

Healthy Relationships with Food and Substances on Campuses—Framework for Moving Forward

Eating and substance use are associated with health issues on college campuses. Like sex and other feel-good things in life, food and psychoactive substances change the way people feel. And, just as food and substances have benefits, they can also lead to health and social problems.

The Centre for Addictions Research of BC (CARBC), Jessie's Legacy Eating Disorders Prevention Program (JL), and the Canadian Mental Health Association, BC Division (CMHA BC) invited BC post-secondary institutions to help us think through the issues related to the intersection of substance use and eating in campus settings.

We held four focus groups with campus members, including students, residence staff, health promotion staff and counsellors, to explore the following questions.

- How do campus members experience their relationships with food and substances and the intersection of these relationships?
- Why do these intersections exist (what is influencing these experiences in the campus environment)?
- How can campuses be supportive in creating healthier relationships with both food and substances?

This framework is meant to reflect back what was discussed in the focus groups, and to give others a sense of what was shared. The intent is to use these ideas and observations to help

campuses determine how they want to move forward with health promotion in this area and how the partners (CARBC, JL, CMHA BC) can support them.

Experiences and Perspectives

Focus group participants were asked to talk about their perspectives, experiences and observations on how relationships with food and substances play out on campus. Some common themes emerged.

- Across the consultations, there was a general sense that students experience a variety of relationships with food and substances, including disordered eating and unhealthy substance use. The literature suggests that most people who have some form of disordered eating behaviours or who use alcohol in risky ways fall short of clinical disorder diagnoses. Nonetheless, they often face struggles that undermine well-being.¹⁻⁵
- It was noted that substance use and food intersect when students anticipate drinking alcohol and engage in practices to avoid taking in more calories or to influence the effects. For instance, eating before drinking to avoid a hangover or restricting food to get drunk faster on an empty stomach. This intersection of drinking and compensatory tactics is consistent with studies reported in the literature. Participants also mentioned that substance use and disordered eating intersect after using cannabis or drinking alcohol. For example, getting the “munchies” and making

unhealthy food choices and/or binge eating, or eating excessively after drinking.

- The unhealthy use of food and substances by some students—including excessive eating prior to exams or drinking afterwards—was commonly cited by participants as a means for relief from stress related to academic pressures.
- Some participants observed that people who make healthy choices and feel good about their bodies tend not to over-indulge in substances or food. However, others noted some students are reluctant to admit they are health conscious. And, still others cited pressures felt by some students to achieve the perfect balance of eating, exercise and body image, for example, male students who work out daily and count calories. Indications from the literature are that males who engage in binge eating are more disposed toward rigorous exercise than compensatory purging practices.^{6,8}

The following other themes were brought up in some of the focus groups.

- Excessive eating was perceived as more acceptable than excessive substance use as a coping mechanism. However, the literature recognizes that excessive intake of alcohol in public enjoys more social tolerance than does uncontrolled eating.⁹
- Some participants pointed to the prevalence of cannabis use on campus as similar to alcohol use, with cannabis use ‘normalized’ on campus. This perception is interesting in light of the 2013 National College Health Assessment as conducted in Canada. Students reported use of cannabis as much lower than alcohol, with 16% declaring use of cannabis compared to 71% reporting use of alcohol within the last 30 days. However, perceived use among peers during the same time frame was quite a bit higher for both

substances, with the perception of alcohol use at 96% and cannabis at 84%.¹⁰

- It was noted that eating disorders are often misperceived in black and white terms, for example, some people seem to think that if a person doesn’t look skeletal or doesn’t throw up every day, they do not have a problem. This observation is reflected in the literature which suggests that difficulties around eating range from excessive concern about weight and shape to binge eating and extreme weight control methods.^{11–16}
- Social anxiety and the desire to connect and belong were observed as triggers for excessive substance use, for example, drinking alcohol to relax and fit in with the crowd.

Influences

Focus group participants were asked specifically to comment on the factors that influence student patterns of eating and substance use on campus. The following factors were cited.

Academic pressures: Food and substances are used by some students to help them manage stress related to exams and assignments.

Examples cited include excessive eating prior to an exam, drinking as a reward for studying effort or for passing a test, or to feel better after failing.

Access: Ease of access to healthy food is an important part of eating a healthy diet. Aspects of food access include food selections, food service hours (dining hall and other venues), and availability of grocery or convenience stores in proximity to campus and/or residences.

Built environment: The setting where students live may affect their substance use and eating. Some participants observed that excessive eating and drinking tends to moderate when students move out of first year residences and into their own spaces. It was also noted that body image discussions and negative behaviours

associated with food (competitions, shaming) are more prevalent in female-only housing than in mixed housing.

Financial status: Healthy food choices may not be an affordable option for some students. And some students forgo eating when planning to drink alcohol in order to save money and get drunk faster.

Fitting in: Using substances may help students feel more relaxed and confident when socializing.

Friendships: Friends influence decisions about food and substances, for instance, noticing when a friend may be eating in unhealthy ways and drawing out their reflections about their situation.

Knowledge and skills: Students may not be aware of nutritional needs or have the skills to shop for and prepare a nutritious diet.

Mental health: Substances and food may be used by some students to help them manage their mental health, for instance, cope with depression, soothe anxiety or manage difficult emotions.

Policies: Campus policies affect choices related to food and substances. Some examples include food service hours and restrictions on substance use in residence rooms.

Transitions: Students going through the transition of moving from home to living on their own are learning to manage the freedom to make their own choices, for example, drinking without parents around and eating as much as they like. International students transitioning to a new culture may be especially vulnerable.

What Could Be

Focus group participants were asked to think about what campuses could do to help students

develop healthier relationships with food and substances. The following actions integrate their ideas with guidance from the literature.

Big Ideas

1. Better understanding of what a healthy relationship with food and substances looks like

Overall, we found participants really wanted to talk about eating and substance use on their campus. Some expressed an interest in gaining a better understanding of the issue and how campuses could support healthier relationships with food and substances. One way to start is to consider the impact of current policies and practices and how they contribute to and detract from a healthy relationship with food and substances on campus. Reflecting on current practices and policies will provide a foundation on which to begin revising and implementing strategies that address the range of influences—from personal characteristics to environmental factors—that shape behaviours related to food and substances.

2. The healthy choice the easy choice

Health literacy and environmental factors were cited as influences on choices around eating and substance use. Enhancing health literacy (the capacity of people to engage in healthy actions) means giving attention to the knowledge and skills necessary to manage personal health effectively. But it is important to keep in mind that it is not enough to teach people how to be healthy if the environment in which they live undermines their ability or motivation to engage in healthy actions.

Some promising practices are emerging from the literature to guide a campus response. In regard to concerns around substance use, research has emphasized the need for

a comprehensive approach that will both address environmental factors and relate to individual needs.^{17–23} Developing an overall approach to help make “the healthy choice the easy choice” within a socio-ecological model of health promotion provides a helpful frame for selecting and directing strategies that together can comprise a consistent, coherent response to address individual factors and shape the campus culture.

3. Social support and social responsibility

Some of the questions raised in the focus groups reflect the importance of attention to social support and social responsibility to help guide responses to disordered eating and unhealthy substance use on campuses. Participants asked:

- What are some ways to help friends who may be using food or substances in unhealthy ways?
- How could campuses support individuals to help others?

Healthy people develop in contexts that support personal responsibility and nurture individual and social capacity. Health literacy involves not only having the knowledge and skills necessary to manage personal health effectively, but also the skills to help others in the community. An emphasis on nurturing skills to help campus members engage in conversations aimed at helping someone increase control over their own health (e.g., student to student, professor to student) builds capacity across the entire campus community.

Ways and Means to Promote Big Ideas

The following are some potential ways to implement the above ideas.

Mentoring

Students who demonstrate responsible substance use and healthy eating help to set

appropriate campus norms. Encouraging third- or fourth-year students to take on a mentor role with first- or second-year students is one idea that came up in the focus groups. For example, students with experience in campus life could model behaviours and engage newer students in ways to cope with stress without using substances or food in unhealthy ways (exercising, listening to music, or talking things over with friends).

Potential tools to support this:

- Materials encouraging students to take on a mentor role
- Materials supporting mentorship skills
- Training materials for mentoring facilitators

Informing

Social marketing initiatives with sustained effort, including those aimed at informing and raising awareness, can be successful in countering common myths and stereotypes and in promoting positive behaviours.^{24–31} The need for non-judgmental information pieces about eating and drinking was brought up in the focus groups as a way to increase knowledge about nutrition and substance use. Some examples of suggested topics include daily nutrient requirements, shopping and preparing meals, health effects of alcohol and caffeine, and safer hosting.

Potential tools to support this:

- Well crafted, easy to remember and widely accepted messages, for example, regarding substance use, “not too much, not too often and only in safe contexts”

Intentional conversations

Evidence indicates supportive friends are associated with positive mental health for youth.^{32,33} A practical suggestion brought up in the focus groups reflected this finding. Participants pointed to open, non-judgmental conversations as a way to help friends. Yet they are reluctant to approach someone who

might be experiencing difficulties with eating and substance use. Providing ways and means to engage friends in conversations was one idea. Other suggestions centred on building connections and relationships (and supporting healthy eating) through community dinners, dinner clubs and group grocery shopping trips.

Potential tools to support this:

- Guides for organizing and facilitating dinner basket conversations, community dinners or dinner clubs
- Materials supporting healthy conversations about substance use and eating
- Tips and samples for starting conversations

Role of policy

Healthy public policies can increase the impact of other initiatives while independently promoting healthy lifestyle choices (making the healthy choice the easy choice) and by shaping the institutional culture. Auditing campus programs and services to determine how policies and practices might influence risk and making adaptations to minimize risk potential is a useful ongoing exercise. Developing a community of practice, for instance, at the campus level and/or within Healthy Minds | Healthy Campuses, to explore how campus policies affect choices related to food and substances is another way to

increase clarity about strategies and encourage implementation.

Potential tools to support this:

- Guides to facilitating a community of practice
- Sample policy ideas from campuses
- Policy and practice briefs

Next Steps

The perspectives and ideas presented above are a beginning. Hopefully the conversations will continue. CARBC, JL, CMHA BC are interested in contributing to helping campuses implement effective approaches to support healthy relationships with food and substances on campuses. To this end, we suggest the following next steps.

1. Engage with campus groups to clarify the kinds of supports that would be meaningful and helpful for them in their particular setting to implement effective approaches.
2. Develop, test and refine support mechanisms (e.g., consultation sessions, guidance materials, tools) to promote healthy practices around substance use and food.

References

1. Schwitzer, A.M. (2012). Diagnosing, conceptualizing, and treating eating disorders not otherwise specified: A comprehensive practice model. *Journal of Counseling & Development*, 90(3), 281-289.
2. Kelly-Weeder, S. (2011). Binge drinking and disordered eating in college students. *Journal of the American Academy of Nurse Practitioners*, 23(1), 33-41.
3. Birch, C.D., Stewart, S.H. & Brown, C.G. (2007). Exploring differential patterns of situational risk for binge eating and heavy drinking. *Addictive Behaviors*, 32(3), 433-448.
4. Stewart, S.H. & Brown, C.G. (2007). The relationship between disordered eating and substance use problems among women: A critical review. In N. Poole & L. Greaves (eds.), *Highs and lows: Canadian perspectives on women and substance use* (pp. 157-163). Toronto, ON: CAMH. http://knowledgex.camh.net/amhspecialists/specialized_treatment/women/relationship/Documents/disordered_eating_substance_use_highs_lows_13.pdf
5. Chamay-Weber, C., Narring, F. & Michaud, P.A. (2005). Partial eating disorders among adolescents: A review. *Journal of Adolescent Health*, 37(5), 417-427.
6. Kelly-Weeder, S. (2011).
7. Lavender, J.M., De Young, K.P. & Anderson, D.A. (2010). Eating Disorder Examination Questionnaire (EDE-Q): Norms for undergraduate men. *Eating Behaviors*, 11(2), 119-121.
8. O'Dea, J.A. & Abraham, S. (2002). Eating and exercise disorders in young college men. *Journal of American College Health*, 50(6), 273-278.
9. Birch, C.D., Stewart, S.H. & Brown, C.G. (2007).
10. American College Health Association (2013). *American College Health Association-National College Health Assessment II: Canadian Reference Group Executive Summary*. Hanover, MD. http://www.cacuss.ca/_Library/documents/NCHA-II_WEB_SPRING_2013_CANADIAN_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
11. Schwitzer, A.M. (2012).
12. Kelly-Weeder, S. (2011).
13. Stewart, S.H. & Brown, C.G. (2007).
14. Gadalla, T. & Piran, N. (2007b). Eating disorders and substance abuse in Canadian men and women: A national study. *Eating Disorders*, 15(3), 189-203.
15. Piran, N. & Robinson, S.R. (2006). The association between disordered eating and substance use and abuse in women: A community-based investigation. *Women & Health*, 44(1), 1-20.
16. Piran, N. & Gadalla, T. (2006). Eating disorders and substance abuse in Canadian women: A national study. *Addiction*, 102(1), 105-113.
17. Saltz, R.F. (2011). Environmental approaches to prevention in college settings. *Alcohol Research & Health*, 34(2), 204-209.
18. Nelson, T.F., Toomey, T.L., Lenk, K.M., Erickson, D.J. & Winters, K.C. (2010). Implementation of NIAAA College Drinking Task Force recommendations: How are colleges doing 6 years later? *Alcoholism: Clinical & Experimental Research*, 34(10), 1687-1693.
19. Walters, S.T. (2010). If the drinking age were lowered, what then? A view from the year 2020. *Journal of American College Health*, 58(6), 579-581.
20. National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2007). *What Colleges Need to Know Now: An Update on College Drinking Research*. Rockville, MD. http://www.collegedrinkingprevention.gov/1College_Bulletin-508_361C4E.pdf

21. NIAAA (2002a). *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. Rockville, MD. <http://www.collegedrinkingsprevention.gov/media/TaskForceReport.pdf>
22. NIAAA (2002b). *High-Risk Drinking in College: What We Know and What We Need to Learn*. Rockville, MD. <http://www.collegedrinkingsprevention.gov/media/FINALPanel1.pdf>
23. NIAAA (2002c). *How to Reduce College Drinking: Use Proven Strategies, Fill Research Gaps*. Rockville, MD. <http://www.collegedrinkingsprevention.gov/media/FINALPanel2.pdf>
24. Brennan, L., Binney, W., Parker, L., Aleti, T. & Nguyen, D. (2014). *Social marketing and behaviour change: Models, theory and applications*. Northampton, MA: Edward Elgar.
25. Hopkins, E. & Lee, A.H. (2007). *Formative Research for UCLA EATask Force's Body Image Social Marketing Campaign*. http://www.lifeed.ucla.edu/documents/EMHFinal282Paper--FinalFormatting_000.pdf.
26. Stead, M., Gordon, R., Angus, K. & McDermott, L. (2007). A systematic review of social marketing effectiveness. *Health Education*, 107(2), 126-191.
27. Hesse-Biber, S., Leqavy, P., Quinn, C.E. & Zoino, J. (2006). The mass marketing of disordered eating and eating disorders: The social psychology of women, thinness and culture. *Women's Studies International Forum*, 29(2), 208-224.
28. Brennan, J. (2005). *A selective prevention study: Decreasing body dissatisfaction and eating disorder symptomatology in sorority women using psycho-education, social norms and social marketing strategies*. https://etd.ohiolink.edu/ap/10?0::NO:10:P10_ETD_SUBID:64019
29. Jack, S.M., Sangster Bouck, L.M., Beynon, C.E., Ciliska, D.K. & Lewis, M.J. (2005). Marketing a hard-to-swallow message: Recommendations for the design of media campaigns to increase awareness about the risks of binge drinking. *Canadian Journal of Public Health*, 96(3), 189-193.
30. Andreasen, A.R. (2004). A social marketing approach to changing mental health practices directed at youth and adolescents. *Health Marketing Quarterly*, 21(4), 51-75.
31. Thompson, J.K. & Heinberg, L.J. (1999). The media's influence on body image disturbance and eating disorders: We've reviled them, now can we rehabilitate them? *Journal of Social Issues*, 55(2), 339-353.
32. Hefner, J. & Eisenberg, D. (2009). Social support and mental health among college students. *American Journal of Orthopsychiatry*, 79(4), 491-499.
33. Buote, V.M., Pancer, S.M., Pratt, M.W., Adams, G., Birnie-Lefcovitch, S. & Polivy, J. (2007). The importance of friends: Friendship and adjustment among 1st-year university students. *Journal of Adolescent Research*, 22(6), 665-689.

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