

# Substance Screening and Brief Intervention: University Student Health Center Patients Share What's Effective

Debra J Sprague, MA<sup>1</sup>, Martha J Lerch<sup>1</sup>, Daniel C Vinson<sup>2</sup>

<sup>1</sup>Missouri Institute of Mental Health, <sup>2</sup>Department of Family & Community Medicine; University of Missouri

Supported by SAMHSA-CSAT Grant# T1020288-01



## BACKGROUND

Screening and brief Intervention to address misuse and abuse of alcohol and other drugs is recommended in primary healthcare settings. Binge drinking by college students is common and of significant concern. Across specialties and clinic teams, initiating these conversations and comfortably and effectively engaging young patients remains a challenge for some providers.

## OBJECTIVES

We wanted to learn directly from patients:

1. How they feel about healthcare providers asking them about their use of alcohol and other substances
2. Their suggestions for making these discussions more comfortable, more likely to be open, honest, and productive as a means to maintain and improve their overall health.
3. Their reactions to and suggestions for improving a patient education card on low-risk drinking guidelines and risks associated with alcohol

## METHODS

Study protocol and qualitative interview was designed by the MU-ADEPT evaluator and approved by the University of Missouri Health Sciences IRB. Championed by the center director and assistant director, two researchers conducted voluntary, confidential key informant interviews with 8 students (aged 19-22, 6 female) immediately following their visits with providers in the university student health clinic. Data collection concluded when interviewers agreed they'd reached response saturation regarding key questions of the study. Interviews were tape-recorded, de-identified, and transcribed by an outside service. Content analysis was conducted using Dedoose web-based management & analysis tool. Findings, including emergent themes and anonymous quotes, were shared with the directors and their clinic team.

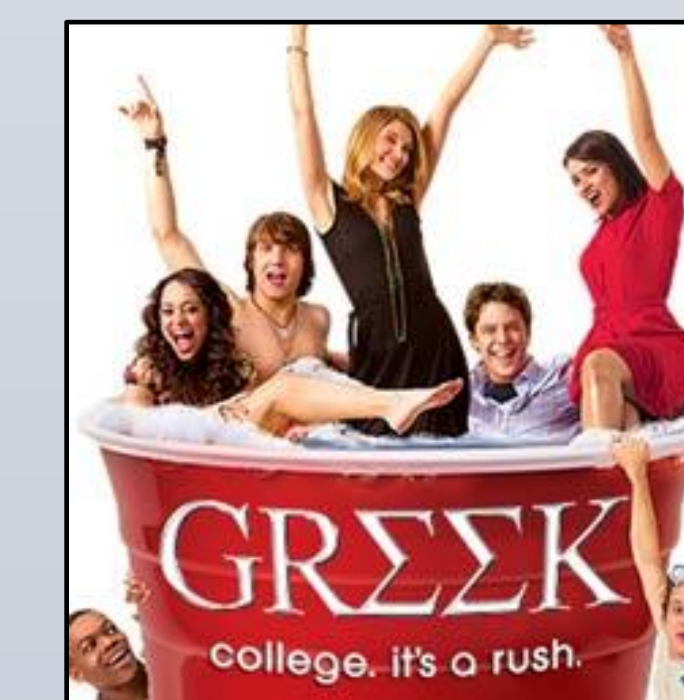
## RESULTS

- All 8 respondents, including the **six who reported drinking above the low-risk levels** (both the males and 4 of 6 females), said they were **comfortable with health providers asking them about their use of substances**.
- They see the importance of these conversations, and freely acknowledge that **providers need to ask** about this in detail in order **to get an accurate picture of the patient's overall health**.
- **None were accurate in their estimates of NIAAA daily and weekly "low-risk drinking limits"**.
- **Most did not know what counts as a "standard drink"** for all the types of liquor they consume.



Most commonly, patients **over-estimated standard drink amounts for wine and liquor**, but were generally accurate regarding standard drink size for beer.

- Patient-reported **strategies for staying within their self-defined drinking limits** included:
  - **limiting number of days per week** that they drink
  - **limiting number of drinks per session**
  - **being mindful of effects of drinking while taking medications**
  - **being aware of drinking environments** (defined as who they're partying with and where, and thinking about how these factors influence how much they're likely to drink)
- Seven of 8 said they **drink to be social, that "it's an integral part of the college lifestyle"**. They described a strong expectation, **particularly in the Greek environment**, to drink at parties, football games, nights out with friends and said they are **most comfortable talking with providers who understand this expectation**.
- **Patient recommendations for providers** to facilitate easy, open conversation that's most productive in terms of motivation for behavior change include:



Be direct and non-judgmental	Be compassionate & understanding of their life situations	Express interest in patients as individuals to build rapport	Assure confidentiality	Provide education on substance use, and resources as needed
Be clear that you're there to help them achieve & maintain their health	Notice and affirm their healthy behaviors!	Check in during visits re: patient-defined goals	Ask questions and offer advice	Share explicit information on the change process itself

- **All females** (none pregnant or trying to become pregnant) **indicated that drinking during pregnancy poses significant risks to the baby and that they would not drink during future pregnancies due to these risks**.

## RESULTS (continued)

- **All 6 who reported risky drinking indicated some likelihood of considering change**; 3 were a "6" on a scale of 1-10, suggesting they were likely primed for a skillful brief intervention.
- **All reacted positively to the Patient Education Card** re: alcohol risks, low-risk guidelines and standard drink sizes. They saw it as a useful educational tool that they might share with peers. **They told us that long-term health risks are not motivating for them**. They suggested less text with more focus on graphics, putting the drink graphic on the front, and suggested that providers and the card emphasize short-term risks of accidents, injury, date rape, relationship/social issues, etc. that "feel more real" to them at this point in their lives.

## CONCLUSIONS

- Patients were open to providers asking about substance use and appreciate straight talk & advice from providers who see them as competent partners in their healthcare.
- They request explicit education on low-risk guidelines including creative strategies for staying within them.
- All females were aware of and intent on avoiding serious risks associated with alcohol-exposed pregnancy. Provider-patient discussions on effective contraception for college women who drink are recommended.
- Patient suggestions for best ways to engage them in discussing & thinking about risky substance use may benefit providers committed to increasing patient motivation in the behavior change process.
- Showing education cards to respondents stimulated conversation about low-risk drinking limits. Revised per their feedback, these may be useful as provider prompts to initiate BIs with patients w/positive screens, and as visual aides for patient education before, during, or after the intervention.

For more information: email [Debra.Sprague@mimh.edu](mailto:Debra.Sprague@mimh.edu)  
For free ADEPT (SBIRT) training, [www.adept.missouri.edu](http://www.adept.missouri.edu)