

# The Health of Irish Students

College Lifestyle and Attitudinal National (CLAN) Survey

A Qualitative Evaluation of the College Alcohol Policy Initiative

# Foreword



I welcome the publication of *The Health of Irish Students* report which provides very useful information about young people in the college environment. The Report consists of two parts, the College Lifestyle and Attitudinal National Survey (CLAN) and a Qualitative Evaluation of the College Alcohol Policy Initiative. Together, they provide a very concrete and practical basis for Colleges to move forward in the future in improving the welfare of their students.

In 2001, the Health Promotion Unit of the Department of Health and Children, as part of its remit under the National Alcohol Policy to reduce alcohol related harm, assisted the National Working Group on Alcohol in Higher Education in producing the Framework for Developing a College Alcohol Policy. This Framework provides the basis for individual colleges to form their own policies which reflect the needs and aspirations of their college environment.

The evaluation of the college alcohol policy initiative demonstrates that many colleges developed and implemented college alcohol policies with strong commitment from student services staff and student unions officers. Colleges recognised the critical importance of an environmental approach in preventing and reducing alcohol related harm, a key objective of the National Health Promotion Strategy.

The CLAN report provides a national profile of the lifestyle habits of students in relation to accidents and injuries, alcohol, diet, drugs, exercise, general health, mental health, sexual health, and smoking. It is evident from a brief review of CLAN that mental health, alcohol related harm and sexual health are inter-related and do impact on student well being. CLAN provides a valuable insight into student life, complements other national lifestyle reports and provides a baseline by which future trends and developments can be monitored.

The Health Promotion Unit is a key partner in the development of the Health Promotion Colleges Network. The information in this report will provide a useful resource for the network, as well as providing the strategic direction for effective policy and programme planning, both in the health services and for those involved in college management. I see the Report as a further step in assisting colleges in addressing the health and welfare issues which impact on the lives of their students.

A handwritten signature in blue ink, appearing to read 'Sean Power'.

**Sean Power T.D.**

*Minister of State at the  
Department of Health and Children*

# Foreword



The National Working Group on Alcohol in Higher Education grew out of a deep concern among a group of committed people, drawn from twenty Higher Education Institutions and the Union of Students in Ireland, that increased alcohol consumption was having a very deleterious effect on the health, social life and academic performance of our third level students. The Working Group set itself the immediate task of drawing up guidelines for policies aimed at reducing alcohol-related harm in third-level higher education institutions. Following widespread consultations, the National Working Group delivered on its objective in October 2001 when the Minister for Health and Children launched the *Framework for Developing a College Alcohol Policy*.

The framework document has since been the foundation-stone for significant actions and policies on reducing alcohol-related harm that have been implemented across the third level education sector. Twenty two institutions became involved in a variety of actions and written policies are in place in eighteen institutions. Whilst there has to date been a strong focus on policy measures relating to the control of sale and advertising of alcohol, we are pleased to report that there are also actions underway in other areas. Some institutions have, for example, provided alcohol free social spaces, educational interventions and substituted funding for drinks industry sponsorships of student organisations and events; and brief intervention training has been provided to student health service personnel. These types of actions are in line with the policy mix advocated in the framework document. One of the studies in this review "A Qualitative Evaluation of the College Alcohol Policy Initiative" gives a comprehensive picture of the sectoral position in relation to policy implementation, and its recommendations provide a roadmap for institutions towards a more wholesome approach to policy implementation.

The College Lifestyle and Attitudinal National (CLAN) Survey reaffirms that increased alcohol consumption is linked to patterns of risky behaviour, mental health issues and unhealthy lifestyle choices. But CLAN is not only about alcohol, it is a comprehensive study of the lifestyle, health status and health attitudes of our students. The CLAN findings will therefore be of major interest to the management of educational institutions, decision makers in health services, bodies responsible for the development of social policy, student leadership and many others. Above all, these studies provide a basis on which to move forward on student health and lifestyle issues. They provide the evidential basis to educational institutions on the need to implement brief intervention programmes in their health services, the need to give high priority to health promotion activity on campuses on the basis of recognised professional guidelines, and the need to support such activity with meaningful resources. In the area of alcohol policies these studies should provide the encouragement to institutions to support control measures with strong environmental-based actions and preventative supports.

Finally, I would like to thank all the students and staff in the institutions who participated in the study. I would like also to thank the Health Promotion Unit, Department of Health and Children who funded the studies and provided the expertise to guide the CLAN study in partnership with researchers from NUI, Galway and to Trinity College for the evaluation of the college alcohol policy initiative.

*Matt DORAN*

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# Contents

## **PART 1 – College Lifestyle and Attitudinal National (CLAN) Survey**

1. Background	3
2. Executive Summary	5
3. Methodology	17
4. Results	19
4.1 Demographics	19
4.2 Living Conditions – Income, Expenditure, Time allocation	20
4.3 General Health	23
4.4 Mental Health	25
4.5 Dietary Habits	28
4.6 Exercise Habits	30
4.7 Accidents and Injuries	31
4.8 Sexual Health	33
4.9 Substance Use	35
4.9.1 Tobacco	35
4.9.2 Illegal Drugs	37
4.9.3 Alcohol	38
4.10 Profile of Students with High Risk Drinking Patterns	43
5. References	51
6. Annex 1	53

## **PART 2 – A Qualitative Evaluation of the College Alcohol Policy Initiative**

1. Introduction	57
2. College Alcohol Policy Documents – A Content Analysis	61
3. College Alcohol Policies – Focus Group Discussion Data	63
4. College Case Studies, Student Union and Drinks Industry Perspectives	71
5. Conclusions and Recommendations	77
6. References	82



# College Lifestyle and Attitudinal National (CLAN) Survey

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# Background

The social and academic life on college campus can be enriched by a college environment that supports and encourages students to make choices conducive to positive health and well being. The National Working Group on Alcohol in Higher Education, while addressing the specific issue of alcohol, also recognised the need for a holistic and integrated approach for student well-being. The genesis for the College Lifestyle and Attitudinal National (CLAN) survey came from implementing the *Framework Document for Developing a College Alcohol Policy* and was in keeping with the Health Promoting College Model. The concept underpinning the Health Promoting College Model is that the university can support and facilitate healthy choices for students and staff by creating a healthy working, learning and living environment.

The Higher Education Authority, the Department of Education and Science and the Consultative Group on Health Promoting Colleges supported this important initiative and encouraged college participation. The Health Promotion Unit of the Department of Health and Children provided the expertise to guide and co-ordinate the process, the funding for the survey development and questionnaire, central data input, data analysis and the production of the final report. The only cost to each college was the distribution and collection of the questionnaire among their students. The CLAN survey was conducted on the understanding that no college comparisons would take place, as the purpose was to establish a national student profile of lifestyle habits and to utilise this evidence in planning for student needs.





# Executive Summary

The Department of Health and Children and 21 third level colleges in Ireland undertook a national lifestyle survey (CLAN) among undergraduate full-time students during the academic year 2002/2003. The aims of the CLAN survey were to establish a national student profile of lifestyle habits, to use the information in planning for student needs, and as a baseline to monitor trends and changes. A summary of the main findings is outlined below.

## **INCOME AND LIVING PATTERNS**

The two main sources of income for students were from family and paid employment. Two-thirds of all students received on average €266 per month from family. Over half of students earned €300 per month from employment. Female students received a higher amount of income from family and male students generated a higher amount from work. One-quarter of students received on average €224 per month from state grants. The highest average monthly expenditure for students was on accommodation (€273), followed by alcohol (€110) and food (€109), with males spending more on alcohol and food and females spending more on accommodation. During the college term, the average time spent each week in the classroom was 21 hours and on study 10 hours. Female students studied for a longer number of hours than males and study time increased from first to third year. Over half (56%) of all full-time undergraduate students were involved in paid employment during the college term, working on average 15 hours per week. In comparison to a national student survey in 2000<sup>1</sup> this study shows that student income has increased, in particular from family. At the same time, student expenditure on accommodation has also increased (about 18%), while the expenditure on alcohol has doubled. The average hours spent on study for full-time students has decreased, while the average hours in paid employment has doubled.

## **GENERAL HEALTH**

Over half of all students (54%) perceived their general health as excellent or very good. Two-thirds were satisfied with their health and the vast majority (87%) thought their quality of life was very good/good. Female students rated their quality of life higher than their male counterparts, while male students perceived their general health as better than females. The three main sources where students accessed information about health were from their family GP,

friends and the media. Despite most students having access to the internet in colleges and universities, it was interesting to observe how few students (4%) used the internet to source health information. The College Health Unit was an important access point for some students (16%), with twice as many females as males using it as a source of information, which grew for both males and females during their years in college. When compared to the 18-34 age group in the national lifestyle survey (SLÁN), the student population had a less optimistic view of their general health (CLAN 54% vs SLÁN 65%), while the three main sources for health information were similar<sup>2</sup>.

### **MENTAL HEALTH**

The vast majority (85%) of students rated their mental health as good or very good. However, almost one in twenty perceived their mental health as poor or very poor, which was twice to three times higher than the number of students who rated their quality of life or general health as poor. Students were asked how they would respond to feeling very anxious or depressed. The more positive and health promoting responses included; talking to someone (69%), finding information about the situation (24%) and praying (21%), but very few said they would go to the hospital or health centre (3%). However, poor coping strategies were very evident, where over half (55%) of all students said they would sort it out alone, one-third (35%) would try to ignore it, one in ten would take drugs or get drunk and one in twenty would do nothing. Male students were less likely to seek help and more likely to try to sort it out alone, to take drugs or get drunk or do nothing - all poor coping strategies. First and second year male students were the most likely to try and ignore it or do nothing about feeling very anxious or depressed in comparison to other students. A report on men's health also found that three out of four men reported adopting strategies of avoidance or silence as their way of managing emotional or mental health issues<sup>3</sup>.

Students identified their social network as the key group they would turn to if they wanted to talk to someone. By far the most important contact for undergraduate students was a friend their own age (83%). Female students were more likely than males to use their social network of friends, parents or other relatives than males. Again, a higher number of males in comparison to females would not talk to anyone. First year students were the least likely to want to talk to anyone and this was especially the case for first year males, where 15% indicated they would not talk to anyone. Good social networks, peer contacts and religious affiliation have been identified as important protective factors against mental health problems<sup>4</sup>.

The main source of stress for about two-thirds of students was from demands of college studies (exams, subjective specific demands and studies in general), which was higher among females than males. Financial situation was also a stress factor for some (43%) students. For about one in five students,

relationships, work outside college and their living situation were regular sources of stress. The only item where male students reported experiencing stress more often was in relation to their sexuality. Other researchers have also found academic concerns, financial pressures and relationship problems among college students as important contributors to mental health symptoms<sup>5, 6, 7</sup>.

## **DIETARY HABITS**

One in five of all students were on a special diet, with females more than twice as likely to report such a practice. Weight-reduction diet was the most common, where 15% of females compared to 2% males reported such a practice. These figures were similar to a comparative group in the national lifestyle survey<sup>2</sup>. One-third of students reported using food supplements on a regular basis. The most common foods consumed on a daily basis among students were: bread (80%), meat (56%), cooked vegetables (50%), fruit (42%) and sweets (39%). More male students had bread, meat and milk at least daily and more female students ate fruit and salads. Salads and cooked vegetables were more popular among third year students. Among the less healthy foods, sweets (39%) and fizzy drinks (27%) were the most popular on a daily basis. A higher number of males used fizzy drinks, cakes/biscuits, crisps and fast foods in comparison to females. These foods were more popular among first year students. Fizzy drinks (40%) and crisps (26%) were most popular among first year male students. Males drank more milk than females in all years, and consumption declined over the three years for both genders. Just 6% of students did not drink milk at all. Females were nearly twice as likely to use low fat or skimmed milk in comparison to males.

## **EXERCISE HABITS**

Almost 70% of students described themselves as fairly to very physically active, with male students more physically active than females. Six percent of students were not physically active at all. Regular moderate exercise was more common among females (56%) and strenuous exercise was more common among males (42%). Exercise levels in the student population were much higher than in a comparative group in the national lifestyle survey<sup>2</sup>. Half of all the students participated in sport, with twice as many males participating as females (71% to 36%). The highest sport participation rates were among first and second year male students. Among females, first year students had the highest numbers participating in sport. Of those who participated in sport, half did so at their college or university. Forty three percent of students attended a gym or leisure centre and of those, 60% indicated that it was at a college facility.

## **ACCIDENTS AND INJURY**

One in four of all students reported that they had sustained an injury requiring medical treatment during the past 12 months. Twice as many males reported

being injured in comparison to females (39% males, 18% females). Taking the most serious injury, students were asked to report where the injury happened and what activity caused the injury. For male students the most serious injury occurred at a sports facility (49%). Among females, the most serious injury occurred at home (26%) or on the street (23%). Across year in college, a higher number of first and second year students reported an injury at a sports facility, while a higher number of third years reported more injuries on the street. This is not surprising, given that the highest sports participation rates were among first and second year students. Sports training was the main activity which caused the most serious injury to occur, followed by walking/running, working, driving, biking and fighting. More male students sustained an injury while participating in an organised activity/league, while more female students sustained an injury while walking/running. The prevalence of serious injury was higher in the student population than in the general population although the circumstances and causes of the injury were similar<sup>2</sup>.

The vast majority of students complied with the road safety measures of always using a seat belt (82%) when in the front seat of a car and wearing a helmet (86%) when riding a motorbike. However, only a quarter of students always used a seatbelt in the rear of a car and only one in ten always wore a helmet when cycling. In fact, the vast majority of cyclists rarely used helmets (83% males; 75% females). Given that 71% of male and 45% of female students reported using a bicycle, helmet use when cycling was very low.

## **SEXUAL HEALTH**

Almost three-quarters of all students were sexually active with more males than females. The majority of students were 17 years or older when they first had sexual intercourse. More female students delayed the onset of sexual intercourse in comparison to their male counterparts. Students who were sexually active were asked to identify what method they used to prevent pregnancy when they last had sexual intercourse. By far the most common method was condom use (71%), followed by the contraceptive pill (45%). One in twenty students (5%) reported using withdrawal as a method to prevent pregnancy and a further 4% used nothing. A higher number of male students used condoms in comparison to females. Among female students who were sexually active, 42% reported that they had used the morning after pill, an emergency contraceptive. To protect themselves from a sexually-transmitted infection (STIs), the majority of students used a condom (76%), while others reported having one constant partner (40%) and some (3%) used no protection at all. Again, as in pregnancy prevention, more males than females used condoms while a higher number of female students said they had one constant partner as the method to protect them against STIs. Among sexually active students, 4% reported that they have been medically diagnosed as having a sexually-transmitted infection.

There were many reasons why students did not always use condoms. The six most common reasons reported were; don't plan, single partner, loss of sensation, impaired judgement due to alcohol, prefer other methods and loss of spontaneity. Availability and cost were also issues for some. Comparing the reasons between males and females, a higher number of female students said single partner or preferred other methods were reasons for non-use of condoms. A higher number of males stated they don't plan and that availability and cost were reasons for non-use of condoms. The rate of sexual activity in this study was similar to the 20-24 age group in the national lifestyle survey. Binge drinking was also found to be a factor in unprotected sex<sup>8</sup>.

### **TOBACCO**

One in four (27%) of all students were current smokers, smoking on average seven cigarettes per day, with males smoking more than females. While the average age when students started to smoke and drink was similar (15 years), a higher number were smoking by 14 years in comparison to drinking (40% vs 19%). A higher number of first and second year students started smoking before they were 14 years old in comparison to third year students (46%, 44%, 33%). This was especially the case for female students, where over half of first year female students had begun smoking before they were 14 years old. Of particular interest is that one-quarter of all students who had smoked in the past were no longer smokers. Three-quarters of all smokers had tried to stop smoking and nearly all wanted to quit. When asked to identify what would help them quit smoking, the four most important factors were: more will power, less stress, a price increase on tobacco and more confidence to stop. The prevalence of smoking was lower in the student population in comparison with a similar group in the general population<sup>2</sup>.

### **ILLEGAL DRUGS**

Cannabis was the most common illegal drug used by students, with over one-third (37%) reporting they had used it in the past 12 months and one in five (20%) had used cannabis in the past 30 days. A higher number of male students reported using cannabis both in the last year (45%) and in the last 30 days (30%) in comparison to female students. Ecstasy was the second most used illegal drug, although at a much lower level (8% in past 12 months) than cannabis. Drug use in the student population was much higher than in the national drug prevalence survey<sup>9</sup>. Cannabis use in the past 12 months was 11% among a similar age group (15-24 years) in the national survey and ecstasy use was 3%.

### **ALCOHOL**

The reasons why most students usually consumed alcohol were for sociability, enjoyment and relaxation. However, one in ten students used alcohol to forget worries and one in twenty used alcohol when anxious or depressed. Although low, more males drank because they were lonely or to be polite, in

comparison to females. Almost three-quarters (73%) of all students agreed that anyone might become violent if they have too much to drink. However, over one-third (39%) of students thought that when someone is drunk, they should not be considered as responsible for their actions as when they are sober. One in five students (19%) thought that it doesn't matter how much you drink as long as you don't show the effects. This perception was more evident among males and in first and second year students.

The average age when students started to drink was 15 years. A higher number of male students had started drinking before the age of 14 in comparison to female students. More third year students had delayed the onset of drinking until 17 years or older in comparison to first and second year students. The proportion of non-drinkers among students was 5%, which was less than a similar age group in the Irish drinking pattern survey<sup>10</sup>. Male students drank nearly twice as much as female students. The total volume of alcohol consumed per head of student was 18.3 litres of pure alcohol for males and 10.8 litres for females. When compared to the 18-29 age group in the Irish drinking pattern survey, the reported total alcohol consumption was higher among students<sup>10</sup>. Beer was the preferred drink among male students, similar to the general population. Female students were more divided between beer and spirits.

Binge drinking at least once a week, defined as drinking at least 4 pints of beer or a bottle of wine or equivalent in a single session, was common among males students (61%). For females, 44% of students reported at least weekly binge drinking, compared with 26% in the drinking pattern survey<sup>10</sup>. Among males, first year students had the highest number of binge drinkers and among females, second year students were the highest. When the frequency of binge drinking occasions were related to the overall number of drinking occasions, the results showed that out of every 100 drinking occasions, 76 ended up in binge drinking for male students and 60 for female students. These figures indicate that this pattern of high-risk drinking is the norm among college students with more male than female binge drinkers. However, the number of student female bingers was nearly twice (60% vs 33%) that of a similar age group in the drinking pattern survey, when measured on bingeing per 100 drinking occasions<sup>10</sup>. The men's health report also found that binge drinking was highest among young men (18-29 age group). Such patterns of excessive drinking, according to the report, were adopted by young men as a sign of their masculinity which was reinforced by alcohol advertising connecting alcohol and masculinity with sexual prowess and the achievement of optimum performance in elite sport<sup>3</sup>.

## **ALCOHOL RELATED HARM**

Not surprisingly, given such high levels of drinking among students, in terms of the total amount of alcohol consumed and the frequency of binge drinking, there was a high level and range of harm/problems experienced by college



students. As a result of their alcohol use, students experienced harms such as regretted things said or done after drinking (62%), felt effects of alcohol while at class/work (50%), missed school/work days (44%) and harmed studies/work (28%). A higher number of male students experienced these forms of harms in comparison to their female counterparts. Male students were twice as likely to have been in a fight, in an accident and had unprotected sex in comparison to female students. One in four male students and one in five female students experienced money problems as a result of their drinking. First and second year students were more likely to have been in an accident or fight or experienced financial problems and thought they should cut down on their drinking in comparison to third year students. The prevalence of all the adverse consequences was higher for all student groups in comparison to a similar group in the drinking pattern survey<sup>10</sup>.

As a result of someone else's drinking, the most often cited consequences experienced by male students were verbal abuse, passenger with a driver who had taken alcohol, arguments with friends and family about drinking, property vandalised and physically assaulted. For female students, the most common negative consequences, as a result of someone else's drinking were; verbal abuse, arguments with friends, relationship difficulties and passenger with a driver who had taken alcohol. The sexual assault rate, although low, was twice the rate among first year female students in comparison to second and third year students. A higher number of first and second year students experienced verbal abuse, physical abuse, unprotected sex and property damage in comparison to third year students, as a result of someone else's drinking.

## **PROFILE OF STUDENTS WITH HIGH-RISK DRINKING PATTERNS**

High risk drinking is a pattern of drinking that is likely to increase the risk of harm for the drinker and for others. Binge drinking, a form of high risk drinking, was the norm among college students. To assess to what extent high risk drinking increases the risk of harm among college students, the dynamics of binge drinking with a number of key student well-being and welfare indicators were examined using underlying perceptions about alcohol, student living conditions, general health, risk-taking behaviours and coping skills.

Students who were regular binge drinkers, defined as binge drinking at least weekly, were two to three times more likely to experience a range of adverse consequences as a result of their drinking in comparison to students who were binge drinking less frequently or non-binge drinkers. Regular binge drinkers were twice as likely to miss school/work (61% vs 27%), felt alcohol effects while at class/work (64% vs 28%), reported their studies/work were harmed (38% vs 18%) and thought they should cut down on their drinking (43% vs 19%) in comparison to other student drinkers. Money problems, fights, unprotected sex and accidents were three times more likely to occur among students who engaged in regular binge drinking. A higher number of regular binge drinkers in comparison to other drinkers, perceived that the

amount of alcohol consumed didn't matter, provided the individual did not show the effects and that when an individual was drunk they should not be considered as responsible for their actions as when sober. A higher proportion of regular binge drinkers drank for enjoyment and sociability in comparison to other drinkers. A higher proportion of regular binge drinkers also drank to forget worries (15% vs 10%) when anxious or depressed, or lonely, or felt they needed to drink.

Regular binge drinkers spent fewer hours per week on study during college term and a higher amount of time working in comparison to other students who drank. Consequently, regular binge drinkers had a higher average income from work in comparison to others, although they had a similar income from family and grants. Regular binge drinkers spent less on accommodation, spent a similar amount on food, but spent twice as much on alcohol per month (€148) in comparison to other student drinkers (€69).

A higher number of students who drank alcohol but did not binge drink on a regular basis were more satisfied with their health and perceived their general health as excellent or very good in comparison to regular binge drinkers. However, there was no difference in quality of life or perceived mental health. A higher number of regular binge drinkers participated in sport in comparison to others. Exams, studies in general and relationships were contributing sources of stress for both groups. However, for regular binge drinkers, their financial situation and work outside of college were higher sources of stress.

Regular binge drinkers were more likely to engage in other risk taking behaviours. They were twice as likely to be smokers and cannabis users and were more sexually active than other student drinkers. A higher number of binge drinkers were involved at an earlier age in smoking, drinking and sexual activity. Methods used to prevent pregnancy were similar for both groups in relation to condom use, although regular binge drinkers were less likely to use the contraceptive pill. Half of female binge drinkers had used the morning after pill, an emergency contraception in comparison to one-third of other drinkers. The findings of this study support the men's health report which showed that binge drinkers were more likely to engage in impulsive risk taking behaviours<sup>3</sup>.

Those who were regular binge drinkers were less likely to consider positive responses to cope with anxiety and depression such as talk to someone or look for information. However, similar responses were reported for both groups in relation to poor coping strategies of not wanting to share problems with others or to try and ignore the problem. A higher number of binge drinkers reported they would take drugs or get drunk (14%) in comparison to other drinkers (4%) to cope with anxiety and depression.

## CONCLUSIONS

The results of this study suggest that there are three inter-related issues of main concern: more work and less study while at college, poor coping skills linked to mental health and high levels of alcohol related harm. These issues impact on student well-being and welfare and have the potential to undermine the student's academic performance. The most vulnerable students are those in first and second years.

1. **Work versus Study:** The fact that many full-time undergraduate students spend more time working than on study during the college term reflects the reliance and importance of paid employment as a source of income for students during their college years. Given that similar amounts of money are spent on food (an essential) and alcohol (a non-essential) and that work and money are sources of stress, one of the challenges for students is to create a healthier balance and better management of their income during the college term.
2. **Coping Skills:** Students' ability to cope with the growing pressure of modern life and college life, both internal and external, is of critical importance to their overall wellbeing. The results from this study demonstrate that students' coping mechanisms are not very conducive to positive mental health. The student population's vulnerability was evident in that many students were unable or unwilling to reach out for support and assistance, would deny the existence of their problems or would respond with behaviours that would further increase their risk of problems and harm. Of particular concern was the high number of poor coping strategies especially among first and second year males. Young males have been identified as a high risk group for suicide<sup>11</sup> and this study again confirms their vulnerability. The findings of this study provide insights in to the potential for change and improved personal coping by developing student social networks and in particular their same age friends as a key point of support.

The encouraging signs of healthy lifestyle among students are that many take regular exercise. The provision of college sports and leisure facilities enhances student participation. However, female participation in sport could be improved. The fact that fewer students smoke than in the general population and one in four who were previous smokers had already quit are all positive signs. There is the potential to improve student eating habits by encouraging more fruit and less sweets. While the majority of students do practice safe sex, one in ten do not. The use of helmets when cycling among the student population was very low and increases the risk of severe head injuries. Drug use, in particular cannabis use, was high in the student population.

3. Alcohol related harm: The extent of alcohol related harm experienced by college students was particularly high and of major concern. High risk drinking was very common among college undergraduate students both in terms of total alcohol consumption and of binge drinking. Although binge drinking was highest among males, the rate of binge drinking among female students was almost twice that of a similar age group in the general population. The likelihood of college students experiencing problems and harm increased with more frequent binge drinking episodes. The results from this study show that the drinking pattern among college undergraduate students clearly has the potential to interfere with their academic performance, given that many students missed days, reported their study/work was harmed from drinking and also felt the effects of drinking while at class/work. The physical well being and welfare of students was also compromised due to the risk of fights, accidents, high risk sexual activity, which was also compounded with financial and relationship problems. Students themselves recognised they needed to cut down on their drinking and felt their drinking was harming their health. In addition, regular binge drinkers spent less time in study and more time in work, and spent more money on alcohol. They were also more likely to be involved in other risk taking behaviours and were less likely to use positive coping strategies when dealing with anxiety and depression.

# Recommendations

A range of immediate actions are required to ensure that the college environment is more conducive to the positive health and well-being of all students at third level.

1. Ensure that the Health Promoting College Network be established to provide a mechanism and structure for a settings based approach to progress health promotion in the college setting **and** as a forum in which to address the over-arching determinants of health for the entire college community.
2. Based on the findings of this CLAN Survey, health promotion structures and frameworks should give priority to mental health promotion and reducing alcohol related harm.
3. Colleges should establish relevant partnerships with service providers and community organisations at a local level to address health and welfare issues.
4. Gender analysis should be built into the current and future work of colleges in the health promotion field to ensure that programmes and interventions are developed to meet the different needs of male and female students.
5. A programme of on-going research should be agreed to allow for monitoring of trends and evaluation of programmes and interventions.
6. Colleges should consider ways to build social networks for first year students. For example through a mentoring system which supports the transition and challenges of the new college environment. The mentoring system could also include supports for students in second level schools prior to college entry.
7. Colleges should be encouraged to develop and implement an action plan for mental health promotion with emphasis on enhancing the protective factors including circle of friends as key contacts and reducing risk factors such as alcohol related harm.
8. Colleges should be encouraged to implement all five elements of the college alcohol policy framework. Priority should be given to the training and delivery of brief intervention in the college health centres and other early intervention strategies as a matter of urgency.
9. College Clubs and Societies should seek opportunities to promote positive health with strategies to promote mental health and low risk drinking.
10. Colleges should seek to address sexual health needs and links should be developed with Service Providers for STI screening.



# 3

## Methodology

A national lifestyle survey among undergraduate full-time students was undertaken in 21 third level colleges in Ireland during the academic year 2002/2003. The colleges included the seven universities, twelve institutes of technology and two colleges of education, giving a total undergraduate student population of over 100,000 (Annex 1). A national sample size was calculated using a 3% precision and a 95% degree of confidence, with a breakdown for the colleges based on each college population. A detailed protocol was provided. Each college was required to generate a random sample from the computerised enrolment list of their full-time undergraduate students, to distribute the questionnaire by mail and to collect the completed questionnaires by either mail or drop off points on campus. A national prize draw was provided as an incentive to return questionnaires.

The questionnaire contained several sections including student living conditions, general health, mental health, dietary habits, exercise habits, accidents and injuries, sexual health and substance use - tobacco, illegal drugs and alcohol. The questions were based on existing items used in similar international, national and college surveys on lifestyle issues. The national survey of SLÁN was used for items on general health, dietary habits, physical activity, tobacco and drug use and for some of the alcohol items<sup>2</sup>. The items on accidents and injuries were from HBSC survey as were a few of the sexual health questions<sup>12,13</sup>. The mental health section was from two sources, a college and school survey<sup>14,15</sup>. The international ECAS survey was used for items on drinking patterns<sup>10</sup>, the Trinity College survey for sexual health<sup>16</sup> and the Higher Education Authority European Student Survey for questions on student income and expenditure<sup>1</sup>.

Data were analysed using the SPSS-X statistical package. The analysis examined differences between gender and across year in college. All of the gender analyses were reported in this study and the statistically significant ( $p < .01$ ) variables across year in college were also reported.







# Results

## 4.1 DEMOGRAPHICS

The overall response rate to the CLAN survey was 50% with a sample of 3,259 full-time undergraduate students participating from across the third level sector. The sample represented 62% female and 38% male students (Table 1). The average age of the students sampled was 21 years. The age distribution of the respondents was similar between males and females with 65% under 21 years, 28% aged 21 to 24 years and the remaining 7% were 25 years and over. Of the total sample, 33% were in first year, 30% were in second year and 37% were in third year or higher. However, there was a difference in gender distribution across years with a higher representation of first year male and third year female undergraduate students. Education of parents had a similar spread between males and females.

**Table 1: Demographics - age, year in college and education of parents by gender**

No. of respondents	Males	Females	Total
	N=1232	N=2027	N=3259
	%	%	%
<b>Gender</b>	37.8	62.2	100
<b>Age category</b>			
Under 21 years	63.5	65.2	64.6
21-24 years	29.3	28.1	28.5
25 +	7.3	6.7	6.9
<b>Year in college</b>			
1st year	44.3	26.4	33.1
2nd year	36.5	25.9	29.9
3rd year plus	19.2	47.7	37.0*
<b>Education of parents</b>			
Primary/Group Cert	23.2	26.6	25.3
Leaving Cert	35.6	34.0	34.6
Third level	41.2	39.5	40.1

\*significant between gender ( $p < .01$ )

## 4.2 LIVING CONDITIONS – INCOME, EXPENDITURE, TIME ALLOCATION

### 4.2.1 Income

Full-time undergraduate students derived their income from three main categories; their family, earnings from employment and different types of grants, assistance or loans. The highest amount of average monthly income for students was €301 from paid employment, €266 from parents and €224 from State grants (Table 2). Female students received on average a higher amount of income from family and males generated a higher amount from work. Two-thirds (66%) of all students received income from family, over half (58%) raised it from working and one quarter (26%) received local authority or state grants. Social welfare, bank loans and fellowships/scholarships were a source of income for a minority of students, 6%, 5% and 4% respectively.

**Table 2: Average Monthly Income of Students by gender**

Monthly income from			Males	Females	Total
	N	(%)	€	€	€
Employment	1878	(58%)	321	289	301*
Family	2161	(66%)	250	276	266*
State Grants	861	(26%)	216	228	224
Bank Loan	166	(5%)	203	177	188
Scholarships	115	(4%)	144	179	167
Social welfare	193	(6%)	135	147	144

\*significant between gender ( $p < .01$ )

### 4.2.2. Expenditure

The single largest monthly expenditure for students was on accommodation averaging €273 per month, with females paying more for accommodation than males (Table 3). The next two highest expenditure items were on alcohol (€110) and food (€109) with males spending higher amounts on these items than females. Male students also spent more on entertainment and female students spent a greater amount on clothing and toiletries. A quarter of students spent on average €60 on tobacco per month and €27 on medical expenses. A very small number (2%) of students paid on average €54 per month for grinds. Three-quarters of all students spent €33 per month on study books and materials, while 85% of students spend €110 on alcohol and €52 on entertainment per month.

**Table 3: Average Monthly Expenditure of Students by gender**

Monthly spend on			Males	Females	Total
	N	(%)	€	€	€
Accommodation	1916	(59%)	261	279	273*
Alcohol	2727	(84%)	128	99	110*
Food	2929	(90%)	118	102	109*
Transport	2755	(85%)	65	62	63
Tobacco	742	(23%)	60	60	60
Clothing & toiletries	2676	(82%)	47	60	56*
Grinds	51	(2%)	43	64	54
Entertainment	2623	(80%)	57	48	52*
Regular Bills (ESB etc)	1621	(50%)	49	43	45
Study books & materials	2401	(74%)	31	34	33
Medical expenses	806	(25%)	27	27	27

\*significant between gender ( $p < .01$ )

#### 4.2.3 Time allocation in college

Overall, the reported average time spent during college term in the classroom each week was 21 hours. The vast majority (76%) of students reported at least sixteen hours of classroom contact each week during term time (Table 4). However, there were a small number of students (2%) who did not attend class at all and a further 7% attended for ten hours or less.

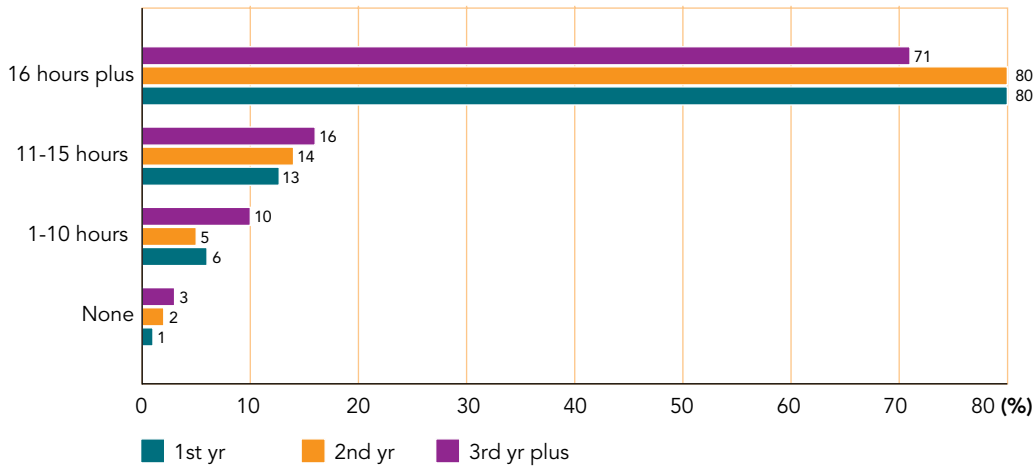
**Table 4: Weekly student time allocation during term time by gender**

Weekly time to	Males	Females	Total
	%	%	%
<b>Classroom</b>			
None	1.6	1.8	1.7
1-10 hours	7.0	7.7	7.3
11-15 hours	12.4	15.5	14.3
16 hours and over	78.9	75.1	76.5*
<b>Study</b>			
None	7.0	5.4	5.9
1-10 hours	63.9	60.8	62.1
11-15 hours	13.2	14.8	14.2
16 hours and over	15.9	19.0	17.8*
<b>Employment</b>			
None	44.9	43.0	43.7
1-10 hours	19.4	22.0	21.0
11-15 hours	12.7	15.3	14.3
16 hours and over	23.0	19.7	21.0

\* Significant between gender ( $p < .01$ )

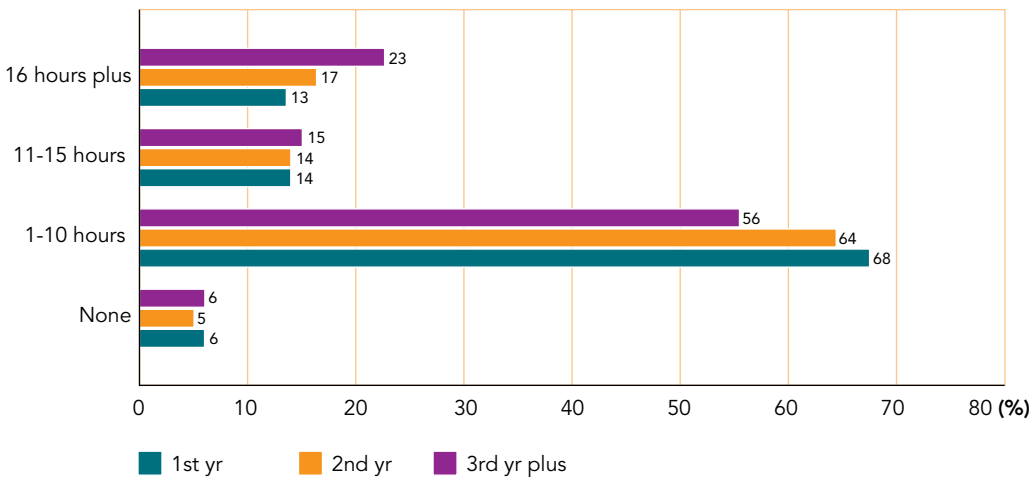
There was a significant difference across year in college. Third year students had less contact classroom hours in that 71% reported 16 hours or more in comparison to 80% of first and second year students (Figure 1).

**Figure 1: Weekly student time allocation to CLASSROOM across year in college**



The average number of hours allocated to study each week during term was 10 hours. Almost two-thirds (62%) of all students reported weekly study time of one to ten hours. There was a significant difference between males and females with a higher proportion of female students (19%) studying for a longer number of hours than males (16%). There was a significant increase in the time allocated to study between first year to second year and up to third year (Figure 2).

**Figure 2: Weekly student time allocation to STUDY across year in college**

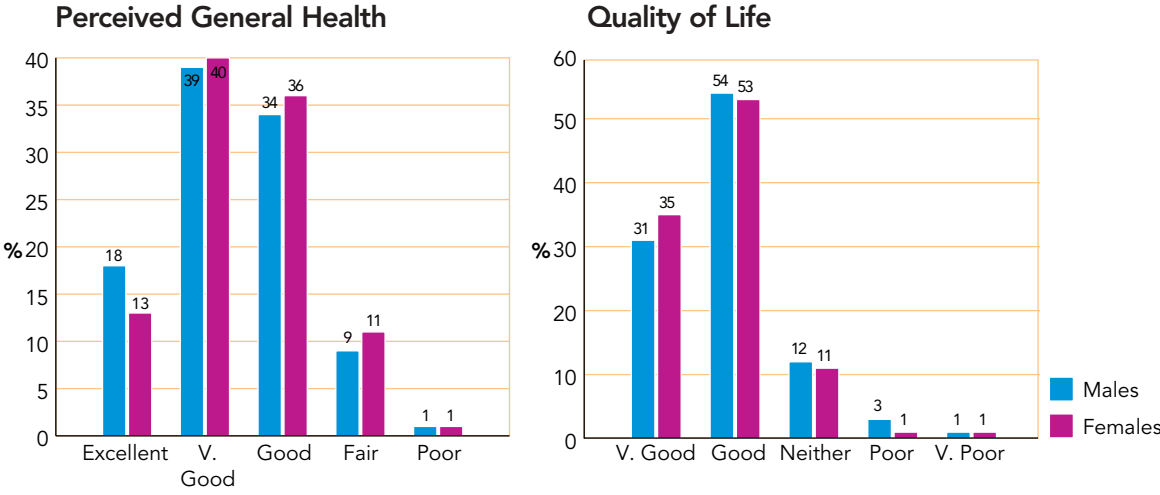


For those who held a part-time job during term, the average time worked was 15 hours per week. Over half (56%) of all full time undergraduate students engaged in paid employment during term time. One in five (21%) worked over 16 hours per week (Table 4). There was no significant difference between males and females or across year in college.

**4.3 GENERAL HEALTH**

Students were asked to rate their general health on a scale from 1 to 5 on three different measures; perceived general health, satisfaction with health and quality of life. Overall, 54% of the undergraduate students perceived their general health as excellent or very good, a further 33% said good, 11% fair or poor. Nearly two thirds (63%) were satisfied with their health and 11% were dissatisfied. For quality of life, 87% thought their quality of life was very good or good, while 2% rated it as poor. There were significant gender differences with female students rating their quality of life higher than their male counterparts while male students perceived their general health as better than females (Figure 3).

**Figure 3: General Health and Quality of Life by gender**



There were three main sources where students accessed information about their health - the family GP, friends and the media. Significantly more female students used these three sources than their male counterparts (Table 5). Despite most students having access to the internet in colleges only 4% of students used the internet to source health information.

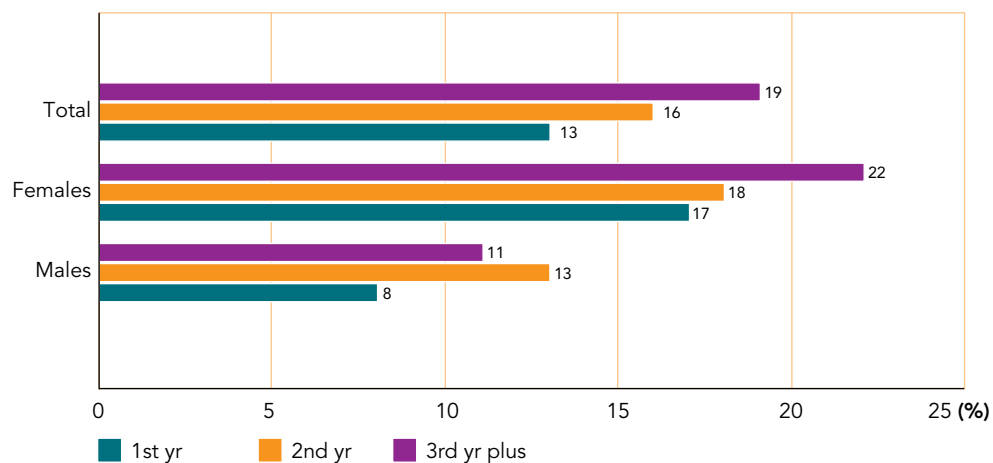
**Table 5: Source of Health Information by gender**

Source of information about health	Males	Females	Total
	%	%	%
Family GP	57.3	65.1	62.2*
Friends	50.4	61.2	57.1*
Media	37.6	50.0	45.3*
Family	18.2	18.8	18.6
College Health Unit	10.3	19.6	16.1*
Students Union	7.4	9.1	8.4
Health Promotion/Health Board	5.0	7.1	6.3
Department of Health	4.3	5.4	5.0
Internet	4.5	3.9	4.2

\*significant between gender ( $p < .01$ )

The College Health Unit was an important access point for some students with twice as many females in comparison to males using it as a source of information about health. The use of the College Health Unit increased for both males and females from first year to third year (Figure 4).

**Figure 4: College Health Unit as Source of Information by gender & year in college**



## 4.4 MENTAL HEALTH

The vast majority (85%) of students rated their mental health as good or very good. However, 4% perceived their mental health as poor or very poor, which was higher than the number of students who rated their general health (1.1%) or quality of life (2.4%) as poor. Students were asked how they would respond to feeling very anxious or depressed. The more positive and health promoting responses included; talking to someone (69%), finding information about the situation (24%), praying (21%) and going to the hospital or health centre (3%). However, the less positive responses were very evident, where over half (55%) of the students said they would sort it out alone, one-third (35%) would try to ignore it, one in ten would take drugs, drink or get drunk and 6% would do nothing. Male students were less likely to seek help and more likely to try to sort it out alone, take drugs or get drunk or do nothing than females students (Table 6).

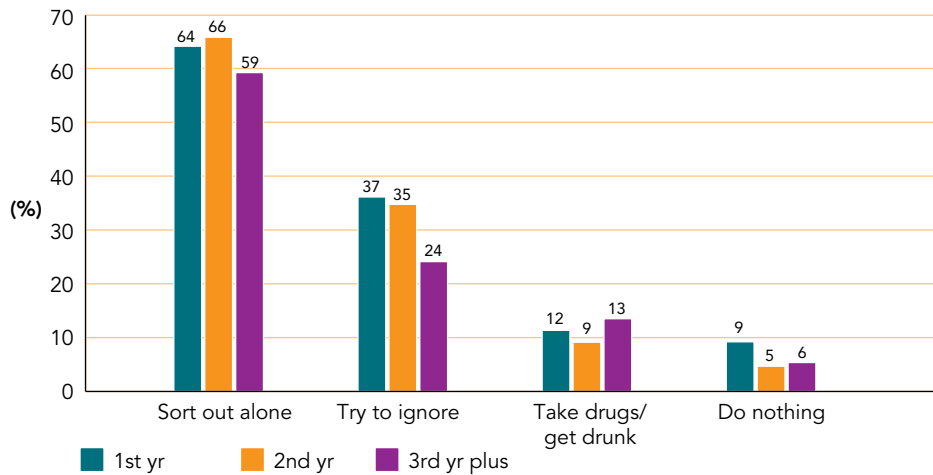
**Table 6: Response to feeling very anxious and depressed – by gender**

Dealing with anxiety/depression	Males	Females	Total
	%	%	%
<b>Positive responses</b>			
Talk to someone	55.4	77.7	69.3*
Find information	24.8	24.3	24.5
Pray	16.6	23.1	20.7*
Go to hospital/health centre	2.2	3.8	3.2*
<b>Negative Responses</b>			
Sort out alone	63.7	49.6	54.9*
Try to ignore	33.8	37.1	35.8
Take drugs or get drunk	11.0	7.4	8.7*
Can't imagine feeling that way	6.2	2.7	4.0*
Do nothing	6.9	4.7	5.5*
Not sure	3.5	2.1	2.6

\*Significant between gender ( $p < .01$ )

Third year students were more likely to talk to someone and less likely to try and sort it out alone. First and second year male students were more likely to try and ignore it or do nothing about feeling very anxious or depressed in comparison to third year male students (Figure 5).

**Figure 5: Dealing with anxiety and depression – Male students across year in college**



If students wanted to talk to someone about feeling very anxious or depressed there were two main sources used - their social networks and professional services. For the majority of students their social networks of friends, parents and relatives were the people to whom they would turn for help. The use of professional services such as doctor, counsellor, lecturer, clergy, or help line were mentioned only by a minority of students (Table 7).

By far the most important contact for undergraduate students was a friend their own age with 83% saying they would discuss with friends feelings of anxiety and depression (Table 7). Female students were more likely to use their social network of friends, parents or other relatives than males. A higher proportion of males in comparison to females would not talk to anyone. First year students were less likely to want to talk to anyone and this was especially the case for first year males where 15% indicated that they would not talk to anyone. Third year males, in comparison to their first year male counterparts, were more likely to talk to a doctor (11% vs 4%) and first year males were more likely to discuss with parents.



**Table 7: Coping Skills for anxiety and depression by gender**

Talk to someone for help	Males	Females	Total
	%	%	%
<b>Social networks</b>			
Friend own age	77.8	85.7	82.7*
Parent	39.5	48.1	44.9*
Older friend	23.5	25.0	24.4
Other relative	18.2	24.4	22.1*
No one	11.9	6.3	8.4*
<b>Professional services</b>			
Doctor	6.6	7.8	7.3
Counsellor	4.4	6.8	5.9*
Lecturer	2.0	1.2	1.5
Clergy	2.2	1.0	1.4*
Help line	1.2	0.5	0.7

\*Significant between gender ( $p < .01$ )

The issues which currently contributed to feeling stressed on a regular basis (very often/often) were clustered by means of factor analysis, into three main factors – college studies, living conditions and personal/interpersonal issues (Table 8). Overall, the highest factor as a source of stress related to demands of college studies. A higher proportion of female students in comparison to male students reported experiencing stress on a regular basis from study demands and exams as well as finance, family situation, circle of friends and illness. The only item where males reported experiencing stress more often was in relation to their sexuality.

**Table 8: Sources of Regular Stress by gender**

Sources of Regular Stress	Males	Females	Total
	%	%	%
<b>College studies</b>			
Exams	57.9	73.0	67.4*
Subject specific demands	53.8	67.2	62.1*
Studies in general	50.6	64.9	59.6*
<b>Living Conditions</b>			
Financial situation	39.5	45.5	43.3*
Work outside college	18.9	22.3	21.0
Family situation	14.9	22.5	19.7*
Living situation	17.7	20.5	19.4
<b>Personal &amp; Interpersonal</b>			
Relationships	23.3	23.3	23.3
Competition at college	14.7	19.0	17.4
Anonymity at college	14.2	11.9	12.7
Circle of friends	10.6	11.7	11.2*
Illness	8.2	11.9	10.4*
Sexuality	6.8	3.2	4.4*

\*Significant between gender ( $p < .01$ )

## 4.5 DIETARY HABITS

Overall, one in five students were on a special diet, females were more than twice as likely as males to report being on a special diet (Table 9). The greatest gender difference was seen in the weight-reduction diet category, with 15% of females compared to 2% males reporting such a practice. A vegetarian or vegan diet was the choice for 2% of the males and 9% of the females. Regular consumption of supplements was reported by 35% of females in comparison to 28% of males.

**Table 9: Special dietary habits by gender**

	Males	Females	Total
	%	%	%
<b>Special diets</b>	12.4	26.6	21.4*
Weight Loss	2.3	14.6	10.1*
Vegetarian	2.5	8.6	6.2*
Low cholesterol	2.1	2.9	2.6
Gluten Free	0.4	0.8	0.6
Diabetic	0.2	0.3	0.3
Food supplements – regular <sup>†</sup> use	27.8	35.3	32.5*

<sup>†</sup>regular=daily or several times a week \*Significant between gender ( $p < .01$ )

The most popular foods to be consumed on a daily basis were bread, meat, cooked vegetables, with at least 50% of students eating these foods. Among the more healthy foods, a higher proportion of male students had bread (85%), meat (71%) and milk (50%) at least daily and more female students eat fruit (46%) and salads (33%) (Table 10). Among the less healthy foods, butter (41%), sweets (39%) and fizzy drinks (27%) were the most popular on a daily basis. A higher proportion of males used the less healthy foods on a daily basis including butter and hard margarine, fizzy drinks, cakes/biscuits, crisps and fast foods in comparison to females.

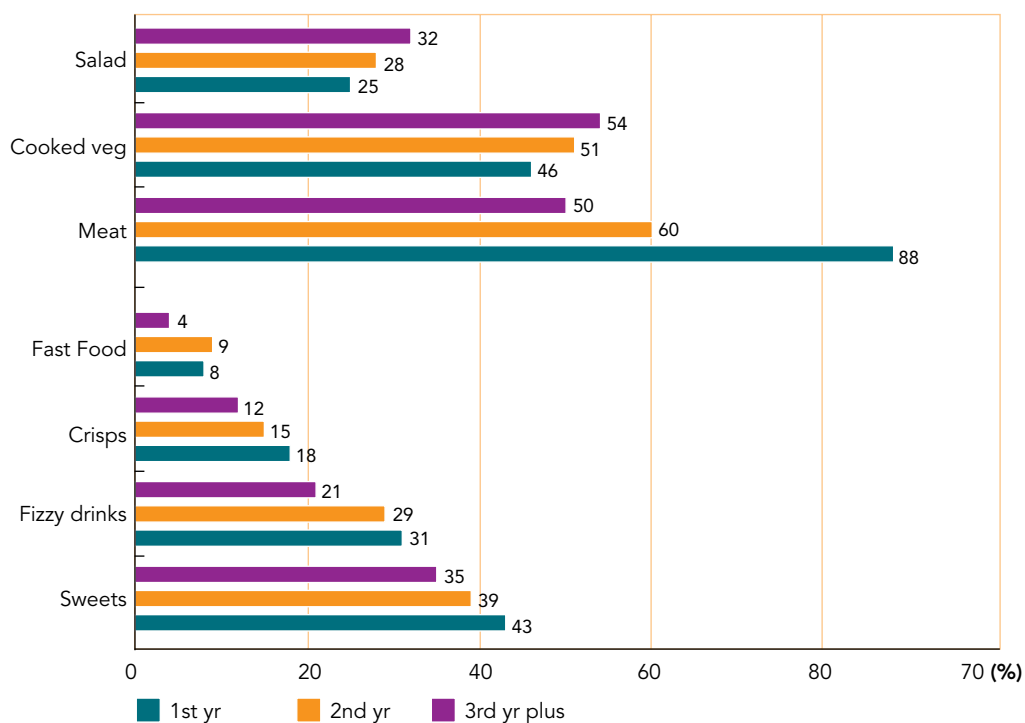
**Table 10: Food intake – at least daily by gender**

At least Daily intake of -	Males	Females	Total
<b>More healthy</b>	<b>%</b>	<b>%</b>	<b>%</b>
Bread	84.6	77.7	80.3*
Fruit	35.6	45.6	41.6*
Salad	21.8	32.7	28.6*
Cooked vegetables	48.1	51.9	50.4
Pint of milk	50.1	24.1	33.9*
Meat	71.0	46.2	55.6*
Fish	4.6	3.5	3.9*
Low fat spread	19.7	27.8	24.8*
Vegetable oil	16.2	12.6	13.9
<b>Less healthy</b>			
Cakes/biscuits	21.5	14.3	17.0*
Sweets	40.3	37.7	38.7
Crisps	17.3	13.0	14.6*
Fast food	9.9	3.8	6.1*
Fizzy drinks	36.4	20.6	26.6*
Butter/hard marg	50.0	36.3	41.5*
Usually add salt to table food	40.0	34.6	36.7*

\*Significant between gender ( $p < .01$ )

A higher proportion of first year students had sweets (43%), fizzy drinks (31%), crisps (18%) and fast foods (8%) at least daily, while a greater number of third year students had salads and cooked vegetables (Figure 6). Fizzy drinks (40%) and crisps (26%) were more popular among first year male students than any other group.

**Figure 6: Food intake at least daily across year in college**

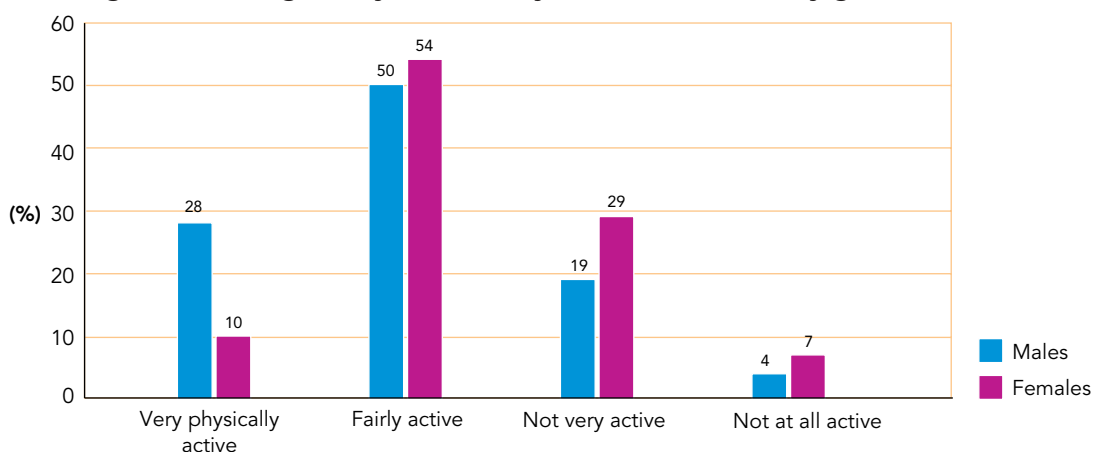


Nearly three-quarters of male students and half of female students used full fat milk. Females were nearly twice as likely to use low fat or skimmed milk in comparison to males. Males drank more milk than females in all years, and consumption declined over the three years for both genders. About half of the male students and a quarter of the female students consumed a pint or more of milk per day. Overall, just over 6% of students reported that they did not drink milk at all.

#### 4.6 EXERCISE HABITS

Almost 70% of students described themselves as fairly to very physically active. Male students were more physically active than females (Figure 7). Over half of the students participated in at least 20 minutes of moderate exercise 3 or more times a week, which was a more common practice among females than males (Table 11). One in four students engaged in strenuous exercise 3 or more times a week, with twice as many males to females. Regular strenuous exercise was more prevalent among first and second year students than among third year students. Thirteen per cent of students took no regular exercise.

**Figure 7: Rating of Physical Activity Level of Students by gender**



Half of all the students participated in sport, with twice as many males participating as females, 71% to 36%. The highest sport participation rates were among first year (72%) and second year (74%) male students. Among females, first year students had the highest numbers (42%) engaged in sport participation. Of those who participated in sport, half did so at their college or university. Forty three percent of students attended a gym or leisure centre and of those, 60% indicated that it was at a college facility.

**Table 11: Exercise Habits by gender**

	Males	Females	Total
<b>Regular Physical activity</b>	%	%	%
Engaged in 20 mins of <b>Strenuous</b> exercise at least 3 times per week	42.4	17.3	27.0*
Engaged in 20 mins of <b>Moderate</b> exercise at least 3 times per week	49.9	56.4	54.0*
Engaged in <b>Mild</b> exercise at least 4 times per week	42.2	43.2	42.8
<b>Sport participation - Yes</b>	71.3	36.2	49.4*
3 or more times per week	56.1	40.7	49.1*
College sport	50.3	47.9	49.2
Attendance at gym - Yes	47.8	40.4	43.2*
3 or more times per week	42.8	31.6	36.3*
College gym	64.5	55.3	59.2*

\*Significant between gender ( $p < .01$ )

## 4.7 ACCIDENTS AND INJURIES

### 4.7.1 Injuries

One in four (26%) of all students reported that they had sustained an injury during the past 12 months that required medical treatment. Twice as many males reported being injured in comparison to females (39% males, 18% females). Among male students, 4% reported being injured four or more times in the past year. Taking the most serious injury, students were asked to report on where the injury happened and what activity caused the injury. For the male students who were injured, the most serious injury occurred at a sports facility (49%), 15% said at home or on the street and 13% said at college (Table 12). Among females the most serious injury occurred at home (26%), on the street (23%), at a sports facility (19%), at college (17%) or in a business area (10%) such as a restaurant, shopping mall or cinema. Across year in college, a higher proportion of first and second year students reported an injury at a sports facility, while a greater number of third years reported that more injuries occurred on the street.

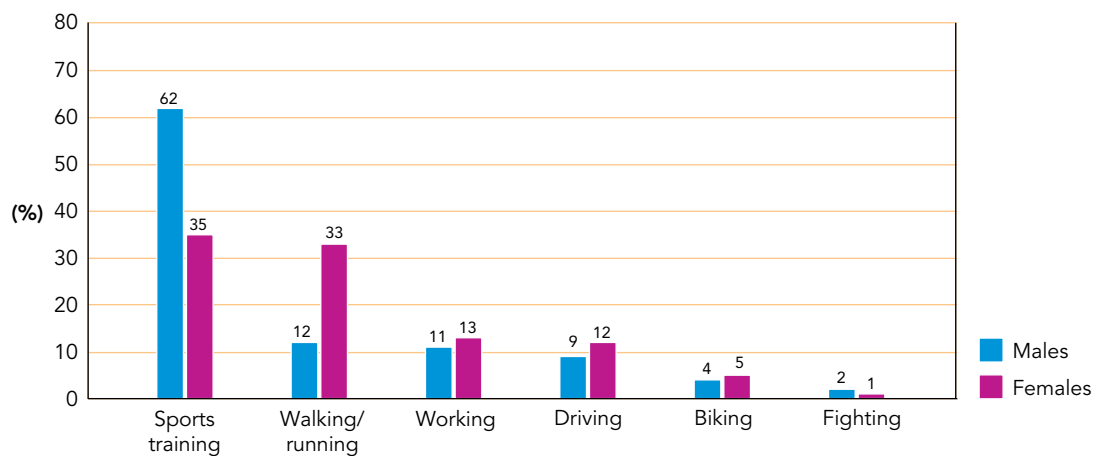
**Table 12: Where most serious injury occurred by gender**

	Males	Females	Total
	%	%	%
At sports facility	48.8	19.3	37.1*
On street	15.2	22.9	18.3*
At home	15.0	25.8	19.3*
At college	13.1	17.1	14.7*
In business area	5.5	10.2	7.3*
In countryside	2.4	4.7	3.3*

\*Significant between gender ( $p < .01$ )

Sports training was the main activity which caused the most serious injury to occur followed by walking/running, working, driving, biking and fighting. There were significant gender differences in the activities which caused the injury. A higher proportion of the male students sustained an injury while participating in an organised activity, league or club (62% vs 35%). A higher proportion of female students (33%) sustained an injury while walking/running in comparison to male students (12%) (Figure 8). As a result of a serious injury sustained by students, two-thirds of the students lost at least one day of college or usual activity.

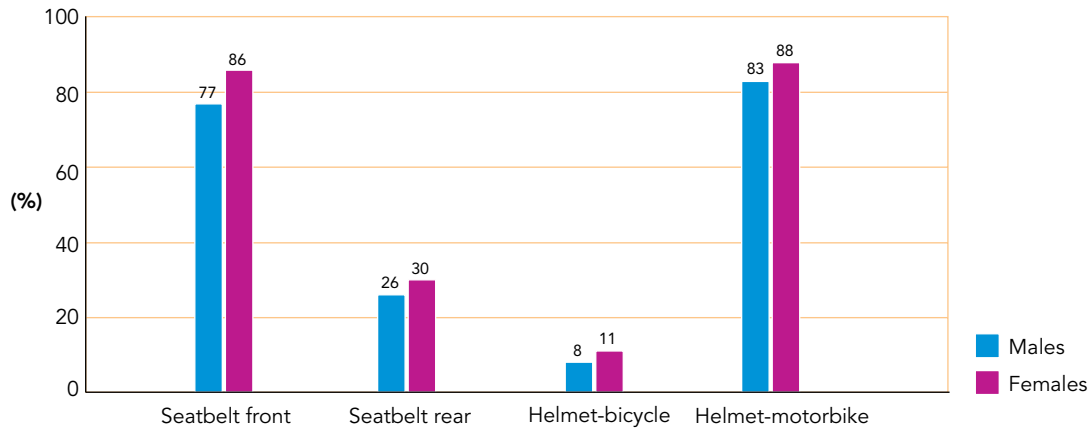
**Figure 8: Activity Resulting in Injury by gender**



#### 4.7.2 Road Safety

The vast majority of students were compliant with the road safety measures of always using a seat belt when in the front seat of a car (82%) and wearing a helmet (86%) when riding a motorbike. First year students were less inclined to wear a seatbelt while in the front seat of a car in comparison to third year students. However, only a quarter of students always used a seatbelt in the rear of a car. Given that over half (55%) of all the students reported using a bicycle (71% male; 45% female), the personal safety measure of wearing a helmet when cycling was very low with only 10% compliant. In fact the vast majority of cyclists rarely used helmets (83% males; 75% females). Although helmet use was low, third year students were more compliant with helmet use than first or second year students. Female students had a greater proportion who were compliant with all of the road safety measures in comparison to male students (Figure 9).

**Figure 9: Road Safety Compliance by gender**



## 4.8 SEXUAL HEALTH

Almost three-quarters of all students were sexually active with significantly more males than females (75% vs 70%). The majority of students were 17 years or older when they first had sexual intercourse (Table 13). A higher proportion of female students (76%) were 17 years or older when they had their first act of sexual intercourse in comparison to their male counterparts (70%). The number of different sexual partners in their lifetime differed significantly between gender and across year in college with male students having more sexual partners than females (Table 13) and third year students having more partners than first or second year students.

**Table 13: Age of sexual onset & No. of sexual partners in lifetime by gender**

	Males	Females	Total
<b>Age at first sexual intercourse</b>	%	%	%
Under 14	3.4	1.8	2.4
15-16 years	26.8	21.9	23.8
17 or older	69.8	76.3	73.7*
<b>Number of sexual partners</b>			
1-3 people	58.0	71.3	66.1
4-5 people	14.6	13.7	14.1
6 or more people	27.4	15.0	19.9*

\*Significant between gender ( $p < .01$ )

Students who were sexually active were asked to identify what method they used to prevent pregnancy when they last had sexual intercourse. By far the most common method was condom use (71%) followed by the contraceptive pill (45%) (Table 14). One in twenty students (5%) reported using withdrawal as a method to prevent pregnancy and a further 4% used nothing. Other methods such as natural family planning, cap, injection were around or below 1%.

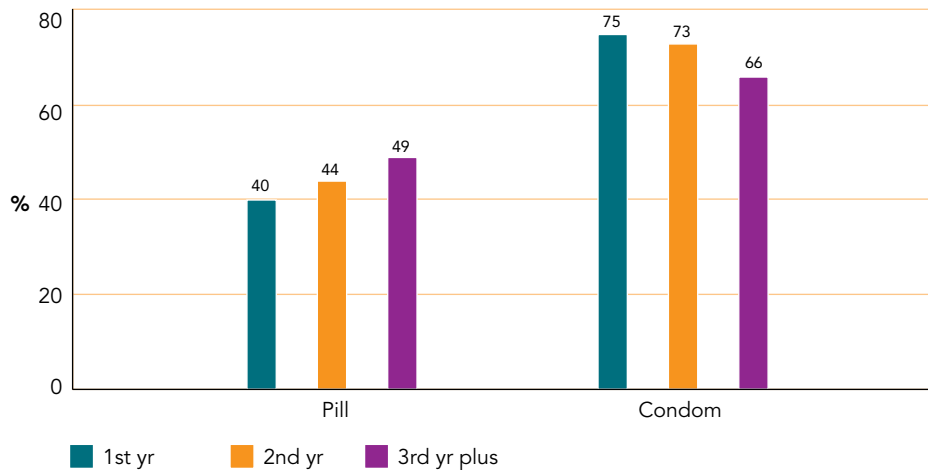
**Table 14: Method to prevent pregnancy by gender**

	Males	Females	Total
	%	%	%
Condom Use	74.3	68.1	70.5*
Contraceptive Pill	33.8	51.6	44.6*
Withdrawal	5.4	4.1	4.6
None	5.4	3.7	4.4
Injection	1.2	2.3	1.9
Family planning	0.3	1.5	1.0
Coil	0.3	1.0	0.7
Diaphragm	0.2	0.2	0.2

\*Significant between gender ( $p < .01$ )

A higher proportion of male students used condoms in comparison to female students (74% vs 68%), while female students had a higher proportion reporting the use of the contraceptive pill (52% vs 34%). The use of the pill significantly increased across year in college with the highest use among third years (49%) (Figure 10). The reverse was true for condom use with the highest numbers in first year (75%) and lowest in third year (66%).

**Figure 10: Method to prevent pregnancy across year in college**



A separate question was asked to identify the number of female students who had used the morning after pill, an emergency contraceptive. Among female students who were sexually active, 42% reported that they had used the morning after pill with no significant difference across year in college.

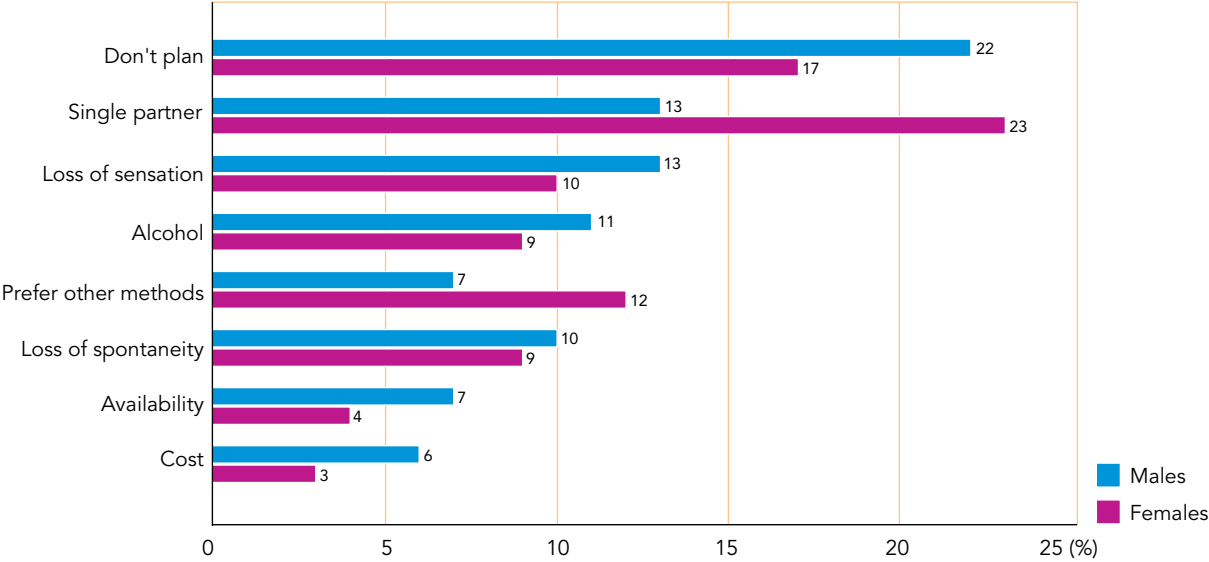
To protect themselves from a sexually-transmitted infection (STIs) the majority of students used a condom (76%), others reported having one constant partner (40%) and some (3%) used no protection at all. About 2% of students expected their partner to have STI screening for protection. Again, as in pregnancy prevention, a higher proportion of male students used condoms in comparison to female students (82% vs 72%), while a



greater number of female students said they had intercourse with only one constant partner as the method to protect them against STIs (47% vs 28%). Among sexually active students, 4% reported that they have been medically diagnosed as having a sexually-transmitted infection.

There were many reasons why students did not always use condoms. The six most common reasons reported were; don't plan, single partner, loss of sensation, impaired judgement due to alcohol, prefer other methods and loss of spontaneity. Availability and cost were also issues for some. Comparing the reasons between males and females, a higher proportion of female students in comparison to male students said single partner or preferred other methods were reasons for non-use of condoms (Figure 11). A higher proportion of males in comparison to females stated they don't plan, that availability and cost were reasons for non-use of condoms.

**Figure 11: Reasons for Non-use of Condoms by gender**



**4.9 SUBSTANCE USE – TOBACCO, ILLEGAL DRUGS, ALCOHOL**

**4.9.1. Tobacco**

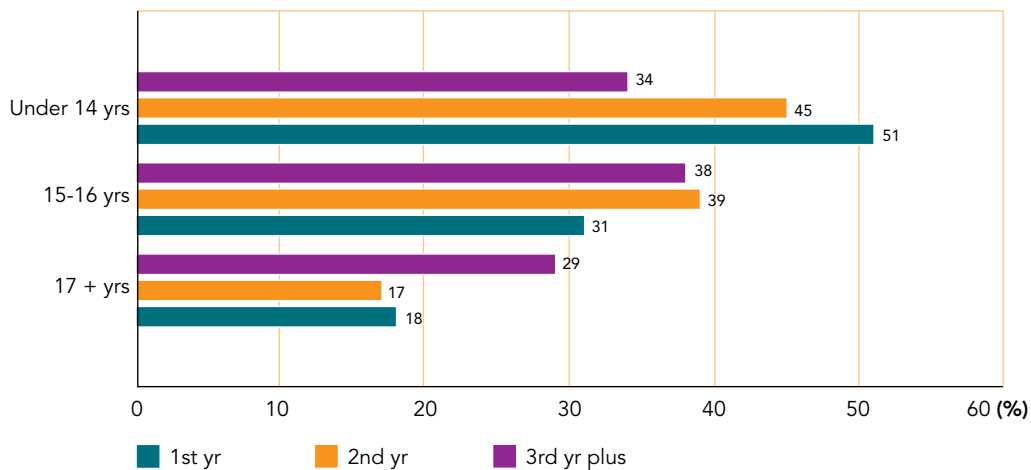
One in four (27%) students reported smoking regularly or occasionally. The average number of cigarettes smoked was seven cigarettes per day with males smoking more than females and second years smoking more than other years. The average number of years as a smoker was five years, with male students smoking for a longer period of time than females and third year male students smoking longer than others. The average age when students started to smoke was 15 years. However, one in four students waited until they were 17 years or older to start smoking (Table 15).

**Table 15: Age at onset of smoking by gender**

Age at start of smoking	Males	Females	Total
	%	%	%
Under 14	39.9	40.8	40.5
15-16 years	32.3	36.5	34.9
17 or older	27.7	22.7	24.6

There was a significant difference across year in college for the onset of smoking. A higher proportion of first and second year students started smoking before they were 14 years old in comparison to third year students (46%, 44%, 33%). This was particularly the case for female students where over half of first year female students had begun smoking before they were 14 years old (Figure 12). Of particular interest is that one-quarter of all students who had smoked in the past were no longer smokers.

**Figure 12: Age at onset of smoking for females across year in college**



Three-quarters of all current smokers had tried to stop smoking and nearly all wanted to quit with more females (97%) than males (90%). When asked to identify what would help them quit smoking, personal, social and environmental factors were mentioned. Having more will power was mentioned by two-thirds of students as a key to quitting smoking, where more females than males reported it (Table 16). Other personal issues mentioned were less stress (41%) and more self-confidence (21%). Of the environmental factors, pricing was considered the most important with 25% of students saying an increase in the price of cigarettes would act as an aid to stop smoking. Support from family and friends were identified by 15% as an aid to stop smoking and a similar number said nicotine replacement therapy would help them. Of less importance to students was medical advice and stop smoking groups.

**Table 16: Help to stop smoking by gender**

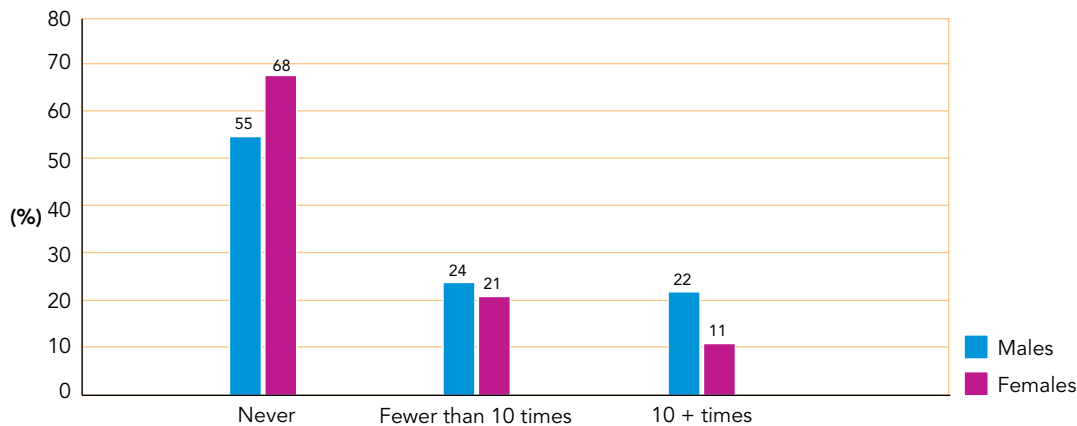
Help to stop smoking	Males	Females	Total
	%	%	%
<b>Personal factors</b>			
More will power	57.5	68.2	64.3*
Less stress	35.1	43.8	40.6
More confidence to stop	21.3	21.5	21.4
Know of damage to health	19.1	18.1	18.5
<b>Environmental factors</b>			
Price increase in tobacco	29.4	22.9	25.3
No smoking policy	10.1	13.1	12.0
<b>Social factors</b>			
Support from family/friends	13.7	16.2	15.3
Nicotine replacement therapy	14.7	14.0	14.3
Stop smoking group	6.0	5.8	5.9
Medical advice	6.6	3.1	4.4

\*Significant between gender ( $p < .01$ )

#### 4.9.2 Illegal Drugs

Cannabis was the most common illegal drug used by students with over one-third (37%) reporting they have used it in the past 12 months and 20% had used cannabis in the past 30 days. There were significant differences between gender, in that a higher proportion of male students reported using cannabis both in the last year (49%) and in the last 30 days (30%). Twice as many male students (22%) used cannabis ten or more times in the past 12 months in comparison to female (11%) students (Figure 13). There was no difference across year in college. In the past 30 days, 9% of males and 3% of females used cannabis ten or more times.

**Figure 13: Cannabis Use in past 12 months by gender**



Ecstasy was the second most used illegal drug (8%), although at a much lower level than cannabis. This was followed by cocaine, magic mushrooms and amphetamines. Male students were much more likely to use these illegal drugs than female students (Table 17).

**Table 17: Illegal Drug use in past 12 months by gender**

	Males	Females	Total
	%	%	%
Cannabis	45.4	32.4	37.3*
Ecstasy	10.6	6.4	8.0*
Cocaine	9.0	3.9	5.8*
Magic Mushrooms	8.0	3.1	4.9*
Amphetamine	5.6	3.8	4.5
Solvents	5.4	1.5	2.2*
LSD	2.3	1.4	1.7
Tranquillisers	1.3	1.3	1.3
Heroin	0.4	0.3	0.4

\*Significant between gender ( $p < .01$ )

### 4.9.3 ALCOHOL

#### 4.9.3a Attitudes to Alcohol

The reasons why students usually consumed alcohol were for sociability, enjoyment and relaxation. Gender differences emerged with a higher proportion of male students choosing sociability and relaxation and a higher proportion of female students choosing enjoyment (Table 18). One in four students reported having a drink with a meal, more females than males reported such a practice. However, one in ten students used alcohol to forget worries and one in twenty used alcohol when anxious or depressed. Just 2% of students felt they needed to drink. Although low, a higher proportion of males (5%) drank because they were lonely or to be polite in comparison to females.

**Table 18: Reasons for drinking by gender**

Reasons for drinking	Males	Females	Total
	%	%	%
<b>More positive</b>			
Sociable	71.0	65.8	67.8*
Enjoy it	69.1	74.5	72.5*
Relax	49.4	44.6	46.4*
Drink with meal	17.1	28.7	24.3*
<b>More negative</b>			
Forget worries	11.8	12.4	12.2
Anxious/depressed	4.7	4.7	4.7
Lonely	5.0	2.3	3.3*
Be polite	5.4	2.2	3.4*
Need to	2.2	1.4	1.6

\* significant between gender ( $p < .01$ )

To evaluate attitudes and perceptions about alcohol, students were asked to respond to four statements using a scale from strongly agree to strongly disagree and don't know. The statement with the highest agreement was "anyone can become alcohol dependent" where 82% agreed. Almost three-quarters (73%) of all students were in agreement that "anyone might become violent if they have too much to drink". Over one-third (39%) of students thought that "when someone is drunk, they should not be considered as responsible for their actions as when they are sober". One in five students (19%) thought that "it doesn't matter how much you drink as long as you don't show the effects."

Female students were more likely to agree that violence can result from too much drink and that anyone can become alcohol dependent in comparison to their male counterparts (Table 19). A higher proportion of male students (23%) were more likely to agree that the amount of alcohol an individual drinks doesn't matter provided you don't show the effects. This perception was more evident in first and second year students.

**Table 19: Attitudes to alcohol by gender**

	Response	Males	Females
		%	%
It doesn't matter how much you drink as long as you don't show the effects	Agree	22.9	16.2*
	Disagree	72.2	79.6
	Don't know	4.9	4.2
Anyone might become violent if they have too much to drink	Agree	69.2	75.1*
	Disagree	29.4	23.2
	Don't know	1.4	1.7
When someone is drunk, they should not be considered as responsible for their actions as when they are sober.	Agree	39.4	39.0
	Disagree	59.6	58.6
	Don't know	1.0	2.4
Anyone can become alcohol dependent.	Agree	78.0	85.2*
	Disagree	18.7	12.2
	Don't know	3.3	2.6

\*Significant between gender ( $p < .01$ )

#### 4.9.3b. Drinking Habits

The proportion of non-drinkers among students was 5%. The average age when students started to drink was 15 years. There were significant differences between gender and across year in college. A higher proportion of male students had started drinking before the age of 14 in comparison to female students (Table 20). A higher proportion of third year students (36%) started drinking when they were 17 years or older in comparison to first years (31%) and second year (32%) students.

**Table 20: Age at onset of drinking by gender**

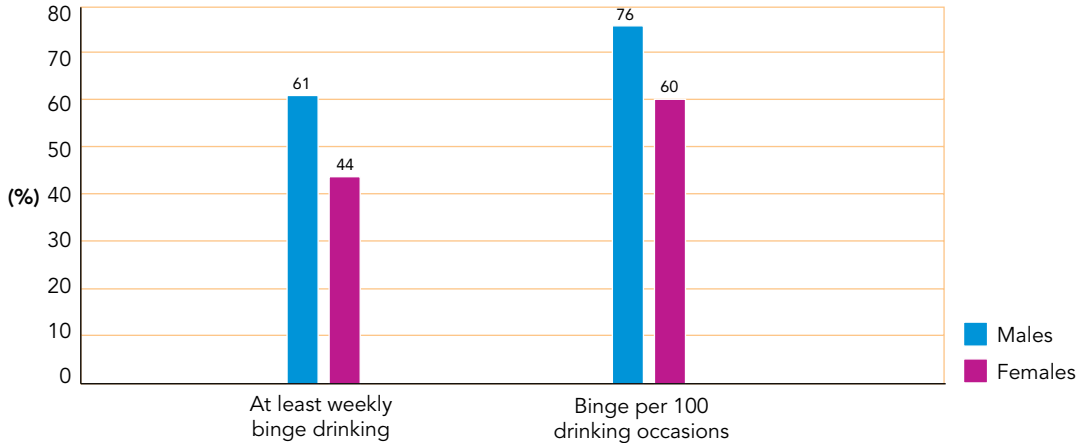
Age at onset of drinking	Males	Females	Total
	%	%	%
Under 14	21.4	17.3	18.9*
15-16 years	46.9	48.6	48.0
17 or older	31.7	34.0	33.1

\*Significant between gender ( $p < .05$ )

Beer was the preferred drink among 87% of male students. Female students were more divided between beer (47%) and spirits (36%). Wine was more popular among female students (17%) than male students (4%). Third year students had a higher preference for wine and a lower preference for beer in comparison to first and second year students. Third year female students were less inclined to drink spirits in comparison to first and second year female students.

The total volume of alcohol consumed per head of student (based on the total sample of students) was 18.3 litres of pure alcohol for males and 10.8 litres for females. While very few students drank daily, 74% of male students and 70% of female students drank at least once a week. Binge drinking at least once a week, defined as drinking at least 75 grams of pure alcohol per occasion (at least 4 pints of beer or a bottle of wine or equivalent), was reported by 61% of male students and 44% of female students. Overall, third year students had fewer regular binge drinkers. Among males, first year students had the highest proportion of weekly binge drinkers (64%). Among females, second year students (49%) were the highest binge drinkers. When the frequency of binge drinking occasions were related to the overall number of drinking occasions, the results showed that out of every 100 drinking occasions 76 ended up in binge drinking for male students and 60 for female students (Figure 14).

**Figure 14: High Risk Drinking by gender**



**4.9.3c. Experience of Adverse Consequences**

There was a high level and range of harm/problems experienced by students as a result of their drinking. Three-quarters (74%) of male students and two-thirds of female students (65%) experienced at least one harm during the last 12 months as a result of their alcohol use. There was a high prevalence of adverse consequences relating to their drinking such as *“regretted things said or done after drinking”* (62%), *“felt effects of alcohol while at class/work”* (50%), *“missed school/work days”* (44%) and *“harmed studies/work”* (28%). A higher proportion of male students experienced these harms in comparison to their female counterparts (Table 21). Male students were twice as likely to have been in a fight, in an accident and had unprotected sex in comparison to female students. One in four male students and one in five female students experienced money problems as a result of their own drinking.

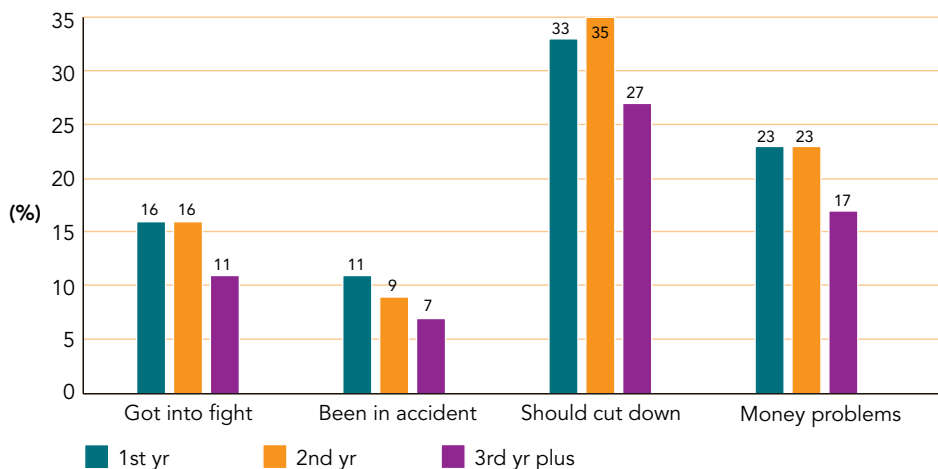
**Table 21. Experience of adverse consequences as a result of own alcohol use by gender**

Harms	Males	Females	Total
	%	%	%
<b>Harm related to academic performance</b>			
Felt effects of alcohol while at class/work	54.5	47.9	50.4*
Missed school/work days	47.9	41.7	44.0*
Harmed studies/work	34.3	24.9	28.4*
<b>Acute harm</b>			
Regretted things said or done	62.9	61.0	61.8
Got into fight	20.6	10.3	14.2*
Been in accident	12.9	6.4	8.9*
<b>Personal Harm</b>			
Money problems	24.5	18.6	20.8*
Unintentional sex	19.3	11.4	14.4*
Unprotected sex	16.7	9.2	12.0*
<b>Chronic harm</b>			
Should cut down	36.3	27.9	31.1*
Harmed health	27.8	17.8	21.6*
<b>Social Harm</b>			
Harmed friendships	14.8	8.9	11.1*
Harmed relationship / home-life	13.6	8.7	10.6*

\*Significant between gender ( $p < .01$ )

There were significant differences across year in college for four of the adverse consequences (Figure 15). First and second year students were more likely to have been in an accident or fight or experienced financial problems and thought they should cut down on their drinking in comparison to third year students.

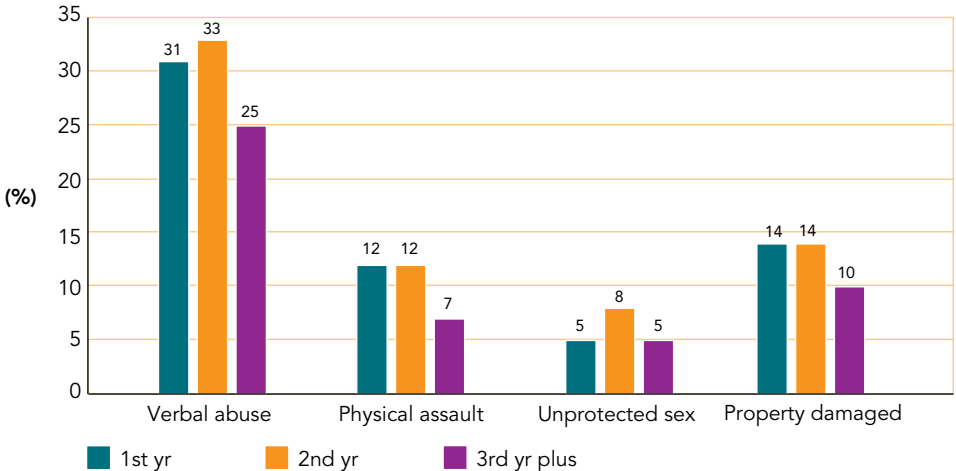
**Figure 15: Experience of adverse consequences of own alcohol use across year in college**





As a result of someone else’s drinking, two-thirds of male students and over half (55%) of female students reported that they had experienced at least one harm. The most often cited consequences experienced among male students were; verbal abuse (37%), passenger with a driver who had taken alcohol (22%), arguments with friends and family about drinking (20%), property vandalised (19%), physically assaulted (18%) and relationship difficulties (13%). For female students, the most common adverse consequences, as a result of someone else’s drinking were; verbal abuse (25%), arguments with friends (21%), relationship difficulties (16%), passenger with a driver who had taken alcohol (15%) and had property vandalised (8%). Sexual assault rate, although very low, was twice the rate among first year female students (2.4%) in comparison to second (1.2%) or third year students (0.8%).

**Figure 16: Experiences of harm as a result of someone else’s drinking across year in college.**



Four of the harms experienced as a result of someone else’s drinking were significantly different across year in college (Figure 16). A higher proportion of first and second year students experienced verbal abuse, physical assault, unprotected sex and property damage in comparison to third year students.

**4.10 Profile of Students with High Risk Drinking Patterns**

High risk drinking are patterns of drinking that are likely to increase the risk of harm for the drinker and for others. Binge drinking is a term used to describe a single occasion of excessive drinking, defined as drinking at least 75 grams of pure alcohol per occasion (at least 4 pints of beer or a bottle of wine or equivalent). This pattern of high risk drinking was the norm among college students in this study, where out of every 100 drinking occasions, 76 were binge drinking occasions for male students and 60 for female students.

This section examines the hypothesis - does high risk drinking increase the risk of harm for the drinker and if so to what extent? The dynamics of binge drinking with a number of key student well-being and welfare indicators are also explored using underlying perceptions about alcohol, student living conditions, general health, risk-taking behaviours in general and coping skills. The non-drinkers (5%) in the study were excluded from these analyses.

The likelihood of students experiencing adverse consequences from their own drinking increased with more frequent binge drinking episodes. Students who were regular binge drinkers, defined as binge drinking at least weekly, were two to three times more likely to experience a range of adverse consequences as a result of their drinking in comparison to students who were binge drinking less frequently, or were non-binge drinkers (Table 22). Two-thirds of students who were regular binge drinkers felt the affect of alcohol while at class/work in comparison to 27% of other drinkers. Regular binge drinkers were twice as likely to miss school/work (61% vs 27%), reported their studies/work were harmed (38% vs 18%) and thought they should cut down on their drinking (43% vs 19%) in comparison to students who were binge drinking less frequently. Money problems, fights, unprotected sex and accidents were three times more likely to occur among students who engaged in regular binge drinking.

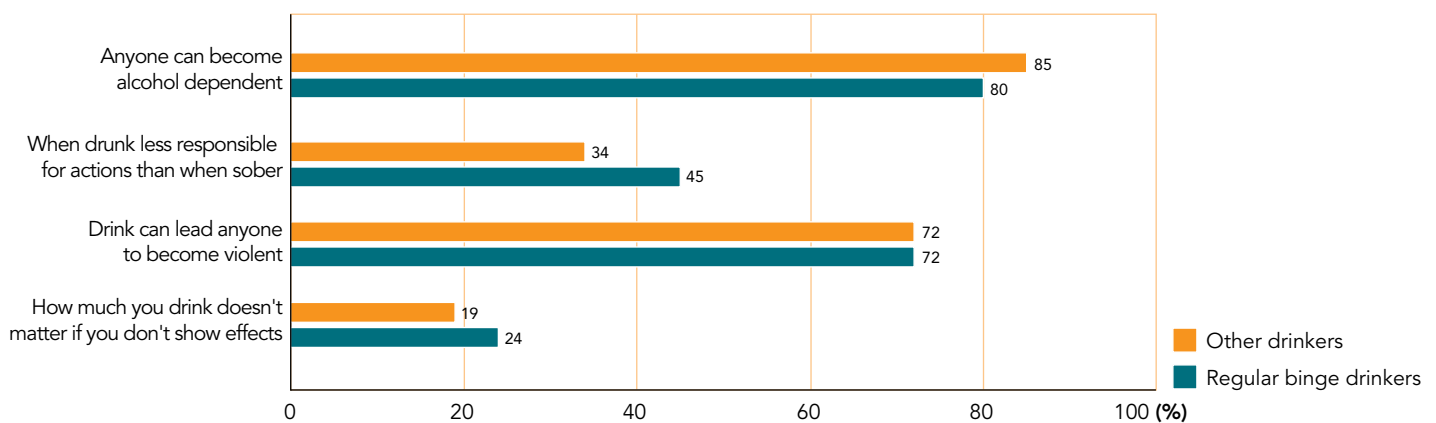
**Table 22: Experiences of adverse consequences by high risk drinking**

Harms Experienced	Regular binge drinkers	Less frequent binge or non-binge drinkers
	%	%
Regretted things said or done	75.8	48.1*
Felt alcohol effects while at class/work	63.8	27.5*
Missed school/work days due to alcohol	61.2	27.3*
Should cut down	43.2	19.2*
Harmed work/studies	38.5	18.5*
Money problems	31.7	9.8*
Harmed health	28.0	15.0*
Got into fight	22.0	6.1*
Unintended sex	21.0	7.8*
Unprotected sex	18.5	5.5*
Harmed friendships	15.9	6.6*
Harmed relationship / home-life	14.8	6.2*
Been in accident	13.4	4.2*

\*significant between drinking pattern ( $p < .01$ )

A significantly higher proportion of regular binge drinkers, in comparison to other drinkers, perceived that the amount of alcohol consumed didn't matter provided the individual did not show the effects and that when an individual was drunk they should not be considered as responsible for their actions as when sober (Figure 17). While the vast majority of students believed that anyone can become alcohol dependent, significantly fewer regular binge drinkers agreed.

**Figure 17: Attitudes to alcohol by high risk drinking**



A higher proportion of regular binge drinkers drank for enjoyment and sociability in comparison to other drinkers. A higher proportion of regular binge drinkers also drank to forget worries (15% vs 10%) when anxious or depressed, or lonely, or felt they needed to drink. (Table 23).

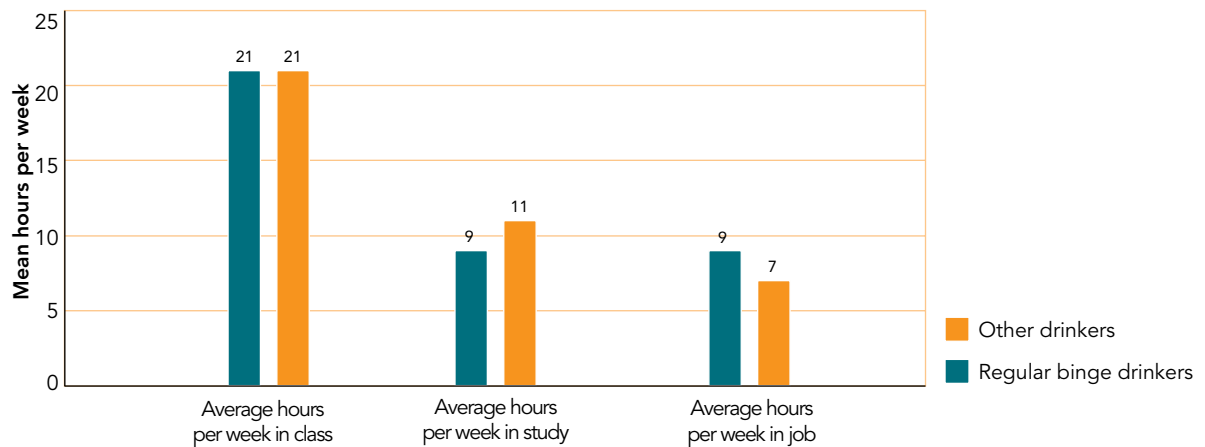
**Table 23: Reasons for drinking by high risk drinking**

Reasons for drinking	Regular binge drinkers	Less frequent or non-binge drinkers
<b>More positive</b>	%	%
Sociable	70.3	65.8*
Enjoy	82.6	63.3*
Relax	49.8	43.8
Drink with meal	21.1	28.2*
<b>More negative</b>		
Forget worries	14.9	9.7*
Anxious/depressed	6.3	3.3*
Lonely	4.1	2.5*
Be polite	2.9	3.8
Need to	2.6	0.7*

\*significant between drinking pattern ( $p < .01$ )

Student living conditions were examined across high risk drinking patterns and showed that the average source of income from family and from grants were similar for both groups. However, students who were regular binge drinkers had a higher average income from work in comparison to others (Table 24). Regular binge drinkers spend less on accommodation, spend a similar amount on food, but spend twice as much on alcohol per month than other drinkers, €148 in comparison to €69. The average time allocated to classroom per week was 21 hours for both groups. However, regular binge drinkers spent fewer hours per week on study during term time and a greater amount of time working in comparison to other students who drank (Figure 18).

**Figure 18: Weekly student time allocation in college by high risk drinking**



A significantly higher proportion of those who drank alcohol but did not binge drink on a regular basis were more satisfied with their health and perceived their general health as excellent or very good in comparison to regular binge drinkers. There was no difference in quality of life or perceived mental health. Two thirds of both groups were fairly physically active and a higher number of regular binge drinkers participated in sport in comparison to others. Exams, studies in general and relationships were contributing sources of stress for both groups. However, financial situation and work outside of college were sources of regular stress for a higher proportion of regular binge drinkers, while stress from subject demands was less significant.

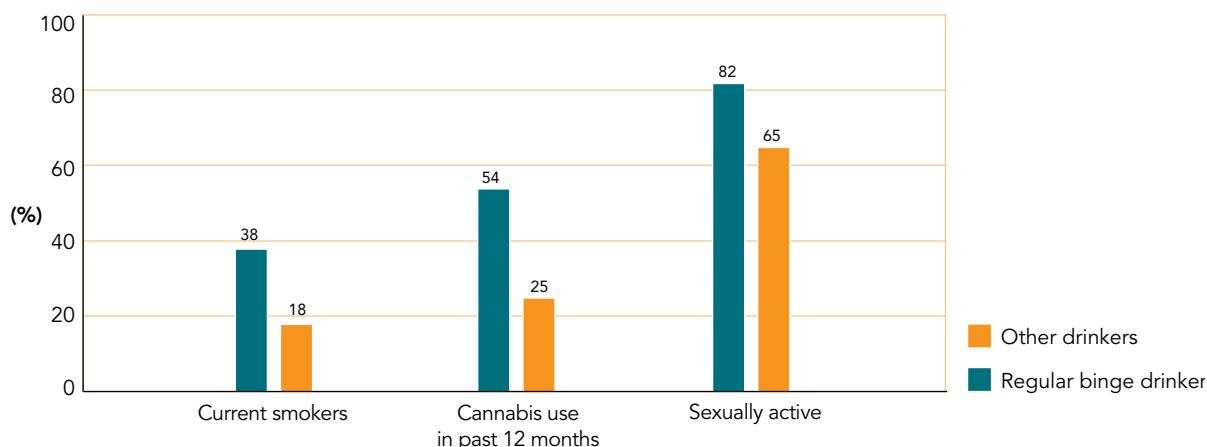
**Table 24: Student Living Conditions and General health by high risk drinking**

	Regular Binge drinkers	Less frequent or non-binge drinkers
<b>Income – average</b>		
Family	€270	€265
Work	€318	€286*
Grants	€230	€224
<b>Expenditure – average</b>		
Accommodation	€258	€283*
Alcohol	€148	€69*
Food	€107	€110
<b>General Health</b>	<b>%</b>	<b>%</b>
Perceived general health (exc/v. good)	51.4	57.4*
Satisfaction with health (satisfied)	60.3	66.1*
Quality of Life (v.good/good)	86.5	86.9
Perceived mental health (v.good/good)	85.4	85.4
<b>Physical Activity</b>		
Physical activity level (very/fairly active)	67.9	68.5
Sports participation	51.8	46.1*
<b>Sources of Stress (regular stress)</b>		
Exams	67.1	67.1
Specific subjects demands	60.3	64.5*
Studies in general	59.2	60.0
Financial situation	47.0	40.9*
Relationships	25.2	21.8
Work outside of college	22.4	19.7*

\*significant between drinking pattern ( $p < .01$ )

To explore if binge drinking was part of a wider risk taking behaviour pattern, behaviours across substance use and sexual activity were examined. Results showed that regular binge drinkers were more likely to engage in other risk taking behaviours. A higher proportion of binge drinkers were involved at an earlier age in smoking, drinking and sexual activity than other drinkers (Table 25). Regular binge drinkers were twice as likely to be smokers and cannabis users. A greater number of regular binge drinkers were also sexually active (Figure 19).

**Figure 19: Risk Taking Behaviours by high risk drinking**



Methods used to prevent pregnancy were similar for both groups in relation to condom use, withdrawal or using no protection. However, regular binge drinkers were less likely to use the contraceptive pill. Half of female binge drinkers had used the morning after pill, an emergency contraception in comparison to one-third of other drinkers (Table 25).

**Table 25: Risk Taking Behaviours and Coping Skills by high risk drinking**

	Regular binge drinkers	Less frequent or non-binge drinkers
<b>Risk taking behaviours</b>	%	%
Age onset of smoking (under 14 years)	43.4	34.2*
Age onset of drinking (under 14 years)	25.3	12.5*
Age onset of first sex (under 16 years)	30.7	20.7*
<b>Pregnancy prevention</b>		
Condom use	71.0	69.9
Contraceptive Pill	41.0	49.6*
Withdrawal	4.5	4.7
None	4.9	3.5
<b>Morning after pill (females only)</b>	49.1	36.4*
<b>Coping with anxiety/depression</b>		
<b>More positive</b>		
Talk to someone	66.2	73.0*
Find information	20.7	28.2*
Pray	16.4	22.9*
<b>More negative</b>		
Sort out alone	55.1	54.6
Try to ignore	37.4	35.5
Take drugs or get drunk	14.5	3.9*

\*significant between drinking pattern ( $p < .01$ )

Coping skills were examined in relation to how a person would cope with anxiety or depression. Those who were regular binge drinkers were less likely to talk to someone, find information or pray – considered more positive and appropriate responses. However, similar responses were reported for both groups in relation to the more negative responses of not wanting to share problems with others (sort out alone) or to try and ignore the problem. A greater number of regular binge drinkers reported they would take drugs or get drunk (14%) in comparison to other drinkers (4%) to cope with anxiety or depression.





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# Annex I

## PARTICIPATING COLLEGES IN THE CLAN SURVEY

### Universities

Dublin City University  
National University of Ireland Galway  
National University of Ireland Maynooth  
Trinity College, Dublin  
University College Cork  
University College Dublin  
University of Limerick

### Institutes of Technology

Athlone  
Blanchardstown  
Carlow  
Cork  
Dublin  
Dundalk  
Galway-Mayo  
Letterkenny  
Limerick  
Sligo  
Tralee  
Waterford

### Colleges of Education

St. Partick's Drumcondra  
Mary Immaculate Limerick



# Reducing Alcohol – Related Harm in Irish Colleges

A Qualitative Evaluation of the College Alcohol Policy Initiative

Shane Butler and Niamh Ryder  
Addiction Research Centre  
Trinity College Dublin





# Introduction

In early 2001, a National Working Group on Alcohol Consumption in Higher Education was convened at the University of Limerick with a view to drawing up guidelines for policies aimed at the reduction of alcohol-related harm in third-level colleges in Ireland. Twenty colleges - all seven of the country's universities and thirteen institutes of technology - were represented on the Working Group, which also consulted with the Union of Students in Ireland and with the Social Aspects Committee of the Drinks Industry Group. The Working Group's report, *Framework for Developing a College Alcohol Policy*, was launched by the Minister for Health and Children in October 2001. An initiative of this kind had been recommended in the *National Alcohol Policy – Ireland (1996)* and was now being attempted against the background of the dramatic increases in *per capita* Irish alcohol consumption which had occurred throughout the 1990s. Its necessity may be also argued from the findings of the College Lifestyle and Attitudinal National (CLAN) Survey which accompany this present report.

### **Aims and Methods of this Evaluation**

This report presents the summarised findings of a qualitative, process evaluation of the college alcohol policy initiative, carried out in 2004 with a view to examining ongoing progress on the part of third-level colleges in their attempts to institute effective alcohol policies.

A comprehensive review of the research and policy literature on college alcohol policies was carried out so as to provide a wider context for this Irish initiative, and the following specific methodologies were then used in conducting this evaluation:

- content analysis of policy documents drafted in participating colleges;
- focus group discussions with college staff who had played a key role in drafting and implementing their own institution's alcohol policy;
- individual interviews with stakeholders representing student interests and a representative of the drinks industry;
- case studies of three different colleges and their alcohol policies which were intended to reflect the spectrum of college experiences in this sphere.

This combination of different data-gathering methods, which is referred to in qualitative research as "triangulation" (Denzin and Lincoln, 1998), is intended to provide findings from a number of perspectives, thereby giving the study a breadth, depth and balance which would not be possible using just a single method.

### **Reviewing the Literature**

A review of English language literature on the subject of college alcohol policies reveals that by far the greatest amount of published work on this topic originates in the United States of America, where a majority of undergraduates appear to be below the minimum legal drinking age (MLDA) of 21 and where there is a particular concern with drink-driving issues. However, whether emanating from the USA or from countries where the MLDA is 18, the research and policy literature is absolutely and pragmatically clear that, in societies where alcohol consumption is normative for adults, colleges cannot realistically be expected to prevent students from drinking; instead, it is proposed that college authorities should try to reduce a spectrum of both acute and chronic health and social harms stemming from student drinking. Although the term "binge drinking" is ambiguous and of limited value in preventive programmes (Lederman et al., 2003), there is consensus on the particular risks associated with the practice – by no means exclusive to students - of drinking a large amount (conventionally defined as 5 drinks in a row for men and 4 drinks in a row for women) during one drinking occasion, usually with the intention of becoming intoxicated.



Within the research literature (for instance, Roche and Watts, 1999), student drinking is commonly discussed in the context of the major lifecycle transition involved in the move from a second to a third-level educational institution. From this perspective, colleges are not mere education mills where the entire focus is on academic learning, the passing of examinations or the acquisition of qualifications. Instead, college life is widely viewed as providing young people, who are no longer children but who are still outside the workforce, with a unique status and with the opportunity to socialise with peers and have fun; and part of this fun commonly involves drinking. Although most heavy-drinking students can be expected to mature out of this habit as they progress through their college careers and, later still, take on a range of work and other personal responsibilities (Schulenberg and Maggs, 2002), this is not to suggest that there is no necessity for college alcohol policies. On the contrary, the negative consequences of student drinking (which are considered in detail in the accompanying CLAN report) are generally regarded as justifying the drafting and implementation of college policies aimed at reducing this spectrum of harm.

In line with the broader public health approach to alcohol-related problems (Edwards et al., 1994; Babor et al., 2003), it is suggested that colleges can only hope to be successful when they employ a *policy mix* which combines a range of individual and environmental prevention strategies. Perhaps the most commonly used individual strategy is that which aims to prevent alcohol-related problems by educating drinkers about the risks involved in alcohol consumption and urging them to be moderate in their drinking habits; these educational approaches are philosophically attractive in that they are not paternalistic but instead respect the right of adults to make their own decisions. Such strategies would seem particularly suited to third-level colleges where students are expected to be more autonomous and self-directed than would be the norm in primary and secondary educational systems. However, research on the outcomes of education of this kind (Interim Report of the Strategic Task Force on Alcohol, 2002; Larimer and Crance, 2002) has consistently found that while it may increase knowledge and influence attitudes, it is largely unsuccessful in changing actual drinking practices, and that it is unrealistic to expect it to counteract other environmental forces which normalise and facilitate regular, heavy drinking. *Social norms marketing* (Perkins, 2003) is a relatively new form of alcohol education devised in the USA and aimed at fostering less risky drinking in colleges by educating students about how moderate peer drinking norms actually are. Although its proponents claim considerable success for social norms marketing, the results of the first national evaluation (Wechsler et al., 2003) did not support these claims. Public health advocates (American Medical Association, 2002) generally tend to view drinks industry involvement in third-level colleges as being based on commercial

motivation, and they are particularly sceptical of social norms marketing in view of drinks industry support for this new approach to alcohol education. The other major individual strategy which features in the literature refers to the use of health and counselling services for screening and identifying students already involved in hazardous or harmful drinking habits; there is now consensus on the value of brief or opportunistic interventions with such students (Dimeff et al., 1999).

In the micro-environment of third-level colleges, as in the wider society, environmental strategies for alcohol problem prevention are those which focus on the way in which individual decision-making is influenced by promotion, price and availability of alcohol. In a college context, the aim of such strategies is to create an environment which facilitates the making of sensible drinking choices by students. The most commonly advocated strategies (Toomey and Wagenaar, 2002) include: controlling drinks industry sponsorship of student societies and events, particularly when such sponsorship comes in the form of free product; restricting alcohol promotions which encourage rapid or heavy drinking; limiting alcohol advertising on campus; providing Responsible Serving of Alcohol (RSA) training for serving staff in college bars; providing social and recreational facilities which do not involve alcohol on campus or in student residences; and creating and enforcing a disciplinary code which does not accept intoxication as an excuse for aggressive or destructive behaviour on campus or in residences. Research support for the effectiveness of environmental policies is generally much stronger than that for any of the individual strategies but, since they involve social controls and are aimed at all students rather than at a sub-group identified as being high-risk, they cannot be expected to gain automatic support from either students or staff (Snow et al., 2003). It is also recognised within the health promotion literature that without the mobilisation and maintenance of broad support networks – including academics, student unions, student service systems and senior managements – for such environmental policies, they are unlikely to succeed in reducing alcohol-related problems on campus (Tsouros et al., 1998; De Jong and Langford, 2002).

# 2

## College Alcohol Policy Documents — A Content Analysis

Content analysis, as the name implies, is a documentary method aimed at producing a qualitative and/or quantitative analysis of the content of written text, pictures, films or other media. It utilizes a methodological approach and standards and principles similar to those found in all methods of social research (Sarantakos, 1998). In this instance, the documents for analysis are the written alcohol policies produced by colleges in response to the publication of the national framework document. The number of colleges involved had now increased to 22, of which 18 provided written alcohol policies for analysis. Of those, 13 policies had received full official approval within their institutions and were described as being fully operational, while the remaining five were either in the process of being completed or were awaiting formal institutional ratification.

### **The Policy Formulation Process**

Almost without exception, individual policy documents contained little or no detail on how these policies had been produced. Just one document described the policy formulation process as having gone through a number of different phases. Generally, these documents mentioned the policy formulation process in a rather cursory way, with only four of the 18 documents analysed commenting specifically on the work which had been done to create partnerships, either within campuses or with external groups.

Just four of the policy documents gave an explicit commitment to carrying out research on the drinking habits of their students so as to develop a profile against which policy success might be evaluated, while a fifth presented the findings from a completed qualitative study of staff and student attitudes towards alcohol. Other documents contained somewhat less definitive suggestions as to how student drinking habits might be monitored.

### **Policy Content**

Analysis of the content of these 18 documents clearly demonstrates the extent to which they were influenced by the guidelines laid down in the national framework document. All contained measures aimed at controlling the advertisement and marketing of alcohol on campus, and at curbing the role of the drinks industry in sponsoring student societies or specific student events. Most contained references to the importance of alcohol education and awareness but, with the exception of seven colleges which listed specific educational initiatives, these references seemed vague and aspirational.

Amongst the specific educational proposals were the following:

- publicising of the college alcohol policy and promotion of low-risk drinking through student handbooks, the student press or student radio stations, email, poster campaigns and notice boards;
- advertising of the alcohol policy during orientation / freshers' week or during welfare week;
- provision of study skills and alcohol awareness programmes for students;
- training college tutors in alcohol awareness.

Although 14 of the 18 documents reviewed contained reference to the provision of alcohol-free alternatives for students, again just a few had concrete proposals for how this might be done; these included proposals to arrange lunchtime, evening or late-night entertainment in alcohol-free venues such as juice bars, or simply the provision of television to allow for viewing of major sporting events outside a pub setting.

Finally, most policies reiterated the importance of providing support services for students who are beginning to experience difficulties with their alcohol consumption, and allocated primary responsibility for this function to student health and counselling services, and to chaplaincies.

# 3

## College Alcohol Policies – Focus Group Discussion Data

Two focus groups were held with college staff who had been involved in writing their own colleges' alcohol policies and who, in many instances, had also served on the Working Group which drafted the national framework document. A total of fourteen college staff – including student service administrators, nursing and medical staff from student health centres, health promotion workers, chaplains and academics – participated in these focus groups, each of which lasted for an hour and a half. The aim of the focus group in social research (Bloor et al., 2001) is to create a group dynamic so that participants do not just respond as individuals to issues raised by the group moderator but spark off one another spontaneously, thereby generating richer and more detailed data than might be forthcoming from individual interviews. In this instance, the focus group worked well in that participants were happy to have an opportunity to discuss their own individual and institutional experiences in creating college alcohol policies and to compare notes with colleagues from other institutions. Again, analysis of transcribed data from these discussions is guided by the main themes of the framework document.

### Drafting and Formally Approving College Alcohol Policies

Focus group data revealed that there was no single or uniform process for drafting and formally approving a college alcohol policy but that different colleges had approached this task in different ways, both procedurally and in terms of staff involved in this process. It was reported that the initiative in creating college alcohol policies had been variously taken by student service administrators or student service professionals (including doctors, nurses, counsellors and chaplains), by health promotion groups or by members of academic staff – almost always in collaboration with Student Unions. What also emerged from these groups was a clear sense that the process of drafting the alcohol policy had generated an energy and enthusiasm which was seen as important in its own right, whether the policy was formally ratified by college authorities or whether there was a delay in this process. The diversity, and complexity, of approaches to devising college alcohol policies is illustrated in the following quotes:

*The Director of Student Affairs actually wrote the policy, and various people from student affairs – including counselling, careers, retention, chaplains and access services, and of course the Students Union – had an input, but he wrote the policy.*  
[Student Affairs Administrator]

*I came to it slightly by accident... I looked at some of the policies in the different colleges and I drafted one for [name of college] and passed it along to the Student Services, the Sports Officers and the Students Union; so I went to each individually and got their opinion.*  
[Academic]

### Student Participation in Drafting & Implementing College Alcohol Policies

In general, focus group members reported that the student population had agreed with and supported the drafting of college alcohol policies; no coherent or sustained opposition by students to this process was reported, and such objections as were made were largely concerned with the threatened withdrawal of drinks industry funding for student societies or specific student events. These quotes are broadly representative of the overall tone of group discussion on student participation in the policy process:

*Students were happy to be part of it and didn't object to any of the elements of it; [there were] no issues, the Ents Officer also participated and was happy enough.*  
[Student Services Manager]

*After each drafting, we gave it out to students and said: "come back", and they would come back with ideas. It was interesting; we found that they didn't mind too much about the alcohol as such; it was the finance and where they were going to get it.*  
[College Chaplain]

### **Alcohol Control Strategies and Alcohol Education**

The national framework document, in line with evidence-based public health approaches to the reduction of alcohol-related harm, advocated a range of environmental control strategies, as opposed to traditional, individual alcohol education strategies. For college staff charged with the responsibility of devising policies incorporating such control strategies, there are perhaps two main difficulties which arise. The first of these is that it cannot be assumed that in the broader college communities there is much familiarity with or understanding of the evaluative literature on alcohol harm reduction or problem prevention – a literature which is unequivocal in its conclusion that education or persuasion has only a limited role to play and in its support for environmental control strategies. The second difficulty is that, lacking this grasp of the research evidence, college staff are intuitively likely to favour educational strategies, and to regard control strategies which challenge the accessibility and normality of alcohol on campus as being of a kill-joy or paternalistic nature. On the whole, focus group discussion revealed some ongoing policy controversy on these themes but no major rejection of control strategies; as the following quotes show, staff criticism of environmental strategies tended to be based anecdotally on reminiscence of their own student days rather than on the research literature:

*Sometimes we get negative feedback, probably in a humorous way, from academic staff talking about their college days and the amount of drink they drank – and that we [now] have a police state .... You know: "what harm did it do them; you have to have excess time and then move on".*  
[Student Health Service Nurse]

*Just to comment on the academics who drank when they were in college: [they] were just a couple of pints of Guinness drinkers and not really into the Alcopops, and they're not really aware of the Smirnoff Ice on draught thing; and if you said any of that to them, they would be shocked to hear of the quantities students are drinking now – they have more money now.*  
[Student Services Administrator]

Focus group discussion also revealed that, in the main, participants accepted that, despite its popularity, alcohol education had only a modest impact on reducing harm and, furthermore, that they were prepared to challenge colleagues, student leaders or opinion-formers who argued that the only necessary or appropriate prevention strategy was to inform or educate students about the nature of alcohol-related harm. It was also acknowledged that educational programmes – whether concerned solely with alcohol or with broader health promotional matters – did not appear to interest students or attract large audiences. Discussion on the relative popularity of these two contrasting approaches to problem prevention was, as may be gathered from the following quotes, lively:

*The student press people have a great belief in education, and that came out in the initial alcohol policy: the phrase that “they are adults” and we should just give them the information and let them [get on with it]; ... And I have given them [college authorities] data and, being academics, they have to accept scientific evidence.*  
[Student Health Service Director]

*Now I’m not saying education on its own [works], but I think it needs to be a component of it, if it’s to be successful.*  
[Student Service Administrator]

*Our health promotion week: the actual number of students who attended were few and far between. ... It was embarrassing; we had to round up students to attend, and they weren’t interested. The majority of our students are working on average 10 to 20 hours a week, [including] their Saturdays and Sundays.*  
[Academic]

However, while agreeing that traditional lectures and awareness-raising seminars were largely unattractive to students, respondents still expressed some belief in the value of education and described a range of alternative educational strategies – such as poster campaigns, information stands and various other “gimmicks” – which might have a greater appeal to students:

*The students won’t generally come to something directly about alcohol or drugs...so we sneak it in...they’ll pick up stuff and read it as long as nobody sees them.*  
[Health Promotion Officer]

Although respondents conceded that educational programmes on their own had little effect, they still suggested a number of new ideas for future educational and informational initiatives; these included text messaging, use of screensavers and health promotion websites, and the provision of information through lifestyle seminars, study skills, stress management and alternative therapies and fitness regimes.



### **Encouraging Alternatives, Non-Drinking and International Students**

The provision of alcohol-free social and recreational alternatives was one of the major themes discussed in the national framework document but, as already pointed out, almost none of the individual college policies gave any indication of concrete commitment to this ideal. Not surprisingly, therefore, focus group discussion largely confirmed that more effort and funding was needed within colleges to provide students with venues and events outside of a drinking environment. It was reported that some colleges had common rooms which did not serve alcohol, but all felt that more could be done in this regard. There were reports of isolated initiatives - for instance, one college had banned alcohol on campus for Rag Week, while another had provided dance lessons one night a week. – but by and large discussion on this topic was discouraging:

*We still can't give them an alternative ... in the evenings, in an alcohol-free area.*

*[Student Services Administrator]*

It was felt particularly that international students (and to some extent Irish students who were either total abstainers or moderate drinkers) were in danger of being excluded from social and recreational activities which tended to revolve around heavy drinking scenes, and it was reported that some colleges had begun to hold "International Week" or "International Days" which largely consisted of alcohol-free events and were aimed at including international students in the social life of the college:

*I think there is probably a huge pressure on international students because they are excluded.*

*[Student Health Service Director]*

*We have three days of international student days and they show our students different cultures and that, without alcohol.*

*[Student Services Administrator]*

### **Drinks Industry Links with Colleges**

Focus group discussion confirmed that staff who worked on college alcohol policies had invariably accepted the public health position and viewed the relationship of the industry with students as being predatory rather than benign or altruistic. Some participants described offers from the industry to support campus alcohol education programmes (including the controversial social norms marketing programmes referred to above in the literature review) which they contrasted with offers of support extended to them from the Health Promotion Unit (HPU) of the Department of Health and Children. Perhaps of all the themes discussed this was the one on which participants were most emphatic and unanimous, as indicated in the following quotes:

*I think all we have done is reclaim our colleges from the drinks industries, and we're back to where we started ten or fifteen years ago; and we're almost on a level playing field.....But I think the drinks companies are out there fighting back, and saying to students "we'd love to sponsor you".*  
[Academic]

*Diageo had contacted the student health service committee looking to give them money for health promotion and, at the same time, we were aware that there were approaches to other colleges, as well, from similar groups. I felt strongly that the health promotion group shouldn't be influenced by the alcohol companies.*  
[Student Health Service Director]

*I wanted to mention that I was approached by one of the drinks companies and offered money to conduct a pilot project on the social norms [approach]; and the drinks industry is very keen on promoting the social norms marketing, which makes me suspicious straight away.*  
[Health Promotion Officer]

There were also suggestions that students and colleges as a whole, especially student union representatives, had become sceptical of the drinks industry, and that attempts by the industry to insinuate itself back into a central position as sponsor of student activities would be successfully resisted:

*I don't see the drinks companies coming back in the future, even if there is a vacuum...because of a more progressive, enlightened view.*  
[Student Services Administrator]

*Yes; the initial shock of students not getting their easy sponsorship, once that dies down, they actually work to get other sponsorship.*  
[Student Services Administrator]

*Yes, our own student welfare officer went to the MEAS conference and she could see [what the industry is doing].*  
[Student Health Service Director]

### **Off-Licences and Off-Campus Pubs**

Despite this perception that college policies were successfully tackling aggressive alcohol promotion on campus, many focus group participants believed that external alcohol retailers had responded by devising new marketing strategies aimed at the student population. It was believed that there had been an increase in the number of off-licences in the vicinity of colleges, and that both off-licences and local pubs and clubs were advertising vigorously and effectively at the student market. This somewhat fatalistic view that colleges could never counter the marketing capacity of external retailers is reflected in the following quotes:

*The only problem really is the local pub owners ... I've noticed that many of the students are getting text messages from the local pubs, so this is far more efficient and the information is being relayed directly to the students.*

*[Academic]*

*The number of off-licences that have sprung up around the place, the cheap deals and that's something that's hard to monitor....*

*[Student Services Administrator]*

### **Institutional Ownership of College Alcohol Policies**

The final, but obviously important, question to be looked at here is whether or not colleges have accepted full and ongoing corporate responsibility for these policies, as opposed to a mere nominal responsibility which really consists of leaving this issue to the relatively small and peripheral student services sectors. None of the colleges had yet carried out surveys to determine the level of awareness of the policy among staff and students, although a number had plans to do so. However, focus group participants expressed themselves as pleased with the extent to which their institutions had taken on this responsibility and were uniformly positive in their discussion of this question. It was reported that the advertising code and the sponsorship and promotion guidelines contained in the framework document – which had resource implications as well as the potential to create tensions between colleges and the drinks industry - had been enforced and adhered to in all colleges. One participant, whose college was still in the process of ratifying its alcohol policy, commented:

*We still don't have a written document but there's a belief in the college that we do have a policy, which is very interesting ... it's generally accepted that there is no alcohol promotional advertising. [College Chaplain]*

It was also acknowledged that colleges had adhered to the new codes governing drinks company sponsorship even when it was clear that this had led to funding problems:

*I think that there's a very serious problem where funding has dropped...its clear to everybody that we need to fund the teams and the clubs.*

*[Academic]*

Finally, with regard to institutional ownership, participants expressed themselves as satisfied that both students and college authorities had accepted responsibility for the new policies:

*We found it invaluable to have the President of the Students' Union [involved]; nearly every year [the Presidents] have taken responsibility.  
[Student Health Service Nurse]*

*I think to a large extent the [college] community has ownership and I think the Board is behind it.  
[Student Health Service Director]*

# 4

## College Case Studies, Student Union and Drinks Industry Perspectives

It would be unwise to form a judgement on the success of the college alcohol policy initiative solely on the basis of the views expressed in these focus groups, since these were the views of those most involved in and committed to this process. This section presents somewhat different perspectives, consisting of case studies of this process as it has evolved within three different colleges, as well as the views of two other important stakeholders, the Union of Students in Ireland (USI) and MEAS, the "social aspects organisation" established in 2002 by the Drinks Industry Group in Ireland.

In qualitative social research the case study method is most commonly used to provide detailed information on individual "cases"; such case studies are not as a rule presented on the basis that they are typical of the total class of institutions or individuals being studied, nor is it argued that information gleaned in this way is necessarily generalisable (Stake, 1998). In the present instance, it was thought useful to supplement information already presented on college alcohol policies - gathered by reading and analysing written policy statements and by conducting focus group interviews with those most responsible for them - with a small number of case studies. Time and resource limitations confined this to just three colleges: one of which was selected because it perceived itself to be "a drinking college", one which had no such view of itself but participated as part of the national initiative, and the third which entered the process quite belatedly in the wake of negative publicity concerning student drinking during rag week. Individual interviews with student service personnel were conducted and allowed for the gathering of in-depth and detailed information on the policy process within their own colleges. In addition, interviews with student union officers provided a student (or at least a student union) perspective which was otherwise missing. These three case studies will be presented here in summary form, following which the views of the USI and MEAS will also be presented.

**College A (Case study compiled following interviews with: President of Student Union, Welfare Officer of Student Union, the Student Services Manager, and College Health Promotion Officer)**

- This is a large university which sees itself as having a reputation for heavy student drinking and as being set in a “party town”. Anecdotal evidence from student health and counselling services, as well as a review of the takings from the college bar and a survey of student spending, would tend to support this view. There are specific worries about risky sexual behaviours and sexual assaults linked to student drinking, and attendance at Friday-morning lectures is reckoned to be poor because of Thursday-night drinking.
- Reaction to the college alcohol policy (which is closely modelled on the national framework document) is varied. Student services make the point that senior management, while nominally supportive, is too preoccupied with mainstream academic affairs to play an active and ongoing role in its implementation; this being the case, responsibility for the policy lies – and will continue to lie – with student services. Both the student union and student services note that management has not allocated adequate funding for the policy, which has meant, amongst other things, that there has been no development of alternative, alcohol-free facilities on campus.
- Student union officers participated in drafting the policy but believe its broad outlines had already been laid down at national level. While acknowledging that students drink heavily, both on and off campus, the student union is somewhat ambivalent about the new alcohol policy which, it suggests, patronises students. The student union also wonders whether closer monitoring of drinking on campus has had the effect of increasing off-campus drinking, some of which involves high-risk patterns – such as drinking spirits or tonic wines, bought relatively cheaply in off-licences and consumed at home, prior to going to pubs or clubs.
- Some student union and student service personnel still think that education and awareness-raising can play a major role in reducing related harm, while others disagree with this. It is not clear what awareness students have of the detail of the college alcohol policy. It was generally agreed that there are difficulties in changing drinking patterns which in many cases have been established prior to coming to college, and which are not unique to college students. Similarly, there are disagreements as to the wisdom of entering into partnerships with the drinks industry in the cause of prevention.

**College B (Case study compiled following interviews with: President of Student Union, Welfare Officer of Student Union, and Student Service Manager)**

- This is a medium-sized university which has not traditionally had a reputation for heavy student drinking. The college was represented on the national working group and subsequently drafted and formally approved a brief alcohol policy document, which is mainly concerned with restricting the number of free drinks which student societies can provide at functions within college, as well as the way in which such functions are advertised. Takings from the college bar have been down over the past few years and, anecdotally, there is much less day-time drinking in college than there used to be; this, however, is primarily attributed to the introduction of semesterisation and to the fact that a much greater proportion of students are now pursuing their first-choice academic options than previously, rather than to the introduction of the college alcohol policy.
- No serious opposition has been raised to the policy, which was drafted by student services in consultation with student societies and the student union, even though decreased profits from the college bar have resulted in substantial losses of income for student societies. A new common room which is to be alcohol-free is currently being built, but otherwise there are no plans for college investment in alternative events or facilities. Some alcohol awareness is carried out, but neither student services nor the student union seem convinced of its value.
- It was unanimously believed that local bars and off-licences had taken commercial advantage of the curtailment of drinks promotions on campus by targeting the student market, and there were fears that this might lead to riskier student drinking off campus, both at house parties and in pubs and clubs.

**College C (Compiled following interviews with: the Student Health Service Nurse, the Chaplain, and the President / Welfare Officer of the Student Union)**

- This is a medium-sized institute of technology which was not represented on the national working group and was relatively late to draft an alcohol policy; motivation for now doing so appears to have originated in adverse local publicity concerning student drinking during a recent Rag Week.
- A lengthy policy document has now been drafted, following a consultation process which involved academics, student services and the student union, as well as outside consultation with the regional health board and an Garda Síochána. Restrictions on advertising and sponsorship are already in force, although the policy as a whole has yet to be officially ratified.
- While acknowledging that a great deal of work has gone into the draft policy, student union and student service personnel were not convinced that college management has taken ownership of the process.
- Student drinking nights are described as starting with home consumption of drink bought in off-licences, followed by further drinking in a pub, followed – frequently – by yet more drinking in a club. Thursday night is the big student drinking night in this college and is commonly linked to poor attendance at lectures on Friday morning.
- At present this college has no bar on campus but, during the consultation process leading to the draft alcohol policy, there was interesting debate on the merits of including a bar in the college's building programme; while some would see such a development as encouraging student drinking, others have argued that on-campus drinking would be more closely monitored and safer than the drinking which currently goes on outside the campus. It was felt that at least some of the public nuisance problems associated with Rag Week drinking had been caused by irresponsible drinks promotions run by local publicans.
- There are plans to build on existing relationships with the regional health board addiction counselling and health promotion services so as to offer students more alcohol education and awareness.



### **The USI Perspective (Based on an interview with a senior office-holder with considerable student welfare experience)**

- USI represents more than 250,000 students nationally. Its then Welfare Officer was a member of the working group which drafted the national framework document in 2001, and since then USI has been involved in its own health promotional campaigns in relation to alcohol and other student lifestyle matters.
- This USI officer readily acknowledged that risky drinking by students contributes to a range of personal problems, including poor academic performance or college non-completion, sexual risk-taking, involvement in or exposure to violent assaults, and financial difficulties. He pointed out, however, that such difficulties are neither unique to students nor to young people but are broadly reflective of a wider cultural failure to integrate alcohol safely into Irish society. He further argued that excessive drinking during undergraduate years – which he saw as influenced both by the freedom associated with transition to college and the academic pressures of the higher educational system - does not persist, in most instances, once young people assume work and other adult responsibilities.
- He described how USI, in planning its own alcohol awareness campaign in 2003 had contacts both with the Health Promotion Unit (HPU) of the Department of Health & Children and with MEAS, the social aspects organisation of the Irish drinks industry. Its decision to collaborate with MEAS was based pragmatically upon the fact that MEAS was willing to give financial support without dictating the content of the awareness messages in this “Respect Alcohol Respect Yourself” campaign. This USI officer expressed a belief that alcohol awareness should contain a balance between identification of the problems associated with alcohol and its social benefits.
- While supportive of the overall aims of college alcohol policies, he expressed two major reservations about the way in which they have been evolving: the first is that these policies have led to the withdrawal of drinks industry sponsorship of student societies without setting in place alternative sponsorship or providing additional finance from the colleges’ capitation fees; the second is that policies which curb drinking on campus may not reduce harm, if they have the unintended consequence of creating off-campus drinking events which are independent of student unions, less well monitored and somewhat more risky.

### **The MEAS Perspective (Based on an interview with its chief executive)**

- Its chief executive described MEAS, which was set up with drinks' industry funding in 2002, as existing to promote and support industry social responsibility and to work to reduce alcohol-related harm, in contrast to the Drinks Industry Group which has existed for more than twenty years and which is primarily involved in economic lobbying. She said that while similar "social aspects organisations" exist elsewhere, MEAS has not been based on any standard model or template but is intended to reflect the uniqueness of the Irish situation.
- MEAS has identified three problem areas – underage drinking, drinking to get drunk and drink driving – which it hopes to tackle; it fully accepts the recommendations for creating college alcohol policies laid down in the national framework document and is committed to working in partnership with college authorities and student unions on the implementation of these policies.
- To date, MEAS has worked with a number of colleges in implementing "responsible serving of alcohol " (RSA) programmes in campus bars, with USI in the development of its alcohol awareness campaign, and with the University of Limerick and University College Cork in organising subsidised student gigs – known as MEAS events – which, unlike rag week events, are intended to have little or no associated alcohol consumption.
- MEAS is aware of industry support for the use of the social norms marketing approach to problem prevention on American campuses, thinks this approach may have some positive applications here – even on a pilot basis - but at present has no concrete plans for its implementation; it also thinks that social norms marketing should be approached in an open-minded way, and that claims that such programmes primarily exist to make the industry look good merely reflect anti-industry prejudice.

# 5

## Conclusions and Recommendations

It is helpful in summarising the findings of this project to revisit the literature which was reviewed in the introduction. Viewed against the background of this literature review, it can be concluded that over the past three years most Irish third-level colleges have participated actively in the college alcohol policy initiative. The policies which have been devised and, in most cases, formally ratified within individual colleges reflect health promotional principles about the importance of “settings-based” strategies, and the process whereby this was done invariably involved the creation of a network of student services staff and student union officers in these colleges. From a health promotional perspective, what is crucial is that colleges demonstrated a willingness to move away from individually-oriented strategies, particularly those concerned with educational or awareness-raising approaches to problem prevention, in favour of environmental approaches which might not have been previously contemplated.

What is not so clear, however, is the extent to which it can safely be concluded that alcohol policy implementation represents a “whole college” acceptance of this health promotional approach to the prevention of related problems, or that colleges have accepted full corporate ownership of these policies. Academic staff members of third-level colleges are primarily concerned with teaching and research, while senior management is so caught up with a range of administrative matters – usually including financial difficulties – that it can readily be understood that college alcohol policies are not seen as priorities on an ongoing basis. Over the past three years, therefore, it has been the student service sector – consisting of administrators, chaplains, doctors, nurses, counsellors and others involved with student welfare – which has taken the main responsibility for creating alcohol policies within Irish colleges. Despite the vigour and enthusiasm which has characterised this process, it cannot be presumed that it will be sustained; the fear is that with the passage of time, with changes in student service personnel and with the emergence of new priorities for student services, momentum on college alcohol policies may well be lost. The Health Promotion Unit (HPU) of the Department of Health and Children has provided important external support for college staff involved in drafting alcohol policies but, with a few exceptions, support from regional health promotion workers has not been of the same order of importance to this project.

What has also emerged from this research is that the strategies which have been pursued most commonly and with the greatest intensity have been those which deal with controlling the promotion and marketing of alcohol on campus. The findings from the focus groups clearly indicated the strength of participants’ feelings about the role of the drinks industry, feelings which were entirely negative: it was generally believed that, until challenged recently by this college alcohol policy initiative, the industry had been promoting its products on campus in a style which was socially irresponsible and solely driven by commercial motives. This antipathy towards the drinks industry, which is largely supported by the research and policy literature summarised above, is functional insofar as the identification of an external foe creates a positive dynamic and a focal point for college staff struggling to devise appropriate policy responses to this complex social problem. It should be borne in mind, however, that public health literature on the reduction of alcohol-related harm conventionally suggests that if it is to be successful, policy in this sphere should consist of multiple strategies, known as a “policy mix”: this point was made explicitly, for instance, in the national framework document. Given the preponderance of measures aimed at curbing marketing, promotions and sponsorship and the relative dearth of other strategies, it cannot be concluded that college alcohol policies have to date achieved this ideal of a policy mix. While restrictions on industry activities on campus may be necessary, they are not – from a health promotional perspective – sufficient.

Proponents of the college alcohol policy initiative commented in focus group discussion on what they saw as an attempt by the drinks industry to counter this initiative, and it was suggested by student groups that this could lead to even riskier drinking situations off campus. While it cannot be concluded definitively that this is a valid suggestion, it has a plausibility that at least warrants some thought and scrutiny. If, as common sense and the research literature tell us, student life is characterised by regular drinking and frequent drinking to get drunk, then a harm reduction approach to this phenomenon must consider whether safer drinking situations can be created on campus, where student union, student society and college security personnel are likely to be on hand, than would be the norm either in commercial or in private settings.



## Recommendations

The findings of this research are broadly positive about what has been achieved to date in the area of college alcohol policies, and the following recommendations are offered with a view to maintaining and strengthening this process:

1. As part of the wider health promoting colleges initiative, colleges should be encouraged to accept full corporate responsibility for their alcohol policies rather than leaving this function to the student services' sector.
2. Bearing in mind the somewhat marginal status of alcohol policies within third-level colleges and the importance of the external supportive role which has been played thus far by the Health Promotion Unit (HPU), this supportive role should be continued.
3. Colleges should be encouraged to work towards a "policy mix"; that is, to implement a wider range of preventive strategies than has been the norm over the past few years where restrictions on industry marketing, promotion and sponsorship have been dominant.
4. Colleges should be encouraged to carry out their own internal research on their alcohol policies – starting with basic research as to how much awareness staff and students have of these policies.
5. The CLAN survey should be repeated every three years.
6. The CLAN findings should be complemented by qualitative research, conducted in a number of different sites, into student drinking patterns in Ireland: such qualitative research might prove particularly useful in clarifying the relative risk attaching to student drinking on and off campus.

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