
American Councils: Mental Health Training Manual for Resident Directors

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Scenario V: Alcohol Abuse

Addiction is a compulsion that perpetuates itself. It can pertain to a substance or an activity. Some of the substances and/or activities that lead to addiction are alcohol, drugs, shopping, gambling, sex, overeating, and smoking.

How do you know if you have an addiction?

Addicts are trapped in their behaviors and cannot always simply quit on their own. People often assume that because addiction begins with a voluntary behavior and is expressed in the form of excess behavior, an addict should just be able to quit by force of will alone. However, it is essential to understand when dealing with addicts that we are dealing with individuals whose brains have been altered by alcohol, drugs, or behavioral abuse.

While there is no absolute scientific formula for identifying when an individual's use or behavior has developed into a full-blown addiction problem, most rehabilitation counselors agree that for drug use, alcohol use, or behavioral misuse there are four distinct stages that may lead to addiction.

The four stages are generally acknowledged as:

- 1) overuse or experimentation of a drug, alcohol, or behavior,
- 2) the misuse of a substance or behavior,
- 3) the abuse of drugs, alcohol, or behavior, and
- 4) a drug, alcohol, or behavior dependency or addiction.

While individuals in the first or second stages of use and misuse may not necessarily progress into addicts, individuals in the third stage of abuse are likely to develop full-blown addiction problems.

How to Help

There are many places that a person can find help with their addictions, starting with helping them understand the impact of their use in regards to their life, work, friends and family. Those who are developing drinking problems may defend themselves by saying "I don't have a problem, look how good this aspect of my life is..." Another way to help is to point them towards the resources that might be useful for when they are ready to change their behavior.

When traveling to another country, students can become overwhelmed with the choices they have in terms of alcohol. Other times, there can be rather severe restrictions on alcohol. Developing educational programs and discussions about a country's alcohol use and experiences may help get out ahead of the problems students may encounter.

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QUICK REFERENCE SHEET

Core Concepts to Approach

- **Helping those who don't want help.** This can be a central challenge to working with students who are struggling with their drinking, but are not ready to change. The approach of motivational interviewing offers some suggestions to help students who don't want help. These include expressing empathy for their situation and frustrations, rolling with their resistance and, instead of challenging them directly, finding other ways to talk to them about change and supporting them when they make good decisions about their drinking.
- **Getting drunk is a bad plan.** Getting drunk (obtaining a blood alcohol level of over .10) ensures that you have all of the bad things that come with drinking. Students who drink with the goal of getting drunk end up having stronger hangovers, since alcohol is basically a poison, and the body needs some time to clear the alcohol from your system. Think of a big blue funnel underneath a water faucet. Turn that faucet on full blast and the funnel fills up quickly and overflows the sides. The funnel allows the water pass through the same way our liver processes alcohol. The more we consume quickly, the harder it is for the liver/funnel to keep up.
- **If you drink, don't drink to get drunk; drink to get buzzed.** It's that peaceful easy feeling that comes over you when you feel all tingly and happy. Your blood alcohol level hovers around .02-.04 and you feel good. Your goal now becomes keeping just enough alcohol in your system to maintain this balance. This means understanding how quickly your body processes alcohol and how much it takes for you to begin to feel intoxicated. The only way you can determine this is through practice.
- **Know how much you are drinking and how it impacts you.** You can't control your drinking unless you know how much you have had to drink. Without knowing how much you are drinking, you cannot measure how quickly alcohol affects you. Women take longer to process alcohol. The more you weigh, the more you need to drink to raise your blood alcohol level. The less you weigh, the quicker your blood alcohol level rises.

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- **All drinks are not created equal.** We've all seen those slide shows and public service announcements where we learn that one shot = one glass of wine = one beer. Understand that a big red party cup full of shots and fruit punch probably is closer to 5-6 drinks all at once. Giant margaritas at the restaurant served in those party glasses as big as your head are really 3-4 drinks in one. You also need to realize it is not just how much you are drinking, but what percentage of alcohol is in the drink you are consuming.
- **Eat something and mix in non-alcoholic drinks.** Our body processes alcohol more efficiently when we have some food in our stomach. Our liver can process about one drink an hour. So have some pizza before the party and take it slow. Alternate alcohol drinks with non-alcohol drinks. Have a glass of water with that glass of beer. It will help you stay hydrated and keep you from getting too drunk, too fast. Remember, simply having more non-alcoholic drinks or drinking things like coffee won't counter effects of the alcohol already consumed.
- **Get some help.** If every time you drink you are trying to escape an emotion like sadness or anger, you likely need to talk to someone about your drinking. If you need more and more alcohol to reach the same level of intoxication (building tolerance) or if your friends and family have talked to you about your drinking causing problems, you may be at risk for alcohol dependence or abuse. If you miss classes or fall behind in assignments due to your drinking, it's probably time to talk to someone about your drinking. If you have tried to cut back and failed or find yourself thinking about drinking and getting drunk most of the day, you should talk to someone about your drinking.

What to Do

- Develop a relationship with the student you are trying to help. We listen more to those we trust and who care about us.
- Help them understand how their drinking may be impacting their school or social life.
- Look at ways to slowly reduce drinking by cutting back a small amount at a time.
- Know your resources (both online and local) to refer the student to when they are ready.

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What Not to Do

- Lecture the student about their drinking and call them an alcoholic.
- Call the student's parents and report the student without talking to the him or her first.
- Tell the student all about your own personal exploits with alcohol and warn them not to make the same mistakes.
- Tell the student the only way he or she can stop drinking is to join AA.

Frequently Asked Questions (FAQ)

I want to help a student with their out of control drinking, but they won't admit they have a problem. What am I supposed to do?

Prochaska and Diclemente introduced Change Theory to address how students change unwanted behavior. It is an approach that outlines how people move through various stages before becoming ready to make a lasting change in their lives. An RD will do a better job working with a student who has a substance abuse program if they can understand what stage of change they are currently at and match their interventions to this stage of change.

Pre-contemplation: The student is unaware that there is a problem and hasn't thought about change. This stage occurs when a student is in denial about a problem existing. It is likely other students, faculty and staff are very aware of the student's problem.

An RD should help the student increase their awareness of their need for change through discussion and assist the student understand how their drinking may be impacting their life and those around them.

Contemplation: This will be the most common stage of change for students to be in. They have thought about change and are thinking about making it in the near future. The student realizes their current drinking level is not in their best interest; but they are not yet ready to begin their plan to change. The student isn't happy about their current state, wants things to be different, but has not yet explored how to do things differently or take action to make change in their lives.

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- An RD should motivate the student and encourage them to think more deeply about how their drinking makes their life more difficult. They should explore the steps needed to plan future change and what possible resources would be helpful in implementing change.

Preparation for Action: The student is aware of a problem and ready to actively create goals and plans to address the problem of their anger, frustration and aggressive behavior. These plans should be focused, short term and designed to be updated and altered to ensure their success. Plans should be measurable and something the student can monitor and understand if they are moving forward, static or moving backwards.

An RD should help the student brainstorm and update their plans to ensure a better chance of success.

Action: This stage of change is where the student puts into action plans to change their behavior. The student will attempt to alter their drinking, respond differently to triggering events and alter beliefs that lead to negative consequences.

An RD should support the student in trying out these action steps and encourage them to keep trying, despite setbacks and the potential failures they may encounter.

Maintenance and Relapse Prevention: The goal for this stage is to continue successful plans and repeat those that work, adapting those that don't. The student has experienced change and there has been a reduction in their drinking. The student needs to maintain their successful change and reduce the risk of falling back into bad habits.

An RD should help bolster students in their success and develop awareness of potential obstacles that could lead to relapse (hanging around with friends who drink, becoming frustrated/angry/sad and turning to drinking to help with these emotions).

Scenario V: Jayne

The Case Study

Jayne likes to drink. His motto in life is “study hard; play hard.” Jayne’s drinking throughout college is often a subject of discussion between his fraternity brothers and those on the swim team with him. Jayne does very well at his swim meets and keeping up with his fraternity responsibilities and is the envy of his friends and peers for his ability to party so hard, but also keep his academics and athletics together.

Jayne’s applies to study in the American Councils program. His interest in international finance and athletics made him a strong candidate to be accepted into the program. Jayne initially does well in the program and keeps up with the academic and language requirements. He continues to drink at night and on the weekends. He quickly makes friends with some locals and becomes very connected to the nightclub and drinking scene.

Jayne drinking increases and he begins to notice that it takes more and more alcohol to get him to the same place of intoxication. Jayne continues to keep up with his academic requirements as he did in college, but finds himself struggling more to stay awake and function after a night of heavy drinking.

Jayne also comes in conflict with his host family concerning his late nights and his drinking. The country has rather relaxed attitudes towards drinking and even drinking at early ages within the family. Alcohol is widely available and consumed at most meals. The father in the host family enjoys drinking as well, but is more of a social drinker and has concerns about the quantity of alcohol Jayne can consume.

Jayne denies any problems and says, “I’ve never let my drinking get in the way of my goals or my academics. So there is no way I have a problem.”

Jayne’s eighteen-year-old brother comes for a visit and spends time with him for a week, going out to clubs and drinking with his brother. Jayne’s brother becomes sick one night and misses a check-in call with his parents. Jayne ends up talking to his parents and getting into an argument about his drinking and his exposure of his brother (who is underage at home, but of legal age in the country).

“ I can
quit
drinking
anytime
I want. ”

Scenario V: Jayne

The Case Study

Jayne's parents call the American Councils to express their concern. Jayne's RD, David, is asked to talk with Jayne about his drinking.

Jayne comes home one night with a black eye and tells his host family that it was "just a fight with some people at the club, nothing to worry about." A professor in the program expresses concern about Jayne's black eye and other students

are equally worried about him. Most students talk behind his back and have labeled him as an alcoholic.

“There is no way that I have a problem.”

David comes by to talk to Jayne about his parents' concerns, his black eye and his drinking. Jayne again denies there is any problem and says, "Listen man, this is the time of my life. I don't have a drinking problem. I can stop anytime that I want to. But why stop? I'm doing just fine in my classes. My life is great. So, thanks for your concern, but don't worry about me. I'm fine."

Scenario V: Discussion Questions

Basic

1. How much is too much? What are some of the warning signs that a student might have a drinking problem? Which do you see Jayne exhibiting?
2. Many students with a drinking problem defend their actions by saying things like, "I'm fine, people with a drinking problem don't get good grades like me." How would you address this type of statement?
3. What stress or worries might Jayne be experiencing that are contributing to his drinking behavior?

Moderate

4. How do different countries attitudes about drinking impact students studying abroad?
5. How might Jayne's friends and classmates help him address his alcohol problem in a way that might be more effective than his RD?
6. What irrational thoughts does Jayne exhibit in this scenario?

Scenario V: A Counselor's Perspective

It can be a challenge to try to work with a student to change their drinking habits when they are unable (or unwilling) to admit they have a problem. Many students who have developed serious alcohol or substance dependence problems are still able to keep their academics at an acceptable level. It is uncommon, however, for all other areas of their lives to be unaffected by the addiction.

In Jayne's case, he keeps his academics at a high level, but we begin to see problems develop with his family, his brother, and his cohort of other students concerned about his black eye. We also see tension with his host family around Jayne's excessive alcohol use. These are the beginning cracks in Jayne coming to the realization of the larger problem.

David begins a conversation with Jayne about his drinking. Jayne becomes immediately defensive and denies that he has any problem. David would do well to refocus the conversation with Jayne in a way that allows a more open discussion of his problems. There will be no progress until Jayne lowers his defenses and talks more openly about his drinking.

In other cases, there may be a straight-forward violation such as coming to class intoxicated, breaking host family rules about drinking or being admitted to a medical facility. Jayne had none of these problems occur, so it does become more difficult to find a "peg to hang your hat on" in terms of holding a conduct meeting and developing a sanction plan for Jayne.

In more serious alcohol violations, students could be mandated to a substance abuse evaluation in order to be able to stay in the program. Counseling could also be required for a student as the outcome of a conduct violation. The student would be expected to learn more about their drinking habits, how these habits are impacting their studies and ways they can cut back on their drinking.

There are two main ways students learn to cut back their drinking habits. Alcoholics Anonymous (AA) is a program that has been around for decades and is based on seeing the alcoholism as an addiction that can only be changed by following a 12-step program through abstinence. Another program, Moderation Management (based on the theory of harm reduction), focuses on small and manageable changes that occur over time. Students are encouraged to exam their current drinking habits, develop a plan to cut back and then monitor how well the plan is working.

College students tend to respond better to harm reduction programs as it gives them more control over their drinking habits and doesn't require a student to completely stop their drinking in order to begin to address their problems. AA programs can be found at www.aa.org. Information about Moderation Management can be found at www.moderation.org.

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More Information and Resources

Change Theory

Prochaska, J., Norcross, J. & DiClemente, C. (1994). *Changing for Good*. Harper Collins.

Motivational interviewing

Miller, W.R. & Rollnick, S. (1991). *Motivational Interviewing: Preparing People to Change Addictive Behavior*. New York: Guilford Publications.

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Facts on Tap www.factsontap.org

An online alcohol resource created by the Phoenix House foundation which offers a collection of fact sheets on Alcohol and Sex, Your Body, Student Life, Prescriptions Drugs and Illegal Drug Use. Also provides detailed list of links for research articles and information for students, parents, treatment and surveys at: www.factsontap.org/research_links.htm

SAMHSA's National Registry of Evidence Based Programs and Practices

www.cspinet.org/booze/collfact1.htm

Over 10 fact sheets on various issues: Alcohol Advertising (Alcoholic Energy Drinks), Age-21, Alcohol Taxes, Binge Drinking, Drug War, Enforcing Underage Drinking Laws, Fetal Alcohol Syndrome (FAS), National Surveys, Other Surveys, Public Opinion, Women & Alcohol.

Catalyst Newsletter www.higheredcenter.org/services/publications/catalyst

Free newsletter offered by Higher Education Center. Catalyst discusses emerging issues and highlights innovative efforts on campuses that may be helpful at other institutions of higher education.

US Department of Education Higher Education Center www.higheredcenter.org

Department of Education website on alcohol and drug abuse information. Information stresses the importance of research, avoiding "quick fix" splashing interventions and building coalitions with existing AOD groups.

College Drinking Clearinghouse www.collegedrinkingprevention.gov

College Drinking government website clearinghouse of information. Offers a wide spectrum of information for free that can be adapted to your college. Also a great resource for articles, many with printable PDFs available at no cost for immediate download. Includes Blood Alcohol Level, Calorie & Cost Calculators, Flash Alcohol Myth Video and interactive "How Alcohol Affects Your Body" video.