The perception of family doctors on college drinking and their expected role: A cross-sectional survey

La percepción de los médicos de familia sobre el consumo de alcohol en la universidad y su papel esperado: una encuesta transversal

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Although many attempts have been made to prevent drinking problems of college students, the college drinking culture is becoming more decadent. The purpose of this cross-sectional study was to investigate their perception and necessity for the intervention of family doctors working at teaching hospitals on problematic drinking in college students.

The subjects were 145 family medicine faculty members who were working at teaching hospitals registered in the Korean Academy of Family Medicine. Of the 145 subjects, 60 (41.4%) were respondents. In August 2016, data were obtained from online self-report questionnaire via e-mail. Respondents’ demographic characteristics, their drinking behavior, their perception of college students’ drinking problem, opinion on the college drinking policy, and comments on alcohol education programs were collected.

Of the respondents, 40 (66.7%) were men and the average age was 43.8 ± 7.8 years. All men of respondents drank alcohol, the most frequent being 2–3 times per week, while women drank less than once a month. Most respondents drank 1–2 standard drinks per drinking episode. Thirty-seven (61.7%) responded that there are moderate problems with college drinking. Nine (15.0%) stated that college drinking is a serious problem. Eighteen (30.0%) respondents answered that the biggest problem with college drinking was during the welcome party for new students (30.0%). Among those who were aware of the drinking policy in their college, 76.9% said their college has a drinking policy, but the policy was not being strictly implemented at the campus, and all respondents mentioned that the policy should be strengthened in the future.

Fortunately, 98.3% of the respondents agreed with the necessity of family doctor to educate about the drinking problem of college students. Most of the respondents (90%) stated that they are willing to participate if they are asked to provide educational sessions about college students’ drinking problems. Also, most of the respondents expected that it could be improved by education on all drinking problems of college students. Especially, it was expected that the violation of law and accidents caused by drunk driving would be improved the most.

Table 1 shows the opinions on various drinking policies that can be implemented in the college. Most of the respondents strongly agreed to abstain from bringing alcohol to campus or dormitories, prohibiting alcohol advertisements,
strictly enforcing leisure or cultural activities without drinking sessions, or clarifying the drinking rules, etc. Fifty-eight patients (98.7%) agreed that family doctors need to include drinking counseling for college students with an essential management field. In addition, respondents suggested the use of screening questionnaires such as the AUDIT to recommend visits to the clinic at least once with policies and expanded budget as screening tools to identify problem drinkers among college students.

Family doctors have sufficient competence necessary to provide high-quality care for college students including alcohol counseling. A previous American study reported that a primary care doctor-led alcohol education counseling program consisting of 15-min counseling sessions twice a month reduced the frequency of drinking among heavy college drinkers.

We can conclude that family doctors highly agree with the necessity for screening for drinking behavior as well as providing alcohol counseling to college students and the development of effective programs to prevent problematic drinking and promoting a healthy drinking culture. Therefore, it is hoped that university stakeholders will actively utilize primary doctors’ resources to solve college student drinking problems.

| Table 1 Respondents’ suggestions to identify college students with problem drinking. |
|-----------------------------------------------|----------------------------------------------------------------------------------|
| Classification                          | Suggestions for concrete methods                                                  |
| Screening tools                        | - Using questionnaires to screen problematic drinkers: routinely (e.g. before each semester registration, after each semester) or frequently |
|                                         | - Interviewing with students’ parents or friends                                  |
|                                         | - Interview with students who are habitually late/absent from school               |
|                                         | - Interview with a tutor                                                          |
|                                         | - Regular counseling sessions with a specialist                                    |
|                                         | - Attending school events or meetings to identify drinking behavior and problematic drinkers |
| Visit to clinic                        | - Even if the college patient has visited the hospital for any reason other than drinking, family doctor should first enquire about their drinking behavior |
|                                         | - Ask if the college patient has experienced a blackout during the interview      |
| Policy and budget                      | - Connect the college counseling center with the family medicine clinic for screened students |
|                                         | - The University plays a pivotal role and works with the community physicians such as family doctors to conduct counseling and preventive programs for problematic drinking by budgets from the Ministry of Education and the Ministry of Health and Welfare |

**Conflict of interest**

The authors declare that there is no conflict of interest regarding the publication of this article.

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