1. Diffuse scarring
2. 10% affected
3. Cause not definitely determined.

2. Heart - First described 100 years ago.
   A. Alcoholic cardiomyopathy
      1. Differentiated from that caused by poor nutrition.
      2. Symptoms - left-and-right-sides congestive heart failure (onset may be sudden or slow); large heart; distended neck veins; narrow pulse pressure, elevated diastolic pressure; and peripheral edema.
      3. Etiology - unknown at this time.
      4. Usually recover with bed rest and abstention from alcohol.

3. GI Tract
   A. Stomach
      1. Gastritis and achlorhydria - common
      2. Massive gastric hemorrhage - life threatening medical emergency. More than one-half give history of ingestion of alcohol or aspirin shortly before onset.
      3. Etiology of above (2) not settled
   B. Small intestine - disorder uncommon
   C. Pancreas - pancreatitis and insufficiency found, but not common.

4. Muscle - 3 general forms.
   A. Subclinical myopathy
Appendix F (continued)

B. Acute alcohol myopathy
1. Sudden muscle cramps
2. Binge followed by severe pain and swelling of involved muscle and pronounced weakness.
3. Legs most commonly involved, but arms may be also.

C. Chronic
1. May develop slowly without acute episodes
2. Weakness and atrophy may affect any muscle, but usually affects legs.

D. Summary
Chronic heavy alcohol ingestion is associated with an acute and a chronic disease of muscles. Etiology is uncertain. Of nutritional factors and also of water and electrolyte balance.

5. Endocrines.
A. Hypothalamus - pituitary-adrenal axis affected, but causal relationship is unclear. Data is being collected which indicates that aldosterone metabolism also affected leading to retention of sodium, potassium, and chloride. Also problems with catecholamines and serotonin.

6. Nutrition
A. Malnutrition
1. Empty calories of alcohol replace useful ones.
2. Economic factors
3. Heavy alcohol use interferes with normal digestive
Appendix F (continued)

processes.

4. Hypoglycemia

7. With Other Drugs

A. Alcohol inhibits metabolism of other drugs, such as pentobarbital and meprobamate.

B. CNS effects - potentiates reaction to barbiturates, tranquilizers, antihistamines (often found in over-the-counter sedatives), and some industrial solvents.
Appendix F

Alcohol Lecture Series Portfolio

Social Aspects of Drinking

1. Introduction

A. General description of series.
   (1) Social aspects - Jim Fulks
   (2) Psychological aspects - John Fredricks
   (3) Physiological Aspects - Dr. Pullen
   (4) Wrap up - Dr. Bill Karg

B. Goals of Series.
   (1) Clarify attitude re: drinking. In this culture exists an ambivalence regarding alcohol beverage consumption. Some think it's the "in thing." Some think intoxication is a funny condition, (jokes, laughing at drunks, telling stories on self). Some feel that drinking is a moral problem, leads to disruption in community living, etc. Many of us have a mixture of feelings or attitudes regarding drinking.
   (2) To present factual information to community as to extent of problem areas, identification of resources to assist community in effort to prevent and combat the problem.
   (3) To promote case finding and assist the person and family suffering from results of alcohol abuse.

2. Discussion of the Problem and Costs of Alcohol Abuse and Alcoholism.
Appendix F (continued)

A. Alcohol beverage is a mood alterer. Man's desire to alter reality is one of the most ancient, persistent and understandable of human needs. The various means by which people of various cultures reflects the universal need to transform one's self and one's world. In all times and places, people have enjoyed the mood changing and pleasure giving properties of alcohol beverage. But - as is true with most pleasures, too much can be harmful.

B. Some of the harmful effects to individuals and society.

(See Scoreboard)

C. Alcohol related problems.

(1) Binge drinking
(2) Symptomatic drinking
(3) Psychological dependence
(4) Problems with spouse or relatives
(5) Problems with friends or neighbors
(6) Job problems
(7) Problems with law - police - accidents
(8) Health problems
(9) Financial problems
(10) Belligerence

D. A profile analysis of persons with high problem rates.

The highest rates were found in:

(1) Men under 25
(2) Men of lower socioeconomic levels
(3) Residents of cities
Appendix F (continued)

(4) Those who had moved from rural areas to large cities
(5) Those from broken homes
(6) Catholics and liberal protestants
(7) Those who did not attend church
(8) Single and divorced men

E. Definitions

(1) Alcohol problem - Any social, emotional, or physical dysfunction which occurred while drinking alcoholic beverage, or resulted from drinking alcoholic beverage.

(2) Alcohol abuse - Drinking alcoholic beverage in excess. Intoxication. Exceeding accepted norms and sanctions of culture. In Idaho .08% alcohol in bloodstream constitutes driving while intoxicated.

(3) Alcoholism - an illness characterized by preoccupation with alcohol and loss of control over its consumption leading to intoxication if drinking is begun; by chronicity; by progression; and by tendency toward relapse. It is typically associated with physical disabilities and impaired emotional, occupational, and social functioning -- a direct consequence of persistent and excessive use of alcohol.

(4) Review -

Illness
Loss of control leading to intoxication
Chronicity
Appendix F (continued)

Progression

Relapse

F. A sociological observation and comparison of alcoholism rates among cultures.

(1) Americans of Italian extract have positive attitude toward drinking - negative attitude toward drunkenness. They have low rate of alcoholism.

(2) Jewish culture has positive attitude toward drinking - negative attitude toward intoxication. A low rate of alcoholism.

(3) Irish culture views drinking and intoxication as a positive behavior. They show high rate of alcoholism.

(4) Conclusion - The attitude toward intoxication seems to be associated with rate of alcoholism - not attitude toward usage of alcohol beverages.

G. Need for our culture to develop attitude change.

(1) We presently are ambivalent regarding use of alcohol.
   (a) 32% abstain
   (b) 15% infrequent drinkers
   (c) 41% light and moderate drinkers
   (d) 12% heavy drinkers (21% of men are heavy drinkers)

(2) The apparent average consumption of alcohol beverages by Idahoans 15 years and up is:
   (a) 1.72 gallons distilled spirits per year.
   (b) 0.63 gallons wine per year.
   (c) 27.48 gallons beer per year.
Appendix F (continued)

(d) 2.11 gallons of absolute alcohol.

(Washington D.C. 6.94 gal. absolute alcohol)
(U.S. average 2.61 gal. absolute alcohol)

3. Conclusion:

The key to the prevention of alcoholism in this culture and community lies in the attitudes we establish, foster, and communicate to ourselves, our children, our friends. If we refuse to sanction alcohol abuse and instead encourage responsible drinking to those who choose to drink, we will lower the cost to our community and lower the number of persons harmed directly or indirectly because of alcoholism or alcohol abuse.
Appendix F

Alcohol Lecture Series Portfolio

Alcohol Education Pamphlets


5. 'Promoting Good Mental Health' Eastern Idaho Community Mental Health Center. 140 East 25th Street. Sacred Heart Hospital Building. Idaho Falls, Idaho 83401
Resources for Help and Information in this area

Alcoholism Information Center
888 Park Ave. 523-7411
Edith or Bill

Alcoholic Rehabilitation Assoc., Inc.
163 E. Elva 522-9869
Ray

Alcoholics Anonymous
523-0539 523-5428
Farren Woody

Alcoholism Program E.I.C.M.H.C.
Sacred Heart Hospital
Jim Fulks 523-9100

Al-Anon and Al-Ateen
522-3306 522-4749
Lela Darlene
523-0289 523-7849
Beth Cindy

For other areas consult Local Phone Book or Newspaper

P.S. Don't forget the Alcoholism Information Series Lectures,
Each Tuesday Evening - 8:00 P.M.
Sacred Heart Hospital - 1st floor
Open to the public
WHAT'S YOUR EXCUSE?

I OWE EVERYBODY!

"Sure, you do! There is not a case on record of a man who drank his way out of debt. Figure out what and whom you owe and make up your mind to pay it all off—and start paying—and watch your self respect zoom. It may work."

IT'S THE ONLY WAY I CAN RELAX!

"You mean, of course, college. This is unavoidable in an alcoholic. No matter how long he's been sober, one drink is enough to start the cycle. He relaxes on the street, in doorways, in gutters. Just don't relax your resistance to suggestion."

I'M ALL RIGHT AS LONG AS I STICK TO BEER!

"Well, good for beer! Only trouble is it gnaws at an alcoholic's weak spots until he witches something stronger. That's the way I did it. Beer will nickel and dime you to death. No, it's not beer, baby— it's only you."

NOBODY UNDERSTANDS ME!

"The sorry part of this excuse is that you get to believe it yourself. It sounds so convincing. You don't need understanding, you need treatment. But settle down, most drunks wind up talking to themselves anyway."

IT'S MY NERVES! AND QUITE STAMPING THOSE BIG FEET!

"You said it, brother! There are no nerves so frayed as those of a bottle baby. I wouldn't deny a man a drink, but nerves—that's something else. When liquor is what you need to keep you normal, my friend, you're in sore need of a doctor."

IT'S MY MOTHER-IN-LAW!

"Why, the old hay bag! What a ferocious, meddlesome, insufferable fiend from the pit she is. She's also been your best excuse for over 2,000 years. But give her a chance, son. Don't blame her for unshiping. After all, she is somebody's mother."

IT'S HEREDITARY WITH ME!

"Go ahead, blame it on great-grandpaw! He can't talk back. He's remembered for the mighty way he held his liquor. But you're the guy who's drunk. Alcoholism is not hereditary—you won't pass it on. You will do it by example."

MY JOB GETS ME DOWN

"Talk straight, mister. I didn't hear you. Did you say you're getting your job down? Well, that's what you mean. When you start drinking heavily you've changed jobs. The old man in the front office isn't your boss—Alcohol is!"

IF YOU WANT TO BE SUCCESSFUL YOU HAVE TO ENTERTAIN!

"So look at the most entertaining fellow at the party. What entertainment this stew will supply will come after the party. People will talk about him for months to come. An alcoholic is a big success. He's also a sure thing for undertakers."

I'M A VERY SICK MAN!

"The common cold is an alcoholic's best friend. Yes, he's a sick man, but not with a cold. No germ could last in a system saturated with alcohol. When you sober up, you'll feel so healthy friends will avoid you. Maybe you need new friends."

I CAN TAKE IT OR LEAVE IT ALONE!

"Listen, if you were clear-headed enough to have any choice in the matter you'd have no need even to make such a statement. Ever ask yourself why you always decide to take it? An alcoholic must say, 'I CAN'T LEAVE IT ALONE.'"

IT HELPS ME THINK!

"... Great thinkers have been great drinkers—but not for long. The only successful alcoholic is a dead one. Alcohol is a stimulant, yes, but like a drug it is depressingly reactionary. It keeps you from acting. You only think you think."

WHATS ONLY WAY I CAN RELAX?

"You mean, of course, college. This is unavoidable in an alcoholic. No matter how long he's been sober, one drink is enough to start the cycle. He relaxes on the street, in doorways, in gutters. Just don't relax your resistance to suggestion."

"Well, good for beer! Only trouble is it gnaws at an alcoholic's weak spots until he witches something stronger. That's the way I did it. Beer will nickel and dime you to death. No, it's not beer, baby—it's only you."

"The sorry part of this excuse is that you get to believe it yourself. It sounds so convincing. You don't need understanding, you need treatment. But settle down, most drunks wind up talking to themselves anyway."

"You said it, brother! There are no nerves so frayed as those of a bottle baby. I wouldn't deny a man a drink, but nerves—that's something else. When liquor is what you need to keep you normal, my friend, you're in sore need of a doctor."

"Why, the old hay bag! What a ferocious, meddlesome, insufferable fiend from the pit she is. She's also been your best excuse for over 2,000 years. But give her a chance, son. Don't blame her for unshiping. After all, she is somebody's mother."

"Go ahead, blame it on great-grandpaw! He can't talk back. He's remembered for the mighty way he held his liquor. But you're the guy who's drunk. Alcoholism is not hereditary—you won't pass it on. You will do it by example."

"Talk straight, mister. I didn't hear you. Did you say you're getting your job down? Well, that's what you mean. When you start drinking heavily you've changed jobs. The old man in the front office isn't your boss—Alcohol is!"

"So look at the most entertaining fellow at the party. What entertainment this stew will supply will come after the party. People will talk about him for months to come. An alcoholic is a big success. He's also a sure thing for undertakers."

"The common cold is an alcoholic's best friend. Yes, he's a sick man, but not with a cold. No germ could last in a system saturated with alcohol. When you sober up, you'll feel so healthy friends will avoid you. Maybe you need new friends."

"Listen, if you were clear-headed enough to have any choice in the matter you'd have no need even to make such a statement. Ever ask yourself why you always decide to take it? An alcoholic must say, 'I CAN'T LEAVE IT ALONE.'"

"... Great thinkers have been great drinkers—but not for long. The only successful alcoholic is a dead one. Alcohol is a stimulant, yes, but like a drug it is depressingly reactionary. It keeps you from acting. You only think you think."
Appendix G

Exhibited Posters on the Following Four Pages.
ALCOHOL IS A DRUG
There are 9,000,000 alcohol addicts in America.

ALCOHOL IS A DRUG
If you don't believe it, ask your doctor.

ALCOHOL IS A DRUG
It kills 86,000 Americans every year.

ALCOHOL IS A DRUG
Getting drunk is like a bad trip.

Comprehensive Alcoholism Services
Eastern Idaho
Community Mental Health Center
140 E. 25th Street
Idaho Falls, Idaho 83401 - 523-9100

ALCOHOL
INFORMATION CENTER
890 Park Ave.
Idaho Falls, Idaho 83401 - 523-7411
ten terrific hangover cures.

1. **Drink Alcohol**
   - The only thing you might accomplish is an overdose of tranquilizing drugs.
   - It doesn't work.

2. **Transquilizers**
   - The only thing you might accomplish is an overdose of tranquilizing drugs.
   - It doesn't work.

3. **Oxygen**
   - Inhaling pure oxygen is supposed to help speed up the metabolism of alcohol.
   - In fact, your hangover is partly the result of slowing down the metabolism of alcohol.

4. **Exercise**
   - Light exercise reduces your guilt feelings and your hangover will disappear the exercise will.

5. **Eat**
   - Stuff yourself with a gargantuan breakfast.
   - And if you keep it down, you will still have your hangover.

6. **Lie Still**
   - Don't get out of bed, don't go to work.
   - Millions of Americans use this cure to the tune of about the million dollars a year.

7. **The Cure**
   - All you need to do is to drink a lot of water and take a long, hot bath.

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Comprehensive Alcoholism Services
Eastern Idaho
Community Mental Health Center
140 E. 25th Street
Idaho Falls, Idaho 83401
523-9100

ALCOHOL INFORMATION CENTER
890 Park Ave.
Idaho Falls, Idaho 83401
523-7411
If you need a drink to be social, that’s not social drinking.
WHAT KIND OF DRINKER ARE YOU?
TAKE THIS TEST AND FIND OUT FOR YOURSELF.

☐ 1. Do you think and talk about drinking often? ☐ 2. Do you drink more now than you used to?
☐ 3. Do you sometimes gulp drinks? ☐ 4. Do you often take a drink to help you relax?
☐ 5. Do you drink when you are alone?
☐ 6. Do you sometimes forget what happened while you were drinking?
☐ 7. Do you keep a bottle hidden somewhere—at home or at work—for quick pick-me-ups?
☐ 8. Do you need a drink to have fun?
☐ 9. Do you ever just start drinking without really thinking about it?
☐ 10. Do you drink in the morning to relieve a hangover?

If you had four or more "yes" answers, you may be one of the nine million Americans with a drinking problem. For a free booklet, write: N.I.A.A.A., Box 2045, Rockville, Md., 20852.

Comprehensive Alcoholism Services Eastern Idaho Community Mental Health Center
140 E. 25th Street
Idaho Falls, Idaho 83401 – 523-9100

ALCOHOL INFORMATION CENTER
890 Park Ave.
Idaho Falls, Idaho 83401 – 523-7411
Appendix H

Public Service Tapes

Radio Stations: KID KTEE KUPI

Cut #1 60sec. "Good of Harry"
Cut #2 60sec. "Social Drinker"
Cut #3 60sec. "Steve and Martha"
Cut #4 30sec. "One more for the Rug"
Cut #5 30sec. "Social Drinker"
Cut #6 10sec. "Social Drinker" Version #1
Cut #7 10sec. "Social Drinker" Version #2
Cut #1 60sec. "The Plague"
Cut #2 30sec. "The Plague"

TV Stations: KID-TV KIFI-TV

60sec. "Good Old Harry"
60sec. "Bill and Helen"
30sec. "Social Drinker"
60sec. "The Plague"
30sec. "The Plague"
30sec. "Funny Drunks"
10sec. "Social Drinker"
Appendix I

Resources for the School Program

This is a listing of possible resources which the school may wish to use in its program to provide alcohol education to its students. This is being made available through the "Comprehensive Alcoholism Program" of the Eastern Idaho Community Mental Health Center. The school may choose to use any single resource or combination of resources. Staff are available for single appearances or weekly throughout the school year if so desired.

1. FILMS: (Most of these films present out-of-date statistics on number of alcoholics, etc. Persons showing films should avail themselves of our sheet on recent statistics to correct this for the audience).

OUT OF THE SHADOWS - An ABC produced television special narrated by Frank Reynolds. Automobile drivers are viewed before and after using alcohol. The Rochester New York Alcoholism Treatment Center is visited; three recovered alcoholic couples are visited in one of their homes as they set together for a dinner party; and Senator Hughes, a recovered alcoholic is interviewed. 28 minutes

ALCOHOLISM - DISEASE IN DISGUISE - Gives reasons for the great underrating of alcoholic deaths in vital statistics. Also, discussion of cross addiction with drugs, A.A., National Council, antabuse, hospitalization and Navaho problems. Professionals not acquainted with alcoholism - General Public. 28 minutes
Appendix I (continued)

TIME FOR DECISION - A Lawyer's rationalizations and denial of his alcoholism. His wife's search for help for the family at a Los Angeles Clinic, A.A., and Al-Anon. Wives of Alcoholics. General Public 28 minutes

ALCOHOL AND YOU - Focus is on teen-agers and young adults. Theme: teen-age drinking patterns set up life patterns. Shows teen-age experimentation and dangers of abusive drinking. Teen-agers, Young Adults, Parents. 28 minutes

TO YOUR HEALTH - Animated picture on social use and abuse of alcohol. Effects of alcohol on body and personality. Progression of alcoholism and possibility of recovery. General Public. 15 minutes

SECRET LOVE OF SANDRA BLAINE - A dramatic presentation showing the progression of alcoholism and then the process of recovery for a woman alcoholic. A.A. referred to as one source of help. Women's Groups - General Public 28 minutes

2. SLIDE PROGRAMS

THE CAULDRON - Shows how the complete progression of alcoholism involves the loss or abandonment of hobbies, church, family, work, money, friends, which have provided tension release, with only alcohol remaining to relieve tension. The road to recovery involves help at an alcoholism clinic and/or A.A. General Public

AVON PARK - Shows some basic facts about alcohol and alcoholism. Several slides show lesions caused by advanced alcoholism. General Public
Appendix I (continued)

3. TAPES:

Tapes of speakers at the 1972 University of Utah School on Alcoholism and other Drug Abuse. They are each approximately 45 min. in length.

HISTORY OF DRUG DEPENDENCIES - Marty Mann
Traces attitudes towards alcoholism and programs for alcoholics from 19th Century to the present. Also, compares alcoholism and drug addiction.
Professionals who have a basic understanding of alcoholism and its treatment. General Public

HELPING THE ALCOHOLIC - Dr. Vernelle Fox
Discusses the alcoholic as "fragmented" and "isolated."
More and more cases show addiction to both alcohol and other drugs. A change of identity is sought in treatment.
Professionals who have a basic understanding of alcoholism and its treatment. General Public

UNIQUE FUNCTIONS OF RELIGION AND CHURCH - Howard J. Clinebell, Ph.D.
Discusses church role in (1) positive prevention of addiction through growth oriented education; (2) responsible community involvement; (3) satisfying "heart hungers" or basic human needs.
Ministers - Church Groups - General Public. Professionals who have a basic understanding of alcoholism and its treatment.
Appendix I (continued)

4. LITERATURE (Pamphlets)

ALCOHOL, SOME QUESTIONS AND ANSWERS
Good, factual information for the general public.

THINKING ABOUT DRINKING
Designed for the Jr. High and High School students.
Investigating the way in which they may become involved in abusive use of alcohol.

ALCOHOLIC SCOREBOARD
Gives statistics on alcohol's involvement in various community problems in automobile accidents, decreased life expectancy, etc.

RESOURCE LIST
A listing of those facilities in the community, which are set up to provide help and information pertaining to alcoholism.

5. WORKSHOP SESSIONS FOR TEACHERS AND SCHOOL PERSONNEL

6. CONSULTATION AND COUNSELING SERVICES TO HELP THE SCHOOL DEAL WITH STUDENTS WHO HAVE AN ALCOHOLISM PROBLEM.

7. CENTER STAFF ARE AVAILABLE TO CONDUCT GROUP LEARNING EXPERIENCES WITH THE STUDENTS, OR TO ASSIST TEACHERS IN RUNNING GROUPS.

8. CENTER STAFF ARE PREPARED TO MEET AND WORK WITH STUDENT ORGANIZATIONS.
Appendix J

Newspaper Articles Resulting from the
Community Education Program

(Following Nine Pages)
Want to learn more about alcoholism? The Eastern Idaho Community Mental Health Center is sponsoring a public information series on alcoholism in May at the Presbyterian Church.

The series has four lecture-discussion sessions to give the problem drinker and his family information about alcoholism. All other persons interested in the problems of alcoholism are also encouraged to attend.

Taught by professional staff from the mental health center, the free lectures include:

- "Social Aspects of Alcoholism," May 7, Jim Fulks
- "Physiology and Chemistry of the Disease," May 14, Dr. Myrick Pullen
- "Psychological Aspects of the Illness," May 21, Dr. John Fredricks
- "Scope of the Problem," May 28, Dr. William Karg

Meetings begin at 8 p.m. each Tuesday and will be held in the Upper Lounge of the Presbyterian Church.
Mental Health Center Outlines Alcohol Problem

(Formerly known as the Alcohol Abuse and Research unit to profile its mission on this front. Following is the first of a series of five articles which will measure Idaho's involvement in the continuing process of meeting this challenge. The articles were prepared by Mrs. Judith Stenger of the Community Health Center staff.)

The use of alcoholic beverages is not new. Throughout recorded history there are references to drinking—particularly wine and beer. These alcoholic beverages were used frequently for religious and festive occasions.

Today alcohol is not used primarily for religious and festive occasions. Every day is a special occasion for millions of Americans. They must have one glass or two...or three...

Statistics show that the use of alcohol and alcoholism constantly threaten us today. Alcoholism ranks among the major national health threats, along with cancer, mental illness and heart disease. Yet the U.S. Department of Health, Education and Welfare has termed alcoholism this country's most neglected disease. There are some 100 million persons over the age of 15 in this country who drink. Of these, an estimated 8 million are alcoholics. Further, there are 200,000 new cases of alcoholism each year.

The figures are staggering, yet many Americans are not really aware of them. Only education, early detection and prompt medical facilities can control and reduce alcoholism. To find out how much information area residents have, the Eastern Idaho Community Mental Health Center recently conducted a survey. Under the direction of John Fredrick, psychologist at the mental health center, seven counties were sampled. The counties included Bonneville, Jefferson, Madison, Fremont, Teton, Lemhi and Custer.

One cent per of the households in each county were interviewed. Each socioeconomic level of the population represented.

Begun on Nov. 14, 1972, by staff members of the Alcohol Program, "the survey sought to find out how much information people have about alcohol, as well as their attitudes about the use of alcohol," said Mrs. Stenger. The survey, and a follow-up survey, consisted of 36 multiple choice statements, nine true-false and 21 attitude statements.

Know Problem

Although alcoholism is the number one health problem in this nation, the mental health center wanted to know whether or not area residents recognized it as such. According to their results on the chart, if appears that they do. Does this mean that if you use some alcohol, you will be a problem to you? Not necessarily. Only one out of ten persons who use alcohol have problems with it, and 4 per cent of the residents said anyone who used alcohol will have a problem with it.

Of those interviewed, 73 per cent said that "most" American adults drink alcoholic beverages. This is true since national research shows that in the past 10 years, 70 per cent of the population used alcohol. At the same time, 15 per cent of the local population said they were concerned about the drinking problem of a friend or relative.

At first glance, this figure appears to be unusually high. One explanation can be found in the fact that we have a predominantly religious cultural background which frown upon the use of alcohol. Thus many individuals might consider their friends and relatives as having a drinking problem even though their drinking is confined to one drink a day.

The drinking of wine or one glass of wine on New Year's Eve. This explanation was also echoed when 55 per cent of those interviewed believed the prevailing community attitude is that "one should never drink."

Amazingly, this explanation does not appear to have much effect on the population. Since there were over 15 per cent listed religious reasons as being the prohibiting factor in why Americans don't drink.

The total results of the survey do indicate much misinformation about alcoholism problems. For example, most residents knew the average number of alcoholic problems occur in the 25-34 age range, while in fact, the largest problem group is from 25-34. Consequently, the data supports the need for a strong program of alcohol prevention and education in order to combat this problem.
Alcoholism Brings Broken Homes

(Editor's Note: This is another in a series of five articles in the perspective of alcohol-related problems in Eastern Idaho. The articles are prepared by Mrs. Judith Strong, Echoview Idaho Community Health Center staff.)

It is impossible to estimate human suffering related to alcoholism, from broken homes, deserted families and problems of children of alcoholic parents.

Because alcohol abuse and alcoholism is this nation's number one drug problem, the public does need to be educated.

Furthermore, it is our young people that must be educated if the pattern is going to change.

To develop an alcohol education program for the school in this area was one of the primary goals of the Alcohol Program of the Eastern Idaho Community Mental Health Center. To make the program effective, it must deal with junior high students because previous research throughout the nation has shown that high school students usually have already developed a set pattern of attitudes toward drinking, according to Mr. Fredricks. Also it was apparent that the needs varied from school to school—so much so that the Alcohol Program staff made an educational program which offered flexibility, allowing each school to choose the approach it preferred most.

Elements of the program include current statistics on the effect of alcohol misuse, i.e., 28,400 persons killed in traffic accidents each year have been drinking; 34,800 persons die each year as a result of alcohol use. A wide range of information about the drinking patterns in different parts of the world and in different parts of our American society are also presented.

The psychological aspects of alcohol are explained to the students. They learn what type of psychological climate in the home is most likely to produce individuals who experience alcoholism problems. Students are helped to find the most effective manner of dealing with the problems of alcohol in their present and future lives.

An extensive amount of information pertaining to the physiological and medical aspects is also made available to the students. This includes the fact: Alcohol has a depressant effect upon the entire physiological system, as well as interfering directly with the reasoning and judgement abilities of the brain.

Basic Elements

The basic elements of the educational program were provided to the students in their individual classrooms by the professional staff from the mental health center. In their presentations, the staff used several media materials, such as films, cassette recordings, posters and pamphlets.

Since the program was new to this area of Idaho, it was necessary to evaluate its effectiveness. Consequently, a survey form was given to each student prior to classroom instruction, as well as following it. Then, a second questionnaire was given to each student with some pertinent questions on alcohol use.

Presently, the questionnaire data has been tabulated for five schools, with a total of 800 students. Seventy-eight percent of the students said that they wanted the school to provide them with more education on alcohol. This coincides with the community survey where 95% of the adult population agreed that students should be taught the facts about alcohol. Consequently, both the adult population and the student population in the surrounding area prefer the schools to provide more education on alcohol.

In the past, alcohol education programs have attempted to scare students away from the use of alcohol by pointing out all the problems associated with it. This approach has not been beneficial since the alcoholism rate is higher today than ever before. Therefore, the alcohol education program follows the guidelines set forth by the National Institute of Alcohol Abuse and Alcoholism.

The guidelines say that whether a person drinks or not is his personal business, not that of the researcher or teacher. This has evolved toward the position commonly referred to as "responsible drinking." In other words, if you do drink, or if you do not drink, the decision ultimately rests with you. But if you do drink, you have an obligation to do so responsibly so that you do not harm yourself or those about you. In the community, 31 per cent of the adults are aware of the stand being taken currently on alcohol education; however, 31 per cent through modern education was still attempting to get people to quit drinking.

One concern of the mental health center's alcohol education program is: How many actual problems exist within the school age population? In the questionnaire, 39 per cent of the students said that either of or both of their parents did use alcohol. The chart pictured here shows how many students in each school have used alcohol already. The trend coincides with a trend done throughout the nation, indicating that he percentage of students which have used alcohol increases at the higher grade levels. Additionally, 26 per cent of the students said that they have a friend or relative with a drinking problem.

The Alcohol Program staff will be completing their evaluation of schools this month. At the same time, the staff will be working with various classroom teachers in preparation for a more effective program next year. This program will be expanded to include all of the junior high students throughout the area. For preparation, some teachers will attend the week-long annual conference on alcoholism at the University of Utah in June.

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Question 4.
School Supplement.
Idaho Falls Has Idaho's Only Comprehensive Alcohol Program

(EDITOR'S NOTE: This is another in a series of five articles in the perspective of alcohol-related problems in Eastern Idaho. The articles are prepared by Mrs. Judith Strong of the Eastern Idaho Community Mental Health Center staff.)

Alcoholism is a complex, progressive illness. Alcoholics are sick, just as people suffering from heart disease or cancer are sick. If not treated, alcoholism ends in permanent mental damage, physical incapacity, or early death.

Idaho Falls is fortunate to have the first and only comprehensive alcohol program in the State of Idaho. Sponsered by the Eastern Idaho Community Mental Health Center, the program is funded by a $97,326 grant through the National Institute of Alcohol Abuse and Alcoholism. Its purpose is to serve residents of Bonneville, Jefferson, Madison, Fremont, Teton, Park, Custer and Lemhi Counties. These counties are served by the clinic in Idaho Falls, as well as by satellite clinics in Payette, St. Anthony and Salmon.

Program
The alcoholic rehabilitation program includes in-patient facilities at Sacred Heart Hospital, intermediate care through men's and women's half-way houses, and group and individual therapy.

The in-patient facility consists of nine beds on the third floor of Sacred Heart Hospital. It is served for those patients who are seriously addicted to the use of alcohol. A person is placed in the in-patient unit for the purpose of detoxification, or withdrawal from alcohol addiction.

According to Jim Fulks, director of the Alcohol Program, it is important that an addict be hospitalized at this time, since complicated symptoms can arise. These symptoms include seizures, psychoses, delirium tremens, metabolic changes, and other physical changes.

During the in-patient stay, Dr. Myrick Pullen and his staff make a complete physical examination and evaluation of the patient. The functions of the liver, heart, and circulatory systems are checked, as well as the patient's metabolism. If possible, these aspects are also corrected.

Typical Stay
A typical stay in the in-patient facility at Sacred Heart is five days. However, Mr. Fulks adds that it may range from one to two days through two weeks, depending upon the needs of the alcoholic.

Team work is used in treating the in-patient. This includes the services of Dr. Pullen, psychiatrist and clinical director; Mrs. LaDean Hansen, nursing coordinator; Jerry Schuern, recreation and activity therapist; Glenn Hansen, vocational counselor; and a psychotherapist assigned from the Alcohol Program. All of these people work with the alcoholic and his or her family throughout the time spent in the Alcohol Program.

Team Approach
The alcoholic needs a team approach such as this to give him a period of transition back to society. Thus, after Dr. Pullen and Mrs. Hansen have worked on the physical problems of the alcoholic, the other services are begun.

Schuern's major function is to re-establish the recreation time which the alcoholic has lost. A schedule of recreational activities is developed which brings the alcoholic back into the mainstream of life. Family activities are emphasized, as well as the YMCA physical fitness program, bowling, swimming, billiards and others. Hansen works with the patient to re-establish vocational skills which have been lost to alcohol. He helps the patient find a job that suits needs, interests and abilities.

The primary function of the psychotherapist is to help the patient find alternatives in life which steer away from the psychological dependency on alcohol. Through individual and group counseling, this therapist tries to reduce stress so the patient won't return to drinking. He helps the person find and apply the psychological, social and physical reasons for the alcoholic behavior and attempts to initiate changes in those areas. The therapist also tries to establish contact between the alcoholic and the family by using family therapy to develop a more healthy family situation.

Therefore, with this team-work approach, the alcoholic learns to deal with loneliness, depression and anxiety. He helps to look at himself as a valuable, needed person in society.

Counseling
Following the hospitalization, a person may return to his or her home and go to the mental health center for counseling. According to Dr. Bill Karg, Director of the Alcoholism Information Center, a person goes to live in a half-way house if he or she needs a period of separation or a controlled environment. The resident of the half-way house may or may not have received in-patient care first. A person is sent to live in a half-way house on the recommendation of Dr. Pullen and the psychotherapist involved in the case.

Halfway House
The half-way house for men at 163 E. Elva, is owned and operated by the Alcoholic Rehabilitation Association.

Started in August, 1968, the home has a capacity of 15 and an average population of 10. John Carter is the resident manager of the men's house.

Built in March, 1961, the women's half-way house at 890 Park Ave., is owned and operated by the Eastern Idaho Community Mental Health Center. It has a seven-bed capacity and averages five residents, according to Ann Mooney, the resident manager.

Fulks emphasized that the half-way houses have two goals: (1) to develop a healthy interaction with others, i.e., supporting other house members with the same kinds of problems to fight the craving for alcohol; and (2) to try to provide a full, structured day without the use of alcohol.

Prepare Meals
The residents help prepare meals, assist in maintenance and cleaning of the house, participate in recreational and social activities, have fellowship with other residents, and attend group therapy.

Guests are also invited to the half-way houses to present programs, according to Mr. Fulks. For the women, talks on hair dressing, cosmetics, and food preparation have been presented.

To the alcoholic, stopping drinking is only the first step, to be sober means more — a growth of the personality so that the 'crutch' of alcohol is no longer needed. This program provides hope for the millions of untreated alcoholics whom the social stigma of this disease has forced to deny their problem, Dr. Karg stated.
Mental Health Center
Sets 'Attitude' Survey

An alcohol attitude survey of residents in a seven county region will be conducted May 19-26 by the Eastern Idaho Community Mental Health Center.

The survey, which is intended to find out how much information the public has about alcoholic abuse, follows by about six months a similar door-to-door poll conducted in November, 1972.

"What we are trying to do is find out how much information the public has gained about alcoholism since our education program began," said Judy Strong of the center's staff.

Mrs. Strong stated the survey would be conducted in selected households in Bonneville, Jefferson, Madison, Fremont, Teton, Lemhi and Custer counties.

The six professional staffers who will be going from home to home will be wearing identifying tags.

Mrs. Strong said about one per cent of the households in each of these counties will be interviewed, with each socioeconomic level of the population represented.

The survey can be answered by the husband, wife, or both. It will consist of 36 multiple choice statements, nine true-false questions and 21 attitude statements.
Alcoholism: A ‘Family’ Disease

The Post-Register, Wednesday, May 16, 1973

With 3 Groups Willing To Help

(Editor’s Note: This is another in a series of articles in the perspective of alcohol-related problems in Eastern Idaho. The articles are prepared by Mrs. Judith Strong of the Eastern Idaho Community Mental Health Center staff.)

Alcoholism is a family disease, but one that we can learn to cope with. Because so many Americans suffer from alcoholism, they have turned to three organizations that give immense help to the alcoholic and his or her family. These organizations are Alcoholics Anonymous, Al-Anon, and Alateen.

Best known of the organizations is Alcoholics Anonymous, which has no affiliation with either of the other groups. There are forty-six A.A. groups in the State of Idaho, with three in Idaho Falls. Among the three groups, there are 67 members and a total of five weekly meetings.

The preamble of Alcoholics Anonymous is the most concise statement of its function:

“Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problems and help others to recover from alcoholism.”

“The only requirement for membership is that there be a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.”

“A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither of these group, nor opposes any cause.”

“Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.”

Aside from the preamble, members of Alcoholics Anonymous also abide by the 12 Steps and the 12 Traditions.

First of the 12 Steps states: “We admitted we were powerless over alcohol — that our lives had become unmanaging.” The remaining steps, briefly, tell of the alcoholic’s decision to turn his will and life “over to the care of God as we understand Him” and to make amends, if possible, to all persons the alcoholic has harmed.

The 12 Traditions, basically, are guidelines followed by each A.A. chapter, such as abstinence from alcohol, public relations policy, etc. Most persons, whether alcoholic or not, have heard the prayer: “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Like A.A., Al-Anon is an anonymous fellowship. It utilizes the same 12 Steps, 12 Traditions and prayer. Like A.A., Al-Anon holds meetings for both relatives and friends of alcoholics who share their experience, strength and hope in order to solve their common problem of living with an alcoholic, and to help others do the same. We believe alcoholism is an illness which can be arrested, and that changed family attitudes can often aid recovery.

The only requirement for membership is that the relative or friend of a drinking problem. There are no dues for membership. Al-Anon is self-supporting through its own voluntary contributions.

“Al-Anon is not allied with any sect, denomination, political entity, organization or institution; does not take part in controversy; neither endorses nor opposes any cause. Our primary purpose is to practice the Al-Anon program, so we may help others with similar problems, aid the alcoholic through understanding and grow spiritually ourselves.”

According to the Idaho Falls public relations chairman for Al-Anon, there is one group with 50 members, 35 of them active. She added that the first state meeting, with delegates from all Idaho Al-Anon chapters was held in Idaho Falls May 4-6. The purpose of the state meeting was to gain new information to work back to local chapters.

A.A. and Al-Anon are enjoying great success. However, Alateen is not nearly as big since it only started in April, 1972. Alateen is a fellowship for teenagers and their parents, which is concerned with the development of children. There are 24 Alateen chapters in Idaho, and a present membership of twelve in Idaho Falls.

Like A.A. and Al-Anon, Alateens accept the 12 Steps and discuss and apply the steps to their own attitudes and relationships with others. This helps the Alateen member to develop strength and poise to meet problems realistically.

“You have to face reality and be truthful,” said the public relations chairman of Al-Anon, whose son is a member of Alateen. She added that Alateen builds self-confidence and citizenship in its members. She then told about a teenager whose grades went from “F” to straight “A’s” after joining the Idaho Falls chapter of Alateen.

In spite of anonymity, A.A., Al-Anon and Alateen have helped countless numbers of individuals by just taking “one day at a time” toward recovery.
AN ESTIMATED 56 thousand people will be killed in traffic accidents this year in the nation. Many of those will be attributed to alcoholism.

Idaho Safety Action Project (ASAP) is concentrating on the community effort in the direction of the drinker-driver.

Half Of Nation's Traffic Fatalities Alcohol Related

(EDITORS NOTE: This is the last in a series of five articles in the perspective of alcohol-related problems in Eastern Idaho. The articles are prepared by Mrs. Judith Strong of the Eastern Idaho Community Mental Health Center staff.)

About half of the estimated 56 thousand people who will be killed in traffic accidents this year either will have been drinking themselves — or will be the victims of an intoxicated driver.

More important, about two out of three alcohol-related deaths will be caused by a small fraction of America's drivers - an estimated seven per cent - who habitually drive while drunk.

These are the heavy drinkers and alcoholic persons, and they don't respond to "If you drink don't drive" slogans. Harsh penalties don't seem to have an effect either. The Department of Transportation estimates that 80 per cent of the drivers whose licenses have been suspended or revoked for repeated drunk-driving offenses continue to drive anyway.

How do we identify and treat the excessive drinker-driver? The best community effort in this direction is the Idaho Alcoholism Information Center (Idaho ASAP). The objective of the Idaho ASAP is clear and unequivocal — to reduce the role of alcohol as a contributing cause of death, injury, and property damage on the roads of the State of Idaho. ASAP is not "anti-drink." It is rather aimed at the driver who at demonstrably unsafe blood alcohol levels chooses to operate a motor vehicle.

The "problem drinker" is the man or woman who consumes enough alcohol to place him well above the legal intoxication level (0.08), and then drives Idaho's roads or highways. To reach the legal limit of 0.08, a person weighing 160 pounds would consume approximately four drinks of one ounce each of 80 proof liquor or four 12-ounce cans of beer in one hour. However, the average blood alcohol concentration level for those arrested in Idaho during 1972 was 0.17.

More specifically, 59 or 49.6 per cent of the 119 samples tested on Idaho automobile drivers killed in 1972 contained alcohol. Forty-nine contained more than 0.09 alcohol and 35 contained more than 0.16 alcohol. Eleven of the 59 positive specimens contained more than 0.25 blood alcohol. According to Gloria Faxon, case coordinator, of the Idaho Falls area, some DWI's are also required to attend the alcohol education classes and the Alcoholics Anonymous and Alcoholics Anonymous Educational Center.

Eastern Idaho Community Mental Health Center.

Those convicted DWI's whose background investigations show a serious drinking problem may also be referred to state, community and private rehabilitation programs, such as the Mental Health Center, the Alcoholism Information Center and Alcoholics Anonymous.

More than 68 per cent of adult Americans drink alcoholic beverages at one time or another. Drinking is an accepted part of society. The alcoholic, for the most part, is not.

Although progress is being made in the Idaho Falls area to help the alcoholic, the best solution is better public education. This is obvious when 56 per cent of those interviewed in the community survey believed the most serious social problem to be alcoholism and alcohol abuse.

Public information is always available from ASAP, the Alcoholism Information Center, Alcoholics Anonymous, Al-Anon and Alateen. Additionally, the alcohol lecture series, sponsored by the Mental Health Center, is open to the public. If you desire any information about alcohol problems or alcohol abuse, contact the Alcoholism Information Center at 424-4171.

The Department of Transportation estimates that 80 per cent of the drivers whose licenses have been suspended or revoked for repeated drunk-driving offenses continue to drive anyway.
Health Center sets education program

During the coming school year, the Eastern Idaho Community Mental Health Center will be providing an educational program on alcoholism to area schools, officials announced Saturday.

The program, a continuation of the Alcohol Program conducted the past school year, will be limited to sixth, seventh, and eighth graders. However, officials said the center will also increase its efforts to provide educational material to adults, so parents can be as informed as their children.

According to a progress report on the past year's program, released by the center Saturday, "The aim of the program was to give factual information to the students about alcohol. To measure the effectiveness of the program students were given a pre-test survey before receiving any information, then an education program, and finally, a post-test survey." Schools included O. E. Bell and Central Junior Highs from Idaho Falls, as well as Terreton, Roberts, Dubois and Midway.

Current statistics

Elements of the program included current statistics on the effect of alcohol misuse, and a wide range of information on the drinking patterns in America and around the world, with the psychological aspects of alcohol also explained to the students. They learned what type of psychological climate in the home is most likely to produce individuals who experience alcoholism problems.

Extensive materials pertaining to the physiological and medical aspects was also made available to the students. This included the facts that alcohol has a depressant effect upon the entire physiological system, as well as interferring directly with the reasoning and judgment abilities of the brain.

The basic elements of the educational program was provided to the students in their individual classrooms by the professional staff from the mental health center. In their presentations, the staff used several media materials, such as films, cassette records, posters and pamphlets.

On results

Results of the program revealed that the attitudes of students toward the use of alcohol did not change significantly. However, according to the report, students did increase their knowledge about alcohol. This was true for the seven graders of O. E. Bell and Central Junior Highs in Idaho Falls, and also true for the combined seventh and eighth grades of Terreton and the eighth grade of Roberts.

The statistical data indicates the educational program was only partially effective in the Midway and Dubois schools. The Midway program used ninth graders, while the Dubois school had 10th, 11th and 12th graders. These results are not surprising since previous research has shown that high school students usually have already developed a set pattern of attitudes toward drinking, according to John Fredricks, psychologist at the Mental Health Center.
Survey supports alcohol program

Most area residents tend to view alcoholism as the number one health problem in the nation, and support the concept of a strong educational program of alcohol prevention.

This is among the conclusions of two surveys conducted among area households, in November of 1972 and again in a post-test in May of 1973, by the Eastern Idaho Community Mental Health Center, Idaho Falls. Cumulative results of both surveys were released Monday by officials.

Purpose of the surveys was to determine how much information area residents have on alcoholism, as statistics show many Americans are not aware of the scope of the problem.

Under the direction of John Fredricks, psychologist at the Mental Health Center, seven counties were sampled. The counties were Bonneville, Jefferson, Madison, Fremont, Teton, Lemhi and Custer.

One per cent of the households in each county were interviewed in a pre-test in November, 1972, and again in a post-test in May, 1973. In both surveys, each socio-economic level of the population was represented.

"The research program sought to find out how much information people have about alcohol, as well as their attitudes about the use of alcohol," according to Fredricks. The survey, answered by husband, wife, or both, consisted of 36 multiple choice statements, nine true-false and 21 attitudinal statements.

Following the pre-test, the mental health center used a variety of means to give more information to the public. Of primary importance was the use of video and audio tapes which both radio and television stations aired as public service announcements.

How conducted
Staff members of the Alcohol Program at the Center dispersed thousands of pamphlets, books and information sheets to professional offices, waiting rooms and public meeting places. The staff also met with business, religious and civic organizations to show films and slides, give lectures and lead group discussions. A regular community lecture series has also been provided.

"Despite these efforts," Fredricks commented, "the final research data revealed no significant increase in public knowledge pertaining to the use of alcohol. However, the post-test survey did show a 12 per cent increase in the number of people who were aware of the mental health center and were willing to refer friends or relatives who have alcohol problems."

Also consistent
The post-test also found consistency in other responses. Over half of the respondents, or 54 per cent, felt alcoholism is the most serious social problem in the surrounding community, and 58 per cent said they were concerned about the drinking problem of a friend or relative. Ninety-seven per cent felt that students should be taught the facts about alcoholism, while 84 per cent stated that the community has a responsibility to help the alcoholic or problem drinker.

Fredricks noted that the mental health center will continue its efforts to provide the public with information about alcohol abuse and alcoholism. He also expressed thanks, on behalf of the center, to the nearly 1,000 people who were contacted during the survey.
VITA

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Doctor of Philosophy

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Major Field: Psychology

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Personal Data: Born at Springfield, Ohio, May 21, 1940, son of Clarence F. and Juanita B. Booghier; married Nancy L. Whitehead April 5, 1960; one child-Beth Ann.

Education: Attended elementary school in Dayton, Ohio; graduated from Fairview High School in 1958; received the Bachelor of Science degree from Ohio State University, with a major in psychology, in 1969. Received the Master of Science degree from Utah State University, with a major in psychology, in 1971.