

Statens folkhälsoinstitut RISKBRUKSPROJEKTET

The Risk Drinking Project: Structure and Methods

Welcome to INEBRIA symposium 2B
Thursday 13.45 – 14.45

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The Risk Drinking Project: Structure and Methods

Symposium agenda:

- Background & overview of project - Sven Wåhlin
- Motivational interviewing (MI)- Astri Brandell Eklund
- Occupational Health Service - Ragnhild Ivarsson Walther
- Midwives - Eva-Karin Envall
- Child health care - Åsa Heimer
- GPs - Sven Wåhlin
- Resident dr.s - Åsa Wetterqvist
- District nurses - Åsa Wetterqvist
- Q-A - chair: Sven Wåhlin

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Why this project?

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Why this project?

Governmental commission:

1. Alcohol a major risk factor for ill-health
2. Increased alcohol consumption
3. Brief intervention is effective
4. Brief intervention underused

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That's why!

But what is to be achieved?

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Vision of the RDP

The issue of alcohol habits should be a natural element in every-day health care, reflecting the importance of alcohol for the ill-health

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Goals of the RDP

1. Health professionals have good knowledge, good self-reliance and positive attitudes regarding alcohol issues
2. Health professionals frequently lifts alcohol issues in routine care

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That's why, and now you know the goals

But How?

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Cornerstones

1. National project + local projects in each County
2. Forceful economic support by the government
3. Mandate from professional organisations
4. Project leaders recruited from the profession




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Cornerstones of the strategy

1. Patient-centred approach in education
2. Networking
3. Focus on **Risk Drinking**, not abuse



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Primary Health Care & Occupational Health Service: unique arenas to spot risk drinkers

- 8 of 10 meet doctor or nurse in two years
- 20 million visits to doctors and nurses per year
- 200 000 pregnant/new parents in the MHC and CHC every year
- ~75 % of the employees have access to OHC



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Organisation of the RDP

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Seven national sub-projects

1. Motivational Interviewing - MI
2. Occupational Health Service
3. GP/ Family doctors
4. Resident doctors
5. District nurses
6. Midwives/Ante Natal Care
7. Child Health Care

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Seven sub-projects ⇒ expansion!


- Motivational Interviewing - MI
- Occupational Health Service
- General practitioners - GP
- Resident doctors - ST-doctors
- District nurses
- Midwives/Ante Natal Care
- Child Health Care
- Health Promoting Hospitals
- Universities & High schools
- Internet self help programme: www.alkoholjalpen.se
- Family centres
- Tobacco

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National - Local

- **National project:** acting motor and competence centre. Educating educators.
- **Local projects** in all Counties (n=21). Educating staff, producing material.



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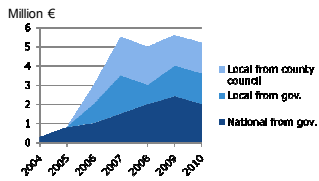
The board – a professional basis that gives legitimacy to the project

- Swedish Association of General Practice
- Swedish Society of Nursing
- Swedish Org. for District Nurses
- Swedish Association of Midwives
- Swedish Association of Occupational Health and Safety
- Health Promoting Hospitals
- Confederation of Swedish Enterprise
- Swedish Association of Local Authorities and Regions (i.e. county councils)

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Development of the project



Year	National from gov.	Local from gov.	Local from county council	Total
2004	0.1	0.1	0.1	0.3
2005	0.2	0.2	0.2	0.6
2006	0.3	0.3	0.3	0.9
2007	0.4	0.4	0.4	1.2
2008	0.5	0.5	0.5	1.5
2009	0.6	0.6	0.6	1.8
2010	0.7	0.7	0.7	2.1

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Evaluation of the RDP

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Evaluations of RDP



- The National Board of Health and Welfare. Reports to the government. 2007 and 2008
- Interview survey of OHS staff (Gullers 2007)
- SoRAD (Univ. of Stockholm) monthly on populations drinking habits, attitudes and also if health care brings up the issue
- Linköping University: Baseline 2006, follow up 2009: Activity, knowledge, effectiveness: **Symposium 5B**

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1. Why so good results? Success-factors for the RDP:



- Extensive project
- Profession based; not top-down
- Message is a help also for the personnel
- Education forms: interactive, MI-based
- Coordination with lifestyle/health promotion
- Engaged project managers, broad mandate

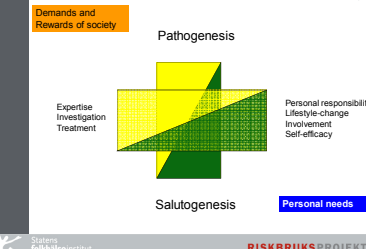
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The Risk Drinking Project

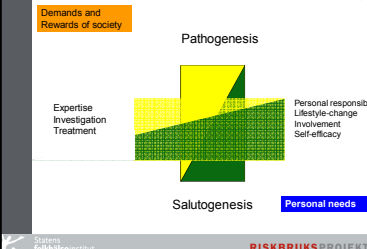
Sub-project Motivational Interviewing

Astri Brandell Eklund, MD

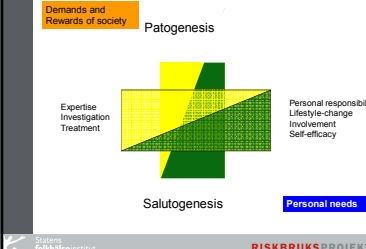
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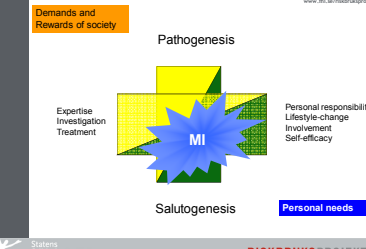
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Change is an issue for most of us

Consider something you think you really ought to do concerning your health

i.e eat less sugar, exercise more, live a less stressful life etc., etc.

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Do it!!!

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Do you feel closer to action now?

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Blaise Pascal (1623-1662)

"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the minds of others"

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Challenges in conversations about behaviour change

- The need of autonomy-to master decisions concerning one's own life
- The need of acceptance-what's wrong with me?
- Competence to master change-can I make it?

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"The Righting Reflex"

A desire to

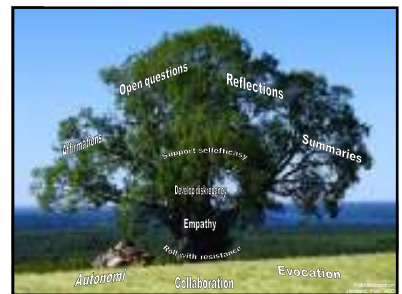
- Persuade
- Explain

Often leads to resistance

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Motivational Interviewing is an attempt to respond to these challenges

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Evidence

US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA)
MI is included in NREPP=National Registry of Evidence based Programs and Practices.

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Change is an issue for most of us

Consider something you think you really ought to do concerning your health
i.e eat less sugar, exercise more, live a less stressful life etc., etc.

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Let's try an MI-approach

- What are your best reasons to do this change?
- If you decided to do it how could you make it happen?
- What would be a first step for you?

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Do you feel closer to action now?

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MI has been a guiding principle in all parts of the Risk Drinking project

A way to approach all professionals we work with

The MI sub-project has trained 162 trainers, around 100 are still active

20 has been further trained to become members of MINT(Motivational Interviewing Network of Trainers)

MI has been included in all courses for different professionals

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"MI communicates not 'I have what you need'

but instead

'You have what you need, and together we will find it'

Ref: Hettema, J (2005)

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The Riskdrinking project

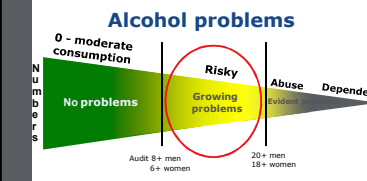
Sub-project
Occupational Health Service



Ragnhild Ivansson-Walther, MD OHS, Project leader

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Alcohol problems



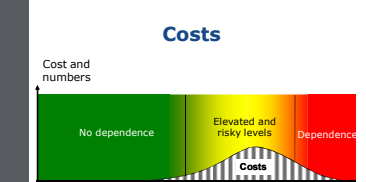
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Workplace motives for early detection and intervention

- ✓ Alcohol and health consequences
- ✓ Alcohol intoxication – workplace accidents
- ✓ The day after effect – hangover symptoms
- ✓ Absenteeism, problem drinkers and alcohol consumption
- ✓ Cost associated with alcohol in the workplace

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Costs



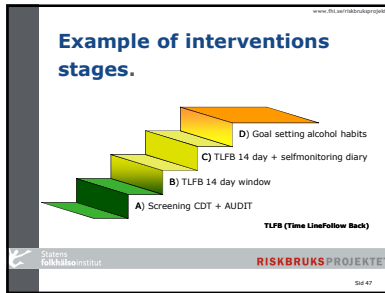
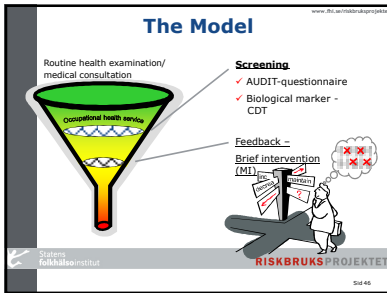
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How do we reach and attract the employees?



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How sensitive to the employee?

Questionnaire (AUDIT)

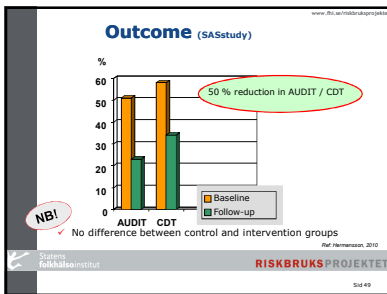
Very sensitive						Not at all sensitive			
1	2	3	4	5	6	7	8	9	10
Women: 92%					Men: 82%				

Biological marker (CDT)

Very sensitive						Not at all sensitive			
1	2	3	4	5	6	7	8	9	10
Women: 90%					Men: 83%				

MI is added to health examination and through the Occupational Health Service

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- ### Summary
- ✓ It is possible to carry out alcohol screening and brief intervention in connection with health checkups and medical consultations in the workplace
 - ✓ AUDIT and CDT should be regarded as complementary instruments in the screening procedure
 - ✓ Employees do not report screening as a sensitive issue if it is introduced by the OHS
 - ✓ There are indications that alcohol screening by itself may reduce alcohol consumption
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The Risk drinking project

Subproject Midwives

Eva-Karin Envall
RN, RNM
Project leader

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- ### Ante Natal Care – 2 500 midwives
- ANC Midwifery clinics are conducted by midwives
 - Monitoring the normal pregnancy, screens for pregnancies at risk
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- ### Ante Natal Care in Sweden Midwifery clinics
- All pregnant women are offered free Ante Natal Care
 - 99,9% pregnant woman have regularly ANC contact, aver. 8-10 times during pregnancy
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High light alcohol prevention work!

- Women who give birth are older
- Changed social patterns with increasing alcohol consumption
- Lack of knowledge about alcohol effects for the fetus?

We have to protect the children!

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Strategy –
Strong focus on education and networking

- Education of all midwives in ANC
- 42 midwives educated (so far) and responsible for keeping the issue alive locally
- Currently follow ups with scientific news
- Dialogue concerning difficulties in handling the issue
- Cooperation with Child Health Care and other actors in the community
- Keep the net work alive

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What can the midwife do?

- Identify harmful consumption
- Inform about alcohol och risks for the child
- Motivate to change life style (if necessary)

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Tools and methods

- **AUDIT** – alcohol pattern and consumption
- **Time Line Follow Back** – drinking during early pregnancy
- **Motivational interviewing** – a dialogue betw. pregnant woman and midwife

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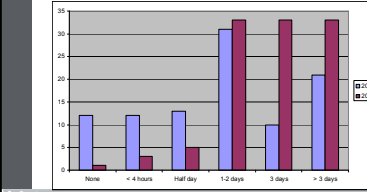
Important!
It's important with alcohol information in early pregnancy!

Dialogue and brochure
 Guidelines for midwives



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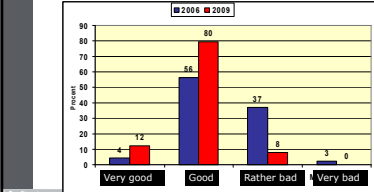
Education of midwives in handling the risky drinking issue in ANC
 Midwifery clinics



Drinking Level	2008 (%)	2009 (%)
None	12	1
< 4 hours	12	4
Half day	13	5
1-2 days	31	33
3 days	10	33
> 3 days	21	33

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Midwives' estimating of their own skills in handling the alcohol issue



Skill Level	2008 (%)	2009 (%)
Very good	4	12
Good	56	80
Rather bad	37	8
Very bad	3	0

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Results

Research in Stockholm

1999	30% drink during pregnancy
2003	16% drink during pregnancy
2006	10% drink during pregnancy

(Barnhälso- och Reproduktionsvetenskapliga Institutet)

National research


2008	8% drink during pregnancy
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(Hälsövetenskapliga Fakulteten, Uppsala Universitet)

2010 In process...very thrilling!
 (Statens folkhälsoinstitut, Uppsala Universitet)

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Subproject
 Child Health Care



Åsa Heimer, project manager

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Child Health Care

- 2 500 nurses
- 1 000 places
- 40 coordinators
- 100 000 newborn per year

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How much alcohol do the parents drink?



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2005-2008 National questionnaire

Risky drinkers

- > 13 % of the fathers
- > 7 % of the mothers

with children ages 0-6 years

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The aim is to make parents aware of how their alcohol habits can affect children and to get the parents who have a high consumption to realise the importance to reduce it

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Tänk efter i vilket sällskap du berusar dig!



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The Risk Drinking Project
Sub-project: GP/Family medicine

Sven Wåhlin

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"Steering doctors is like herding cats"



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All "must" in a consu




Conditions and tests listed include: Erectile dysfunction, Depression, Anxiety, Bipolar disorders, Obesity, Blood lipids, Vision, glauc and hearing, Homocystein, Influenza/Pneumonia, C-Reactive Protein, Hypertension, Pre-hypertensive?, Alcohol, Diabetes, Cardiovascular risk profile, STD prevention, Abdominal aorta aneurysm, Hormone replacement, Early ultrasound, Cancer mammae, BMI and Waist-Hip Ratio, Pap-sm, Genetic tests?, Stenosis of the Carotid arteries, Bone density and osteoporosis, Domes violenc Abuse, -olo-Rect cancer, Fibrino.

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The idea of the education:

- Based on everyday situations in health care
- Developed through interaction with the profession and their need
- MI-based




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Different clinical situations

- Different ways to raise the issue of alcohol?



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Some tools to access the alcohol issue

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Sid 73

Recognize hazardous use –
1. "Alcohol screening model":

Identifying hazardous alcohol use by asking a few simple questions (screening).

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Alcohol screening

- Can be an effective way to identify
- Has been difficult to implement

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Sid 75

Life-style screening

- General wellbeing
- Physical activity
- Alcohol
- Food habits
- Tobacco

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Sid 76

The main tool of the GP:
The interview and the dialog

We want to sharpen that tool

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Sid 77

Recognize hazardous use –
2. Patient agenda model:

1. To identify the patient's thoughts on the current health problem
2. To provide information about various factors affecting the health problem, including alcohol
3. To identify the patient's desire to change their situation, and provide support in this (BI)

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To be discussed in symposium 3B Sid 78

The risk-drinking workshop
- our main education concept

- An educational model, based on sharing experiences of the practitioners, and adding knowledge and training:
 - Barriers
 - Tricks, techniques, methods
 - Facts on risk drinking
 - Training consultation /MI

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Sid 79

Other activities of the national GP-project

- Educate educators
- Support local educations
- Lecturing
- Medical articles
- Internet forums
- Study materials
- Exhibitions
- Symposiums
- Home page: www.fhi.se/riskbruksprojektet

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Sid 80

The Risk drinking project

Sub project GPs in training/Residents

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Sid 81

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What is a Resident ?

- University: Medschool 5,5 yrs
- Internship: Hospital 2yrs – Licence to practice
- Residency: 5 yrs training: 3yrs in the clinic mixed with 2yrs in hospital – specialist in Family Medicine

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Why focus on the Residents ?

- Generation shift: Many of the older GPs soon to retire.
- Large number of Residents - every fourth Dr in primary care is a resident doctor.
- Well organised group - Using existing structures to reach out
- Time for education already included in the schedule.
- Interest in new methods and knowledge
- Interest in prevention and health
- Spread throughout the country and also within the local clinics and hospitals.
- Often a long time in the profession ahead of them

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Strategy

- Strong focus on education and networking – knowledge and attitudes
- Using existing structures for education
- Working with the professional organisations
- Broadened view: including other lifestyle habits but extra focus on alcohol
- Peer to peer training – training of trainers
- Building national networks with trainers that in multiple ways raise the issue locally, train and inspire their colleagues.
- National Courses – expanding networks
- Find the enthusiasts and support them!

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Methods

- The way forward involves motivational interviewing (MI) techniques and offering advice in a way that is tailored to the daily work practices of GPs.
- The risk-drinking workshop : an interactive educational model that empowers the doctors.

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The patient owns the consultation

The patient is often interested in his/her health , but does not always have the adequate knowledge of the medical context

- The Doctor should offer medical knowledge to the patient.
- The Patient can choose whether this is interesting to her / him
- The Doctor can encourage and support a change towards more healthy habits if the patient wants to make such a change.

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The Risk drinking project

Sub project District Nurses

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The district nurse – a strategic resource

To be found at primary health care centres.

- **Held in trust** - "harmless".
- **Unique venue** – everyday conversations about health and lifestyle.
- **Interfaces** with all ages.
- **Continuity.**
- **Cost-effective.**

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V. 45 - National Awareness Week

Success and synergy.

- Made visible both district and reception nurses' central and preventative role within primary health care.
- Knowledge dissemination – alcohol affects the health.
- The event was widely covered by the mass media – hazardous use attracts attention both locally and nationally.

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The share of distric nurses frequently discussing key lifestyle issues.

Issue	2008 (%)	2009 (%)
Smoking	63	80
Physical activity	70	87
Overweight	68	68
Alcohol	23	81
Diet	39	67
Stress	46	46

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RDP further presented at symposiums:

- **1A:** Comparison of two different alcohol web sites in Sweden
- **3A:** Alcohol preventive work in the ante natal care in Sweden
- **3B:** Successful intervention by shifting focus from alcohol to patient agenda
- **5B:** Evaluation of primary health care providers change of alcohol preventive activity, skills and knowledge following 3 yrs of RDPs educational intervention programme.
- **5B:** Evaluation of a nation-based investigation into the alcohol preventive activity in Swedish OHC in relation to education in handling risky drinking and perceived skills and knowledge

Welcome!