

## Choosing Our Words Carefully

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Unbeknownst to the average viewer of the popular media, there is a significant controversy regarding the term "binge drinking." This term, so prominently employed to address the issue of high-risk drinking by contemporary collegians, is far from the "accepted term" by those who work in the field. Heavy drinking is a serious problem. No one denies that. But many of my colleagues and I have great difficulty with a definition of *binge drinking* that is tied to "any" number of drinks, and to 4+ drinks for women and 5+ drinks for men, in particular.

Allow me to preface my remarks by stating that I have no argument with referring to 4+/5+ drinks as high-risk, perhaps even *dangerous* drinking. However, to quantify "bingeing" as 4+ drinks in one setting for women and 5+ for men is inaccurate at best, and may even contribute to the very problem that those reporting "binge drinking" statistics purport to confront.

First, there is no mention of what constitutes "a drink." True, the Harvard School of Public Health defines this in its publications, but this crucial information does not appear to make it into the mainstream media that have covered this story with great zeal since its earliest publication in the Journal of the American Medical Association in 1994. This *definition of a drink* is crucial information for students to have if they are to make sense of any attempt to quantify *binge* or high-risk drinking. For example, most students tend to relate how much they drank by counting the number of beverages consumed rather than the amount of alcohol contained in each. In so doing, the male student who has *4 pints of beer* will have nonetheless inadvertently entered the high-risk zone even if having paid attention to the admonishment to have four or fewer drinks.

To tie *bingeing* to a number of drinks is, I dare say, dangerous for two readily apparent reasons, at least to those of us who work in this field: First, there are those women who will have dangerously high blood alcohol levels because of their size, their elevated estrogen levels while on the pill, or because of their rapid consumption after only 2 or 3 *standard* drinks (a standard drink equals 10 oz of beer, 5 oz of wine, and 1.5 oz of 80 proof spirits.). The same problem is likely of some males having fewer than five drinks. By the same token, I am not sure that a 240-pound tackle on the college football team is going to have a very high blood alcohol level if he drinks 5 beers in an evening, and herein lies the segue to point #2.

Second, students who hear all the hoopla about binge drinking by college students and then are confronted with the 4+/5+ drinks definition are likely not only to dismiss the *binge drinking is a problem* message as unrealistic, but they may well dismiss everything that health educators, administrators, parents, and other concerned individuals have to say about the consequences of high-risk drinking that are associated with a 4+/5+ drinks pattern. The irony is that there is significant evidence to suggest that the very points being

made by those who rail against binge drinking are true, i.e., these drinkers do have lower grades, miss more classes and are involved in more cases of violence and vandalism. Unfortunately, because students have tuned out what they consider to be an absurd yardstick for measuring consumption, they may also tune out the opportunity to recognize the negative correlation between the amount consumed and their grades or the positive correlation between amount consumed and alcohol problems.

A final criticism of the term *binge drinking* as defined above, even if we assume it is here to stay, is that it still only addresses the tip of the *collegiate drinking iceberg*. If 44.1% of students are frequent *binge drinkers*, then 55.9% are not. When the media tell us that binge drinking is rampant on our campuses, it does not take much to *hear* that *all* college students are *drunken fools*. You know this is not so. I know this is not so. The Harvard research team knows this is not so. But the media nonetheless convey this message, either by design or neglect. Although there is little if any good research to suggest that scare-tactic approaches to community education translate into permanent changes in individual high-risk behavior, there is mounting evidence to suggest that programming designed to convey accurate information about the true behavioral norm for a given population does translate into individual behavior change as the misperceptions of the social norm are corrected.

I close with two simple suggestions. First, we need to rethink the utility of the term *binge drinking* when referring to 4+/5+ drinks per outing. How about the term *high-risk drinking* as an alternative or, if *high-risk* is perceived as a siren's call to the student attracted to risk taking behaviors, how about *dangerous drinking* as researchers at The Communication and Health Issues Partnership for Education and Research at Rutgers University have suggested? Second, any discussion of collegiate drinking needs to include information about what the responsible majority of college students are doing in regards to drinking.

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