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Web-based screening and brief motivational intervention reduces alcohol use in heavy-drinking undergraduates at up to 6 months

John T P Hustad¹ and Brian Borsari²

¹Penn State College of Medicine, Hershey, Pennsylvania, USA

²Providence VA Medical Center and Brown University, Providence, Rhode Island, USA

College students are a high-risk population for hazardous alcohol use and alcohol-related consequences, and it is estimated that 18% meet criteria for an alcohol use disorder.¹ Despite the severity of heavy drinking in college, there are strikingly few published efforts to provide an intervention to an entire campus because of the substantial administrative burden. However, using the internet to conduct brief screening and intervention makes it possible to reach more students with minimal effort.

This study investigated the effectiveness of a personalised normative feedback (PNF) for high-risk college student drinkers in Australia. PNF interventions are promising because they are brief (<15 min) and cost-effective, and previous research suggests that PNF is as effective as brief motivational interviewing,² the current gold standard for alcohol interventions. The use of the PNF intervention in this study is described as “proactive”, which implies that students received the intervention before they were suffering ill effects from their alcohol use. However, because participants in this study were already drinking heavily and experiencing consequences, the use of PNF in this study may be best referred to as an indicated intervention. In this well-designed and well-implemented randomised controlled trial, the authors investigated the effectiveness of PNF by comparing the control group with the intervention group (intent to treat). Students in both groups completed follow-up assessments at 1 and 6 months, but only students in the intervention group had access to their PNF after the baseline and 1-month assessments. This study is highly innovative because the authors demonstrated the feasibility of delivering PNF to an entire population of college students. In addition, the authors graciously provide free access to their PNF intervention (<http://lamp.health.curtin.edu.au/thrive/baselinetest.php>). Findings indicated that students in the intervention group reported lower levels of alcohol use than those in the control group at both follow-ups, but there were no significant group differences for alcohol-related consequences across follow-ups.

Results from this study are consistent with previous research on PNF interventions for incoming,³ first-year⁴ and high-risk students.⁵ Namely, there appears to be a reduction in alcohol use but not the consequences following a PNF intervention. Why is this the case? Limitations of this study acknowledged by the authors include the reliance on self-report data and high levels of attrition (22% at 1 month and 35% at 6 months). However, it is unclear why students would intentionally under-report drinking and not consequences. Furthermore, there is little evidence that college students intentionally misrepresent their

Correspondence to: **John T P Hustad** Penn State College of Medicine, Department of Medicine, HO34, 500 University Drive, PO Box 850, Hershey, PA 17033, USA; jhustad@hmc.psu.edu.

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use.⁶ In addition, students who received PNF were already experiencing problems from use; if response bias had been present, wouldn't they have under-reported their problems? There is no evidence in this study, or precedent, for participants over-reporting their problems intentionally (especially in conjunction with lower reported drinking). Therefore, it appears that reducing alcohol-related problems in college students remains a challenge.

Although reducing the frequency and quantity of alcohol use is a satisfactory outcome of PNF, how can we facilitate a reduction in drinking-related problems? Could the answer be linked to the timing of the intervention, the potential benefit of receiving additional PNF over time (booster sessions), whether these outcomes positively affect the campus or community, the mechanisms of change and the active ingredients of the PNF? Along these lines, because PNF failed to reduce alcohol-related problems, it is recommended that high-risk students who continue to experience clinically significant alcohol problems receive additional, more intensive intervention (eg, brief motivational interventions) consistent with stepped care.⁷ Given the ease of delivering this low-cost intervention, failure to provide an effective intervention such as PNF to high-risk college students is no longer an option for practitioners and college administrators.

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