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Education and Mass Persuasion in the
Reduction of Alcohol Problems

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It is with great pleasure that I address the 1975 Alumni Institute today - and the pleasure is particularly full because the Institute meets this year as a Festschrift for Selden Bacon to honor him on the occasion of his retirement as Director of the Center of Alcohol Studies. The timing of this Institute is especially appropriate in view of the debt the remarks I am about to make owe to Selden's seminal influence. He has consistently and vigorously insisted on the necessity of viewing alcohol and its use in a total societal context, as a socially defined, socially patterned, and socially regulated behavior. It is only within this kind of broad perspective that we can hope to control alcoholism and to minimize alcohol problems. To derive policy and the actions that flow from it solely from an understanding of a pathological extreme provides at best lopsided solutions with minimal effects and at worst unanticipated deleterious outcomes.

A few years ago, I addressed myself to an assessment of then-current and promising trends in the prevention of alcoholism (Blane, 1968; Chafetz, Blane, and Hill, 1970). In regard to mass persuasion, I found no consistent, coherent approach. In regard to education, I was able to identify only a single program of potential merit in the area. It was a program based on a responsible drinking approach developed by Hilma Unterberger and Lena DiCicco and evaluated by Allen Williams, and it operated out of the Massachusetts Division of Alcoholism (Williams, Unterberger, and DiCicco, 1968). Today I am happy to report that the situation is quite different. There is a veritable explosion of programs - of great variety, and many of imaginative design. I wish to share with you some of the major current trends and problems as I see them - first about education and then about mass persuasion - without making any pretense of being exhaustive about either.

First, there seems to be a general moving away from the term "alcohol education," with greater emphasis being placed on such non-specific terms as

"youth programs" and "youth education." While the shift of words is not terribly important in and of itself, it reflects significant changes in conceptualization and direction. Perhaps because of its linkages with post-Repeal legislation which made teaching about the dangers of alcohol mandatory and also because of linkages with the later post-World War II preoccupation with the accurate presentation of facts about alcohol, the term "alcohol education" has come to have a negative, school-marmish connotation. Alcohol education is also a categorical term associated with value-laden exhortations, the simple provision of information, and convenient compliance with the law. Further, it implies that the locus of learning is the school, and specifically the classroom. The more recent use of non-specific terms is in keeping with broad trends in the field of education generally that represent attempts to create alternatives to the increasing obsolescence of the traditional school as an institution capable of meeting the varied and complex demands now placed upon it. Some of these alternatives are taking place within a traditional institutional framework, while others represent attempts outside that framework. There is also an increasing awareness that the socialization of values, beliefs, and behaviors about alcohol among young people does not occur in isolation from other crucial aspects of growing up. This is not to say that there are not facts and factors that are specific to alcohol and to alcohol only, but that, generally speaking, learning to live with - or without - alcohol is just one of many growth issues that young people face. Thus, whether formal learning about alcohol occurs within the school or outside it, that learning is tending more and more to be embedded in some larger educational enterprise.

Along with this relative decrease in emphasis on the categorical nature of education about alcohol, increased attention is being paid to the definition of target groups and to desired outcomes (Blane, in press, a, b). Both of

these in turn are related to underlying conceptions about the most productive and economical ways to prevent alcohol problems and about the very nature of alcohol problems themselves.

Target groups of alcohol and youth endeavors may be specified in many ways, but they fall broadly into one of two classifications: general population groups or groups that are at-risk, i.e., subpopulations whose members are at hazard with regard to the development of alcohol problems. These include delinquents, dropouts, and children of alcoholics, among others. Among supporters of the general population approach, there is controversy as to the ideal age range for education as well as the most effective length of programs. This is mostly guesswork now, because little hard data are available. While at-risk and general population programs are usually separate, there is no necessary incompatibility between them. In public health terms, at-risk programs proceed from a secondary prevention approach - that is, intervening with a group that is infected but not yet ill in order to abort a disease - while general population programs proceed from a primary prevention approach which attempts to change the very conditions which bring about infection, thereby minimizing its onset. It has been argued by analogy to the infectious disease model of prevention that secondary prevention has only minimal effects on reducing alcohol or other social problems, and that we should therefore place our money on primary prevention. There is, however, little evidence to support or refute the notion as far as social problems are concerned. It does appear that alcoholism treatment personnel are more attracted to at-risk programs, while educators and social-behavioral scientists are more attracted to general population approaches. In actual operation, as we shall see, programs which focus on each target have their own difficulties to contend with.

More attention is also being given to the outcomes that are sought by educational endeavors. These outcomes are far more varied than the target groups

and are complicated by moral, ethical, and community concerns about youth and alcohol. In many regions of the country and in many communities, controversy over "wet" or "dry" is still a potent influence. Most programs are, however, based on the assumption that youth are growing up to become adults in a drinking society, and goals are established within that framework. Some goals are quite specific, while others are so vague as to be articles of faith. For example, it used to be assumed that one goal of education about alcohol was to provide information; given that information, the young person would make a healthy decision. It has been demonstrated that it is relatively easy to increase informational level about alcohol and to maintain that increase over time. But, no evidence exists to indicate that the increased level of knowledge affects behavior in any way - and such goals are increasingly becoming secondary. Outcomes are also open to varying interpretations; this is well-illustrated by a program in which it was found that an experimental group reported more initiation into drinking but relatively fewer episodes of intoxication than a control group. One critic (Goodstadt, 1974) interpreted the finding as showing that the program was a failure because it increased the numbers of persons who drink, while another (Blane, in press, b) saw it as a success because the relative proportion of intoxication decreased even though the numbers of drinkers increased.

Desired general outcomes may be classified in four ways: (1) promoting integrated drinking; (2) reducing deviant drinking; (3) clarifying values and increasing decision-making skills, with or without specific reference to alcohol; and (4) improving psychological and social coping skills so that resort to alcohol as a coping mechanism will be less likely. While there can be a great deal of overlap here, the first two outcomes - integrated drinking and reduction of deviant drinking - tend to be more alcohol-specific than the others. As

such, target behaviors for them include such factors as the frequency, pacing, quantity, timing, and place of drinking and the companions with whom one chooses to drink.

The goals of integrated drinking are that drinking should be subordinated to other activities and occur in situations of restraint. More particularly, alcohol should not be consumed solely for its effects nor to become intoxicated, nor as a proof of identity. Drinking is further a matter of individual choice, and no value should accrue either to drinking or to non-drinking. Integrated drinking is based mainly on the notion that there is common agreement in a society that drunkenness is bad but alcohol as a substance is morally neutral. Integrated drinking as a goal in the United States represents a reform position and is thus idealistic, if not Utopian. Nevertheless, its specific behavioral and attitudinal goals can be stated in clearer form than those of the other programs.

The reduction of deviant drinking approach aims to reduce drinking behaviors in young people who may already be drinking in pre-pathological modes. Many of the specific goals - not drinking for effect, not getting drunk, not drinking in settings where the context provides minimal constraints on fast, heavy drinking - may be the same as for integrated drinking. But, since the target group is usually composed of multi-problem youngsters, there may be other goals that have an impact on drinking behavior but which are quite separate from it - such as greater scholastic achievement or obtaining a job. Reduction of deviant drinking also does not encompass the revisionist quality of integrated drinking. It tends to work more with groups, individual members of which are seen as potential if not actual outsiders who are to be brought back into the fold. But reduction of deviant drinking programs are basically not concerned with the way Americans typically pattern their use of alcohol.

With regard to programs which aim at clarifying values and increasing decision-making skills, it should be noted that while the terms value-clarification and decision-making are often used interchangeably, they in fact represent two separate educational technologies which strive for a common goal - helping people to arrive at courses of action that are satisfying and produce growth. It is often assumed that people who have had the opportunity to become affectively aware of their values and know how their values - including conflict among them - affect their behavior in concrete situations will relate to alcohol in a satisfying and healthy way - whether they drink or not. In the same fashion, it is assumed that people who have been taught cognitively how to size up the main elements of any given situation and to make a rational decision which satisfactorily balances risks, benefits, and wishes will also use alcohol in a healthy way. It should be understood that for all the popularity both techniques now enjoy, their assumptions find little empirical support - whether the target behavior is drinking, smoking, using drugs, or other private but health-related actions. Unlike alcohol-specific approaches, however, these techniques recognize and accept the extreme social ambivalence that characterizes alcohol and drinking in American society. Rather than reforming society, they tend to work with what is. They therefore attempt to make people more aware of their own internalization of pluralistic values and social forces in order to help them take the most self-consistent course of behavior.

Even more general programs are those which aim to increase and strengthen psychological and social coping skills. Indeed, to the extent that value-clarification and decision-making programs increase coping mechanisms, they might be included under this rubric. However, to do this would miss the main point on which this essentially mental health approach rests; that is, that

the deviant use of alcohol is essentially a coping response individuals use to handle conflict and the feelings - anger, anxiety, depression, and loneliness - that are engendered by conflict. In this view, individuals who have a broad repertoire of resources for coping with conflict and handling feelings are less likely to turn to alcohol in times of stress. There is little question that alcohol is used by many people in response to stress; there is, nevertheless, little evidence to indicate that if coping skills increase, alcohol abuse decreases.

Given the kinds of desired outcomes listed - integrated, responsible drinking, reduction of deviant drinking, and increasing and strengthening coping skills - what kinds of youth education programs are now being mounted? Earlier, I mentioned the responsible drinking approach developed by Unterberger and DiCicco over a decade ago. Their work has continued, with emphasis on small-group student discussions led by specially-trained regular classroom teachers (DiCicco and Unterberger, 1973, 1974; Unterberger and DiCicco, 1968). A long-term program based in an urban community in Massachusetts not only involves the school system but attempts to generate support and change throughout the community (Unterberger and DiCicco, 1975). The focus is on the general population of students and an integrated drinking outcome. The core of the program is based on in-service training of classroom teachers. The goal of this training is to help teachers examine their own attitudes, values, and experiences in small groups so that they can clarify their feelings about their own drinking and teen-age drinking. Equipped with self-knowledge, they can be effective alcohol educators with their students. Such training, costly and time-consuming, is felt by its proponents to be absolutely necessary for effective alcohol education. It may be noted, however, that some observers believe that classroom teachers have such low credibility among students as instructors

about personal, private behaviors like drinking that their impact is minimal (Stacey and Davies, 1970). Nevertheless, some support for the Unterberger-DiCicco approach has already appeared (Williams et al., 1968), and the results of their current large-scale program will provide further evidence relative to the value of employing classroom teachers as instructors. Should the demonstration prove effective, the problem of widespread implementation is complicated by the high cost of in-service training relative to training in teacher preparation institutions where receptivity to introducing training of this sort has never been great (Blane, in press, a, b).

Other attempts at promoting education for integrated drinking or non-drinking have included the embedding of information about alcohol in the curriculum at all levels - its chemical, physiological, and pharmacological effects, its role in history, economics, and literature, and the social and cultural patterning of its use. This trend is manifest in several curriculum guides for students from elementary through high school levels. Another particularly important move in attempting to change attitudes about alcohol has been NIAAA-supported efforts to influence national voluntary and professional youth-oriented organizations to adopt a stance favorable to integrated drinking - as, for example, the national PTA, the JAYCEES, and the Educational Commission of the States.

In many states, the state authorities on alcohol and drug abuse have developed education programs. Pennsylvania, for instance, has an active service, demonstration, and research program that emphasizes value-clarification and decision-making techniques in a general substance abuse format that includes both alcohol and drugs. Individual programs are offered in schools for varying lengths of time, but usually not for more than once a week for seven weeks during the school year. Instructors are specially-trained counselor-

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educators in contrast to the classroom teachers of the Massachusetts program. Research on program effectiveness is carefully conducted, but a recent review (Swisher, 1974) offers only modest evidence for optimism. "There is very limited evidence that any program has been successful in altering drug use patterns at any educational level." Some limited evidence suggests the usefulness of value clarification among high school students, but the greatest evaluation need is seen as the conduct of long-term follow-up of intended outcomes. It has been suggested that there may be a "long-delay" effect of health education that only becomes manifest in early adulthood, thus indicating the need for longitudinal and cross-sectional studies over time. The programs just described are conducted within the school system and generally attempt to elevate the quality of life for young people, thereby indirectly reducing problems associated with alcohol.

Minimization of abuse programs directed towards members of particular youthful populations may be found in a variety of settings outside the school system, including neighborhood youth centers, YMCA's, community mental health centers, and residences for runaways. One example is an age-staggered peer counseling work program with ghetto youth in Philadelphia (Mander, 1974). Here much of the program is in the hands of the youngsters themselves, with professionals acting as consultants and resource persons. The orientation is to raise the level of social and psychological coping skills, with the prediction that psychological strength will increase and deviant behavior, including alcohol abuse, will decrease. College students counsel high school students, who in turn counsel younger students in a neighborhood youth center. Participants are paid for their work which is full-time in the summer and part-time in the winter. Exposure to appropriate adult role models and gradual shaping of responsible behavior are central to the program. Preliminary evaluation

suggests that the program is having a positive impact, although data on alcohol use have not yet been reported.

Another program that is still in the planning stage is one that will use the philosophy and orientation of Junior Achievement to attempt to socialize delinquent teen-agers into middle-class values (Golin, 1975). Junior Achievement is an organization that is to the "world of business as 4-H is to the world of agriculture - that is, it attempts through doing and achievement to introduce young people to adult occupational roles. Adults themselves serve as role models for the young people. The program will attempt to help delinquent youngsters to learn through doing about business procedures and practices and to open the opportunity structure to them. With regard to alcohol abuse, it is assumed that should the program be successful in curtailing delinquent behavior, excessive use of alcohol will also decrease.

Another approach that is possible, but to my knowledge has not been tried, is the application of behavioral approaches to individual control of drinking. Social learning approaches to weight control and control of smoking have had some success. Contingency management approaches of various types have been used in experimental settings for chronic alcoholics, with controversial results. Their application to social drinkers who express concern about their drinking seems a natural extension. Models based on self-monitoring, self-evaluation, and self-control in combination with knowledge of BAC's may provide the basis for individual control programs.

At the University of Pittsburgh, my colleagues and I have outlined a school-based program that combines primary and secondary preventive approaches and aims at generating a self-perpetuating, peer-stimulated program that may have implications for combining effectiveness with low cost. The primary preventive aspect will focus on the entire student body of a senior high school, while the secondary preventive component will center on students who have recently dropped out

of school or who show high potential for doing so.

The primary prevention thrust is relatively unique in that it will initially provide individual instruction for one to six class sessions to students who have any question about alcohol or drinking by themselves, their friends, or members of their family. Individual instruction will be provided by specially-trained instructors who are knowledgeable about the major aspects of alcohol and its use and who possess counseling skills. Pilot experience indicates that students will present a wide variety of questions and concerns, ranging from straight informational questions (e.g., Do beer and whiskey have different effects?) to more interpersonal concerns (e.g., I don't like to drink but my boyfriend wants me to - what should I do?) to highly personal concerns (e.g., I am afraid I like to drink too much). The instructor will be equipped to deal effectively with all such questions and issues and will be able to aid the student in obtaining further help if indicated. From among the students who participate in the individual instruction program, those who express a continuing interest will be encouraged to form a group which will study alcohol and its effects in a more structured, formal educational program, including the initiation of student projects and demonstrations. On the basis of this experience, juniors and seniors will conduct individual instructional sessions under supervision with freshmen and sophomores. On the basis of past experience, there is reason to believe that student interest in such an endeavor will be high, and it appears feasible that if students can provide much of the instructional manpower after an initially large investment by professional personnel, one professional would be able to supervise this component of the program once it was fully underway, even in a reasonably large school. The emphasis here is alcohol-specific, yet the program aims at short-term input during a stage of normal development in which plasticity and the capacity for change and

growth are extraordinarily great and responsiveness to a trusted adult or older peer is remarkably high. We expect that much healthy restructuring of cognitive, affective, and behavioral sets can be accomplished with a relatively small amount of input. We also expect that student interest and involvement will reverberate through the system with an ultimate impact on more students than actually participate in the instructional program. In order to evaluate such hypothesized general effects, all students in the participating high school as well as those in a non-participating comparison school will be surveyed annually about self-reported use of alcohol and attitudes towards the temperate and intemperate use of alcohol. These surveys will extend over a period of years and will include classes that have graduated so that information will be available on program effects into young adulthood. In order to examine the effects of individual instruction itself, a concerns-about-alcohol scale, in process of being developed, will be administered before and after participation. The scale will cover a wide range of feelings, attitudes, and beliefs about alcohol - e.g., "I worry about my drinking," "A drink every day is bound to be dangerous," or "Being able to hold your liquor is the important thing." We expect that scores on this scale will decrease with exposure to individual instruction.

Secondary prevention in the school will center on students who, on the basis of their school record or by self-designation, indicate that they will leave school before graduation, and secondary prevention in the community will focus on students who have recently dropped out of school. The basic objectives of this part of the program are general rather than alcohol-specific. The first objective is to keep the potential dropout in the system and to help the actual dropout to return to it. When this aim becomes a matter of fitting a round peg into a square hole for a particular youngster, alternative strategies will be attempted. The major mode of working with these teen-agers

will be the development of a relationship with a counselor who has the skills to assess personal, social, family, educational, and vocational aspects of the individual's life space. For those who cannot or will not stay in or return to the school, educational and vocational alternatives will be developed. Meaningful work experience will be sought and special education instructors will help to prepare the person to receive the GED. Young men and women who dropped out of school but who later achieved educationally and vocationally will be hired on a part-time basis to serve as peer models for the potential and actual dropouts. Peer models and teen-agers will work together on projects involving sports, cars, and other activities of mutual interest. Where indicated, the young people and family members will become involved in helping relationships with appropriate community agencies. The notion with regard to alcohol that underlies this approach is one I discussed earlier, i.e., if coping skills are increased there is less need to use alcohol abusively. Further, to the extent that program activities reduce the availability of free, unstructured time, there is less opportunity to engage in drinking. This aspect of the program will be evaluated by examining changes on a number of psychological measures of self-worth, responsibility, and socialization, as well as by measures directly related to the use of alcohol. Thus, we will be able to cast some light on the assumption that preventive programs aimed at increasing coping mechanisms result in increased mental and social well-being.

As attractive as this program may appear on paper, in practice it has its problems. Past research with delinquents, dropouts, and others who have been designated as deviant outsiders indicates, for example, that careful precautions must be taken in order to insure that intervention does not reinforce negative and distancing labelling, thus accentuating rather than ameliorating the problem. In the project we are planning, we hope to keep labelling aspects programmatically

as minimal as possible both within the school and the community. Schools, of course, welcome programs which concentrate on visible problem students and tend to be extremely receptive to having them in their schools. Problem students have usually long been defined as deviants and outsiders and therefore are considered legitimate candidates for special purpose programs by both the school and community. Special purpose programs for the general student body, on the other hand, do not have this kind of legitimacy. Quite to the contrary, such programs - in the present instance, the individual instruction component - are often seen by the school and community as intruding upon personal privacy and as being offensive to community values. School administrators are apt to view them with considerable apprehension and suspicion. Such programs must be preceded by lengthy periods of community education and community organization if they are to become viable within the school system. For our project, we are planning to have a community panel, composed of students, school personnel, and reputational leaders in the community, to serve in an advisory and advocacy capacity and also as a nucleus for developing community support over the long term when external support is no longer available. A major problem of many externally-funded human service programs is that they fail to build in provisions for institutional continuity via community support over the long term, and thus come and go with little effective impact on social change. Our program aims at developing such continuity.

Thus far I have discussed trends and developments concerning alcohol and youth. It is, however, a mistake to think of education solely in relation to schools and solely in regard to youth. Mass persuasion techniques can play an extraordinarily influential role in any preventive health program, although thus far there is little evidence to indicate their effectiveness in modifying health-related behaviors (Blane, in press, b). The reasons for this failure

may be found in many factors, among them being the assumptions that if we borrow a few Madison Avenue techniques, use the public service announcement provisions of radio and television, and address the total population, we can influence behavior. That these assumptions have little validity in practice should be amply clear from the failure of anti-drug abuse and anti-smoking campaigns to attain their basic goals. Even long-term programs, such as the 20-year "Drink, don't drive" campaign, do no more than raise public consciousness, which is admittedly a first step in molding public opinion and behavior - but only a first step. Madison Avenue techniques can have impact on behavior if they are part of a large-scale, consistent, coherent program with a specific target group receiving well-timed messages. But because public service announcements on electronic media are subject to local option about what messages will be aired when and because there is tremendous competition for public service spots, it is virtually impossible to mount geographically widespread programs. Further, there is great reluctance on the part of governmental agencies to target messages differentially according to the values, customs, beliefs, and other characteristics of definable target groups. The result is that campaigns such as that mounted by NIAAA address themselves to a generalized, mythical American, thus diffusing credibility and personal relevance. A basic problem that confronts anyone who wishes to mount an effective mass persuasion campaign in the public health area is how to meet the conditions necessary for a successful campaign within the constraints of a free enterprise mass media system that places low value on financially unrewarding public service activities.

These conditions include immediacy and personal relevance of messages. Immediacy means that the message is received when and where the target behavior occurs, while personal relevance means that the message is framed so that it

is seen as being directed to oneself rather than to someone else. The source of the message should also have high credibility. In addition to these conditions, well-designed campaigns must be intensive, have geographic breadth, and be of long duration. Intensity refers to the repeated presentation of a message under conditions of good timing to the same audience over a period of time. These techniques, used in advertising by presenting different ads with the same message at the beginning, middle, and end of a program, have never been used with public service campaigns. Rather, public service announcements are presented once or twice a week at times that vary and when audience composition varies. Multiple exposure to a single audience is thus reduced, although many in the audience may have seen a message once, twice, or even a few times.

Other conditions of importance are that programs should be congruent with pre-existing attitudes and touch fundamental trends in society; they should be consonant with the facts, and they should pronounce judgments on the facts. Effective mass persuasion is not composed of a few films, pamphlets, speeches and posters, but consists of an integrated campaign of psychological bombardment. Ideally, the campaign must center upon issues that strike a responsive chord in the audience - a chord that may even require a pre-campaign consciousness-raising effort to bring it about. Indeed, the current NIAAA and drinking-driving campaigns may be viewed in this light.

But intensive, saturation methods are not possible in our society. As a result, we have no national concerted mass persuasion effort to reduce alcohol problems. Nevertheless, there are several programs that are being initiated around the country at the local level with local community participation and backing.

One of the most clearly-stated recent mass media programs is that designed

to reduce alcohol-related crashes in Vermont (Waller, Worden, and Maranville, 1972; Worden, Waller, Riley, and Flowers, 1973). The campaign, begun in 1972 and addressed to an audience of young men who are at least occasional heavy beer drinkers and known to be frequently involved in alcohol-related accidents, is known as the "Beer and Consequences" campaign, and stresses four points of knowledge: (1) the serious consequences of getting caught and arrested while driving "under the influence"; (2) how to avoid getting caught (having someone else drive, taking time to sober up); (3) that drink for drink, beer contains as much alcohol as liquor; and (4) how to identify behaviors indicative of problem drinking. While the immediate aim of the campaign is to increase knowledge in the target population about the above points, attitudinal and behavioral changes are also anticipated, especially when the campaign is coupled with enforcement countermeasures. "The behavioral changes that might be anticipated are a reduction in heavy beer consumption, especially while driving, because of a) fear of arrest . . . , b) recognition of the potency of beer, and c) perception of one's self as a potential problem drinker. The major motivating influence in the campaign is the arousal of mild fear regarding arrest and problem drinking. Information concerning one of the above points is then presented in campaign messages as alternatives to arrest and problem drinking, with the intention that audience members will retain such information in an effort to overcome the threat." Attention has been given to timing, spacing and placement of the messages; for example, they are aired on radio at night over stations which members of the target population are known to listen to, as well as on TV; the campaign becomes more intensive on Friday and Saturday nights; and posters and slogans are placed in bars and retail sales outlets for beer. A field experiment that proceeds directly from the conceptualization underlying the campaign has been

designed to test its effectiveness. As yet the results are not in.

Another program which demonstrates the potential effectiveness of locally-initiated and locally-supported campaigns is one that was conducted a number of years ago as a one-year demonstration at Lackland Air Force Base (Barmack and Payne, 1961). The Lackland campaign was a countermeasure campaign designed to reduce accidents caused by drinking and driving. A mass media approach was used to disseminate 18 items to all personnel by means of meetings, bulletin boards, and the base newspaper. They included a description of the countermeasure program; three informational items about social drinking, alcoholism, and drinking and driving; three items about social responsibility and the distinction between normal and disturbed drinking behavior; and 11 items containing snatches of conversation with an accident victim which portrayed the events leading up to drinking and driving accidents and the consequences of those accidents. As in the Vermont campaign, there was a mild fear element in the campaign, but the basic message - "drinking drivers are disturbed" - was designed to undercut favorable images of "tanking up and taking off" in a car, images associated with personal courage and masculinity. During the campaign, airmen involved in accidents were referred to the base psychiatrist and also received an administrative review of their record in the service. Evaluation of the campaign showed a marked reduction in accidents compared to another neighboring base. However, the design of the evaluation was such that the reduction could have occurred on the basis of other factors. Nevertheless, this early, locally-developed approach can serve as a model for a relatively low-cost, high saturation mass media program in a small community.

A number of short-term intensive programs have been initiated, and this seems to represent something of a trend - and an unfortunate one in my view. These are highly intensive and technically skilled programs that occur for a

few days, a week, or even a month. Holiday campaigns conducted in the United States, Canada, and Great Britain are examples. More recently, month-long series of programs during prime time on educational TV have been occurring. There is little question that such short-term campaigns play an important consciousness-raising function and that they may even have a short-term impact on target behaviors, but I suspect that they may have a counterproductive aspect as well. They have a dutiful quality about them that suggests that once duty is done, we can all relax and have some fun. In Pittsburgh, a month-long series of TV programs aroused considerable positive discussion and comment in the community. However, when the month was up, the level of interest dropped markedly and other topics came to the fore. Programs such as these are excellent when they serve as springboards or as one element in the kind of orchestrated, long-term campaign I mentioned earlier, but offered in isolation, they may do more harm than good in the long run.

The difficulties in mounting effective national mass persuasion campaigns in the United States and the consequent necessity and value of mounting local campaigns pose some problems. Without some national coordinating mechanism, we may find ourselves in the position of reinforcing the very social ambivalence we are hoping to resolve. Some sense of broad but not necessarily exclusive consensus about the proscription of drunken behavior along with the moral neutrality of alcoholic beverages themselves would seem a needed element in locally developed programs. Also, provision must always be made for competing or differing points of view.

Another aspect of mass persuasion relates to the role of private advertising in reinforcing and consolidating myths about alcohol. Producers and distributors of alcoholic beverages have every right to sell their products

within the control system as set up by law. However, it is reasonable for us to question advertising which links drinking with he-man images, fast-paced activities, and physically excessive pursuits, among others. Such associations tend to reinforce the very factors that a public health mass persuasion campaign aims to subvert. More particularly, they tend to encourage rapid drinking and heavy consumption on any given occasion, both of which are conducive to alcohol problems. The producers have an advertising code, but the code appears to run contrary to a public health approach. It may be time for those interested in the minimization of alcohol problems to argue for external review and control over advertising of alcoholic beverages.

In this paper, I have attempted to provide some idea of the ferment and wide variety of activities that are now taking place in education and mass persuasion to reduce alcohol problems in our society. Two basic trends are apparent, the one aiming at containment and control, the other holding out a vision of a society in which alcohol is a morally neutral substance, the use of alcohol is integrated into activities that reflect and symbolize social solidarity, and in which drinking comportment is not associated with social hazard.

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