

# Interventions work to stem freshman drinking

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A new systematic review of data published in more than 40 studies of freshman alcohol interventions finds that there are many effective ways for colleges to mitigate common drinking patterns and problems among new students.

Based on their findings, published online Jan. 20 in the *Journal of Consulting and Clinical Psychology*, the team of researchers at Brown University and The Miriam Hospital recommend that colleges screen all freshmen within their first few weeks for alcohol risk and offer effective combinations of interventions for those who report [drinking](#).

"Adoption of our recommended strategies would enable colleges to become more proactive – that is, targeting interventions to those students who have initiated alcohol use and may experience some alcohol-related problems but before their alcohol use meets criteria for alcohol dependence or abuse," said study lead author Lori Scott-Sheldon, a psychiatry and human behavior assistant professor (research) at Brown and researcher in the Centers for Behavioral and Preventive Medicine at The Miriam.

Even the best interventions studied don't completely stop freshman from drinking, but even their "small effect sizes" can have a large impact when implemented broadly – a phenomenon known as the "Prevention Paradox." That is, small changes on the individual level sum to large effects on the population of students on a campus.

"College drinking is one of those cases where the majority of harms or alcohol-related problems that accumulate on a campus can be attributed not to the relatively small number of really problematic drinkers, but to the majority of moderate drinkers because there are so many of them," said co-author Kate Carey, a professor in the Brown University School of Public Health. "Thus small effect sizes mean that any given person may change just a little as a result of an intervention, but when we expand the effects to the whole freshman class we would expect prevention programs like those we reviewed to have a public health impact."

## Multiple techniques

In the analysis, the team examined the efficacy of 62 interventions delivered in randomized, controlled clinical trials involving more than 24,000 freshmen around the country over the last decade. The researchers looked for patterns emerging from these trials that would reveal which interventions reduce drinking amount and frequency and reduce alcohol-related problems.

The single technique that provided the broadest benefits was providing students with a personalized feedback report that can include details such as how self-reported drinking compares to peers, the financial cost of alcohol consumed, the calories consumed, and sometimes even blood-alcohol levels. Laying out this kind of information significantly helped students to reduce the dimensions of drinking frequency, quantity, and alcohol-related problems.

In general, however, Scott-Sheldon, Carey and their colleagues found that different intervention techniques affected different things.

For example, challenging students' alcohol-related expectancies, for instance by sorting out what popular aspects of drinking are really

related to alcohol versus the social context of partying, significantly reduced the incidence of alcohol-related problems, but didn't significantly affect alcohol quantity, frequency of drinking days or frequency of [heavy drinking](#).

Interventions that combined several techniques proved most effective because they accumulated the differing efficacy of the multiple techniques.

"Interventions with four or more components...were the most effective at reducing first-year students' alcohol consumption and alcohol-related problems," the researchers wrote.

The intervention they recommend for colleges, Scott-Sheldon said, would combine personalized feedback, moderation strategies (e.g., "if you choose to drink, alternate alcoholic beverages with non-alcoholic ones"), goal setting (e.g., setting [blood alcohol level](#) limits), and identifying especially risky situations (e.g., fraternity house parties).

## **What colleges can do**

The teams' recommendations for widespread screening and multi-technique interventions would be novel for many colleges. Studies have found that most colleges offer only alcohol education (which was not especially effective), and only half offer personal feedback and moderation strategies to all students who request or are referred to intervention. Results from Scott-Sheldon and colleagues work indicate that widespread screening and multi-technique interventions are feasible.

With the exception of affecting the frequency of heavy drinking, interventions were similarly successful whether they were delivered individually or in groups, and whether they were provided in person or online (for heavy drinking in-person interventions were better).

And although the response of students varied somewhat by gender and race for a few specific aspects of drinking, interventions were generally similar in efficacy across gender and race, meaning that interventions don't have to be finely tailored for many different groups.

The broad efficacy of interventions combined with the relative low cost and ease of delivering them mean that colleges have worthwhile means at their disposal to make a greater impact on freshman drinking, the researchers concluded.

"[Our] recommendations are relatively inexpensive, but would require allocation of more resources to alcohol prevention than is generally allocated on most campuses now," Carey said. "But what is rarely discussed is the cost of not investing in these prevention measures: continued property damage, maintenance, security and emergency transport expenses associated with [alcohol](#) misuse, or student assaults and injuries."

Provided by Brown University

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