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Web-Based Approaches to Alcohol and Other Drug Intervention

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Much has been said and written about how important it is for campus administrators and practitioners to select "evidence-based approaches" when implementing programs intended to deal with students' use and abuse of alcohol and other drugs. In order to vigorously and responsibly manage the persistent risks facing our campus communities and simultaneously promote the strongest student development programs, campuses must be guided in their program decisions by the best science and evidence available. So what does the "evidence" tell us about the effectiveness of our campuses' approaches?

"Just Say No" Did Not Work; How About "Just Know More"?

Overall, the research in the field continues to show that knowledge-based educational programs alone are not likely to lead to behavior change. While they may improve students' knowledge about alcohol, in general, they do not appear to significantly reduce levels of alcohol consumption. (Mary E. Larimer and Jessica M. Cronce, "Identification, Prevention, and Treatment: A Review of Individual-Focused Strategies to Reduce Problematic Alcohol Consumption by College Students," J. Stud. Alcohol, Supp. No. 14 148-63 (2002); Scott T. Walters and Melanie E. Bennett, "Addressing Drinking Among College Students: A Review of the Empirical Literature," 18 (1) Alcoholism Treatment Quarterly 61-77 (2000).)

Experience, common sense, and campus professionals tell us that students tend to dismiss the purely "educational" approach to alcohol use, however high tech, comprehensive, and multimedia flashy. Student feedback and recently published blogs bear witness to this reaction.

Researchers and campus practitioners are finding promising outcomes when

personalized interventions are used incorporating motivational interviewing and social norms feedback. (William R. Miller and Stephen Rollnick, *Motivational Interviewing: Preparing People to Change* (2002).) Furthermore, brief web-based approaches can make it more likely that drinkers, even hazardous drinkers, will respond with increased honesty and self-disclosure (Scott T. Walters, Elizabeth J. Miller, and Emil Chiauzzi, "Wired for Wellness: E-Interventions for Addressing College Drinking," 29 J. of Substance Abuse Treatment 139-45 (2005); Kypros Kypri, John B. Saunders, and Stephen J. Gallagher, "Acceptability of Various Brief Intervention Approaches for Hazardous Drinking Among University Students," 38 (6) Alcohol and Alcoholism 626-28 (2003); P.M. Paperny, J.Y. Aono, R.M. Lehman, S.L. Hammar, and J. Risser, "Computer-Assisted Detection and Intervention in Adolescent High-Risk Health Behaviors," 116 (3) J. of Pediatrics 456-62 (1990); Elizabeth Miller, "Reducing Alcohol Abuse and Alcohol-Related Negative Consequences Among Freshman College Students: Using Emerging Computer Technology to Deliver and Evaluate the Effectiveness of Two Brief Alcohol Prevention Programs," Dissertation Abstracts Int. 61. (2000)), and report positive changes in health behavior. (Kaiser Family Foundation, "Generation Rx.Com: How Young People Use the Internet for Health Information"; available at *http:www.kff.org/entmedia/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13719*. Retrieved Jul. 9, 2005.)

Evidence-Based Approaches Are Responsible, Can Be Cost Effective

E-CHUG and e-TOKE, two evidence-based approaches created by psychologists at San Diego State University and the University of Texas, are designed to stimulate thoughtful internal reflection and personal motivation for change with a primary and focal goal: to reduce destructive drinking and drug use on college campuses. The programs were born out of the mutual concerns of parents and professionals. Professionals from the University's Counseling and Psychological Services, Housing and Residential Life, the Greek

Community, and Judicial Affairs, supported by a grant from the San Diego State Aztec Parents' Association, sought to develop prevention and intervention tools that students themselves would embrace, encourage their peers to use…and demonstrate significant reductions in destructive alcohol and marijuana use.

As evidence-based approaches, the e-CHUG and e-TOKE are designed, modified, and updated in keeping with the most current and reliable research available. Although they are indeed "educational," they were not designed to improve a student's knowledge about alcohol and drugs. They were designed as personalized "interventions" to reduce levels of hazardous use and the tragic consequences that too often follow (e.g., sexual assault, STDs, alcohol poisoning, DUI/DWI injuries and death, relationship violence, unwanted pregnancies, poor academic performance, probation, and disqualification from college).

In contrast to the typical "educational approach," students are given personalized feedback that is particularly salient to them. Based upon their own reported use patterns they receive feedback on how their drinking compares with other students on their campus, their personal risk factors, relationship and health consequences, unique family risk factors, and the amount of money they spend on alcohol and marijuana each month.

How Are Campuses Using These Tools?

The e-CHUG and e-TOKE were designed to augment and adapt to a campus' comprehensive AOD strategy.

Most campuses use the e-CHUG and e-TOKE programs in multiple ways, simultaneously…including making them a requirement for all freshmen. The University of Arizona, University of Colorado, Boulder, and the University of Texas, Austin are among the campuses requiring the e-CHUG as a prevention program for all entering freshmen. Students are encouraged to take the programs multiple times to track changes in their drinking and marijuana habits and risk factors.

Campus professionals and focus groups of students are encouraged to take the free demonstration versions online and evaluate these tools' usefulness for their campus community. The demonstration versions, full references, and copies of the research sited in the article are posted on the e-CHUG website at **www.e-CHUG.com**.

These programs are used by counseling and health professionals as a part of their assessment and treatment programs, as part of an educational sanction for students involved in judicial incidents, and as part of alcohol awareness week programming. Some professors ask students to take the assessments and write reflective essays as a part of their class assignments. Both programs are used with students who are concerned about their alcohol or drug use, students mandated to see a health provider for an assessment or intervention, as well as an in early intervention and prevention education programs given in first year experience programs and as a part of a residential education program

and to high risk groups such as athletes and Greek communities. For example, the Sigma Chi National Organization uses the e-CHUG with its members in all 217 chapters in North America.

Many university counselors, therapists, and health professionals use these programs as a part of their assessment and intervention approach. The "motivational interviewing" theory and style embedded in the e-CHUG and e-TOKE programs and personalized reports lend themselves well to deeper one-on-one counseling follow-up conversations.

All That Glitters Is Not "Evidence Gold"

Dig With Due Diligence. Campus administrators and practitioners need to be careful not to accept impressive pro-

gram reports, however large the sample size, as reliable evidence of true efficacy. Some programs claim remarkable "research results," but closer examination reveals they are not controlled empirical studies, but rather nonrandomized "program evaluations" vulnerable to self-serving selection biases. For example, when the outcome data are derived only from students who have completed a program (when in fact large percentages refuse to finish the program) the reported results can be spuriously positive.

Relationship Between Intervention's Length, Effectiveness. It is also of interest to note that the research to date shows no significant relationship between the length of an intervention and its effec-

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tiveness. (Clayton Neighbors, Mary E. Larimer, and M.A. Lewis, "Targeting Misperceptions of Descriptive Drinking Norms: Efficacy of a Computer Delivered Personalized Normative Feedback Intervention," 72 (3) J. of Consulting and Clinical Psych. 434-47 (2004); Larimer and Cronce, supra; Walters and Bennett, supra; William R. Miller, Paula L. Wilbourne, and J.E. Hettema, "What Works? A Summary of Alcohol Treatment Outcome Research," in R.K. Hester and William R. Miller, eds., *Handbook of Alcoholism Treatment Approaches: Effective Alternatives* 13-63 (3^d ed., 2003).)

In short, more elaborate and expensive programs are not necessarily more effective programs. When evaluating programs for inclusion in your campus' comprehensive AOD approach, due diligence includes seeking the advice and council

of your campus' or nationally-recognized researchers in the field. Look for programs whose efficacy data is derived from strong research designs with randomized controls.

The serious problem of alcohol abuse on college campuses requires an intervention… not simply an education.

Periodic Self-Reflection. The idea behind e-CHUG and e-TOKE is to use accessible online technology and a brief personalized format to engage students in thoughtful self-examination and reflection…not just once…but periodically during their college years. Putting educational courses online—however comprehensive and graphically impressive—does not effectively address the problem. However, using technology to create individualized personalized interventions—giving students an opportunity to see how their drinking behavior, their family risk factors, and their campus norms affect their

lives and careers—is showing great promise on campuses and in the research literature.

Regarding the e-CHUG, outcome data gathered over the past two years is quite encouraging. There are now four controlled studies, conducted at three major universities, all demonstrating significant reductions in alcohol consumption among college students completing the web-based online intervention. Of particular note, one of these studies shows that, when the e-CHUG is added to existing knowledge-based educational programs, it significantly improves the effectiveness of these educational approaches.

Over 100 universities currently subscribe to the e-TOKE program. Students on nearly 250 campuses across the country, in Canada, and Australia are using the e-CHUG. ∎