

*Training primary care nurses
to conduct alcohol screening
and brief interventions in
South Africa*

**Karl Peltzer, Phillip Seoka, Tom
Babor and Joyce Tlakula**

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South Africa



Figure 1. The Provinces of South Africa.



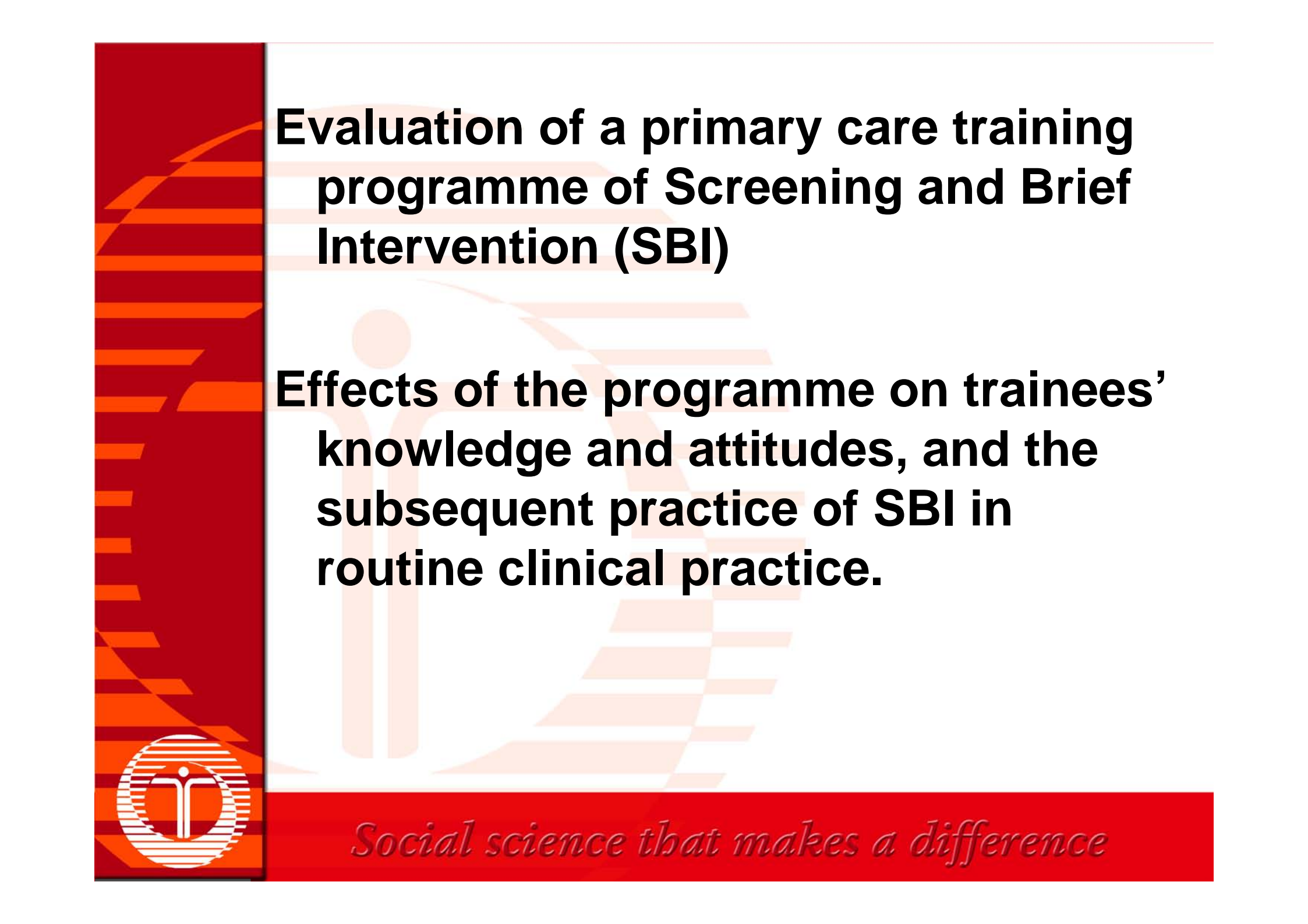
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Evaluation of a primary care training programme of Screening and Brief Intervention (SBI)

Effects of the programme on trainees' knowledge and attitudes, and the subsequent practice of SBI in routine clinical practice.



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Curriculum and Training

- **Alcohol Use Disorders Identification Test (AUDIT) (Babor et al. 2001a)**
- **WHO brief intervention package for hazardous and harmful drinking (Babor et al. 2001b)**
- **Self-help booklet for patients**
- **Handout 'cutting back'**
- **Adapted to the South African context (Standard units, translations)**



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Training sites:

- rural site Vhembe district,
 - one hospital and 29 primary health care facilities (2 health centres and 27 clinics)
- urban site: Polokwane city and Seshego Township, all 3 clinics and 6 mobile clinics, the health center and the Seshego hospital,
 - 121 nurses, 86 professional nurses (chief, senior and professional nurses) and 29 enrolled or assistant nurses.
 - 38.7 % of all the nurses of the 35 clinics, (of the total number of 314 nurses)
 - In each clinic at least two nurses were trained.



Training context:

- The training at the sites was delivered in six hours.
- A nurse and psychologist trainer and the project site consultant delivered the training.
- As many practice staff as possible were invited to the training, including physicians, professional nurses, and assistant nurses.
- Follow-up supervisory and support visits were also provided.



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Alcohol use by gender in community of research site

AUDIT score levels	Total	Men	Wo- men	
	Col%	Col%	Col%	
Abstainers (0)	68.4	55.4	80.7	
Low-risk drinkers (1-7)	15.3	18.5	12.1	
High-risk drinkers (8-19)	11.0	22.2	5.0	
Probable alcohol dependence (20+)	3.3	4.8	1.4	
Mean (SD) total AUDIT score	3.0 (6.2)	4.5 (6.9)	1.7 (4.9)	$t=6.62$ ***



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Market for alcoholic beverages 1996, South Africa

6 billion alcoholic beverages/year

Pure, AA levels: about 10 litres/person (15yrs+)/year
plus 3-4 litres unrecorded (home brewed beer)

23 in world, followed by Australia

Malt beer	45.1%
Sorghum	20.4%
Brandy	8.4%
Nat wine	15.2%
Cane/grain	5.1%
Other	5.8%



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Availability/access

23000 licensed liquor outlets

200000 unlicensed outlets (estimated)

1 liquor outlet : 190 persons in SA

For youth easy purchase of alcohol from
bottle stores, supermarkets, bars and shebeens

Legal age: 18 years

Parry & Bennets (1998)



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Current alcohol use: Adults (national)

28% total adults (15yrs above)

45% men; 17% women

14% youth

Risky drinking (5/man; 3/woman)

-43% weekend (current drinkers)

-binge drinking in youth in males >25% in many communities

-10-21 yrs (national): rural black males: 7.6% (above 36.5 litres of AA per year; 4.9x340 ml bottles beer/day)

(Demographic and Health Survey, 1998)



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Research Method

- Pre-post (9 months after training) with a self-administered questionnaire
- Quality assurance of training was conducted by tape-recording of 40 nurses-patient SBI interactions.

Ethics

Informed consent was taken from participants, and ethics approval was obtained from the University of the North Ethics Committee and the Provincial Department of Health and Welfare.



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Measures

- Knowledge on alcohol use and problems* (8 items).
- Confidence in screening of alcohol use* (5 items),
- Confidence in Brief intervention with alcohol problems* (5 items)
- Perceived obstacles to screening alcohol use* (15 items), for example: “I feel it is an invasion of privacy to ask patients questions about their alcohol consumption.”
- Perceived obstacles to brief intervention with alcohol problems* (19 items),
- Self-efficacy in SBI* (5 items),
- Expectations of SBI benefit* (5 items),
- Questions on screening and brief intervention practices, and barriers and support in implementing SBI at follow-up*



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Screening and Brief Intervention Log Sheet for PHC

PHC Site:

Month:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total No. Eligible																															
Total No. Screened																															
Total No. Positive																															
Total No. Negative																															
Total No. Referrals																															
<i>Types of interventions provided</i>																															
# Alcohol Education																															
# Simple Advice																															
# Brief Counselling																															
# Follow up																															
Week 1 Total																															
Week 2 Total																															
Week 3 Total																															
Week 4 Total																															
Month Total																															



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Data analysis

Group means of the knowledge, confidence, perceived obstacles, self-efficacy and benefits scales were compared across time (before and nine months after training) using a Paired Samples T-Test.



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Table 1. Means (standard deviation) of pre- and post training scale scores for knowledge, confidence, perceived obstacles, self-efficacy and expectations/benefits

Scale	Pre-training (N=121)	Post-training (N=81)	t
Objective knowledge (range 0=8)	3.9 (1.5)	4.8 (1.9)	3.22**
Confidence in screening (range 1-4)	2.0 (0.4)	2.9 (0.8)	3.14**
Confidence in brief intervention (range 1-4)	2.7 (1.2)	3.2 (0.5)	2.61*
Perceived obstacles to screening (range 1-5)	3.4 (0.6)	3.2 (0.5)	-1.63
Perceived obstacles to brief intervention (range 1-5)	3.3 (0.5)	3.1 (0.4)	-1.88
Self-efficacy in SBI (range 1-5) 1	3.0 (0.5)	3.5 (0.5)	2.88**
Expectations of SBI benefit (range 1-5) 4	4.1 (0.9)	4.3 (0.7)	1.54



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Table 2: In the past nine months adult patients managed specifically for heavy drinking or alcohol-related problems

No of patients	Pre-training (%)	Follow-up (%)
None	55.0	29.3
1-5	26.2	39.8
6-11	6.7	18.0
12-24	4.5	4.3
25-49	4.3	4.3
50 or more	3.2	4.1



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Implementation barriers and support

Barriers SBI:

- mainly patient-caused (55%) (disinterested/refused)
- shortage of staff/work overload (35%), and
- some (10%) mentioned that patients at risk do not come to the clinic.

Barriers to referral:

- “don’t use them/like them” (63%)
- lack of adequate services for the treatment of alcoholic patients (24%).

Supporting elements

- cooperation from colleagues (31%),
- support from facilitators and supervisors (29%), and
- training (19%).



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SBI modalities

-Most (74%) nurses screen patients during consultation, when time (21%) and after consultation (5%).

-Most (71%) record the screening results on provided log-sheets, 14% in the record book, and 5% on the AUDIT sheet.

-One-thirds indicated that the programme works okay,

-one-thirds that either only specific staff or all staff should be trained and

-one-thirds that it should be widely advertised in the community.



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Monitoring of SBI: Jan 04 to June 04
(6 months)

(from 33, only 10 clinics active with
monitoring)

Total patients screened: 3479,

Screened positive: 790 (20.6%)

Brief intervention: 790 (all)

Referred to hospital/NGO: 21

Feedback from referred cases: none



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Conclusion

- Moderate training effects but all changes were in a direction more conducive to implementing SBI.
- Health care providers significantly increased in knowledge, confidence in SBI and higher self-efficacy in implementing SBI at follow-up after 9 months after receiving the training.
- When delivered in the context of a comprehensive SBI implementation programme, this training is effective in changing providers' knowledge, attitudes, and practice of SBI for at-risk drinking



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