Title: "It's not as hard as I thought." Implementing alcohol brief intervention in Frederiksberg

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Context

A targeted effort is required in the municipality's contact with citizens in regard to finding and helping people who have problems with alcohol. In Frederiksberg Municipality 24 pct. of citizens aged 16 and older engage in risky alcohol consumption, and adults who drink too much are present in one in eight homes with children. At the same time, only one in five citizens with alcohol dependency are seeking help in the free municipal outpatient treatment service.

Alcohol is one of the key determinants for social inequalities in health. Persons of low socioeconomic status have an increased risk of dying from alcohol-attributable causes. The reasons for this inequality are complex. The inequality relates to the higher frequency of binge drinking among people of low socioeconomic status. The inequality also arises because alcohol consumption amongst persons with low socioeconomic status interacts with risk factors like smoking and determinants of health such as the utilization of health care services. Alcohol problems create inequality in health, not only in the present but also in future generations. Many children carry the consequences of their parents' problems with alcohol into their adult lives.

The challenge of early detection and timely help in connection with alcohol problems are not unique for Frederiksberg or Denmark, but nevertheless connects to the wider context of Danish alcohol culture. In Denmark only 11 pct. have abstained from alcohol in the past 12 months, and alcohol consumption is part of numerous social occasions. Abstaining from alcohol can be associated with antisocial behaviour. People describe how saying "No, thank you" to an offer of alcohol is only socially accepted if you are pregnant or if you are the designated driver. Studies of attitudes towards alcohol in Denmark shows that there is a general distrust in official advice about moderation of alcohol consumption. Furthermore support for restrictions on the availability of alcohol is a minority stand point. Knowledge about the health implications of heavy alcohol use is generally sparse. Perhaps for this reason alcohol is widely conceived as being a problem only when it has become a social problem. For instance if your consumption of alcohol causes you to lose your job, your family or your driver's license. If not so, alcohol consumption is widely considered part of the private sphere.

It is in this context we should understand that only one in five persons with alcohol dependency is currently in treatment, and that citizens with alcohol problems in Denmark on average has alcohol problems for 10+ years before seeking treatment. It is also in this context many employees in Frederiksberg Municipality feel that asking the citizens they meet about alcohol consumption is likely to be conceived as an accusation and an undue interference rather than a compassionate concern for the wellbeing of the citizens.

Rationale

Frederiksberg Municipality has since 2012 been working on employee training and organisational development in order to help employees who have direct contact with citizens ask about alcohol systematically in a non-confrontational way. The aim of the initiative is to enable employees to make the citizens reflect upon their drinking behaviour in order to motivate them to reduce their alcohol consumption and if necessary refer them to treatment.

This form of brief intervention is recommended by the WHO and by the Danish Health Authority. However, the effectiveness of using alcohol brief intervention is debated. There is evidence that brief intervention will have efficacy in controlled settings, but effectiveness studies have shown little effect in reducing drinking levels. It seems that brief interventions work – but the challenge is implementation.

Research suggests that barriers to implementing alcohol brief intervention in various municipal departments in practice relate to: Employees downgrading the priority of asking about alcohol, e.g. because of time pressure; employees not having the skills; the fact that management does not prioritise the issue; and reluctance among employees who feel it is difficult to broach the topic of alcohol. In the following, we shall describe how we have strived to overcome these barriers in Frederiksberg Municipality.

Description

In Frederiksberg we have worked on two different strategies for implementing alcohol brief intervention.

The bottom-up approach to implementing alcohol brief intervention

In the social care, health and labour market sectors focusing systematically on people's alcohol problems is not a managerial priority. Thus we took a bottom-up approach to implementing alcohol brief intervention in these sectors. The approach mainly consisted of ongoing voluntary training of 200+ employees to date between 2012 and 2016. From these 190 are still employed in the municipality.

The employees are trained in groups of 20, and the training last 14 hours, which is divided into three sessions with at least one week in between. In between sessions the employees are encouraged to practice what they learned in order to connect the course material to practice.

The target group for the training is employees who have contact with citizens in the their daily work. The participants are a mix of people from departments within the social care, health and labour market sectors. The training is based on Motivational Interviewing. It also consists of knowledge about alcohol, addiction and the free municipal outpatient treatment service in Frederiksberg.

Since the training does not include whole institutions or departments, but individual employees from different departments, the focus is not on organisational development but rather on what the individual employee can do to overcome barriers related to asking about alcohol. The training takes as a point of departure cases and situations from the work life of the participants rather than

giving an one-size-fits-all model to brief intervention. Including participants from different departments in the same training sessions also provide the participants with network and knowledge of dilemmas, challenges and solutions from other departments of the municipality.

The employees enrol in the training on an individual basis. However, the fact that there is 2-3 separate courses each year means that, over time, most employees from selected departments have participated in the training. Thus participants often cite recommendations from colleagues as a reason for signing up for the training.

As a way of making the free municipal outpatient treatment service in Frederiksberg more accessible to the participants, part of the training is held within the rooms of the treatment service.

The top-down /embedded approach to implementing alcohol brief intervention

In the health care department we have in 2016 taken a embedded approach with strong management back-up including employee training, methodology in the system of health records and regular follow-up. Since spring 2016 all family nurses have asked about alcohol in all visits to families with young children.

The family nurses are a cornerstone of health promotion and prevention in Denmark. The family nurses offer visits to families with young children. When the children enter school, a family nurse meets the child again during his or her school years. The offer is voluntary but almost all families accept the visits, which include health check and guidance on breast feeding, motoric skills, eating, etc.

As part of a larger project concerning alcohol problems in families in Frederiksberg, the health care department decided to implement alcohol brief intervention in the visits to new families with young children. Two key employees among the 32 family nurses received a five-day course on the topic. The two key employees then designed the implementation in collaboration with us. We began by examining the family nurses' current practice in regard to asking about alcohol consumption. All family nurses answered two questions:

"When you visit families with young children: Do you ask about the use of wine, beer, etc.: Always? Sometimes? Never?

If you asked, and you detected a use of alcohol that worried you, how did you refer the person to further help?"

The examination showed that the family nurses very seldom asked about alcohol. When they did, it was in circumstances where they strongly suspected alcohol problems in the family. It also showed that the family nurses did not have a common professional conception of when alcohol consumption constituted a problem. It was therefore left to the individual judgement of each family nurse how she should react in the specific situations.

A very concrete guide to brief intervention for the department was then developed, and all family nurses participated in a one day training session. The guide was implemented in the department's

system of health records. The guide consisted of a proposed intro to asking; a concrete question; possible follow up questions plus information about the possibilities for further help and referral.

The proposed intro was:

“In these visits we ask all parents about their use of alcohol. We ask because we know that alcohol consumption can influence life in the family, and we want to help everybody in the best possible way. I would like to ask you a couple of questions about alcohol. Would that be ok?”

The concrete question was:

“How do you use alcohol in your family?”

The possible follow-up was a screening tool for alcohol problems and a question about the alcohol use of the partner, if he or she was not present at the visit.

As part of the implementation the key employees continuously bring up the topic on staff meetings, and develop the initiative based on the experiences of their colleagues.

Achievements

Achievements of the bottom-up approach to implementing alcohol brief intervention

The training of employees in the social care, health and labour market sectors has been evaluated in 2016 via surveys, a focus group and semi-structured interviews with managers in the labour market sector.

The survey was sent to 190 former participants on the training sessions. Of these, 61 responded. 48 pct. of the respondents state that they frequently ask about alcohol. Thus, if the goal of the training was to have everybody ask about alcohol systematically in all encounters with citizens, the initiative was not a success. 89 pct., however, agreed that it was relevant and important to ask about alcohol, and 73 pct. agreed or strongly agreed that *“In my department we prioritize to ask about alcohol”*. The majority of the respondents answer that they find that the course has enhanced the importance of asking citizens about alcohol, and that they now know how to refer citizens to the free municipal outpatient treatment service in Frederiksberg. 82 pct. had referred at least one person to alcohol treatment within the last year, with 11 pct. having referred more than ten persons.

An employee explained what he took with him from the training:

“We can have these preconceptions or private attitudes about alcohol, and they influence how we meet the citizens. For instance, is it ‘too much’ alcohol, if someone tells us that he shares two bottles of wine each day with his wife? Or is it ‘quality of life’? […] And we can have this idea that someone with another profession than ours should be the one to talk about alcohol. And the result is that we seem to think that it is always someone else who should bring up the topic. After the training it’s a little clearer to me that it could be <u>my</u> job to ask about alcohol, and that makes it easier to ask.”

The results of the survey opened new questions for us: If the participants like the training so much, why do only 48 pct. of respondents ask frequently about alcohol afterwards? What barriers exist for implementing alcohol brief intervention systematically? And why does the management prioritise sending the employees on 14 hours of training if they do not want to prioritise implementing alcohol brief intervention systematically?

The answers echoes the barriers to implementing alcohol brief intervention cited earlier. The training addresses two of the four barriers listed above: Enhancing the skills of the employees and motivating employees who feel it is difficult to broach the topic of alcohol. But two barriers remains: Employees downgrading the priority of asking about alcohol, e.g. because of time pressure; and how the management prioritise alcohol brief intervention. In other words, issues related to the work flow, core mission and values in the organisation. In interviews with managers from the labour market sector, they expressed no surprise that only 48 pct. of their employees asked frequently about alcohol. They found the number to be adequate in light of the circumstances under which the employees met the citizens:

“I think it’s ok [with 48 pct. asking frequently]. It wouldn’t be right if we asked everybody. In the department for people on sickness benefits we divide the citizens into ‘risk cases’ and ‘smooth cases’. In the ‘smooth cases’ we don’t ask. There has to be a connection between the case and how we act. In ‘risk cases’ it’s more relevant to ask”

Or as another manager put it, referring to the fact that enhancing the health of the citizens is not a core mission in the labour market sector of the municipality:

“When alcohol consumption is an obstacle for working, it’s relevant for us. Otherwise, we’re not worried”

When explaining the reluctance to implement alcohol brief intervention systematically, the managers furthermore referred to time pressure and an external overwhelming ambition on behalf of the labour market sector to fix and implement anything. What was their rationale for prioritising asking about alcohol, when there were so many other things they should ask and inform the citizens about? So many other agendas?

However, limiting the question about alcohol to the ‘risk cases’ reduces the chance of reaching citizens with alcohol problem early, and perhaps before their high consumption of alcohol becomes alcohol dependence. One manager expressed the concern that as long as they did not ask all citizens systematically about alcohol, they risked overlooking important instances of alcohol causing troubles in the life of individual citizens:

“It´s still taboo. It’s difficult for people to ask. It’s perceived as private – as people’s own business. It’s very sad. I think there is some [with alcohol problems] we do not find. Often it is only brought to our attention because it’s mentioned in the citizen’s medical files.”

The evaluation suggests that the reasons the employees enrolled in the training, and the reasons the managers chose to prioritize the training on behalf of their employees, were because of the skills the employees acquired in regard to using motivational interviewing to motivate citizens to

make changes in their life – for instance motivation to reduce drinking levels or seek treatment. The training was furthermore seen as enhancing other methods used by the employees, and as generally meaningful and useful. The training was, however, not a point of departure for asking systematically about alcohol, except in selected teams that handled ‘risk cases.’

Achievements of the top-down / embedded approach to implementing alcohol brief intervention

The results of the formative process evaluation of the work done in the health care department are promising. Considerably more people have already been referred for alcohol treatment compared to previously.

By the time of the evaluation, the question had been in the system of health records for a period of three months. During this time span 83 families had been asked about their consumption of alcohol.

Before starting the project the family nurses where concerned about what the families might say. Would they get angry? Would they feel that the family nurse invaded the private sphere of the families?

In accordance with the method of Motivational Interviewing, the family nurses began each intervention by asking: *“Is it ok if I ask you a couple of questions about alcohol?”* Within the first three months, 1 family responded that they did not want to talk further about alcohol. 12 families said yes, but the conversation about alcohol was brief. In 70 families the questions generated a longer conversation about the use of alcohol within the family.

Besides the 1 family who didn’t want to talk further about alcohol, the general attitude towards being asked was positive, and many parents expressed that they found the questions relevant. Some families even expressed relief at be asked about alcohol. One father said:

“I grew up in a family with alcohol problems. But no one ever asked me about it. This is the first time someone has asked me that question in 35 years!”

After three months of asking all new families about alcohol, the family nurses where more comfortable with the intervention. Some family nurses said that the questions about alcohol led to other types of conversations than the ones they usually had. For instance the conversations about growing up in a family with alcohol problems, and the impact it had when you yourself became a parent. As one family nurse put it:

“Maybe the obstacle was within myself. Once I started asking it was well received with the families. It is not as hard as I thought it would be”.

Within the first three months of asking the new families about their alcohol consumption, three families had been referred to the free municipal outpatient treatment service. Usually, when concerned for a child’s wellbeing, the family nurse makes an official notification for the social services in the municipality. With the question about alcohol in the system of health records, an opening was made for a more preventive approach to the topic of alcohol consumption. The fact

that the family nurses now bring up the topic in a non-confrontational way without any prior suspicions of neglect and abuse, leads to different conversations about alcohol. Hence the three families that during the first three months of the project had been referred to the free municipal outpatient treatment service are three families where the subject of alcohol would not immediately have been articulated before implementing alcohol brief intervention.

Conclusion

The strongest and the widest impact of implementing alcohol brief intervention is achieved when working with management back-up; when there is methodology in the record system; and when the employees are trained with regular follow-up.

However the bottom-up approach with individual and voluntary training of employees is effective on the individual level, enhancing the employee’s skills and comfort in regard to asking non-confrontational about alcohol consumption and motivating citizens to reduce drinking levels and seek treatment.

In either case as point of departure the training should take the employees' own professional practice, and should focus particularly on barriers associated with asking about alcohol. When implementing alcohol brief intervention in a municipal setting a one-size-fits-all model is never enough since asking about alcohol is embedded in the wider organisational setting of each department creating unique barriers and possibilities in each place.