Facing the consequences of binge drinking

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In the fall of 2011, a student at Acadia University died as a result of binge drinking during his first night on campus for orientation week. This prompted us to seek an answer to the question asked by many on campus: How could this have happened? The consumption of alcohol has a long-standing reputation for enhancing social gatherings. However, the excessive consumption of alcohol is gaining rapid popularity and social acceptance across Canadian campuses, and consuming alcohol underage has become a social outlet for many youth and students. Binge drinking is defined as 5 drinks per sitting for men and 4 drinks per sitting for women. In a 2004 survey of Canadians who reported binge drinking during the past 30 days, 24.2% were students and an additional 25.6% were individuals aged 18 to 24 years who were not students. Average alcohol consumption peaks when students consume alcohol during parties (6.0 drinks), in bars (5.1 drinks), or in university housing (5.7 drinks), all of which are common environments in student life. Further, average alcohol intake is positively correlated with group size, and students will consume 6.2 drinks per night in a large group versus 1.8 drinks per night when alone.

Drinking it in
Binge drinking is especially risky for students because they are at a crucial stage of development. Excessive exposure to alcohol during development can cause cardiovascular problems, memory loss, loss of concentration, depression, and death. Further, contrary to popular belief, the human brain continues developing from childhood through to early adulthood. David Dobbs reports in National Geographic that although adolescents use the same cognitive processes as adults, they are still learning how to appropriately and safely interact with the surrounding environment.

Perhaps binge drinking has become more acceptable in the eyes of students because there has been a 71% increase in alcohol exposure from 2001 to 2009, and youth today are also 22 times more likely to view an alcohol product advertisement than they are to view an alcohol company-sponsored “responsibility” advertisement. A problem with this exposure to drinking is that it leads students to perceive the dangers of the situation incorrectly. Popular Hollywood films such as The Hangover suggest excessive alcohol consumption and “blackouts” are comedic. While peers jest about who “blacked out” or “passed out” and provide no help to the individual, in reality, binge drinkers are at high risk of alcohol poisoning, and it is possible that the passed-out individual might be in real distress and their organs might be failing.

What can be done?
In a pilot survey of a national sample, Siegel et al found that most youth consumed a specific subset of alcohol products. The top 2 brands of rum determined from the study accounted for 95.5% of all rum consumed. Despite the popularity of specific brands, there is little written on the brewers’ and distillers’ research into what motivates young people to purchase their products. Attempts to regulate exposure to alcohol among youth have failed. Educators should look to proper education to prepare youth for encounters with these situations. Just as students receive sexual education, they should also be prepared for situations in which alcohol is consumed, despite its social acceptance in our culture. Even in the university setting, most campus health clinics have numerous educational pamphlets on safe sex, pregnancy prevention, and sexually transmitted infections, but very little information on alcohol. Further, basic education is not an effective deterrent to binge drinking on its own. The increase in binge drinking has caught attention across American and Canadian campuses. Numerous methods for promoting alcohol awareness have been proposed for university settings, and 44% of American universities and colleges employed at least 1 alcohol screening tool in 2011. Yet less than half of that 44% used 1 of the 4 preferred and most established tools provided to them: AUDIT (Alcohol Use Disorders Identification Test), CAPS (College Alcohol Problems Screen), and CUGE (cut down, under influence, guilty feelings, and eye opener).

If exposure cannot be monitored and ceasing alcohol consumption altogether is not an objective, proper screening for problem drinking should be employed. Recent attention has been directed to the use of motivational interviews by general practitioners to screen for alcohol-related problems. The key elements of the proposed motivational interviewing include expressing empathy, promoting self-efficacy, and highlighting discrepancies between life goals and drinking behaviour. While this guide to motivational interviewing acknowledges the patient’s viewpoint, no approaches to this dialogue between patient and practitioner have been
researched and proven effective. Moreover, not all youth perceive binge drinking to be problematic, and such youth would therefore not be inclined to seek their family doctors’ advice, especially given that many youth go to their family doctors with their parents. Such questions and screening might cause the patient to become defensive and weaken the relationship between the patient and the practitioner.

Perhaps awareness in school systems should be a priority—preventing the alcohol problem before it starts rather than treating it once it is already an issue. BACCHUS Canada is a student-life education program used by approximately 70 Canadian colleges and universities. The purpose of the program is to educate about and support good decision making and to address alcohol-related problems on campus. With the theme, “Today is brought to you by last night’s choices: Here’s to making responsible ones,” BACCHUS is active during orientation week with press releases, contests, posters, and campus rewards. While this sets the tone as new students arrive on campus, the effectiveness of this program has yet to be studied.

In 2004, Brock University in St Catharines, Ont, employed the program Creating Healthy Opportunities in Campus Environments (CHOICES). The program aimed to establish a sense of community on campus through an advertisement campaign. Part of the campaign’s initiative was to get students to tear down the posters on campus, in hopes that by doing so they would actually read the posters. Second, CHOICES established a virtual community centre online wherein students could connect with one another. The use of social networking as a tool for awareness is rapidly gaining popularity. A 2011 study found that individuals with Facebook profiles that included photos or statuses referencing alcohol, intoxication, or problem drinking scored higher on the Alcohol Use Disorders Identification Test scale and were more likely to report an alcohol-related injury in the past year. Another Web-based screening study found that providing online, personalized normative feedback and motivational interviews was helpful in reducing alcohol use over a 6-month period among undergraduate students who reported drinking heavily.

Testing the water

If students knew the harm they could cause themselves as a result of binge drinking, the hope is that they would be more cautious. It might be a lack of adequate knowledge that leads students to perceive that their habits are not problematic. A study by Gmel et al found that, to students, “bingeing is not bingeing.” Gmel et al suggest that risks attributed to risky single-occasion drinking are underestimated among those who binge drink occasionally, but that some of the consequences of chronic drinking or the effects of maternal consumption on newborns are often overestimated.

In 2004, 69% of drug-related hospital stays for 10- to 19-year-olds and 61% of such stays among 20- to 24-year-olds were accounted for by alcohol. Suggestions for university orientation week officials, health care providers, educators, and researchers point toward assessing the problem, but there is insufficient evidence for the effectiveness of such assessment. Further, Canadian statistics must be updated before the true scope of the Canadian problem can be understood. Nonetheless, it is time that the proposed solutions be employed. Before pointing a finger at the irresponsible teenager, it is important to appreciate the processes underlying their behaviour. Along with facilitating more conversation on the taboo topic of underage and binge drinking, changing perceptions about such behaviour in terms of both education and media exposure is crucial. The adolescent mind is but an adult mind that is “testing the water.” When considering how best to shift the paradigm that has lead to the social acceptance of binge drinking, the value of telling these individuals the truth must not be forgotten.

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