

Brief Interventions to Reduce Alcohol-Related Harms: A Brief Review of Efficacious Approaches

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Tier 1: Evidence of Effectiveness Among College Students

- Combining cognitive-behavioral skills with norms clarification and **motivational enhancement interventions** (ASTP only program mentioned by name as an example).
- Offering brief **motivational enhancement interventions** (BASICS only program mentioned by name as an example).
- Challenging alcohol expectancies.

From: “A Call to Action: Changing the Culture of Drinking at U.S. Colleges,” NIAAA Task Force

What is Harm Reduction?

- The most harm-free or risk-free outcome after a harm reduction intervention *is* abstinence.
- However, harm reduction approaches acknowledge that *any steps toward reduced risk are steps in the right direction*

How are these principles implemented in an intervention with college students?

- Legal issues are acknowledged.
- Skills and strategies for abstinence are offered.
- However, if one makes the choice to drink, skills are described on ways to do so in a less dangerous and less risky way.
- A clinician or program provider must elicit personally relevant reasons for changing.
 - This is done using the Stages of Change model and Motivational Interviewing.

The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)

- **Precontemplation**
- **Contemplation**
- **Preparation/Determination**
- **Action**
- **Maintenance**

Essentials of a Motivational Enhancement Approach



- ❑ Non-judgmental and non-confrontational (“spirit” of MI)
- ❑ Emphasizes meeting people where they are in terms of their level of readiness to change
- ❑ Utilize MI strategies to elicit personally relevant reasons to change
- ❑ Often can find the “hook” that prompts contemplation of or commitment to change
- ❑ When person is ambivalent, considers ways to explore and resolve ambivalence

Norms Clarification

- ❑ **Examines people's perceptions about:**
 - ❑ **Acceptability of excessive behavior**
 - ❑ **Perceptions about the prevalence of drinking among peers**
 - ❑ **Perception about the rates of drinking by peers**



Specific Tips for Reducing the Risk of Alcohol Use

- ❑ **Set limits**
- ❑ **Keep track of how much you drink**
- ❑ **Space your drinks**
- ❑ **Alternate alcoholic drinks w/non-alcoholic drinks**
- ❑ **Drink for quality, not quantity**
- ❑ **Avoid or alter approach to drinking games**
- ❑ **If you choose to drink, drink slowly**
- ❑ **Don't leave your drink unattended**
- ❑ **Don't accept a drink when you don't know what's in it**

Brief Alcohol Screening and Intervention for College Students

A Harm Reduction Approach

Linda A. Dimeff

John S. Baer

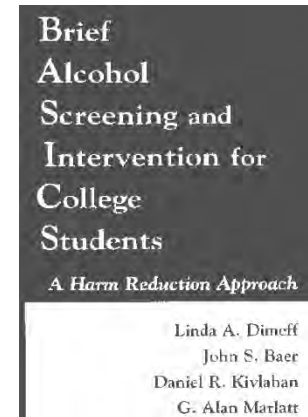
Daniel R. Kivlahan

G. Alan Marlatt

The Basics on BASICS

Brief Alcohol Screening and Intervention For College Students

- Assessment
- Self-Monitoring
- Feedback Sheet
- Review of Information and Skills Training Content



(Dimeff, Baer, Kivlahan, & Marlatt, 1999)

Detail of Personalized Graphic Feedback 1990 - 1991

Student's Name

Frequency/Quantity
during Fall

Peak BAL during Fall

Quantity/Frequency
during High School

Actual Norms

Summary

Personal Feedback for John Student Drinker



Your Drinking Patterns

- Frequency
- Quantity
- Perceived Comparison
- Blood Alcohol Content

FALL TERM 1990

According to the information you gave us during the Fall 1990 Assessment, the number of occasions you drank (frequency) was 3 - 4 times a week. The average amount you drank on each occasion (quantity) was 5 - 6 drinks. Your percentile rank (comparing you to other college students) is 87%.

Your typical peak blood alcohol content (BAC) in the Fall term was .117. Your highest reported BAC in the Fall Assessment was .258.

SPRING SEMESTER IN HIGH SCHOOL

During the final semester in high school, your frequency of drinking was 1 - 2 times a week, the average quantity you consumed on each occasion was 3 - 4 drinks.

DRINKING NORMS

In the fall, you filled out questions about what you believed to be the average frequency and quantity of alcohol consumed by other students your age. You told us that you believed that the average student drank 1 - 2 times each week and during each occasion, s/he consumed 5 - 6 drinks.

The actual drinking norm for adults your age is twice a week, drinking about four drinks on each occasion.

| | FREQUENCY | QUANTITY | PEAK BAC |
|---------------------|-----------|--------------|----------|
| Current | | | |
| Fall 1990 | 3 - 4/wk. | 5 - 6 drinks | |
| Spring 1990 | 1 - 2/wk. | 3 - 4 drinks | N/A |
| Actual Student Norm | 2/wk. | 4 drinks | N/A |
| Your Estimated Norm | 1 - 2/wk. | 5 - 6 drinks | N/A |

Percentile
Rating

Highest Peak
BAL

Perceived Norms

**Risks**

- Alcohol-related Consequences
- Family History
- Dependency
- Beliefs

ALCOHOL-RELATED CONSEQUENCES

From the information we gathered during the Fall Assessments, you indicated that the following alcohol-related consequences had occurred at least three to five times in the past six months:

- Not able to do your homework or study for a test
- Got into fights, acted bad, or did mean things
- Caused shame or embarrassment to someone
- Felt that you needed more alcohol than you used to use in order to get the same effect
- Noticed a change in your personality
- Missed a day (or part of a day) of school or work

FAMILY HISTORY

From the information you gave us, we consider your risk based on family history to be **strongly positive**.

INDICES OF ALCOHOL DEPENDENCY

In your personal interview you acknowledged the following experiences which are associated with a pattern of dependency:

- Being intoxicated or hungover when at work, school, or driving
- Giving up other activities to drink
- Drinking more than you intended

BELIEFS ABOUT ALCOHOL AND ITS EFFECT

You listed the following alcohol effects as "Good" and "Likely to Occur" when you consume alcohol:

- | | |
|--|-----------------------|
| • I would be outgoing | • I would be humorous |
| • I would be brave and daring | • I would feel sexy |
| • I would feel calm | • I would take risks |
| • I would be a better lover | • I would feel calm |
| • It would be easier to get out my fantasies | |

Your concern about your drinking habits is moderate and your perceived risk for alcohol-related consequences is considerable.

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Detail of Personalized Graphic Feedback 1990 - 1991

Alcohol-related
Problems (RAPI)

Family History

Alcohol Dependency

Beliefs about Alcohol

Concern about
Drinking Habits

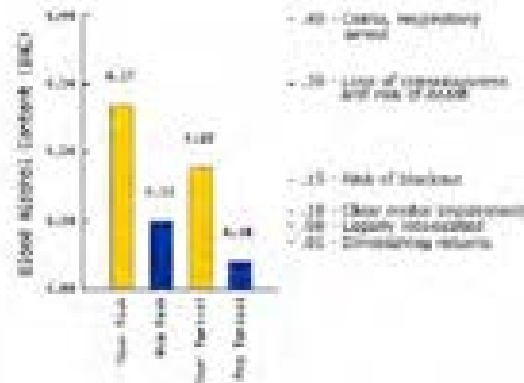
Perceived Risk

Assessment: **Fall 2002**Participant: **Jane Student****Your Drinking**

According to the information you gave us, the number of occasions you drink (frequency) was:

4 days per week

On the weekends, you drink an average of/

4 drinks per occasion

The average peak and average typical values are based on what we know about students attending UW.

It would take approximately **16.93** hours for your peak Blood Alcohol Content (BAC) to return to .00, and approximately **11.96** hours for your typical BAC to return to .00.

Typical Weekly Pattern

This is what you told us you drink during a typical week.

Compared to other college students, your percentile rank is **88**. This means that you drink as much as or more than **88** percent of students your age.

Drinking Norms

This is what you told us you believed to be the average frequency and quantity of alcohol consumed by students your age, as well as the actual drinking norms for UW students.

Frequency**Quantity**

Most students think other students drink more than they actually do. Most UW students drink 2 or fewer drinks when they drink.

Beliefs About Alcohol Effects

You listed the following alcohol effects as "good" and "likely to occur" when you consume alcohol:

- I would enjoy sex more.
- I would feel peaceful.
- I would feel calm.

Does alcohol really do these things? Research suggests many of the social effects of alcohol are based on myths, placebo effects, and expectations we bring to the drinking situation.

Alcohol-related Problems

You indicated the following alcohol-related consequences had occurred at least 3-2 times in the prior six months:

Had a fight or argument, or bad feelings with a friend or family member.
Felt you were going crazy.
Got into fights, acted bad, or did mean things.
Not able to do your homework or study for a test.
Went to work or school high or drunk.
Missed out on other things because you spent too much money on alcohol.
Experienced nausea or vomiting.
Had a hangover.
Passed out or fainted suddenly.
Missed a day or part of a day of work or school.

You can minimize the negative effects of alcohol by choosing to drink less or not at all.

Weight

You indicated that you have the following concerns regarding your weight and/or body:

You are concerned about your weight, shape, or diet.
You are fearful of being overweight.
You have used the following methods to counteract weight gain: diet pills, exercise.
You have engaged in binge eating or have eaten more than you are comfortable with.

You indicated that in a typical week you are getting the following amount of calories from alcohol:

2392 calories

It would require **566 minutes** of brisk walking or **443 minutes** on the stairmaster to expend this number of calories each week.

Alcohol Financial Costs

Based upon your typical quantity and frequency of alcohol use, you are typically spending the following, depending on your choice of alcohol:

Domestic Beer (cans): **\$162.00/quarter**

Microbrew Beer (bottles): **\$280.00/quarter**

Alcohol and Sexual Behavior

You indicated that you have had the following alcohol-related sexual experiences:

Have gotten into sexual situations you later regretted because of drinking.
Have had sex when you really didn't want to because of drinking.
Have had sex with someone you wouldn't ordinarily have sex with when drinking.
Have felt pressured or forced to have sex after drinking.

Alcohol doesn't improve sexual enjoyment or performance. You can reduce your risks of unwanted sexual experiences by being selective about whether and how much to drink, especially on first dates or at larger parties. Use the buddy system to watch out for friends.

Alcohol Dependency

You acknowledged the following experiences, which are associated with a pattern of dependency:

Have driven a car after drinking.
Have had blackouts.
Felt like you needed more alcohol to get the same effect.
Felt like you needed a drink first thing in the morning.

Based upon the data provided, we estimate your level of alcohol tolerance to be:

Very High Risk

Tolerance means needing more alcohol to get the same effect as you used to get at lower levels. Tolerance reduces pleasurable effects of alcohol and makes drinking more expensive. It can also be a sign that you are becoming dependent on alcohol.

Family History

We consider your risk based on family history to be:

Positive Risk

Most people have heard that having a family history of alcohol problems increases your risk for alcohol problems yourself. While this is true, it's also true that being aware of your drinking and making lower-risk decisions about drinking now can lessen your risk of developing an alcohol problem in the future.

Perceived Risk

Your concern about your drinking habits is:

Low

Protective Factors

These are some things you are doing to avoid negative consequences from drinking:

Use a designated driver.
Keep track of how many drinks you were having.

These are some other strategies you might use to reduce negative effects of drinking:

Switch between alcoholic and non-alcoholic beverages.
Determine, in advance, not to exceed a set number of drinks.
Choose not to drink alcohol.
Eat before and/or during drinking.
Have a friend let you know when you've had enough.
Pace your drinks to 1 or fewer per hour.
Avoid drinking games.
Drink an alcohol look-alike (non-alcoholic beer, punch) or just, water.

In-person BMI (*most with PFI/PNF*)

1999-2010

| | Larimer & Cronce (2002) | Larimer & Cronce (2007) | Cronce & Larimer (2011) | Total |
|---|-------------------------------|-------------------------------|-------------------------------|-------|
| # of studies/interventions evidencing reductions in, or a protective effect against, drinking, consequences, and/or alcohol-psychopathology outcomes/ Total # of studies/interventions | 8/8 | 10/14 | 17/19 | 35/41 |

EXPECT

Alcohol

No Alcohol

TEG

Alcohol

No Alcohol



DOS EQUIS



The uncommon imported beer

Lessons Learned

- **Any one thing we do is a part of an overall puzzle.**
 - ▣ **Consider where your particular piece fits**
 - ▣ **Identify the other pieces in your community when considering a strategic plan or approach**
 - **Policies/Enforcement Efforts**
 - **Partnerships/Coalitions**
 - **Prevention/Intervention Efforts**
 - **Screening**
 - **Outreach**
 - **Bystander approaches**
 - ▣ **Find the missing pieces**
 - ▣ **Look at environment in addition to individually-focused approaches**



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