

Recent Trends and Findings Regarding the Magnitude and Prevention of College Drinking and Drug Use Problems

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SAMHSA: Making the Grade on College Drinking Prevention
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Drinking Prevention

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A CALL TO ACTION:

CHANGING THE CULTURE OF DRINKING AT U.S. COLLEGES



Task Force of the National Advisory Council
on Alcohol Abuse and Alcoholism

National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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What Colleges Need to Know Now

An Update on College Drinking Research

The comprehensive reports released by the National Institute on Alcohol Abuse and Alcoholism's (NIAAA's) Task Force on College Drinking turned a national spotlight on the problem of harmful drinking among college students. The central report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, has proven influential in the college alcohol and other drug (AOD) prevention and treatment field. Statistics first introduced in the report are now routinely used to convey the magnitude of college drinking problems and their consequences. Policymakers, legal experts, and organizations that provide college programming assistance have modified their efforts to reflect the Task Force recommendations.

College drinking research remains a high priority for NIAAA, and ongoing projects continue to yield important new information. This bulletin summarizes these recent findings with updated statistics, analysis, and recommendations.

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College Drinking and Its Consequences: New Data

As national headlines attest, students continue to be seriously injured or die as a result of drinking. Are these attention-grabbing headlines designed to simply sell newspapers, or is the problem as extensive today as it was in 2002 when the NIAAA Task Force first reported its findings?

The news is mixed. Among college students and other 18- to 24-year-olds, binge drinking (see the textbox, page 2, for a definition) and, in particular, driving while intoxicated (DWI), have increased since 1998. The number of students who reported DWI increased from 2.3 million students to 2.8 million (1). The number of alcohol-related deaths also have increased. In 2001, there were an estimated 1,700 alcohol-related unintentional injury deaths among students 18–24, an increase of 6 percent among college students (that is, per college population) since 1998 (1). In addition, it is estimated that each year, more than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking, and more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (1). Clearly, alcohol-related problems on campus still exist (1).

Another line of research is examining how becoming intoxicated at a young age is linked to later drinking problems during the college years. The results showed that college students who first became intoxicated prior to age 19 were significantly more likely to be alcohol dependent and

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Magnitude of Alcohol Problems on U.S. College Campuses



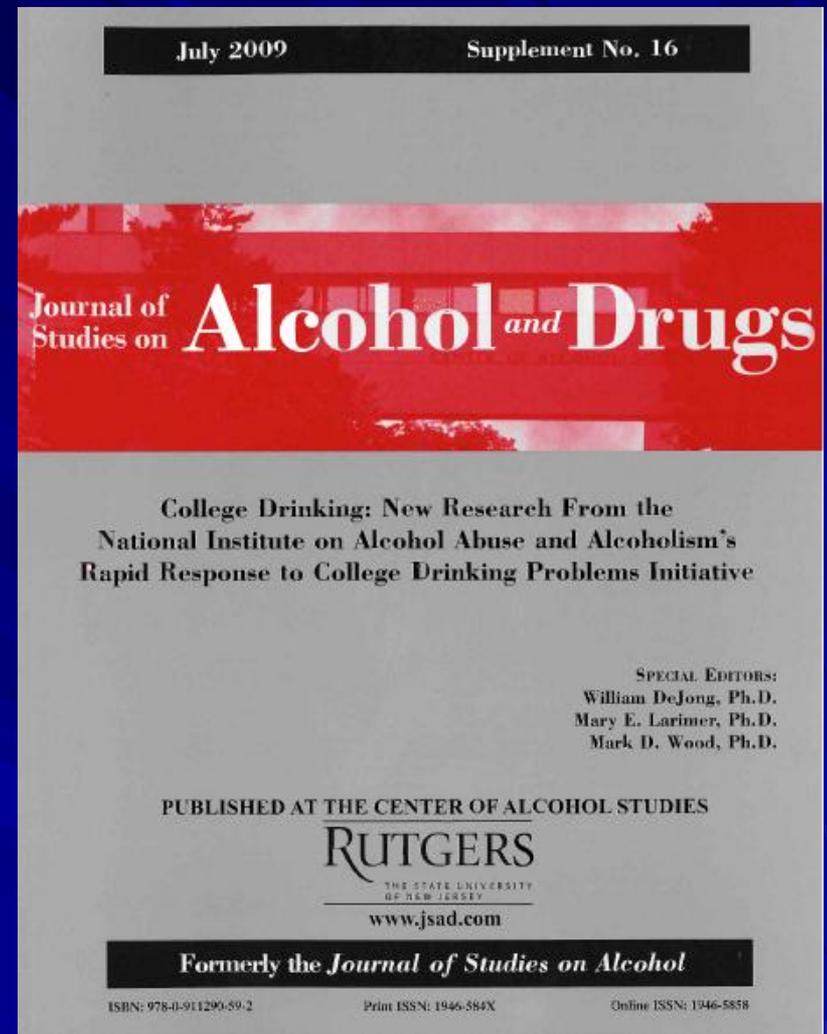
Dr. Margaret
Moore

Jonathan
Levy

Travis
Stedman

Interventions

- Individually oriented
- Family
- School
- Web-Based
- Environmental
- Comprehensive Community Interventions



Gentilello

Brief Motivational Alcohol Intervention in a Trauma Center; Annals of Surgery, 1999

- 46% of injured trauma center patients age 18 and older screened positive for alcohol problems.
- Half (N=336) randomly allocated to receive 30 minute brief intervention to reduce risky drinking and offers links to alcohol treatment

Gentilello

Brief Motivational Alcohol Intervention in a Trauma Center; Annals of Surgery, 1999

- Reduced alcohol consumption by an average 21 drinks per week at 1 year follow up
- 47% reduction in new injuries requiring treatment in ED
- 48% reduction in hospital admissions for injury over 3 years
- 23% fewer drunk driving arrests



Literature Reviews Indicating Effectiveness of Screening and Brief Counseling Intervention Regarding Alcohol

- Solberg et al., Am J Prev Med, 2008
(adults in primary care)
- Tripodi et al., Arch Pediatr Adolesc Med, 2010
(adolescents ages 12-19)
- Jensen et al., J Consulting Clin Psychol, 2011
(adolescents)
- Larimer, Addict Behav, 2007
(college students)
- Carey et al., Addict Behav, 2007
(college students)

Young Adults at Risk for Excess Alcohol Consumption are Often Not Asked or Counseled About Drinking

- 2/3 of 18-39 year olds nationwide saw a physician in the past year
- Only 14% of them:
 - Were asked about their alcohol consumption and
 - Given advice about what drinking patterns pose risk to health
- Persons 18-25:
 - Were most likely to exceed low-risk drinking guidelines (68% vs. 56%)
 - Were least likely to have been asked about their drinking (34% vs. 54%), especially those under age 21 (26%)

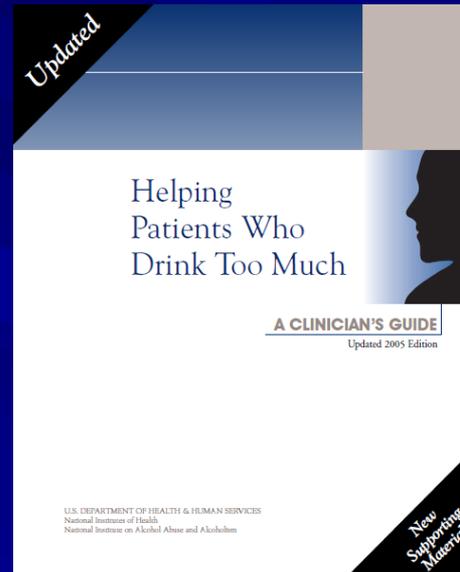
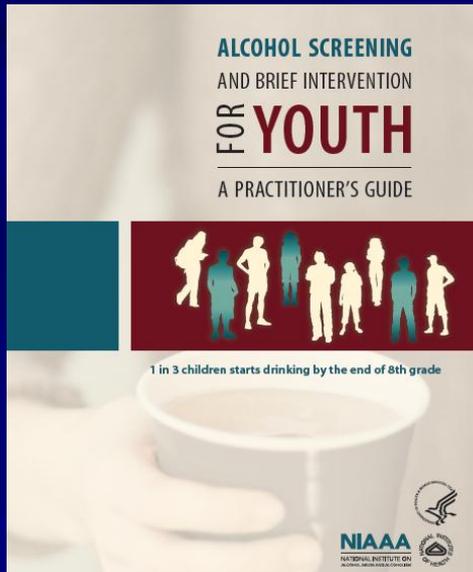


Helen Marie Witty

Source: Hingson et al.,
J Gen Intern Med, 2011

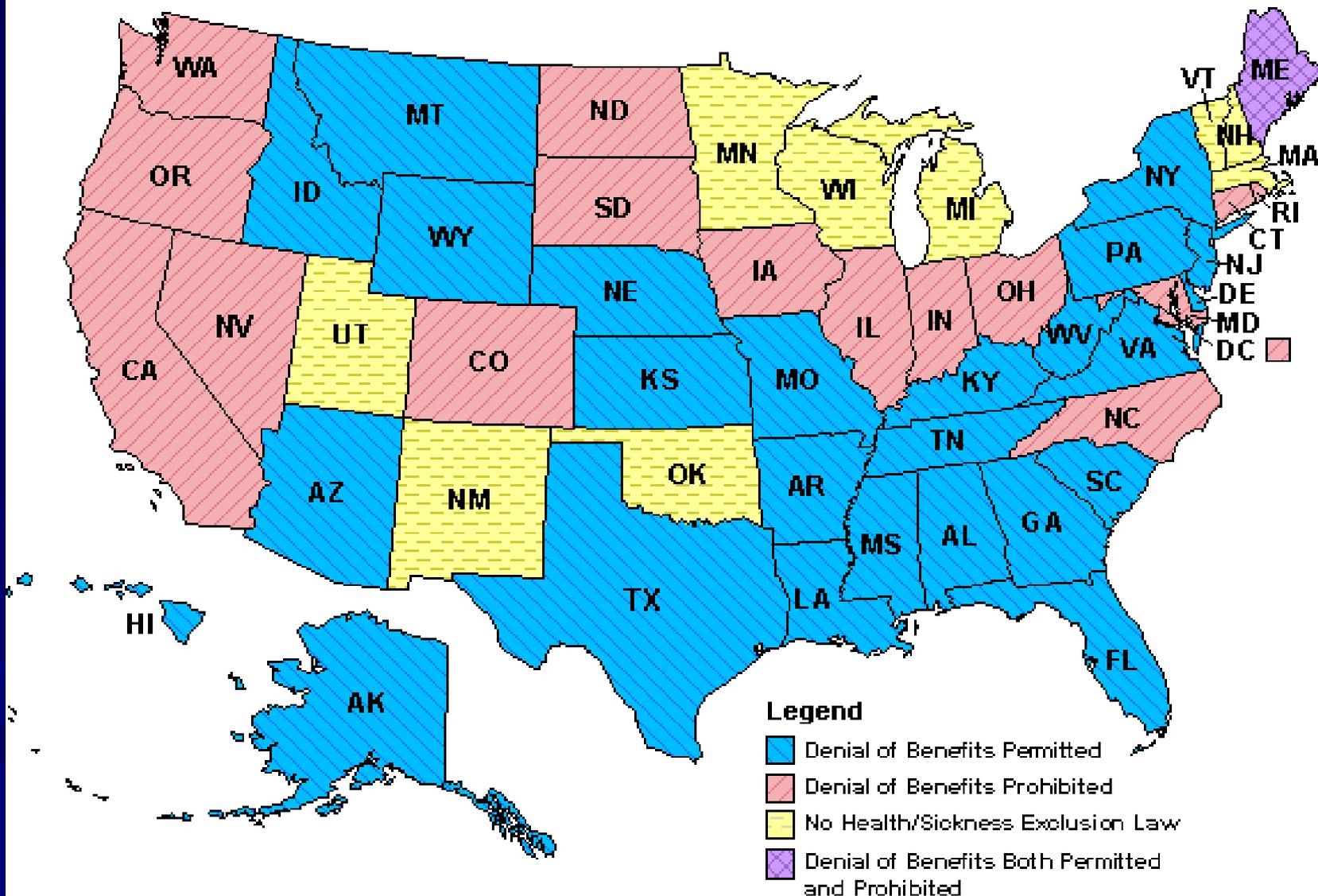
Barriers to Screening

- Time to ask questions
- Time to respond to questions
- Lack of training

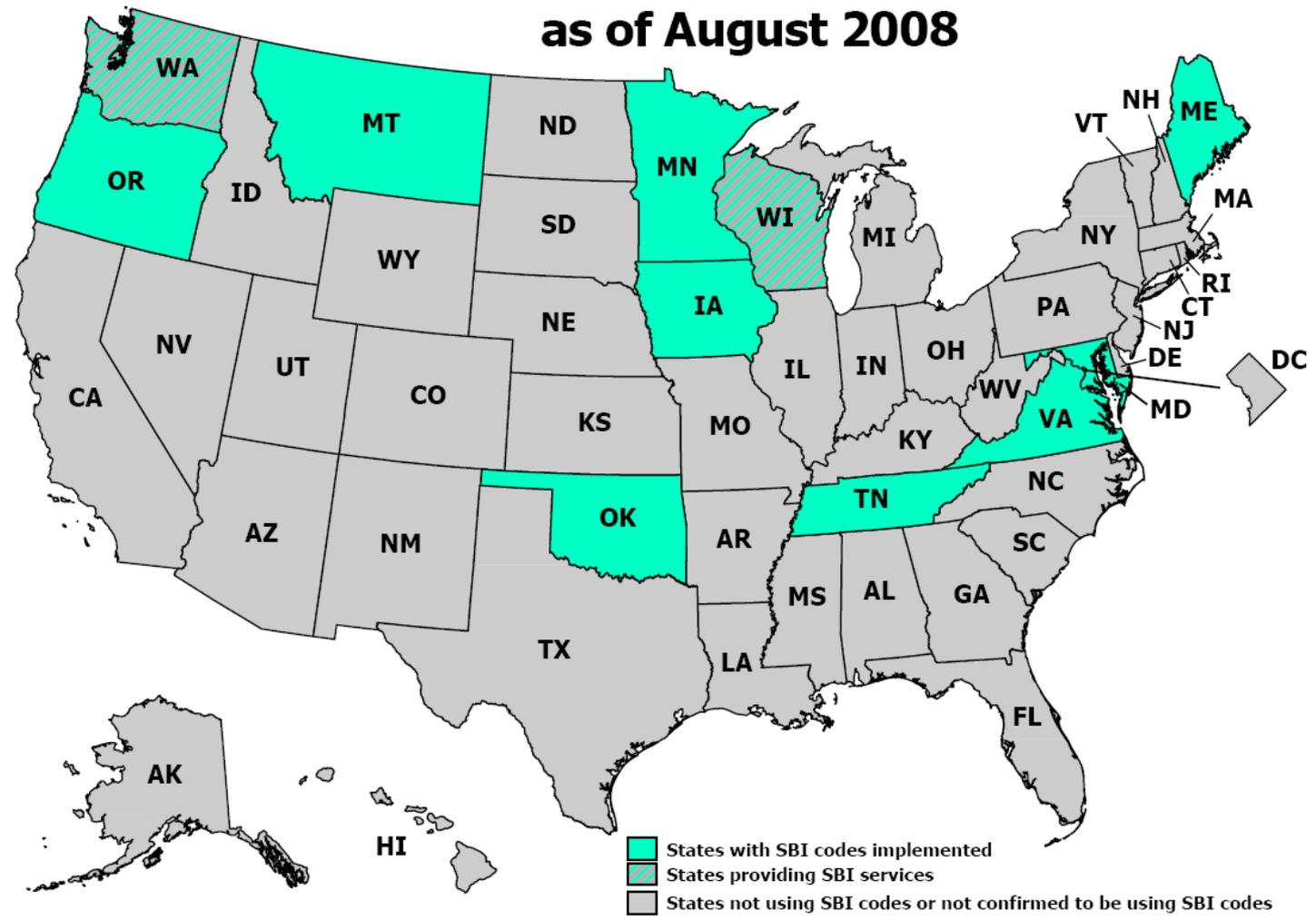


- Lack of treatment centers for referral
- Reimbursement issues

Insurers' Liability for Health/ Sickness Losses Due to Intoxication ("UPPL") as of January 1, 2010



States that Have Implemented Screening and Brief Intervention Reimbursement Codes For Medicaid as of August 2008



ONDCCP012766

Sources: SAMHSA and ONDCP (September 2008).

Medicare will pay for annual alcohol screening and up to 4 brief face-to-face counseling interventions (American Medical News, Oct. 17, 2011)



Screening and Brief Alcohol Intervention at College Health Center

- Screened all students at health service for at-risk drinkers
 - Past 2 weeks
 - 5+ per occasion for men
 - 4+ per occasion for women
 - Excluded and referred for treatment
 - BAC > 0.35
 - Drank 200+ in past 30 days

Source: Schaus et al., *J. Stud. Alcohol Drug, Suppl. No. 16*, 2009



Screening and Brief Alcohol Intervention (cont.)

- **Interventions Based on 2 brief motivational interventions (MI) (20 minute sessions)**
 - Patient-Centered MI (Miller & Rollnick, 2002)
 - NIAAA curriculum to reduce high risk drinking in college students (Fleming, 2002)
 - Brief alcohol screening and intervention for college student BASICS (DiMeff, 1999)
- **Results**
 - 3 months
 - Reduction in typical and peak BAC
 - Peak drinks/setting
 - Drinks/week
 - Foolish risk-taking
 - 6 + 9 months
 - Lower scores (Rutgers Alcohol Problem Index (RAPI))



Fleming et al. Brief Physician Advice for Heavy Drinking College Students, *Journal of Studies on Alcohol and Drugs*, 2010

- Brief intervention studied at five college student health services
- Similar results as Schaus