Alcohol Use Disorders and Hazardous Drinking among Undergraduates at English Universities: Some Limitations of the Survey by Heather et al. (2011)

Thomas M Heffernan*

Collaboration for Drug and Alcohol Research, Department of Psychology, School of Life Sciences, Northumbria University, Newcastle-upon-Tyne NE1 8ST, UK
*Corresponding author. E-mail: tom.heffernan@northumbria.ac.uk

The survey conducted by Heather et al. (2011) reported on alcohol use disorders and hazardous drinking among several cohorts of university students in England from 2008–2009. Among the main findings from the survey was the observation that in some universities sampled as many as 40% of respondents could be classified as hazardous drinkers, with 11% classified as harmful drinkers and 10% exhibiting probable dependence. Even if these statistics represent only a ‘snapshot’ of hazardous drinking in some of the universities in England, they remain a cause for concern. As noted by the authors themselves, clearly there is a need to extend the survey across a more representative sample of universities in England, and there is a need to observe whether such hazardous drinking persists beyond the university years.

Although the survey has many merits and provides very useful statistics on current drinking habits among university students in England, it does have a number of limitations. First, the authors failed to establish what proportion of students surveyed engaged in ‘binge drinking’. In UK terms, binge drinking can be defined as men consuming a minimum of eight and women a minimum of six, standard units of alcohol within a single day, which amounts to double the maximum recommended ‘safe limits’ for men and women, respectively (Institute of Alcohol Studies, 2010). Given that binge drinking is a common drinking pattern among university students and there is a higher prevalence of binge drinking in university students when compared with their non-student peers (Gill, 2002; Norman and Conner, 2006), the survey has missed out on an opportunity to provide current statistics on binge drinking in university students. Secondly, the survey tells us nothing about the co-morbidity of other drug use alongside alcohol consumption. Given the observation that excessive alcohol use is often accompanied by other substance use, such as smoking or cannabis (e.g. Wicki et al., 2010), it would have been useful had the survey provided estimates of such co-morbidity in hazardous drinkers (including binge drinkers). Thirdly, it would be of interest to assess what impact hazardous drinking has upon other domains such as educational achievement and everyday remembering—both of which play crucial roles in a student’s life.

In conclusion, although the survey by Heather et al. is a welcomed addition to the literature on hazardous drinking among university students in England, there is a need to extend this work to observe drinking patterns beyond the university years, to consider the incidence of binge drinking and the co-morbidity of other drugs, and finally to consider what impact hazardous drinking has upon other aspects of everyday functioning.

REFERENCES

Gill JS. (2002) Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years. Alcohol Alcohol 37:109–20.