

Switzerland - Randomized controlled trial of an internet-based brief intervention targeting alcohol use: Primary and secondary prevention for young men in a general population sample

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Overview

Identification

ID NUMBER

CHE-UES-RCTALCOHOL-2012-V1.2

Version

VERSION DESCRIPTION

2015.1

Overview

ABSTRACT

The aim of the present study was to evaluate the efficacy of a proactive electronic screening and brief intervention (internet-based brief intervention) providing personalized feedback and information on alcohol use and its consequences among young men in the general population. It consists of two studies: a secondary prevention study (for those with unhealthy alcohol use, defined as reporting >14 drinks per week OR at least one episode of binge drinking (6 or more drinks per occasion) per month OR an Alcohol Use Disorders Identification Test score >8) and a primary prevention study (for those without unhealthy alcohol use).

It is hypothesized that the internet-based brief intervention will decrease later alcohol use and related consequences among individuals with unhealthy alcohol use (secondary prevention study) and will prevent the increase of alcohol use among individuals without unhealthy alcohol use (primary prevention study).

The study is a parallel-group randomized controlled trial: a total of 1633 participants were included. 737 participated in the secondary prevention study and 896 in the primary prevention study. In both studies, participants were randomly assigned to receive electronic personalized feedback or not and followed at 1 month and at 6 months to evaluate their alcohol use. The primary outcomes were weekly alcohol consumption and prevalence of monthly risky single occasion drinking (or "binge"). Participants were Swiss young men from a general population sample.

The trial was registered at current controlled trials: ISRCTN55991918

UNITS OF ANALYSIS

Individuals

Scope

NOTES

Young Swiss men consuming alcohol

KEYWORDS

Randomized controlled trial, Alcohol, Brief intervention, General population, Internet, Young men, Prevention

Coverage

GEOGRAPHIC COVERAGE

Switzerland

UNIVERSE

Swiss young men (around 21)

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

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OTHER PRODUCER(S)

Name	Affiliation	Role
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FUNDING

Name	Abbreviation	Role
Swiss National Science Foundation	SNF	Study funding
Swiss National Science Foundation	SNF	C-SURF Cohorte funding

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Alcohol Treatment Center, Department of Community Medicine and Health, Lausanne University Hospital, Lausanne, Switzerland		CHUV	Producer
Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, Switzerland	IUMSP	CHUV	Data Publisher

DDI DOCUMENT VERSION

V1.2 (March 2016)

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DDI-CHE-UES-RCTALCOHOL-2012-V1.2

Sampling

Sampling Procedure

The trial took advantage of an ongoing cohort study (Cohort study on Substance Use Risk Factors, C-SURF) that included participants when they were attending the mandatory Swiss army recruitment process, allowing thus accessing the whole male general population at an age of around 19-20 years. C-SURF recruited participants at 3 out of 6 operating recruitment centers, including the one center operating for the entire French speaking part of Switzerland. When consenting to participate in C-SURF, participants provide their email address (most C-SURF procedures are done electronically) and consent to be contacted for studies related to C-SURF. C-SURF participants were recruited from August 2010 to July 2011. From June 2012 to February 2013, they were invited to participate in the internet prevention trial (following the C-SURF recruitment calendar), irrespective of their drinking.

Weighting

NA

Questionnaires

Overview

The study intervention was adapted from www.alcooquizz.ch. Alcooquizz has been developed based on interventions with demonstrated efficacy and adapted for Switzerland. Its acceptability has been assessed and showed high user satisfaction. It consisted of (1) normative feedback, indicating the percentage of people of the same age drinking as much as the participant and less than the participant (for weekly drinking and binge drinking frequency), (2) feedback on four categories of consequences ('me, my body and my mind'; 'me and the others'; 'me and my professional activities'; and 'me, violence and accidents') with a gradation of impact for each category between low and high according to the number of reported consequences), (3) calorific value of reported consumption and equivalents depicted as hamburgers and chocolate bars, (4) computed blood alcohol concentration for reported maximum number of drinks per occasion, (5) indication of risk (according to the presence of weekly risky drinking, binge drinking and AUDIT score), (6) information on alcohol and health and (7) recommendations indicating low-risk drinking limits (i.e. no more than 14 drinks per week and no more than five drinks per occasion).

Data Collection

Data Collection Dates

Start	End	Cycle
2012-06-01	2013-02-28	N/A

Data Collection Mode

Internet [int]

Data Collection Notes

Electronic assessments were conducted at baseline, 1 month and 6 months via a personal electronic link. Reminders were sent electronically within 3 days in case of non-completion of the assessment and over the phone/short text messages when reminders were not successful.

Questionnaires

The study intervention was adapted from www.alcoquizz.ch. Alcoquizz has been developed based on interventions with demonstrated efficacy and adapted for Switzerland. Its acceptability has been assessed and showed high user satisfaction. It consisted of (1) normative feedback, indicating the percentage of people of the same age drinking as much as the participant and less than the participant (for weekly drinking and binge drinking frequency), (2) feedback on four categories of consequences ('me, my body and my mind'; 'me and the others'; 'me and my professional activities'; and 'me, violence and accidents') with a gradation of impact for each category between low and high according to the number of reported consequences), (3) calorific value of reported consumption and equivalents depicted as hamburgers and chocolate bars, (4) computed blood alcohol concentration for reported maximum number of drinks per occasion, (5) indication of risk (according to the presence of weekly risky drinking, binge drinking and AUDIT score), (6) information on alcohol and health and (7) recommendations indicating low-risk drinking limits (i.e. no more than 14 drinks per week and no more than five drinks per occasion).

Data Collectors

Name	Abbreviation	Affiliation
Alcohol Treatment Center, Department of Community Medicine and Health, Lausanne University Hospital, Lausanne, Switzerland		CHUV

Data Processing

No content available

Data Appraisal

No content available