



Stay Dry!

Mississippi Coalition of Partners in Prevention Newsletter

February 2014

Issue 8

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Best Practices: Alcohol Screening & Counseling

According to the January 2014 CDC *Vital Signs* monthly report, alcohol screening and counseling is “an effective, but underused health service” that can be used to help people who are drinking too much to drink less. The substantial morbidity, mortality, and associated healthcare costs in the billions all reveal the dramatic public health impact of excessive alcohol use, the third leading cause of preventable death in the United States. Despite public health efforts to increase alcohol screening and counseling and with at least 38 million adults found to drink too much, studies show that only 1 in 6 adults talk with a health professional about their drinking; most are not alcoholics (McKnight et al., 2011).



Alcohol screening and brief counseling have been found to reduce how much a person drinks on any one occasion by 25% in those deemed to drink too much (CDC, 2014). According to McKnight et al. (2011), drinking too much includes: binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. For men, binge drinking is considered five or more drinks consumed within two to three hours or an average of 15 or more drinks per week. For women, binge drinking is considered four or more drinks consumed within two to three hours or an average of eight or more drinks per week. The first step of screening and brief counseling involves talking with a patient about their drinking using a set of questions to screen all patients for how much and how often they drink, and counsel them about the health consequences of drinking too much (CDC, 2014). According to the National Institute on Alcohol Abuse and Alcoholism (2005), the CAGE questionnaire has been proven effective for detecting a range of alcohol problems and has been a popular screening tool due to the short and simple question set.

CAGE: Two "yes" responses indicate that the possibility of alcoholism should be investigated further:

C - Have you ever felt you needed to **C**ut down on your drinking?

A - Have people **A**nnoyed you by criticizing your drinking?

G - Have you ever felt **G**uilty about drinking?

E - Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?

Alcohol screening and counseling together are simple and effective preventive methods that can improve health and reduce health care costs similar to other routine screenings implemented in primary care settings, such as blood pressure, cholesterol, or breast cancer screenings. To further promote and support this effective and underused preventive service, the federal government is requiring states to cover alcohol screening and counseling through the Affordable Care Act, without a co-pay. Utilizing this valuable secondary prevention activity in college settings has implications for campus health centers and campus counseling services, and might reduce excessive alcohol consumption and the harms related to it.

Centers for Disease Control and Prevention (2014). Alcohol Screening and Counseling. *Vital Signs*, January 2014. Retrieved from: <http://www.cdc.gov/vitalsigns/alcohol-screening-counseling/>

McKnight-Eily LR, Liu Y, Brewer RD, Kanny D, Lu H, Denny CH, Balluz L, Collins J (2011). Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use — 44 States and the District of Columbia, 2011. *MMWR* 2014, 63(1), 16-22.

National Institute on Alcohol Abuse and Alcoholism (2005). Screening for Alcohol Use and Alcohol-Related Problems. *Alcohol Research & Health*, 2004-2005, 28(1-2). Retrieved from: <http://pubs.niaaa.nih.gov/publications/aa65/aa65.htm>

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Timely Topic: Gender Differences of Weight Management of College Drinkers

Last May, "Drunkorexia" appeared as a Timely Topic in the newsletter. Research by Burke, Cremeens, Vail-Smith, and Woolsey (2010) indicated that the issue was probably not as widespread as has been portrayed by popular media. However, is this something administrators and those concerned about student health should be addressing?

Barry, Whiteman, Piazza-Gardner, and Jensen (2013) recently set out to further previous research on drunkorexia by examining the gender differences of weight management behaviors of college drinkers. They found that male and female drinkers both proactively and reactively engage in exercise and dietary restriction to offset calories from drinking (Barry et al., 2013, p. 411). However, the reasoning and methods of weight management differ by gender:



- For females, there is a small negative association between exercise and drinking behaviors, as they use skipping meals or purging to promote weight loss.
- Males experience a positive relationship between weight loss and alcohol use; they manage their weight in the presence of alcohol consumption (p. 411).

Based on their findings, Barry et al., (2013) suggest that students found to have alcohol abuse issues be screened for disordered eating. In addition, advertisements and education about safer drinking practices targeted toward females should include eating before drinking and not using alcohol to purge the system. Messages about body dissatisfaction, exercise, and alcohol use should target male students.

The bottom line: additional research on drunkorexia is warranted, as it may indicate that further education and programming for college students are needed.

What do you think? Do you see this as an issue with your students?

Barry, A.E., Whiteman, S., Piazza-Gardner, A.K., & Jensen, A.C. (2013). Gender differences in the associations among body mass index, weight loss, exercise, and drinking among college students. *Journal of American College Health, 61(7), 407-413.*

Burke, S., Cremeens, J., Vail-Smith, K., & Woolsey, C. (2010). Drunkorexia: Calorie restriction prior to alcohol consumption among college freshman. *Journal of Alcohol and Drug Education, 54(2), 17-34.*

Conference Call Update

Guests from the Mississippi Department of Mental Health spoke at our Conference Call on February 2, 2014.

Requirements for Certified Prevention Specialist (CPS), Rebecca Peters, MS Association of Addictions Professionals (MAAP)

Experience: 2,000 hours (1 yr.) of prevention work experience specific to the IC&RC PS domains: Planning & Evaluation; Education & Skill Development; Community Organization; Public Policy & Environmental Change; and Professional Growth & Responsibility.

- Education: Bachelor's Degree from an accredited college/university; +150 hours of education/training in IC&RC domains.
- Supervision: 120 hours specific to the domains with a minimum of ten hours in each domain.
- Examination and Code of Ethics: Applicants must pass the IC&RC International Written PS Examination and must sign a code of ethics statement to include specifics relating to prevention.
- Recertification every two years, 40 hours of continuing education. For more information, visit <http://www.msaap.net/>.

Drug Trends Update, Thia Walker, Epidemiologist, Bureau of Alcohol and Drug Services

- DMH has expanded its prevention strategies to include the 18-25 age range and is interested in partnering with colleges and universities to address the needs of this population. Some snapshots of current data on persons 18-25 in MS from the National Survey on Drug Use and Health:
 - Alcohol Use: MS rates (54.1%) are below national rates (60.5%) but have been steadily increasing since 2005-2006.
 - Binge Drinking: MS rates (32.7%) are lower than the national (39.7%) but have remained steady since 2003.
 - Cigarettes & Tobacco Products: MS rates (38.8% and 46.5%, respectively) are higher than national (32.7%; 38.8%) and have been increasing since 2009.
 - Marijuana: MS rates (15.9%) are below the national (18.9%) but have been increasing since 2009-2010.
 - Illicit Drugs: MS rates (6.3%) have been following the same downward trend of national rates (7.0%).
 - Nonmedical Use of Prescription Pain Killers: In 2011, MS rates (10.7%) started to surpass national rates (10.0%). This is an area of focus for DMH.

Thank you, MS Department of Mental Health for this great information!

What's Happening at Your School?

Delta State University: Impaired Vision Initiative

During the fall 2013 semester, administrators and members of campus police at Delta State University conducted General Studies for Freshman classes and taught students about impaired vision and motor skills due to alcohol consumption. Drunk driving goggles were used to simulate levels of impairment, and students were led through a series of tasks: driving a golf cart through an obstacle course, operating a remote control car, and throwing tennis balls.



Ole Miss: RebelADE, "Call to Action" Committee, & Social Norms Marketing Campaign

The University of Mississippi has developed a new alcohol education sanction program called RebelADE (A-alcohol, D-drug, E-education) which is tailored to the student's assessment and needs (formerly used a BASICS adapted model). The program includes 3 pathways:

- i. Decision Making Seminar
- ii. Decision Making Seminar plus 2 brief interventions
- iii. Early Intervention Program or Recovery with additional mentoring/brief intervention sessions



So far the student body has been very receptive to this new model and they look forward to what the program evaluation will provide.

Ole Miss has also formed a "Call to Action" committee to build their vision of an Alcohol and Other Drug Intervention and Education Center. This Center looks to be very promising and they are excited for what the future holds for the university and the Office of Health Promotion.

Lastly, in March 2014, The University of Mississippi will launch a Social Norms Marketing Campaign that will focus on Alcohol Use, Misuse, and Abuse.

Jackson State University: Collegiate Conference



Jackson State University's Interdisciplinary Alcohol and Drug Studies Center along with the Metro Jackson Community Prevention Coalition will be hosting a Collegiate Conference on March 19, 2014 from 8am-12pm to increase awareness in the community. The conference is free to all attendees.

For more information about the conference or to register, please contact Henry C. Thompson, Jr at (601)979-1416 or at henrythompson@jsums.edu.

Suggestions?

If there is a specific topic you would like us to address in the next edition of this newsletter, please email Katie at klcranston@muw.edu.

We want to use this newsletter as an informal way to share ideas with one another, and we'll publish your feedback (anonymously) in the next edition!