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# Reducing the Harms Related to Alcohol on Canadian Campuses

## PEP–AH Strategy Background

December 2016



**PEP – AH**  
Postsecondary  
Education Partnership  
Alcohol Harms

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# Reducing the Harms Related to Alcohol on Canadian Campuses

## Background

In 2013, the American College Health Association published results coming from a sample of 34,039 students enrolled in 32 postsecondary institutions in Canada. Findings revealed that the majority of students drink and that they rarely drink more than twice a week, but when they do, more than half of them consume excessively. On occasions when they consumed alcohol to party or socialize, 66% of males and 45% of females had at least five drinks. Within the total college population, 36% of students report having consumed five or more drinks in one setting within the last two weeks (American College Health Association, 2013). This amount is well above the limits recommended by [Canada's Low-Risk Alcohol Drinking Guidelines](#) of no more than two drinks for women and three for men on a given day and no more than three or four for women and men, respectively, on any special occasion.

Immediate alcohol-related harms are the concern with binge drinking. There is considerable evidence that undergraduates who engage in heavy drinking are more likely to be involved in assaults, motor vehicle crashes, and unplanned and unprotected sex (White and Hingson, 2014). White and Hingson also report that female students are at greater risk of experiencing sexual assaults when drinking heavily. Within the past 12 months covered by the previously cited survey, 4.9% of all undergraduate students in Canada reported that alcohol use affected their individual academic performance. Among students who drink, more than half of college drinkers (55%) experienced at least one negative alcohol-related consequence when they used alcohol. The most common consequence, cited by 40% of college drinkers, was that they did something they later regretted. Almost one-third (31%) forgot where they were or what they did, 20% had unprotected sex and another 20% were physically injured. About 3% of college drinkers seriously considered suicide, physically injured another person, got in trouble with the police, were the victim of non-consensual sex or admitted to being the culprit of non-consensual sex. Among college students who drink and who have a driver's license, 19% mentioned driving in the last 30 days after having any alcohol and 1% mentioned driving after having consumed five or more drinks.

An issue of more recent concern with binge drinking relates to the long-term effects of heavy drinking on youth. Our improved understanding of the developing brain indicates that young people's brains are more susceptible than their adult counterparts to alcohol-induced toxicity. Two recent reviews outlined several studies that suggest that both binge drinking and alcohol use disorders are associated with significant cognitive, structural and functional brain changes in both male and female adolescents and young adults (Ewing et al., 2014; Lisdahl et al., 2013). Moreover, because their brains are not fully developed, young people can also get addicted faster than adults would with the same level of exposure. As explained by Jensen and Nutt, addiction is actually a form of learning and when substances are consumed before adulthood, they build a reward circuit around substances for a stronger, harder, longer addiction (Jensen and Nutt, 2015).

Finally, episodic heavy drinking could be associated with increased risk of cancer, even among youth of university age (International Agency for Research on Cancer, 2015). A scientific review published earlier this year revealed that, for women, having multiple drinks between menarche and first pregnancy, a stage when breast tissue is most susceptible to neoplastic transformation, is associated with a woman's lifetime risk of breast cancer (Ying et al., 2015).



Clearly, among the majority of university students alcohol is used inappropriately and has high potential for harm. In 2014, Acadia University took steps to address this shared concern by inviting campuses across Canada to form a Postsecondary Education Partnership aiming to reduce Alcohol Harms (PEP–AH). PEP–AH key partners include the Canadian Centre on Substance Abuse (CCSA) and Universities Canada, along with other stakeholder organizations such as the Canadian Association of College and University Student Services, and the Canadian Alliance of Student Associations.

One of PEP–AH’s main concerns was to identify **the core elements of an effective campus alcohol policy** to address high-risk drinking. To do so, it was initially thought that it would be sufficient to perform a literature update of the 2012 report by the Nova Scotia Department of Health and Wellness (DHW), *Reducing Alcohol Harms among University Students: A Summary of Best Practices* (Nova Scotia Department of Health and Wellness, 2015). However, over the last three years, limited high-quality evidence has been published and every systematic review or meta-analyses we found that was published between 2012 and early 2015 focused on brief, individual-level interventions only. Therefore, it appeared more pertinent and fruitful to examine existing documents addressing high-risk drinking and, through a re-organization and re-classification, develop a new framework for these documents’ proposed initiatives, practices and recommendations. The final result is a framework based on the National Alcohol Strategy that contains **14 broad recommendations that aim to encourage and support universities in their efforts to reduce alcohol-related harms on campus.**

## Consulted Documents

The PEP–AH framework is informed by two key reports: *Alcohol on Campus: Programs and Policies. Review and Recommendations*, produced by the Centre for Addictions Research of British Columbia (CARBC) (2008), and the previously cited *Reducing Alcohol Harms among University Students* from the Nova Scotia DHW (2015).

The scope of both reports is similar. The CARBC report is a guide for colleges and universities seeking to implement initiatives in response to the impact of alcohol on their campus communities. The DHW report presents an overview of the best and most promising practices in the area of reducing alcohol-related harm for university students. Both documents are framed within a social-ecological model. Both distinguish interventions that seek:

- i. To moderate the demand for alcohol and the individual harm that can result from heavy drinking, classified as individual-level interventions;
- ii. To manage the supply of alcohol to students on campus, classified as environment-level interventions; and
- iii. To involve campus community collaborations, classified as system-level interventions.

The CARBC guide includes six recommendations: three that focus on students and three that focus on the overall context. Counting sub-recommendations, the DHW report includes nearly 50 initiatives, practices and policies that campuses should try to develop, implement and evaluate.

For the task at hand, it was also considered relevant to consult the National Alcohol Strategy supporting document (National Alcohol Strategy Working Group, 2007), produced in 2007 to develop a culture of moderation and promote sensible alcohol use.

The National Alcohol Strategy identifies 41 recommendations in four broad areas for action:

1. Health promotion, prevention and education;
2. Health impacts and treatment;



3. The availability of alcohol; and
4. Safer communities.

The National Alcohol Strategy is not designed specifically for university students, but its scope and structure provide guidance in developing a plan for reducing alcohol-related harm for university students. Moreover, because the implementation of the Strategy is in the process of being evaluated (Paradis, 2016), there are lessons learned at the national level that can be helpful at the university and college level.

Finally, the *Global Strategy to Reduce the Harmful Use of Alcohol*, developed by the World Health Organization (WHO), was consulted (WHO, 2010). This strategy is based on substantial evidence about the effectiveness and cost-effectiveness of strategies and interventions to prevent and reduce alcohol-related harm. Like the National Alcohol Strategy, the WHO strategy recognizes that to prevent and reduce the harmful use of alcohol, sustained actions at all levels are required. It focuses on 10 targeted areas. It contains a multitude of policy options and interventions against which the recommendations in the CARBC and the DHW documents were cross-referenced. This document was also useful in providing a precise terminology that is used commonly by stakeholders in the field of alcohol.

## Procedure

To produce the framework, the first step was to re-organize and re-classify the recommendations of the CARBC and DHW reports according to the logic model framework of the National Alcohol Strategy and the WHO global strategy. During the evaluation of the National Alcohol Strategy, it has become clear that the reduction of alcohol-related harm must be examined in light of the many perspectives that influence it. The classification process provided an opportunity to ensure that all four areas for action in the National Alcohol Strategy were covered. However, given the vulnerability of students to the supply of alcohol, it was decided to split one area – Availability of Alcohol – into two, Availability and Marketing, and Pricing of Alcohol.

A second step was to select the most pertinent recommendations. To this end, priority was given to recommendations for which the scientific evidence was the most robust and recommendations for which a consensus has been reached by the National Alcohol Strategy Advisory Committee (NASAC).

The reason for the second criterion is that, as for the National Alcohol Strategy, implementing any campus alcohol policy or initiative is likely to require collaboration and partnership between a wide range of stakeholders. For example, individual-level interventions, usually in the field of health promotion, prevention and treatment, might require collaboration and resources from addictions agencies and NGOs. Environmental-level policies that focus on the availability and the service of alcohol are likely to require discussions with the alcohol beverage and hospitality industries. The work of NASAC has generated knowledge and experience about what is likely to work. Therefore, in producing the framework, priority was given to initiatives that NASAC has already agreed to implement.

Ultimately, the framework is an adapted version of the CARBC and DHW reports, within the framework of Canada's National Alcohol Strategy.

## The Framework

The framework contains 14 broad recommendations that have been kept general enough so that each university and college can tailor them to its own needs. For example, recommendation 12, “Build capacity at the community level for effective interventions,” could be implemented differently on different campuses. For a rural university, this recommendation might translate into an



agreement with pubs in the vicinity of the campus to forego marketing ploys promoting alcohol at reduced prices for students. For an urban university, a better way to implement this recommendation might be to disseminate an information campaign about liability issues for students who host local parties in off-campus residential settings.

While universities and colleges can adapt each recommendation to the reality of their campuses, **they are most likely to achieve impact if they implement at least one recommendation from each of the five strategic areas for action.** Ongoing evaluation of the National Alcohol Strategy has revealed that the reduction of accidents, and unintentional and intentional injuries, as well as the reduction of short- and long-term health outcomes “can only happen if commitments are made across all strategic areas, resources are shared and activities are jointly planned”(Paradis, 2016).

The framework is aligned with the structure of the National Alcohol Strategy and presented graphically within a circular model similar to the logic model of that strategy (see Figure 1). To assist universities with the task of implementing the recommendations, initiatives and policy options for each recommendation are presented in Appendix A.

**Figure 1. A framework to reduce high-risk drinking and alcohol-related harms on Canadian campuses**





## Conclusion

Through the perspective of Canada's National Alcohol Strategy, which was developed with the participation of a wide range of stakeholders, this document offers a fresh look at already identified promising practices for reducing alcohol-related harm for university students.

In their efforts to reduce alcohol's harm to students, to others and to the community, universities and colleges **should ensure to implement initiatives selected from each strategic area for action.** To address high-risk drinking and alcohol-related harm among students, this document invites universities **to make renewed efforts in the areas of health promotion, prevention and education, as well as health services, and to implement policies that address the marketing and supply of alcohol and create safer communities.**

A framework for Canadian campuses that is aligned with the National Alcohol Strategy should allow universities and colleges to realize in which areas they have deployed the majority of resources and activities so far, and envision where they could act next. It should help universities and colleges to prioritize their actions.





## Appendix A: Policy Options and Interventions within the Framework

### Strategic Area 1 — Health promotion, prevention and education

Recommendation 1. Ensure broad access to information and effective education and awareness programs about alcohol-related issues

- 1.1. Implement an Alcohol Awareness Day/Week/Month
- 1.2. Implement an Alcohol-related Theme Day/Week/Month
- 1.3. Promote LRDGs
- 1.4. Implement orientation programs
- 1.5. Develop and ensure ongoing distribution of resources for parents of students
- 1.6. Require mandatory training on alcohol-related issues for all major student associations and organizations

Recommendation 2. Challenge social norms supportive of hazardous and harmful drinking

- 2.1. Develop social norms marketing

### Strategic Area 2 — Campus services

Recommendation 3. Establish and maintain a system to monitor drinking behaviours, risk factors and impacts, with regular reporting mechanisms

- 3.1. Conduct regular survey of student's alcohol use, knowledge, attitudes and consequences

Recommendation 4. Support initiatives for screening and brief interventions for hazardous and harmful drinking

- 4.1. Provide expectancy challenge interventions
- 4.2. Promote protective behavioural strategies interventions
- 4.3. Provide brief motivational interviewing

Recommendation 5. Strengthen emergency health services to enhance on-campus safety and ability to respond to medical emergencies related to alcohol

- 5.1. Inform students about on-campus safety services
- 5.2. Ensure that emergency health services have proper training to respond to alcohol-related emergencies



### Strategic Area 3 – Availability and marketing

Recommendation 6. Manage and regulate access to alcoholic beverages

- 6.1. Regulate alcohol use in situations that are recognized to be conducive of heavy drinking
- 6.2. Regulate days and hours when alcohol can be sold on campus
- 6.3. Offer alcohol-free residence and areas
- 6.4. Offer alcohol-free campus events and social activities
- 6.5. Ensure that licensed establishments on campus adhere to proper server training and responsible operations
- 6.6. Inform students attending or hosting parties on campus about common party violations and liability
- 6.7. Exercise disciplinary jurisdiction over on-campus disturbances caused by students

Recommendation 7. Set up regulatory framework for alcohol marketing

- 7.1. Regulate sponsorship activities that promote alcoholic beverages on campus
- 7.2. Regulate direct or indirect marketing of alcohol on campus
- 7.3. Regulate alcohol promotions in connection with activities targeting students on campus
- 7.4. Regulate publicity on campus featuring availability of alcohol at events and locations

Recommendation 8. Set up effective administrative and deterrence systems for infringements on marketing restrictions

### Strategic Area 4 – Pricing of alcohol

Recommendation 9. Regulate price promotions, discount sales and flat rates for unlimited drinking or other types of volume sales

- 9.1. Regulate “last calls”
- 9.2. Regulate “happy hours,” “ladies nights,” etc.
- 9.3. Regulate the number of drinks that can be purchased by patrons at one time
- 9.4. Regulate the size of drink containers to reflect standard drink sizes
- 9.5. Implement maximum serving sizes that can be served to patrons in one drink

Recommendation 10. Establish minimum prices for the sale of alcohol beverages

Recommendation 11. Provide price incentives for lower-strength and non-alcoholic beverages

- 11.1. Create price incentives for lower-alcohol-strength products
- 11.2. Ensure that non-alcoholic beverages are always available and less expensive than alcoholic beverages



## Strategic Area 5 – Community action

Recommendation 12. Build capacity at the community level for effective interventions

- 12.1. Develop a campus and community coalition to address alcohol-related local issues
- 12.2. Inform students attending or hosting parties off campus about common party violations and liability
- 12.3. Exercise disciplinary jurisdiction over off-campus disturbances caused by students
- 12.4. Work with existing licensed vendors in the vicinity of the campus to ensure proper server training and responsible operations
- 12.5. Submit a request to provincial and federal authorities on issues of taxation that would influence students' purchase and drinking patterns (e.g., increased taxes, tax incentives for production and consumption of low-alcohol beers)

Recommendation 13. Mobilize communities to prevent the selling of alcohol to intoxicated students

- 13.1. Communicate and enforce municipal and provincial drinking laws, including the minimum drinking age and the sale and service of alcohol to intoxicated patrons

Recommendation 14. Encourage provision of alternative transportation, including public transport, until after the closing time for drinking places

- 14.1. Implement a designated driver program
- 14.2. Implement a bystander intervention program



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