Myths and Make-Believe

“Everybody’s doing it. I mean, all the kids in my dorm drink. If I say ‘no, thanks,’ they’ll think I’m so uncool. I don’t see why it’s such a big deal with you and Dad. The church is just way old-fashioned!” And Jenny huffed out, leaving her mother in frustration and confusion. Just what are Adventist colleges coming to these days? she wondered.

The results of a new study of what’s happening in eight Adventist colleges1 with regard to student use of alcohol and other drugs would have surprised both Jenny and her mom. Adventist students, their parents, and the faculty have been caught in a pattern of myths that has encouraged many of them to embrace a fantasy. It’s time to focus on reality and to deal with it constructively.

Myth No. 1: “Everybody’s doing it!”

What Jenny doesn’t realize is that a few visible party-goers and their bragging have created a frightening rumor that gets repeated until it is believed as truth. But it’s not.

As part of a federal prevention grant to Walla Walla College (College Place, Washington) by the U.S. Department of Education’s Fund for Improvement of Post-secondary Education (FIPSE), the Institute of Prevention of Addictions at Andrews University (Berrien Springs, Michigan) analyzed research data from representative groups of students in these eight colleges during 1995 and 1996.

The survey tool had two parts: (1) a Core Institute survey2 containing basic questions on demographics, substance use, beliefs about social approval of use, risks of use, and related factors included in a nationally normed tool used by FIPSE grantees; and (2) questions of interest to Adventists, including motivational influences and religious beliefs and practices. A total of 3,213 usable surveys were analyzed, after inconsistent data were eliminated by statistical review. Eighty percent of the respondents were baptized Adventists; seven percent identified themselves as Adventists but were not baptized; and 13 percent were of other faiths or claimed no faith. Most students (83 percent) had one or more parents who were Adventists.

Current Substance Use

Use of chemical substances in the past year is shown in Table 1. Tobacco had been used by 18 percent of the students in the past year. Thirty-nine percent said they had drunk alcohol in the past year. Twelve percent of the students reported having engaged in binge drinking (five or more drinks at a sitting) within the two weeks preceding the survey.

The most common illicit drug was marijuana, used by nearly 10 percent in the past year. Other illicit drugs were used by fewer than two percent of the respondents, except for

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amphetamines, which had been used by nearly three percent in the past year and 1.5 percent in the past month.

Drinking was highest among the senior classes, but tobacco, marijuana, cocaine, and amphetamine use was highest among freshmen. Surprisingly, women were more likely to drink than men, but men were more likely to binge drink or to use marijuana or cocaine. There were no statistical differences between the genders regarding the use of tobacco or amphetamines. Native Americans were the most likely to use all substances, while Hispanics, Asians, and Caucasians tended to be similar in the use of alcohol, tobacco, or marijuana. African-Americans were notably less likely to use all substances. Students who were baptized SDAs were much less likely to use substances than those who were not baptized but counted themselves as SDA, or those who were of another or no faith.

Compared to data collected in 1991 and 1992 on two Adventist campuses and previously reported in this journal, these findings suggest that substance use may have increased. At that time, alcohol use in the past year ranged from 24 to 29 percent, tobacco use from eight to 13 percent, and marijuana use from two to five percent.

How many students have chemical dependency problems? This can be estimated from responses to questions about the consequences of use. One of the early signs of alcoholism—blackout or memory loss—was reported by nine percent, and four to five percent said they either had tried unsuccessfully to quit or thought they might have a drinking problem. Between eight and 10 percent said they had academic problems as a result of using substances. Suicidal ideas were reported by 3.6 percent, and 1.1 percent said they had attempted suicide. About 19 percent of the students reported problems with parental substance use; these students should be considered as co-dependent with their parents. Altogether, perhaps 20 percent or more of the students appeared to need specialized counseling and referral services for substance-use issues.

The findings described above are disturbing, since these students are enrolled on campuses where abstinence is valued and expected. However, when compared to the rates of substance use on secular campuses across the U.S. (see Table 1), the Adventist campus seems too good to be true. Generally, drug use was reported at rates half or less the totals for four-year institutions in the national Core database. Overall, only about 15 percent of U.S. college students abstain on an annual basis. With 61 percent of Adventist college students abstaining from alcohol in the past year (and 88 percent abstaining in the past month), clearly not everybody on Adventist campuses is drinking! Actually, a large majority are not doing so!

So why does Jenny think differently? Because the myth of majority use is a common misperception among college students.

**Inflation Effect**

Figure 1 shows a very large inflation effect occurring on Adventist campuses. *Perceived alcohol use is more than double the actual reported rate!* Students at these Adventist colleges thought 82 per-

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**Table 1**

<table>
<thead>
<tr>
<th>Any Use of Substances in Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAD Aggregate</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Tobacco</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Amphetamines</td>
</tr>
<tr>
<td>Sedatives*</td>
</tr>
<tr>
<td>Hallucinogens</td>
</tr>
<tr>
<td>Opiates</td>
</tr>
<tr>
<td>Inhalants</td>
</tr>
<tr>
<td>Designer Drugs (ecstasy, MDMA)</td>
</tr>
<tr>
<td>Steroids</td>
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<tr>
<td>Other Illicit</td>
</tr>
</tbody>
</table>

* Not used under a physician’s order
If a student thinks “everyone is doing it,” this makes it more difficult to refuse to drink.

not valued by the school.

Second, if students are unaware of prevention efforts, they may not know that the campus values abstinence. There was considerably less student awareness of campus prevention programs among Adventist schools (38 percent), as compared to national Core data (44 percent). This is an unfortunate state of affairs if we wish to promote abstinence.

Third, campus “make-believe” may diminish the influence of the abstaining majority. As a result, the vacuum created by a lack of positive voices will be filled with socio-cultural pressures to drink and smoke, fed by the aggressive ad campaigns of the legal drug industries.

Positive Factors
This study found a number of positive factors that may help us develop more proactive prevention efforts.

Student Concerns
Students are concerned about alcohol and drug use on Adventist campuses. Two schools used the Core Survey Long Form, which asked questions about issues of concern on the campus. The top item was sexual assault, mentioned by 84 percent of the respondents. Ranging between 75 and 80 percent were campus vandalism, non-sexual assault, and harassment related to gender. Sixty-four percent expressed concern about alcohol and drug use. Eighty percent said there was less alcohol use on their campus than at other colleges. Significantly, 86 percent said they felt safe on their campus.

Peer Disapproval
When asked about their close friends’ opinions, some three-fourths thought they would disapprove of substance use. Even experimental use of marijuana was thought to be condemned by 74 percent, and 77 percent said their friends would disapprove of even one or two drinks a day. There were even higher rates of disapproval (80 to 90 percent) for trying other illicit drugs or using drugs more frequently.

Drug-Free Preferences
Students were asked whether they
preferred to have alcohol or drugs available on or near the campus. Nearly three-fourths preferred an alcohol-free campus, while 90 percent said they preferred a drug-free campus. Insights about peer pressure were obtained by comparing the 26 percent who preferred alcohol to be available with the 39 percent who reported consuming alcohol in the past year. About a third of those who drank may have done so in contradiction to their personal preference. Prevention strategies should therefore seek to reinforce the idea that drinkers are in the minority and are unfavorably viewed by most students.

Risk Perception

If students believe substance use is harmful, they probably will be less likely to be users. Generally, students see greater risk from regular use than experimentation (Figure 2). Students considered marijuana least dangerous—only half thought that trying it was risky. Experimenting with amphetamines, in comparison, was perceived as risky by 72 percent. Overall, even experimental use of drugs other than marijuana was seen as risky by at least three-quarters of the respondents. Drunkenness was viewed as risky by about 90 percent. Compared to college-age students in the 1993 Monitoring the Future Study, Adventist students were more likely than their peers to think that substance use posed a great risk. The exception was cocaine, which was slightly less often seen as of great risk by Adventists.

Taken alone, risk perception may not ensure abstinence, since young adults tend to think nothing can hurt them. But added to disapproval by friends, which is very high overall, it should provide a more protective environment.

Motivational Influences

Students were asked why they would or would not use substances. The evidence suggested that a clear majority of students on Adventist campuses were oriented toward abstinence. The most frequently marked reason that would influence use was “curiosity” (24 percent). Nearly as high was “to enjoy a good time with my friends” (21 percent). A weak third was “get pleasure, feel good, get high.”

Reasons for not using (abstaining) are shown in Figure 3. As reported previously, the three most influential reasons were “concern about my health” (82 percent); “my commitment to Christ” (66 percent); and “I want to be in control of my life” (65 percent). These three reasons were also the top three, though in a different order, in Adventist college surveys in 1991 and 1992, as well as in the first national study on alcohol and drug use by Adventist youth. Concerns about impaired academic success, damage to as-yet-unborn children, and success in future occupations were also expressed. Weakest were reasons related to fear, cost, or abstaining friends.

Personal Beliefs

The study also explored student beliefs, particularly with respect to religious convictions and family patterns. More than three-fourths said they believed in the Adventist Church, and 82 percent intended to remain members. Nearly all (92 percent) of the respondents acknowledged that God wanted them to take care of their bodies by abstaining from harmful substances. Unfortunately, only about 60 percent were able to claim a personal conversion experience. A large majority (84 percent) agreed that they felt good about what they were accomplishing in life.

Religious Participation

Finally, students reported a fairly high degree of participation in religious activities. More than three-fourths (77 percent) said they attend church fairly often or regularly when at home. Personal prayer was reported at similar levels. The third most-frequent activity was attendance at Sabbath school (when home) at 55 percent, followed by reading the Bible, with 43 percent reporting doing so fairly often or regularly. Interestingly, more students on Adventist campuses reported personal involvement with efforts to prevent substance use: 13 percent compared to seven percent nationally.

Taken together, these various opinions, beliefs, and religious behavior describe a campus environment that is unfavorable to substance use. Several studies have shown that involvement in religious activities and commitment to spiritual values are associated with lower rates of substance use.

The culture on Adventist college campuses remains strongly oriented to non-use and thus resistant to cultural and social pressures to engage in substance abuse. Without doubt, parents should be
happy to learn that their children are indeed safer on an Adventist campus than on any secular campus, despite the difficulties being experienced by a few students. However, increasing use by college-age youth across the U.S., and the possible trend toward increased use by Adventist students since 1991 and 1992, leave no room for complacency.

It’s time to share the facts—and to take steps to counteract the existing problems.

**Suggested Prevention Strategies**

First, we must aggressively challenge and correct the myths that many students are using and few are abstaining.

Schools should combine a comprehensive approach to campus prevention such as education, campus support systems, and marketing strategies to promote the benefits of drug-free living. Intervention efforts and referral mechanisms should be established or strengthened. Strategies to create positive campus climates have recently been described in a prevention manual available from the U.S. Department of Education.11

In 1994, every Adventist college and university in North America joined a Collegiate Prevention Consortium to work cooperatively toward this goal. This national needs assessment was funded as part of the consortium grant to Walla Walla College from FIPSE, U.S. Department of Education. These findings are now available to help campuses design prevention programs. Comprehensive needs assessments should continue to be done on a regular basis at North American colleges.

**Conclusion**

Adventist higher education continues to be challenged by the student use of alcohol, tobacco, and other drugs. Myths that many students are using and few are abstaining must be challenged and corrected. We must stop the denial and grapple with the realities. And parents and other constituencies within the Seventh-day Adventist faith community need to learn about the positive qualities of Adventist colleges.

We must say to Jenny and all of her friends, “Be proud to be drug-free—you’re in the majority here!”

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**REFERENCES**

1. Andrews University, Berrien Springs, Michigan; Canadian Union College, Alberta, Canada; Columbia Union College, Takoma Park, Maryland; La Sierra University, Riverside, California; Kettering College of Medical Arts, Kettering, Ohio; Oakwood College, Huntsville, Alabama; Pacific Union College, Angwin, California; and Walla Walla College, College Place, Washington.

2. A tool developed by FIPSE grantees and published by the Core Institute at Southern Illinois University in both short and long forms. Short-form data has been aggregated into a national Core database of more than 60,000 students, surveyed between 1990 and 1992. The data in this Adventist college survey was compared to four-year institutions, representing a database of 31,175 students.

3. With the assistance of the Center for Statistical Services at Andrews University, responses were aggregated into a single databank for statistical analysis. Individual school reports were prepared and compared to the (1) FIPSE national data using the same tool, and to the (2) aggregated data on Adventist colleges in North America.

4. The complete Technical Report with all tables and figures can be ordered from the Institute for Prevention of Addictions at Andrews University, Berrien Springs, MI 49104. Telephone: (616) 471-3558. E-mail address: iiapd@andrews.edu.


8. Mutch and Hernandez.


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**Figure 3**

**Reasons for Abstaining From Substances**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about my health</td>
<td>80%</td>
</tr>
<tr>
<td>My commitment to Christ</td>
<td>70%</td>
</tr>
<tr>
<td>I want to be in control of my life</td>
<td>60%</td>
</tr>
<tr>
<td>Concern for my future occupation</td>
<td>50%</td>
</tr>
<tr>
<td>Might damage my future children</td>
<td>40%</td>
</tr>
<tr>
<td>Don’t want to disappoint my parents</td>
<td>30%</td>
</tr>
<tr>
<td>Fear of trouble with authorities</td>
<td>20%</td>
</tr>
<tr>
<td>Drugs cost too much money</td>
<td>10%</td>
</tr>
<tr>
<td>My friends don’t use them</td>
<td>0%</td>
</tr>
<tr>
<td>Using wasn’t enjoyable when I tried</td>
<td>0%</td>
</tr>
</tbody>
</table>

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**Notes:**

1. Andrews University, Berrien Springs, Michigan; Canadian Union College, Alberta, Canada; Columbia Union College, Takoma Park, Maryland; La Sierra University, Riverside, California; Kettering College of Medical Arts, Kettering, Ohio; Oakwood College, Huntsville, Alabama; Pacific Union College, Angwin, California; and Walla Walla College, College Place, Washington.

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