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RESEARCH

Reported Alcohol and Tobacco Use and Screening Among College Women

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ABSTRACT

Objective: To describe the reports of young women in their senior college years related to alcohol and tobacco use and to describe their health screening experiences in college health centers.

Design: A secondary analysis of data collected as part of a cross-sectional study of college women.

Setting: For the original study, women were recruited from two accredited 4-year universities in the Northeastern United States. The first was a private university, and the second was a public university; both had on-campus health centers.

Participants: The participants were 615 female undergraduate students enrolled in their senior year of college.

Methods: A Web-based survey was sent to approximately 1,200 women at each university. Women were asked about their alcohol and tobacco use and about screening experiences in college health centers. The mean response rate was 25.8%.

Results: Nearly 90% ($n = 550$) of the women reported drinking alcohol in the last 3 months, and of those, more than two thirds ($n = 370$) met the Centers for Disease Control and Prevention definition of hazardous drinking. However, only 21.5% ($n = 56$) reported being screened for alcohol use. Similarly, only 19.7% ($n = 52$) reported being screened for tobacco use.

Conclusion: College health centers are ideally positioned to screen and provide interventions for young women who are at high risk for alcohol misuse and tobacco use. Despite prevalence of use and importance of screening, reported screening is low. Future research is needed to understand barriers to screening and implement recommendations for college health centers.

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Alcohol and tobacco use continue to be significant public health issues, particularly among college-age students (Centers for Disease Control and Prevention [CDC], 2012; Rigotti, Lee, & Wechsler, 2000). College marks a time of independence, self-discovery, and new opportunities, as well as increased access to alcohol and tobacco products. In combination with developing sexual relationships, use of alcohol has consequences on school performance, sexually transmitted infections, poor decision making, and unplanned pregnancies in college women (CDC, 2016b). Despite interventions and attempts to target alcohol misuse and tobacco use on campuses, rates continue to be high and present a burden to the health of college women.

Alcohol Use

An estimated 60% of college students drink alcohol, and 66% engage in heavy or binge drinking, defined as the consumption of four or more alcoholic beverages for women and five or more for men in a 2-hour time frame (National Institute of Alcohol Abuse and Alcoholism, 2015). The greatest rates of binge drinking are reported among individuals between the ages of 18 and 34 years (CDC, 2012). College students are more likely to engage in heavy drinking than their peers who do not attend college (Grucza, Norberg, & Beirut, 2009). Researchers who conducted the American College Health Association (ACHA) national survey of 93,034 college students indicated that 64% of female students reported consumption of alcohol in the last 30 days. Additionally, 26.4% reported having five or more drinks in a single sitting one to five times in the preceding 2 weeks (ACHA, 2015). Alcohol misuse has been linked to significant negative health consequences including motor vehicle accidents, trauma, physical and sexual assault, unintended pregnancy, sexually transmitted infections, sexual dysfunction, hypertension, stroke, liver disease, and neurologic damage

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Hazardous drinking is defined as the consumption of three or more alcoholic beverages per day for women. The use of screening and counseling has been shown to decrease drinking rates.

(National Institute of Alcohol Abuse and Alcoholism, 2012). One objective of Healthy People 2020 is to reduce the percentage of college students who engage in binge drinking (Hingson & White, 2014; U.S. Department of Health and Human Services, 2010).

Tobacco Use

Tobacco use is the largest preventable cause of disease and mortality in the United States. Nearly all tobacco use begins in youth and young adulthood, and young adults between 18 and 25 years of age are prime targets for advertisers and marketers. College marks the initiation of smoking habits for many young adults, with almost 40% of college students reporting their first use of a tobacco product in college (Rigotti et al., 2000). According to the Surgeon General's 2012 report, 24.8% of full-time college students reported they were current smokers in 2010 (U.S. Department of Health and Human Services, 2012). Researchers who conducted the ACHA national survey found that 8.8% of women reported tobacco use in the last 30 days (ACHA, 2015), and college women have an overall smoking rate of approximately 17.9% (American Lung Association, 2011). Many colleges have committed to be 100% tobacco free, and as of January 2016, 1,475 campuses were smoke free (Tobacco Free College Campus Initiative, 2016). Despite these statistics, many college students do not identify themselves as smokers; rather, they identify themselves as social smokers. Social smokers are those individuals who do not answer in the affirmative to screening questions about tobacco use because they use tobacco only on the weekends or when drinking with a group (Levinson et al., 2007). This distinction may be problematic when screening and determining the need for intervention and counseling.

Alcohol and Tobacco Screening

The U.S. Preventive Services Task Force (USPSTF) recommends that all young adults be screened for alcohol use (2015a) and tobacco use (2015b) and that cessation interventions be offered. Risky or hazardous drinking, as defined by the CDC for women, is the consumption of three or more alcoholic beverages in 1 day. According to the CDC, screening and counseling for alcohol use can decrease drinking by 25% (CDC, 2014). The aim of the CDC screening and brief intervention initiative is to encourage and support providers to screen at every setting and offer brief intervention strategies (CDC, 2016a). Despite CDC recommendations, screening rates are low, with only 24.7% of U.S. adults self-reporting being screened for alcohol use (Denny et al., 2016). Similarly, screening rates in college health centers are low and inconsistent across institutions. Lenk, Erickson, Winters, Nelson, & Toomey (2012) reported that most colleges have some sort of screening procedure in place but that these are typically used only after alcohol-related incidents, such as for students who have been caught at an on-campus party or event. These researchers also found that fewer than 55% of campus health centers reported screening for alcohol use at regular health center visits. In a randomized state-stratified national sample of U.S. colleges with health centers, only 32% reported routine screening of alcohol use at campus health center visits, and only 11.7% used standardized screening instruments (Foote, Wilkens, & Vavagiakis, 2004). These findings suggest that providers at most campus health centers are not routinely screening or using recommended screening tools, such as the Alcohol Use Disorders Identification Test (AUDIT) or CAGE (Thomas, Babor, Higgins-Biddle, Saunders, & Monteiro, 2001; Ewing, 1984). This is in contrast to the ACHA's position statement on tobacco use on college campuses (ACHA, 2011) and the health goals of the USPSTF's Healthy People 2020 initiative, which recommend a reduction in the rates of tobacco use to 12% by 2020 through multiple methods, including screening and intervention.

College health centers are often the main health resource for student health care needs (Keeling, 2001). In a study of more than 3,000 college students, researchers found that women, smokers, and fourth-year students were more likely to visit college health centers compared with other students (Sutfin et al., 2012). In a follow-up study, researchers surveyed 71 college health clinical directors from 14 Southeastern U.S. states. Fifty-five percent of the college health clinics reported screening for tobacco use at every visit, and 80% reported offering counseling interventions (Sutfin, Swords, Song, Reboussin, Helme, Klein, & Wolfson, 2015). Reported

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