

Social media sites may reveal information about problem drinking among college students

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Social media websites, such as Facebook and MySpace, may reveal information that could identify underage college students who may be at risk for problem drinking, according to a report published Online First by *Archives of Pediatrics and Adolescent Medicine*.

According to background information in the article, alcohol is a major cause of injury and death among U.S. [college students](#). "Approximately half of students who use alcohol report direct alcohol-related harms, and as many as 1,700 college student deaths each year are alcohol related," write the authors. They also note that although screening tools (such as the Alcohol Use Disorders Identification Test, or AUDIT) are available to aid in identification of persons with problem drinking, screening at the [population level](#) among college students is challenging as many do not seek [health care](#) at student centers. However, the authors write, "one novel approach to identify college students who are at risk for problem drinking may be [social networking sites](#) (SNSs), such as [Facebook](#) and [MySpace](#)."

Megan A. Moreno, M.D., M.S.Ed., M.P.H., of the University of Wisconsin – Madison, and colleagues evaluated the associations between displayed alcohol use and intoxication/problem drinking (I/PD) on Facebook and self-reported problem drinking using the AUDIT clinical scale. The AUDIT is a 10-question scale that assesses consumption, dependence and harm or consequences of alcohol use. A score of eight

or higher indicates the person is at [risk](#) for problem drinking. The authors included undergraduate students (ages 18-20 years) at two state universities who had public Facebook profiles in the study.

Among 307 profiles identified, 224 participants completed the survey (73 percent response rate) and were included in the study. Of the Facebook profiles coded, 64.3 percent had no alcohol references displayed on the profile (nondisplayers), 19.6 percent had references to alcohol use (alcohol displayers), and 16.1 percent displayed references to intoxication or problem drinking (I/PD displayers). A total of 216 participants completed all AUDIT questions and received a total AUDIT score. Scores ranged from zero to 26, with a mean (average) score of 5.8 and a median (midpoint) score of five. Using the standard cutoff score for at-risk problem drinking of eight or higher, 35.4 percent of participants scored into the at-risk for problem drinking category.

The authors also found that displayed alcohol references on Facebook were positively associated with being categorized as at-risk for problem drinking with 58.3 percent of I/PD displayers meeting criteria for at-risk problem drinking, compared with 37.8 percent of alcohol displayers and 22.6 percent of nondisplayers meeting this criteria. As a group, the AUDIT scores for I/PD displayers was 9.5, the score for alcohol displayers was 6.7 and for nondisplayers it was 4.7. Compared with alcohol displayers, I/PD displayers had 1.48 times higher AUDIT scores. Men who were I/PD displayers had an 89 percent higher AUDIT score than men who were nondisplayers; differences between women in each group were not statistically significant.

Additionally, the I/PD displayers were more than twice as likely as the alcohol displayers (19 percent vs. 7 percent) and more than six times as likely as nondisplayers (19 percent vs. 3 percent) to report an alcohol-related injury in the past year.

"These study findings can be used for offering evidence-based guidance recommending that students who display references to I/PD on Facebook undergo clinical screening for problem alcohol use," the authors conclude. "Our findings suggest that targeting keywords that relate to I/PD, rather than to general keywords regarding alcohol, may provide an innovative method to deliver a tailored message to a target population."

More information: *Arch Pediatr Adolesc Med*. Published online October 3, 2011. [doi:10.1001/archpediatrics.2011.180](https://doi.org/10.1001/archpediatrics.2011.180)

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