Seeking Solutions

The Role of Behaviors & Beliefs in College Alcohol Help-Seeking Intent

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Introduction

- Approximately 55% of college students reported drinking alcohol in the past month

  - 22% at the binge drinking level[1]

- Between 15 – 30% meet DSM–5 criteria for Alcohol Use Disorder (AUD) in the past year within the first 3 years of college[2]

- Excessive drinking leads to risky behaviors and serious health, social, and academic issues[3]
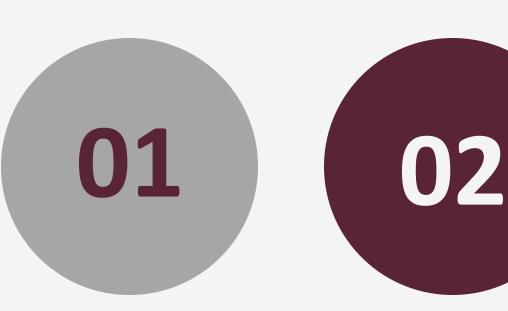
However, only 8% of affected students seek help.[2,4]

Why the utilization gap in help-seeking behaviors?

Campus Resources[5]

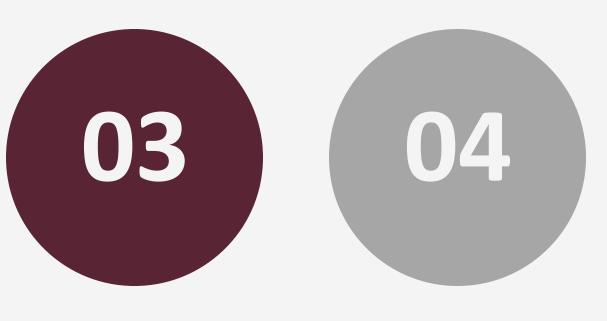Low awareness/
bad promotion of services

01

02

Beliefs[6]

Previous negative beliefs about
treatment and campus policy

Social Stigma[7]

Fear of negative labeling,
discrimination, and blame

03

04

Campus Culture[8]

Normalizes harmful drinking
behaviors, thus, seeking help is
less normalized

Objective

To analyze relationships between college student drinking patterns, beliefs about, norms regarding, and perceived control over their ability to seek help for alcohol use, with *intentions* to seek professional help if they were made aware of problematic alcohol use.

Methods

Sample

National data from 1,561 college students who were at least past year drinkers

Alcohol use Tool

10 Questions; AUDIT scores (0–40) assessed alcohol use

Analysis

Linear regression; DV = help-seeking intent

IV/Predictors

AUDIT, Help-seeking beliefs, peer norms, and perceived behavioral control, and demographics

Results

27%

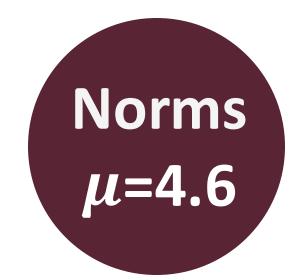Had an AUDIT score ≥15, suggesting the likelihood of dependence

Table 1. *Sample demographics*

	N (%)	*M (SD)*
Age	-	21.12 (1.79)
Sex		
Female	925 (59.33%)	-
Male	634 (40.67%)	-
Race		
White	761 (48.81%)	-
non-White	798 (51.19%)	-
AUDIT Score	-	10.42 (7.81)

Theory-informed Semantic Scale Results

Help-seeking Beliefs Effectiveness/Quality

If I thought or knew I had a problem with my drinking, seeking help from a health professional would be...
(1=ineffective/7 = effective)

Attitude μ=4.9

Norms μ=4.6

Subjective/Injunctive Norms of help-seeking

Those important to me would...seeing a health professional if they thought or knew I had a problem with my drinking.
(1=disapprove/7=approve)

Perceived Behavioral Control of help-seeking

How much control do you have over whether you could see a healthcare professional if you thought or knew you had a problem with your drinking?
(1=no control/7=complete control)

Control μ=5.1

Intent μ=5

Intent to seek help if aware of alcohol problem

I intend to see help for my alcohol use if I thought or knew I had a drinking problem.
(1=definitely not/7=definitely)

Results

Table 2. *Help-seeking intent regression*

Predictors	B	Robust SE N	P
Age	0.033	0.017	.050*
Sex (female)	0.148	0.063	.018*
Race (non-White)	0.110	0.001	.071
AUDIT score	-0.010	0.004	.013*
Attitude	0.206	0.028	< .001***
Norms	0.077	0.021	< .001***
Behavioral Control	0.245	0.026	< .001***

Note: * $p \leq 0.05$, **$p \leq 0.01$, *** $p \leq 0.001$

The model accounted for approximately 41% of the variance in help-seeking intentions ($F(10, 1548) = 114.29$, $p < .001$).

Conclusion

- Students at risk for AUD were less likely to seek help despite need

- Campus programs must address drinking behaviors *and* help-seeking beliefs/social norms

- Targeted interventions are needed to shift attitudes toward help-seeking, leveraging normative influences

Limitations

- Cross-sectional data cannot be used to make causal inferences.

- Semantic differential scales (and potentially sensitive subject matter) may have introduced response bias.

- There can be a gap between intentions and actual behavior. Help-seeking hesitancy is a complex cognitive and behavioral construct that varies by context and can be moderated by social support.

Recommendations

Leverage peer influence to promote help seeking

01

02

Collaboration among campus orgs to screen students

Promote and train AUD bystander intervention

03

04

Provide referrals based on student preferences

Thank You

Do you have any questions?

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