Preventing Excessive Alcohol Consumption: Electronic Screening and Brief Interventions (e-SBI)
Summary Evidence Table

Author; Year; Design; Execution; Location	Sample Characteristics Setting Recruitment method & eligibility requirements Demographics Sample size/attrition	Intervention Characteristics: Screening Brief intervention Components Comparison Follow-up	Results Notes: • Format: Reported outcome measure (outcome category) • Baseline values are transformed (quantity standardized to US drinks; time periods standardized to months) • Relative percent change given unless otherwise indicated • All results reported from last follow-up
Bewick, B.; 2010; Individual RCT; Good (1); UK	University Convenience – Respondents to newspaper ads and announcements; students who consumed alcohol at least once every 6 months. Mean age: 21.3 75.0% Female 93.0% White N screened= 2,306 N screened positive= 2,005 Attrition rate= 66.0% Compensation: On completion of each follow-up assessment, participants were entered into a prize draw to win a £25 Amazon voucher.	Screening: NR Brief Intervention: Automated (web-based) Components: HLMF+NF *Details:* Unitcheck measured alcohol consumption by an online survey and a 7-day retrospective drinking diary. • Study arm 1: Received intervention immediately after assessment. • Study arm 2: Received intervention 8 weeks after initial assessment. Comparison condition(s): • Assessment only Follow up: 2, 4, and 6 months	**Study arm 1:** Immediate Intervention Average units* consumed per drinking occasion over the last week (mean # of drinks/occasion): 1.0% increase in the intervention group relative to assessment only group (baseline: 7.8). Units* consumed over the previous week (mean # of drinks/month): 3.7% decrease in the intervention group compared to assessment only group (baseline: 51.7). **Study arm 2:** Delayed Intervention Average units* consumed per drinking occasion over the last week (mean # of drinks/occasion): 3.4% decrease in the delayed intervention group compared to assessment only group (baseline: 8.1). Units* consumed over the previous week (mean # of drinks/month): 20.7% decrease in the delayed intervention group compared to assessment only group (baseline: 53.7). Alcohol consumption was similar for those who completed the entire intervention and those who did not. *1 unit = 8g of pure ethanol
Bewick, B.;	University	Screening: Automated (web-based)	Units/occasion* (mean # of drinks/occasion): 10.0% decrease in the

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2008; Individual RCT; Fair (3); UK	Convenience – Students at one UK university; registered interest in study. Mean age: 21.3 69.0% Female NR Race/ethnicity N screened= 2,150 Attrition rate= 37.4% Compensation: University printer credits depending on level of participation (maximum value of £1.50 for intervention group and £1.00 for comparison group).	Brief Intervention: Automated (web-based) Components: LLMF+NF *Details*: Alcohol consumption was measured using the CAGE. Students received link to website via email (24/7 access for 12 weeks). Comparison condition(s): • Assessment only Follow-up: 3 months	intervention group compared to the assessment only group (baseline: 7.3). Units/week* (mean # of drinks/month): 6.7% decrease in the intervention group compared to the assessment only group (baseline: 36.5). CAGE: 0.02 point decrease in the intervention group compared to the assessment only group (baseline: 1.7). *1 unit= 10ml of ethanol
Bischof, G.; 2008; Individual RCT; Fair (2); Germany	Primary care Universal/probability sample – Waiting room patients ages 18-64 from 85 general practitioners. AUDIT score cutoff: ≥5 for men and women. ≥2 points on Luebeck alcohol dependence and	Screening: NR Brief Intervention: Partially Automated and IP (web-based and telephone) Components: HLMF *Details*:	**Study arm 1:** Stepped intervention Grams of alcohol per day (mean # drinks/occasion): • Overall: 16.8% decrease in the stepped intervention group compared to the assessment and education group (baseline: 3.4). • Dependence: 1.8% decrease among those who met the criteria for alcohol dependence in the stepped intervention group compared to the assessment and education group (baseline: 5.7). • Abuse/At-risk: 31.3% decrease among those who met criteria for abuse and/or at-risk consumption in the stepped intervention group compared to

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	abuse screening test. Mean age: 36.8 32.1% Female NR Race/ethnicity N screened= 10,803 N screened positive= 2,239 Attrition rate= 8.3% Compensation: None	Those with average consumption of >20/30 g of alcohol per day for women/men within last 4 weeks, or regular heavy drinking episodes ("binge drinking"), defined as >60/80 g of alcohol for women/men on ≥2 occasions within last 4 weeks were included. • Study arm 1: Stepped care – only the computerized expert system after baseline assessment (3 sessions, 40 minutes). • Study arm 2: Full care – simultaneously receive computer feedback and brief counseling sessions (4 sessions, 30 minutes each). Comparison condition(s): • Assessment and education – booklet on health behavior. Follow-up: 12 months	the assessment and education group (baseline: 3.5). • Heavy episodic: 16.8% decrease among those who met the criteria for heavy episodic consumption in the stepped intervention group compared to the assessment and education group (baseline: 1.0). Proportion exceeding guidelines for binge drinking (i.e., >60/80 g of alcohol for women/men) on at least two occasions within the last 4 weeks (change in drinking pattern): • Dependence: 2.7% decrease among those who met criteria for dependent consumption in the stepped intervention group compared to the assessment and education group (baseline: 50.0%). • Abuse/At-risk: 44.7% decrease among those who met criteria for abuse and/or at-risk consumption in the stepped intervention group compared to the assessment and education group (baseline: 41.0%). • Heavy episodic: 2.4% decrease among those who met the criteria for heavy episodic consumption in the stepped intervention group compared to the assessment and education group (baseline: 28.0%). Proportion who sought help post-intervention: • Dependence: 65.8% increase among those who met the criteria for alcohol dependence in the stepped intervention group relative to the assessment and education group (baseline: 11.0%). • Abuse/At-risk: 112.5% increase among those who met the criteria for alcohol abuse and/or at-risk in the stepped intervention group compared to the assessment and education group (baseline: 2.0%). **Study arm 2:** Full intervention

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			Grams of alcohol per day (mean # of drinks/occasion): • Overall: 9.6% decrease in the stepped intervention group compared to the full intervention group (baseline: 3.4). • Dependence: 2.0% decrease in the stepped intervention group compared to the full intervention group (baseline: 5.7). • Abuse/At-risk: 16.0% decrease in the stepped intervention group compared to the full intervention group (baseline: 3.5). • Heavy episodic: 39.1% decrease in the stepped intervention group compared to the full intervention group (baseline: 1.0). Proportion exceeding guidelines for binge drinking among only heavy episodic drinkers (i.e., >60/80 g of alcohol for women/men) on at least two occasions within the last 4 weeks (change in drinking pattern): • Dependence: 25.5% increase among those who met criteria for dependent consumption in the stepped intervention group compared to the full intervention group (baseline: 39.0%). • Abuse/At-risk: 0.5% increase among those who met criteria for abuse and/or at-risk consumption in the stepped intervention group compared to the full intervention group (baseline: 23.0%). • Heavy episodic: 43.1% increase among those who met the criteria for heavy episodic consumption in the stepped intervention group compared to the full intervention group (baseline: 19.0%). Effects were greater among women than men (e.g. 35.5% reduction in alcohol consumption among women vs. 9.6% reduction among men).
Boon, B.; 2011;	Community-based	Screening: Pencil and paper	Proportion exceeding guidelines for heavy episodic drinking (i.e., >20 units of alcohol per week and/or >5 units of alcohol on a single occasion on at least 1

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Individual RCT; Good (0); Netherlands	Universal/probability sample – Recruitment from two nationally representative panels consisting of 25,000 households (men only). 70 participants (screened +) recruited from newspaper ads (men aged 18 to 65). Mean age: 40.6 0% Female NR Race/ethnicity N screened= 9,000 N screened positive= 887 Attrition rate= 10.0% Compensation: 25 Euros (first assessment completed) + 25 Euros (last follow-up completed)	Brief Intervention: Automated (web-based) Components: PF + NF Details: Drinktest intervention is aimed at preventing and reducing heavy drinking by exploring negative consequences of their drinking behavior. Part 1: compare alcohol consumption to others in same age group. Part 2: feedback on drinking moments, drinking patterns, self-efficacy and intention (30 minutes total). Comparison condition(s): • Assessment and education – given a brochure entitled "Facts about Alcohol". Follow-up: 1 and 6 months	day per week*) (change in drinking pattern): • Heavy episodic: 11.7% decrease among those who met the criteria for heavy episodic consumption in the intervention group compared to assessment only group (baseline: 63.0%). *1 unit= 10g of pure ethanol
Bryant, Z.; 2009; Individual RCT; Fair (4); USA	University Convenience sample – Undergraduate students enrolled in "Introduction to	Screening: Pencil and paper Brief Intervention: Automated (web-based)	# of days alcohol consumed (frequency of alcohol consumption): 14.4% decrease in the intervention group compared to the assessment and education group (baseline: 4.5). Typical # of drinks consumed/week (mean # of drinks/month): 30.5% decrease

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	Psychology" course were recruited. Mean age: 18.7 76.0% Female 82.2% White 8.9% Black N screened= 322 Attrition rate= 40.7% Compensation: 2 hours extra credit	Components: PF + NF *Details*: Alcohol use measured by Daily Drinking Questionnaire and retrospective diary. The BASICS e-mail intervention provides steps to reduce the amount of risk to alcohol exposure. Comparison condition(s): Assessment and education – E-mailed generic info about consequences associated with alcohol use. Follow-up: 1.5 months	in the intervention group compared to the assessment and education group (baseline: 34.3). # of days felt drunk from alcohol use (binge drinking frequency): 28.3% decrease in the intervention group compared to the assessment and education group (baseline: 2.5). # of binges (binge drinking frequency): 17.0% decrease in the intervention group compared to the assessment and education group (baseline: 2.9). AUDIT: 0.8 point decrease in the intervention group compared to assessment and education group (baseline: 6.4). RAPI: 1.1 point decrease in the intervention group compared to assessment and education group (baseline: 3.5).
Chiauzzi, E.; 2005; Individual RCT; Good (1); USA	University Convenience sample – Students responding to newspaper ads, flyers, recruitment tables placed in high traffic areas on campus, and during key events such as Alcohol Awareness Week; binge drinking in the last week (i.e., ≥4 for women, ≥5 for	Screening: NR Brief Intervention: Automated (web-based) Components: LLMF+NF *Details:* My Student Body: Alcohol measured alcohol consumption by questionnaires on intake, beliefs, risks, and consequences (4 weekly	# of binge episodes days/week (binge drinking frequency): 16.5% decrease in the intervention group compared to assessment and education group (baseline: 9.2). Average consumption per drinking day (mean # of drinks/occasion): 10.7% increase in the intervention group compared to assessment and education group (baseline: 6.1). Max # of drinks/drinking day (peak consumption/occasion): 10.6% increase in the intervention group compared to assessment and education group (baseline: 7.4).

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	men). Mean age: 20.0 54.2% Female 70.2% White 3.8 Black 8.4% Hispanic N screened= 538 N screened positive= 317 Attrition rate=19.0% Compensation: $135	sessions for 20 minutes). Comparison conditions: Assessment and education – Read research-based articles about the effects of excessive drinking Follow up: 3 months	Drinking days/week (frequency of alcohol consumption): 4.6% increase in the intervention group compared to assessment and education group (baseline: 12.0). Drinks/week (mean # of drinks/month): 7.6% increase in the intervention group compared to assessment and education group (baseline: 78.4). All favorable intervention effects were attributable to reduced alcohol consumption among women.
Cunningham, J.; 2010; Individual RCT; Fair (2); Canada	Community-based Universal/probability sample – Respondents were recruited through a general population telephone survey; AUDIT-C scored ≥4; AUDIT scored ≥11 (high-risk) and scored 4-10 (low-risk). Mean age: 39.5 42.4% Female NR Race/ethnicity	Screening: Telephone Brief Intervention: Automated(web-based) Components: PF+NF *Details:* Check Your Drinking measured alcohol consumption by typical weekly drinking and AUDIT (≤10 minutes). Comparison condition(s): Assessment and education –	Typical weekly consumption/week (mean # of drinks/month): 13.6% decrease in the intervention group compared to assessment only group (baseline: 55.6). Among excessive drinkers, intervention effects were greatest for those with the highest rates of alcohol-related problems (baseline AUDIT ≥11). AUDIT C: • 0.7 point decrease in the intervention group compared to the control group among problem drinkers (baseline: 8.9). • 0.3 point decrease in the intervention group compared to the control group among low risk drinkers (baseline: 5.8). • 0.4 point decrease in the intervention group compared to the control group among all drinkers (baseline: 7.0).

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	N screened= 8,467 N screened positive= 2,746 Attrition rate= 10.8% Compensation: $20 for each follow-up completion.	provided feedback on program's feasibility Follow up: 3, 6, and 12 months	
Doumas, D.; 2011; Group RCT; Fair (2); USA	University Universal/probability sample – Recruitment from first-year summer orientation sections (39% classified as high risk drinkers). High risk: ≥ 5 drinks in a row for men or ≥4 drinks for women on 1 or more occasions in the pas t 3 months). Mean age: 18.0 65.0% Female 90.0% White 4.0% Hispanic 4.0% Asian American N screened= 350 N screened positive= 65 Attrition rate= 76.5%	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: PF + NF *Details*: e-CHUG measured alcohol use by a modified DDQ and custom questionnaire. Administered during orientation (30 minutes). Comparison Conditions: Assessment only Follow-up: 3 months	Peak drinking quantity (peak consumption/occasion): • 62.3% decrease in the intervention group compared to the assessment only group for the high risk drinking population (baseline: 9.3). • 48.7% decrease in the intervention group compared to the assessment only group for the total drinking population (baseline: 2.6). Weekly drinking quantity (mean # of drinks/month): • 39.7% decrease in the intervention group compared to the assessment only group for the high risk drinking population (baseline: 22.4). • 59.3% decrease in the intervention group compared to the assessment only group for the total drinking population (baseline: 4.8). RAPI: • 3.1 point decrease in the intervention group compared to the assessment only group for the high risk drinking population (baseline: 4.6). • 0.4 point decrease in the intervention group compared to the assessment only group for the total drinking population (baseline: 1.2).

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	Compensation: Opportunity to win $100 Visa card.		
Doumas, D.; 2010; Individual RCT; Fair (3); USA	University Universal/probability sample: Intercollegiate athletes recruited from a freshmen seminar over a 2 year period. High risk/binge drinkers defined as ≥4 drinks women, ≥5 drinks for men per occasion. Mean age: 18.0 57.0% Female 70.0% White 16.0 % Black 5.0% Hispanic N screened= 113 N screened positive= 44 Attrition rate= 2.0% Compensation: None	Screening: Pencil and Paper Brief Intervention: Automated (web-based) Components: PF + NF *Details*: Alcohol consumption measured by the DDQ (30 minutes). Comparison Conditions: Assessment and education – website with facts about alcohol and alcohol consumption. Follow-up: 3 months	Drinking to intoxication (binge drinking frequency): • 50.8% decrease in the intervention group compared to assessment and education group for the high risk drinkers (baseline: 8.9). • 24.7% relative increase in the intervention group compared to assessment and education group for the total population (baseline: 3.5). Peak drinking (peak consumption/occasion): • 38.7% decrease in the intervention group compared to assessment and education group for the high risk drinkers (baseline: 9.2). • 19.1% decrease in the intervention group compared to assessment and education group for the total population (baseline: 5.8). Weekly drinking quantity (mean # of drinks/month): • 55.8 % decrease in the intervention group compared to assessment and education group for the high risk drinkers (baseline: 26.0). • 16.2 % decrease in the intervention group compared to assessment and education group for the total population (baseline: 11.2).
Eberhard, S.; 2009	Emergency Department	Screening: Pencil and paper	Change in favorable direction from "hazardous" drinking status to "non-hazardous": 58.1% (p>0.05).

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Individual RCT; Fair (2); Sweden	Universal/probability sample – Psychotic patients visiting the 15 adult psychiatric outpatient units. AUDIT score cutoffs for hazardous alcohol use: ≥6 women; ≥8 for men: ≤18 for both to screen out alcohol dependency. Mean age: 37.0 (females); 39.0 (males) 72% Female NR Race/ethnicity N screened=1,746 N screened positive= 344 Attrition rate= 15.4% Compensation: None	Brief Intervention: IP (telephone) Components: LLMF *Details*: Intervention administered by nurses experienced in mental health/substance use treatment in a standardized, manual-based method. Designed to use patient's motivation to decrease alcohol consumption (15 minutes). Comparison condition(s): Assessment only Follow-up: 6 months	Intervention effects were greater among men than women (e.g., median AUDIT score decreased 1.9 points (19.3%) among men from baseline median of 10.0 vs. 0.2 points (2.2%) among women from baseline median of 8.5).
Ekman,D.S.; 2011; Individual RCT; Fair (3); Sweden	University Universal – Third semester students only through email. Risky drinkers: weekly alcohol consumption exceeded 120g (women) or 180g (men)/week in the last 3 months and	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: NF + LLMF *Details*: Assessed and received	# of heavy episodic drinking occasions (binge drinking frequency): 9.9% decrease in intervention group #1 compared to the intervention group #2 (baseline: 5.9). Peak BAC (peak consumption/occasion): 3.1% increase in intervention group #1 compared to intervention group #2(baseline: 1.3). Weekly consumption (mean # of drinks /month): 13.7% decrease in

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	engaged in heavy episodic drinking on >2 occasions in the last month. Mean age: 22.8 54.0% Female NR Race/ethnicity N screened= 2846 N screened positive= 654 Attrition rate (6 months)= 76.0% Compensation: None	feedback summarizing alcohol pattern. • Intervention group #1: feedback on weekly consumption, heavy episodic drinking, highest BAC, normative, and advice on reducing any unhealthy consumption levels • Intervention group #2: feedback on weekly consumption, heavy episodic drinking, and highest BAC while comparing drinking patterns against limits established by the Swedish Institute for Public Health. Comparison Conditions: None Follow-up: 3 and 6 months	intervention group #1 compared to intervention group #2 (baseline: 35.2). Proportion exceeding the risky drinking threshold* (change in risky drinking pattern): 16.7% decrease in intervention group #1 compared to intervention group #2 (baseline: 30.0%). *>120g (women) or >180g (men) per week in last 3 months and engaged in >2 occasions in the last month
Hedman, A.; 2007; Individual RCT; Fair (2); USA	University Convenience – Students attending Health, Sport, and Exercise Science department (HSES) courses; aged 18-23; binge drinker (≥5 drinks for men, ≥4 drinks for women, at	Screening: Pencil & Paper Brief Intervention: Automated (web-based) Components: PF + 12 health messages	14-day frequency of binge drinking (binge drinking frequency): 13.7% decrease in the intervention group compared to the assessment and education group (baseline: 6.8). # of typical drinks at one setting (mean # of drinks/occasion): 16.0% decrease in the intervention group compared to the assessment and education group (baseline: 5.7).

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	least 1 time, during the 2 weeks preceding survey). Mean age: 19.6 55.9% Female 92.5% White 1.5% Black 2.9% Hispanic 2.9% Native American N screened= 231 N screened positive= 136 Attrition rate= 41.2% Compensation: Extra credit in course.	*Details*: Alcohol consumption assessed using survey After receiving the initial computer-delivered personalized feedback on drinking behaviors, participants received biweekly health communication messages via e-mail (6 weeks). Comparison condition(s): Assessment and education – One general alcohol fact sent to them bi-weekly via e-mail. Follow-up: 1.5 months	Frequency of alcohol consumption: 17.7% decrease in the intervention group compared to the assessment and education group (baseline: 9.4). Frequency of drinking and driving (alcohol-related problems): 11.2% relative increase in the intervention group compared to the assessment and education group (baseline: 0.9). Frequency of unprotected sex at the time of drinking (alcohol-related problems): 23.4% decrease in the intervention group compared to the assessment and education group (baseline: 0.8). Peak consumption/occasion: 9.0% decrease in the proportion of binge drinkers (i.e., ≥5 drinks in one setting) in the intervention group compared to the assessment and education group (baseline: 82.0%).
Hester, R.; 2005; Individual RCT; Fair (4); USA	Community-based Convenience sample – Participants were recruited through media ads; scored 8 or more on AUDIT; over 21. Mean age: 45.7 48.0% Female 79.0% White 13.0% Hispanic	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: HLMF+NF *Details:* Drinker's Check-Up measured alcohol consumption by current quantity and frequency drinking patterns, and family	Drinks/drinking day (mean # of drinks/occasion): 1.3% increase in the immediate intervention group compared to the delayed group prior to receiving the intervention (baseline: 8.8) at one month follow-up. Peak BAC (peak consumption/occasion): 40.4% decrease in the immediate intervention group compared to the delayed group prior to receiving the intervention (baseline: 0.17) at one month follow-up. AUDIT: 0.3 point decrease in AUDIT score in the immediate intervention group compared to delayed intervention group (baseline: 19.8).

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Author; Year; Design; Execution; Location	Sample Characteristics: Setting; Recruitment method & eligibility requirements; Demographics; Sample size/attrition	Intervention Characteristics: Screening; Brief intervention; Components; Comparison; Follow-up	Results. Notes: • Format: Reported outcome measure (outcome category) • Baseline values are transformed (quantity standardized to US drinks; time periods standardized to months) • Relative percent change given unless otherwise indicated • All results reported from last follow-up
	N screened= 141 N screened positive= 83 Attrition rate=18.0% Compensation: All participants were offered $40 compensation for the baseline and each follow-up assessment. Significant others were paid $20 for each baseline and follow-up interview.	history (90 minutes). • Immediate intervention: Received intervention immediately after assessment. • Delayed intervention: Received intervention 4 weeks after initial assessment. Comparison condition(s): None Follow up: 1, 2, and 12 months	Among both the immediate and delayed intervention groups, intervention effects consistently increased from the first follow-up at 1 month through the 12 month follow-up.
Hester, R.; 1997; Individual RCT; Fair (4); USA	Community-based Convenience – Respondents to television and prints advertisements. Weekly drinking of ≥6 drinks/episode; drinking ≥once/week; having a reading level of ≥8th grade as measured by the SORT-R; ≤19 on MAST; ≥8 on AUDIT. Mean age: 36.3 40.0% Female 70.0% White	Screening: IP (Telephone) Brief Intervention: Automated (CD-ROM) Components: HLMF +NF *Details*: Behavioral Self- Control Program for Windows interactive program. Those scoring above 19 on the MAST were excluded from participation and referred for more intensive treatment (8 weekly sessions within 10 weeks, 15-45	Peak BAC (peak consumption/occasion): 59.0% decrease in the immediate intervention group compared to the delayed group prior to receiving the intervention (baseline: 0.16) at ten week follow-up. Drinking days/week (frequency of alcohol consumption): 11.0% decrease in the immediate intervention group compared to the delayed group prior to receiving the intervention (baseline: 22.0) at ten week follow-up. Total standard ethanol content/week (10 week follow-up) (mean # of drinks/month): 51.8% decrease in the immediate intervention group compared to the delayed group prior to receiving the intervention (baseline: 104.0) at ten week follow-up. Among both the immediate and delayed intervention groups, intervention

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	27.5% Hispanic 2.5% Native American

N screened= NR
N screened positive= 42
Attrition rate= 7.5%

Compensation: None | minutes each).
• Immediate intervention: Received intervention immediately after assessment.
• Delayed intervention: Received intervention 10 weeks after initial assessment.

Comparison condition(s): None

Follow-up: 10 weeks, 20 weeks, 12 months | effects consistently increased from the first follow-up at 10 weeks through the 12 month follow-up. |
| Hester,R.; 2011; Individual RCT; Fair (3); USA | Community-based

Convenience sample – Ad in newspaper (Must be >21 years old). AUDIT score > 7, drinking 10+ standard (14 g) drinks/week in the previous 30 days.

Mean age: 48.7
56.2% Female
79.0% White
19.0 % Hispanic

N screened= 191 | Screening: IP (Telephone/face-to-face)

Brief Intervention: Automated (web-based)
Components: HLMF

Details: Brief Drinker's Profile measured alcohol consumption. Intervention utilized two online resources: ModerateDrinking.com (MD) and Moderation Management (MM) (at least 12 sessions). | Percentage of days abstinent (frequency of alcohol consumption): 26.6% decrease in the intervention group compared to the comparison group (baseline: 25.1).

Median peak BAC: 9.0% decrease occurred in the intervention group compared to the comparison group median ($p < 0.05$).

Improvements in alcohol consumption and alcohol-related problems increased slightly over time for both the intervention and comparison groups.

Drinker's Inventory of Consequences (DrInc): 7.8 point decrease in the median score in the intervention group compared to the comparison group (baseline 24.3). |

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	N screened positive= 80 Attrition rate (12 months)=22.5% Compensation: None	Comparison Groups: Assessment + (education) Use of MM resources alone. Follow-up: 3, 6, and 12 months	
Kypri, K.; 2009; Individual RCT; Fair (2); Australia	University Universal/probability sample – Full-time undergraduates aged 17 to 24 years; scored 8 or more on AUDIT; exceeded Australian National Health and Medical Research Council guidelines for binge drinking (i.e., ≥4 for women, ≥6 for men). Mean age: 19.7 45.1% Female NR Race/ethnicity N screened= 7,237 N screened positive= 2,435 Attrition rate=35.2% Compensation: Could win 1 of 40 $100 gift vouchers for	Screening: Automated (web-based) Brief Intervention: Automated (web-based: Thrive) Components: PF+NF *Details:* Thrive measured alcohol consumption by assessing drinks in the past 12 months, largest # of drinks in one occasion, consequences of drinking. Comparison condition(s): Assessment only Follow up: 1 and 6 months	# of drinks/typical drinking occasion (mean # of drinks/occasion): 6.0% decrease in the intervention group compared to assessment only group (baseline: 8.5). # of drinking days in the past month (frequency of alcohol consumption): 9.0% decrease in the intervention group compared to assessment only group (baseline: 7.0). # of drinks/week (mean # of drinks/month): 14.0% decrease in the intervention group compared to assessment only group (baseline: 10.0). Proportion exceeding guidelines for binge drinking (i.e., > 4 for women and > 6 for men) on 1 occasion (change in drinking pattern): 10.0% decrease in the intervention group compared to assessment only group (baseline: 59.0%). Proportion exceeding guidelines for heavy drinking (i.e.,> 14 for women and > 28 for men) per week (change in drinking pattern): 29.0% decrease in the intervention group compared to assessment only group (baseline: 22.0%). Proportion who sought help after completion of e-SBI: 81.5% increase in the intervention group compared to assessment only group (baseline: 30.0%).

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	participating. A $6 sandwich voucher for participation.		
Kypri, K.; 2008; Individual RCT; Fair (2); New Zealand	University clinic Universal/probability sample – Students in waiting room; ≥8 on AUDIT. Mean age: 20.1 51.4% Female NR Race/ethnicity N screened= 975 N screened positive= 599 Attrition rate=16.1% Compensation: A lunch voucher valued at NZ $4.95.	Screening: Automated (web-based Brief Intervention: Automated (web-based) Components: PF+NF *Details:* Alcohol consumption was measured by self-reported weight, a 14-day retrospective drinking diary, perception of drinking norms of peers (≤10 minutes) • Study arm 1: Received intervention and booster sessions after 1 and 6 months • Study arm 2: Received intervention only Comparison condition(s): Assessment and education – Received a pamphlet Follow up: 6 and 12 months	**Study arm 1:** # of episodic heavy drinking in the past 2 weeks (binge drinking frequency): 29.0% decrease in the intervention group compared to assessment only group (baseline: 1.0). # of drinks/typical drinking occasion in the past 4 weeks (mean # of drinks/occasion): 13.0% decrease in the intervention group compared to assessment only group (baseline: 8.0). # of drinking days in the past 2 weeks (frequency of alcohol consumption): 8.0% decrease in the intervention group compared to assessment only group (baseline: 4.0). # of drinks/week in the past month (mean # of drinks/month): 13.0% decrease in the intervention group compared to assessment only group (baseline: 28.5). AUDIT: 2.0 point decrease in AUDIT score in the intervention group compared to assessment only group (baseline: 14.9). **Study arm 2:** # of episodic heavy drinking in the past 2 weeks (binge drinking frequency): 25.0% decrease in the intervention group compared to assessment only group (baseline: 1.0). # of drinks per typical drinking occasion in the past 4 weeks (mean # of

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			drinks/occasion): 5.0% decrease in the intervention group compared to assessment only group (baseline: 8.0). # of drinking days in the past 2 weeks (frequency of alcohol consumption): 14.0% decrease in the intervention group compared to assessment only group (baseline: 4.0). # of drinks/week in the past month (mean # of drinks/month): 23.0% decrease in the intervention group compared to assessment only group (baseline: 28.5). AUDIT: 2.2 point decrease in AUDIT score in the intervention group compared to assessment only group (baseline: 14.7).
Kypri, K.; 2004; Individual RCT; Good (1); New Zealand	University clinic Universal/probability sample – Students in waiting room; ≥8 or on AUDIT. Mean age: 19.9 NR Gender NR Race/ethnicity N screened= 167 N screened positive= 112 Attrition rate=9.6% Compensation: A lunch	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: PF+NF *Details:* Alcohol consumption was measured by self-reported weight, a 14-day retrospective drinking diary, and perception of drinking norms of peers (11 minutes). Comparison condition(s): Assessment and education –	# of binge episodes (i.e., > 80g for women and 120g for men) in last 2 weeks (binge drinking frequency): 15.0% decrease in the intervention group compared to assessment only group (baseline: 1.0). # of drinks* per typical drinking occasion in last 4 weeks (mean # of drinks/occasion): 2.0% increase in the intervention group compared to assessment only group (baseline: 9.0). # of drinking days in last 2 weeks (frequency of alcohol consumption): 16.0% decrease in the intervention group compared to assessment only group (baseline: 4.0). # of drinks in last 2 weeks (mean # of drinks/month): 10.0% decrease in the intervention group compared to assessment only group (baseline: 26.0).

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	voucher valued at NZ $4.95.	Received a pamphlet Follow up: 1.5 and 6 months	*1 drink=10g ethanol
Martens, M.; 2010; Individual RCT; Fair (3); USA	University Universal/probability sample – Recruited from 3 colleges from around the country (100% varsity or club athletes). Did not have to use alcohol at baseline to be eligible. Mean age: 20.0 76.0% Female 85.5% White 2.0% Black 2.0% Hispanic N screened= 294 Attrition rate= 19.0% Compensation: $20 gift card for each completed questionnaire	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: PF + NF *Details*: Alcohol consumption measured by the DDQ. Study arm 1: Personalized drinking feedback (PDF) targeted college athletes, and received feedback on: binge/heavy episodic drinking and performance and injury Study arm 2: PDF standard included general college students received norms for, effects of a binge/ heavy drinking episode and injury risk. Comparison condition(s): Assessment and education – Information on alcohol effect on athletic performance and injury.	**Study arm 1:** Peak BAC (peak consumption/occasion): 35.6% decrease in the intervention group compared to assessment and education group (baseline: 0.08). Average drinks/week (mean # of drinks/month): 10.7% decrease in the intervention group compared to assessment and education group (baseline: 29.3). BYAACQ: 0.3 point increase in the intervention group compared to assessment and education group (baseline: 4.2). **Study arm 2:** Peak BAC (peak consumption/occasion): 18.1% decrease in the intervention group compared to assessment and education group (baseline: 0.10). Average drinks/week (mean # of drinks/month): 33.4% decrease in the intervention group compared to assessment and education group (baseline: 24.2). BYAACQ: 0.5 point decrease in the intervention group compared to assessment and education group (baseline: 4.6).

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		Follow-up: 1 and 6 months	
Matano, R.; 2007; Individual RCT; Fair (4); USA	Workplace Universal/probability sample – All employees working at least 50% of the time. Mean age: 39.9 77.9% Female 83.3% White 4.2% Black 1.4% Hispanic N screened= 316 N screened positive= 173 Attrition rate=16.2% Compensation: A custom-designed CopingMatters T-shirt and $20	Screening: Paper and pencil Brief Intervention: Automated (web-based) Components: PF *Details*: CopingMatters measured alcohol consumption using the AUDIT and CAGE questionnaires. Participants were classified as low-, moderate- or high-risk. High-risk were excluded from intervention (≤20 minutes). Comparison condition(s): Assessment and education – Given general information about alcohol use and its effects Follow up: 3 months	Moderate-risk drinkers: Frequency of beer, wine, and hard liquor binges in the past 3 months (binge drinking frequency): • For beer, 53.7% decrease in the intervention group compared to assessment and education group (baseline: 0.5). • For wine, 0.9% increase in the intervention group compared to assessment and education group (baseline: 0.4). • For hard liquor, 40.2% increase in the intervention group compared to assessment and education group (baseline: 0.4). Usual # of beer, wine, and hard liquor consumed when drinking (mean # of drinks/occasion): • For beer, 13.0% decrease in the intervention group compared to assessment and education group (baseline: 1.9). • For wine, 22.5% increase in the intervention group compared to assessment and education group (baseline: 1.7). • For hard liquor, 6.8% increase in the intervention group compared to assessment and education group (baseline: 1.6). Most # of beer, wine, and hard liquor consumed when drinking (peak consumption/occasion): • For beer, 20.4% decrease in the intervention group compared to assessment and education group (baseline: 3.6) • For wine, 21.1% increase in the intervention group compared to assessment and education group (baseline: 2.5) • For hard liquor, 1.8% decrease in the intervention group compared to

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			assessment and education group (baseline: 3.5). Frequency of drinking (frequency of alcohol consumption): Measured on a scale of 0-5, 0=never and 5=7 days a week. 31.0% increase in the intervention group compared to assessment and education group (baseline: 2.6). Frequency of any alcohol consumption substantially decreased for both the intervention and comparison group, with no significant between-group differences.
Mello, M.; 2008; Individual RCT; Fair (2); USA	Emergency department Universal/probability sample – All non-critically injured adults over 18; ≥14 drinks/week for men and ≥7 drinks/week for women, or ≥5 drinks/occasion for men and ≥4 drinks/ occasion for women. Mean age: 28.0 39.0% Female 76.0% White N screened= 6,086 N screened positive= 1,329 Attrition rate= 4.2%	Screening: IP (Face-to-face) Brief Intervention: IP (Telephone) Components: HLMF *Details:* Alcohol consumption was measured using the AUDIT and impaired driving scale (≤30 minutes). Comparison condition(s): Assessment only Follow up: 3 months	# of binge drinking* occasions (binge drinking frequency): Results reported by AUDIT score zones • Zone 1 (<8), 10.0% increase in the intervention group compared to assessment only group (baseline: 1.0). • Zone 2 (8-15), 6.7% increase in the intervention group compared to assessment only group (baseline: 2.0). • Zone 3 (≥16), 20.8% decrease in the intervention group compared to assessment only group (baseline: 3.0). Among excessive drinkers, intervention effects on AUDIT and Impaired Driving Scale scores were greatest for those with the highest rates of alcohol-related problems (baseline AUDIT ≥16); no significant between-group differences. AUDIT: 0.2 point decrease in AUDIT score in the intervention group compared to assessment only group (baseline: 11.5). *≥ 6 drinks per occasion

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	Compensation: $70 for completed baseline and follow-up.		
Mignogna, J.; 2011; Individual RCT; Good (0); USA	University Universal/probability sample – Undergraduate college students only with at least one episode of binge drinking (per month) and ≥20 drinks per month on average. AUDIT scale score: >10 considered hazardous or harmful drinking. Mean age: 20.3 51% Female 81% White 13.5% Hispanic N screened= 1,500 N screened positive= 221 Attrition rate (2.5 months)=16.8% Compensation: $15 for	Screening: Automated (web-based) Brief Intervention: Automated (CD-ROM) Components: NF + HLMF *Details*: DDQ and Frequency Quantity Questionnaire assessed alcohol use. (DrAFT-CS) intervention: Video interviewer guides the user through drinking practices/related consequences and provides interpretive feedback (30 to 40 minutes). Comparison condition(s): • Assessment and face-to-face – Computer delivered assessment/therapist who provides personalized feedback. • Assessment and other – computer delivered, but no	# of drinking occasions during the past month (frequency of alcohol consumption): 3.9% decrease in the intervention group compared to the assessment only group (baseline: 9.6). Highest # of alcohol drinks consumed in one occasion (peak consumption/occasion): 13.1% decrease in the intervention group compared to the assessment only group (baseline: 11.7). Total mean # of *weekend* drinks/month (mean # drinks/month): 13.2% decrease in the intervention group compared to the assessment only group (baseline: 78.6). Mean # of drinks/*weekend* drinking occasion (mean # drinks/occasion): 8.5% decrease in the intervention group compared to the assessment only group (baseline: 7.4). No consistent differential effects by gender. BYAACQ: 1.65 point decrease in the intervention group compared to the assessment only group (baseline: 11.5).

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	completion of the 10-week online follow-up assessment and course credit	feedback (extended assessment) • Assessment only Follow-up: 3 months	
Neumann, T.; 2006; Individual RCT; Good (1); Germany	Emergency department Universal/probability sample – Over 18 with a primary diagnosis of acute injury treated in the ED; met British Medical Association (BMA) criteria for at-risk drinking, defined as >30 g/d for men or >20 g/d for women weekly; scored ≥5 on AUDIT. Median age= 30.0 20.0% Female NR Race/ethnicity N screened= 3,026 N screened positive= 1,139 Attrition rate= 42.0% Compensation: None	Screening: Automated (CD-ROM) Brief Intervention: Automated(CD-ROM) Components: HLMF+NF Details: Alcohol consumption was measured by assessing current drinking pattern, using the AUDIT and Readiness to Change Questionnaire (RTC-Q) Comparison condition(s): Assessment only Follow up: 6 and 12 months	Alcohol consumption in the intervention group decreased over time from a baseline median of 28 grams/ day (e.g., median alcohol consumed decreased 23.5% and 15.2% at the 6 and 12 month follow-ups).
Riper, H.; 2008	Community-based	Screening: Automatic (web-based)	Mean weekly alcohol consumption* (mean # of drinks/month): 29.6% decrease in the intervention group compared to assessment and education

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Individual RCT; Fair (2); Netherlands	Convenience sample – Recruited participants through advertisements in national newspapers and health-related websites; exceeded Dutch guidelines of an average of > 21 for male or >14 female standard units/week or >6 for male or >4 units for female at least 1 day/week; between ages 18-65; not receiving professional help for problem drinking. Mean age: 45.9 49.2% Female NR Race/ethnicity N screened= 307 N screened positive= 273 Attrition rate= 42.1% Compensation: None	Brief Intervention: Automated(web-based) Components: HLMF *Details:* Drinking Less measured alcohol consumption by a 7-day alcohol consumption recall (available 24/7 for 6 weeks). Comparison condition(s): Assessment and education – educational web-based brochure Follow up: 6 and 12 months	group (baseline: 124.9). Effects were greater among women than men (e.g., alcohol consumption decreased by 20.3% among women vs. 8.0% among men) at the 12 month follow-up. *1 unit= 10g of pure ethanol Effects were greater among women than men (e.g., alcohol consumption decreased by 20.3% among women vs. 8.0% among men) at the 12 month follow-up.
Spijkerman,R.; 2010; Individual RCT; Fair (3);	Research agency (Flycatcher) Convenience sample – Online panel member survey from	Screening: Automated (web-based) Brief Intervention: Automated (web-based)	The intervention was substantially more effective for males than females in both conditions: • with normative feedback: OR=3.0 (95% CI: 1.23, 7.27) • without normative feedback: OR=3.6 (95% CI: 1.44, 9.25)

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Netherlands	the Netherlands (youth aged 15 to 20). 15 to 16 year olds must binge drink at least once a month while 17 to 20 year olds must binge drink at least once a week. Binge drinking: > 4 alcoholic consumptions per occasion for females and > 6 for males. Mean age: 18.2 61.5% Female NR Race/ethnicity N screened= 1,012 N screened positive= 575 Attrition rate= 51.7% Compensation: vouchers	Components: NF + LLMF *Details*: Alcohol use measured by Alcohol Weekly Recall method. Consumption in standard units over last 7 days; 1 unit= 10g of pure ethanol (15 minutes). • Intervention #1: normative feedback and MI • Intervention #2: without normative feedback but with MI Comparison condition(s): Assessment only Follow-up: 1 and 3 months	
Suffoletto, B.; 2011; Individual RCT; Good (1); USA	Emergency department Universal/probability sample – Young adults aged 18-24 identified during their ED visit with hazardous drinking behavior defined by an AUDIT-C score ≥3 for women, ≥4 for	Screening: Automated (web-based) Brief Intervention: Automated (IVR: text messaging) Components: HLMF *Details:* Alcohol consumption was measured by the timeline follow-	Heavy drinking days (binge drinking frequency): 68.2% and 42.2% decrease in the intervention group compared to the assessment only and control group, (baseline: 5.9). Drinks consumed per drinking day (mean # of drinks/occasion): 54.1% and 30.9% decrease in the intervention group compared to the assessment only and control group (baseline: 5.2).

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Author; Year; Design; Execution; Location	*Sample Characteristics* **Setting** **Recruitment method & eligibility requirements** **Demographics** **Sample size/attrition**	*Intervention Characteristics:* **Screening** **Brief intervention** **Components** **Comparison** **Follow-up**	*Results* **Notes:** • **Format: Reported outcome measure (outcome category)** • **Baseline values are transformed (quantity standardized to US drinks; time periods standardized to months)** • **Relative percent change given unless otherwise indicated** • **All results reported from last follow-up**
	men (82% of sample enrolled in college). Mean age: 21.0 64% Female 24% Black N screened= 109 N screened positive= 52 Attrition rate= 13.3% Compensation: $60 for completion and final instruments. Assessment/ intervention groups received $30 (if replied to 10 texts)	back method – recall the amount of drinks with alcohol in last 28 days. Comparison condition(s): • Assessment only – weekly text message queries with immediate automated responses but no motivational feedback • .Assessment only (control) – weekly text message about completing the final survey Follow up: 3 months	
Sugarman,D.E.; 2010; Individual RCT; Fair (2); USA	University Convenience sample – Majority recruited through a psychology subject pool.(30% recruited from psychology classes/campus advertisement) Heavy drinking participants only included in analysis (consumption of ≥ 5 drinks for men or ≥4 drinks for women on ≥2 occasions in	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: NF + LLMF *Details*: TLFB 28 day method was utilized for alcohol consumption. The intervention addressed drinking patterns, comparison to norms, level of Intoxication, risk,	# of heavy drinking days (binge drinking frequency): 9.9% decrease in the intervention group compared to the assessment and education group (baseline: 6.2). Average drinks per drinking day (mean # of drinks/occasion): 1.0% decrease in the intervention group compared to the assessment and education group (baseline: 5.9). Average drinks/week (mean # of drinks/month): 13.5% decrease in the intervention group compared to the assessment and education group (baseline: 56.1).

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	the past month) Mean age: 19.2 55.2% Female 84.8% White 2.9% Black 7.6% Asian American N screened= 485 N screened positive= 393 Attrition rate= 45.3% Compensation: $10	strategies and "tips" for safer drinking. Comparison condition(s): Assessment and education – Received only general health information from healthierus.gov. (Only heavy drinkers included) Follow-up: 1 and 2 months	BYAACQ: 0.04 point decrease in the intervention group compared to the assessment and education group (baseline: 6.9).
Trinks, A.; 2010; Individual RCT; Fair (2); Sweden	Emergency department Universal/probability sample – over 18; binge drink, ≥5 drinks in a row for men and ≥4 drinks in a row for women, at least 1 time, during the 2 weeks preceding the survey. Mean age: 35.7 42.0% Female NR Race/ethnicity N screened=1,570	Screening: Automated (CD-ROM) Brief Intervention: Automated (CD-ROM) Components: PF+LLMF Details: Respond to questions on computer adjacent to ED waiting room. Intervention group #1:Full feedback Intervention group #2: short feedback with graphic illustrating their risk level.	Binge drinking frequency: 11.4% decrease in intervention group #1 compared to intervention group #2 (baseline: 3.0). Drinks consumed over previous week (mean # of drinks/month): 9.9% decrease in intervention group #1 compared to intervention group #2 (baseline: 21.7). Change in favorable direction from "risky" drinking status to "no-risk": 43.6% (p>.05).

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	N screened positive= 560 Attrition rate= 36.0% Compensation: None	Comparison condition(s): None Follow-up: 6 months	
Walters, S.; 2009; Individual RCT; Fair (2); USA	University Universal/probability sample – Undergraduates recruited from psychology /health courses and campus flyer (≥ age 18 and report of one heavy drinking episode defined as ≥4 drinks (women), ≥5 drinks (men) in a single episode). Mean age: 19.8 64.2% Female 84.6% White N screened= 428 N screened positive= 332 Attrition rate= 13.6% Compensation: $20 or psychology course extra credit at each assessment and for	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: HLMF + NF *Details*: Alcohol consumption assessed using 7-day Daily Drinking Questionnaire. • Study Arm 1: Personalized feedback report displayed on the screen (FBO) • Study Arm 2: Single session of MI with a personalized feedback web-based report (MIF) Comparison condition(s): • Assessment and other – face-to-face MI without web-based personalized feedback report (MIO) • Assessment only	**Study Arm 1:** • Drinks/week (mean # of drinks/month): 0.1% relative increase in the FBO intervention group compared to the assessment only group (baseline: 57.1). • Peak BAC (peak consumption/occasion): 2.4% decrease in the FBO intervention group compared to the assessment only group (baseline: 0.15). **Study Arm 2:** • Drinks/week (mean # of drinks/month): 32.3% decrease in the MIF intervention group compared to the assessment only group (baseline: 71.2). • Peak BAC (peak consumption/occasion): 23.9% decrease in the MIF intervention group compared to the assessment only group (baseline: 0.18). Web-based + face-to-face SBI vs. web-based feedback only: • Peak BAC (peak consumption/occasion): 22.0% decrease in the MIF intervention group compared to the FBO control group (baseline: 0.18). • Drinks/week (mean # of drinks/month): 32.4% decrease in the MIF intervention group compared to the FBO control group (baseline: 17.8) • RAPI (alcohol-related harms):0.1 point decrease in the MIF intervention group compared to the FBO control group (baseline: 6.7). Web-based + face-to-face SBI vs. face-to-face SBI: • Peak BAC (peak consumption/occasion): 29.4% decrease in the MIF intervention group compared to the MIO control group (baseline: 0.18).

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	attending the in-person session	Follow-up: 3 and 6 months	• Drinks/week (mean # of drinks/month): 27.9% decrease in the MIF intervention group compared to the MIO control group (baseline: 71.2). • RAPI (alcohol-related harms): 1.9 point decrease in the MIF intervention group compared to the MIO control group (baseline: 6.7).
Walters, S.; 2007; Individual RCT; Fair (4); USA	University Universal/probability sample – First-year students attending university. Mean age: NR 48.1% Female 72.7% White N screened= 351 Attrition rate= 22.6% Compensation: Chance to win one of ten $100 cash prizes awarded at the completion of each assessment point.	Screening: Automated (web-based) Brief Intervention: Automated (web-based) Components: LLMF + NF *Details*: e-CHUG measured alcohol consumption using a 7-day drinking calendar similar to the Daily Drinking Questionnaire. RAPI was used to measure consequences related to drinking in the last 30 days. Feedback report displayed immediately on screen. Comparison condition(s): • Assessment only Follow-up: 2 and 4 months	Peak BAC (peak consumption/occasion): 17.3% decrease in the intervention group compared to the assessment only group (baseline: 0.18). Drinks/week (mean # of drinks/month): 8.2% decrease in the intervention group compared to the assessment only group (baseline: 35.6). RAPI:0.3 point increase in the intervention group compared to the assessment only group (baseline: 2.3).
Walton, M.; 2010; Individual RCT;	Emergency department Universal/probability sample –	Screening: Automated (web-based) Brief Intervention:	Any binge drinking in the past year (change in drinking pattern): 16.4% decrease in the proportion of binge drinkers (i.e., ≥5 drinks on an occasion) in the intervention group compared to assessment and education group

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Fair (3); USA	14-18 years old; both past year aggression and alcohol consumption. Mean age: 16.7 57.8% Female 40.4% White 54.4% Black 6.3% Hispanic N screened=3,338 N screened positive= 829 Attrition rate= 13.8% Compensation: $1 gift for screening; $20 for brief intervention; $25 for 3 month follow-up; $30 for 6 month follow-up	Automated (web-based) Components: HLMF+NF *Details*: SafERteens measured alcohol consumption using the AUDIT-C and alcohol consequences using POSIT. Interactive animated program. Animated character guided participants and gave audio feedback on their choices (35 minutes). Comparison Conditions: • Assessment and education – Brochure with community resource • Assessment and face-to-face – counselor session facilitated Follow-up: 3 and 6 months	(baseline: 49.0%). ≥2 negative consequences, such as missed school, or trouble with friends (alcohol-related harms): 1.8% relative increase in the proportion experiencing alcohol-related problems in the intervention group compared to the assessment and education group.

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