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► [Web-based alcohol prevention for incoming college students: a randomized controlled trial.](#)



Hustad J.T.P., Barnett N.P, Borsari B. et al. [Request reprint](#)
Addictive Behaviors: 2010, 35, p. 183–189.

Study at a US college which required new students to complete a short web-based alcohol education/prevention programme shows that such programmes really can start students off on a healthier drinking trajectory.

Summary College students are an at-risk population based on their heavy alcohol consumption and associated consequences. First-year students are at particular risk due to greater freedom and access to alcohol on campus. Web-based (electronic) interventions (e-interventions) are being rapidly adopted as a universal approach to prevent high-risk drinking, but have not been well evaluated. Programmes vary in scope and length, but all of provide 'normative' drinking information on the true prevalence and intensity of drinking among young people, protective strategies (eg, tips for safer drinking), and alcohol education. The objective of this study was to investigate the effectiveness of the two most widely adopted commercial e-interventions, [AlcoholEdu](#) (see the [AlcoholEdu for College web site](#)) and the [Alcohol eCHECKUP TO GO](#) (known as e-Chug; see the [eCHECKUP TO GO web site](#)), in reducing both alcohol use and alcohol-related consequences in incoming college students. This is the first controlled study to compare the effectiveness of AlcoholEdu versus e-Chug when used as preventive interventions for incoming students.

The trial involved 82 students out of 150 randomly selected to be asked to join the study. They were randomly allocated to AlcoholEdu, e-Chug, or to an assessment-only [control](#) group. The trial site was a university which required new students to complete AlcoholEdu prior to moving into student accommodation. Students were told that joining the study and completing the assigned condition would meet this university requirement.

Compared to the assessment-only control group, participants in the AlcoholEdu and e-Chug groups reported lower levels of alcohol use across multiple measures at one-month

follow-up. Participants who received AlcoholEdu reported significantly fewer adverse alcohol-related **consequences** than assessment-only controls. There was also a trend for reduced consequences in participants who received e-Chug versus assessment-only, but this was not statistically significant. Most differences arose because the control group escalated their drinking after starting college while the intervention groups did not. Findings indicate that e-intervention is a promising prevention approach to address the problem of college student alcohol consumption, especially for campuses with limited resources.

These results have strong clinical implications for primary prevention of risky drinking in college students. Findings suggest that interventions delivered prior to college can be helpful at reducing short-term alcohol use and the related consequences. Reductions in alcohol use during the first weeks of college may be extremely important, because it is speculated that the first few weeks on campus are crucial to future success in college. Not only was AlcoholEdu effective at reducing alcohol use and alcohol-related consequences during this critical juncture, but this programme was also beneficial because it provided an opportunity for all matriculating students to receive similar information about alcohol and its effects. E-Chug was also effective at reducing drinking and provided students with information that is typically delivered in a face-to-face brief motivational interview. Therefore, these programmes may greatly reduce the role of student inexperience in drinking and related behaviour. This foundation of knowledge could also facilitate more insightful and sophisticated conversations with peers, parents, and faculty members, as well as counsellors who provide high-risk students with additional alcohol intervention.

FINDINGS

The main questions over these findings are, would they be replicated with pupils who have not volunteered for the programmes, how long would the effects last, and are these peculiar to the US situation, where under-21 drinking is largely banned. But they do open up the possibility that colleges could easily and cheaply meet their obligations to safeguard the health of youngsters, many of whom will for the first time be free to drink heavily without parental constraints and will feel encouraged to do so by their new friends and the new environment. In Britain a **recent survey** of 770 undergraduates from seven universities across England found that 61% scored positive for risky drinking on a standard screening questionnaire, including 1 in 5 who were actually experiencing some harmful consequences or were probably dependent.

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