

Integrating brief alcohol reduction interventions into chronic disease care in South Africa: findings from a cluster randomized controlled trial.

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Introduction and Aims: Uncertainty about how to resource brief alcohol reduction interventions has hampered their integration into South Africa's chronic disease services. We compared the effectiveness of two approaches to delivering this service relative to treatment as usual for reducing alcohol use severity among patients receiving treatment for a chronic disease.

Methods A three-arm cluster randomised controlled trial that recruited 663 patients with a chronic disease who reported unhealthy alcohol use (AUDIT \geq 8) from 24 primary care clinic clusters in the Western Cape, South Africa (SA). Clusters were randomly allocated to a "designated" approach to intervention delivery (training existing adherence counsellors to deliver the service), a "dedicated" approach" (employing additional counsellors to provide the service) or treatment as usual. Mixed effects linear regression models assessed the primary outcome (change in AUDIT score (TAU)) at 6 and 12 month follow up (MFU).

Results. Overall, the mean AUDIT score was 19.6 (SD 7.1) at baseline; 88% of participants were retained at 12MFU. Reductions in AUDIT scores were noted for all three arms at 12MFU. Significantly greater reductions in AUDIT scores were noted for participants in the dedicated arm relative to participants in the TAU arm at both 6 (-3.14, 95% CI -4.74, -1.53, $p<0.001$) and 12 month follow up (-1.75, 95% CI -3.41, -0.09, $p<0.001$). No differences in change scores were noted between the designated and TAU arms.

Discussion. In SA, dedicated alcohol counsellors appear better placed to provide alcohol reduction interventions than designated chronic disease counsellors.

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