



Reducing alcohol harms on university campuses: A summary of best practices

Acadia University Response

August 30, 2012

Overview

The complexity, prevalence, and impact of harms associated with alcohol consumption and acute intoxication became tragically real for Acadia University in September 2011, with the death of one of our students. The Acadia community has been deeply affected by this loss.

Acadia University, through its staff, faculty, and student leaders, responded immediately with renewed efforts to reduce harms and risks associated with alcohol consumption. These efforts have included

- an increased number of educational sessions for students to further highlight behavioural concerns, especially for those identified as having committed alcohol policy violations
- an increased number of alcohol-free university and student-led events
- specific training for on-campus student residence staff and university employees aimed at assessing and responding to individuals who require support as a result of alcohol consumption.

Acadia University also immediately approached the Chief Public Health Officer, Dr. Robert Strang, and asked him to review Acadia's alcohol policies, seek out best practices in post-secondary institutions aimed at reducing harms, and make recommendations to the University based on his research.

The final report from Dr. Strang and his team is entitled *Reducing alcohol harms on university campuses: A summary of best practices for Acadia University*. Acadia University administration intends to use the report and its recommendations to guide and direct our efforts as we continue to review and improve our alcohol policies and develop new ones.

Acadia University would like to thank Dr. Strang and his team for the comprehensive, thoughtful, and thorough analysis of Acadia University's alcohol policies; for the extensive and complete identification of issues; and for the array of specific recommendations that will support our efforts to foster a more responsible, healthy, and caring community in which the risks associated with alcohol consumption are known and respected.

The Report

Dr. Strang's research concludes that "a significant proportion of university undergraduate students engage in high levels of episodic heavy or binge drinking" and that every country where the issue has been studied reports binge drinking by students. Dr. Strang also examined available information about the harms and risks associated with heavy drinking. In addition to loss of life, these include injuries resulting from assaults, motor vehicle accidents, or driving with someone who is impaired; and sexual assault, unplanned sexual activity, and unprotected sex (Scribner et al., 2010; Hingson et al., 2009; Weschler & Nelson, 2008; Adlaf, 2004). But Dr. Strang also discovered considerable evidence that students suffer in other ways, such as missing classes, falling behind in assignments, achieving lower grades, experiencing sleep disturbances, and seeing negative effects on their relationships (Weschler & Nelson, 2008).

Dr. Strang examined recent trends in alcohol consumption among young people, particularly the consumption of caffeinated alcoholic beverages or the hand-mixing of alcohol with energy drinks (Brache & Stockwell, 2012).

He also looked at the differential impact of heavy drinking on women. Women are at greater risk of experiencing sexual assault. Further, because women are twice as likely as men to be prescribed mood-altering drugs, the negative effects of mixing these with alcohol are more likely to impact women. Women are also more likely to engage in binge drinking on an empty stomach in an effort to reduce caloric intake; and when they do this, they become intoxicated faster (Osborne, 2011).

Dr. Strang highlighted the best and most promising practices for reducing alcohol-related harms for university students primarily within the last 10 years. The framework for his scan was drawn from the National College Health Improvement Project (NCHIP) at Dartmouth College in New Hampshire. The goal of NCHIP is to improve student health on college and university campuses, and its inaugural effort is the Learning Collaborative on High-Risk Drinking. Acadia joined NCHIP in May of 2011 and is the only Canadian member of the collaborative (Appendix A).

While cautioning that there is no silver bullet, the NCHIP framework categorizes interventions into three main strategies:

- (1) those directed to the individual student (individual strategies)
- (2) those directed to the campus environment (environmental strategies)
- (3) those that need to take place at a higher level such as government policy or program support (systems strategies).

NCHIP recommends that a comprehensive university alcohol policy should be specific to its context and include as many elements from each strategic direction as possible. The NCHIP Learning Collaborative uses a Quality Improvement (QI) approach in which measurement is used to detect change. The main tool to create the measures is the PDSA (Plan-Do-Study-Act) Cycle. This involves rapid cycles of tests in the environment, while maintaining a frequent and consistent schedule of data collection on behaviours or outcomes of interest, to identify whether the changes are having an impact. Acadia agrees with this approach and will continue to make students our first priority as we move forward.

Recommendations for Acadia

In his analysis of Acadia's alcohol policies, Dr. Strang listed the University's strengths and weaknesses. He identified the following as among our strengths:

- alcohol-free University-sanctioned activities during Welcome Week, which have been in place since 1997
- policies regarding where alcohol can be consumed in residence and on campus
- alcohol-free sections in residences
- ban on drinking games, paraphernalia, and large-quantity containers
- wide range and significant number of non-alcoholic events
- regular training and information sessions for residence staff
- communication of provincial alcohol laws to students
- strong working relationship with the Town of Wolfville aimed at reducing alcohol-related community harms.

Even though these areas are described as strengths, the University is examining them all and looking for ways to improve them.

Key areas for improvement

Dr. Strang highlighted nine areas at Acadia that can be improved. They are listed here along with Acadia's specific response (shown in italics). There is strong overlap between the key areas for improvement and the best practice recommendations in Appendix E.

1. Acadia University should consider developing a standalone alcohol policy that is easily accessible and widely and regularly communicated to the University's students, faculty, and staff. Acadia's alcohol policies are currently piecemeal. A new policy needs to be internally integrated and take a comprehensive approach to reducing harms on campus. It should form part of a broad University health promotion framework that supports healthy decision making and relationship development.

The consultation associated with developing a standalone policy is under way through meetings and discussions with the entire University community (including the Acadia Students' Union, Student Affairs, Residence Life, Safety and Security, Events Management, Varsity Athletics, the Alumni and Development Offices, and other individual faculty and staff stakeholders). We want the policy to be comprehensive as well as clear in terms of expectations about responsible alcohol use by students and staff. This consultation will include the Town of Wolfville to ensure we assess any potential impact the policy changes may have in the local community. We will review, assess and revise existing alcohol policies as part of this process.

Action	Timeframe	Status
Review existing Acadia alcohol policies.	Winter 2012	Completed
Consult with stakeholders and create useable draft policy.	August 2012	Completed
Measure Quality Improvement (QI) of awareness and effectiveness of draft policy using survey tool and PDSA (Plan/Do/Study/Act) cycles.	Fall/Winter 2012/13	
Finish final version of policy (based on QI data received through measurement process) for approval by Senior Administration.	Spring 2013	

2. Acadia University should identify opportunities for all students (including student staff and volunteers) to receive education and training on alcohol use and abuse, including protective behavioural intervention strategies.

We are developing programs directed to students that will address the dangers and risks around alcohol use and abuse, high-risk behaviours, and personal safety and the safety of others. A pilot program was delivered in residences in January 2012.

We are building on what we learned from that initiative and incorporating others, such as Red Watch Band training (students helping students), that we will launch in the fall of 2012. During Welcome Week, we will launch programs on alcohol and drug abuse, safety, risk taking, personal responsibility and responsibility for others. These programs for the student population are being planned for the entire academic year.

Student staff and volunteers will receive intensive training in these areas as well as emergency health procedures before and throughout the academic year. Policies are already in place for early interventions by Residence Life and other staff with students who show evidence of high-risk drinking; such early interventions will be emphasized in the training. We will review, assess, and revise existing training programs (see Appendix C) as part of this process.

Action	Timeframe	Status
Deliver a pilot program in the residences to promote discussion about alcohol use and abuse.	Winter 2012	Completed Jan. 2012
Use the pilot program to inform the development of our programming for the coming year.	Fall/Winter 2012/13	In process
Launch Red Watch Band programming in the fall, with training occurring in late summer 2012. (This is Acadia's Red and Blue Crew)	Fall/Winter 2012/13	Completed
Develop Welcome Week programming for September launch that includes alcohol awareness sessions.	Fall 2012	Completed
Review and develop existing training for residence life staff, student staff, and student leaders.	Fall 2012	Completed

3. Acadia University should identify opportunities for all Residence Life and Safety and Security student staff and supervisors to receive skills training related to crisis prevention and intervention in cases of acute intoxication. This skills training could be coordinated with the

province of Nova Scotia’s Emergency Health Services (EHS) division to ensure safe, appropriate, and effective training.

Acadia University is working with Emergency Health Services (EHS) in Nova Scotia. Together we are developing best-practice training modules to help Residence Life and Safety and Security staff, as well as other first responders, to assess and manage situations involving risk. In February 2012, an initial training session was facilitated with Residence Life and Safety and Security staff to provide best-practice information for reducing harms. This work is continuing with dedicated and ongoing training to prepare for new students and to provide returning students with continued support at the beginning of academic semesters. See Appendix D for an outline of the EHS training we are developing.

Action	Timeframe	Status
Work with Emergency Health Services (EHS) in Nova Scotia to develop training modules for University staff and students in managing situations that involve acute intoxication.	Winter 2012	Completed
Design and deliver an initial training session to Residence Life staff and Safety and Security staff to immediately reduce the risk of harms. (see Appendix D)	Winter 2012	Completed
Continue training through EHS, with the next sessions in August 2012 and January 2013 with Residence Life staff and student staff and with Safety and Security staff.	August 2012 and January 2013	August training completed
Measure the effectiveness of the training by survey of staff involved and data from Resident Assistant duty reports, Safety and Security reports, PDSA cycles, and EHS review.	Fall/Winter 2012/13	

- Acadia University should identify opportunities to increase campus monitoring and vigilance associated with event-specific prevention strategies. This could include personnel, as well as the use of technology.

Over the past three years, Acadia has successfully used event-specific strategies for various events. These strategies, developed by Student Affairs staff in collaboration with Safety and Security staff, have involved

- delivering activities that do not involve alcohol*
- ensuring food and non-alcoholic beverages are readily available*
- clearly communicating the rules and expectations of those attending the events*
- increasing communications and management with the local RCMP.*

A student-developed “Party Smart” video was widely circulated in February and March, 2012 before potentially high-risk events. Identifying risk by monitoring social media continues to be very effective. We will be developing and documenting these strategies and measuring their effectiveness as we move forward. These efforts are designed to anticipate possible risk, and the measured improvements in these strategies will ensure this occurs.

Action	Timeframe	Status
Use event-specific strategies for St. Patrick’s Day and Cheaton	Winter 2012	Completed

Cup. These strategies included programming as well as strong coordination among Student Affairs, Residence Life and Safety and Security staff, and the Wolfville RCMP detachment. Social media monitoring and cellphone technology were used extensively. Both events occurred safely.		
Analyze and document the strategies used.	Spring 2012	In process
Measure the strategies' effectiveness using Safety and Security data and Resident Assistant duty reports.	Spring 2012	In process

5. Acadia University should ensure response protocols identify procedures to intercede early in any potential high risk situations involving alcohol.

Response protocols associated with high-risk situations involving alcohol have been reviewed with Student Affairs and Safety and Security staff. More training has been provided around

- *monitoring situations*
- *assessing the level of risk*
- *steps to take to prevent harms and when to take those steps*
- *requesting early support from EHS to assess levels of support needed.*

We are incorporating this work into training programs for staff and student staff.

Action	Timeframe	Status
Conduct additional review and training related to best-practice response protocols with Residence Life and Safety and Security staff.	Fall/Winter 2011/12	Completed
Incorporate response protocols directed at high-risk situations involving alcohol into staff and student staff training.	Fall 2012	Completed
Measure the effectiveness of the review using Resident Assistant duty reports and Safety and Security reports.	Fall 2012	In process

6. Acadia University should further examine where and how alcohol is consumed in residences. A broad range of well-communicated and enforced policies will further enhance the safety and comfort of non-drinkers or light drinkers and reduce the harms experienced by moderate heavy to heavy binge drinkers.

Acadia staff are working closely with the Residence Life student staff, the House Councils (elected by students), and Safety and Security staff in developing more effective policies around alcohol use in residence. In this initiative, we will include ways of implementing and enforcing policy. We will also include the type and level of training for all student staff and House Council members as it pertains to alcohol awareness, first aid training, risk identification and mitigation, and other issues. Policy development for the residences will be part of the larger overall alcohol policy as noted in the first point under key areas for improvement (above).

Action	Timeframe	Status
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Review existing residence policies and implement/enforce procedures; review existing data that measures effectiveness.	Fall/Winter 2011	Completed
Consult with stakeholders and create useable draft policy.	August 2012	Completed
Measure effectiveness of policies, including their implementation and enforcement, through surveys of all residence staff and students as well as data from the Safety and Security office, Resident Assistant duty reports, and judicial reports.	Fall/Winter 2012/13	
Finish final version of policy, based on data received through the measurement processes, for approval by Senior Administration. Note: this policy will be part of the larger University alcohol policy.	Spring 2013	

7. Acadia University should consider further developing, implementing, and enforcing policies specifically related to reducing alcohol-related harms in high risk environments such as campus bars. The implementation of these policies should ideally be done in concert with similar rules for licensed establishments in Wolfville, but this should not hold Acadia back from moving further ahead on campus with some environmental interventions.

Acadia University will continue to ensure that service and consumption of alcohol meet all licensing requirements of the Province of Nova Scotia. In the summer of 2011, we began working with the Acadia Students' Union (ASU) regarding their management of the Axe Lounge. We measured different initiatives to see what their impact was on the drinking behaviours in the lounge. Based on data we collected, we either changed initiatives or left them in place. Policies for the Axe Lounge will be developed within the larger context of the University's overall alcohol policy, and the ASU has started this work. We will also initiate discussion with Town of Wolfville officials and licensed establishment owners in an effort to coordinate initiatives.

Action	Timeframe	Status
Review Acadia's policies that regulate access to and service of alcohol in licensed establishments on campus. The University has a range of effective policies for this and has always focused on compliance with the Nova Scotia licensing requirements. The policies will be part of the larger overall Acadia alcohol policy.	Winter 2012	Completed
Conduct an in-depth review of the Axe Lounge's advertising policies to ensure that they do not promote high-risk drinking.	Winter/Spring 2012	In process
Measure the effectiveness of the policies in the Axe Lounge through the use of PDSA cycles. Policies will be part of, and in compliance with, overall University policies.	Summer/Fall/Winter 2012/13	
Initiate discussions with the Town of Wolfville and licensed bar owners to coordinate with the efforts under way on campus.	Spring/Summer 2012	In process

8. Acadia University should consider developing an advertising policy that defines whether or how the alcohol industry can promote its products on campus, and how alcohol is advertised / marketed on campus generally.

Acadia University will ensure that all sponsorship, marketing, and advertising associated with alcohol meet the requirements of our overall Alcohol Policy. We are and will be reviewing policies from other post-secondary institutions that are related to alcohol promotion.

Action	Timeframe	Status
Review existing Acadia policies; this will be part of the overall review of Acadia’s policies on alcohol.	Spring 2012	Completed
Consult with stakeholders, review policies at other post-secondary institutions, and develop a useable draft.	August 2012	In process
Measure the awareness and effectiveness of the policy using survey tools and PDSA cycles.	Fall/ Winter 2012/13	
Finish final version of the policy, based on data received, for approval by Senior Administration.	Spring 2013	

- Acadia University should continue to draw from its rich research expertise on campus and further engage both students and faculty in the development, implementation, and ongoing monitoring and evaluation of alcohol and health promotion policies and practices. There is a lack of published research on Canadian university programs to reduce alcohol harms for students. Acadia University can play a leadership role in filling the current void.

We have been developing collaborative work with faculty since the summer of 2011. Alcohol survey work with a faculty member in the School of Recreation Management and Kinesiology has gathered baseline data as part of Acadia’s work with NCHIP. With this data, we will be able to compare Acadia-specific results year over year. One of our third-year Sociology classes undertook a comprehensive project aimed at identifying and reducing harms. The students presented their findings and recommendations at the end of the winter term. We will continue to explore new opportunities to engage with faculty and students in the classroom and will draw on expertise developed by our NCHIP partners.

Gold Standard Checklist

One of the report’s key observations is the absence of a “Gold Standard Checklist” for university alcohol policies. Such a checklist could be a vitally important result of the work to engage university and student associations regionally and nationally (as noted in the recommendations). It could also be a discussion item for the NCHIP Learning Collaborative.

Acadia University is committed to leading discussion on this opportunity with other institutions and organizations. We will incorporate the general and specific items noted in the conclusion of the report as we implement the recommendations that emerge from the NCHIP system, environmental, and individual-approaches analyses.

APPENDIX A

National College Health Improvement Project

In May of 2011, Acadia University joined the Learning Collaborative on High Risk Drinking, an initiative of the National College Health Improvement Project (NCHIP). The Collaborative is a team of 30 universities that acknowledge high-risk alcohol consumption as a public health issue. They believe that a specific focus on reducing alcohol-related harms on university campuses is a crucial component of managing these public-health implications. Acadia University, as the only Canadian institution participating in the Collaborative, is committed to sharing the knowledge we gain from this valuable opportunity with our colleagues on Canadian campuses challenged by these same serious issues.

Initiatives

Our first learning initiatives as part of the Collaborative started in July 2011. Our initial objective was to involve the Axe Lounge (operated by the Acadia Students' Union) in identifying factors associated with high-risk alcohol consumption. We used several specific efforts, including measuring the number of individuals needing assistance as a result of overindulgence, and identifying risk situations involving verbal and physical confrontations.

So far, changes resulting from these measures include

- encouraging pacing while also offering free non-alcoholic beverages
- improved communications within the University to help get intoxicated students back to their residences safely
- a commitment by the Students' Union to participate in a review of campus alcohol policies as they pertain to the operation of the Lounge.

Later learning initiatives include the development and launch in October 2011 of a monthly survey of all students regarding their alcohol-consumption habits. The survey includes consumption volume, perceptions of the drinking habits of others, reasons for drinking, locations where they prefer to drink, and assessment of harms. We have been pleased with the response rate, and the surveys have provided useful insights. The baseline data will guide our programming and the development of support services for our students. It will also inform initiatives that we undertake with the Town of Wolfville to reduce harms associated with high-risk alcohol consumption among off-campus students.

As a result of our work with our NCHIP colleagues, Acadia University has also started peer initiatives that we will incorporate into our overall strategy. One is called the Red Watch Band Group, a broad and inclusive student-based program that trains students to watch for and help other students who may be at risk of harm from alcohol consumption. The crux of the program is the commitment of students in the program to help fellow students. We will be launching this program in September 2012. It is called the "Red and Blue Crew".

One of the students on our NCHIP team has developed an educational video called “Party Smart” that creates awareness of excessive consumption of alcohol, along with strategies to respond to its risks. The objective is to encourage students to support each other through an easy-to-remember assistance campaign.

Residence Life staff are measuring the number and risk levels of various alcohol-related behaviours in residence. This is intended to provide more baseline data for the NCHIP project as well as measure the effectiveness of our programming and training in the residence community.

Our work on the NCHIP project has also contributed to our planning for Welcome Week 2012. The planning includes new initiatives that build on our focused alcohol education and awareness efforts as well as screening for assessment of risk factors that could lead to harm-creating behaviour. Acadia is also committed to developing parent-outreach initiatives to encourage family discussions about alcohol and its associated harms and risks.

The main learning strategy developed for use by Collaborative members is based on a successful health intervention model that supports the concept of “acting to learn” rather than “planning to act.” We will measure and assess our strategies as part of a PDSA (Plan-Do-Study-Act) cycle. This will help us to develop working policies, procedures, and programs that can change rapidly in response to identified risks and harms. It will also help us to maximize our efforts to duplicate successful interventions.

APPENDIX B

Bibliography

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APPENDIX C

Student staff within the University and Students' Union receive training on student services and student-support programs twice a year at key times. The first training occurs before the start of the fall semester and typically is completed in late August. The second session is a repeat or refresher training that takes place before the start of the winter semester, usually during the first week in January.

Training is provided for specific student staff and volunteer groups including Residence Staff, Safety and Security Staff, House Council Presidents, New Student Orientation Leaders, and Enviro-reps.

All Residence Life student staff members also have first-aid and CPR training.

Training Overview: 2012/13

Thematic Overview

Individual: Student Wellbeing

- Environmental: Inclusive Campus
- Systems: Residence Systems

Thematic Topics & Specific Sessions

Mental Health

- Mental Health Session
- Personal Wellness Session
- Student Wellness Session
- Addressing Suicide Session One & Two
- Addressing Alcohol/ Drugs
 - Alcohol Policy Review Session One & Two
 - Red & Blue Crew
 - EHS & Alcohol
 - MAP /Town of Wolfville/NCHIP
 - Acadia University Alcohol Policy Q & A
 - Alcohol Internship
 - Addictions/Prescription Drugs
- Sexual Assault
 - Sexual Assault/Harassment Awareness
- Non-Academic Judicial System
 - Non-Violent Crisis Intervention Training
 - Non-Academic Judicial System (SRAs)
 - Non-Academic Judicial Information (RAs) & FOIPOP
 - Risk Management/Liability Session
- Community Building

- How to Build the BIG C: Community!
- Cross Cultural beliefs
- Community Relations with ASU Communications
- Mediation/Conflict Resolution
- Bullying and Equity Issues
- Chapel/ Prayer Space
- Welcome Week Information
- Residence Systems
 - Residence Systems Panel
 - Fire Extinguisher Training
 - Lockdown Procedures

Trainers are Acadia University staff and faculty as well as community experts. Training Program presenters include:

- Senior Director, Student Affairs
- Manager, Residence Life
- Residence Life Dons

- EHS staff
- Prevention and Health Promotion Team Lead, Mental Health and Addiction Services, Annapolis Valley Health
- Student Development Coordinator
- Director, Student Resource Centre
- Counsellor, Student Resource Centre
- University Chaplain

- Director, Safety and Security
- Manager, Student Support
- Coordinator, International Education

- Director, Facilities
- Custodial Services Manager, Sodexo Physical Plant
- HVAC/Electrical Manager, Sodexo Physical Plant
- Acadia Students' Union Lawyer

APPENDIX D

EHS Training Session Outline

Acadia University is working with Emergency Health Services (EHS) in Nova Scotia. Together we are developing best-practice training modules to help Residence Life and Safety and Security staff, as well as other first responders, to assess and manage situations involving acute intoxication. This is a new initiative, and our initial training session was designed and facilitated with Residence Life and Safety and Security staff in February 2012 to immediately reduce the risk of harms.

The main objectives of the training are to:

- identify key signs or symptoms
- call 911 immediately if key signs or symptoms are present or if the responder is in any doubt at all.

Overview

Introduction to use of drugs and alcohol and their impacts

Signs and symptoms of drug and alcohol use

Use of 911

Assessment

Level of Consciousness (LOC)

- signs of fever
- high, low, or irregular pulse
- vomiting

Sternum Rub to check on LOC

Signs of Distress

- unconscious, not alert
- blue around nails
- pulse
- blocked airway
- face down

Level of Support/Assistance needed

Response

- protect their airway – lay them on their side
- calm the patient
- communicate – talk to EHS – give them the information you have
- remain aware of dangers to self and others
- protect patient from self harm
- never leave the individual alone

Involving EHS

- call 911 if you are unsure
- calling 911 does not mean the person will be transported to hospital; EHS staff will make an assessment and deem whether necessary or not
- do not leave an individual alone; leave the person in the care of someone who is capable of looking after them
- EHS staff are always available, and responding is not a waste of resources.

APPENDIX E

Best Practices Recommendations

Dr. Strang produced a series of best-practice recommendations from each of the three strategic areas to guide universities in their development of comprehensive alcohol policies:

- (1) those that need to take place at a higher level such as government policy or program support (systems strategies)
- (2) those directed to the campus environment (environmental strategies)
- (3) those directed to the individual student (individual strategies).

Acadia is implementing these.

Systems Approaches to Reduce Harmful Drinking

Work with the students' union, local municipality, and the broader community to develop and implement a range of alcohol policies at the local level.

Actions	Timeframe	Status
Acadia and the Acadia Students' Union have been members of the Mayor's Advisory Committee on Community Living in Wolfville since 1999. We will continue our work on this committee, collaborating on alcohol policy development within the town and the university.	University policy draft by August 2012	Ongoing
We are part of the Town's development of a community alcohol policy.	Timeframe to be developed with the Town	Ongoing
We are working with the Town on short-term initiatives re: alcohol awareness and to prepare for students' arrival in September.	August 2012	Ongoing
We will use PDSA cycles to measure the effectiveness of the short-term initiatives by measuring noise complaints, Liquor Control Act offenses, and property-damage assessments.	Fall/Winter 2012/13	

Collaborate with regional, provincial and/or national university and student associations for the purposes of sharing best practices.

Actions	Timeframe	Status
Acadia will continue to collaborate with other members of the NCHIP Learning Collaborative on High Risk Drinking to develop best practices that we can share with the Post Secondary Education community in Canada.	May 2011–December 2012	Ongoing
We will share best-practice ideas with Canadian universities. Outreach has been made to universities in Atlantic, central, and	Started in Fall 2011	Ongoing

western Canada.		
The Acadia Students' Union (ASU) will communicate the best-practice summary to the Alliance of Nova Scotia Student Associations (ANSSA) and promote efforts to make alcohol use one of the top priorities this year in their lobbying efforts with the provincial government.	Started in Fall 2011	Ongoing
Acadia will invite the Council of Nova Scotia University Presidents (CONSUP) to join us in developing a province-wide policy around alcohol use in the post-secondary sector.	First review of progress: April 2013	

Encourage and support the provincial and federal governments to implement population level and targeted best practice alcohol policies.

Actions	Timeframe	Status
Acadia will advocate at the post-secondary level to encourage broader interest in reducing alcohol harms. We will also support efforts by Dr. Strang to ensure concerns are communicated to provincial ministers of health and encourage discussion by the Canadian Public Health Association regarding development of a national policy.	First review of progress: April 2013	

Environmental Approaches to Reduce Harmful Drinking

Develop with students, faculty and staff a comprehensive standalone alcohol policy that is easily accessible and widely communicated across campus.

Action	Timeframe	Status
Review existing Acadia alcohol policies.	Winter 2012	Completed
Consult with stakeholders and create useable draft policy.	August 2012	Completed
Measure awareness and effectiveness of draft policy using survey tool and PDSA cycles.	Fall/Winter 2012/13	
Finish final version of policy, based on data received through measurement process, for approval by Senior Administration.	Spring 2013	

Implement a range of effective policies for the use of alcohol in residences. Ensure policies are enforced.

Action	Timeframe	Status
Review existing residence policies and implement/enforce procedures; review existing data that measures effectiveness.	Fall/Winter 2011	Completed
Consult with stakeholders and create useable draft policy.	August 2012	Completed
Measure effectiveness of policies, including their implementation	Fall/Winter	

and enforcement, through surveys of all residence staff and students, and data from the Safety and Security office, Resident Assistant duty reports, judicial reports, and Province of Nova Scotia – Liquor Inspector feedback.	2012/13	
Finish final version of policy, based on data received through the measurement processes, for approval by Senior Administration. Note: this policy will be part of the larger University alcohol policy.	Spring 2013	

Implement a range of effective policies that regulate access to and the service of alcohol in licensed establishments on campus and for events that are held off campus. Ensure that policies are enforced.

Action	Timeframe	Status
Review Acadia’s policies that regulate access to and service of alcohol in licensed establishments on campus. The University has a range of effective policies for this and has always complied with the Nova Scotia licensing requirements. The policies will be part of the larger overall Acadia alcohol policy.	Winter 2012	Completed
Conduct an in-depth review of the Axe Lounge’s advertising policies to ensure that they do not promote high-risk drinking. The Axe Lounge management is doing this.	Winter/Spring 2012	In process
Measure the effectiveness of the policies in the Axe Lounge through the use of PDSA cycles. Policies will be part of, and in compliance with, overall University policies.	Summer/Fall/ Winter 2012/13	
Initiate discussions with the Town of Wolfville and licensed bar owners to coordinate with the efforts under way on campus.	Spring/ Summer 2012	In process

Partner with local and provincial emergency health services to enhance on-campus safety and ability to respond to medical emergencies related to alcohol.

Action	Timeframe	Status
Work with Emergency Health Services (EHS) in Nova Scotia to develop training modules for University staff and students in managing situations that involve acute intoxication.	Winter 2012	Completed
Design and deliver an initial training session to Residence Life staff and Safety and Security staff to immediately reduce the risk of harms. (see Appendix D)	Winter 2012	Completed
Continue training through EHS, with the next sessions in August 2012 and January 2013 with Residence life staff and student staff and with Safety and Security staff.	August 2012, January 2013	August training completed
Measure the effectiveness of the training by survey of staff involved and data from Resident Assistant duty reports, Safety and Security reports, PDSA cycles, and EHS review.	Fall/Winter 2012/13	

Develop and implement an alcohol advertising policy that serves to ban alcohol industry sponsorship of campus events and restricts the promotion of and/or marketing of alcohol on campus.

Action	Timeframe	Status
Review existing Acadia policies; this will be part of the overall review of Acadia's policies on alcohol.	Spring 2012	Completed
Consult with stakeholders, review advertising policies at other post-secondary institutions, and develop a useable draft.	August 2012	In process
Measure the awareness and effectiveness of the policy using survey tools and PDSA cycles.	Fall/Winter 2012/13	
Finish final version of the policy, based on data received, for approval by Senior Administration.	Spring 2013	

Develop with students, faculty and staff a broad university health promotion policy, with corresponding programs and activities, which cultivates student connectedness and contributes to a sense of community.

Action	Timeframe	Status
Review Acadia's health clinic (physician) services, counselling services, and collaboration with faculty and with the Annapolis Valley Health community psychology services.	Spring 2012	Ongoing
Review models at other post-secondary institutions and opportunities for working more closely with the Acadia Students' Union.	Winter/Spring 2012	In process
Develop recommendations for a new model for delivering health and wellness programs and services; develop policy recommendations for approval by Senior Administration.	Spring 2013	

Individual Approaches to Reduce Harmful Drinking

Conduct regular (annual or bi-annual) surveys to develop an accurate picture of drinking patterns, attitudes and harms on campus to inform other interventions such as personalized normative re-education campaigns.

Action	Timeframe	Status
Develop a survey, sent to all students monthly, starting in October 2011 and ending for this year in March 2012 as part of Acadia's participation in the NCHIP project (Appendix A). The survey gathers data on frequency and volume of alcohol consumption, as well as location, purpose and student perceptions of how much alcohol their peers consume.	Monthly during the academic year	First year completed
Share the collected data with our students to inform them about actual behaviour norms and to support efforts to bring about personal and group change in high-risk behaviours.	Spring 2012, Fall/Winter 2012/13	Ongoing

Develop a multi-component cognitive behavioural skills based (CBSB) program that can be delivered to students during orientation, in residences and during peak drinking periods throughout the year and upon request.

Action	Timetable	Status
Create CBSB programs to develop clued skills in self-monitoring and assessment; these will help students set limits for consuming alcohol and avoid high-risk situations. Deliver a pilot program to promote discussion and assessment of behaviour in residence.	Winter 2012	Completed
Use the pilot program to help develop the CBSB programming that will be delivered in the fall and winter semesters.	Fall/Winter 2012/13	Ongoing
Measure the effectiveness of the programming before and after delivery, using PDSA cycles.	Fall/Winter 2012/13	

Develop and embed personalized normative re-education programs into other interventions such as screening and/or brief motivational interventions.

Action	Timeframe	Status
Use the student survey data to identify norms, and student perceptions of norms, to use in individual interventions as well as in group interactions with students.	Spring 2012– Spring 2013	Ongoing
Review current in-person and web-based interactions and use them to inform the survey results.	Spring 2012– Spring 2013	Ongoing
Create a model for identifying opportunities to intervene. This will be used by counselling staff and health clinic staff, and in judicial meetings, student advising sessions, discussions with Residence Dons, and similar sessions.	Spring/Summer 2012	In process
Measure the effectiveness of the intervention programs by using Resident Assistant duty reports, Safety and Security reports, and, where appropriate, PDSA cycles.	Fall/Winter 2012/13	

Make resources available to parents prior to commencement of first year on how they can help to prevent harmful drinking at university, and ensure updated resources are made available to parents on an on-going basis.

Action	Timeframe	Status
Provide parents with information they can use in conversations with their children, before university starts, about risk and responsibility around alcohol use. Acadia has a long-standing Parents Program that we use to communicate regularly with parents and families, and we will use the program for this.	Launch in Summer 2012	Completed
Consult with NCHIP colleagues and draw on their experience with this type of initiative.	Spring/Summer 2012	Completed
Survey first-year students and parents in the Parents Program to measure the effectiveness of the initiative and to inform future communications with parents on this subject.	Fall 2012	

Implement a diversely accessed at-risk alcohol screening program to identify who may benefit from alcohol supports and services.

Action	Timeframe	Status
Review possible screening tools and consult with NCHIP colleagues about their use of these tools.	Spring 2012	Ongoing
Identify the most effective services in which to incorporate screening methods (such as health services, counselling, and judicial meetings).	Spring/Summer 2012	Ongoing
Determine how we will measure the screening effectiveness once the screening tools are confirmed.	Fall/Winter 2012/2013	

Complement the screening with a range of brief motivational intervention programs and opportunities, including in-person and on-line, for the at-risk and heavy drinker target populations.

Action	Timeframe	Status
Identify opportunities with Acadia staff to conduct brief motivational interventions (BMIs). Acadia has many opportunities for personal contact with students and will use them for this.	Spring/Summer 2012	Completed
Explore the potential of increasing our collaboration with Mental Health and Addictions Services to provide training and support that will help us deliver the brief motivational interventions.	Spring/Summer 2012	Ongoing
Determine the means of measurement once the BMI program is further developed.	Fall/Winter 2012/2013	

Educate/train staff, faculty and peer educators on how to conduct brief motivational interventions and how to engage students in conversations about alcohol.

Action	Timeframe	Status
Draw on expertise (initially with the Nova Scotia Department of Health and Wellness) in the area of conducting brief motivational interventions to train educators and trainers on our campus.	Spring/Summer 2012	Completed
Consult with colleagues through NCHIP Learning Collaborative. Several universities possess strong expertise in this area.	Spring/Summer 2012	Ongoing