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Background Like many indigenous peoples, New Zealand Māori bear a heavy burden of alcohol-related harm relative to their non-indigenous compatriots, and disparities are greatest among young adults. We tested the effectiveness of web-based alcohol screening and brief intervention (e-SBI) for reducing hazardous drinking among Māori university students.

Methods We ran a double-blind, multi-site, randomised controlled trial. We invited 6697 17–24-year-old Māori students from seven of New Zealand's eight universities to complete a web-based AUDIT-C, a screener for hazardous and harmful drinking. Those screening positive were computer randomised to: <10 min of web-based alcohol assessment and personalised feedback (intervention) or screening alone (control). We conducted a 5 month follow-up assessment with observers and participants blinded to study hypotheses, design, and intervention delivery. Predetermined primary outcomes were: (1) frequency of drinking (2) amount consumed per typical drinking occasion, (3) overall volume of alcohol consumed, and (4) academic problems.

Results 1789 respondents were hazardous drinkers (AUDIT-C \geq 4) and were randomised: 850 to control, 939 to intervention. Follow-up assessments were completed by 682 controls (80%) and 733 intervention group members (78%). Relative to controls, participants receiving intervention drank less often (RR=0.89; 95% CI 0.82 to 0.97), less per drinking occasion (RR=0.92; 0.84 to 1.00), less overall (RR=0.78; 0.69 to 0.89), and had fewer academic problems (RR=0.81; 0.69 to 0.95).

Significance Web-based screening and brief intervention reduced hazardous and harmful drinking among non-help-seeking Māori students in a large scale pragmatic trial. This intervention is now being implemented routinely in all New Zealand universities and could be implemented elsewhere. The study has wider implications for behavioural intervention in the important but neglected area of indigenous health.