

OPINION PACES

Our VIEW

Enough is enough

Abuse guidelines good model for Lincoln

Omaha took a great stride forward this last week, and Lincoln needs to commit itself to catching up, fast.

At a Wednesday meeting of health-care professionals at the Boys Town National Research Hospital, a list of procedures was unveiled helping doctors identify signs of domestic abuse.

The guidelines cover everything from asking the patient about the abuse to documenting it for police.

Doctors and nurses teamed up with police, prosecutors and judges to come up with the guidelines. They say it is meant to treat and stop domestic abuse in Nebraska's largest community.

"Until you say in Omaha, 'Enough is enough,' nothing is going to change," said Dr. Robert McAfee, who has led a national initiative to improve medical response to abuse. "This is an opportunity today for you to say 'I am going to be part of this initiative.'"

Enough is enough, Lincoln, and things need to change.

Ask most police officers, and they will tell you that a large bulk of their calls on a given shift are domestic abuse calls.

Listen to a police scanner for an hour, and you will hear a half-dozen or more domestic complaints.

Domestic abuse wrecks families, victimizes spouses and children and weakens our society. Any attempts to curtail the amount of domestic violence in our community should be examined seriously, and quickly.

McAfee believes the guidelines can work. A study showed that more than 80 percent of abused women wanted to speak to a doctor about their situation. The study said doctors were far more preferable than rabbis or pastors, or even the police.

Stopping domestic violence is a multilayered process. Many aspects of society need to be involved. Neighbors need to report disturbances. Victims must seek help — and the help must be there. Police must aggressively pursue abusers, as should prosecutors.

And now, doctors need to be involved. Doctors and nurses are often the first people the victim sees. It is often from the hospital that the police are called. If the medical profession is ill-equipped to help, then a link in the chain is weak, and more domestic violence occurs.

More needs to be done, on all fronts. Not only do victims need help, abusers need help also. Anger-control counseling has been found to virtually end abusive behavior in many men, and many cities and states have made anger control part of sentencing for domestic violence crimes.

But for now, Lincoln needs to follow Omaha's lead.

Lincoln hospitals should adopt these procedures, and the medical profession should take a larger role in the fight against domestic violence.

Cartoonist's VIEW



In excess

Drinking death is wake-up call

DANIEL M. SULEIMAN is a columnist for the Harvard Crimson.

CAMBRIDGE, Mass. (U-WIRE) — Scott Krueger is dead, the victim of collegiate binge drinking, and MIT president Charles Vest must now answer two former fraternity pledges who asked him in a letter in 1993, "When a student is killed or dies at an MIT fraternity, how will MIT explain its full knowledge of dangerous and illegal practices persisting unchecked over a period of years?"

Krueger's tragic death has brought important issues to light concerning binge drinking (defined as consuming five or more drinks in an evening for men and four or more for women) on college campuses, and fraternities as social institutions; and it has left students, families and administrators searching for culpability.

Binge drinking is a fact of American college life. It is dangerous, it often leads to irresponsible behavior, and it happens every single night on campuses across the country.

It is not unusual for students to drink 10 beers and then take several shots of hard alcohol before vomiting or passing out. Krueger's death has brought more nationwide attention than Benjamin Wynne's, a 20-year-old Louisiana State University student and fraternity pledge, who died of acute alcohol poisoning on Aug. 26 of this year. Many people find it hard to believe that animalistic drinking goes on at what The New York Times called "perhaps the most renowned science and technology university in the world, home to some of the brightest and most promising students."

Well, it does. So take Scott Krueger's death as a wake-up call. Realize that 18-year-old Americans, especially males, are 18-year-old Americans, whether they attend a state school or an Ivy League one. And binge drinking will not go away until there is a radical change in American attitudes toward alcohol.

Ala Alryyes, a former MIT undergraduate and graduate student and current instructor in Harvard's history and literature department, explained that "the main problem here is a cultural problem, an American problem. ... The Anglo-Saxon take on drinking is that you drink to get wasted ... as opposed to the Latin view of drinking, which is more social. Drinking leads to conversations instead of passing out."

Changing American cultural attitudes toward alcohol is a noble goal, but learning to navigate them is a more realistic one.

One thing we can take from Scott Krueger's death is a sense of our own mortality. He did not drink any more last weekend than many college students do regularly; he choked on his own vomit and he suffered from acute alcohol poisoning.

Krueger's death was tragic, but it has happened before and it will happen again, because many students are unfamiliar with their own limits. The onus of preventing alcohol-induced deaths is certainly on administrations to some degree; they must educate students about the risks of consuming large quantities of alcohol and they must encourage responsible drinking.

But ultimately, college students must make their own choices. Krueger, now that he's gone, is an example to every current and future college student: If it could happen to him, it could happen to you.

Most students are responsible

LINDA MAJOR is the drug and alcohol education coordinator for the University Health Center.

Recent alcohol-related deaths at Louisiana State University and the Massachusetts Institute of Technology have once again captured headlines across the nation and placed collegiate drinking habits under a microscope. These headlines are often sensational and misleading, leaving students and the general public with the impression that drunken, rowdy behavior is central to the collegiate experience.

The truth is not everyone is doing it. In fact, most college students are making healthful choices. According to the 1996 University of Nebraska-Lincoln Omnibus Survey, most UNL students (74 percent) drink five or fewer drinks when they party. A drink was classified as a bottle of beer, a glass of wine, a wine cooler, one shot of liquor or one mixed drink.

Most UNL students did not damage property (87 percent) or cause physical harm to themselves (91 percent) as a consequence of drinking. Most UNL students do not drive after drinking (75 percent). In fact, 75 percent have volunteered to be a designated driver for their friends.

Those who challenge these statistics may have a misperception of what is average or typical behavior on campus. Those who misperceive the norm may be surrounded by peers who drink heavily. This often results in everyone from that peer group believing that heavy drinking is normal behavior. In addition, drinking tales revolve around stories of heavy partying. Rarely do drinking tales recount the times when a drinker drank one or two drinks.

Research supports a discrepancy between actual alcohol use by college students and their perception of other students' alcohol use. Consistently, regardless of drinking experience and/or level of use, students thought the campus drinking norm was greater than their own personal use.

Overestimation of students' alcohol use is usually a self-fulfilling prophecy, especially for students who are trying to "fit in" to the university environment. According to a new study, the more students believe binge drinking occurs, the more binge drinking occurs.

Correcting misperceptions regarding the binge-drinking norm is important. Next time a headline puts binge drinking in the spotlight, ask yourself: Does the description match your personal experience? If it does, stop and think about your particular group of friends. Are their drinking patterns heavier than the typical UNL student? And last, but not least, be aware that the more you drink, the more you place yourself at risk for the kinds of problems most of your peers are able to avoid.

For more information, contact the Community Health Education Department in the University Health Center at 472-7440.

EDITOR
Paula Lavigne

OPINION EDITOR
Matthew Waite

EDITORIAL BOARD
Erin Gibson
Joshua Gillin
Jeff Randall
Julie Sobczyk
Ryan Soderlin

Editorial Policy

Unsigned editorials are the opinions of the Fall 1997 Daily Nebraskan. They do not necessarily reflect the views of the University of Nebraska-Lincoln, its employees, its student body or the University of Nebraska Board of Regents. A column is solely the opinion of its author. The Board of Regents serves as publisher of the Daily Nebraskan; policy is set by the Daily Nebraskan Editorial Board. The UNL Publications Board, established by the regents, supervises the production of the paper. According to policy set by the regents, responsibility for the editorial content of the newspaper lies solely in the hands of its student employees.

Letter Policy

The Daily Nebraskan welcomes brief letters to the editor and guest columns, but does not guarantee their publication. The Daily Nebraskan retains the right to edit or reject any material submitted. Submitted material becomes property of the Daily Nebraskan and cannot be returned. Anonymous submissions will not be published. Those who submit letters must identify themselves by name, year in school, major and/or group affiliation, if any. Submit material to: Daily Nebraskan, 34 Nebraska Union, 1400 R St. Lincoln, NE. 68588-0448. E-mail: letters@unlinfo.unl.edu.