

# What's Your Cap? The Highlights and Lowlights of Developing a Research and Theory-Driven Binge Drinking Prevention Initiative on a Canadian University Campus

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## Abstract

Binge drinking is a serious health concern on university campuses across North America. This article examines the development of the University of Saskatchewan Student Binge Drinking Prevention Initiative (BDPI) and its grounding within the theoretical and research literature. We begin the article by establishing the rates and patterns of high-risk drinking among university students. Next, we review the BDPI's formation, and its commitment to drawing upon the latest empirical evidence on prevention campaigns. We also look at the guidance that Community Coalition Action Theory provided to the BDPI's development. Together, these approaches enabled the BDPI to be student-run, proactive, and account for gender and other forms of diversity. Last, the central highlights and lowlights for students involved in the BDPI's development are shared. This paper helps fill a gap in the literature on developing coalition prevention efforts aimed at reducing high-risk alcohol consumption by university students.

Keywords: prevention, binge drinking, Community Coalition Action Theory, student-led

## Introduction

The consumption of five or more alcoholic beverages in one sitting, known as binge drinking or high-risk drinking, has been a growing concern across university campuses in Canada (Nova Scotia [NS] Department of Health and Wellness, 2012; Wechsler & Nelson, 2001). For example, Queen's University in Ontario announced in June 2011 that

it would be reviewing its students' alcohol consumption in an "effort to combat the culture of drinking on campus" (Ferguson, 2011, p. 1). This followed the death of two students in the 2010-11 academic year that had been drinking on campus. Also in 2011, a first year student attending Acadia University in Nova Scotia was found unconscious in his dorm room and subsequently died. The official cause of death was not released, although it was publicized that the student had been taking part in drinking

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games in his residence building ("Acadia student dies after heavy drinking," 2011).

Such alcohol-related deaths have garnered considerable media attention and have been the stimulus for prevention measures in both Ontario and Atlantic Canada. There is a significant need for increased understanding about the harmful consequences of high-risk alcohol intake for students across the rest of Canada's campuses. This was apparent most recently when national media attention was given to the role of alcohol in university welcome week activities (Clarke, 2014; Seidman, 2014). It is increasingly recognized that alcohol consumption can have social, financial, physical, mental and legal impacts for both the student who is drinking and their community (Adlar, Demers, & Gliksman, 2005; American College Health Association [ACHA], 2011; Chopin et al., 2014; Giesbrecht, Cukier, & Steeves, 2010; Southern Illinois University Carbondale/Core Institute [SIUC/Core Institute], 2012).

In this article, we examine the development of the University of Saskatchewan (U of S) Student Binge Drinking Prevention Initiative (BDPI). The BDPI was formed to address the risks associated with the overconsumption of alcohol among university students. The initiative is unique because its development was guided by the empirical and theoretical literature, which is often not the case due to time, financial and other restrictions (Dell et al., 2013; Gauthier et al., 2004). We begin the article by establishing the concerning rates and patterns of high-risk drinking among university students in North America. Next, we review the BDPI, and its *What's Your Cap?* (WYC) campaign, and the initiative's commitment to drawing upon the latest empirical evidence on prevention campaigns. We also discuss the guidance provided by the four stages of Butterfoss and Kegler's (2009, 2002) Community Coalition Action Theory. Together, these approaches enabled the BDPI to be student-run, pro-active and account for gender and other forms of diversity. Last, the central highlights and lowlights for students involved in the BDPI's development are shared. This article helps fill a gap in the literature on developing a prevention effort aimed at reducing high-risk alcohol consumption by university students.

## Alcohol Consumption Rates and Patterns Among University and University-Aged Students in North America

The rates of binge drinking among university and university-aged youth in the US and Canada are similar, despite varied legal drinking ages (Marczinski, Grant, & Grant, 2009). This should not be surprising given that the

social and cultural contexts on university campuses are comparable (MacQueen, 2012; Vander Ven, 2011). Drinking is commonly viewed as a part of the 'party life' university experience, as well as a way to cope with stress and other negative emotions (Digdon & Landry, 2013; LaBrie, Ehret, Hummer, & Prenovost, 2012). A growing concern is alcohol advertisements' aggressive targeting of young women, and as a result the gender gap in drinking behaviours and harms is closing (Dowsett Johnston, 2013; Jernigan, Ostroff & Ross, 2005). According to the investigative reporting of Alamenciak (2013), in Canada, "[w]e're seeing a situation where even the brightest girls are hoodwinked into believing that alcohol is essential and key to their happiness"(p.2). Alcohol advertising is aggressively targeting young women, and as a result we see the gender gap in drinking behaviors and harms closing (Alamenciak, 2013).

In the US, in 2010 and 2011, 34.0% to 44% of university students reported binge drinking in the last two weeks or 30 days, while 38% to 47% reported doing so from 2000 to 2006 (ACHA, 2013a, 2011, 2008; Johnston, O'Malley, Bachman, & Schulenberg, 2011, 2005; SIUC/Core Institute, 2012, 2010; US Department of Health and Human Services, 2011, 2002). Reviewing longitudinal US data, Shapiro (2013) found that "40% of college-age females report binge drinking" (p. 1). In Canada, more than 50% of young adult males, and more than 40% of young adult females engaged in binge drinking monthly or more often in 2003, 2005, 2007/08, and 2009/10 (Thomas, 2012). In the prairie provinces, where the University of Saskatchewan (U of S) is located, 30% of undergraduate students reported binge drinking every 2 weeks or more in 2004 (i.e., 38% of the 77% of students who drink) (Adlaf, Demers, & Gliksman, 2005). The most recent data and data by gender is not available at this time for the prairie provinces.

Despite the lack of provincial data, the American and Canadian data clearly demonstrate that rates of binge drinking remain concerning, as are the harmful effects of binge drinking among female university students. Considering the similarities between the two countries, and the fact that there is little documented evidence on binge drinking prevention efforts on Canadian university campuses, evidence-based components of American prevention efforts were applied to the formation of the U of S student Binge Drinking Prevention Initiative (BDPI), and its *What's Your Cap?* (WYC) campaign.

## Applying Evidence-Based Prevention Efforts from the United States

A recent report on Canadian university alcohol policies revealed that only one-third of Canadian universities have undertaken a major alcohol education campaign, and the

majority of campaigns were integrated into general student services or residence health programs (Adlaf, Gliksman & Newton-Taylor, n.d.). Efforts to prevent risky drinking have typically been designed for targeted populations, most specifically first year students, students living in residence, student athletes and students who have violated university alcohol regulations. The majority of the campaigns have focused on social norms, alcohol awareness, and having a 'Safe Break Week' (NS Department of Health and Wellness, 2012). To the best of our knowledge, none of these efforts have been research based or evaluated, and few have been developed based upon a theoretical foundation.

In recent U of S campus history, there has been fractioned attention to high-risk student drinking. Student Health Services has distributed information on binge drinking through brochures, displays, cafeteria table toppers and student peer educators at on-campus events. In partnership with Saskatchewan Government Insurance, Student Health Services has also created awareness about drinking and driving with a mock car crash outside the campus bar. Campus Safety has issued alcohol-specific information on its website, and enforces policies and federal, provincial, municipal and institutional alcohol-related laws on campus. It recently started to share its alcohol violation statistics in the two university newspapers. The U of S Students' Union, in partnership with the Saskatchewan Tourism Educational Council, provides training for campus restaurant servers and members that serve alcohol at U of S events through the Serve it Right Saskatchewan program. The goal of this program is to provide training to individuals serve alcohol about doing so in an environment of integrity and social responsibility (Saskatchewan Tourism Educational Council 2013). Again, to the best of our knowledge, none of these efforts have been empirically evaluated, and few have been developed based upon a theoretical foundation.

Similar prevention efforts in the US have included alcohol awareness and education programs during student orientation to campus, specific awareness weeks, special events and targeted peer education programs (Vicary & Karshin, 2002). However, these forms of prevention programming have been identified as having limited success (Larimer & Cronce, 2007; Lysaught, Wodarski, & Parris, 2003, Vicary & Karshin, 2002). In response, initiatives such as the Century Council have funded innovative educational approaches based on peer-to-peer interactions on university campuses to counter the binge drinking culture. Two examples are *The Other Hangover* and *Less Than U Think*.

*The Other Hangover* is an anti-binge drinking advertising project created by the School of Journalism and Mass Communication at the University of Minnesota. The campaign was implemented on the University of Minnesota Twin Cities campus in Fall 2010 and targeted undergraduate

students. With a focus on realistic messaging to convey potential social consequences from binge drinking, the campaign used Facebook, Twitter, a website and various print materials to share its message. The campaign focused on peer-to-peer conversations to raise awareness and inform attitudes, and evaluation has been a central component since its inception (*The Other Hangover*, 2011).

*Less Than U Think* is another Century Council-funded initiative. Research was undertaken to inform the campaign's development, and it has steadily grown since its 2010 implementation on the University of Alabama campus. The aim is to increase awareness and change attitudes among its target audience of students between the ages of 18 and 24. Since implementation, it has created several variations of its messaging in print advertisements, social media, a website and on swag items. It has held contests and a variety of events during specific high risk drinking times of the year, such as Spring Break. The initiative has since expanded onto other university and college campuses within Alabama State (*Less Than U Think*, 2013). Evaluation of its effectiveness is ongoing.

The work that has been undertaken in Canada to date, along with the evidence-based success of the two US campaigns, has served as the foundation for the development of the U of S Binge Drinking Prevention Initiative (BDPI), and its *What's Your Cap?* (WYC) campaign. The BDPI is a peer-to-peer led initiative that focuses on raising awareness and increasing knowledge to inform student attitudes. BDPI engages with students through its WYC campaign on social media, by hosting contests, and sharing WYC swag at various campus events. The BDPI addresses the issue of risky drinking by posing questions to students *from* students about what their drinking 'cap' is, how to stick with it and how their cap may change in situations. The BDPI's message of moderation in alcohol consumption supports Canada's national Low Risk Alcohol Drinking Guidelines (Butt, Beirness, Stockwell, Gliksman, & Paradis, 2011). The BDPI kicked-off its evolution with a rapid scan and an environmental scan of the U of S campus both to design a response in line with the diverse student experience, with an emphasis on gender, and to establish a baseline for ongoing evaluation. The BDPI's development followed the four stages of community coalition building, drawing on Butterfoss and Kegler's Community Coalition Action Theory (CCAT) (2009).

## Community Coalition Efforts

A community coalition is generally described as "an organization of individuals representing diverse organizations, factions, or constituencies within the community who agree to work together to achieve a common goal" (Feighery & Rogers, 1990, p. 1). Clark and

Houle (2009) share that the term was broadened by “Butterfoss, Goodman, and Wandersman (1993), [who] wished to describe a coalition as a representative of a given, defined community whose membership reflects all segments of that community’s population, not just one sector or type of stakeholder” (p. 30). A community coalition approach has been central to the effectiveness of a number of documented efforts to reduce the use and availability of alcohol at the college and high school levels. A meta-analysis of community-based coalitions in the US that aimed to reduce the use or availability of alcohol for minors (in some cases tobacco and illicit drugs as well), uncovered solid evidence of their effectiveness (Fagan, Hawkins, & Catalano, 2011). Community-coalition efforts that address high-risk drinking among American college students have been similarly successful and have reduced student drinking rates, harmful consequences, injury to others, and noise ordinance complaints (Gebhardt, Kaphingst & DeJong, 2000; Linowski & DiFulvio, 2011; Yoast, 2006).

While there is a number of encouraging initiatives and studies focusing on community-based efforts to prevent high-risk alcohol consumption among US college-aged youth, the majority have limited student involvement, with even fewer examples in Canada (Buettner, Andrews, & Glassman, 2009). To our knowledge, outside of Saskatchewan, Acadia University is the only other Canadian university that has addressed high-risk campus drinking via a student-led, community-wide strategy. It is also a member of the Learning Collaborative on High-Risk Drinking, an initiative originating from the National College Health Improvement Program, which is comprised of 31 other US universities and colleges focusing on high-risk and binge drinking on college campuses (National College Health Improvement Program, 2013). With student-run coalitions showing promise for campaign effectiveness (Buettner, Andrews & Glassman, 2009; National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2005; “Washington students lead award-winning suicide group,” 2011) the U of S BDPI was developed within a community coalition framework. It also built upon the documented success of evidence-based binge drinking prevention campaigns, specifically *The Other Hangover* and *Less Than U Think*, as incorporated lessons learned from documented efforts already underway at the U of S and other Canadian campuses.

Community Coalition Action Theory (CCAT) has been applied to an array of public health problems, including drug and alcohol interventions (Sharma & Smith, 2011). According to its originators, CCAT “offers a series of practice-proven propositions that will explain how coalitions evolve through stages, with different factors and tasks more or less important at various stages. The theory builds on past work in the areas of community

development, political science, inter-organizational relations, and group process” (Butterfoss & Kegler, 2009, p. 270). It focuses on the benefits of creating formal alliances between community partners for long-term sustainability, and inherently supports student-led involvement. Clark et al. (2006) operationalized CCAT, identifying four condensed (from the original 21 proposed) and overlapping stages for new initiatives to follow: (1) formation, including membership, processes and staffing arrangements; (2) implementation, focusing on structures; (3) maintenance, incorporating member engagement, pooled external and internal resources, assessment and planning; and (4) attainment of goals. Evaluation is a necessary component throughout the stages. At this time, there is little research in the field specific to the evaluation of community coalitions because of their complex design (Butterfoss, Kegler, & Francisco, 2008; Clark et al., 2006), and so more feasible to evaluate are the direct activities derived from them (Butterfoss, Kegler, & Francisco, 2008).

## Development of the University of Saskatchewan Student Binge Drinking Prevention Initiative as a Student-Driven Community Coalition

Since May 2011, action has been taken on the U of S campus to create a coalition-centered, student peer-to-peer, empirically and theoretically informed Binge Drinking Prevention Initiative (BDPI) to address high-risk alcohol consumption. The overarching goal of this inclusive and campus-wide initiative is to reduce and prevent the number of students taking part in potentially harmful drinking behaviors. As mentioned, the BDPI’s *What’s Your Cap?* (WYC) campaign addresses this goal by raising awareness, increasing knowledge and informing attitudes among the campus community about the harmful consequences of binge drinking. Members of the initiative do this through different mediums, with the overarching focus being a platform for open discussion between peers. The BDPI aims to pro-actively address student binge drinking as a serious health issue rather than wait and respond in a reactive manner under the direction of university administration due to a high profile tragedy, as has been experienced on other Canadian and American campuses.

The BDPI followed the four stages of coalition building, from “formation to implementation to maintenance to institutionalization,” and will continue to “cycle through [these] stages . . . as new members are recruited, plans are renewed, and/or new issues are added” (Butterfoss & Kegler, 2009, p. 244). We document below how the BDPI was formed following Butterfoss and Kegler’s Community

Coalition Action Theory (CCAT) (2009) and more specifically Clark et al.'s (2006) operationalization of CCAT in their asthma-related work. This is a significant contribution to the literature and a resource for other student groups considering initiating a prevention effort aimed at reducing high-risk alcohol consumption.

## First Stage: Formation

The first stage in Clark et al.'s (2006) operationalization of CCAT is formation, which includes coalition membership, processes and staffing. The formation of a coalition is stimulated by a number of factors, and can include mutually identified needs, shared views, scarcity of resources, and legislative changes (Clark et al., 2006). Community coalitions usually form when factors are 'just right,' with some referring to this whimsically as 'the stars aligning' (Davidson, 2005).

In part, events at other Canadian universities (i.e., the student deaths at Queens and Acadia) established community readiness at the U of S for the BDPI. Specific to the U of S campus, during the 2011 winter term, the provincial Research Chair in Substance Abuse assigned the development of campus prevention projects to students in her undergraduate/graduate studies in addictions class. Student groups focused on a range of addiction-related topics, with well over half choosing to focus their projects on alcohol, including binge drinking. At the end of the class, binge drinking was collectively identified as a health concern on the U of S campus.

Upon completion of the class, and through the summer months, the Research Chair extended her support by employing four undergraduate students to design a theory and research-based binge drinking prevention campaign proposal for the campus. They reviewed their classmates' work, the literature on existing local, national, and international binge drinking prevention campaigns, as well as the recent literature on binge drinking. This included what it is, its causes and consequences, how it affects individual and social aspects of the university, including academics and health, and how it is influenced by culture, gender and other diversities. This latter focus is rarely considered in the development of campaigns, and in place an androcentric norm is adopted (Blake, Amaro, Schwartz, & Flinchbaugh, 2001; Chen & Jacobson, 2012; Geisner, Larimer, & Neighbors, 2004). As the lead agency, the Research Chair provided content expertise, technical assistance to the BDPI, and financial support in the form of paid summer positions for the students. The students prepared a rapid assessment (Beebe, 2002) for the U of S campus to determine if a binge drinking prevention campaign was in fact needed, and if so, in what specific areas.

## Coalition Membership

With the identification of a lead agency and core members, these being the provincial Research Chair in Substance Abuse and hired students, work began on identifying interested and supportive community members committed to addressing high-risk student drinking. Groups were strategically targeted and approached for their support, and buy-in was gained. This included the U of S student body, the Saskatchewan Ministry of Health, the Canadian Centre on Substance Abuse (CCSA), the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM), an addictions specialist with the U of S Faculty of Medicine (Dr. Peter Butt), the U of S Student Health Service (SHS) and Student and Enrolment Services Division (SESD). Recruitment was done through various avenues, including the Research Chair's working relationship with STREAM, the Ministry of Health, and CCSA, and the students' direct relationship with the student body (e.g., Student Union). Membership took longer to establish with 'new' colleagues, such as Student Health Services, where a trusting relationship needed to be developed first.

Drawing from Butterfoss and Kegler's (2009) work, the Research Chair and core student members recruited "community gatekeepers, . . . [who are] . . . committed to the issue, and . . . [provide] . . . a broad constituency of diverse groups and organizations" (p. 255). The lead agency, student core and newfound community members formed the beginning membership for the coalition. Together, they finalized the BDPI proposal that outlined how a multi-pronged, multi-disciplinary campaign could support behavior change on the U of S campus. In addition to membership, the coalition was also endorsed and supported by the majority of colleges at the U of S (total 13/18), the affiliated college of St. Thomas More, the U of S Residence, the University Students' Council (USC) and the U of S Students' Union. Recruitment for these groups was done in much the same manner as with the initial university groups, through student-led interviews, meetings and discussions, and a commitment to build working relationships and trust between the BDPI initiative and potential coalition members.

## Coalition Processes

With the establishment of the general coalition membership in place, the next step in the BDPI's coalition formation was for the lead agency and student core to establish formal and informal working processes, apply the processes, and elicit feedback from their community membership. As outlined by Butterfoss and Kegler (2009), "coalitions must fulfill certain basic functions such as making decisions, communicating and managing conflict"

(p. 256). Such processes “can help to ensure a positive organizational climate, an engaged coalition membership, and the pooling of member and external resources. This stage also requires balancing benefits associated with membership, to ensure they outweigh the costs of participation” (Butterfoss & Kegler, 2009, p. 249).

The BDPI established its internal working processes on open and frequent communication. Research has shown that communication fosters community and individual cooperation (Center for Prevention Research and Development, 2006; Putnam, 1993). The BDPI achieved this in two key ways. First, coalition members, including the lead agency, which served as advisors and mentors to the student core, did so in an unconditionally supportive manner; they offered a wide range of advice and the rationale behind it. They also supported the core student members to make decisions based on their assessment of whether ‘it is the right way for the U of S campus.’ There were no strict demands put upon the student core or the silencing of their voices. The student members felt heard, supported and empowered, and although they did not always agree with the advice offered, they had the freedom to determine a solution that was right for the coalition as a whole. The BDPI recognized the significant merits of drawing upon the diverse backgrounds and experiences of its coalition members to inform balanced and well-informed decision-making processes. Second, the core student members are passionate about the wellbeing of their peers, which naturally keeps the lines of communication open. This open and honest communication contributed to the rapid formation of the BDPI.

## Staffing and Leadership

Butterfoss and Kegler (2009) emphasize the importance of staffing and leadership in coalitions, without which they are unlikely to move beyond formation. Both leadership and staffing were central to the BDPI’s formation, specifically in the early development of its membership and processes. For any initiative, energy and passion are fundamental to its success, but so too is the allocation of time dedicated to the project. All of the BDPI core student group members are enrolled in classes, have varied responsibilities outside their class schedules, and are responsible for coalition work. It was unrealistic for students to volunteer the time necessary for the initiative to be successful, so paid positions were formed. Consideration was given to the fact that studies have shown a positive association between paid work and work quality (Brown & Heywood, 2002; Florin, Mitchell, Stevenson, & Klein, 2000). It is important to note that volunteers were still critical to the coalition’s formation, assisting when and where the core members could not. They are the front line workers,

integral to discussing the campaign with, and getting feedback from, the general university student body.

Also key to the BDPI’s formation, and to address student/staff turnover with university graduation, new core student members were selected from the broader coalition membership and/or the student volunteer base. Selecting core members from among the volunteers has had the benefit of ensuring that new members are chosen from those who have ‘stayed with the cause’ in spite of challenges the BDPI may have encountered. New staff members were chosen based on their familiarity with the initiative, demonstrated ability to be responsible in their volunteer duties, effective communication of their thoughts, ideas and challenges in the interest of the initiative and ability to own their work and be creative with it. Such creativity has led to unique campaign activities, such as #it’sPottyTime, a contest where seven brightly decorated toilets were placed in unconventional places on campus asking students the simple question, “where do you want to be at the end of the night?”

## Second Stage: Implementation

The second stage of Clark et al.’s (2006) operationalization of Community Coalition Action Theory (CCAT) is implementation, focusing on the development of structures that “enable the coalition to reach its goals” (p. 165). They acknowledge that the stages of a coalition’s development overlap and are rarely distinguishable from one another. The BDPI experienced this as it worked through its development; for example, the formation of structures occurred as a focused second step once the coalition’s membership was established, as well as during its formation. It was mentioned above (see Formation) that the core student members drafted a proposal to outline how a multi-pronged, multi-disciplinary campaign could support behavior change on the U of S campus during its formation stage. The structure stage moved this work toward the establishment of measurable goals and objectives. The student core members worked alongside a U of S Master of Public Health work placement student to pilot test an evaluation workbook from one of its coalition member organizations (i.e., Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services).

## Structures

Butterfoss and Kegler (2009) suggest that if a coalition precisely defines or ‘formalizes’ its rules, roles, structures, and procedures, it is more likely to engage members, pool resources, assess and plan. As the BDPI worked toward formalizing its structures, such as its own procedure

manual, it adopted the working structures of the Research Chair in Substance Abuse, including office procedures, human resources, templates and financial software. The Research Chair's office and the coalition's larger membership have provided guidance on the use and development of such structure-related tools specific for the BDPI. Attention is currently being paid to documenting the roles of coalition members and general guidelines for the structure of the coalition as a whole, including the self-management of financial resources. This plan falls within the parameters of a four-year work plan that was developed soon after the original proposal to guide the activities of the coalition forward. In addition, the student core members document their completed and upcoming activities in a weekly 'To Do List' that they review as a group and with their university faculty mentors for comment. By formalizing the coalition's structure, the BDPI membership became engaged and actively involved in the coalition.

### Third Stage: Maintenance

The third coalition stage outlined by Clark et al. (2006) is maintenance, incorporating member engagement, pooling external and internal resources, and assessment and planning. Once again, the steps within this stage variably overlap with the two prior stages: formation and implementation. Clark et al. describe this stage, based on their work with it as "the ability of the collective to continue until the accomplishment of its goals" (2006, p. 17S).

#### Member Engagement

According to Butterfoss and Kegler, "[m]ember engagement is best defined as the process by which members are empowered to develop a sense of belonging to the coalition" (2009, p. 258). The BDPI engages with its membership through regular activity updates, including its monthly community membership bulletin. Given that a large number of individuals and groups involved in the coalition are located throughout the province and country, it has not been feasible to meet in person, and so quarterly teleconferences have been held. They provide an opportunity for two-way communication, sharing where the core student coalition team is at in its work plan, and to offer and receive input, guidance and direction. In person meetings by the core student members with local coalition members have also taken place to enhance their engagement and participation, and to ensure continued commitment. The BDPI has drawn extensively on the expertise of its community membership during maintenance and the prior two stages; as a coalition member the Province of Saskatchewan, for example, led the design of the *What's Your Cap?* (WYC) slogan and logo.

The core student coalition members of the BDPI also have a number of campaign activities that double as venues to connect with its coalition membership. For example, the BDPI engages in various forms of social media. It developed a website for the WYC campaign, listing on it the campaign's key message, a how-to guide to develop a WYC campaign, events, presentations, special promotions (e.g., mocktail recipes), links to news releases, radio and television interviews, news articles, access to the original BDPI proposal, and other related material. The campaign also has Twitter, YouTube, and Facebook accounts to enable coalition members to follow WYC and 'like' the campaign. With part of the BDPI's aim being to engage undergraduates in academic and research opportunities that are not always available to them, students have attended conferences across Canada as invited speakers and panel members. The initiative has also created academic posters and entered them into conference competitions, where it has won in its category three times. The BDPI has found that these activities that were designed for its campaign have fostered transparency and buy-in from its community coalition membership.

#### Pooled External and Internal Resources

As mentioned, the BDPI has been built upon the sharing of skills, expertise, perspectives and connections among its coalition membership. The largest challenge for the BDPI has been ensuring a continuous flow of financial resources to support its work. The lead agency has been committed toward securing initial funding for the initiative, and the core student members have worked alongside coalition membership to develop funding and resource partnerships. The coalition has aided members to come together to create "synergy that enables individuals and organizations to accomplish more than they could achieve independently" (McLeroy, Kegler, Steckler, Burdine, & Wisotzky, 1994). Financial and/or in-kind support has come from nearly all coalition members. Currently, two staff positions have been secured for funding, one position for the current fiscal year and one secured for two years. This type of commitment has put the students at ease about the BDPI's future, which enables them to focus their efforts on activities, such as PAWS Your Stress, a joint initiative with Student Health that brings therapy dogs to campus for students, as a form of stress relief and healthy coping. Nevertheless, continued financial support of the initiative is an ongoing priority.

#### Assessment and Planning

Butterfoss and Kegler share that "[a]chieving a coalition's goals involve assessing a situation and deciding upon what action to take" (2009, p. 259). Although this is straightforward advice, it is difficult to follow when

appealing, although tangential, opportunities present themselves. It is particularly difficult if the coalition's goals are not clearly articulated. As mentioned, in the summer of 2011, the core student members undertook a review of local, national and international alcohol prevention campaigns. In time they finalized the BDPI proposal, initiating a multi-pronged, multi-disciplinary campaign to support behavior change on the U of S campus. They refined their four-year work plan so that it coincided with the university calendar year. Attention was paid throughout these developments to the integration of assessment, planning and evaluation into the initiative..

During the 2011-2012 academic year, the BDPI undertook a community-based research assessment that involved the collection of campus-specific data through a street-interception survey, key informant interviews and focus groups (Bernard, 2012; Hacker, 2014) to better understand the perception, extent and context of binge drinking on the U of S campus (Meeds-McGowan & Robertson-Boersma, 2013). Coalition members found through the rapid assessment that work needed to be done on campus, though the current situation was not at a severe state where extreme action needed to take place. In the fall of 2011, a graduate student with the School of Public Health undertook an environmental scan for the coalition, examining how certain features of the U of S campus environment may be influencing student drinking (Davis, 2012). She found that the message of risky alcohol consumption was largely present on campus, alongside a lack of awareness from the university body of the messaging being promoted. As mentioned, this knowledge was brought together with the help of a second School of Public Health student placement, and the mission statement, goals and objectives, and evaluation processes for the WYC campaign were designed.

## Final Stage: Attainment of Goals

While the BDPI coalition is not yet at a stage where it can report on the attainment of its goals through a formal evaluation process (currently underway), WYC does identify how the campaign contributes to health-related outcomes. Currently, the BDPI is implementing WYC campaign activities that can be considered to be "potential elements of action" to lead to new community capacities, and ultimately health related outcomes (Clark et al., 2006, p. 195). In addition to being guided by the work of Community Coalition Action Theory, and Clark et al.'s (2006) operationalization of it, the BDPI adopted a theory-driven approach to developing its campaign specific actions, drawing upon: (1) Environmental Management, (2) Theory of Planned Behavior, and (3) Gain Framed Messaging.

Environmental Management is a social ecological framework developed by the US Department of Education's Higher Education Center for Alcohol and Other Drug Prevention. This framework posits that health-related behaviors are affected by interpersonal (individual) factors, interpersonal (group) process, community factors, and public policies (institutional, provincial or federal) (Stokols, 1996). In order to reduce the overconsumption of alcohol among university students (i.e., for behavior change to occur), factors within the environment that promote or allow for the overconsumption of alcohol, including unsafe policies and practices, must be identified. After, change must occur at the community and public policy level in order to produce a large-scale impact on the community, including students, faculty, staff and administration.

As the BDPI was forming in 2011, and talks were being held with university administration, this prompted a large-scale review of U of S alcohol policies, which had not been revised since 1996. University Administration also hosted the Canadian Universities Reciprocal Insurance Exchange, student forums, and was involved with the University Students' Council, where alcohol and policy became a central focus. The University Administration had begun to move forward on general health campus concerns through the development of a Healthy CampUS Steering Committee; the BDPI is a member and its coalition work serves as a model for this group.

Theory of Planned Behavior, as an extension of the Theory of Reasoned Action, suggests that the best predictor of behavior is the intent to perform that behavior. Intent is determined by attitude, subjective norms and perceived behavioral control (Montaño & Kasprzyk, 2008). A meta-analysis of independent empirical tests of the Theory of Planned Behavior across a range of behaviors showed that attitude, subjective norms and perceived behavioral control account for variance in individuals' behavioral intentions, and that behavioral intentions predict action (Armitage & Conner, 2001). Research specific to alcohol among undergraduate students suggests that the Theory of Planned Behavior – attitude and perceived control, as well as descriptive norms – can be used to predict intention to use alcohol and self-reported alcohol use (McMillan & Conner, 2006).

Studies suggest that American and Canadian university/college students misperceive and overestimate peer-drinking norms (Arbour-Nicitopoulos, Kwan, Lowe, Taman, & Faulkner, 2010; Lewis & Neighbors, 2004; Martens, Dams-O'Connor & Duffy-Paiement, 2006; Perkins & Berkowitz, 1986; Prentice & Miller, 1993). Likewise, results from the National College Health Assessment (NCHA) and the Community-University Institute for Social Research surveys indicate that this is the case on the U of S campus. The NCHA completed by U of S students in Spring 2013 (ACHA, 2013b) found that 76% of students had used



alcohol at some point within the last 30 days, yet they perceived that 96% of their peers had used alcohol within this time period. Chopin et al. (2014) had similar findings in their research, where students identified that in a typical weekend they would consume on average around 4 drinks and a maximum of 6.61, but believed that their peers were consuming 8.37 on average and to a maximum of 11.80. Martens, Dams-O'Connor & Duffy-Paiement (2006) found a positive relationship between students' actual behavior and their perceived peer drinking norms. Lewis, Litt, Blayney, Lostutter, Granato, Kilmer, et al. (2011) explain that such misperceptions of peer drinking behavior may lead to overconsumption when students do not want to feel left out from their peers. Some studies have demonstrated that social norms marketing is effective in reducing the proportion of students who report heavy drinking (Fabiano, McKinney, Hyun, Mertz, & Rhoads, 1999; Haines & Spear, 1996; Martens, Dams-O'Connor & Duffy-Paiement, 2006; Mattern & Neighbors, 2004) and reducing negative consequences associated with drinking (Turner, Perkins & Bauerle, 2008).

The BDPI has primarily engaged in campaign activities that they consider will affect subjective norms. They have taken a social marketing approach by providing actual drinking norms to U of S students using social and electronic media and attending in-person events. As an example, on the *What's Your Cap?* (WYC) Facebook page, the coalition posted pictures from Orientation 2012 of students displaying the actual number of drinks that they typically consume, working to debunk the idea that most students drink extremely large amounts in a typical drinking night. BDPI has also engaged in WYC activities where they intend to impact perceived control. During peak drinking times, the core student group, volunteers and Peer Health Educators from Student Health Services, have set up booths in high pedestrian traffic areas on campus where students are provided the opportunity to share ideas about fun alternatives to 'getting drunk' and can try out non-alcoholic mocktails. These peak times include, but are not limited to, Halloween, Spring Break and St. Patrick's Day.

Gain Framed Messaging (Salovey & Williams, 2004) suggests that providing outcome information that identifies the benefits of engaging in a health protective behavior or avoiding risky behavior is a more effective strategy for promoting behavior change than information that highlights losses. Research suggests that students exposed to gain framed messaging about short-term consequences of alcohol use consume less alcohol than those exposed to loss framed messaging (Gerend & Cullen, 2008). Both *The Other Hangover* and *Less than You Think* campaigns adhere to this approach. While Gain Framed Messaging was outlined by the coalition in their proposal as being integral to its campaign, and was confirmed through the focus groups it held on campus, the WYC campaign has thus far

been limited to neutral messaging in social marketing. Gain Framed Messaging is still key in the goal of the coalition as it undertakes educational activities that accompany its social marketing efforts.

## Moving Forward: A Review of the Highlights and Lowlights for Students

Following Butterfoss and Kegler's (2009) Community Coalition Action Theory and the work of Clark et al. (2006), the foundation of the *What's Your Cap?* (WYC) campaign is well grounded in theory and the latest empirical evidence. Student and institutional health benefits have been associated with well-designed, theory driven and research-based binge drinking prevention initiatives, including an increase in academic achievement, student recreational involvement, and social and physical wellness, as well as a decrease in dropout rates, physical injuries and negative economic outcomes (Bucknam, Elfessi & Ziemelis, 2002; NS Department of Health and Wellness, 2012). The BDPI was well guided in its development through to its current state of formal institutional recognition (e.g., securing university funding), institutional integration (e.g. incorporation into Student Health Services), and movement toward impacting health outcomes through the attainment of its goal-oriented activities. Clark et al. (2006) identify these steps as key components of sustainability for any coalition (p. 175).

Alongside these important steps for moving the BDPI forward, is recognition of and reflection upon the highlights and lowlights the students experienced, as they are the foundation of the coalition. The highlights of the BDPI's development for the involved students are threefold. To start, it was an exceptional experience for the students to be involved in the development of an initiative from its inception. This is not an opportunity that students, and specifically undergraduate students, are frequently afforded. Second, experience with coalition building allowed the students to practically draw upon the research methods and theories they learn about in the university classroom, but do not typically get to practice. Turning this understanding into action was a significant and impactful learning opportunity. Last, it was inspiring for the students to work alongside faculty, university and community coalition members that gave them the final say in the BDPI's development; having opportunities to learn from 'mistakes' in a supportive environment can be invaluable for students.

Lowlights were also faced by students during the BDPI's development, most notably the significant amount of work that was required of them. Although they were paid for their contributions, all of the work required for coalition development did not get completed in the number of paid work hours available to them. This added pressure onto

their school and personal schedules as they took time from them to devote to the BDPI's development. Related, the students also found it challenging to work within the constraints of their funders, with multiple and varying forms to be completed, and with processes and procedures to follow that are significantly time consuming. Ultimately, this detracted time away from planning the initiative's growth. And last, turnover is to be expected in an undergraduate education setting, but this does not negate the fact that significant time is allotted each year to re-training students on the initiative and re-establishing trusting relationships with the community coalition partners.

Despite these lowlights, and largely because of the highlights, the U of S coalition is continuing to move forward with implementing its WYC activities and evaluating its initiative goals and objectives. Rooted in the theoretical and empirical foundation set for BDPI, the coalition will continue to move forward and ensure in the process that it remains: (1) a student-led initiative, (2) proactive in its work and (3) aware of gender and other diversity identifiers related to alcohol consumption. There is growing understanding, for example, about the need for prevention approaches to recognize gender and other diversities (Alamenciak, 2013; American Cancer Society, 2013). The BDPI led a study for the province, which examined how best to market the low-risk drinking guidelines and how to do so in a diverse way (Robinson, Tanaka, Robertson-Boersma, Dell, & Butt, 2012). Focus groups were conducted with 109 students, with two groups specifically involving Aboriginal and international students. Current sociology MA student Jie Miao is further studying the focus around international students and their drinking choices. Based on its successful experiences to date, the BDPI recently released a fun and visually appealing *Navigating Your Way: A How-To Guide for Creating a Campus Alcohol Prevention Initiative* for other Canadian and American university campuses to learn from and draw up in their own work. It can be accessed at:

<http://www.whatsyourcap.ca/resources/how-to-guide>

## Conclusion

This article identified the troubling rates and patterns of alcohol consumption among university and college-aged students and the few prevention efforts that are being implemented in response at Canadian and American post-secondary institutions. The Binge Drinking Prevention Initiative (BDPI) is a strong example of how a community coalition can develop organically and function effectively in response to this important health concern within a university setting. The BDPI chose to develop its coalition effort as student-run, proactive initiative and account for

gender and other forms of diversity to address binge drinking in a sustainable, multi-stakeholder way. Students were able to come together, take on the role of core coalition members, and work towards creating an initiative that was grounded on collaboration with a broader coalition membership. BDPI drew upon evidence-based components of US prevention efforts and practices on Canadian campuses, and formed within the four stages of a community coalition, drawing on Community Coalition Action Theory. Documentation of the BDPI's experiences in this article is important because there is a gap in the literature on how to develop a student-centered prevention effort aimed at reducing high-risk alcohol consumption on both Canadian and American university campuses.

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