Welfare structures and responses to alcohol and other drug use in residential university colleges in the United Kingdom — a field study

Report to University Colleges Australia

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Executive Summary

In June–July 2016 Dr Tim Corney from Queen's College, University of Melbourne, and a member of the University Colleges Australia (UCA) working group on minimising alcohol related harms, undertook a field study of university residential colleges in the UK.

The study involved interviews across twelve sites with Heads of College, Deans, welfare staff, student leaders, administrators and others in regard to the provision of welfare services in colleges. The study had a particular focus on policies, programs and activities that assist with the prevention and minimisation of harm from excessive alcohol consumption (and other drug misuse) along with general health and wellbeing services for students.

The study found that colleges and universities can, and do, play an important role in the provision of general health and wellbeing support for students and, in particular, preventing harm through educating and informing students about the dangers of excessive alcohol consumption and other drug misuse.

The study also found that colleges assist in mitigating harm, specifically the harm from issues such as sexual and/or violent assault or self-harm that may be related to, or influenced by, intoxication. It also found that colleges mitigate harm through regulating the use and provision of alcohol in colleges and through providing detailed and extensive education, training and information about issues related to, or exacerbated by, excessive alcohol consumption by students.

The study found that while some colleges in the UK had developed original and innovative practices, many of the interventions mirror what is already being done in Australian colleges, and in some cases UK colleges appear to be lagging behind. While the study finds a lack of formal evaluative measures and/or evidence of long-term or large-scale programmatic efficacy, it does recommend the promotion in Australia of a number of the policy and programmatic interventions and innovations found in the UK colleges. Promoting these interventions across the UCA network of colleges, with the inclusion of formal evaluative measures and recording processes, would build a body of empirical evidence of efficacy and improve student services. It is also suggested that over time the UCA executive build a 'tool kit' or resource base, from within its network and beyond, of general student welfare related programs and interventions. It is suggested that this resource concentrate on preventative education materials, and professional development activities, with a focus on alcohol harm minimisation programs and support mechanisms, and make this resource available for use among university residential colleges of the UCA network.

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Introduction

According to the National Health and Medical Research Council (2009:1) the social consumption of alcohol is an integral part of Australian culture where people drink "for enjoyment, relaxation and sociability". However, the personal, health and economic costs associated with excessive and harmful consumption of alcohol are numerous. Some of these costs have been particularly detrimental on young people. For example, risky drinking has been estimated to cause 31.5% of all deaths in 15-29 year olds in the developed world (Toumbourou, et al. 2007).

University students have been identified as being especially vulnerable to harm from the excessive consumption of alcohol (Bloch & Ungerleider 1988; Roche & Watt 1999; Sharmer 2001; Dowling, Clarke & Corney 2006; Riordan, et al. 2015). Surveys reveal that the majority of Australian university students drink alcohol, and more than two-thirds drink at hazardous or harmful levels (Roche & Watt 1999). Riordan, et al. (2015) suggest that attending university is associated with excessive alcohol consumption and related harm. They also suggest that 'Fresher' or Orientation Week activities are events that encourage and acclimatise students to a culture of excessive drinking. The Australian Institute of Health and Welfare (2005) suggest that young adults of university age (20 to 29 years) are at the highest risk for both short and long-term alcohol-related harm.

University Residential Colleges

One of the roles of a university residential college is to support and assist students in their transition from school to university and from home life to independent living. Adolescence and emerging adulthood are generally regarded as a period of exploration of identity in the context of social and peer based networks. This may include a range of new experiences including experimentation with alcohol and/or other drugs. In this period of transition, university residential colleges can play an important role in the provision of health and wellbeing information and support along with a particular educative and preventative role in assisting to minimise the potentially harmful outcomes of excessive alcohol consumption and/or other recreational drug use.

While there is information about the harm that alcohol and/or other drug use may cause among Australian university residential college students, and there are multiple and various interventions currently being undertaken in Australian colleges, there is little known about the efficacy or otherwise of efforts to minimise alcohol or other drug misuse and related harm in Australian colleges. Published peer reviewed evidence of the effectiveness of preventative health and education programs, interventions or therapeutic services in university colleges, or in the broader Australian university context, is limited (Schofield 2014).

Attending a university residential college can be a stimulating and rewarding experience that, along with a tertiary education, shapes the future life outcomes of students. However, this important period of transition and development can also be one where students encounter a number of challenges. This period may contain negative or traumatic personal experiences, academic or social, that may contribute to excessive alcohol or other drug use and related harms. While research suggests that many university students who regularly consume alcohol and/or other drugs did so prior to making the transition to higher education, there is a proportion of students who begin their alcohol or other drug use, or begin to consume more regularly, after commencing tertiary study (Polymerou 2007).

Consumption of alcohol by adolescents at dangerous and harmful levels, described as 'excessive consumption', is a problem in university residential colleges in Australia and internationally (Schofield 2014). However, there is little documented evidence of interventions in colleges aimed to reduce, minimise or prevent this phenomenon. Individuals require knowledge about safe levels of consumption in order to make informed choices (Martin, et al. 1991). However, research in this area reveals low levels of knowledge in relation to safe consumption practices (Dowling, Clarke & Corney 2006). Despite recent and widespread public health campaigns by governments in regard to 'drinking responsibly' and the introduction in Australia of standard drink labelling (Hawks 1999), there are few studies examining the levels of knowledge of Australian university students in this area (Dowling, Clarke & Corney 2006; Schofield 2014).

Riordan, et al. (2015:525) suggest that the patterns of excessive alcohol consumption developed during Orientation Week flow on throughout the rest of the academic year. As a result they suggest that:

"... there is a clear need to develop interventions that take into account event-specific drinking and its potential flow-on effect".

Consistent with Riordan, Schofield (2014:1), in the introduction to her report to the residential college peak body 'University Colleges Australia' states plainly that;

"Given the high rate of serious, alcohol-related harm among university students, innovative interventions designed specifically to engage them in managing their own alcohol use and in minimising damage are urgently needed".

Following the handing down of the Schofield report to the UCA in 2014 a working group was established in 2015 to address its findings and to suggest ways forward for its members. In June and July of 2016 it was decided by the executive of UCA that a *Deans Leadership Grant* be used to fund a short field study of a number of UK university residential colleges in regard to welfare provision and alcohol harm minimisation. The purpose of the field study was to interview those associated with the provision of welfare services in colleges and to locate innovative interventions, activities, policies, programs and support mechanisms with a particular focus on welfare support and alcohol harm minimisation and reduction.

Australian University Residential Colleges

University residential colleges in Australia are diverse institutions. At the older universities a large number of the early colleges were established as independent foundations, many of them by the mainstream churches, for the dual purpose of providing residential college accommodation for university students and as theological halls for the training of clergy and laypeople. Many of these still function in this way. However there are many other residential colleges, particularly at the newer universities, which were established by, and are accountable to, the universities to which they are attached.

University education provision has changed dramatically over the last 100 years and even more so in recent times, which has had a significant impact on colleges, particularly on student cohorts and the diversity of the student population. Students are now traveling to study more than ever, with international and interstate students making up a significant proportion of the student bodies, both undergraduate and postgraduate, in colleges. This has required colleges to adapt and change to the needs of students with a particular emphasis on their cultural and religious diversity. Australian society has also changed, and the social norms, standards of acceptable behaviour and attitudes to a range of social issues such as gender, sexuality, drug and alcohol use to, name a few, are now more complex than ever before. In relation to alcohol and other drug use in residential colleges, and the problems associated with excessive consumption of alcohol in particular, Australian colleges have for some years been working to address these issues. Many colleges now have sophisticated pastoral care systems, have employed professional counselling staff and have developed student leadership structures with an emphasis on student health and wellbeing. Colleges now provide extensive training to student leaders in a range of areas, such as first aid, mental health, sexual consent, fair treatment, drug and alcohol use and particularly in regard to providing a safe environment for students free of sexual harassment.

In regard to alcohol most colleges allow for the provision of alcohol at college and student club activities and events, and as such, most colleges would take a harm minimisation approach, educating and providing information to students about the dangers of excessive alcohol consumption and in some cases regulating the provision and access to alcohol in college.

Harm Minimisation and Harm Reduction - Definition of Terms

The earliest use of the terms 'harm minimisation' and 'harm reduction' appears to be by the British Governments Ministry of Health–Committee on Morphine and Heroin Addiction, known as the Rolleston Committee, established in 1924. However use of these terms since that time has been inconsistent. Part of the difficulty in defining these terms is that they refer to both a philosophical approach and to particular types of programs and interventions (Ritter & Cameron 2005).

Ritter and Cameron (2005:5) assert that the Australian practice is to use "harm minimisation to refer to the philosophical approach ... and harm reduction to the specific interventions". However they go on to suggest that there appears to be some broad agreement that "harm reduction refers to both policies and programs that are aimed at reducing the harms *from* use rather *than* use per se".

Ritter and Cameron (2005:6) suggest that the key features and principles of harm minimisation and reduction include the following:

- The primary goal is reducing harm rather than [alcohol or other] drug use per se.
- It is built on evidence-based analysis of a net reduction in harm.

- There is acceptance that [alcohol and other] drugs are a part of society.
- Harm reduction should provide a comprehensive public health framework.
- Priority is placed on immediate (and achievable) goals.
- Pragmatism and humanistic values underpin harm reduction.

This study will use the terms 'harm minimisation' and 'harm reduction' interchangeably.

The Field Study

The Head of Student Services at the University of Oxford, Dr Catherine Paxton, organised a comprehensive series of meetings with a number of University of Oxford residential colleges, and Dr Deborah Seifert, Head of International House at the University of Melbourne, facilitated visits at London colleges. The author had also visited a number of both Oxford and London colleges previously and drew on those contacts. A total of twelve colleges were visited, eight in Oxford and four in London. For the purposes of anonymity and confidentiality, the colleges are not named explicitly in the study.

Face to face interviews were subsequently undertaken with a range of stakeholders including Heads of College, senior staff, student representatives, and service providers in both Oxford and London colleges. Subsequent desk research and follow up interviews were also undertaken via virtual communication. Interviewees included stakeholders in both colleges and universities in relation to student welfare provision. Broadly, these focussed on Heads, Deans, Senior Tutors, College Bursars, College Chaplains, nurses, student pastoral carers and welfare representatives (both undergraduate and graduate,) Student Union representatives, contract counsellors, and other student services providers.

Background to Colleges

The average size of the colleges visited was approximately 600 residents, made up of undergraduate and graduate bodies. All colleges had satellite campuses or annexes situated away from the original campus buildings, most within walking distance of the main campus. Many of the satellite campuses accommodated graduate or senior undergraduate students. The majority of students found on the primary college campus were first-years with a smaller number of senior undergraduate or graduate students, with leadership roles often being drawn from this cohort. All the colleges visited had extensive and sophisticated welfare support structures and teams of people, which included both professionally qualified staff and student representatives, with student led peer support programs and professional provision and referral options. The non-college based university services and student unions also provided extensive welfare and counselling that also included the provision of training programs and workshops on various topics such as sexual consent and sexual harassment, peer support, and welfare 'signposting' for student welfare representatives. They also provided various programs for individual students on topics such as mindfulness, positive psychology and health and wellbeing among other things.

The Role of Alcohol

Alcohol is seen generally as being an important part of the cultural and social fabric of college life and a reflection of practices and attitudes in wider society. All colleges have licensed bars (some more than one); most are owned and operated by the college itself with some also having student owned and/or run bars. Colleges also have a range of formal functions and dinners where alcoholic beverages are provided; these would necessarily be served responsibly in line with liquor licensing laws and with trained staff. The expectation of college administrations is that alcohol when served in a social context would be consumed in moderation and in a civilised manner.

However, all colleges expressed concern with experiences of excessive and harmful levels of alcohol consumption by students, primarily undergraduate, in colleges and in the universities more broadly. Orientation or 'Fresher' Week activities, May balls, college dinners, sporting clubs and society functions and other social activities including alumni events were all cause for concern at some level in regard to excessive use and harmful consumption of alcohol. Given the diverse make-up of the student bodies, with a proportion of international students and others unable or unwilling to drink due to cultural and/or religious reasons, the general provision of alcohol has become problematic.

A number of colleges also expressed concerns in regard to undergraduate students drinking in their rooms, pre-loading in rooms before events, easy access and the very low purchase price of alcohol generally. A concern was also raised in regard to the isolation of graduate students, who mostly reside out of the colleges in annexes, and the potential problems associated with alcohol use particularly among those who are younger and without family members staying with them. The issue of students drinking who were under the legal age was also raised. A

number of college personnel also reported serious incidents, with stories of student deaths related to excessive alcohol consumption and the lasting impact these have had on colleges, their staff and students. Common stories were of inebriated students falling from buildings or being run over in traffic.

For the most part colleges were quick to say that the stereotypical student club traditions and student society activities associated with excessive alcohol consumption, e.g. drinking games, and peer pressure to participate, have been curtailed dramatically over the last two decades. Extensive occupational health and safety regimes have been put in place to reduce harm to students, and alternative activities and non-alcoholic beverage options are provided. However, some activities persist and the role and influence of alumni was noted in this regard. Many colleges commented that annual alumni functions may be occasions where excessive alcohol consumption takes place and felt that it could be seen by some as an occasion to 'relive college experiences'.

Drug use by students (marijuana, cocaine, methamphetamine etc.), although a concern and present in colleges, was not regarded as something universally experienced by students or a problem on the same scale as harmful levels of alcohol consumption. Interestingly, most colleges expressed concern at the widespread use of so called 'study drugs' (ADD Ritalin etc.) by students during exam periods. The excessive use of stimulants and commercially produced caffeine related soft drinks during exam period and the connection to sleep deprivation was also commented on.

Welfare Support Structures

All colleges have extensive support structures for student welfare and teams of professionally qualified staff. The Dean is typically a senior position within the college and has overall responsibility for student welfare provision and welfare staff. He/she is supported in this role by a number of helping/health professionals, most notably a full-time Chaplain, a part-time nurse, and a full or part-time counsellor or psychologist/social worker, as well as remunerated student assistants and unpaid student support representatives.

The role of the Dean typically includes overall responsibility for student matters including both discipline and welfare, including the managing of professional welfare staff, student assistants and welfare representatives. It was noted that these dual roles of both pastoral care and student discipline often caused ethical dilemmas for people in the role of Dean. The role of Dean in most colleges has direct oversight of professional counselling provision, although not all people undertaking the role had counselling qualifications. Therapeutic counselling and/or crisis intervention was typically provided to students by either an in-house professionally trained counsellor/psychologist or outsourced contract health professional or agency, some on a part-time basis.

In many cases the Dean is supported in the role by two or more assistant 'Junior Deans' who are generally graduate students who are the first point of call for a range of administrative and student related matters. The Junior Deans receive reduced accommodation fees and/or a small stipend for their duties.

The Dean is also supported by student welfare representatives from the student body or association and a large number of student peer supporters. The peer supporters appear to play a similar role to Residential Advisors/Senior Students in the Australian context. The peer supporters are located on every staircase or corridor in the college and provide a first point of call for students, assessing their needs and referring them to the appropriate person (this is known as signposting). The welfare representatives and peer supporters are generally senior undergraduate students. This system is mirrored somewhat in the Middle Common Rooms for graduate students.

Interestingly, some of the Deans saw the college's administrative staff, such as porters and reception staff, as operating more like a hotel concierge and that these staff were also seen as frontline welfare service referral points that may have to deal with students in a crisis, e.g. provide first aid, and/or referral to a helping professional and/or hospital. Deans also saw housekeeping, maintenance, kitchen and other staff as also playing a part in the welfare structure of the college and needing to be aware of the sorts of student issues that they may be confronted with and how to deal with them appropriately.

Most colleges had Chaplains even though some colleges were not religious foundations. College Chaplains played a very broad role in regard to health and wellbeing of students and staff. Most had both a tutoring role as well as a pastoral care and counselling role in the college alongside religious duties. Chaplains attended sport and student social functions and seemed highly integrated into the day-to-day life of the college in a way that administrative or contract welfare staff were not. Interestingly, the role was seen as being a neutral and highly trustworthy one in relation to issues of confidentiality but was also regarded as part of the day-to-day fabric of student life. This was in contrast to the role of the college counsellor and college nurse who did not teach and did not attend social events.

In some colleges the Chaplain role was combined with the counsellor role and the individual was both a minister of religion and a qualified counsellor/psychologist or social worker (and in some cases also an academic). Chaplains were also involved in many of the health and wellbeing programs and preventative education programs. Chaplaincy also provided organised opportunities for small group discussion and reflection on students' issues. Chaplains were also involved in first-year student welfare reviews.

Almost all colleges had a chapel space, and most had regular services with college choirs as well as faith discussion groups. All colleges opened their chapels to students for personal use for prayer, or quiet reflection. Some colleges also used their chapel outside of religious services as a performance space for musical and other performances. Some were also trialling the chapel space for wellbeing activities such as meditation, mindfulness and de-stress activities outside of service times.

Most colleges had a registered nurse. The college nurse was typically a half-time role shared with a neighbouring college. The nurse role was primarily medically focussed but in many cases also took on an educative role with students, delivering preventative health workshops or forums on a range of topics including alcohol and other drugs, sexual health, nutrition and general wellbeing. Many colleges also had a preferred provider relationship with a local doctor in general practice where students could attend the surgery at short notice.

While the broader university also provided professional counselling and health services separate to those of the colleges, the general perception was that these services are overloaded and have long wait periods. Thus many of the colleges had employed their own counsellor on a part-time basis or shared with another college. Some colleges had the counsellor attend the college a number of days a week while others contract local service providers and students attend the service off-site.

Some of the colleges had produced sophisticated flow charts describing the various layers of welfare provision and the referral processes available to students and staff. There were also similar flow diagrams produced for students and staff on the special consideration processes within the university.

Innovative Practices

The colleges all exhibit a number of innovative practices across the general area of student welfare. Some of these are specifically focussed on misuse of alcohol and other drug education and/or prevention while others are indirectly related.

Communication

A range of media and communication tools are used to convey important welfare and educative information to students. Colleges all use their websites, intranet sites and various forms of social media, e.g. Facebook, along with traditional paper based information to convey messages and important information. Much information is provided to students upon admission and much is located in hardcopy and online handbooks and prospectuses.

Many colleges still use traditional noticeboards with hard copy information displayed in prominent areas such as the Deans' noticeboard. These noticeboards are glass covered and lockable so that notices cannot be removed. They are placed in busy high traffic areas such as the entrances to college, outside administration or teaching areas, on corridors or stairwells and in the dining hall. These noticeboards are also reproduced as online noticeboards on college intranet sites, web pages and social media.

Some colleges also permanently displayed information in college bedrooms in hard copy. This included important welfare information such as emergency contact information, college counsellors' telephone numbers, contact details for external support groups and/or policy information. In some colleges this was contained in a folder placed in the bedroom, in others this was displayed on a poster on the wall of the student's room. These are placed in a prominent position and are unable to be removed. This information is also reinforced by being displayed on the Deans' noticeboards and on college intranet and web pages.

There were some creative and innovative ways being trialled in the colleges of communicating important information to students:

 One had produced a hard copy 'Z card'—which is the shape and style of a wallet-sized student card that folds out into a large double sided A4 information sheet and then folds back into the form of a student card that can fit easily into a wallet. This had a range of important health and wellbeing information and referral options.

- One had produced a small pocket-sized information booklet on how to stay safe in London when going out and socialising. The booklet contained detailed information on drink spiking, and how to avoid it, along with other information on alcohol and other drug use.
- One college was experimenting with an Orientation Week phone application that is downloaded by students to their smart phone and contains a range of important information regarding admissions and university entrance, and welfare services.

Ecological Momentary Interventions

There was quite a lot of interest in the potential use of 'Ecological Momentary Interventions' (EMIs), which use mobile devices as a medium to deliver interventions via a smart phone application (SPA). These are designed to be downloaded to a student's handset to provide information to them at critical moments. Some colleges were in discussions about creating their own SPA for use by students at particular times such as 'Fresher' Orientation Week, while others had been trialling the use of particular health and wellbeing SPAs for things such as monitoring mood swings and sleep deprivation as well as alcohol consumption.

Preventative Education

Preventative education programs in the general health and wellbeing area were being delivered in most colleges and in many the college nurse appeared to be the key driver along with the university's student services office. The nurse, while available at various set times over the week for medical and other consultations, also has as part of their duties the running of health and wellbeing education programs. These programs provide prevention and harm minimisation information on various topics from safe sex and alcohol and other drug use through to general health, nutrition and sleep among other things. At one of the colleges a regular quiz was run online by the nurse on specific health issues. Participants were awarded with prizes of gift vouchers at local stores in order to increase participation and student engagement and promote awareness of particular health issues.

In some colleges the welfare staff undertake a welfare review with all first-year students. Welfare staff meet with students one on one to discuss how the student is managing the transition to college life and any issues they may be facing such as excessive alcohol consumption. If the welfare staff think the student may be struggling with a particular issue they would refer them on to counsellors or other health professionals as a result of these meetings. Welfare reviews may also be triggered by the academic progress or grades of a student. College health education programs are held both in college and inter-collegiately and centre on the potential health issues they may experience while in the college or out in the wider community. They focus on the following:

- mental health
- physical health
- academic health.

Key messages of college health education are:

- What do I need to stop doing?
- What do I need to start doing?
- What do I need help with?
- Where do I get it?

Health and wellbeing courses were being run on various topics such as the following:

- healthy living
- stress and anxiety
- emotional resilience assistance
- positive masculinity
- bystander support
- mindfulness and positive psychology
- signposting and referral for mental health and other concerns
- consent.

Wellness Weeks

A number of colleges run a designated wellness week during the semester. This week is designed to be a break from the heavy social and sporting commitments and to focus solely on health and wellbeing issues. During this week colleges promote positive psychology programs or activities such as practicing mindfulness or gratitude or meditation. They may also have guest speakers on relevant topics. Minimising harm from excessive alcohol and other drug use has been a focus of these weeks from time to time. These weeks may be deliberately alcohol free.

Campaigns

Although the University of Oxford had not recently undertaken a college-wide alcohol and other drug awareness campaign, other universities such as Cambridge and London School of Economics had done. LSE had recently run a drink spiking awareness campaign and had produced a range of educational materials in this regard.

Good Lads

Some colleges had engaged the Good Lads program founded in Oxford. They were requiring those who lead or represent their college or university in sporting competitions to participate in one hour workshops. Other colleges also required their student sports captains to undertake further training on the leadership role and responsibilities of leading a college sporting team both on and off the sporting field.

The Good Lads workshops are generally an hour long and focus upon a diverse range of issues such as banter, racism, sexual harassment, gender, violence, power and responsibility, peer pressure, team initiation ceremonies and, in particular, the misuse of alcohol. The focus is on a series of scenarios developed from real life situations; these scenarios involve a range of potential issues both on and of the sporting field. Students are asked to reflect on these and to discuss alternative frameworks and options, and the alternative outcomes based on these options. The sessions have a particular focus on male sporting teams and on the concept of positive masculinity.

Consent Training

College students at Oxford take part in a compulsory 30-minute workshop about sexual consent. The workshop takes place in the colleges and discusses what consent is, exposes common myths about consent and provides definitions of sexual assault and where to seek help if assaulted.

The Oxford Union partners with Oxford University Student Union (OUSU) to facilitate sexual consent workshops for all interested members. The workshops aim to provide a safe space in which to evaluate and develop an understanding of sexual consent, and to stimulate thought and discussion. Facilitators lead groups of about ten students through the statistics and present scenarios that include the role and misuse of alcohol and drink spiking.

Alcoholics & Narcotics Anonymous

Many colleges promote local AA and NA programs and other local support groups through information in student rooms, on noticeboards and through online sources. Nursing and counselling staff also referred students to these groups as a recovery option for those struggling with alcohol and other drug use issues.

College Bars, Social Events & the Serving of Alcohol

Most colleges have a bar where alcohol is served at regular times of the week and all colleges have regular formal and informal social events where alcohol is served.

Most of the college bars are now owned and operated by the administration of the college concerned rather than the student club, who may have run and/or owned the bar in the past. This has had the effect of both professionalising and in some cases commercialising the management and service of alcohol in some colleges.

Professionalising the management of college bars has meant ensuring the implementation of liquor licensing laws and regulatory policies and procedures in regard to the responsible service of alcohol. This has been done in some colleges through the employment of professional bar staff. In many cases this has removed responsibility from the shoulders of the student club and individual students and has proved to be effective in managing risk, minimising harm and in curbing excessive and harmful consumption of alcohol. This has led in some cases to a change in the entrenched cultures of binge drinking in some colleges.

The professionalisation of college bars has meant in some cases that the college administration (often the Head of College or Kitchen Manager and ultimately the College Council or Board) rather than the student club becomes the holder of the liquor license. This has meant that the college administration has become directly responsible for the regulation, sale and service of alcohol in compliance with the license. This has meant the following for some colleges:

- Paid staff supervise the bar, not volunteer students.
- Serving of intoxicated students is monitored and managed.
- Subsidising of beverages is limited.
- Number of drinks consumed by an individual may be monitored and limited.

- Alcohol content in drinks may be monitored and limited.
- Non-alcoholic drinks may be served free of charge at functions with alcohol.
- Food may be served free of charge at functions with alcohol.
- Pre-function drinking (pre-loading) within the college may be restricted.
- Drinking outside of bar hours or in rooms may be limited.

The role modelling of responsible alcohol consumption through combined staff and student events, joint use of bar facilities by staff and students, and staff attendance at student functions all appear to be aimed at both moderating and civilising alcohol consumption practices of students. Events where the focus is not on the excessive consumption of alcohol, and designing event spaces so that service of alcohol is not the central revolving point of focus, were also key elements of moderation strategies. Activities promoted by the college prior to events where alcohol is served (such as having photographers available to take formal portraits prior to black tie events) were designed to restrict pre-event alcohol intake.

The following were some of the other innovations being trialled:

- shutting the bar for periods during events, eg. closing for an hour
- having the bar run professionally at a profit, not subsidised
- · restricting service to intoxicated students who are then assisted to their rooms
- hosting dry bar nights with international themes, e.g. special food and dress
- not staffing bars with students
- banning alcohol in common rooms in order not to offend religious and cultural sensibilities
- hosting combined staff/student social evenings in the college bar
- designating dry tables for those who don't drink alcohol at formal hall, special dinners and events
- fining residents for pre-loading before events
- returning intoxicated students to their rooms, with warnings given about behaviour
- utilising volunteer youth workers and groups, such as Red Frogs, during Orientation Week
- managing under-18s very carefully regarding alcohol and other issues

- providing special educational information on alcohol use to American students under 21 years of age (where the legal drinking age is 21)
- hosting dry events/days during Orientation Week.

Social Events

Some colleges have trialled various innovative practices to specifically limit the harm from the excessive consumption of alcohol at college social events, such as:

- specific non-alcoholic social events with cultural themes
- controlled activities (e.g. wine tasting) that limit consumption and curb binge drinking cultures
- pre-event workshops and information, e.g. drink spiking
- phone applications for use during social events that measure and record consumption of alcohol and provide health related information and warnings
- corridor/staircase photos before events-to help reduce pre-loading
- continuous incremental reforms to limit and revise traditions
- Middle Common Room/Senior Common Room lounges on main campus site and in prominent central positions—diversifies student cohort and is a moderating influence
- no alcohol permitted in student lounges or common rooms
- including parents in key college events, e.g. commencement and valedictory social events/dinners.

College Balls

Many colleges had experimented with the style and structure of their college balls. Some had moved their balls from traditional black tie events that were often held off-site to ones that were held on-site and were more akin to a carnival or village fête type of event, with stalls and performances and fun activities. Many no longer had a formal dinner as part of proceedings but instead provided food stalls with a variety of foods. Some are open to other college students to participate and buy tickets and some are closed events. Some encourage all staff and students to participate. Some allow alumni to attend, others do not.

Admissions Processes and Policies

Interestingly, some senior tutors expressed the view that building relationships early with prospective students while they are still at secondary school prior to coming to college about expectations, both academic and social, had assisted with management of various student issues.

Some colleges reflected on the pre-existing culture of excessive consumption of alcohol in certain student cohorts from particular schools and the association of binge drinking with adolescent transition and identity making processes. Some expressed a desire to work with these schools on tackling the problems, helping to shape relationships with prospective students that build trust and respect for educational institutions.

Some colleges have built key relationships with various schools over many years and start the marketing and admissions process very early, engaging with secondary school students while still in their year 11 equivalent. Some suggested that college 'Open Day' shouldn't be the first time that students make contact with the college. Some hold interviews on open day/s and as part of the interview process ask prospective students to write a succinct 500-word statement about what they will contribute and how they will benefit from college.

Some colleges hold annual re-admission interviews and essay writing on particular subjects. This process helps to raise particular issues with particular students and could involve reflection on student culture or behaviour in regard to excessive alcohol consumption or other issues.

Some colleges reflected on the importance of diversity in the student body, both graduate and undergraduate. All suggested that diversity in gender, ethnicity, culture, age and stage of life, among others, all influence and moderate student behaviour and can be used to restrain particular behaviours in the student body, particularly the Junior Common Room regarding excessive drinking cultures.

Conclusion & Recommendations

All college staff interviewed recognised the interrelationship of academic pressures with welfare related issues and that academic performance was not disconnected from student health and wellbeing. The colleges and the student bodies also recognised the importance of educating students about the dangers of excessive alcohol consumption and other drug use and were committed to the provision of services and programs to assist students to manage these issues. This is consistent with the current research literature.

A number of researchers (Larson 2000; Eccles, et al. 2003; Murphy, et al. 2005; Polymerou 2007) have found that educational interventions are beneficial in preventing risky behaviour, including alcohol and other drug use among college and university students. A variety of proactive and customised interventions that aim to increase student awareness and knowledge, and reduce the harms associated with excessive alcohol and other drug use, are being undertaken in residential university colleges in the UK. Trialling these interventions in the Australian context, such as the use of smartphone applications to apply the concept of ecological momentary interventions (EMIs), as a medium to deliver educative interventions and health warnings for example, may be of benefit to Australian university residential colleges. However, further research is needed to examine the efficacy over time of these interventions and their permanent introduction or otherwise to the Australian context.

This study found that while some colleges in the UK had developed original and innovative practices, many of the interventions mirror what is already being done in Australian colleges, and in some cases UK colleges appear to be lagging behind. While the study finds a lack of formal evaluative measures and/or evidence of long-term or large-scale programmatic efficacy, it does recommend the promotion in Australia of a number of the policy and programmatic interventions and innovations found in the UK colleges. Promoting these interventions across the UCA network of colleges, with the inclusion of formal evaluative measures and recording processes, would build a body of empirical evidence of efficacy and improve student services.

The study found a need for the collation and dissemination of resources, case studies, policies and procedures from across the UCA and internationally of what is being undertaken and what is working in this space. In particular, it is suggested that the UCA may want to undertake further field studies in those residential colleges where research and programmatic responses are currently being promoted. The current research literature suggests that a number of American and New Zealand universities are undertaking innovative initiatives that would warrant further exploration and documentation. As such, it is recommended that the UCA executive build a 'tool kit' or resource base, from within its network and beyond, of general student welfare related programs and interventions; and in particular, preventative education materials and professional development activities focussed on alcohol harm minimisation programs and support mechanisms, and make this resource available for use among university residential colleges of the UCA network.

This could be done through the bringing together of key staff from UCA member colleges, such as Deans and Deputies or senior staff who have responsibility for welfare provision and/ or other key welfare and pastoral care staff working in the area of alcohol harm minimisation to share resources. The provision of regular professional development and/or up-skilling opportunities for these staff facilitated through UCA may also be advantageous.

In summary, colleges and universities can and do play an important role in preventing excessive alcohol and other drug misuse and related harm; however, more effort is needed to increase the knowledge Australia-wide of various educational interventions being undertaken both overseas and within Australia. There is a need to promote these interventions across the UCA network and over time to build a body of evaluative evidence of efficacy and a reciprocal resource base of preventative education activities, harm minimisation programs and support mechanisms for collaborative use among university residential colleges of the UCA network.

— Dr Tim Corney, October 2016

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