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9:15 a.m. to 9:30 a.m.

Teaching an Alcohol Prevention Course in the Dental School Chemical Dependency Curriculum—A Preliminary Report

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Research has demonstrated that family history of alcoholism significantly increases the risk for the development of alcoholism. Studies also indicate that health care professionals (including dentists) have a high incidence of familial alcoholism. Stress of the professional education process and access to controlled substances are also thought to be associated with a higher incidence of chemical dependency in this population. In addition, data from cross-sectional attitudinal surveys of dental practitioners indicated that the average dentist needs to learn more about his or her own vulnerabilities to alcoholism and other drug dependencies.

The AADS Section on Pharmacology and Therapeutics has developed Curriculum Guidelines for Education in Alcoholism and Other Drug Dependencies. The University of Kentucky College of Dentistry has implemented a 16 hour curriculum component based on these guidelines. Because of the high familial history of alcoholism, educational stress, etc. an alcohol prevention course was initiated as part of our drug educational curriculum. The alcohol prevention course chosen was the On Campus...Talking about Alcohol (OCTAA) program developed by the Prevention Research Institute, Lexington, Kentucky, and was taught early in the first academic year. This program is based on a Lifestyle Risk Reduction model of prevention which has been successfully applied to the prevention of heart and dental disease. The OCTAA program was chosen for two reasons. First, the objective of the program

is to reduce the risk of an alcohol-related problem at any point in life by increasing the incidence of abstinence and/or reducing high-risk alcohol use among students who are already drinking. Second, OCTAA uses an excellent set of slides and videos which covers several areas of the Introductory and Disease Concept sections of the curricular guidelines. For example, the factors associated with alcoholism—biologic (i.e. genetic predisposition), psychosocial (i.e. personality, family environment, etc.) and behavioral—are defined and described. The course then skillfully integrates this information into the Lifestyle Risk Reduction prevention model.

The purpose of this study was to evaluate the effectiveness of this program. A 25 item, anonymous self-reporting pre and post-test questionnaire was administered to 71 University of Kentucky dental students (experimental group) and to 69 University of Louisville dental students, control group. The pre-test was administered before the program was taught and the post-test 60 days following the completion of the program. Tests were administered at similar times for the control group. The survey covered drinking attitudes, past month drinking behavior, family history of alcoholism, demographic information, and other pertinent data. An anonymous, self-generated pre/post-test matches on 50 students from experimental group and 52 matched controls.

The results of this study confirmed other finding showing a high incidence of familial alcoholism: 35 percent of the experimental and 39 percent of the control group had a parent or grandparent with alcoholism. Further analysis demonstrated that the program had a positive impact for students either with or without a family history of alcoholism, but had an even greater impact on those students with a positive family history of alcoholism. The data also showed that 44.8 percent of the students in the experimental group who were in a high-risk category at pre-test (drinking 4 or more drinks on occasion) switched to a low-risk group post-test (never exceeded 0-3 drinks on any day), compared to 21.4 percent of the controls.

This report is the first part of a long term study to evaluate the effectiveness of including a specific Lifestyle Risk Reduction approach as an alcohol prevention strategy in the early part of the dental school chemical dependency curriculum. These preliminary data indicate that this program was effective in increasing the incidence of low-risk drinking choices and reducing high-risk choices. Evaluation of additional behavioral and attitudinal aspects of the entire chemical dependency program is underway.