

Evaluation of the screening and brief intervention for risky alcohol use in Sibasa primary health care clinic in Thulamela Municipality: A randomized controlled trial.

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ABSTRACT

Background

The use of alcohol as a drug is common in many societies, and has a history stretching back for millennia (Rodseth, 2012). There is a well-developed culture surrounding the production and consumption of alcoholic beverages, as they form part of celebrations, meals and religious rituals and frequently form the hub of social interaction (Rodseth, 2012). In a review of the data from national surveys carried out in South Africa, Peltzer and Ramlagan (2009) found that binge drinking was between 7% and 11% and risky drinking, 6.9%. South Africa appears to have one of the highest levels of alcohol consumption per drinker in the world. Up to a third of drinkers in this country drink at risky levels over weekends, and it is common for them to drink to intoxication (Peltzer & Ramlagan, 2009). Thirty to fifty percent of people, who drank in 2008, experienced at least one alcohol-related problem, such as missing work or having interpersonal problems (Schukit, 2009).

Disorders related to alcohol use are responsible for a large proportion of the health-care burden in many countries. Alcohol affects almost every organ in the body (Schukit, 2009). Alcohol-related traumatic injuries, as a result of violence and motor vehicle accidents are common in South Africa. The levels of Foetal Alcohol Syndrome are the highest ever recorded (Peltzer & Ramlagan, 2009). Studies show very strong links between drinking and the engagement in risky sexual behaviours, increasing the risk of HIV infections (Peltzer & Ramlagan, 2009). Risky alcohol use is a problem as it creates many negative consequences for both the drinker and the people near to him/her. There is a need for an effective method to help those who are risky drinkers to reduce their drinking.

The use of brief intervention can be very effective in helping the patients reduce or discontinue alcohol abuse (Rodseth, 2012). The brief intervention protocol includes four components, namely: ask about alcohol use, assess using the Alcohol Use Disorder Identification Test (AUDIT), advise using the brief intervention protocol, and assist. Intervention includes direct feedback about the researched concerns, discussions about the impact on the patients' health, setting goals, behavioural modification strategies, direction to self-help resources and follow-up and reinforcement (Saunders, Aasland, Amundsen & Grant, 1993).

Objectives

- To pre-test the use of alcohol with the aid of the Alcohol Use Disorder Identification Test;
- To implement the screening and brief intervention; and
- To implement a post-test to ascertain the use of alcohol 6 months after the intervention.

Data collection and analysis

A sample of 140 participants who consulted the Sibasa clinic was selected using the AUDIT questionnaire, and then randomly sampled to be either part of a control or experimental group. Each group consisted of 70 participants. After selection, the control group was provided with only an information leaflet on how to cut down alcohol. The experimental group was provided with individual counselling. Depending on their drinking behaviour, the counselling the experimental group received ranged from simple advice, alcohol education and brief counselling. Six months after the first AUDIT, both groups were reassessed to ascertain if there had been any change in drinking behaviour.

Main results

The baseline data was compared with the post test data using ANOVA and the results showed a significant reduction of the AUDIT score in both experimental ($t=15.47$; $P<0.001$) and control ($t=11.28$; $P<0.001$) groups. However, the intervention group had a higher reduction in alcohol consumption than the control group. Using ANOVA, showed that there was, overall, no significant intervention effect between experimental and control conditions at the 6 months follow-up.

Author's conclusions

Overall, brief intervention was effective in reducing the consumption of alcohol. There was improvement on the alcohol consumption of the control group. The sample was small, hence there is a need for future researchers to continue the research using bigger samples.