Alcohol Related Harms at the University of Guelph

Recommendations for future action

2/3/2014
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EXECUTIVE SUMMARY

In 2012 an Alcohol Taskforce was struck to review the drinking culture on campus as well as Guelph’s programs. This report is the outcome of deliberations. The Taskforce took a thorough and comprehensive approach to the review of alcohol use on campus that includes a broad environmental scan; a review of prevention programs both in terms of policies and education; as well as consideration of interventions and treatment.

This review concluded that, like other institutions, drinking is a factor on our campus. By far, the majority of Guelph students are current drinkers. Essentially half of our students started drinking before age 16 and more than a third had their first experience of being drunk at that age. While there is a clear drinking culture amongst our students, when it comes to self-reports of the quantity of alcohol students consume, our students are similar to students at other Ontario and Canadian universities. In addition, in comparison with data from 2004, University of Guelph students were somewhat less likely to indicate that they had crossed the threshold of heavy episodic drinking.

While our students’ drinking pattern is similar to those at other universities, there is still concern that many students are engaged in hazardous drinking – some for short periods at a time, while others are engaged in an ongoing pattern of overconsumption. Moreover, when it comes to the negative outcomes as a result of drinking, Guelph students seem to be at somewhat elevated risk. In addition, the survey showed that although students do not perceive alcohol to be a problem, a large majority of them are experiencing negative consequences either relating to their own drinking behaviour or that of others.

Not surprisingly, the review identifies that there are no “silver bullets” to an alcohol strategy. Reducing the harmful and hazardous use of alcohol by university students requires a collaborative effort across campus. It necessitates an understanding of the culture of alcohol use before students arrive, while on campus, as well as within the city.

The analysis concluded that there is great strength in our current approach. In fact, in many areas we are seen as leaders. It is also clear that there is a tremendous interest in addressing alcohol related problems on our campus, and those involved should be commended for their passion and commitment. The review identified some opportunities for improvement, particularly in our intervention and support strategies. We also acknowledge that some of our education and awareness programs could be enhanced through better collaboration and focus.

The next step is to ensure that action is taken in response to this report. To do so, the report recommends the continuation of an Alcohol Steering Committee and the establishment of three working groups: 1) Policy; 2) Intervention; and 3) Education and Awareness. The Alcohol
Steering Committee will be responsible for setting action items and timelines. Annual updates on progress will be submitted to the Alcohol Steering Committee and factored into the integrated planning process.

The expectation is that as programs are designed, they are grounded in evidence based research, focusing on strategic values, and engaging in ongoing assessment. The goal is for us to be an institution at the forefront of innovation in alcohol programming.

INTRODUCTION

There is consistent research about the prevalent use of alcohol by many young people. They see it as an essential ingredient for having fun and enabling them to socialize more easily. Unfortunately, on university campuses, some students take drinking to the next level and unsafe drinking occurs. While the University of Guelph has prided itself on strong alcohol policies and programs, it has been a number of years since there had been a full review. This fact, coupled by some alcohol related student deaths in the province, as well as some troubling behaviour both on and off the Guelph campuses prompted this review. An Alcohol Task Force was struck and, over the course of two years, undertook a thorough review of the matter. The mandate and membership of the Taskforce is listed in Appendix 1.

Scope

While the review of alcohol consumption amongst young people is an interesting topic in itself, the focus of this review is to highlight best and promising practices in the area of reducing alcohol-related harms for University of Guelph undergraduate students on the main campus as well as the regional campuses. It is recognized that student support and co-curricular educational programs at Guelph-Humber are offered by Humber College. This report will be shared with the appropriate individuals at Guelph-Humber for consideration.

Process

The Taskforce identified the need to undertake a survey of the literature as a first step to this review. An undergraduate research assistant was hired who spent the summer semester of 2012 researching information on alcohol use among young people, as well as identifying best practice in effective policies and programs to reduce alcohol related harms. The Taskforce also identified the need to survey our own students; a graduate student analyzed survey options and made a recommendation to the task force.
It was also determined that the review should include a comparison of Guelph’s programs to alcohol programs at comparator institutions. The comparators were selected based on their similarities to Guelph in 1 or more of the following areas:

- Academic course offerings
- Downtown social environment (i.e. bars, clubs, proximity to campus)
- Off-campus living population
- Population of full-time undergraduate students
- Residence intensiveness
- Regional campuses
- Student leader involvement

The universities selected for the purposes of this comparison are:

- Brock University
- McMaster University
- Queen’s University
- University of British Columbia, Okanagan
- University of Toronto, Mississauga
- University of Waterloo
- University of Western Ontario
- Wilfrid Laurier University

The University is indebted to the Nova Scotia Department of Health and Wellness for providing significant information and research on best practice in its document, “Reducing Alcohol Harms among University Students – A Summary of Best Practice.” Some of the findings in this document were included in our report. The work of the undergraduate research assistant, Madchen Funk and graduate research assistant, Joanne Clark, was also invaluable and many of the recommendations in this report arose from their research. Finally, the Committee thanks Barry Townshend for his thorough analysis of the data.

**Definitions**

There can be many different definitions for some of the alcohol related concepts. For the purposes of this document the following definitions were employed.

**Intoxication** – is a physiological state where there is increased Blood Alcohol Content (BAC) as well as the exhibition of drunken behaviour (Fox & MacAvoy, 2010).

**One standard drink** – is constituted of any of the following: (a) 12 ounces of beer, (b) 5 ounces of wine, (c) 1.5 ounces of liquor (Sutton, 2007; Canadian Centre for Substance Abuse (CCSA), 2012).
**Hazardous drinking** - is a pattern of alcohol use where the user or others are subjected to an increased risk of negative consequences as a result of the alcohol use (Babor et al., 2001). Negative consequences include: a higher risk of being involved in fights and other altercations; participating in risky sexual behaviour; accidental injury; and death (Jackson, Sher & Park, 2005).

**Harmful drinking** - refers to the use of alcohol that leads to health consequences including physical health, mental health, and social effects (Babor et al., 2001; WHO, 2007; WHO, 2010). For example, students may experience a hangover, feeling depressed or anxious, or disturbed sleep.

**Alcohol dependence** - is characterized by difficulty stopping use, withdrawal symptoms, tolerance, and cravings. This category leads to longer term health and social effects (Sutton, 2007).

**Binge drinking** (or heavy episodic drinking) is defined as five or more drinks for men, or four or more drinks for women, on one occasion (Wechsler & Nelson, 2001; Broadwater, Curtin, Martz & Zrull, 2006; Sutton, 2007). Binge drinking can become either hazardous or harmful drinking, depending on the individual, their actions, and the situation. The concept of binge drinking is sometimes seen as problematic because it does not account for individual differences in alcohol tolerance. Some students may participate in binge drinking without causing harm to themselves or others.

It should be noted that when a student is intoxicated, this can almost always be termed as hazardous drinking, since the risk of injury, accidents, and death is increased (Broadwater et al., 2006).

**Prevention** focuses on the general population and is not specifically designed for students who are facing specific risk factors. It has the broadest scope/impact.

**Intervention** addresses individuals who have indicators of a significant concern. Interventions can focus on safety issues in the short-term and then tend to blend a variety of skill development techniques and information-oriented strategies, and are often broken up over the course of a series of short, in person discussions.

**Treatment** works with individuals who are at highest risk, who have multiple signs of negative outcomes, and whose problematic patterns of behaviour have been sustained over a period of time. Treatment generally follows a formal assessment and is conducted by an expert with training in relevant techniques – usually belonging to one of the regulated health professions.
**Review Strategy**

The report analyzed Guelph’s programs against the NIAAA’s Four Tiers classification system for strategies designed to prevent alcohol-related problems. This model divides programs offered on college and university campuses based on evidence of efficacy.

- Tier 1: Evidence of effectiveness among college students who are showing a dependence on alcohol or are at high risk for dependence.
- Tier 2: Evidence of success with general populations that could be applied to college environments
- Tier 3: Evidence of logical and theoretical promise, but requires more comprehensive evaluation
- Tier 4: Evidence of ineffectiveness

A summary of the details pertaining to each tier can be found in appendix 2, along with a link to more detailed information on the NIAAA’s website. What is perhaps most important to note is that the criteria for tier 1 strategies are very restrictive in that there are designed to work with individuals who are at **elevated risk**, and uses a fairly prescribed approach with formal tools for working through the program. Tier 2 strategies focus on communities and populations, and tend to fall into the realm of social policy. Tier 3 strategies offer a mixture of policy and intervention programs, including those strategies where there is mixed or insufficient evidence in the literature about efficacy. Tier 4 tends to focus on activities aimed at increasing knowledge about alcohol, or helping students to clarify their values surrounding substance use; the evidence suggests these programs are ineffective on their own, and, in some cases if not delivered appropriately, can be counterproductive.

While the four tiers model is a helpful tool, there are some limitations. For example, it does not capture strategies that are designed to reduce harm by teaching students how to be a good friend for someone who is intoxicated – a short-term intervention. Although this may not be a strategy for preventing excessive alcohol consumption, it is can be an effective program for addressing the consequences of alcohol use among our students. In a similar vein, there may be an appetite on our campus for teaching strategies that help students to have a constructive conversation with a friend after or prior to an incident of over consumption. This type of learning is a skill that takes time to master and can be helpful for many issues beyond alcohol consumption.

In addition, inexperienced drinkers often have difficulties with effectively setting and maintaining personal limits. Mastering the ability to do so is usually acquired through experience and practice; there may be strategies that promote developmentally appropriate learning in this area that don’t fit nicely into the four tiers model. Regardless of the approach
taken, the four tiers do remind us of the importance of relying on outcomes-oriented rigorously designed assessment.

With all of this in mind, it was noted that Guelph’s alcohol focused programs can be classified as follows:

- 1 Tier 1 strategy
- 1 Tier 2 strategy
- 17 Tier 3 strategies
- 24 Tier 4 strategies
- There are two strategies that are difficult to classify and might fall into either Tier 2 or 3, or Tier 3 or 4

**Alcohol Issues on University Campuses**

**Prevalence**
Research has shown consistently over the years that a significant proportion of university undergraduate students engage in high levels of binge drinking. In the most recent health survey by the American College Health Association, it was found that 41.3% of men and 33.8% of women in the Canadian universities surveyed had consumed 5 or more drinks in at least one sitting over the previous 2 weeks (National College Health Assessment II – Spring 2013).

**Motivation**
The motivation for drinking in young adults tends to be related to two main objectives: social benefits; and, coping (Gliksman et al., 2003; Kairouz et al., 2002). For those motivated by social reasons, alcohol is perceived to have a positive effect on social relations (Kairouz et al., 2002). Therefore, alcohol is typically consumed during social events and activities (Gliksman et al., 2003). Alternatively, some people consume alcohol for its perceived ability to assist in managing negative emotions or problems (Gliksman et al., 2003; Kairouz et al., 2002). When alcohol use is motivated by the need for a coping mechanism, it is more likely to involve heavy episodic drinking. Additionally, those who use alcohol to cope engage in heavy episodic drinking more often than others (Kairouz et al., 2002).

**Harms**
The harms and risks associated with binge drinking are well documented. They include injuries resulting from assaults or falls; motor vehicle crashes; sexual assault; unplanned sexual activity;
and unprotected sex. Harms to health include a range of acute and chronic health impacts that exist along a continuum of severity up to and including death (Hingson et al., 2009).

Academically, students suffer as well. Binge drinking is associated with missing classes, falling behind in assignments, lower grades and sleep disturbances (Wechsler & Nelson, 2008). In addition, the impact is not just on those engaged in drinking; heavy drinking also has an impact on other students, university staff, and neighbours. Impacts on those in close proximity to binge drinkers include sleep disturbances, being insulted or humiliated, being involved in serious arguments, being pushed, hit or assaulted, noise disturbances, property damage, and increased garbage (Wechsler & Nelson, 2008; Adlaf, 2004).

Gender also influences alcohol harms. Women are at greater risk of gender-based violence such as sexual assault when drinking heavily. In addition, given their body composition, in general women are usually unable to consume as much as men and may be more prone to serious unexpected overconsumption. A recent study suggests that young university and college women are restricting calorie in-take from food to save them later for drinking—a practice coined “drunkorexia”. Motivations include preventing weight gain, getting intoxicated faster and saving money that would be spent on food to buy alcohol (Osborne, 2011).

**UNIVERSITY OF GUELPH STUDENT DEMOGRAPHICS**

In order to understand the alcohol issues on the Guelph campus, the Taskforce surveyed a portion of the student population to assess the breadth and depth of alcohol-related issues among undergraduate students.

**Survey Instruments**

A number of survey instruments were reviewed. In addition, consideration was given to creating a Guelph-specific survey. The decision was made to administer the Canadian Campus Survey (CCS) in order to assess the breadth and depth of alcohol-related issues among undergraduate students. Based on a similar instrument that originated at Harvard, the CCS includes several well-validated scales and was adapted by the Centre for Addiction and Mental Health (CAMH) in Toronto. The survey also provided some comparative data as it had been used by a national sample of students from Canadian universities in 1998 and 2004. Guelph did not participate in the survey at that time. In the statistics provided below some of the comparative data to the 2004 survey is provided. It is recognized that such an analysis has weakness given the difference in timing of the survey. However, the comparison provides an opportunity to reflect on differences, and determine if additional study is necessary.
The survey was distributed between November 26 and December 11, 2012. 96% of the respondents who completed the survey did so by December 2. The Taskforce noted the timing of this survey as being an item for consideration; classes ended on November 29.

**Survey Sample**
- Sample size: 6,000 Guelph; 205 Kemptville; 250 Ridgetown
- Stratification 25% per cohort – years 1-4 (Kemptville and Ridgetown 50% per cohort)
- # Respondents 2,194 (37%): 3.4% Kemptville; 3.6% Ridgetown

**Survey Demographics**

<table>
<thead>
<tr>
<th>Population %</th>
<th>Sample %</th>
<th>Respondents %</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40</td>
<td>29.5</td>
<td>496</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>70.1</td>
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</tr>
<tr>
<td>Transgender</td>
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<td>89.0</td>
<td>1,494</td>
</tr>
<tr>
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<td>26.7</td>
<td>475</td>
</tr>
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<td>2nd Year</td>
<td>26.8</td>
<td>26.7</td>
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</tr>
<tr>
<td>3rd Year</td>
<td>22.1</td>
<td>23.4</td>
<td>349</td>
</tr>
<tr>
<td>4th Year</td>
<td>25.8</td>
<td>23.3</td>
<td>473</td>
</tr>
<tr>
<td>Grad student</td>
<td>2.7</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Living in Residence</td>
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<td>457</td>
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<tr>
<td>Living Off-Campus</td>
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<td>1,020</td>
</tr>
<tr>
<td>Other1</td>
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<td></td>
</tr>
<tr>
<td>No commute</td>
<td>19.4</td>
<td>326</td>
<td></td>
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<tr>
<td>&lt; 15 minutes</td>
<td>37.9</td>
<td>639</td>
<td></td>
</tr>
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<td>15 – 29 min</td>
<td>26.0</td>
<td>437</td>
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<td>30 – 59 min</td>
<td>9.9</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>60+ min</td>
<td>6.8</td>
<td>116</td>
<td></td>
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</tbody>
</table>

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1 Other includes family housing, university housing, co-op housing
<table>
<thead>
<tr>
<th></th>
<th>Population %</th>
<th>Sample %</th>
<th>Respondents %</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph Campus</td>
<td>96.8</td>
<td>93.0</td>
<td>93.0</td>
<td>1,573</td>
</tr>
<tr>
<td>Regional Campus</td>
<td>3.2</td>
<td>7.0</td>
<td>7.0</td>
<td>118</td>
</tr>
</tbody>
</table>

**SUMMARY OF UNIVERSITY OF GUELPH FINDINGS**

The information provided below represents a subset of the information obtained from the survey. The Taskforce reviewed the full report, which has a wealth of information. This report was also shared with support units on campus. A copy of the full report can be found at: http://studentlife.uoguelph.ca/sites/default/files/ccs-findings-guelph.pdf

Among respondents, 89% were classified as current drinkers (having consumed in the previous year). More than a third of the students had their first experience of being drunk under the age of 16, which is a known risk factor for developing alcohol-related problems later in life. One study showed that people who reported starting to drink before the age of 15 were four times more likely to also report meeting the criteria for alcohol dependence at some point in their lives (Grant & Dawson, 1998). Drinkers were divided into four categories by the level of drinking in a typical session (light or heavy) and frequency of drinking sessions. At Guelph, heavy-frequent drinking was more common than any other typology (31.4% of respondents). Light drinkers, on the other hand, represent 54% of students when both frequent and infrequent groups are combined.

Apart from drinking typologies, the CCS also assesses a variety of specific behaviours. Using specific thresholds to distinguish “heavy episodic drinking”, the proportion of Guelph students who consume above the cut-off was similar or slightly below that of the 2004 national results.

The drinking sessions of most students lasts from 2 to 6 hours (the average is about 4 hours). A little over 10% of the respondents said they spent more than 6 hours drinking. With regards to location, two thirds of the respondents drink exclusively off-campus. Only 10% of the students drink exclusively on-campus. Even among residence students, about two thirds of respondents said they drink off campus at least some of the time.

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2 Kemptville n = 57; Ridgetown n = 61
The most important reason students choose to drink is “to be sociable” (35.4%) and the next most important reason is “to celebrate” (28.3%). A significant but comparatively small group of students drink to avoid negative emotions (18.3%).

Relatively few students think non-drinkers are admired (6.4%). By contrast, 37.3% of students think drinking is an important part of the university experience. It is noteworthy that there is significant variability on this perception based on the characteristics of the respondent. This was particularly noted for men, upper year students, those who live off campus and commute less than 15 minutes, students who are recreationally-oriented, had their first experience of being drunk before age 16, and those who are heavy frequent drinkers.

Roughly half of University of Guelph students (50.3%) report experiences that place them above the cut-off for using alcohol in excess of low-risk guidelines as set out by the World Health Organization. 5.4% of Guelph students meet the criteria for a referral to a specialist for clinical assessment and treatment. About 38% of students have drinking practices that fall within the context of “Zone II”. The recommended intervention at this level is brief, informal coaching to assist students in modifying their behaviours.

Where the assessment of heavy episodic drinking (which focuses exclusively on quantity of alcohol consumed in a sitting) places Guelph at a comparable level with the 2004 national sample, when it comes to harmful and hazardous drinking (outcomes), Guelph students were found to be at a higher level of risk, as well as having increased signs of dependence. There are many factors that could help to explain why Guelph students seem to face elevated risk; one possible explanation might be found in the nature of a residentially intensive institution. Relatively few students at Guelph live with their families, which is a factor that was shown in 2004 to be significantly associated with being in a lower risk category.

Only a small fraction of students (16.1%) think the rules surrounding alcohol are rarely enforced on campus. Similarly few (16.7%) think alcohol use is a problem on campus. This suggests the importance of implementing initiatives that raise public awareness that there is a problem.

**SPECIFIC FINDINGS FOR GUELPH STUDENTS**

*General Drinking Behaviour*

The following chart examines the general drinking experience of our students over their lifetime. (Former drinkers are those students who did not consume in the past year).
Table 2 - General Drinking Behaviour

<table>
<thead>
<tr>
<th></th>
<th>Abstainers</th>
<th>Former Drinkers</th>
<th>Current Drinkers</th>
<th>Total</th>
<th>Age of Onset (Drinking) &lt;16</th>
<th>Age of Onset (Drunk) &lt;16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>7.4</td>
<td>3.5</td>
<td>89.2</td>
<td>100</td>
<td>49.6</td>
<td>35.8</td>
</tr>
<tr>
<td>Ontario 2004</td>
<td>12.5</td>
<td>3.3</td>
<td>84.2</td>
<td>100</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Male</td>
<td>8.6</td>
<td>3.3</td>
<td>88.1</td>
<td>100</td>
<td>50.1</td>
<td>37.1</td>
</tr>
<tr>
<td>Female</td>
<td>6.5</td>
<td>3.6</td>
<td>89.9</td>
<td>100</td>
<td>49.3</td>
<td>35.8</td>
</tr>
<tr>
<td>Born Canada</td>
<td>5.4*</td>
<td>3.3*</td>
<td>91.3*</td>
<td>100</td>
<td>50.2</td>
<td>36.2</td>
</tr>
<tr>
<td>Born Outside</td>
<td>22.3*</td>
<td>3.3*</td>
<td>74.5*</td>
<td>100</td>
<td>43.6</td>
<td>27.9</td>
</tr>
<tr>
<td>1st Year</td>
<td>13.9*</td>
<td>4.7*</td>
<td>81.4*</td>
<td>100</td>
<td>51.4</td>
<td>38.0**</td>
</tr>
<tr>
<td>2nd Year</td>
<td>6.4*</td>
<td>3.5*</td>
<td>90.0*</td>
<td>100</td>
<td>53.2</td>
<td>41.3**</td>
</tr>
<tr>
<td>3rd Year</td>
<td>4.0*</td>
<td>3.2*</td>
<td>92.7*</td>
<td>100</td>
<td>49.0</td>
<td>34.5**</td>
</tr>
<tr>
<td>4th Year</td>
<td>3.7*</td>
<td>2.5*</td>
<td>93.8*</td>
<td>100</td>
<td>46.0</td>
<td>31.0**</td>
</tr>
<tr>
<td>Residence</td>
<td>11.4*</td>
<td>4.8*</td>
<td>83.8*</td>
<td>100</td>
<td>49.1</td>
<td>35.3</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>4.8*</td>
<td>2.7*</td>
<td>92.4*</td>
<td>100</td>
<td>50.4</td>
<td>35.9</td>
</tr>
<tr>
<td>Commute 30 – 59 min</td>
<td>13.2*</td>
<td>3.6*</td>
<td>83.2*</td>
<td>100</td>
<td>46.2</td>
<td>32.0</td>
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<td>60+ min</td>
<td>9.6*</td>
<td>9.6*</td>
<td>80.9*</td>
<td>100</td>
<td>52.4</td>
<td>43.0</td>
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<tr>
<td>Guelph</td>
<td>7.3</td>
<td>3.4</td>
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<tr>
<td>Regional Campus</td>
<td>7.6</td>
<td>3.4</td>
<td>89.0</td>
<td>100</td>
<td>50.0</td>
<td>29.8</td>
</tr>
</tbody>
</table>

*P* < 0.01, **P** < 0.05

By far, the majority of students are current drinkers. Essentially half of students started drinking before age 16. More than a third had their first experience of being drunk under age 16.

Students who were born outside of Canada are four times more likely to abstain from consuming alcohol as compared to those who were born inside the country. Men are more likely to be abstainers than women. However, among those who drink, men are more likely to be heavy-frequent drinkers and this represents the largest group of men.

First year students are more likely to abstain from alcohol. This is not surprising given that many of these students are under the legal drinking age.
While fourth year students are less likely to be abstainers, as noted below, they are also most likely to be light-frequent drinkers and the least likely group to be heavy-frequent drinkers. These effects are likely due to maturation.

**Prevalence of Heavy Episodic Drinking**

The questions that make up this analysis examined how often students had crossed the thresholds for heavy episodic drinking in the last 30 days (last month of the fall semester) and in the past year.

**Table 3 - Episodic Drinking**

<table>
<thead>
<tr>
<th></th>
<th>5+ Drinks Bi-monthly (30 days)</th>
<th>5+ Drinks Bi-monthly (12 months)</th>
<th>8+ Drinks Bi-monthly (30 days)</th>
<th>8+ Drinks Bi-monthly (12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>39.1</td>
<td>12.9</td>
<td>16.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Ontario 2004</td>
<td>45.4</td>
<td>20.1</td>
<td>20.3</td>
<td>7.3</td>
</tr>
<tr>
<td>Male</td>
<td>51.0*</td>
<td>19.8*</td>
<td>28.0*</td>
<td>10.1*</td>
</tr>
<tr>
<td>Female</td>
<td>31.1*</td>
<td>8.3*</td>
<td>9.5*</td>
<td>1.5*</td>
</tr>
<tr>
<td>Born Canada</td>
<td>37.4</td>
<td>11.8</td>
<td>15.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Born Outside</td>
<td>30.3</td>
<td>10.1</td>
<td>12.0</td>
<td>1.7</td>
</tr>
<tr>
<td>1st Year</td>
<td>42.9*</td>
<td>11.4</td>
<td>19.9**</td>
<td>4.0</td>
</tr>
<tr>
<td>2nd Year</td>
<td>40.5*</td>
<td>9.9</td>
<td>15.4**</td>
<td>4.2</td>
</tr>
<tr>
<td>3rd Year</td>
<td>35.2*</td>
<td>13.0</td>
<td>13.3**</td>
<td>4.6</td>
</tr>
<tr>
<td>4th Year</td>
<td>31.3*</td>
<td>12.0</td>
<td>11.7**</td>
<td>3.5</td>
</tr>
<tr>
<td>Residence</td>
<td>42.4</td>
<td>10.1</td>
<td>19.2**</td>
<td>3.9</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>35.3</td>
<td>12.7</td>
<td>13.2**</td>
<td>4.4</td>
</tr>
<tr>
<td>30 – 59 min</td>
<td>36.4</td>
<td>8.2</td>
<td>18.6</td>
<td>2.2</td>
</tr>
<tr>
<td>60+ min</td>
<td>38.9</td>
<td>9.2</td>
<td>20.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Guelph</td>
<td>36.2**</td>
<td>11.5</td>
<td>14.1*</td>
<td>3.8</td>
</tr>
<tr>
<td>Regional</td>
<td>47.6**</td>
<td>15.5</td>
<td>26.8*</td>
<td>7.2</td>
</tr>
</tbody>
</table>

*P* < 0.01, **P** < 0.05

In comparison with the CAMH data from 2004, University of Guelph students were somewhat less likely to indicate that they had crossed the threshold of heavy episodic drinking at least twice a month in the last 30 days or last year.

As noted above, first year students are more likely to abstain, but for those who drink, first year students are more likely than fourth year students to fall into the heavy drinking categories.
The type of accommodation students were living in did not significantly affect whether or not they consumed 5 or more drinks. However, at the 8 or more drinks level (twice in the last month) there was a significant difference, with residence students being more likely to fall into this category. This suggests that there is something about the experience of living in residence that increases the likelihood of drinking to excess for some. A plausible explanation is the high density of novice drinkers and increased freedom from family supervision.

There is a significant difference between students on the Guelph campus and those at Kempville and Ridgetown with regards to heavy drinking. Substantially more students engaged in heavy drinking over the past 30 days at the regional campuses.

**Drinking Patterns**

Students were asked a series of questions about the quantity and frequency of their drinking habits with much greater granularity than the questions considering the thresholds described above. These questions examined alcohol consumption in order to categorize *patterns of drinking*. The results provide a broader range of possible drinking patterns.

**Table 4 - Drinking Patterns**

<table>
<thead>
<tr>
<th></th>
<th>Abstainers</th>
<th>Light-Infrequent</th>
<th>Light-Frequent</th>
<th>Heavy-Infrequent</th>
<th>Heavy-Frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>7.6</td>
<td>26.8</td>
<td>27.2</td>
<td>7.0</td>
<td>31.4</td>
</tr>
<tr>
<td>Ontario 2004</td>
<td>25.5</td>
<td>21.3</td>
<td>27.8</td>
<td>4.7</td>
<td>20.8</td>
</tr>
<tr>
<td>Male</td>
<td>8.9*</td>
<td>18.9*</td>
<td>24.4*</td>
<td>8.0*</td>
<td>39.8*</td>
</tr>
<tr>
<td>Female</td>
<td>6.8*</td>
<td>32.1*</td>
<td>29.1*</td>
<td>6.3*</td>
<td>25.8*</td>
</tr>
<tr>
<td>Born Canada</td>
<td>5.6*</td>
<td>28.2*</td>
<td>28.0*</td>
<td>6.9*</td>
<td>31.4*</td>
</tr>
<tr>
<td>Born Outside</td>
<td>23.0*</td>
<td>28.1*</td>
<td>25.3*</td>
<td>5.6*</td>
<td>18.0*</td>
</tr>
<tr>
<td>1st Year</td>
<td>14.6*</td>
<td>30.7*</td>
<td>16.3*</td>
<td>5.2*</td>
<td>33.2*</td>
</tr>
<tr>
<td>2nd Year</td>
<td>6.7*</td>
<td>25.6*</td>
<td>27.9*</td>
<td>6.7*</td>
<td>33.0*</td>
</tr>
<tr>
<td>3rd Year</td>
<td>4.2*</td>
<td>28.1*</td>
<td>25.3*</td>
<td>10.0*</td>
<td>32.3*</td>
</tr>
<tr>
<td>4th Year</td>
<td>3.8*</td>
<td>27.7*</td>
<td>39.2*</td>
<td>5.9*</td>
<td>23.4*</td>
</tr>
<tr>
<td>Residence</td>
<td>12.0*</td>
<td>30.6*</td>
<td>18.2*</td>
<td>4.4*</td>
<td>34.9*</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>4.9*</td>
<td>27.2*</td>
<td>31.0*</td>
<td>8.5*</td>
<td>28.4*</td>
</tr>
<tr>
<td>Commute 30 – 59 min</td>
<td>13.7*</td>
<td>31.1*</td>
<td>22.4*</td>
<td>5.0*</td>
<td>28.0*</td>
</tr>
<tr>
<td>60+ min</td>
<td>10.6*</td>
<td>35.6*</td>
<td>19.2*</td>
<td>1.9*</td>
<td>32.7*</td>
</tr>
</tbody>
</table>
Alcohol Use Disorders Identification Test (AUDIT)
This instrument was developed by the World Health Organization and has been validated against numerous populations including students. It was designed for use in both survey and clinical settings. The ten questions that make up this scale are scored using a key to classify respondents based on the type of intervention warranted. The scale specifically looks at the impact of drinking behaviours as well as warning signs for dependence.

- Zone I: Brief alcohol education
- Zone II: Simple Advice
- Zone III: Simple advice plus brief counselling and continued mentoring
- Zone IV: Referral to a specialist for diagnostic evaluation

Table 5 - AUDIT

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Zone I</th>
<th>Zone II</th>
<th>Zone III</th>
<th>Zone IV</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>49.7</td>
<td>37.9</td>
<td>7.0</td>
<td>5.4</td>
<td>100</td>
</tr>
<tr>
<td>Male</td>
<td>37.7*</td>
<td>43.4*</td>
<td>10.8*</td>
<td>8.1*</td>
<td>100</td>
</tr>
<tr>
<td>Female</td>
<td>57.6*</td>
<td>34.4*</td>
<td>4.5*</td>
<td>3.6*</td>
<td>100</td>
</tr>
<tr>
<td>Born Canada</td>
<td>51.0</td>
<td>37.5</td>
<td>6.6</td>
<td>5.0</td>
<td>100</td>
</tr>
<tr>
<td>Born Outside</td>
<td>60.2</td>
<td>32.0</td>
<td>3.1</td>
<td>4.7</td>
<td>100</td>
</tr>
<tr>
<td>1st Year</td>
<td>53.9</td>
<td>34.4</td>
<td>6.0</td>
<td>5.7</td>
<td>100</td>
</tr>
<tr>
<td>2nd Year</td>
<td>49.4</td>
<td>36.9</td>
<td>7.6</td>
<td>6.1</td>
<td>100</td>
</tr>
<tr>
<td>3rd Year</td>
<td>46.4</td>
<td>41.7</td>
<td>6.8</td>
<td>5.1</td>
<td>100</td>
</tr>
<tr>
<td>4th Year</td>
<td>55.7</td>
<td>35.7</td>
<td>5.2</td>
<td>3.4</td>
<td>100</td>
</tr>
<tr>
<td>Residence</td>
<td>53.5</td>
<td>34.0</td>
<td>6.8</td>
<td>5.7</td>
<td>100</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>50.1</td>
<td>39.1</td>
<td>6.2</td>
<td>4.6</td>
<td>100</td>
</tr>
<tr>
<td>30 – 59 min</td>
<td>52.3</td>
<td>36.4</td>
<td>5.3</td>
<td>6.1</td>
<td>100</td>
</tr>
<tr>
<td>60+ min</td>
<td>64.9</td>
<td>30.8</td>
<td>9.9</td>
<td>4.4</td>
<td>100</td>
</tr>
<tr>
<td>Guelph</td>
<td>51.9</td>
<td>37.0</td>
<td>6.4</td>
<td>4.8</td>
<td>100</td>
</tr>
</tbody>
</table>
While half of respondents met the criteria for needing some kind of an intervention, the vast majority of students are in the low end of the scale where brief interventions are indicated. However, we need to be thoughtful about the support we can offer to the just over 5% falling into the highest category whereby referral to a specialist is warranted.

Where do Students Drink?

Table 6 - Where Students Drink

<table>
<thead>
<tr>
<th></th>
<th>Consistently On-Campus</th>
<th>Mostly On-Campus</th>
<th>Mostly Off-Campus</th>
<th>Consistently Off-Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>9.3</td>
<td>7.9</td>
<td>16.0</td>
<td>66.8</td>
</tr>
<tr>
<td>Male</td>
<td>11.0</td>
<td>8.1</td>
<td>17.8</td>
<td>63.0</td>
</tr>
<tr>
<td>Female</td>
<td>8.2</td>
<td>7.8</td>
<td>14.7</td>
<td>69.4</td>
</tr>
<tr>
<td>Born Canada</td>
<td>9.3</td>
<td>7.4</td>
<td>15.7</td>
<td>67.5</td>
</tr>
<tr>
<td>Born Outside</td>
<td>6.2</td>
<td>12.4</td>
<td>15.0</td>
<td>66.4</td>
</tr>
<tr>
<td>1st Year</td>
<td>30.3*</td>
<td>23.1*</td>
<td>19.1*</td>
<td>27.4*</td>
</tr>
<tr>
<td>2nd Year</td>
<td>5.0*</td>
<td>4.7*</td>
<td>14.1*</td>
<td>76.2*</td>
</tr>
<tr>
<td>3rd Year</td>
<td>0.7*</td>
<td>3.3*</td>
<td>12.4*</td>
<td>83.6*</td>
</tr>
<tr>
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<td>1.1*</td>
<td>1.4*</td>
<td>16.7*</td>
<td>80.7*</td>
</tr>
<tr>
<td>Residence</td>
<td>34.4*</td>
<td>26.3*</td>
<td>24.0*</td>
<td>15.3*</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>0.9*</td>
<td>2.1*</td>
<td>13.4*</td>
<td>83.6*</td>
</tr>
<tr>
<td>30 – 59 min</td>
<td>10.9*</td>
<td>9.1*</td>
<td>16.4*</td>
<td>63.6*</td>
</tr>
<tr>
<td>60+ min</td>
<td>30.3*</td>
<td>11.8*</td>
<td>13.2*</td>
<td>44.7*</td>
</tr>
<tr>
<td>Guelph</td>
<td>8.1*</td>
<td>7.5*</td>
<td>15.9*</td>
<td>68.4*</td>
</tr>
<tr>
<td>Regional</td>
<td>21.2*</td>
<td>11.8*</td>
<td>12.9*</td>
<td>54.1*</td>
</tr>
</tbody>
</table>

Two thirds of respondents drink exclusively off campus with only 10% drinking exclusively on campus. This suggests that interventions intended to reach the greatest number of students in order to keep them safe at the point when they are consuming alcohol, or designed to
discourage them from going to excess in the moment, should focus on off-campus drinking practices.

As residence caters largely to first year students, it is not surprising to find that these individuals are more likely to drink on campus than fourth year students. When considering exclusively first year students, a little over a third drink exclusively on campus (35.4%). A slightly larger proportion of them drink mainly or exclusively off campus (37.4%).

Students who live in residence but are not in first year are most likely to drink off campus. Even with alcohol being served at several campus venues, these students primarily leave campus to drink.

Reasons for Drinking
It is important to understand why students drink. Not only will this help with education programs, but it can also have a bearing on the appropriate intervention options.

Table 7 - Why Students Drink

<table>
<thead>
<tr>
<th></th>
<th>To be Sociable</th>
<th>To Enjoy a Meal</th>
<th>Help Relax</th>
<th>Forget Worries</th>
<th>To Be Less Inhibited</th>
<th>To get drunk</th>
<th>To Celebrate</th>
<th>To Enjoy the Taste</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guelph 2012</td>
<td>35.4</td>
<td>6.2</td>
<td>4.7</td>
<td>2.5</td>
<td>2.5</td>
<td>8.6</td>
<td>28.3</td>
<td>8.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Male</td>
<td>35.0*</td>
<td>6.5*</td>
<td>5.3*</td>
<td>3.0*</td>
<td>2.9*</td>
<td>9.5*</td>
<td>23.2*</td>
<td>10.2*</td>
<td>4.5*</td>
</tr>
<tr>
<td>Female</td>
<td>35.6*</td>
<td>6.0*</td>
<td>4.2*</td>
<td>2.2*</td>
<td>2.2*</td>
<td>7.9*</td>
<td>31.8*</td>
<td>6.5*</td>
<td>3.4*</td>
</tr>
<tr>
<td>Born Canada</td>
<td>36.2*</td>
<td>5.7*</td>
<td>4.5*</td>
<td>2.4*</td>
<td>2.2*</td>
<td>8.6*</td>
<td>28.9*</td>
<td>7.5*</td>
<td>3.9*</td>
</tr>
<tr>
<td>Born Outside</td>
<td>25.7*</td>
<td>10.9*</td>
<td>5.1*</td>
<td>2.6*</td>
<td>4.3*</td>
<td>6.9*</td>
<td>33.1*</td>
<td>9.7*</td>
<td>1.7*</td>
</tr>
<tr>
<td>1st Year</td>
<td>38.0*</td>
<td>3.0*</td>
<td>3.4*</td>
<td>2.9*</td>
<td>3.4*</td>
<td>11.6*</td>
<td>26.6*</td>
<td>6.1*</td>
<td>4.9*</td>
</tr>
<tr>
<td>2nd Year</td>
<td>37.3*</td>
<td>3.4*</td>
<td>3.8*</td>
<td>2.4*</td>
<td>2.8*</td>
<td>9.4*</td>
<td>30.4*</td>
<td>6.3*</td>
<td>4.3*</td>
</tr>
<tr>
<td>3rd Year</td>
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<td>2.2*</td>
<td>7.2*</td>
<td>32.2*</td>
<td>7.5*</td>
<td>4.3*</td>
</tr>
<tr>
<td>4th Year</td>
<td>34.4*</td>
<td>9.3*</td>
<td>6.2*</td>
<td>2.0*</td>
<td>1.4*</td>
<td>6.1*</td>
<td>28.8*</td>
<td>9.7*</td>
<td>2.1*</td>
</tr>
<tr>
<td>Residence</td>
<td>39.9*</td>
<td>2.9*</td>
<td>3.1*</td>
<td>2.9*</td>
<td>3.6*</td>
<td>10.8*</td>
<td>27.5*</td>
<td>4.6*</td>
<td>4.7*</td>
</tr>
<tr>
<td>Off-Campus</td>
<td>34.0*</td>
<td>6.9*</td>
<td>4.3*</td>
<td>2.2*</td>
<td>2.1*</td>
<td>7.9*</td>
<td>30.2*</td>
<td>9.0*</td>
<td>3.4*</td>
</tr>
<tr>
<td>30 – 59 min</td>
<td>36.3*</td>
<td>6.0*</td>
<td>6.3*</td>
<td>3.4*</td>
<td>1.7*</td>
<td>7.7*</td>
<td>26.3*</td>
<td>7.1*</td>
<td>5.1*</td>
</tr>
<tr>
<td>60+ min</td>
<td>40.9*</td>
<td>3.4*</td>
<td>2.5*</td>
<td>2.5*</td>
<td>0.4*</td>
<td>9.3*</td>
<td>25.7*</td>
<td>5.9*</td>
<td>9.3*</td>
</tr>
</tbody>
</table>
The most important reason Guelph students choose to drink is “to be sociable” (35.4%) and the next most important reason is “to celebrate” (28.3%). This suggests that interventions with high risk groups might focus on the cognitive dissonance between seeking to have a good time and the negative consequences that frequently occur from over indulging.

A significant but relatively small group of students identify a more troubling set of reasons for drinking: to relax (4.7%); to forget worries (2.5%); to be less inhibited or shy (2.5%); and, to get drunk (8.6%). These reasons all represent motivations fueled by a desire to avoid negative emotions. For this group, interventions that teach coping skills may be fruitful.

Residence students are more likely to drink to be sociable or to get drunk as compared to students living elsewhere. They are the least likely group to drink for the enjoyment of a meal, to help them to relax, to celebrate or to enjoy the taste. These findings suggest that work with individuals who are found to be at risk in this group should have a particular focus on alcohol expectations. The differences between the Guelph campus and the regional campuses are not significant.

**Perceptions Regarding Drinking**

We know that students may have strongly informed opinions on the importance of alcohol consumption in terms of social acceptance. Students were asked “To what extent do you agree with the following statements...”. The results noted below are based on the percentage of students who agreed or strongly agreed with the statement.

<table>
<thead>
<tr>
<th>Table 8 - Perceptions Regarding Drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students Admire Non-drinkers</td>
</tr>
<tr>
<td>Guelph 2012</td>
</tr>
<tr>
<td>Canada 2004(^3)</td>
</tr>
</tbody>
</table>

\(^3\) In the CAMH report, these figures were rounded to the nearest whole number.
Relatively few students think non-drinkers are admired (6.4%). In terms of intervention, it is difficult to directly influence this perception – students are unlikely to be receptive to the assertion that non-drinkers deserve elevated social status. However, to the extent that community-level interventions are effective at creating a moderate drinking culture, this item could be considered an indirect measure for assessing change.

A significant portion of students think drinking is an important part of the university experience (37.3%). This may be a large enough group to be self-reinforcing among circles of students who hold this view and possibly to even affect the overall climate among students. As this perception tends to grow with increased time as an undergraduate, it suggests something happens in the student experience that shapes this idea. Further research including qualitative research could help to uncover some of the meaning behind this notion and examine whether it is related to identity as a university student.

Men are more likely to believe that “it is important to show how much you can drink and still hold your liquor.” They are also more likely to believe drinking is an important part of the
university experience. Gendered ideas about alcohol are, therefore, very much at play for some students.

Similar to year of study, students living in residence are less likely than those living elsewhere to think drinking is an important part of the university experience. This could suggest the effectiveness of Residence Life programming at influencing the perception of the role of alcohol among students who live on campus.

*Consequences of Alcohol Consumption*
Part of the focus of this study is on reducing the negative consequences of drinking. As such, students were asked to comment on the consequences, answering the following question: “How often in the last 12 months have you...”

**Table 9 - Consequences**

<table>
<thead>
<tr>
<th>Response</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to stop drinking once started</td>
<td>77</td>
<td>13.6</td>
<td>5</td>
<td>3.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Failed to do what was normally expected</td>
<td>61.4</td>
<td>29.9</td>
<td>6.9</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Needed a drink to get started</td>
<td>98.8</td>
<td>2.5</td>
<td>1</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Felt guilt or remorse after drinking</td>
<td>56.4</td>
<td>33.7</td>
<td>7</td>
<td>2.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Unable to remember what happened the night before</td>
<td>52.2</td>
<td>33</td>
<td>10.7</td>
<td>3.7</td>
<td>0.5</td>
</tr>
<tr>
<td>Had more than 5 drinks in one sitting</td>
<td>17.8</td>
<td>35.1</td>
<td>26.6</td>
<td>19.5</td>
<td>1</td>
</tr>
</tbody>
</table>

Students were also asked “Have you experienced the following consequences since the beginning of the year?”

**Table 10 - Consequences**

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffered a loss of memory after drinking</td>
<td>38.2</td>
</tr>
<tr>
<td>Have done something you regretted after drinking</td>
<td>36.7</td>
</tr>
<tr>
<td>Missed a class because of a hangover</td>
<td>28.6</td>
</tr>
<tr>
<td>Have had sex when not planned</td>
<td>20.8</td>
</tr>
<tr>
<td>Needed a lot more alcohol to become high or drunk than used to</td>
<td>15.4</td>
</tr>
<tr>
<td>Missed a class because you were drinking</td>
<td>13.5</td>
</tr>
<tr>
<td>Been hurt or injured</td>
<td>9.8</td>
</tr>
<tr>
<td>Have had unsafe sex because of drinking</td>
<td>9.5</td>
</tr>
<tr>
<td>Have gotten into trouble with the police</td>
<td>3.8</td>
</tr>
<tr>
<td>Response</td>
<td>Yes(%)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Have tried to cut down on drinking but can’t</td>
<td>3.4</td>
</tr>
<tr>
<td>Driven a car after drinking too much</td>
<td>2.5</td>
</tr>
</tbody>
</table>

It is fair to say that a large portion of UofG students experience at least one negative consequence as a result of alcohol consumption. This includes guilt or remorse, memory loss, injury, or having a professional express concern about their drinking. In addition, a series of questions were asked that examined corollary hazardous consequences and about a third of respondents had these experiences (e.g. high risk sexual activity, drinking and driving, losing a job, etc.) It was also noted that a majority of students (64.3%) experience difficulties as a result of other people’s drinking.

The survey showed that although students do not perceive alcohol to be a problem, ironically a large majority of them are experiencing negative consequences relating to their own drinking behaviour and that of others. Interventions should, therefore, focus on assisting students with the consequences of drinking (i.e. secondary intervention for when problems have already started to develop) rather than pre-emptive education that is based on the assumption that people need to understand the risks.

Given their experiences, students are likely already aware of the risks of alcohol consumption. Rather than educational programs about the already understood risks, they would likely benefit more from opportunities to develop skills to ameliorate them, which is consistent with the Tier 1 interventions proposed by NIAAA. Note that skill development occurs gradually over time (with practice) and generally cannot be achieved in one or two sessions of an intervention.

**Mental health**

Research consistently shows that mental health issues can be exacerbated with the use of alcohol. While students may feel that using alcohol will alleviate the symptoms of anxiety or depression, it can actually make things worse. In general as alcohol consumption goes up a number of symptoms for a host of physical and psychological disorders affecting mental health also go up (Jané-Llopis, & Matytsina (2006)). Indeed, those students who drink and are taking medication for a mental health issue could experience an interaction effect that could trigger new symptoms.

At Guelph, it was found that about 12.7% of student show signs of psychological distress and also experience negative alcohol-related outcomes. In addition, about 18.3% of UofG respondents to the Canadian Campus Survey indicated that they drink to cope with negative emotions.
Mixing alcohol with other drugs
Research has shown that combining alcohol with other drugs can lead to erratic behaviour, increased intoxication levels or other unpredictable effects. The survey showed that the proportion of UofG students who have ever used illicit drugs other than cannabis is relatively low (2.3%), and those who have abused prescription medications is also fairly low (1.2%). The lifetime prevalence of cannabis use is significant, with more than half of respondents (55.7%) having used. Within the previous 30 days, 18% of U of G students reported using marijuana; with most of them also reporting the use of alcohol as well (8.9% indicated use of both on at least 3 days and 1.4% indicating use of both on 10 days or more). Mixing alcohol with one or more prescription medications (not prescribed to them) was reported by 9% of the population.

ENVIRONMENTAL SCAN OF GUELPH PROGRAMS
As noted, there are no “silver bullets” to an alcohol strategy. Reducing the harmful use of alcohol by university students requires a collaborative effort across campus. It necessitates an understanding of the culture of alcohol use before students arrive, while on campus, and within the city. This section addresses a wide variety of strategies that are currently in use on our campus, or that have been entertained as possible enhancements to our approach. The following section synthesizes the strategies that show the greatest potential into a series of recommendations.

As part of the review process, a full inventory of Guelph’s programs was created. See Appendix 3. The review concludes that Guelph offers a breadth of alcohol related programs across campus, involving numerous units. Clearly there is acceptance and understanding that programming and support is necessary in this area. However, the question becomes are we offering the “right” resources, and are we allocating resources effectively. As such, this report focusses on moving forward through the use of rigorous evidence and with the NIAAA’s Four Tiers model as a basic framework.

Existing Campus-based Efforts

Healthy Campus Initiatives
Universities are more successful when they develop a comprehensive approach to a university culture that supports healthy social/emotional student development and well-being. Many students drink to because they believe it will make it easier to meet new people and make friends. To help students decrease their reliance on alcohol as a facilitator in this regard, students need to be provided with other regular opportunities to build/strengthen skills in healthy relationship development (CARBC, 2011). Enabling students to increase control over their health, broadly defined, will help them make good decisions not only when it comes to drinking, but in all areas of their life.
The University actively cultivates connectedness amongst students by organizing several events regularly that are social in nature (example intramural sports, club events) as well as those that emphasize the importance of culture, diversity, and social justice. The University also attempts to engage students in volunteer opportunities in the community. These free campus events are scheduled regularly and particularly in the evenings and on weekends when drinking is heaviest. Residence life staff actively promotes these events. While not all students will be attracted to such events, they underscore the university’s efforts to create a campus that promotes overall well-being.

Queen’s University has been identified as best practice with its newly developed Health and Wellness Framework. This framework provides a strategic direction and vision for a campus devoted to enhancing health and wellness, and to provide high-level guidance for policies and programs developed by three working groups: mental health, safety and alcohol. The goal is to promote a vibrant, collaborative, and supportive campus environment and to consider the physical, socio-cultural, intellectual/academic, spiritual, and environmental aspects of the student experience and development as it seeks to advance health and wellness across the campus.

**University Policies**

One of the key recommendations from the research is that universities should have a standalone alcohol policy. The University of Guelph has an Alcohol policy which was, at its inception identified as a model in the province. The Taskforce identified that this policy (as well as other pertinent policies) be reviewed against best practice and to that end, one of the reports prepared for the Taskforce was an Alcohol Policy Review.

In this review, the University of Guelph’s [Alcoholic Beverages Policy](#) was found to be exemplary. Moreover, not only does the University have a strong policy, it also has an additional standalone policy for residences, and a standing Alcohol Safety Committee that reviews the policies regularly, as well as discusses trends and concerns. Our approach contains many regulations regarding service policies that limit consumption, advertising restrictions, and crowd regulations for our on-campus bars. Examples of controls include:

- Limits on amount of drinks than can be purchased by any one person at any one time
- Limits on size of drink containers (glasses, pitchers, etc.)
- Limit amount of spirits in drinks to 1 oz. and ban on shots
- No discount sales and “happy hours”
- Elimination of “last calls”
- Limits on the number of guests allowed into a licensed establishment
- Enforced monitoring/compliance checks of underage drinkers
- Refuse service to intoxicated persons (and safely remove them from the premises)
• Delivery services are not allowed on campus

The review suggested some minor changes our policies:

1. Add a review date to the policy, to ensure a regular review
2. Recommend that incident reports include a category noting if alcohol was a factor
3. Create a stand-alone alcohol policy for student leaders and athletes

In addition, the review suggested that a policy be introduced related to caffeinated energy drinks. Research on the consumption of caffeinated alcoholic beverages, either hand mixed or pre-mixed, supports severely limiting their availability to reduce consumption (Brache et al., 2012). At a minimum, caffeinated energy drinks should not be sold where alcohol can be purchased or consumed (retail or bar setting) to help prevent them being mixed with alcohol.

Universities can also institute and enforce policies that ban consumption in public places on private university grounds, including parking lots, sports areas, at tail gate parties, etc. This has been the practice on our campus. Recently, under alumni pressure, limited alcohol has been provided at football games. This practice will continue to be reviewed to determine if there is any appreciable change in student behaviour after these games.

Historically, Orientation Week has been a period of heavy drinking among university students, not just at Guelph but across North America. On our campus, significant efforts have been made to curb this behaviour, including a determination to make all Orientation Week events dry in 2003.

The research also suggests that scheduling core courses on Fridays may have an impact on reducing Thursday night binge drinking patterns (Toomey et al., 2006). It is noted that numerous large first year courses are scheduled on Fridays (there are no large rooms vacant on Friday). It would be impossible to schedule more on this day.

Finally, while the review concluded that Guelph’s policies are strong, it noted that they are often hard to find. It recommends that current alcohol-related documents be integrated into an overarching communication strategy about campus policies regarding student activities on campus. It might also be worthwhile to create a simplified version that could be distributed to students.

**Residence Policies**

As part of the policy review, the [Student Housing Services Alcohol Policy](#) was examined relative to other policies in the province. This policy also incorporates best practice identified in the literature designed to reduce the likelihood of excessive consumption. Examples include:
• No drinking games or use of drinking paraphernalia that encourages swift or high volume consumption of alcohol
• Limitations on where alcohol can be consumed (i.e., not allowed in lounges)
• No parties or special events involving the consumption of alcohol allowed in residence
• A limitation on guests and the number of individuals who can be in any private room (to decrease likelihood of students holding parties in private rooms)
• No alcohol in glass bottles and bulk alcohol containers, such as kegs or “Texas Mickey’s”
• Limitations on the duration of parties and noise controls
• Communication of provincial drinking laws, including the minimum drinking age

Four years ago, Student Housing Services also adopted a ban on alcohol during Orientation Week, even for returning students. Despite the ban, about 46% of students indicate that they consumed alcohol during this period. During move-in, no alcohol is permitted to be moved into the residence halls. This practice has been adopted by a number of universities in the province. In addition, SHS offers non-alcoholic events on high-risk nights (Friday and Saturdays of large first year midterms) to encourage social events that do not include alcohol. Visitors are banned from staying in residence during high risk “party” periods (i.e., Homecoming, St. Patrick’s Day, Final Exams)

There have been experiments with dry residences; however, the success has been mixed. The literature suggests that such residences appear to succeed in reducing the second hand effects of excessive drinking and the greatest benefits are gained for those students who are either abstainers or light drinkers (Wechsler & Nelson, 2008; Toomey et al., 2006). Guelph has piloted an optional substance free residence environment but demand has been limited. It may be more fruitful for Housing to put in place a policy that restricts the amount or alcohol that any one student can bring into residence.

**Student Perception of Policies**

It is clear that Guelph takes the issue of access to alcohol seriously and has numerous policies and procedures in place to limit access and consumption. The question is whether students recognize them and feel they are being enforced. As noted in the chart below, relative to the Canadian data of 2004, a smaller percentage of our students feel the rules are not enforced, and a significantly smaller percentage feel alcohol is easily available. Fourth year students are the most likely to think alcohol is easily available on campus and first year students are the most likely to think the rules are rarely enforced. For first year students, this might be due to the ubiquitous use of fake ID and the overall prevalence of underage drinking – something that is less likely to be on the minds of upper year students.
Some Student Affairs professionals are now questioning alcohol policies that focus entirely on restricting alcohol. It is noted that neither the minimum drinking age changes nor the myriad of programs that have been implemented across universities campuses have ceased underage drinking or reduced significantly hazardous drinking. Findings suggest that students express both frustration at being taught only to abstain from drinking and that they show a genuine interest in acquiring specific knowledge and skills to manage their drinking and those of others effectively (Howard & Boekeloo, 2007). At Guelph, the Wellness Centre focuses it programs on addressing skills to manage drinking; all programs are based on harm reduction and choice models. However, our policies focus on reducing or limiting consumption as a strategy.

**Alcohol Prices**

Research shows that increasing the price of alcohol can reduce consumption as young people can be alcohol price sensitive (Wechsler & Nelson, 2008; Toomey et al., 2006). Findings at some campuses suggests that price controls such as establishing a minimum drink price on campus and banning drink promotions and “happy hours” may be an effective way to reduce binge drinking (Kuo, 2003).

While the Taskforce recognizes the research, it noted that the university has limited ability to influence prices off-campus. As such, there was considerable concern that increasing prices on-campus would have the effect of driving students from campus, where we have some control,

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4 In the CAMH report, these figures were rounded to the nearest whole number.
to socialize in the community, potentially in areas that may be riskier. This practice is referred to as “displacement”. There is some evidence that this is occurring – the Brass Taps is no longer impossible to get into; there are increasing complaints of large student parties in neighbourhoods; and, challenges with crowds in the downtown core.

As such, the Taskforce is not making any recommendations regarding prices outside of those already in our policies that are designed to limit excessive drinking (e.g., no happy hour).

**Advertising**

Young people are vulnerable to aggressive branding efforts and marketing of alcohol by the alcohol industry, which in turn results in increased consumption (Anderson et al., 2009). The University attempts to lessen the impact by implementing alcohol advertising policies that restrict the promotion of alcohol on campus. For instance, under the Alcohol Policy:

- Brewery/distillery sponsorship with respect to the announcement of events via posters, T-shirts, balloons, and other accessories related to the event are not permitted
- Brewery/distiller sponsorship of activities such as player of the game are not allowed
- Advertising of events must be responsible, in good taste and may not promote alcohol as the focus of the event
- Print publication of beverage alcohol advertising of all kinds is not allowed
- The blatant promotion of alcohol as the focus of an event is prohibited

Guelph has always been aggressive in this area but there are signals that we are sliding somewhat. Examples include: recent advertisements for beer companies in the Ontario; signs for on-campus bars that include alcoholic company advertising moving outside of the establishment itself; use of “sponsors” at events resulting in advertising on shirts at varsity games, or on posters advertising a speaker. Many times when the party is confronted, the answer is that they were not aware of the regulation.

These issues are within the purview of the Alcohol Safety Committee, which continues to monitor the situation and makes recommendations for modification of our policies as needed.

**Off Campus Culture**

**Downtown Guelph**

In the Harvard study it found that the prevalence of heavy drinking on campus was associated with the density of alcohol outlets, as well as laws and their enforcement, in the communities surrounding the colleges. There is strong evidence that higher concentrations of alcohol outlets in an area (retail, licensed establishments, etc.) are associated with increased alcohol
consumption and related harms such as sexual assault, alcohol-impaired driving, violence, and other neighbourhood disruptions (Campbell et al., 2009).

Not only can communities contribute to drinking patterns, they are also impacted by resulting harms such as noise disturbances, property damage, assaults and the consequences of impaired driving (Wechsler & Nelson, 2008; Adlaf, 2004).

Over time, the City of Guelph’s downtown has evolved to include a strong entertainment district. With over 3,000 seats in bars and nightclubs, and a “Party-town” marketing strategy adopted by some of the bars, a strong culture of partying and alcohol consumption has developed in the downtown core.

The Late Night Committee, which is comprised of members from the University, student government, the police, city officials, bar owners and neighbours meets regularly to address issues regarding student drinking and safety. Generally, the Committee has focused on enhancing safety supports in the downtown area, and has provided advice to city council on bar capacity and closing times. Safety issues such as late night bussing, availability of taxi-cabs and lighting has been discussed, with many important safety strategies adopted.

University officials also work with the police in identifying and reporting on establishments that break liquor licensing regulations. What this group has not discussed are issues such as promotion, images being portrayed and the overall climate of the bar scene. As noted, students increasingly go downtown to socialize rather than stay on-campus due to the restrictive alcohol rules and the lack of “excitement” with the on-campus bars.

Neighbourhoods
Over the past decade a shift has occurred with more students preferring to live off-campus after their first year. This trend, coupled by an increase in off-campus housing has resulted in more students living in neighbourhoods in greater density. A consequence has been more student parties in houses, some of which are large and potentially unsafe. A Neighbourhood Advisory Committee was struck in 2004 to address issues arising in neighbourhoods. This committee evolved into a Town and Gown Committee in 2009 and is comprised of members of the City, police, fire, bylaw enforcement, neighbours and students. Numerous strategies have been put into place by Off-Campus Living to address the party atmosphere, where high risk activity is most likely to occur. These strategies range from enforcement components which includes a restorative justice model for addressing neighbourhood-based conflict resolution, as well as neighbourhood engagement strategies that include a website designed to increase students’ knowledge of and skills in living safely and legally in the community.

In addition, a letter introducing Orientation Week is distributed to approximately 1,000 homes surrounding campus during Orientation week, providing information for students, residents,
and landlords alike. A Student Welcome Kit is also delivered to about 1,000 student homes in early September.

**Keg Registration**
In the Liquor Control Act of Ontario, keg registration is not required. However, in order to sell or distribute alcohol (from a keg or otherwise), one must have a license. This rule is enforced but is not often adhered to at university parties. In recent years, there has been a movement in some regions/cities to require keg registration. This would allow the authorities to monitor where and when a keg will be used, allowing for proper inspection. It would also enable the University to educate students on their responsibilities as party hosts.

**Event-Specific Prevention Efforts**
Patterns of drinking among students fluctuate throughout the academic year; drinking is often highest at the start and end of the academic year, on weekends, and during holidays and special events (Neighbors et al., 2007). There is new research emerging from an approach called “event-specific prevention” (ESP) where strategies to reduce harmful alcohol consumption target known periods during the academic year when heavy drinking is predictable both on- and off-campus. Examples include Orientation Week, Homecoming, St. Patrick’s Day and Halloween (Neighbors et al., 2007). A variety of environmental strategies are employed in the ESP approach, including organizing and promoting alcohol-free events, reframing and advertising the event to promote moderate drinking norms, increased police presence and road checks, increased medical staff, and reduced alcohol advertising. These Tier 3 programs capitalize on knowledge of these high-risk drinking times. Event-specific drinking is an ideal target for university prevention efforts because it can be anticipated; it is time-limited, allowing for precise timing of efforts; and it is similar from event to event, meaning that prevention efforts for one event can easily be modified for another, similar high-risk drinking time (Neighbors et al., 2012).

Guelph has been active in promoting responsible drinking during high risk periods, with the university and the city engaged in numerous programs. However, less is being done to offer alternative programming for these high risk periods as there is a sense that no one will take advantage of the opportunity.

**Alternative Programming**
The University of Guelph engages in alternative programming in a number of areas. All Orientation events are dry, and alcohol free events are run on Friday nights by Student Housing Services after some of the larger midterms. The Wellness Centre offers alternative programming such as Euchre nights, or climbing at the Grotto. Student organizations run alcohol-free events and alternative programming is advertised widely. Recently, the Department of Athletics removed student entrance fees to varsity games in an attempt to
increase participation. However, as with any type of programming, student attendance can be a challenge.

**Education and Awareness**

We know from information provided above that few (16.7%) think alcohol use is a problem on campus. This suggests that alcohol awareness programming that is targeted to the general population is unlikely to have much effect. Simply put, students do not believe it to be a significant problem; thus, are less likely to respond to messaging. It also clear that “just say no” campaign messages that focus on the negative consequences of alcohol fail to address young adults’ social acceptance of drinking as a normative behaviour (Howard & Boekeloo, 2007).

The majority of Guelph’s education and awareness programs do not focus on the negative consequences of drinking but instead, focuses on the harm reduction model. Instead, their education programs focus on (a) skill development for managing situations involving alcohol; and (b) social norming with an emphasis on moderation.

**Social Norms Programming**

While general alcohol awareness campaigns do not appear to be effective, many campus alcohol educators recommend a social norms strategy. Normative re-education is based on the theory that students have misperceptions of what are considered normal drinking patterns and overestimate consumption. To correct these misperceptions, social norms campaigns work to promote positive social norms and demonstrate the wide range of normal experiences. The theory is that once students see the discrepancy between what they think is normal and what is the reality among their peers, they will understand that they have overestimated the extent to which their peers are consuming, which will prompt them to decrease their own intake.

The University recently administered a National College Health Assessment survey on our campus, and found that our students overestimate the drinking patterns of other students and thus, there is the potential for a social norms program to be effective.

<table>
<thead>
<tr>
<th>Alcohol Usage</th>
<th>Actual Use (%)</th>
<th>Perceived Use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Never Used</td>
<td>11.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Last 30 Days</td>
<td>79.3</td>
<td>83.6</td>
</tr>
</tbody>
</table>

However, the social norms strategy is only ranked a Tier 3 program option as its effectiveness is debated (Schribner et al., 2011; Moreira et al., 2010; NIAAA, 2007, Toomey et al., 2007; Wechsler & Nelson, 2008). It is has been found that such intervention may be less effective on
campuses with higher densities of on-sale alcohol outlets (Schribner et al., 2011; DeJong, 2010). In addition, these approaches tend to be less effective when they are presented as a marketing campaign and instead should be approached as opportunities for conversations in community meetings and workshops.

In other studies, these programs have shown to have had success in reducing heavy alcohol consumption among both heavy drinkers and moderate drinkers and can be effective in reducing the use and abuse of alcohol among students (Linkenbach et al., 2002; Hanson, 1997b). It is noted that an important aspect of effective programs is ensuring the message is ubiquitous and memorable. While simple, prolific and appealing branding is important (e.g., Brock University’s “Don’t Be a Donkey” campaign), this only serves as a touchstone for remembering a deeper conversation. As we move forward it is important to recognize the social norms marketing programs offer the potential for high gains at relatively small costs. However, this is only true if they are designed using strategies that have been proven to be effective.

Web-Based Feedback Education Programs
There is a significant amount of web-based alcohol-related programs that are designed for university students. AlcoholEdu is an online prevention program for university and college students intended to motivate alcohol-related behaviour change, educate on alcohol issues and norms, and inform student decision-making (Outside The Classroom, 2012). Many studies point to the effectiveness of this program at reducing alcohol consumption, drinking frequency, and negative drinking consequences (Lovecchio, Wyatt, & DeJong, 2010; Wall, 2007; Paschall, Antin, Ringwalt, & Saltz, 2011a; Paschall, Antin, Ringwalt, & Saltz, 2011b). This program is implemented in over 500 universities in the United States, but is currently only implemented in 1 Canadian institution: York University. According to communications with staff at York, AlcoholEdu is a worthwhile program that applies well to Canadian students. This institution requires incoming students to complete the program to receive their residence keys, ensuring a very high response rate. Colleagues in the United States have suggested that this program is less effective when used as a standalone initiative, and generally requires a rich and well-resourced network of support for follow-up, debriefing, discussion and meaning making.

Guelph has experimented with a lightweight alternative to AlcoholEdu called eChug. Many other Ontario universities are using this program. In 2012, 625 entering students completed the eChug prior to starting classes; 650 filled it in during the first semester (most of this group did so as an educational sanction after involvement in an alcohol related incident). While students completed the survey, comments posted on STARTonline suggested that they did not find it helpful. It was decided to set this program aside this year pending a review of other alternatives.
**Student Leaders**

Student leaders are engaged in the planning and offering of many programs and services at the University of Guelph. In addition, they act as role models for other students. The expectation is that student leaders should both understand the issues related to unsafe alcohol consumption and be expected to engage responsibly. The University already has some strong programs in place in this regard. For instance, students organizing events must take risk management training and a key component of the program addresses alcohol consumption; student leaders such as Orientation Volunteers, Peer Helpers and Residence Life Staff are not allowed to drink while on-duty; varsity athletes have a code of conduct which speaks to alcohol. However, some schools have gone further, requiring all student leaders to undergo mandatory annual training on alcohol and adopt policies for their own organizations/boards.

**Parental Programming**

Having the parents of soon-to-be postsecondary students talk to their adolescent student about alcohol issues after high school but before university can be an effective way to reduce drinking among those students once they arrive on campus (Turrisi, Jacard, Taki, Dunnam, & Grimes, 2001). For many students, parents’ influence on students’ decisions is as great in college or university as it was during high school, so it is important to make the most of this power (Kattner, 2009). The promise shown by some parent intervention as a prevention strategy places it as a Tier 3 program.

This can be accomplished by providing parents with prevention materials containing useful tips for communication and conversation-starters. At the University of British Columbia, a brochure entitled “Parents, You’re Not Done Yet” is distributed to parents of incoming students. The 2-page brochure outlines some effects of alcohol consumption, definitions of high- and low-risk drinking. It challenges parents to work with their students on establishing an alcohol consumption plan which will hopefully help reduce alcohol consumption and associated risks.

A U.S. peer-reviewed study (conducted on two occasions) on a parent intervention program found that those students whose parents followed a handbook on how to communicate with their children about alcohol, including skills development and encouraging non-drinking social activities, had reduced rates of heavy drinking and more favourable attitudes towards participating in non-drinking activities relative to the comparison groups (Turrisi, 2010).

At the University of Guelph, the Centre for New Students distributes a handbook to families of incoming students, but this book includes very little information about alcohol consumption and associated harms. Pre-arrival orientation workshops and presentations do address this issue but impact only those parents who attend. Improvements could include further enhancing information for parents on how to communicate with their adult-children about these topics,
and on key information pertaining to alcohol in the Guelph context. This practice is an opportunity to take advantage of parents’ power to influence student drinking.

**Cognitive-Behavioural Skills-Based Programs**

Cognitive-behavioural skills-based programs aim to alter a person’s dysfunctional patterns of thinking about alcohol through activities that foster skills and responsibility pertaining to alcohol (NIAAA, 2002). Cognitive-behavioural skills-based (CBSB) programs often incorporate educational/awareness type activities (i.e. social norms, psycho-ed), with skills derived from the cognitive-behavioural therapy tradition. In this context, examples, ideas and beliefs are specifically examined as they relate to alcohol consumption. Students learn skills in self-monitoring and self-assessment; how to set limits and how to avoid and/or handle high-risk situations. This is supplemented with factual information such as addressing popular misconceptions (e.g. various methods to “sober up”). CBSB programs characteristically have multiple components, take place over a series of sessions, and can be done individually or in group settings.

There is encouraging evidence that skills-based interventions are effective in reducing drinking and consequences with mandated students and they are more effective than standalone education programs. The most effective programs are those that combine CBSB with normative feedback and motivational interviewing. These programs seek to deliver a message to students who are experiencing the impacts of excessive alcohol consumption the immediate risks of their excessive use and the benefits of moderation; this emphasis on the short-term impacts of alcohol use may reflect the short time horizons of the target audience (Fromme, Marlatt, Baer, & Kivlahan, 1994).

**Interventions & Treatments**

Very few students seek out professional assistance for alcohol related issues and yet more than 5% of the population at Guelph meets the criteria for needing a referral to clinical assessment and treatment, and a significant percentage engage in dangerous drinking at points in their career.

Given that 18% of students say the most important reason that they drink is to deal with negative emotions, enhanced interpersonal and intrapersonal skill development may be warranted. Teaching distress tolerance should be a particular focus. The *Dialectical Behavior Therapy Skills Workbook* (McKay, Wood & Brantley, 2007) could provide a useful starting point for developing intervention strategies.
**Screening**
Screening students for at-risk or harmful drinking can be an important early component of providing comprehensive health care services and for the provision of more in-depth interventions around alcohol consumption and its impact. In most intervention models, screening is critical to ensuring a good match between the proposed intervention strategy, triaging whether a formal or informal approach is warranted, and for measuring efficacy of the program.

There are several screening tools that ask students about the quantity, frequency, and negative consequences of their alcohol consumption. These instruments include the Rutgers Alcohol Problem Index (RAPI), the Alcohol Use Disorders Identification Test (AUDIT), and the Young Adult Alcohol Problems Screening Test (YAAPST), all of which take less than 10 minutes for students to complete (NIAAA, 2005). These short questionnaires can be found online and can be implemented in any of the following situations:

- A survey of incoming students
- When seeking medical attention from a physician
- When meeting with a Residence Life Manager following an incident involving alcohol
- When meeting with a Program Counsellor about academic issues where lifestyle seems to be a factor
- When meeting with a Bounce Back Facilitator
- When presenting at the Wellness Centre as a first point of contact for students seeking assistance with lifestyle changes
- With Campus Community Police who are meeting with a student as follow-up to an incident involving alcohol

The question of where and when to screen students depends on the campus but the research suggests that screening for at-risk or heavy drinking should, minimally, be built in as a normal part of service delivery during any follow-up with students involved with alcohol related concerns.

**Brief Motivational Interventions**
Brief motivational interventions (BMI) consists of a few short sessions (individual or small group) that use motivation enhancement approaches and typically incorporates alcohol information, skills training, and personalized feedback designed to increase motivation to change drinking (Vasilaki, 2006; Fleming, 2004; Larimer & Cronce, 2002).

Overall, there is good, consistent evidence that the use of BMI is effective in reducing harmful drinking in the short term (Wilson et al., 2011; Seigers & Carey, 2010; Fleming et al., 2010). While more research is required on who is best positioned to deliver BMI and what is the ideal setting (formal or informal), the research suggests that BMI is most useful when personalized normative feedback is included, and skills training and protective behavioural strategies are incorporated (Seigers & Carey, 2010; Larimer & Cronce, 2007). BMI can be used effectively with
those students who have been screened as at-risk or as a selective prevention program for at-risk groups, such as recreationally-oriented students (see results of the Canadian Campus Survey for discussion of this concept) regardless of existing levels of negative outcomes (CARBC, 2008; Larimer & Cronce, 2007; Neighbors, 2006). BMI is ranked as a Tier 1 program.

**BASICS** (Brief Alcohol Screening and Intervention of College Students) is one of the most widely used programs for university students and the two-session program, which includes an assessment, is aimed at frequent heavy drinkers. It was developed at the University of Washington. Students attend two 50-minute individual interviews conducted by staff in Student Health Services and receive personalized feedback about their drinking behaviour. High-risk drinkers who participate in BASICS have been shown to have reduced drinking problems and alcohol consumption rates at both the 2-year follow-up (Marlatt, Baer, Dimeff, Larimer, Quigley, Somers, Williams, 1998) and 4-year mark (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001).

*Treatment with Signs of Dependence and Significantly Elevated Harms*

The University employs a part-time addictions counselor who could also facilitate the interviews to reduce risky drinking behaviours. Currently, the primary issues presenting in this clinical setting are for drug use, specifically marihuana.

**E-interventions**

Health interventions when delivered via the Internet are called e-interventions. E-interventions can be used to respond to students with troubling alcohol behaviour. They are appealing because they have the potential to maintain anonymity, they can be interactive which helps provide an engaging format, content can be tailored to provide personalized feedback, and they can be self-directed and self-paced. These interventions are relatively low-cost, and may lead to more honest and thorough disclosure from participants (Elliot, Carey, & Bolles, 2008). However, delivering alcohol programming in this way is limiting because it lacks face-to-face contact, which can make it challenging to determine how well participants are engaging in the material and attending to the intervention (Elliot et al., 2008). There is evidence that e-interventions have alcohol-related risk reduction effects only when participants were already heavy drinkers prior to the program (Bersamin, Paschall, Fearnnow-Kenney, & Wyrick, 2007). This, in addition to readiness to change (i.e. motivation), has a regulating effect on intervention outcome. Despite these other variables, the literature supports web-based education as a promising Tier 3 program capable of producing significant, short-term reductions in alcohol consumption (Elliot et al., 2008).

**Charges for Alcohol Offences**

Presently, alcohol consumption charges fall under Provincial legislation. There is concern that such a charge may reduce the likelihood of individuals calling about their friend who might have
over-consumed. It may be worthwhile for Campus Community Police to consider moving these charges to an in-house fine for students under the Guelph-Offences Notice, rather than a provincial fine that goes downtown. The response could also include a requirement to engage in alcohol awareness programs. Officer discretion would still allow for more serious charges if they also include other offences such as vandalism or assault.

**Safe Space**
Presently there are two options if students have over-consumed to the point that it may not be safe for them to be alone: 1) transfer to the hospital or 2) an arrest including custody in jail until it is safe to release the student. The question is whether there could be a better option than going to jail. This approach is often perceived by students as punitive and embarrassing, and it could also reduce the possibility of individuals calling for help, as they don’t want to see their friends taken to jail. Queens University offers a Campus Observation Room (COR) defined as:

- A friendly, safe, non-judgmental place where students who have had too much to drink can come to sleep it off
- A non-medical detox service run by Health, Counseling and Disability Services
- A harm-reduction program aimed at reducing the risk of alcohol-related injury by assessing and monitoring intoxicated students, and referring the them to a medical facility when warranted.

It is worthwhile reviewing the benefit of offering a similar space on campus, looking to potentially using the First Response Team as the support option. Combined with this review could be a discussion for amnesty for students who bring a friend to the safe space, as a mechanism to encourage support.

**Bystander Programs**
Regardless of the extent of our support systems offered, we know some students will still engage in hazardous drinking. In response and in an effort to enhance the safety of these individuals, a number of schools are implementing bystander programs – programs that educate students about the importance of making sure a friend does not get into a hazardous situation. In a study by Howard and Boekeloo, students uniformly answered that they would take care of a friend if they had too much to drink. However, many of the students commented that they are not taught the necessary skills to either identify or properly care for someone who has had too much to drink. There are pre-designed bystander programs Guelph could adopt. The Green Dot program focusses on the prevention of violence within a community and could be adapted to focus on alcohol. Other universities are implementing the Red Watch program as a bystander program. However, it is not possible to adapt the Red Watch program, which may make it less effective on our campus.
Adapting U.S. programs
The vast majority of the research on programs aimed at addressing problematic alcohol consumption by university and college students is done in the United States. Although many similarities can be observed between U.S. and Canadian campuses, some important differences are also notable (e.g., Kuo, Adlaf, Lee, Gliksman, Demers, & Wechsler, 2002). For example, more Canadian students drink but American students who drink, drink more than Canadian students. As such care should be taken in assuming that U.S. programs will work the same on a Canadian campus. Monitoring these adapted programs and evaluating them once they are completed is advisable.

RECOMMENDATIONS

Recommendation 1: Creation of a Standing Alcohol Steering Committee

The Taskforce found that bringing together this group of stakeholders has already resulted in positive discussions and revisions to programs. Continuation of such a committee would help to foster collaboration, reduce duplication and improve our educational and support programs. The Committee would have the following mandate:

1. To provide a strategic overview of the alcohol education and support programs across campus, ensuring the design and implementation are evidence based, consistent with the Student Affairs values and engage students in both the design and assessment.
2. To facilitate the co-ordination of alcohol programs across stakeholders. This could include an on-line website where programs offered by the numerous stakeholders could be highlighted. This would allow for both strategic offering of programs and a reduction in duplication.
3. To oversee an ongoing assessment of alcohol educational and support programs and make recommendations for change as appropriate. The assessment will include ongoing participation in national surveys as appropriate.
4. On an annual basis receive reports from the three standing sub-committees: Policy; Education and Awareness; and Intervention and make results and progress available to appropriate community stakeholders.
5. At least once a year, plan a professional development workshop lead by experts about the latest trends in alcohol and the culture surrounding its use. As an example, given the emphasis placed on drawing on peer-reviewed work, a session could be offered on
“best practices when using peer-reviewed literature to address problematic alcohol consumption”.

Membership on this committee will include:

Chair  
Associate V.P. Student Affairs (or designate)

Staff Representative  
Judicial Office  
Campus Community Police  
Student Housing Services  
Centre for New Students  
Off Campus Living  
Wellness Centre  
Guelph Police Services

Student Representative  
Interhall Council  
Wellness Centre  
First Response Team  
Residence Life Staff  
Member of the Student Executive Council

Faculty  
2 faculty with expertise either in alcohol programming or assessment

The regional campuses will be invited to attend if interested. Additional members can be added by the Chair as needed or appropriate.

1. The first task of the Steering Committee will be to strike the following three subcommittees, and identify priorities and implementation plans: Intervention Subcommittee; Policy Subcommittee; Education and Awareness Subcommittee. All of the subcommittees will be expected to rely heavily on evidence from peer reviewed literature and reliable data about University of Guelph students to inform its approach. Some of the action plans identified in this report are included below:

Campus Lead: Associate Vice-President (Student Affairs)

**Recommendation 2: Intervention with at Risk Students**

The Steering Committee will establish an intervention subcommittee which will help to develop, implement and assess the University’s intervention programs. Some specific first tasks include:
a. Establish clear referral indicators that delineate the criteria for referral based on the student’s circumstances. This will include the ongoing meeting of the Crisis team to review student cases and patterns. The intervention strategy needs to build capacity to offer the program across the relevant units on campus.

b. Examine options for providing a safe place for students to sober up when they are intoxicated to the point where they cannot be left unattended. Ensure that the top priority is safety of these students and that systemic barriers to help-seeking are minimized or eliminated. Whenever possible, avoid arresting students for intoxication.

c. Develop a Bystander program. The committee could recommend the adoption of pre-designed programs such as the Green Dot or Red Watch programs, or design one of its own.

d. Develop a Tier 1 intervention strategy. Examples of options that are well supported by peer-reviewed evidence of efficacy with university students include:
   - Alcohol Skills Training Program
   - BASICS: Brief Alcohol Screening and Intervention for College Students

_Campus Lead: Student Housing Services_

**Recommendation 3: Alcohol Policies**

The Steering Committee will review the mandate and membership of the Alcohol Safety Committee focusing its mandate to policy work. The Alcohol Policies Subcommittee will also have a broader mandate to include off-campus policies.

Some specific tasks for the committee to review include:

a. Policies related to Off-Campus behaviour

Research is needed to further understand the motivations that underlies off campus alcohol consumption, particularly problematic consumption. This will help to inform discussions regarding how to influence off-campus decision makers to bring about more effective policies that help to:

- Reduce access to alcohol by those who are underage by focusing on the prevalence of underage students who make use of falsified or misleading personal identification
- Diffuse environments that are known to promote excessive drinking
- Reduce the density of alcohol-serving venues whose primary late-night business involves serving alcohol or providing a party-like atmosphere
- Better manage excessive drinking at house parties through a registration process for the purchase of kegs anywhere in the City of Guelph or Wellington County
• Redirect corporate entities away from seeking out first year students ensure there is a strong presence of the local liquor inspector within the City of Guelph and specifically in locations of concern

b. Policies related to On-campus

Review the strategy of restricting alcohol at most events to determine if a better approach is to allow alcohol with the aim to teach responsible drinking. For instance, explore the benefit of promoting all-ages “wet events” where alcohol is permitted for consumption for those who are of legal age, but where we convey (a) a culture that alcohol can be a fun part of social activities when consumed responsibly and (b) that we have a caring responsibility for others in our community (i.e., whether we consume alcohol and must think about the impact on others or see others in situations that may be concerning [i.e., bystander approach]). This would also include a review of the sale of alcohol at varsity games. The focus of the review should be a clear policy statement on where alcohol can be made available taking into consideration risks, culture, perceptions and evidence of alcohol reduction strategies.

c. Restorative Practices

Explore restorative practices rather than discipline to attend to incidents where students have been affected by alcohol: such approaches have been shown to enhance student responsibility for their actions and help those impacted move forward.

**Campus Lead: Student Life**

**Recommendation 4: Educational and Awareness Programming**

The Steering Committee will establish an Educational and Awareness subcommittee which will help to develop, implement and assess the University’s programs. The purpose of this group is to:

a) Ensure a consistent approach across multiple contexts

b) Offer an opportunity to exchange ideas and provide mutual support

c) Build a community of supporters who have a strong commitment to ensuring students who choose to drink are safe when doing so.

Some initial tasks include:
a. Review the Tier 4 programs with a view of revising and co-ordinating these initiatives for more effective programming. It is further suggested that the group revise alcohol programming in light of the data that students continue to drink and recent conceptual literature suggesting that (a) alcohol-related programming should be used in educational ways and (b) bystander intervention programs may be the key. Review program options in the Wellness Centre to develop peer educators with a focus on engaging student leaders such as Residence Life Staff, Varsity Athletes and elected student leaders. As part of this process the plan would be to develop two presentations or training modules on (a) moderation/social norms, and (b) being a good friend. The goal would be for these sessions to be delivered in either a 30 minute or 60 minute format. The intent would be for a peer helper to be able to teach the content and format to anyone with basic presentation skills in less than an hour. A webpage would be provided for students to go for additional background information and referral options.

b. Improve the information provided to parents during the pre-arrival period for new students, with a focus on institutional expectations and topics of conversation for harm reduction.

c. Build partnerships with neighbourhood stakeholders with an emphasis on:
   • enhancing the alcohol awareness strategy off-campus;
   • ensuring appropriate referral strategies to on-campus support; and
   • engaging in restorative practices for addressing behaviour resulting from alcohol consumption.

d. Develop course material aimed at communicating information and teaching skills to curtail problematic alcohol consumption. The objectives of this course material may want to include:
   i. Provide general information about alcohol and its physiological and psychological effects
   ii. Provide information aimed at curtailing norm misperceptions
   iii. Provide safety information along with contacts for available on-campus and off-campus resources
   iv. Include activities aimed at developing the skills that students can use throughout their time at the university (and beyond) to monitor and respond to cues of problematic alcohol consumption
   v. Include activities aimed at challenging problematic cognitive and behavioural expectations of students

Two possible avenues, not mutually exclusive, to provide this course material are:

   i. Develop a course kit to be distributed to course instructors of first year courses.
ii. Develop a short single session online course that students could complete (e.g., asking that first students complete the course prior to the start of the year)

Note: Dr. Benjamin Giguère, Dept. of Psychology, has agreed to spearhead this initiative.

**Campus Lead: Wellness Centre**

**IMPLEMENTATION**

It will be the responsibility of the Steering Committee to determine action plans for each of the subcommittees, identifying priorities and timelines.

**CONCLUSION**

Harmful drinking by university students is not a Guelph problem – it is a problem shared by most universities. Given the significant direct and indirect harms for students and other community members, the University needs to engage in a plan to respond.

This report has taken a comprehensive approach that includes a broad environmental scan, a review of prevention both in terms of policies and education, as well as consideration of interventions and treatment. This scan has concluded that there is much strength in our current approach. In fact, in many areas we are seen as leaders. However, we are an institution that is open to new ideas and approaches. We recognize that evolving research may point to different approaches. As such, we have entertained opportunities to enhance the current strategies employed on campus; and identified new strategies that will provide a robust network of supports that are intentional, evidence-based, collaborative, effective and above all, provide a supportive environment for our students.

The next step is to ensure that action is taken in response to this report. The Alcohol Steering Committee will be responsible for setting action items and timelines. Annual updates on progress will be submitted to the Alcohol Steering Committee and factored into the integrated planning process.

The expectation is that as we implement these recommendations, we will further enhance our support and education programs. We anticipate that our students will have a better understanding of the drinking that is occurring in our student body as well as the impact of hazardous drinking (including academic consequences). We envisage a campus where all stakeholders are working together on intervention programs that will help to keep our students
safe from the outcome of hazardous drinking. Our vision is that as programs are designed, they are grounded in evidence based research, focussing on strategic values, and engaging in ongoing assessment. We will be an institution that is seen to be at the forefront of innovation in alcohol programming.
APPENDIX 1: MANDATE AND MEMBERSHIP OF THE ALCOHOL TASK FORCE

Background
It is argued by some that alcohol use and abuse is one of the most critical issues facing society today in terms of the economic impact due to missed work and health care costs. Universities are also experiencing similar challenges. There is no question that on the University of Guelph campus alcohol use and abuse plays a role in the majority of non-academic discipline incidents, results in hospitalizations for alcohol poisoning, injuries or death sustained while under the influence, and contributes to poor academic performance. It is also a component of almost all neighbourhood complaints, which are being received in more frequent numbers.

The research shows that 35 percent of Canadian students engage in binge-drinking behaviour; with 1 of 5 males consuming 10+ drinks and 1 of 10 females consuming 8+ drinks (twice the binge threshold) at least once every two weeks on average (Gliksman, 1997; Kuo, 2002, White, 2006; Goldstein & Flett, 2008).

Consequences of excessive alcohol consumption include academic difficulties; antisocial behavior; health and psychosocial problems; high-risk sexual behavior; and other risky behavior, such as drinking and driving (Reifman & Watson, 2003). Moreover, it is not just those who drink who face the consequences of excessive consumption. Students who attend schools with high rates of heavy drinking experience a greater number of secondhand effects, including disruption of sleep or studies; property damage; and verbal, physical, or sexual violence (Slutske, 2005).

Despite the major negative consequences associated with heavy alcohol consumption, such consumption continues on the campus today. The University is committed to reducing the negative consequences associated with alcohol use some students may experience while helping to create a safe and healthy environment for all of our students. While there is much in place on the education and prevention fronts, it is timely for the University to closely examine current practices and determine where efforts can be redoubled to address this issue that clearly impacts our community on many fronts.

To that end an Alcohol Task Force is being struck to undertake a full review of the issue and bring forward recommendations for change.
**Mandate**

The goals of the Task Force are threefold:

1. To gain a snapshot of the situation on campuses across Canada and on our campus. This will involve a comprehensive review of the literature on alcohol abuse, binge drinking, and underage drinking of university students to obtain a better understanding of the issue. Specifically, review the literature relevant to the nature and extent of student alcohol consumption and its consequences on student health and behaviour as well as the relationship between personal, institutional and developmental factors and student drinking.

2. Review best practices regarding alcohol education and programming as well as discipline options.

3. Review of educational, training, programming and discipline initiatives presently in place on the Guelph camps and make recommendations to the Alcohol Safety Committee and Senior Administration for change, if warranted.

While the focus of this task force is alcohol use and abuse, it would be helpful to include abuse of other substances as a focus where similar initiatives may be appropriate.

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<th>Representatives</th>
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<tr>
<td>Brenda Whiteside</td>
<td>Student Affairs (Chair)</td>
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<td>Jessica Westlake</td>
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<td>Philip Zachariah</td>
<td>Judicial Office</td>
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<td>Robin Begin</td>
<td>Campus Community Police</td>
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<td>Secondary School Counsellor</td>
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<td>Madchen Funk</td>
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APPENDIX 2: SUMMARY OF NIAAA’S FOUR TIERS

The full description of this approach can be reviewed here:
http://www.collegedrinkingprevention.gov/niaacollegematerials/taskforce/CallToAction_02.aspx

Tier 1: Evidence of effectiveness among university students

- Focused on students who meet criteria for being at significantly elevated risk or signs of dependence
- Uses a formal screening tool
- Cognitive-behavioural skills training, which is often characterized by:
  - Informed by scientific research
  - Examines systems of activating events, beliefs and thoughts, and consequences
  - Considers errors in thinking
  - Challenges toxic thoughts
  - Uses specific activities to teach attention, self-awareness
  - Assists with testing assumptions through behavioural experiments
- Formal techniques for motivational enhancement
- Information about norms
- Insight-oriented discussion about alcohol expectancies
- Semi-structured interview format

Exclusions

- Focuses on student population as a whole
- Takes a community-level approach

Known Best Practices

- Alcohol Skills Training Program (Fromme et al., 1994)
- BASICS: Brief Alcohol Screening and Intervention for College Students (Dimeff et al., 1999)
- Drinkwise

Tier 2: Evidence of success with general populations that could be applied to university environments

- Impacts the campus and community culture that support excessive and underage alcohol use

Known Best Practices

- Increased enforcement of minimum drinking age laws
• Implementation, increased publicity and enforcement of other laws to reduce alcohol-impaired driving
• Restrictions on alcohol retail outlet density
• Increased prices and excise taxes on alcoholic beverages
• Responsible beverage service polices in social and commercial settings
• Formation of a campus and community coalition involving all major stakeholders

**Tier 3: Evidence of logical and theoretical promise, but requires more comprehensive evaluation**

• Requires a team of experienced researchers
• Targets the student population as a whole

**Common Approaches**

• Policies and practices to reduce high risk alcohol use
  - Increasing the times when classes are offered (e.g. Saturday mornings)
  - Implementing alcohol-free, late night activities
  - Eliminating keg parties
  - Alcohol free residences
  - Employing residence life staff who are older or more mature
  - Increasing limitations (or eliminating entirely) alcohol at sports events
  - Prohibit events associated with heavy drinking (e.g. tailgate parties)
  - Refuse sponsorship from the alcohol industry
  - Ban alcohol from campus entirely
• Increase enforcement of alcohol policies at events that promote excessive drinking
• Increase publicity about enforcement of underage drinking laws
• Identify and eliminate practices that might send mixed messages to students about alcohol use
• Improve enforcement and consistency regarding alcohol policy
• Conduct marketing campaigns about alcohol use (social norming)
• Provide “safe rides” programs
• Regulation of happy hours and sales
• Informing new students and their parents about policies during orientation (pre-arrival and start of school year)
• Commercially available intervention products

**Tier 4: Evidence of Ineffectiveness**

• Evidence of being ineffective when used in isolation
• Consistent findings across research studies of not being effective
• Some evidence of possibly being harmful or counterproductive

Common Approaches
• Information or knowledge-based intervention about alcohol and the problems related to excessive use
• Values clarification
• Providing feedback to students about Blood Alcohol Content (BAC)
APPENDIX 3: RISK FACTORS FOR ALCOHOL-RELATED PROBLEMS

Individual Risk Factors

Personality
Some personality traits have been linked to higher incidence of alcohol-related problems. Individuals who possess these traits will be more likely to misuse alcohol, though not all people with these traits will have difficulties related to alcohol use.

Impulsivity
Those who are characterised as impulsive have difficulty refraining from behaviours, even when they are known to have potential negative consequences. As this applies to alcohol use, impulsive alcohol users may be aware of possible outcomes that are not favourable, yet cannot stop themselves from consuming alcohol nonetheless (Carlson, Johnson & Jacobs, 2010). This trait is associated with increased use of alcohol, both in frequency and quantity, and more consequences stemming from alcohol use (Jackson, Sher & Park, 2005). Though impulsivity has been consistently associated with the use of alcohol, it has not been associated with binge drinking specifically (Carlson et al., 2010).

Sensation Seeking
This trait involves a low threshold for boredom and a need for continual excitement. Sensation seekers are typically restless and do not enjoy activities or people that are perceived as dull. For this reason, many with this trait may pursue situations that are perceived as exciting, such as parties or bars, where alcohol use is more prevalent. Peers who use alcohol may be perceived as more interesting to sensation seekers. Because of these factors, sensation seeking behaviour is associated with use of alcohol, though not specifically binge drinking (Carlson et al., 2010). For sensation seekers, the benefits physically associated with alcohol are more important than perceived negative consequences (Carlson et al., 2010; Kuntsche et al., 2006), and sensation seeking is associated with drinking for the enhancement of positive feelings, attributes, or experiences (Kuntsche et al., 2006).

Aggression
Alcohol use is associated with having an aggressive personality (Sutton, 2007; Carlson et al., 2010). Despite this correlation, causation cannot be determined, since research has not shown which determines the other. Consumption of alcohol may cause increased aggression, due to its disinhibitory effects. Alternatively, those who feel aggressive or hostile may use alcohol to cope with negative feelings (Carlson et al., 2010). Tremblay and Ewart (2005) (as cited in Carlson et
found that an increased score on the Physical Aggression Scale was correlated with number of binge drinking events in a year.

**Negative Affectivity**

In psychological studies, the term negative affectivity is used to describe a person who tends to view situations in a negative light, or experiences regular negative moods (Kressin, Spiro & Skinner, 2000). Occasionally referred to as neuroticism, negative affectivity is also characterised by feelings of self-doubt, emotional lability, and sensitivity to criticism (Kuntsche et al, 2006). Individuals who are rated high in negative affectivity are more likely to engage in problematic drinking practices, including abuse and dependence (Jackson et al., 2005). Individuals with negative affectivity tend to mediate displeasure and difficult feelings by using alcohol as a relief (Kuntsche et al., 2006). Since use of alcohol as a mechanism to cope is associated with abuse and dependence (Babor et al., 2001), those who deal with negative affectivity by using alcohol may be at increased risk of alcohol misuse.

**Extraversion**

When a person is extroverted, they tend to enjoy being engaged socially and interacting with others (Ong et al., 2011). Currently, research shows that those with extroversion are more likely to consume alcohol, but not more likely to have problems related to their use than others (Jackson et al., 2005). Typically, alcohol is used by extroverts to enhance their positive characteristics, or enhance their positive social experiences (Kuntsche et al., 2006).

**Religiosity**

Though this may not be considered a personality trait by all, religiosity is defined in some of literature as a trait that affects use of alcohol. In this case, religiosity is negatively associated with frequency and quantity of alcohol use, likelihood of using alcohol versus abstinence, heavy drinking, and drinking that is hazardous or harmful (Jackson et al., 2005). Therefore, having a low level of religiosity is a risk factor for all of these alcohol-related behaviours.

**Recreationally-oriented**

Analysis of the results of the Canadian Campus Surveys identified a personality trait characterised by personal importance placed on recreational activities, such as parties, athletics, and recreational clubs. This trait was named “recreationally-oriented” by the authors. An alternative trait is characterised by importance place on cultural activities, including political organizations, student associations, arts, non-academic conferences and lectures, and ethnic or religious organizations/associations. The second personality type is referred to as “intellectually-oriented” (Adlaf, Demers & Gliksman, 2005). In both the 1998 and 2004 Canadian Campus Surveys conducted by researchers at the Centre for Addiction and Mental Health, a recreationally-oriented personality has been associated with higher consumption of alcohol (Demers et al., 2002; Gliksman et al., 2003; Adlaf et al., 2005). Those who are included
in this category are people who hold recreational activities of high importance, and do not value intellectually-oriented activities. Some students were identified as bi-oriented (valuing both types of activities) or a-oriented (valuing neither type) (Adlaf et al., 2005).

**Sex**
Differences in patterns of alcohol consumption have been identified between the sexes, particularly concerning binge drinking. Binge or heavy episodic drinking occurs at a higher rate among male university students than female university students (Jackson et al., 2005; Carlson et al., 2010). Furthermore, on days when they drink, men tend to drink more than women (Kypri, Paschall, Langley, Baxter & Bourdeau, 2010). Canadian university students who are males were more likely than females to be classified as engaging in hazardous and harmful drinking (Adlaf et al., 2005). Kuntsche et al. (2006) reports that most university drinkers who drink for social enhancement are males. Social enhancement motives may be related to an increased rate of binge drinking. Social enhancement motives for drinking are centred on the belief that alcohol provides a positive social benefit, and it is consumed in relation to social events (Gliksman et al., 2003; Kairouz, Gliksman, Demers & Adlaf, 2002). In late adolescence, males tend to find more motivation in positive social effects than females (Kuntsche et al., 2006). This difference in motivation may account for increased levels of binge drinking in males, when compared to females of the same age.

**Age and Age of Initiation**
Typically, younger university students are not as likely to engage in heavy drinking as older students in similar situations (Kuo et al., 2002). Additionally, the age at which a person first uses alcohol (more than a few sips) has significant effect on alcohol use later in life. This is defined in the literature as “age of initiation”. Studies have consistently identified early age of initiation as a risk factor for problems related to alcohol use in the future, such as alcohol dependence (Sutton, 2007), and binge drinking (Carlson et al., 2010; Kuo et al., 2002).

**Hereditary Factors**
There is evidence that links alcohol problems to genetic causes to some degree. Certain factors that may affect drinking behaviour are influenced by genetics, such as tolerance. Each person metabolizes alcohol at a slightly different rate, which will affect the amount able to be consumed in a period of time (Sutton, 2007).

When one’s parent has alcoholism, they have higher risk of being an alcoholic as well. The risk is significantly higher, in the range of 4-10 times higher risk than those whose parents do not suffer from alcoholism. Additionally, children of alcoholics tend to initiate alcohol use at a younger age than other people. Though a portion of the association may be the result of environmental influence, there are hereditary characteristics of the brain that make a person
more likely to have alcohol-related problems. Children of alcoholics show differences in the brain that are likely due to genetic traits passed on by their parents. In addition to brain abnormalities, personality factors associated with dangerous use of alcohol may be genetically linked. These several genetic factors work in tandem, resulting in increased risk of alcohol misuse and problems (Sutton, 2007).

**Family Factors**
One’s life history might affect their future in a number of ways, including future alcohol use, misuse and problems. Some familial factors have been linked to patterns of drinking that are problematic. In an international study, Dantzer et al. (2006) found that students who have well-educated parents (ie. hold at least one post-secondary degree) or whose family has higher socioeconomic status are more likely to binge drink than others.

A student’s personal history may affect their perception of normal drinking patterns. Throughout Canada, there are differences by region in the behaviours surrounding the consumption of alcohol. Though there has not been extensive study into this topic, a student’s region of origin or childhood likely has an effect on current drinking. Among all ages of Canadians, what constitutes typical drinking may differ. For Canadians in the Maritimes, including Newfoundland and Labrador, New Brunswick, Prince Edward Island, and Nova Scotia, binge drinking is more common than in other parts of Canada. Residents of the Maritimes tend to drink more in one occasion than residents of other regions. In the Prairies, including Manitoba, Saskatchewan, and Alberta, Canadians drink less overall than other regions. British Columbians, Ontarians, and Quebecers have similar patterns of drinking, where they drink more frequently than other Canadians, but not in as much quantity as Maritime residents (Paradis, 2010).

**Situational Risk Factors**
In the analysis of the results of the 1998 Canadian Campus Survey, approximately 50% of differences in alcohol use were attributed to differences in environment or situation. This points to the importance of interventions addressing the environment in which drinking occurs, since this will affect an individual’s actions related to alcohol consumption (Demers et al., 2002).

**Place of Residence**
There is consistent evidence that a student’s place of residence has a significant effect on drinking behaviours. With respect to heavy drinking, living on campus is associated with higher consumption (Jackson et al., 2005; Demers et al., 2002; Glikson et al., 2003), as well as more problems related to alcohol use (Jackson et al., 2005). Additionally, students who live off campus, but without family, are more likely to drink heavily than students who live with their
families (Carlson et al., 2010; Jackson et al., 2005; Dantzer et al., 2002; Demers et al., 2002; Kuo et al., 2002). In the 2004 Canadian Campus Survey, students who lived off campus without family were more likely to meet the WHO criteria for hazardous or harmful drinking than other students (Adlaf et al., 2005). In university, certain living situations may be conducive to problem drinking, or high-risk students may choose situations that they perceive to be more accepting of their drinking patterns. Likely, both of these occur and have combined effects on alcohol use in high risk environments (Jackson et al., 2005).

**Peer Use**
Environmental influences on drinking behaviours include the influence of the choices of others. Jackson et al. (2005) define peer use of alcohol as one of the largest effectors of a young adult’s own use.

If a university student says they have an active social network, which involves daily socializing, living with roommates, and having close friends, they are more likely to drink heavily, get drunk when they drink, or have diagnosed alcohol dependence (Jackson et al., 2005). A student’s perception of others’ drinking behaviour also has an effect on their own drinking. If a student believes it is the norm on campus, they will be more likely to use alcohol and binge drink to match the perceived norms (Jackson et al., 2005; Demers et al., 2002). Additionally, if their peers actually do use alcohol, a student is more likely to use themselves (Jackson et al., 2005).

**Event Characteristics**
From data collected in surveys of Canadian university students, certain event characteristics have emerged that affect alcohol consumption and patterns, many of which are quite intuitive. According to the first Canadian Campus Survey, students typically drink more when they are at bars or parties (Demers et al., 2002). Other locations of high consumption are residence halls and off-campus houses (Kypri et al., 2010; Demers et al., 2002). Group features can also affect drinking, with same sex groups, large groups, or groups made of primarily friends being more conducive to alcohol consumption. As most would predict, students usually drink the most on weekends, compared with weekdays (Demers et al., 2002). Clapp’s 2000 study (as cited in Demers et al., 2002) identifies that people also tend to consume more alcohol when a partner is not present at the event.
APPENDIX 4: CANADIAN CAMPUS SURVEY RESULTS

Full report available at: http://studentlife.uoguelph.ca/cns/archive

Executive Summary

At the end of the fall 2012 semester, the University of Guelph administered the Canadian Campus Survey (CCS) in order to assess the breadth and depth of alcohol-related issues among undergraduate students. Based on a similar instrument that originated at Harvard, the CCS includes several well-validated scales and was adapted by the Centre for Addiction and Mental Health (CAMH) in Toronto. 1,691 individuals responded to the invitation to participate, of which 77% completed the survey. Individuals at Kemptville and Ridgetown were also included.

Among respondents, 89% were classified as current drinkers. More than a third of students had their first experience of being drunk under age 16, which is a known risk factor for developing alcohol-related problems later in life.

The CCS was administered twice previously with a nationally representative sample of university students; once in 1998 and again in 2004. Drinkers were divided into four categories by amount of drinking in a typical session (light or heavy) and frequency of drinking sessions. At Guelph, heavy-frequent drinking was more common than any other typology (31.4% of respondents). Light drinkers, on the other hand, represent 54% of students when both frequent and infrequent groups are combined.

Apart from drinking typologies, the CCS also assesses a variety of specific behaviours. Using specific thresholds to distinguish “heavy episodic drinking”, the proportion of Guelph students who consume above the cut-offs was similar or slightly below that of the 2004 results. This was assessed at the level of 5 or more drinks, and 8 or more drinks in a single session. Drinking tended to be heavier in the last 30 days than over the past 12 months.

The drinking sessions of most students lasts in the range of 2 to 6 hours (the average is about 4 hours). A little over 10% of respondents said they spent more than 6 hours drinking. With regards to location, two thirds of respondents drink exclusively off campus. Only 10% of students drink exclusively on campus.

The most important reason students choose to drink is “to be sociable” (35.4%) and the next most important reason is “to celebrate” (28.3%). A significant but comparatively small group of students drink to avoid negative emotions (18.3%).

Relatively few students think non-drinkers are admired (6.4%). By contrast, a significant portion of students think drinking is an important part of the university experience (37.3%). It is
noteworthy that there is significant variability on this perception based on the characteristics of the respondent.

Only a small fraction of students (16.1%) think the rules surrounding alcohol are rarely enforced on campus. Similarly few (16.7%) think alcohol use is a problem on campus. This suggests that alcohol awareness programming that is targeted to the general population will have difficulty getting traction as it is unlikely to have resonance.

Roughly half of University of Guelph students (50.3%) report experiences that place them above the cut-off for using alcohol in excess of low-risk guidelines as set out by the World Health Organization. The scale used to assess this (AUDIT) has been validated with university and college students. Different types of interventions are recommended depending on the risk level assessed by this instrument. 5.4% of Guelph students meet the criteria for a referral to a specialist for clinical assessment and treatment. About 38% of students have drinking practices that fall within “Zone II”. The recommended intervention at this level is brief, informal coaching to assist students in modifying their behaviours.

Using AUDIT, Guelph students were found to be at higher risk for harmful and hazardous drinking, as well as signs of possible dependence when compared with the 2004 national sample. There are many factors that could influence this; one possible explanation might be found in the nature of a residentially intensive institution. Relatively few students at Guelph live with their families, which is a factor that was shown in 2004 to be significantly associated with being in a lower risk category.

In terms of related issues, University of Guelph students were less likely to exhibit signs of psychological distress than the national and provincial samples in 2004. They were also much less likely to gamble or to show signs of being at risk for problem gambling.

More than half of respondents had used cannabis and this is substantially higher than the 2004 CAMH results. However, UofG students were less inclined to abuse other substances.
## Appendix 5: Summary of Current Educational Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Type</th>
<th>Description</th>
<th>Lead Unit</th>
<th>Learning Outcomes</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>Addictions Counselor</td>
<td>One-to-one</td>
<td>An addictions counsellor meets with students who have been referred due to concerns about dependence.</td>
<td>Student Health Services</td>
<td>To help students reduce dependence on alcohol use</td>
<td>1</td>
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<tr>
<td>Drink-Tac-Toe</td>
<td>Workshop</td>
<td>Focuses on harm reduction and safe alternatives surrounding alcohol. The facilitators lead students through activities involving trivia and discussion about alcohol while brainstorming safe and fun alternatives to drinking.</td>
<td>Wellness Centre</td>
<td>Students will be able to identify at least four alternatives to drinking. Students will develop at least three strategies toward improving self-efficacy to make their own responsible drinking choices. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>BARF (Be A Responsible Friend)</td>
<td>Workshop</td>
<td>Teaches students how to be responsible if choosing to drink and how to help friends who may be intoxicated, including the BACCHUS maneuver.</td>
<td>Wellness Centre</td>
<td>Students will develop at least two techniques to support a friend who is intoxicated. Students will be able to explain their own personal limits regarding alcohol use. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
</tr>
<tr>
<td>National Collegiate Alcohol Awareness Week</td>
<td>Event</td>
<td>Designed to empower students to consider safe decisions if they choose to drink.</td>
<td>Wellness Centre</td>
<td>Students will be able to list at least two techniques and practices that promote low risk consumption of alcohol. Students will be able to identify on place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>Program</td>
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<tr>
<td>College Royal Ball</td>
<td>Event</td>
<td>ABC (Awareness, Balance, Choice) has a mocktail bar at this event where non-alcoholic drinks are given away in effort to provide non-alcoholic alternatives to students who choose not to drink or want to stop drinking alcohol at the event. Safer sex kits and information about the BACCHUC maneuver are distributed. Students with cell phones (most) were asked to add cab numbers to their phones and pledge not to drink and drive or let a friend drink and drive.</td>
<td>Wellness Centre</td>
<td>Students will record information in their phones about a safe way home from the event. Students will read one strategy about how to help an intoxicated friend.</td>
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<td>Mocktails</td>
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<tr>
<td>Holiday Pledges</td>
<td>Event</td>
<td>Designed to motivate students to make safe decisions about alcohol use over the Winter Break.</td>
<td>Wellness Centre</td>
<td>Students will be able to identify two benefits of practicing low/no risk drinking while on vacation. Students will identify three skills to protect themselves from unsafe drinking behaviour. Students will record what they pledge to do to keep themselves and friends safe. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>Smart Break</td>
<td>Event</td>
<td>Designed to motivate students to make safe decisions about alcohol use over the Spring Break.</td>
<td>Wellness Centre</td>
<td>Students will be able to identify two benefits of practicing low/no risk drinking while on vacation. Students will identify three skills to protect themselves from unsafe drinking behaviour. Students will record what they pledge to do to keep themselves and friends safe. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>Brass Taps Trivia Night</td>
<td>Event</td>
<td>Designed to inform students about myths and facts regarding alcohol/drugs.</td>
<td>Wellness Centre</td>
<td>Students will be able to articulate at least two truths about alcohol effects. Students will be able to articulate at least two of the common myths about alcohol. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
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<tr>
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<tr>
<td>Walk the Line</td>
<td>Event</td>
<td>Involves students participating in daily life activities such as finding car keys, practicing putting on a condom, pouring a standard drink, and a driving simulation, all while wearing beer goggles.</td>
<td>Wellness Centre</td>
<td>Students will be able to describe three effects of alcohol on their motor and decision-making skills. Students will examine the impact of high-risk drinking on themselves and others. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>Dissolve</td>
<td>Event</td>
<td>A one-woman show sharing Meghan Gardiner’s experience of alcohol-facilitated sexual assault approaching the topic with seriousness and humour, informing students about common manifestations of stigma surrounding this topic and how alcohol/drugs can change the situation dramatically. Afterwards, there is a panel discussion attended by different stakeholders where students can get information, clarify assumptions, and share experiences.</td>
<td>Campus Police</td>
<td>Students will gain an understanding of the impact of alcohol-assisted sexual assault. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>In-class Lectures with Melanie Bowman and WETT</td>
<td>Training/Outreach</td>
<td>In-class lectures for large first-year courses that share information about the different aspects of wellness for university students, including alcohol use and low-risk drinking. WETT (social action theatre group) role plays about the given topic before an open discussion with students, entertaining any questions or comments they may have.</td>
<td>Wellness Centre</td>
<td>Students will identify at least two common myths about their peers’ drinking behaviour. Students will be able to list at least two negative consequences they or a friend experiences as a result of over-drinking. Students will be able to list at least one way to support a friend who has become intoxicated in a public space. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>Guest Speakers</td>
<td>Training/Outreach</td>
<td>Guest speakers with intimate knowledge about issues surrounding alcohol addiction share their journey to recovery. Afterwards, students are invited to share their questions and comments.</td>
<td>Wellness Centre</td>
<td>Students will be able to articulate at least three accurate norms surrounding drinking. Students will engage in less risky behaviour while drinking. Students will be able to identify one place to go on campus for support and information.</td>
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<tr>
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<tr>
<td>Alcohol Info Kit</td>
<td>Info Kit</td>
<td><strong>An aggregation of information surrounding a specific topic which are given out to students who drop by the Wellness Centre asking specifically about the topic. Contains a package of printed material and pamphlets; it looks specifically at alcohol and caffeine, different types of drinkers, managing peer pressure to drink, effects of intoxication, tips for low-risk drinking, tips for hosting a safe party involving alcohol, and the effect of mixing medication with alcohol.</strong></td>
<td>Wellness Centre</td>
<td>Students will be able to explain at least two effects of alcohol. Students will be able to explain at least two ways to reduce harm related to alcohol misuse. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>&quot;St. Patty's Day/Liver Health&quot; Board</td>
<td>Display Board</td>
<td><strong>Contains information regarding liver health and alcohol's effects on the liver (e.g. cirrhosis, alcoholic hepatitis). Dispels myths concerning student drinking behaviour and lists other potential adverse effects of binge drinking.</strong></td>
<td>Wellness Centre</td>
<td>Students will be able to identify at least three facts related to liver function in relation to alcohol use. Students will be able to articulate at least three accurate norms surrounding alcohol use and university students. Students will be able to identify one place to go on campus for support/information.</td>
<td>3</td>
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<tr>
<td>&quot;Thirsty?&quot; Board</td>
<td>Display Board</td>
<td><strong>Presents the resources available on and off campus that support individuals with concerns about their drinking (and other drug) habits or a friend/family members' misuse of alcohol.</strong></td>
<td>Wellness Centre</td>
<td>Students will be able to use the information to seek further support for themselves or a friend/family member.</td>
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<tr>
<td>&quot;Booze and U&quot; Board</td>
<td>Display Board</td>
<td><strong>Clarifies the norms surrounding drinking behaviours among university students and the penalties for breaking alcohol-related laws in the community and residence.</strong></td>
<td>Wellness Centre</td>
<td>Students will be able to accurately identify at least one legal consequence of alcohol misuse (as determined by the city). Students will be able to accurately identify at least one penalty for alcohol misuse in residence. Students will be able to list one myth regarding students' drinking behaviour. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>&quot;What Kind of Drinker are You?&quot; Board</td>
<td>Display Board</td>
<td>Gives information about low, moderate, and high risk drinking, pouring standard drinks, and the effects of alcohol when used with energy drinks.</td>
<td>Wellness Centre</td>
<td>Students will be able to accurately reproduce pouring a standard shot. Students will be able to identify at least one adverse effect of mixing alcohol and energy drinks. Students will be able to identify one place to go on campus for support/information.</td>
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<tr>
<td>&quot;Having a Party?&quot; Board</td>
<td>Display Board</td>
<td>Displays tips for throwing a fun and safe party.</td>
<td>Wellness Centre</td>
<td>Students will be able to identify all of the skills needed to plan a safe party where alcohol is present. Students will be able to promote safe drinking behaviours with their friends/peers by leading through example.</td>
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<tr>
<td>iDRANK</td>
<td>Seminars and Online Modules (Educational Sanction)</td>
<td>Provides personal feedback to students about individual drinking patterns, aspirations and goals, and available resources.</td>
<td>Student Housing</td>
<td>Students will be able to identify how much money they spend on alcohol, discuss the implications of their spending on their overall budget, identify the potential harm reduction alternatives, participate in a facilitated discussion with peers on the impact of their behaviour, attempt to measure a standard drink size and compare this to an actual standard drink, and compare their consumption to social norm research of students in residence.</td>
<td>3 or 4 but could move to a Tier 1 if it involved screening tool</td>
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<tr>
<td>eCHUG</td>
<td>Seminars and Online Modules (Educational Sanction)</td>
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<td>Student Housing</td>
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<tr>
<td>Guided Reflection</td>
<td>Seminars and Online Modules (Educational Sanction)</td>
<td>Students are asked to describe the incident they were involved in, the impact of their behaviour, what they learned from the situation and seminar/program, and future goals for the remainder of the semester in written form.</td>
<td>Student Housing</td>
<td></td>
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<tr>
<td>Student Conduct Meetings with Professional Staff</td>
<td>Training/Outreach</td>
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<td>Student Housing</td>
<td>Students will be able to understand the impact of their behaviour and apply that knowledge to future behaviour.</td>
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<td>First Community Meeting</td>
<td>Training/Outreach</td>
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<td>Student Housing</td>
<td>Students will be able to identify important rules of residence, especially in regards to alcohol and drugs. Students will be able to identify students’ responsibilities in knowing and adhering to community standards (with an emphasis on minimizing the risks associated with alcohol).</td>
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<tr>
<td>Community Resolutions and Circles</td>
<td>Training/Outreach</td>
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<td>Student Housing</td>
<td>Students will be able to discuss with others the behaviours that promoted intervention, identify repairs for negative impacts experienced, and reflect on responsibilities and goals for the future.</td>
<td>3</td>
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<tr>
<td>CNS Student Staff Training</td>
<td>Training/Outreach</td>
<td>Back on Track, Bounce Back, Off Campus Connection, and Orientation Facilitators all receive training about how to engage students in conversations about alcohol-related issues. Training emphasizes that their role is not to preach or admonish, but to inform and engage in discussion</td>
<td>Centre for New Students</td>
<td>Students will improve goal setting and goal achievement. Students will be able to critically examine the costs and benefits of excessive alcohol consumption.</td>
<td>3</td>
</tr>
<tr>
<td>Hallowe'en and St. Patrick’s Day Outreach</td>
<td>Training/Outreach</td>
<td>Provides students with party tips and common fines (i.e. public intoxication, open alcohol in public, urinating outside) as well as information on enhanced enforcement by Guelph Bylaw and Compliance Officers and Guelph Police. Outreach takes the form of postcard distribution, poster runs, email, face-to-face interaction and visits to off-campus households.</td>
<td>Off Campus Living</td>
<td>Students will be able to identify tips to host a safer party. Students will be able to identify common types of fines that are linked to hosting and attending parties.</td>
<td>4</td>
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<tr>
<td>Rock Climbing with HEAL</td>
<td>Event</td>
<td>Encourages students to spend leisure time actively. The event was held on a Saturday night and was advertised as a safe alternative to partying and drinking, giving students more choice in their pastimes</td>
<td>Wellness Centre</td>
<td>Students will be able to describe two of the benefits of choosing outings where alcohol is not involved. Students will be able to list one other outing that does not involve alcohol.</td>
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<td>Program</td>
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<tr>
<td>Chillin’ with Wellness</td>
<td>---Event</td>
<td>Provides students with a fun, relaxing event to attend in lieu of the Orientation Week Pep Rally.</td>
<td>Wellness Centre</td>
<td>Students will collect four additional options for quiet alternatives to drinking and parties on and off campus. Students will be able to identify one other place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>START Online Blogs</td>
<td>Written Material</td>
<td>A weekly blog called “Wellness Wednesdays” provides information about health and wellness, sometimes looking at alcohol use and misuse from a social norms and consequences of high-risk drinking perspective.</td>
<td>Centre for New Students</td>
<td>Students will be able to clarify their values and decisions about alcohol use. Students will be able to identify one place to go on campus for support/information.</td>
<td>4</td>
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<tr>
<td>iPARTY</td>
<td>Seminars and Online Modules (Educational Sanction)</td>
<td></td>
<td>Student Housing</td>
<td>Students will be able to identify the risks and responsibilities associated with social hosting, discuss the implications of organizing or hosting parties through case-study scenarios, and identify potential harm reduction alternatives.</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol Awareness Week</td>
<td>Event</td>
<td>Provides education on drinking responsibly, educates on the topic of drink-spiking and how to be a responsible friend to those who do consume, promotes alternatives to drinking, and attempts to reduce the opinion that people need to drink in order to have fun.</td>
<td>Student Housing</td>
<td>Students will have learned the importance of drink safety, eating, traveling together, and how to recognize the signs of overconsumption.</td>
<td>4</td>
</tr>
<tr>
<td>Triple Proof</td>
<td>Event</td>
<td>Educates students on the topic of alcohol consumption and informs students of the various resources available on campus as well as potential consequences for actions. Educates on the dangers of overconsumption.</td>
<td>Student Housing</td>
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<tr>
<td>Residence Life Staff</td>
<td>Training/Outreach</td>
<td>Provides information on policies and procedures regarding alcohol (confiscation, drinking games, etc.), recognizing addiction, the impacts of risky alcohol consumption on a community and individual, secondary impacts of alcohol consumption (vandalism, assault, etc.), and tips on how and when to make referrals.</td>
<td>Student Housing</td>
<td>Residence life staff will be know the policies and procedures regarding alcohol, be able to recognize addiction signs, know the primary and secondary impacts of alcohol consumption, and have knowledge about making referrals.</td>
<td>3</td>
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<tr>
<td>Poster Campaign</td>
<td>Written Material</td>
<td>Provides social norms related to alcohol use and reminds students of alcohol policies in residence.</td>
<td>Student Housing</td>
<td>Students will be educated on policies concerning alcohol in residence.</td>
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<tr>
<td>Transition Seminars</td>
<td>Workshop</td>
<td>Presentations ranging from 20 to 60 minutes offered at Spring Academic Open Houses in conjunction with Campus tours at Countdown to Guelph events and at various one-off requests. Content focuses on a wide range of transition issues (including alcohol).</td>
<td>Centre for New Students</td>
<td>Students will understand the importance of, if legally permitted to drink, not going overboard (i.e. plan ahead to stay safe). Students will know that alcohol is not permitted in residence during Orientation Week. Students will know the University's stance that focuses on the well-being of students.</td>
<td>3</td>
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<tr>
<td>Orientation Week Events</td>
<td>Event</td>
<td>Alcohol is not permitted at any officially recognized events. Alternate programming is offered to engage students until midnight with an emphasis on fun things to do (e.g. concert, movie on Johnston Green, dance party). Intoxicated individuals are turned away from the events. Beverages that might contain alcohol are not permitted on site. Events that implicitly encourage dangerous drinking practices (e.g. bus trip) have been discontinued.</td>
<td>Centre for New Students</td>
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<tr>
<td>Program</td>
<td>Type</td>
<td>Description</td>
<td>Lead Unit</td>
<td>Learning Outcomes</td>
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<td>STARTonline.ca Group Leader Training</td>
<td>Training/Outreach</td>
<td>A team of student volunteers help to facilitate discussion, build community, answer questions, and shape expectations. Conversations about alcohol focus on helping students to be informed about campus alcohol-related policies and on shifting cultural expectations through relationship building.</td>
<td>Centre for New Students</td>
<td>Students will be aware of campus policies governing alcohol consumption, particularly regarding Orientation Week, Residence Community Living Standards, and use of fake ID. Students will recognize that alcohol does not necessarily improve social outcomes and might actually hinder them.</td>
<td>2 or 3</td>
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<tr>
<td>STARTonline.ca Blogs</td>
<td>Written Material</td>
<td>Some alcohol-related content written by the Wellness Centre and posted by the Centre for New Students. Overarching theme of daily blog entries in the summertime is information about what to expect in first year. Alcohol-related information explains the actual statistics of university student drinking behaviours and the nature of low risk drinking.</td>
<td>Centre for New Students</td>
<td>Students will demonstrate understanding of typical university student drinking behaviour and clarify their values and decisions about alcohol use.</td>
<td>4</td>
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<tr>
<td>CNS August Mailing</td>
<td>Written Material</td>
<td>Information is included in the <em>Handbook for Parents and Families</em> as well as in the cover letter included in the package. Specifies that residence is an alcohol-free zone during Orientation Week.</td>
<td>Centre for New Students</td>
<td>Readers (students and families) will understand that alcohol is not permitted in residence during Orientation Week.</td>
<td>3</td>
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<tr>
<td>Pamphlets</td>
<td>Pamphlet</td>
<td>The wall of pamphlets located in the Wellness Centre holds information about all health and wellbeing, including issues regarding alcohol. Students may take the pamphlets when they drop in looking for information.</td>
<td>Wellness Centre</td>
<td>Students will be able to articulate at least five accurate facts regarding alcohol and its effects.</td>
<td>4</td>
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<td>Dangers of Mixing</td>
<td>Passive Programming</td>
<td>A comparison is made between two items that don't typically go together (i.e. winter boots and a beach) and a picture of alcohol and something else that, when mixed, can lead to an increase in risk (i.e. drugs, car, energy drink). Education on why you wouldn't mix these items is also provided on the poster.</td>
<td>Student Housing</td>
<td>Students will reduce risky behaviour with regards to alcohol consumption and mixing. Students will be educated on why consumption of alcohol should not be mixed with certain things.</td>
<td>4</td>
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<tr>
<td>St. Paddy’s Day Handout</td>
<td>Passive Programming</td>
<td>Student staff are provided with candy and an info. card (a quarter of a sheet) that provides facts about St. Patrick’s Day on one side and tips on staying safe on the back. Student staff hand these out to students throughout the day on St. Patrick’s Day and had conversations with students regarding their alcohol consumption.</td>
<td>Student Housing</td>
<td>Students are educated about safe drinking habits.</td>
<td>4</td>
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<td>Residence Community Living Standards</td>
<td>Written Material</td>
<td>A document.</td>
<td>Student Housing</td>
<td>Students will be able to identify important community standards of residence, identify students' personal responsibilities in knowing and adhering to the rules, understand the steps that may be taken in response to negative behaviour, and have an opportunity to explore information on risks of underage drinking and mass consumption through embedded videos.</td>
<td>3</td>
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<td>Targeted Email Communications (for Incoming Students)</td>
<td>Written Material</td>
<td>Provides an opportunity to complete eCHUG prior to arrival. Gives information regarding alcohol-related policies and norms sent pre-arrival. Suggests alcohol conversation-starters for parents.</td>
<td>Student Housing</td>
<td>Students will be able to correct any misperceptions about alcohol use in residence, learn the responsibilities of residents in regards to alcohol use, and learn how to engage in conversations about alcohol behaviours.</td>
<td>3</td>
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<tr>
<td>Transitions Book</td>
<td>Written Material</td>
<td>Pages 97-100 address alcohol with a focus on alcohol poisoning, long-term effects of heavy use, and withdrawal and treatment for addiction. The rights to reprint this book were repurchased from IWK Health Centre in Nova Scotia with some portions rewritten by the Centre for New Students for the Guelph context.</td>
<td>Centre for New Students</td>
<td>Readers will know about the long term effects of heavy alcohol use, symptoms of alcohol poisoning, and some treatment approaches for those with severe alcohol problems.</td>
<td>4</td>
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</table>
REFERENCES


Hanson, D.J. (1997). BASICS (Brief Alcohol Screening and Intervention of College Students) is Effective. Alcohol Problems and Solutions

Hanson, D.J. (1997). “A Matter of Degree” Program to Prevent Alcohol Abuse is Ineffective. Alcohol Problems and Solutions.


National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2007). What colleges need to know now: An update on college drinking research


World Health Organization. (2010). Mental and Behavioural Disorders due to Psychoactive Substance Use.