



The UNIVERSITY
of NEWCASTLE
AUSTRALIA

Universal electronic screening and brief intervention for university students: participation rates, baseline data, and 1-month outcomes

***INEBRIA Putting theory into practice: Research, Training
and Health Promotion Programmes in EIBI***

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Kyp Kypri PhD

**School of Medicine and Public Health,
University of Newcastle, Australia**

Curtin University of Technology Perth, Western Australia: THRIVE study

**Professor Peter Howat
Dr Alexandra McManus
Dr Kypros Kypri
A/Pofessor Bruce Maycock
Jonathan Hallett**

THRIVE: Tertiary Health Research Intervention Via Email

Funding: Western Australian Health Promotion Foundation project grant

Aims:

- ~ To estimate the prevalence of hazardous drinking in an Australian university population
- ~ To determine the efficacy of universal web-based screening and brief intervention for reducing hazardous drinking in university students

Rationale for studying universal e-SBI in tertiary student populations

- “ e-SBI delivered in university primary healthcare services reduces heavy drinking and related problems by 15-30% for 6-12 months
 - ~ Kypri K, Saunders JB, Williams SM et al. (2004). Web-based screening and brief intervention for hazardous drinking: A Double-blind randomised controlled trial. *Addiction* 99 (11) 1410-7
 - ~ Kypri K, Langley JD, Saunders JB et al. (2007). Assessment may conceal therapeutic benefit: findings from a randomized controlled trial for hazardous drinking. *Addiction* 102(1) 62-70.
 - ~ Kypri K, Langley J, Saunders JB et al. (in press). Randomized controlled trial of web-based alcohol screening and brief intervention in primary care. *Archives of Internal Medicine*.



Photo: University Student Health Service - 42,000 consultations with >10,000 students per year (2/3 of population)

Web-based motivational feedback

1. Assessment of drinking and related harm
2. Criterion feedback . individual's drinking against medical guidelines
3. Normative feedback . individual's drinking against drinking of relevant peer groups
4. Correction of norm misperceptions
5. BAC feedback . estimate for recent heavy occasion along with physiological and behavioural sequelae of various BAC levels
6. Expenditure feedback . \$ spent per month / year
7. Chronic health effects information - optional
8. Access to care and further information

Photo: Patient completing e-SBI at Student Health, University of Otago

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- “ Many university health services do not treat a large proportion of the student population

- “ Economies of scale: a single database and web instrument can be used to proactively screen the entire student population of a country, via e-mail

Recruitment

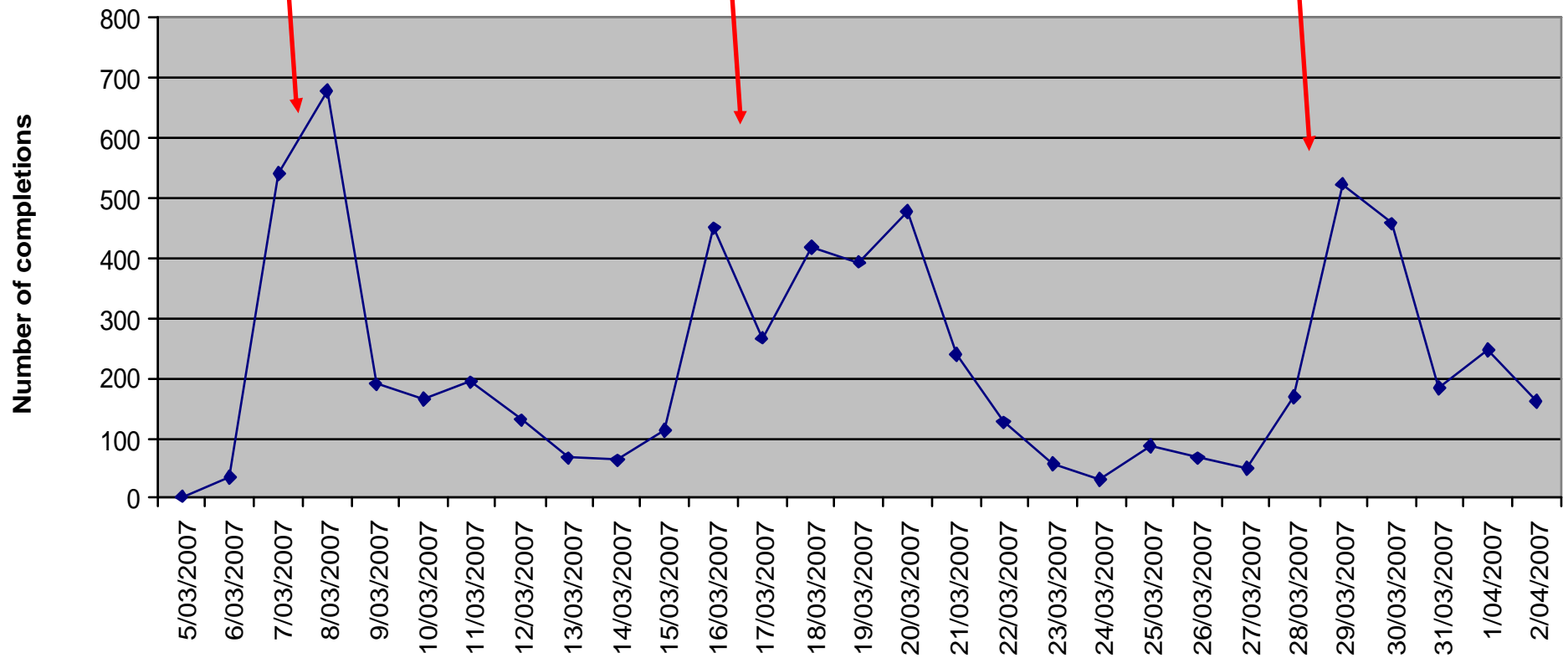
- “ Sampled 13,000 from university enrolment list: 17-25 years, full-time, undergraduate, enrolled on Perth campus (i.e., not distance learner)
- “ Posted letter to all 13,000
 - ~ E-mail to student address 3 days later with hyperlink to THRIVE site
 - ~ Reminder letter and e-mail after 10 days
 - ~ Up to two further reminder e-mails in the following 3 weeks
 - ~ Incentive: entry into a prize draw for one of 40 x \$100 Coles Myer (dept store/supermarket) vouchers

Invitation letter
and e-mail

Reminder letter
and e-mail

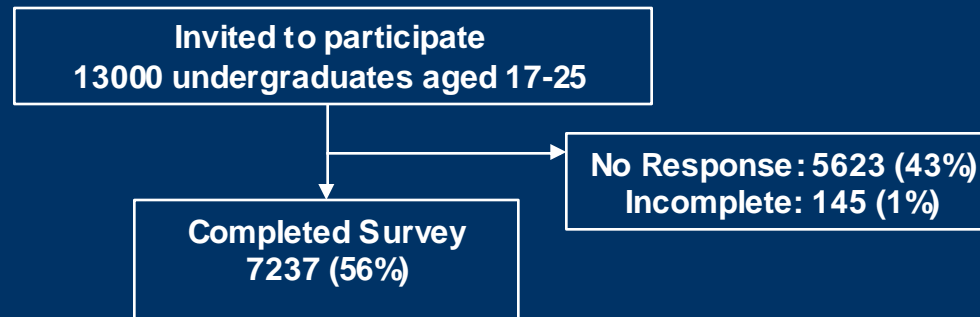
Reminder
e-mail

Response to THRIVE survey



Trial schema

March-April 2007



Brief epidemiology of student drinking at Curtin University

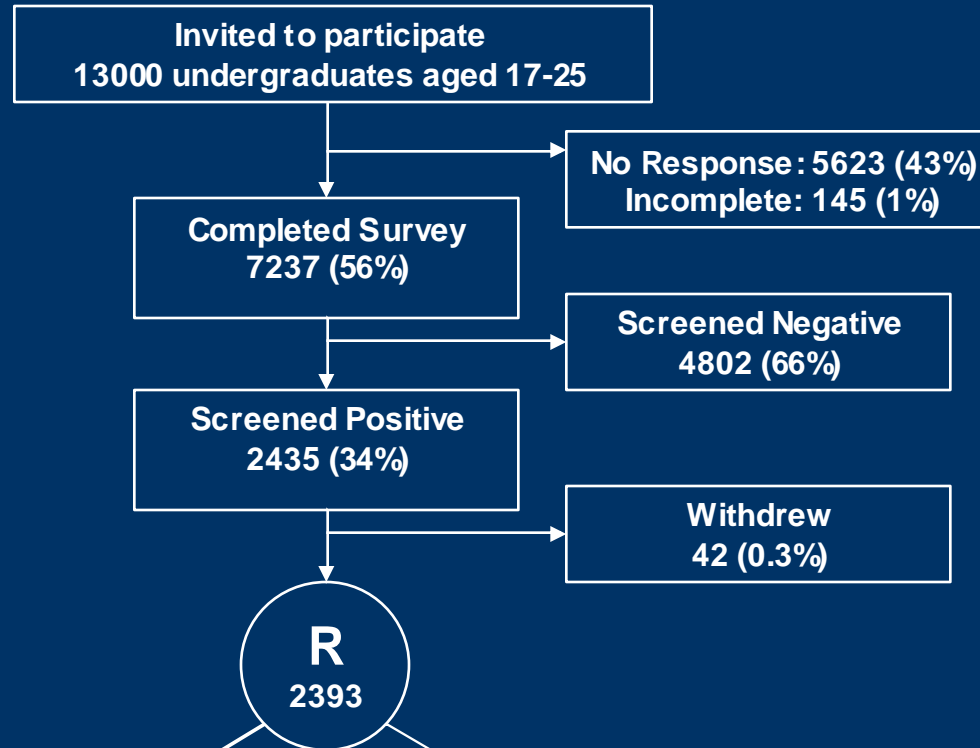
N=7237, mean age 19.8 years (SD 2.0); 57% women

- “ 90% had consumed alcohol in the last 12 months
- “ 48% had exceeded NHMRC thresholds for acute harm (40g / 60g in one occasion) at least once in the last four weeks*
- “ 36% of women & 51% of men 8+ on the AUDIT

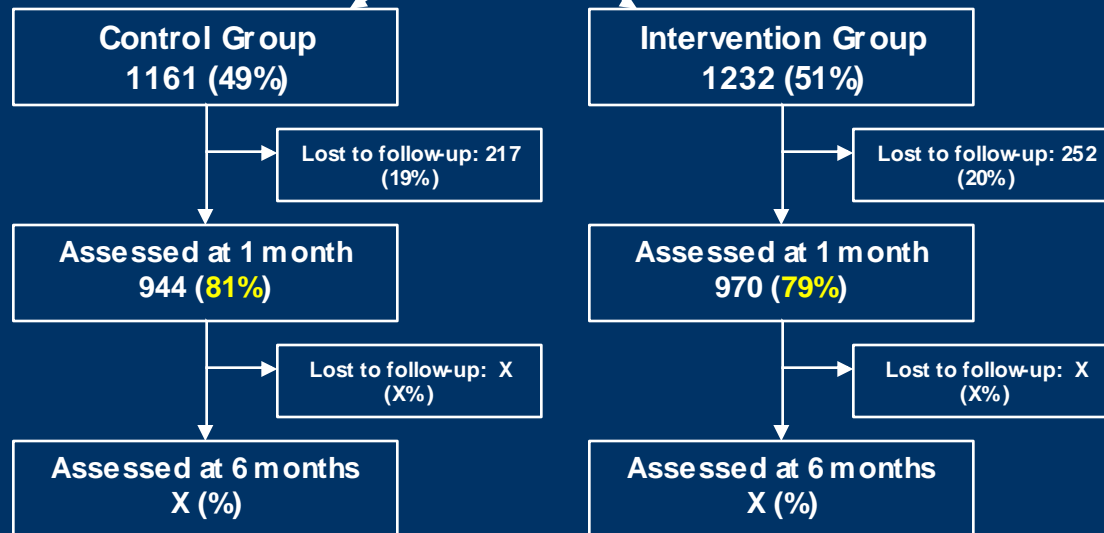
* October 2007 National Health & Medical Research Council draft recommendations dramatically reduced: ≤ 20 g for both men and women

Trial schema

March-April 2007



May-June 2007



Sep-Nov 2007

← c. 70%

PAST & CURRENT DRINKING

Standard Drinks Guide



=1

Spirit Shot/Nip (30ml)
Port/Sherry (60ml)
Full Strength Beer (Middy)



=1.5

Full Strength Beer (375ml)



=1.5

Pre-Mix Drinks (375ml)
Champagne (170ml)
Wine (150ml)



=0.8

Light Beer (375ml)

Now we'd like to ask some questions about your past alcohol use.

Please tick the box that relates best to your answer using the definitions of Standard Drinks on the left as a guide.

1. How often do you have a drink containing alcohol?

Once a week

2. How many Standard Drinks containing alcohol do you have on a typical day when you are drinking?

12

3. How often do you have six or more Standard Drinks on one occasion?

Weekly

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Monthly

5. How often in the last year have you failed to do what was normally

[Feedback](#)

[Facts](#)

[Tips](#)

[Support](#)

Thanks for completing the survey John.

Here you will find some feedback based on the answers you have provided as well as some other information on staying safe whilst drinking which you may find useful.

YOUR ALCOHOL USE

0-7	Moderate Drinking
8-14	Hazardous Drinking
15-19	Harmful Drinking
20-40	Alcohol Dependence

Some of the questions you answered regarding your drinking come from the Alcohol Use Disorders Identification Test, a questionnaire developed by the World Health Organisation to determine whether a person's drinking might be becoming problematic.

Your AUDIT score was 20

MODERATE DRINKING (0-7) Low risk of alcohol related harm.

HAZARDOUS DRINKING (8-14) High risk of experiencing alcohol related harm and some people in this range may already be experiencing significant harm.

HARMFUL DRINKING (15-19) A person scoring in this range will already be experiencing significant alcohol related harm.

ALCOHOL DEPENDENCE (20-40) A person scoring in this range may be alcohol dependent and advised to have a clinical assessment of their drinking. To find out some services that might be useful go to the [support](#) page.

The main way to reduce your risk level (and AUDIT score) is to reduce the number of drinks you consume per occasion. You may like to check out the [tips](#) section for ideas on reducing your consumption.

YOUR BLOOD ALCOHOL CONTENT

Your estimated Blood Alcohol Content (BAC) for your heaviest drinking occasion is **0.23%**

Your BAC is an indication of how intoxicated you are, with a higher BAC corresponding with a greater likelihood of experiencing alcohol-related harm, especially when driving.

This estimate takes into account your gender, weight, the number of standard drinks consumed and the number of hours over which you reported drinking this amount.



At a BAC of 0.15 and above you are 380 times more likely to be killed in a single-vehicle crash than a driver with a zero BAC.

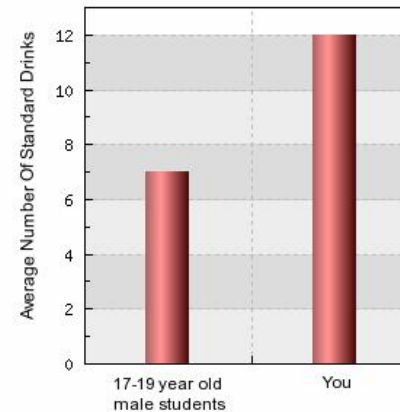
YOUR MONEY

Depending on where you buy your drinks (i.e. a bottle store, pub or club), you have spent between **\$936** and **\$3744** on alcohol in the last year.

YOUR DRINKING AMOUNT COMPARED

Standard Drinking Consumed Per Occasion

You reported having approximately **12** drinks on a typical occasion. The graph on the right shows how this compares to other people your age and gender.



[Get support to quit smoking here](#)

Had enough of other people's drinking getting you down?

Preliminary 1-month trial results

- “ Cannot be presented here . subject to peer review

Discussion

- “ Data analysis preliminary
- “ By-passes healthcare bureaucracy and does not rely on costly practitioner time
- “ 6 month effects? Attrition 25-30%?