



Full length article

Effects of the Campus Watch intervention on alcohol consumption and related harm in a university population

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ABSTRACT

Background: High levels of drinking and alcohol-related problems are pervasive among university students in New Zealand and other high-income countries, where controls on alcohol availability and promotion are typically weak. Environmental interventions to reduce hazardous drinking and harm have shown promise in general populations, but require further evidence of effectiveness in university settings. The aim of this study was to estimate the effect of a community liaison and security program, Campus Watch, on drinking patterns and alcohol-related harm among university students.

Methods: The study used a quasi-experimental design with non-equivalent control sites using before (2005) and after (2009) observations. Participants were full-time students aged 17–25 years selected randomly from the enrolment lists of six New Zealand universities. Changes in scores on the alcohol use disorders identification consumption scale (AUDIT-C) and alcohol-related harms at the intervention campus were compared with those at control campuses using linear and logistic regression models.

Results: Compared to control campuses, AUDIT-C scores decreased in students at the intervention campus ($\beta = -0.5$, 95% CI: -0.6 to -0.3). Campus Watch was associated with reductions in some harms (independent of its effect on drinking), such as aggression (aOR 0.66, 95% CI: 0.46 to 0.94), but not other harms, e.g., blackouts (aOR 1.06, 95% CI: 0.89 to 1.27).

Conclusion: While not being focused on alcohol per se, Campus Watch reduced alcohol consumption and some related harms. Such programs may be useful in similar environments where controls on alcohol availability and promotion cannot be affected and where informal controls are weak.

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1. Introduction

Hazardous drinking among university students is common in New Zealand, North America and Europe, where its prevalence and consequences have been extensively studied (Hingson et al., 2009; Karam et al., 2007; Kypri et al., 2009; Wicki et al., 2010). University students have a higher prevalence of alcohol use disorder than their non-student peers and suffer a high incidence of acute harms from drinking to intoxication (Dawson et al., 2004; Kypri et al., 2005a; Slutske, 2005). In the USA, it has been estimated that there were over 1800 alcohol-related unintentional injury deaths among college students in 2005 (Hingson et al., 2009).

The harms associated with binge drinking among students extend beyond the drinkers themselves. Non-binge drinkers attending universities with a high prevalence of binge drinkers are

over three times more likely to experience at least one problem from other students' drinking than those at campuses with a lower prevalence of binge drinkers (Wechsler et al., 1995). Non-students living close to college campuses are more than twice as likely to encounter vomit, urinating, or vandalism than those who live further away, and these associations are strongest for those residing close to campuses with higher binge drinking prevalence (Wechsler et al., 2002). Among a random sample of 1524 students attending a university in New Zealand, 85% of women and 81% of men had experienced at least one problem in the previous four weeks because of someone else's drinking; while the risk of experiencing these second-hand effects (i.e., problems caused by someone else's drinking) was highest for students who frequently engaged in binge drinking, 72% of those who never binged reported at least one second-hand effect (Langley et al., 2003).

Despite a strong evidence base to guide national and state or provincial alcohol policy development (Babor et al., 2010), many high income countries continue to have weak formal controls on alcohol availability and promotion (e.g., minimum unit

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pricing, bans on advertising and sponsorship, limited operating hours for licensed premises). Alcohol is cheap and easily accessible for university students, in particular where the minimum drinking or purchasing age is 18 years. In its 2002 report, a US national taskforce on college drinking reviewed the evidence for interventions to reduce drinking and related harms among university students (Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, 2002). This report and its update (National Institute on Alcohol Abuse and Alcoholism, 2007) found that many individual-level interventions had been extensively evaluated, while environmental interventions, which showed promise in general populations, required further evidence of effectiveness in university settings.

Many environmental interventions in university student populations have not been sufficiently well evaluated to determine their effectiveness (Toomey et al., 2007). A few interventions in the USA, such as the SPARC program (Study to Prevent Alcohol Related Consequences) at 10 selected North Carolina liberal arts colleges and the 'Safer' intervention at 14 University of California and California State Universities, have been found to reduce alcohol consumption, drunkenness, and related harms (Saltz et al., 2010; Wolfson et al., 2012). These programs have focused primarily on increasing awareness and enforcement of current drinking laws (principally the minimum legal drinking age of 21), local ordinances or bylaws, and university policies. The relevance of US interventions to other high-income countries is limited because most of these countries have lower minimum purchasing or drinking ages, making the purchase and consumption of alcohol by nearly all university students legal.

1.1. Campus Watch at the University of Otago (New Zealand)

In 2007, amid concerns that anti-social behaviour was having serious consequences for students and the wider community, the University of Otago in Dunedin, New Zealand, introduced Campus Watch. This novel community liaison and security programme involves round-the-clock foot patrols of the campus and surrounding neighbourhoods by University Campus Watch staff (Proctor's Office/University of Otago, 2014). Their role is to provide pastoral care (i.e., general welfare and emotional support) to students and residents, to reduce harm and social disorder, and to enforce the University Code of Student Conduct.

During the day, Campus Watch teams focus on building rapport with students living in the area by chatting and offering advice or following up on previous incidents. They also provide directions to visitors, as their distinct uniforms make them a visible presence in the university precinct. After dark, the Campus Watch teams continue their rounds of the campus and surrounding neighbourhoods, with the aim of remaining a visible, approachable presence and preventing situations from getting out of hand. The Campus Watch patrols frequently walk students home late at night and check whether intoxicated students need assistance. Campus Watch team members are able to refer students to the University Proctor for disciplining and to call on the local police force and fire service to assist with more serious matters or those involving non-student members of the public.

We hypothesised that the highly visible presence of Campus Watch staff might create a sense of guardianship thereby deterring crime and less serious anti-social behaviour. This could result from increasing the apparent risk of apprehension and facilitating the identification and resolution of crime, drawing on the Deterrence, Social Disorganisation, and Broken Windows theories of crime prevention (Siegel, 2007). In meeting its objectives of reducing anti-social behaviour, it was considered probable that the intervention would also modify the conduct of students when affected by alcohol. More detail on the Campus Watch intervention and the full

evaluation design has been published elsewhere (Cousins et al., 2010).

While alcohol is acknowledged to be an "underlying cause" (University of Otago, 2008, p.15) of student disorder problems, the focus of Campus Watch is on improving students' quality of life and community harmony rather than on reducing access to and consumption of alcohol, making this a unique approach to addressing alcohol-related harm and disorder.

1.2. Study aim

The aim of this study was to estimate the effect of the Campus Watch intervention on alcohol consumption and related harms experienced by university students.

2. Methods

2.1. Study design

This opportunistic, quasi-experimental study was a before-and-after comparison with non-equivalent control sites. Changes in drinking patterns and alcohol-related harms over time at the university where Campus Watch was introduced (intervention site) were compared with those of five university campuses in other parts of New Zealand (control sites).

2.2. Procedures

In April–May, 2005 (semester 1), a national web-based survey of university student drinking and related harms was conducted as part of the Tertiary Student Health Project. Five of New Zealand's eight universities participated, including six campuses, representing a combination of large urban centres, smaller provincial centres, and rural areas. Detailed findings of the 2005 National Survey have been published elsewhere (Connor et al., 2010; Kypri et al., 2008, 2009). The survey was repeated in April, 2007, but as Campus Watch was being introduced in January–June, 2007, results from the second survey were not included in this analysis.

For the purposes of the Campus Watch evaluation, we repeated the survey in April–May, 2009, using the same survey design and recruitment process as the previous surveys and including the same questions about drinking and related harms. The 2009 survey was created using Limesurvey (LimeSurvey Project Team/Carsten Schmitz, 2012), an open source program, and a demonstration version can be viewed at: <https://ipru3.otago.ac.nz/limesurvey/index.php> (National Survey, 2009). By the time the 2009 survey was conducted, the Campus Watch intervention was well-established in the community: over 40% of respondents reported having seen Campus Watch staff every day, and over 85% saw them at least weekly (Cousins, 2013).

2.3. Sample and data collection

In each survey, independent, stratified random samples of up to 430 Māori (the indigenous people of New Zealand) and 430 non-Māori students from each campus were invited to complete a self-administered web-based questionnaire. Students were eligible to participate if they were aged 17–25 years and enrolled as full-time intramural students. Sampled students were invited to participate with a personalised letter (enclosing a complimentary pen) and an e-mail message sent three days later containing a hyperlink to access the online questionnaire, which could be completed in English or Māori. Up to one reminder letter and three reminder emails were sent to sample members who had not participated.

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