

Engaging Male Post-Secondary Student Leaders to Apply a Campus Cultural and Gender Lens to Reduce Alcohol Misuse: Lessons Learned

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ABSTRACT

This paper describes a project that took place at three large Canadian universities aimed at engaging male students to address alcohol misuse and associated mental health issues through a gendered and campus culture lens. Although considerable effort has been put into decreasing alcohol misuse on campuses, most of this effort has been aimed at individual factors, rather than targeting the cultural and gendered context through which most post-secondary students consume alcohol. Gender transformative and gender sensitive health promotion approaches were guiding frameworks for the project. In addition to discussing how gender theory was implemented in a post-secondary context, this paper also explores some of the key features that guided these projects including the Summit Model, social marketing, sharing narratives of alcohol misuse and mental health, and planning for sustainability. Key lessons learned in engaging male students to be involved in challenging gendered norms related to alcohol misuse on campus are discussed.

Keywords: university; campus culture; gender; alcohol use; Caring Campus, health promotion

RÉSUMÉ

Le présent article décrit un projet qui s'est déroulé dans trois grandes universités canadiennes et qui visait à inciter les étudiants de sexe masculin à aborder la question de la consommation abusive d'alcool et des troubles connexes de santé mentale qui s'y rattachent dans une perspective sexospécifique et de culture du campus d'enseignement. Bien que des efforts considérables aient été déployés pour réduire la consommation abusive d'alcool sur les campus, la majorité des initiatives mises en place à ce jour se sont attardées aux facteurs strictement individuels et non au contexte culturel et sexospécifique dans le cadre duquel la plupart des étudiants de niveau postsecondaire consomment de l'alcool. Les approches relatives à la promotion de la santé axées sur les actions transformatives en matière de genres et la spécificité des genres ont servi de cadre d'orientation au projet. En plus de traiter de la façon dont la théorie des genres a été mise en œuvre dans un contexte d'enseignement postsecondaire, le présent article explore également certaines des pratiques fondamentales ayant servi de guides pour la réalisation de ces projets, notamment le modèle Summit, le marketing social, le partage de récits sur la consommation abusive d'alcool et la santé mentale et la planification de la durabilité. Par ailleurs, sont également abordés dans le présent article les principaux enseignements tirés des initiatives déployées en vue d'inciter les étudiants de sexe masculin à participer à la remise en cause des sexospécificités liées à la consommation abusive d'alcool sur les campus.

Mots clés : université; culture du campus d'enseignement; genre; consommation d'alcool; projet Caring Campus, promotion de la santé

Considerable effort has been directed toward health promotion initiatives to influence positive change in the overall patterns of alcohol use on Canadian post-secondary campuses. These initiatives have largely targeted alcohol use behaviours at the level of the individual student, based on the assumption that personal awareness, personality factors, alcohol expectancies, intentions, and choices all influence alcohol use behaviours. Although such individual level factors are important, alcohol use and related social and health behaviours of post-secondary students take place within a shared cultural context of the campus environment (Borsari, Murphy, & Barnett, 2007; Wechsler, Kuo, Lee, & Dowdall, 2000), where belief in alcohol as a significant part of "the college experience" is strongly correlated with level of alcohol consumption (Crawford & Novak, 2006).

The differences in alcohol use patterns based on the gender of post-secondary students have led to a growing recognition that, within the campus culture, gendered roles, identities, expectations, and relations are at play. As other papers in this special issue have highlighted, although the gap in the consumption of alcohol is narrowing, male post-secondary students consume alcohol more heavily and more frequently than their female counterparts (Health Canada, 2008; Lo, Mange, Howell, & Cheng, 2013). There is also evidence that the meaning and patterns of alcohol use vary across gender. For example, male students are more likely to view drinking on campus as a “rite of passage” (Crawford & Novak, 2006). Male students are also more likely than females to experience the negative social and occupational consequences associated with alcohol misuse (Norberg, Oliver, Alperstein, Zvolensky, & Norton, 2011; Young et al., 2011) even though they report more positive short-term consequences associated with alcohol use, such as relaxation, enjoyment, and coping with stress (Bolton, Cox, Clara, & Sareen, 2006; Park, 2004). There is evidence that males are less likely than females to seek help for health and substance use concerns and some research has suggested that traditional norms of masculinity (such as stoicism and independence) are an underlying reason to explain why males may seek help less than females (Galdas, Cheater & Marshall, 2005).

Although alcohol related interventions on post-secondary campuses have tended to identify males as high-risk populations for alcohol misuse, they rarely embed both a cultural and gendered lens in their intervention focus. Thus, the manner in which gendered patterns of alcohol use function, and are sustained within the cultural context of the post-secondary environment, is highly relevant to the development and implementation of health promotion activities. This paper describes an initiative that engaged male students to adopt and utilize a gendered and campus culture lens to promote a reduction in alcohol misuse across three Canadian campuses. The paper introduces the theory underlying this gendered and cultural approach to health promotion, outlines the features that guided the development of this approach, and describes key lessons learned in its implementation.

Background

Alcohol and other substance use is prevalent in Canadian secondary schools (Young et al., 2011), and the differentiation in use patterns by gender increases with increasing high school grade levels (Leatherdale & Burkhalter, 2012) and into post-secondary school. A review by Schulte, Ramo, and Brown (2009) suggests that biological factors (e.g., alcohol tolerance) and psychological factors (e.g., positive alcohol outcome expectancies) cannot fully explain the gendered divergence in alcohol use patterns in late adolescence, but that differential alcohol use is influenced by processes of socialization into traditional gender roles during the period of transition to adulthood when coupled with physiological and developmental factors. The construct of “normative masculinities,” which defines qualities and behaviours associated with traditional ideas of male-ness has been defined as one particular feature of gender role socialization associated with alcohol use and its associated consequences (Iwamoto, Cheng, Lee, Takamatsu, & Gordon, 2011; Peralta, 2007). Masculine ideals communicate the cultural “should” and “should not” of normative male behaviour. The effects of normative social roles can be significantly enhanced in campus environments where students live, work, and play together in close quarters with limited exposure to the broader community (Iwamoto et al., 2011).

Several qualities of masculinity have been associated with men’s health risk behaviours, including problematic alcohol use patterns, risk-taking, physical toughness, and “womanizing” (Courtenay, 2000;

Iwamoto et al., 2011; Mahalik, Burns, & Syzdek, 2007). Emotional control, a feature of the masculine ideal, may contribute to the use of alcohol as a coping mechanism that allows young men to maintain the appearance of masculine norms, even while providing relief to their emotional distress (Peralta, 2007). Due to the idea that drinking is a normative masculine behaviour, young post-secondary males who reject alcohol misuse are vulnerable to experiences of exclusion and isolation (Peralta, 2007). Schulte and colleagues (2009) postulate that gender socialization processes, accompanied by physiological factors such as a high tolerance for alcohol and the incomplete development of executive functions (for example, inhibitory control) in emerging adulthood, increases the vulnerability for alcohol consumption among male university students.

Campus initiatives related to alcohol use have largely been directed at individual use, and the promotion of help seeking in abusing individuals. In addition to these efforts, growing evidence supports environmental-level interventions, directed toward the campus community at large (Salz, 2011). For example, recent health promotion efforts have explored the connections between socially constructed ideals of masculinity and men's health behaviour (Dworkin, Fleming & Colvin, 2015). However, the recognition that cultural perceptions of masculinity are a key factor that affects health behaviour requires a shift in health promotion strategy (Dworkin et al., 2015; WHO, 2007). Such interventions need to target cultural constructions of health and healthcare, and what it means to "be a man." Indeed, such cultural interventions need to change the pattern of normative social interactions that become internalized, and thus constitute the "natural" way of thinking and behaving. A culture level lens on health promotion, therefore, considers the ways in which the social organization of both gender and health shape the responses of individual men and women to their own health behaviours.

Health promotion efforts are often constructed as gender neutral (Fleming, Lee, & Dworkin, 2014), and alcohol use and abuse programs have not historically taken into account the differing social contexts of male and female students in relation to their health behaviours. More recently, there has been an increased adoption of gender-sensitive approaches that recognize the role of gender as a variable that affects health behaviours. *Gender-sensitive approaches* acknowledge gender norms in their initiatives and messages, enabling men and women to locate themselves in these efforts. For example, gender-sensitive approaches might consider the different contexts faced by male and female students with respect to substance use (e.g., social stigma, gender differences in alcohol tolerance) and reflect these considerations in their messages (Fleming et al., 2014). The development of gender-sensitive initiatives and messages is considered important to ensure that the specific needs, interests, relations, experiences, and communication styles of both genders are well understood and profiled (Centre for Communications Programs, 2003).

Whereas gender sensitive approaches do not directly attempt to change the social and gendered context in which students socialize and use alcohol (Fleming et al., 2014;), *gender transformative* health promotion efforts assume that health outcomes contribute to gendered health inequalities, and do attempt to re-shape notions of masculinity and femininity (Pederson, Poole, Greaves, Gerbrandt, & Fang, 2014; Fleming et al., 2014). As such, gender transformative approaches attempt to broaden the range of conceptions of masculinities available to men, by increasing the positive valuations of behaviours that are currently considered peripheral to mainstream notions of masculinity. This approach has been used in many different contexts, such as encouraging men to be more involved in childcare, increasing male contraceptive use, and decreasing violence against women and children (Barker, Ricardo, Nascimento, Olukoya, & Santos, 2010). A

well-known gender transformative health promotion initiative is the White Ribbon campaign, which is an international movement of men and boys focused on ending violence against women and creating a new vision of masculinity (Kaufman, 2012). There are also a broad range of international programs that engage men and boys to achieve health equity (WHO, 2007). While these initiatives do not focus on young men in post-secondary settings and their alcohol-related behaviours, they do provide a foundation from which to build such initiatives.

There is limited information in the health promotions field about how to optimally engage with students on post-secondary campuses, and to involve them in alcohol use health promotion initiatives from a gendered and cultural perspective. There is a particular concern about how to ensure the broad engagement of males on this issue. Kaufman (1997), a leader in the field of gender-transformative health promotion, suggests that participation norms for males and females are ideologically and culturally constructed in gendered ways, and that gendered participation in community activities and initiatives is influenced by the alignment of those initiatives to gender-constructed norms and ideals. For example, community organizing related to health behaviours may be more closely aligned with female norms (e.g., interdependent, collaborative, non-competitive) than with male norms (e.g., autonomous, independent, competitive), which subsequently leads to differential participation patterns across the genders. It therefore becomes a challenge to engage males in health promotion activities, when these are more typically viewed as female-gendered patterns of social roles and interactions.

Engaging Young Men in Alcohol-Related Health Promotion: The Caring Campus Initiative

This article describes the Caring Campus Project, which was a male-gendered set of initiatives that was designed to enable positive change with respect to alcohol use and associated mental health issues on Canadian post-secondary campuses. The project had a specific focus on alcohol use of male students, and a particular emphasis on shifting the ideas and behaviours of first-year males to influence alcohol use patterns early in their post-secondary careers. The project included the implementation of a range of strategies, all with reference to the growing body of evidence related to mental health promotion, even if some of that evidence had limited utilization in the areas of alcohol use and its link to mental health. From the outset of the project, alcohol use on campus was understood as a culturally embedded pattern of behaviour within the day-to-day life and social relations of the student role.

Adapting the Summit Model

The Summit Model brings together student leaders, and supports them to learn about the issues, the personal experiences of young people with the issue, and available local resources. The student leaders then consider and implement ways to create sustainable cultural change within their university communities. The Summit Model originated with the Durham Region (Ontario) Coalition's *Talking About Mental Illness* program on stigma reduction (TAMI; <http://tamidurham.ca/youth-portal/stomping-out-stigma-summit>), and evaluations of the model revealed that secondary students who participated in Summit conferences showed an increase in knowledge about mental illness and a 12% improvement in attitudes towards persons living with mental illness (Koller, Chen, Heeney, Potts & Stuart, 2015). Further, evaluations demonstrated that the

Summit approach had a far reach and could successfully be deployed across a large number of students, educators, and administrators in the secondary school setting. The Summit Model has also been used successfully by the Jack Project to “Unleash the Noise” among post-secondary students from universities across Canada to promote stigma reduction and their mental wellness (<https://www.jack.org/summit>). As such, aspects of the Summit Model were utilized in the Caring Campus Project to address substance use and mental health at the level of campus culture.

In the Caring Campus Project, the Summit approach guided the engagement of male students as leaders at three Canadian universities, and promoted cultural level changes related to alcohol use behaviours that were considered appropriate at each of the sites. There was no predetermined vision of the activities of the male students, including the extent to which they would integrate masculinity perspectives or specific gendered approaches in their vision and activities. However, the initiative did focus on male health and well-being and all the initial student leaders were required to be male-identified.

The male student leader initiatives at each campus were embedded in the Movember-funded Caring Campus Project and benefited from the following opportunities, supports, and resources from that project. First, there was a “pilot experience” at one university, held during the first year of the project, which provided the opportunity to “trial and error” various ideas, and to develop ideas that could be shared across sites. Second, financial and human supports were provided to the student leaders so they could imagine and implement project-related activities. These supports included a specific budget for male student activities, assistance with the implementation of reporting structures to keep students accountable in the midst of demanding academic schedules, assistance with scheduling meetings and booking rooms, and assistance with securing professionals to speak or otherwise participate in specific student-led activities and initiatives. Third, there was an intensive, guided, two-day summit meeting that was held with the male student leaders. This summit meeting focused on the development of group cohesion, learning about and critically reflecting on the problem of male alcohol abuse, and identifying and prioritizing group plans. The male leaders were empowered to develop their own understanding of the issues and the messages they would deliver through their activities, although they were encouraged to offer a range of different types of activities (e.g., advocacy/policy, social media, website, awareness raising). Fourth, student leaders were provided with summaries of results from the larger project related to alcohol use patterns, relevant campus-specific information about alcohol use and mental health, and information that was specific to their university setting. For example, one campus used focus groups with a range of students, which provided important information about the pressure to use alcohol in residence and group student living, a strong distrust of efforts by the administration to control alcohol use, and the easy access to alcohol even for under age students. Fifth, there was formal recognition of their initiatives, linked to the Caring Campus Project, but disseminated through campus communication sources for information about campus achievements and activities (e.g., newsletters, websites, and relevant organizational meetings). Finally, student leaders were provided access to tools and resources created within the larger project, such as a Substance Use Wellness Tool (described in another paper by Chen et al., in this special issue). In these various ways, the student leaders were supported to be quickly and effectively positioned to carry out their project-related activities.

LESSONS LEARNED

Recruitment

Given the scholarly (Kaufman, 1997) and anecdotal evidence that suggests that there may be difficulties to engage male undergraduates in social and health-related initiatives, an evidence-informed recruitment strategy was implemented. A range of communication strategies about the opportunity to become a student leader were used, including direct emails, emails to student clubs, posters, advertisements in student newspapers, and social media. People who were influential with male students were encouraged to promote the initiative and to enhance recruitment. Information about the initiative was constructed in a manner that highlighted male ideals of participation and qualities of independence, autonomy, and competition. Consistent with these ideas, the “leadership” initiative was aligned with leadership principles such as ownership, experiential learning, the power to effect change, and opportunities for structured collaboration with others with common interests and service learning (Veronesi & Gunderman, 2012). The message also emphasized an action orientation, coupled with accountability for these activities. The recruitment was constructed like a regular job application where statements of interests and personal strengths were requested from interested students. In addition, the recruitment materials recognized personal experience with the problem as a relevant and positive quality. It is also likely that recruitment was positively influenced by the Caring Campus project’s association with Movember Canada, which is itself a highly respected health-oriented initiative with considerable success mobilizing male students in their fundraising efforts.

All three sites were successful in recruiting their projected numbers of student leaders, and one site had to re-evaluate its needs due to the unexpectedly large number of applicants. The number of student leaders in the first year of the initiative ranged from 16 to 22 participants across sites. While initial recruitment focused on second- and upper-year students, once established, the student leadership attended to bringing on and mentoring first-year students.

Gendered Patterns of Alcohol Use as an Explicit Focus

In spite of the uniformity of Summit Model goals and objectives across the three sites, there were variations in the nature of the gendered approaches taken by student leaders. On one of the campuses, approaches and activities taken by the student leaders were aligned with a gender sensitive approach that included health promotion activities that featured alcohol-related experiences unique to both men and women. For example, posters and website materials featuring sex differences in safe alcohol use were featured as part of an awareness raising strategy on campus. Two of the sites developed approaches that were more closely aligned with the gender transformative approach, as evidenced by activities focused on encouraging campus dialogue about the meaning of masculinity in relation to alcohol use and mental health. For example, screenings of documentaries and lecture series related to masculinities and well-being were organized to encourage dialogue about negotiating masculine ideals on campus.

Several factors contributed to the variation across the sites. Sites differed with respect to explicitly stated assumptions about the mechanisms for change, specifically the extent to which gender norms within the campus culture were identified. For example, the project logic model for one of the sites predicted that positive changes for males would occur in response to increasing awareness, harm reduction, and inclusive

language in campus activities. In comparison, the logic model of a second site identified freedom to act outside of cultural pressure as an assumed foundation to changing alcohol use patterns on campus and a shift in campus culture as an expected outcome of the initiative. It is likely that these assumptions were communicated to student leaders through the established support mechanisms. In addition, time pressures were a factor, and in particular, the pressure to produce tangible products or programs associated with intervention research funding. This pressure was particularly acute at the two universities that did not benefit from the pilot year of funding and work.

Another consideration in the development and deployment of initiatives at all three universities was that because the Caring Campus project employed a type of participatory action approach, and as gender transformative health promotion is highly evolutionary and process oriented, it is not easily planned within narrow timelines. These health promotion initiatives were created outside of the existing university organizational structures. Thus, the “location” of the student leader initiatives in relation to existing institutional policies, structures, and practices required considerable effort. The time spent developing and securing collaborations with the larger university environment varied across campuses based on features of the existing infrastructures, and the local receptivity to Caring Campus initiatives.

Social Marketing

Student leaders were faced with the construction of a group identity that would contribute to their ability to influence social change from the outset of their work. Unlike many health-related efforts on campuses that are created as committees or task forces from within the institutional framework, our student leaders identified and marketed themselves with original and external “brands.” These included: “PROsocial,” “Man Up for Mental Health,” and “For the Boys.” In this way, the student leader initiatives functioned as a social marketing initiative, using the brand as a type of marketing strategy similar to other contemporary social marketing approaches (Wood, 2008). These brands encouraged local communication but themselves tried to influence the values underlying health and well-being-related behaviours at each campus. The brands demonstrated many of the principles underlying contemporary social marketing, including the notion that the brand could be used to change health behaviours by creating a type of social movement to shift social norms (Evans & Hastings, 2008). The brands were also designed to be provocative, to start conversations, while at the same time attract and grow advocates. For example, Man Up for Mental Health as a brand encouraged students to challenge traditional ideals of masculinity in relation to alcohol use and mental health. The PROsocial brand expressed the idea that students could become like PROfessionals and use alcohol in ways that were consistent to their own well-being and support for and the PROMotion of the well-being of their peers. Finally, the brands created an emotional connection and insights. For the Boys is a term that has become associated with extreme drinking, risk-taking, and disrespectful gender relations on campuses. However, its use in the current context openly reclaimed this term, to provoke an alternate vision of health and well-being at the individual, collective, and cultural levels on campus.

Given that branding purposely targeted social values on campus, it was not surprising to see some negative reactions. For example, some people on campuses that had experienced high profile negative incidents related to alcohol use reacted negatively to messages that promoted responsible alcohol consumption, as they may instead have preferred abstinence-based messages. Similarly, brands that reclaimed masculine terms

(e.g., “Man Up”) had concerns expressed that they perhaps encouraged male privilege, or even misogyny. Across all three campuses, such reactions were negotiated by student leaders through the establishment of connections and explicit partnerships with important groups on campus, such as student-led mental health awareness groups, student services, campus wellness centres, and university-level alcohol advisory groups. Further, consistent with Connell’s (2012) injunction that “...scrupulous men’s groups take care to work in concert with women’s groups...” (p. 6), the student leaders established relationships with women’s and mixed gender groups involved in similar goals, and considered how female students would be active partners in their work. They expressed this relationship as important both to achieve their goals, but also to reflect their sense that a positive post-secondary experience needs to be inclusive of such gender relations.

Evolving and Sharing Narratives of Alcohol Use and Health and Well-Being

Contact-based education involves people with lived experience of mental illness publicly sharing their personal stories and messages of recovery with public audiences. This approach has been used within schools to raise awareness and reduce stigma around mental illness (Chen, Koller, Krupa & Stuart, 2016). It appears to work best when the stories are from credible presenters, who can discuss their historical problems, but who ultimately express a story that includes recovery and integration into their respective place in society. This approach has not been used extensively with personal narratives about alcohol, and so the nature of these public stories and key messages is unclear and has not been subject to systematic study.

In their initial applications for student leader positions, several prospective leaders described their attraction to the Caring Campus project as grounded in their own experience with alcohol misuse and associated mental health issues. Interested leaders were offered the opportunity to develop and share their personal stories with supported guidance. Early narratives by students tended to focus on mental health experiences with only a cursory mention of alcohol misuse, so students were encouraged to consider how they might integrate experiences of alcohol misuse more directly in their narratives in a way that was positive to their own well-being. Some of the outcomes of this focus included providing training to students to deliver their stories in different venues, the creation of videos wherein students could share their experiences, and more anonymous ways to share stories, such as written stories and video scribed narratives. In this way the student-led initiative served as a foundation for the development of a range of contact-based education activities within the larger Caring Campus Project, and also contributed to mental health awareness activities being held across the broader campuses. The contact-based education initiatives were used creatively across all campuses.

Sustaining the Initiative

The creation of a male student-leader initiative was conceptualized, even from the outset, as an initiative that should extend beyond the life of the Movember-funded Caring Campus Project. There were several challenges to sustainability that had to be negotiated at each site. First, funding for alcohol and substance use related efforts is understandably dominated by an emphasis on campus counselling, health, and related services and supports. The need for such services is ineluctable, given the high levels of alcohol misuse on campuses. The student-led initiatives were evaluated based on the goals of male student engagement, ownership of and action on the various initiatives, the range of student-led activities, and evidence of their

reach within the student body. However, these outcomes are not easily evaluated in comparison to more traditional individual measures of health and well-being. Student-led and campus culture-focused efforts are unlikely to be prioritized in the context of the financially constrained post-secondary settings. Further, it can be daunting to meaningfully embed new initiatives and differentiate the value added of a new group on campus, in the context of the existing array of groups and initiatives directed to student life.

Despite the above challenges, the student leaders across the three sites were charged to develop clear plans and strategies for sustainability. Their strategies included achieving formal status as a recognized student group, fundraising to build a foundation for ongoing activities, the development of a formal organizational structure that included ongoing recruitment of new student leaders, creating lasting “products” such as websites, video, and promotion materials, and the creation of peer-support activities that would outlast the project. At one university, the students transitioned into a formally recognized Student Union club, which provided them with access to some funding for events, the use of space on campus, and the ability to promote themselves and their services to the broader student community. Additionally, they formalized a partnership with the Wellness Centre on campus to ensure access to ongoing space, training, and, support for the peer support program they had established. They have been able to recruit new members and continue to expand their services on campus.

CONCLUSIONS

This paper described an initiative that engaged male post-secondary students as leaders to use both a gendered and campus culture lens to promote reductions in alcohol misuse across three Canadian campuses. The work of the male student leaders complemented traditional individual focused health promotion and intervention approaches and was organized to encourage collaborations and partnerships with existing student and university health and wellness efforts. However, their activities also advanced the implementation of campus activities related to alcohol use that were aligned with both gender sensitive and gender transformative health promotion approaches. The initiative provided the opportunity to learn lessons about how to involve and support male students to engage their campuses in dialogue about, and to challenge, gendered norms related to harmful alcohol use on campus. While the initiative was successful in engaging male student leadership, future evaluation of distal outcomes including changes in alcohol use and abuse is required.

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