

Web-based alcohol screening program shows limited effect among university students

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Among university students in New Zealand, a web-based alcohol screening and brief intervention program produced a modest reduction in the amount of alcohol consumed per drinking episode but not in the frequency of drinking, overall amount consumed, or in related academic problems, according to a study in the March 26 issue of *JAMA*.

Unhealthy alcohol use is common among [young people](#), including university students. Using an internet site to screening students for unhealthy alcohol use and intervene if appropriate has been suggested as an inexpensive means of reaching large numbers of young people, according to background information in the article.

Kypros Kypri, Ph.D., of the University of Newcastle, Callaghan, NSW, Australia, and colleagues emailed invitations containing hyperlinks to the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) screening test to 14,991 students (ages 17 to 24 years) at 7 New Zealand universities. Participants who screened positive (AUDIT-C score ≥ 4) were randomized to 10 minutes of online assessment and feedback (including comparisons with medical guidelines and peer norms) on alcohol expenditure, peak [blood alcohol concentration](#), [alcohol dependence](#), and access to help and information, or no further intervention. A fully automated 5-month follow-up assessment was conducted that included a questionnaire regarding [alcohol consumption](#).

Of 5,135 screened students, 3,422 scored 4 or greater and were randomized, and 83 percent were followed up at 5 months. Relative to

control participants, those who received the intervention consumed less alcohol per typical drinking episode (median [midpoint] 4 drinks vs. 5 drinks), a finding that was no longer statistically significant after accounting for student attrition from the study. The intervention was otherwise not effective; participants who received the intervention did not consume alcohol less often or in lower volume; academic problem scores did not differ between groups, and the intervention did not have an effect on the risk of binge or heavy drinking.

"The findings underline the importance of pragmatic trials to inform preventive medicine. They indicate that web-based [alcohol screening](#) and brief intervention should not be relied upon alone to address unhealthy alcohol use in this population," the authors state, while noting other potential interventions such as restriction in the physical availability and promotion of alcohol.

"Although electronic alcohol screening and brief counseling interventions may have effects on participants among subgroups of university students or among other groups, the results of this study and others suggest that the effect of this type of intervention among [university students](#) is modest at best," write Timothy S. Naimi, M.D., M.P.H., of Boston Medical Center, Boston, and Thomas B. Cole, M.D., M.P.H., of *JAMA*, Chicago, in an accompanying editorial.

"At present, there is little direct evidence demonstrating that electronic [alcohol](#) screening and brief counseling intervention has a meaningful population-level effect on [excessive alcohol consumption](#) or related harms in any group, and therefore its utility as a stand-alone public health approach is in doubt. As a scientific standard, future studies evaluating possible population-level health effects of this intervention (which, to be clear, was not the purpose of the study by Kypri et al) should assess outcomes at the population level, ideally using instruments external to the study. In addition, corroborating evidence from outcomes

other than those based on self-report will be essential to establish effectiveness."

More information: [DOI: 10.1001/jama.2014.2138](https://doi.org/10.1001/jama.2014.2138)
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