

# Evaluation of STAD's training in alcohol prevention (Screening and brief intervention) for primary care

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# Background

- Prevention of harmful alcohol consumption is a one of the main objectives in the Swedish public health policy
- Patients in Primary Health Care units (PHC) represent the main part of the population
- Screening and Brief Intervention include identifying people at risk for harmful drinking and a short conversation about alcohol habits.

# Aim

- Evaluation of STAD's training regarding the perception of barriers to do SBI at the PHC.
- Research question 1: Do the training make it easier to conduct SBI over time?
- Research question 2: Does the trained group perceive less barriers compared to controls at six and 12 months follow-ups?

# Design

## Cluster sampling

- Group 1= trained group. Three repeated measures, baseline – 6 months follow-up – 12 months follow-up.
- Group 2=Untrained Control group. assessed at 6 months
- Group 3 = Untrained Control group2 assessed at 12 months

# Participating primary health care units

Health care unit	Group	Number employed	Physicians and Nurses	Administration	Laboratory
Sjöstaden	1	16	13	0	3
Sätra	1	18	12	4	2
Husläkar mottag. Johannes	1	22	20	2	0
Nykvarn VC	1	27	21	5	1
Stuvsta	1	45	33	4	8
Akka	1	40	35	5	0
RissneVC	1	26	22	4	0
Tumba	1	43	36	7	0
Ulriksdal VC	2	11	7	3	1
Handens VC	2	36	33	3	0
Gröndals VC	2	33	22	8	3
Spånga VC	2	40	33	0	7
Lisebergs VC	3	25	20	2	3
Storvretens VC	3	27	22	0	5
Riksby VC	3	23	18	5	0

Table 2. Changes from baseline to six and 12 months follow-up among the trained group ■

Statement	t	Six months		12 months		p	
		Df	p	F	df		
1	Alcohol prevention is effective	1,151	52	0,255	0,892	39	0,378
2	Heavy consumption leads to bad health	1,218	53	0,229	-	-	-
3	<b>I know the limits for risk consumption</b>	3,189	53	0,002	2,802	41	0,008
4	<b>Ask men more often than women</b>	2,994	53	0,004	1,260	40	0,215
5	Primary care should do prevention	1,664	53	0,102	0,650	41	0,519
6	There are routines	4,502	52	< 0,001	1,955	39	0,058
7	<b>Practical guidance is good</b>	- 2,060	52	0,044	2,644	39	0,012
8	<b>I ask about alcohol if i believe it leads to the symptom</b>	1,197	53	0,237	3,122	39	0,003
9	Unnesesary to talk alcohol to all patients (negative)	0,645	50	0,522	0,267	38	0,791
10	<b>Know several screening methods</b>	2,754	53	0,008	3,390	40	0,002
11	<b>Efficacy to affect alcohol habits</b>	2,559	52	0,013	1,300	38	0,201
12	Difficult to affect alcohol habits	0,280	49	0,781	0,334	41	0,740
13	Prevention is a task for primary care	0,853	52	0,398	0,713	41	0,480
14	Difficult talk about alcohol	0,184	52	0,855	2,148	41	0,038
15	<b>Costeffective</b>	3,840	52	<0,001	0,381	39	0,705
16	There are people to ask	0,314	55	0,755	2,877	40	0,006
17	Interest for alcohol problems	0,590	57	0,055	0,953	41	0,346
18	Can give correct advises about alcohol	3,852	55	0,001	4,581	40	<0,001
19	Prevention is reinforced	0,633	52	0,530	0,768	40	0,447
20	<b>Risk consumption is common in our area</b>	2,392	52	0,020	1,242	41	0,221

## Differences between trained and controls at 6 and 12 months

Påstående nr		Sex månader			12 månader		
		t	Df	p	t	df	P
1	<b>Alcohol prevention is effective</b>	2,070	120	0,041	0,812	83	0,419
2	Heavy consumption leads to bad health	0,890	120	0,375	-	-	-
3	<b>I know limits for risk consumption</b>	2,679	118	0,008	3,561	83	0,001
4	Ask men more often than women	0,764	119	0,446	0,076	82	0,940
5	Primary care should do prevention	0,071	119	0,943	0,507	83	0,613
6	<b>There are clear routines</b>	1,859	120	0,065	1,983	82	0,050
7	<b>Practical guidance is positive</b>	1,493	120	0,138	4,443	83	< 0,001
8	Ask about alcohol when I believe it causes the symptom	0,607	119	0,545	0,923	83	0,359
9	Unnesesary to talk about alcohol to all (neg)	0,551	111	0,583	0,655	83	0,514
10	Knows about several screening methods	1,894	120	0,061	1,346	83	0,182
11	Efficacy to affect others alc habits	0,369	120	0,712	0,562	83	0,575
12	Difficult to affect alcohol habits (neg)	1,266	99	0,208	0,996	83	0,322
13	Prevention is a task for primary care	0,465	119	0,643	0,130	83	0,897
14	Difficult to talk about alcohol (neg)	0,136	112	0,892	0,802	82	0,425
15	<b>Cost effective</b>	2,784	120	0,006	2,919	82	0,005
16	<b>There are people to ask</b>	0,362	120	0,718	2,708	83	0,008
17	Have an interest in alcohol problems	0,284	120	0,777	1,153	82	0,252
18	<b>Able to give correct advises about alcohol</b>	2,495	119	0,014	1,190	82	0,238
19	Prevention is reinforced	1,265	120	0,208	1,276	82	0,206
20	Risk consumption is commonn	0,689	120	0,492	1,072	83	0,287
21	<b>Common attitudes to SBI is more positive</b>	1,043	91	0,300	2,498	83	0,014

# Conclusion

The aim was to evaluate if training in SBI make the participants perceive less barriers to conduct alcohol prevention. The result showed that compared to baseline, one year after training participants

- Knew more about limits for risk consumption
- Asked male patients about alcohol more often than female patients.
- Had a more positive attitude to practical guiding in SBI
- Asked more often about alcohol if they believed it would lead to the symptom
- Knew several screening methods



# Conclusion continued

One year after intervention the training group compared to the control group

- Had more knowledge about limits for risk consumption.
- Perceived clearer routines for prevention at work
- Were more positive to practical guidance
- Had more knowledge about the cost-effectiveness of SBI
- Felt there were more people to ask about how to do around
- Perceived a more positive attitude towards SBI

## Discussion

- If alcohol prevention leads to less costs the time lag between action and feed-back is a problem in when deciding causality
- The particular PHC that conducted the action maybe not will get the reward (less costs).
- money labeled for prevention