

ALCOHOL SCREENING AND BRIEF INTERVENTION (SBI)

At the Kenyatta National Hospital and Kikuyu Mission Hospital in Kenya

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INTRODUCTION

The Kenya Alcohol Screening and Brief Intervention (KASBI) is based around Nairobi in Kenya, and will be conducted at a rural hospital (Kikuyu Mission Hospital) and a National Public Referral Hospital (Kenyatta National Hospital).

The project focuses on health care providers screening for hazardous or dangerous alcohol drinking among selected patients at the two hospitals. For those screening positive, brief interventions are conducted.

It is expected that for patients taken through this screening and brief intervention, it will be possible to influence them to voluntarily reduce their alcohol consumption to acceptable healthy levels (responsible drinking), or to stop altogether. It is also aimed at sensitising health care providers on their role in influencing positive behaviour change and the effectiveness of alcohol screening tools in medical practice.

The project director is Dr. Sampson Misango, at both Kenyatta and Kikuyu hospitals. Initially, screening and brief intervention will be performed by physicians and medical students and they will receive a monthly stipend. Initial training and regular consultation is being provided by Dr. Jana MacLeod, a leader in trauma centre SBI in the United States. Ongoing support is also being provided by funding partners through Christine Sicinski, who has supported the development of SBI in the U.S.

OBJECTIVES

The project will focus on assessing the following:

- Baseline and six-month post-intervention AUDIT scores for 100 patients.
- Total number of patients screened as a percentage of eligible patients.
- Total number of patients provided with brief intervention as a percentage of eligible patients.
- Lessons learnt in the implementation in two health care settings in Kenya.
- Development of an implementation model that is feasible and effective in a Kenyan health care setting.

CONSIDERATIONS

Problems encountered by the WHO Collaborative project were primarily centred around the inability to follow up. Those who were seen in the primary care clinic setting during that project had often travelled to attend their appointment. They gave the local address of a relative for treatment, but did not personally live locally, to enable a follow up. We address this concern, in part, by conducting the intervention at the emergency and accident setting. Our hope is to see patients who are seeking immediate treatment and live in the area.

Additionally, technology creates an advantage for follow up. Mobile phones were not used extensively in 1992. Increased access to this technology may increase follow up ability.

The large body of research supports the efficacy of alcohol screening and brief intervention, including when used in the emergency medical setting. Therefore, this project's focus is on the practical considerations of establishing and maintaining a consistent SBI programme – securing funding and experienced trainers, providing ongoing support and encouragement for project staff and testing the validity and consistency of brief interventions provided to patients.

TRAINING

METHODS:

Training

A full day and a half day course were organised by Dr. Samson Misango for 10 participants. Those trained were physicians and medical students at both Kenyatta and Kikuyu hospitals. Training was conducted at the Kikuyu hospital. The training, conducted by Dr. Jana Macleod, was composed of lectures and practical sessions where brief intervention was introduced. Practical sessions included watching role playing of brief intervention with discussion, followed by practice in pairs of the various components of brief intervention. Lecture and practice were augmented by numerous short videos of brief interventions from the BNI institute at Boston University. At the conclusion of the training, group discussion was conducted to address the implementation of SBI into the two health care settings.

SBI Project

- The screening tool with the AUDIT.
- Patients to be screened will be those seen in the accident and emergency setting at both hospitals.
- A follow up with patients will be conducted at the six month mark to collect self reports of drinking behaviour.
- The project will run from 23 July 2009 until 23 July 2010. A final report will be produced at the project's end.



August 2009 – students practice their brief intervention skills

SPONSOR AND CONTACT

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