2.7 Students respond to brief alcohol intervention

Findings A targeted brief intervention reduced alcohol-related problems among young adult US college students, an age range where in Britain drinking is at its height.

'High risk' school students aged 18 or less were selected on the basis of alcohol-related problems or monthly drinking, involving at least five drinks on one occasion in the past month. 2041 responded to questionnaires sent to 4000 pupils intending to enrol

at the University of Washington. 508 met the criteria of whom 348 took part in the study and were randomly assigned to intervention or control groups. A random selection from all responders was

used to monitor general trends in drinking. Research interviewers took baseline measures during the first term

at college. Three months later the intervention was delivered by a clinical psychologist who provided feedback on baseline drinking and on the students' own monitoring of their drinking in the previous two weeks. Using a motivational interviewing style, students were encouraged to consider less harmful drinking and left the option of further contacts. Follow ups interviews were conducted at six months and (from 86%) at one and two years after baseline.

Personal risk assessments based on the first two follow-ups were fed back by post to intervention students in time to affect the twoyear follow up. Contacts (mainly friends) broadly confirmed the subjects' self-reports and there was no indication that students systematically minimised their alcohol use or problems.

At one and two years all the groups tended to drink less than at baseline but the intervention group had made slightly greater reductions. In line with its aims, the intervention had a greater impact alcohol-related problems; at the two-year follow-up, 11% of the intervention group but 27% of controls were at least mildly dependent. Effectiveness was unaffected by gender or a family

history of behavioural problems or alcoholism In context In Britain a third of young people enter higher education at ages when excessive drinking and dependence are at their height, making colleges a prime site for harm reduction. This rather than reduced drinking per se was the intervention's aim, an innovation as in the USA it is illegal to sell alcohol to under 21year-olds, who in Washington are also forbidden to drink it. The fact that their peers in the UK will be consuming alcohol legally and more heavily may make harm reduction interventions more

have less incentive to moderate their drinking. Though the intervention included just a single face-to-face session, it drew on data collected in three 45-minute research interviews fed back also by post, and some students may have availed themselves of the extra help on offer. It also involved screening 4000

applicable here, though perhaps less effective as British students

prospective students and analysing the results. The study adds to evidence (Secondary sources) that brief interventions with college students can reduce drinking amounts

and problems. However, one-to-one interventions may have less How brief can you get?
p. 23. Nuggets **2.6, 2.8** impact than altering factors such as the price and availability of alcohol.

Practice implications This study demonstrated the potential of student interventions but using a relatively expensive methodology. On-site screening at college during induction, with heavy drinkers contacted via college channels, would be more manageable and probably more cost-effective. If the results of this study transfer to the UK such arrangements could reach up to a third of young people and make a worthwhile contribution to accelerating the natural age-related decline in drinking and drinking problems.

Main sources Marlatt G.A., et al. "Screening and brief intervention for high-risk college student drinkers: results from a 2-year follow-up assessment." *Journal of Consulting and Clinical Psychology*: 1998, 66(4), p. 604–615. Copies: apply Alcohol Concern. Secondary sources Hingson R., et al. "Interventions to reduce college student drinking and related health and social problems." In: Plant M, et al, eds. Alcohol: minimising the harm. What works? Free Association Books, 1997, p. 143–170.

Contacts Department of Psychology, University of Washington