



PREVENTION UPDATE

Screening and Brief Interventions: Research Update

Overview

Developed in 1993 at the [University of Washington](#), Brief Alcohol Screening and Intervention for College Students (BASICS) is a preventive intervention program to reduce drinking and enhance awareness about alcohol-related issues. BASICS targets college students who are considered at risk because of heavy drinking behaviors. The brief intervention relies primarily on a motivational interview to provide students with the skills, knowledge, and insight into the consequences of drinking. As originally designed, the student meets with a counselor for two 45-minute sessions, usually a week apart. The first session is feedback and the interview style is acceptance-based and nonjudgmental. The goal is to help students examine their drinking objectively and provide them with feedback and healthy recommendations.

The 2002 National Institute on Alcohol Abuse and Alcoholism (NIAAA) report [A Call to Action: Changing the Culture of Drinking at U.S. Colleges](#) identified “offering brief motivational enhancement interventions” as a tier 1 strategy with strong research evidence of effectiveness among college students. “Students who receive brief (usually 45-minute), personalized motivational enhancement sessions, whether delivered individually or in small groups, reduce alcohol consumption. This strategy can also reduce negative consequences such as excessive drinking, driving after drinking, riding with an intoxicated driver, citations for traffic violations, and injuries. . . . This brief intervention for high-risk drinkers is based on ASTP (Alcohol Skills Training Program) and is known as the BASICS program: Brief Alcohol Screening and Intervention for College Students. . . . BASICS is administered in the form of two individual sessions in which students are provided feedback about their drinking behavior and given the opportunity to negotiate a plan for change based on the principles of motivational interviewing. High-risk drinkers who participated in the BASICS program significantly reduced both drinking problems and alcohol consumption rates, compared to control group participants, at both the two-year follow-up and four-year outcome assessment periods . . . ”

A 2007 [research update](#) from NIAAA found increased evidence for skills-based interventions and motivational interviewing—that is, teaching students about the risks of drinking (for example, the value of avoiding excessive drinking to achieve their academic and career goals) and showing students how to monitor their drinking, how to set limits and reduce their risk of drinking too much, and how to handle high-risk situations in which drinking is prevalent. The studies found that these interventions can be effective in reducing alcohol-related problems among mandated students—those who have been identified as having a problem with alcohol and who have been mandated to receive intervention and/or treatment for their problems—and that the use of computer- or Web-delivered brief interventions is showing promise in a college setting. The researcher concluded: “Given these findings, it appears that increased alcohol screening and brief interventions are feasible and appropriate for identifying and addressing harmful drinking among college students.”

A 2008 nationally representative [survey](#) at 351 four-year colleges and universities found that approximately two in three institutions (67 percent) reported that they either provide intervention programs on campus for students who are problem drinkers or at high risk for experiencing drinking-related problems or provide payment for services by an off-campus provider. More than one in five (22 percent) referred students to resources off campus but did not provide a means to pay for those services. Among the campuses that offered intervention programs, most (76 percent) offered at least one empirically supported program, including motivational interviewing (62 percent).



What the Evidence Tells Us

Recent research provides additional evidence for the positive effect of BASICS and similar theory-based interventions for college students. For example, a 2011 [study](#) examined the effectiveness of BASICS using theory-driven harm-reduction brief motivational interviewing for decreasing high-risk drinking and negative consequences. The number of drinks, hours of drinking, and negative consequences decreased, indicating a significant decrease in alcohol consumption and negative consequences. This study contributes valuable implications for the design of theory-driven harm-reduction, evidence-based interventions for high-risk drinking among freshman college students. A 2010 report on the [College Health Intervention Projects](#), a randomized, controlled clinical trial with 12-month follow-up conducted in five college health clinics in Wisconsin, Washington state, and Vancouver, Canada, supports the widespread implementation of alcohol screening and brief intervention on college campuses, including medical clinics. According to the researchers, “[T]he significant proportions of students attending primary care clinics for routine medical care who have underlying high-risk drinking (34 percent overall) represent an opportunity to intervene. These clinic visits are ‘teachable moments’ when students present to a clinician for a health concern and can be motivated to modify their alcohol use as part of a treatment plan.” A 2010 [review](#) of the efficacy of screening and brief intervention in college health centers reported in 12 studies found that the majority reported significant behavior changes following a relatively brief alcohol intervention. Interventions typically consisted of brief empirically supported strategies consistent with recommendations of the 2002 NIAAA report *A Call to Action*. The 12 studies suggested that “screening and brief interventions in these settings are acceptable, feasible, and promote risk reduction. Findings support continued use of time-limited, single-session interventions with motivational interviewing and feedback components.”

Lessons Learned From Colleges and Universities

At the [University of Michigan](#) BASICS is a two-session alcohol assessment and education program offered free to all students who want to explore their alcohol use. Some students attend BASICS to fulfill a requirement as a result of an alcohol-related offense, while others participate because they would like to learn moderation strategies to reduce negative consequences from drinking. This program is designed to assist students in examining their own drinking behavior in a judgment-free environment. The goals are selected by the student and aimed at reducing risky behaviors and harmful consequences of drinking. [Princeton University](#) offers BASICS as an educational program to help students explore their drinking behavior in a nonconfrontational way. It involves (1) an initial individual meeting with a BASICS provider, (2) completion of an online assessment tool, and (3) a second individual meeting, two weeks after the initial meeting, with the same provider. Both meetings last from 45 to 60 minutes. The assessment tool, which takes from 20 to 30 minutes to complete, generates a personalized profile of the student’s alcohol use and how it compares with other Princeton students’ use. The BASICS provider reviews the results and helps the student understand the consequences of his or her choices, and possible ways to reduce risk in the future.

Higher Education Center Resources

- [Case Study: Massachusetts Institute of Technology](#)
- [Model Program: University at Albany, State University of New York](#)
- [Model Program: University of Massachusetts Amherst](#)

This Prevention Update (offering an overview of current topics, news, legislation, research, or innovations in the field) was funded by the Office of Safe and Healthy Students at the U.S. Department of Education under contract number ED-04-CO-0069/0005 with Education Development Center, Inc. The contracting officer’s representative was Phyllis Scattergood. The content of this Prevention Update does not necessarily reflect the views or policies of the U.S. Department of Education, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This Prevention Update also contains hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader’s convenience. The U.S. Department of Education is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed, or products or services offered.