

Alcohol interventions – identification and collaboration between hospitals and other service providers

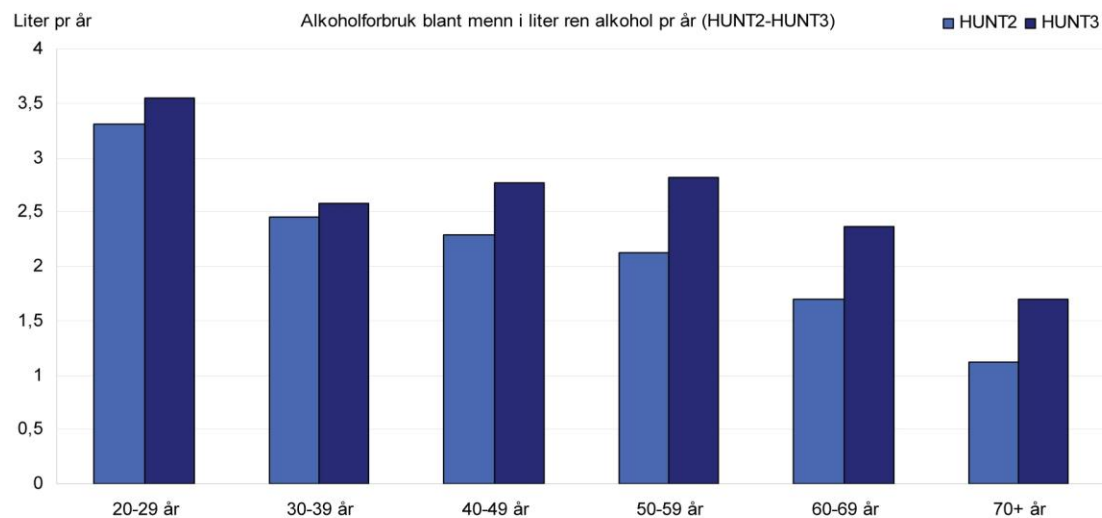
Experiences and research from Stavanger University Hospital, Norway

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Alcohol use – Norwegian trends

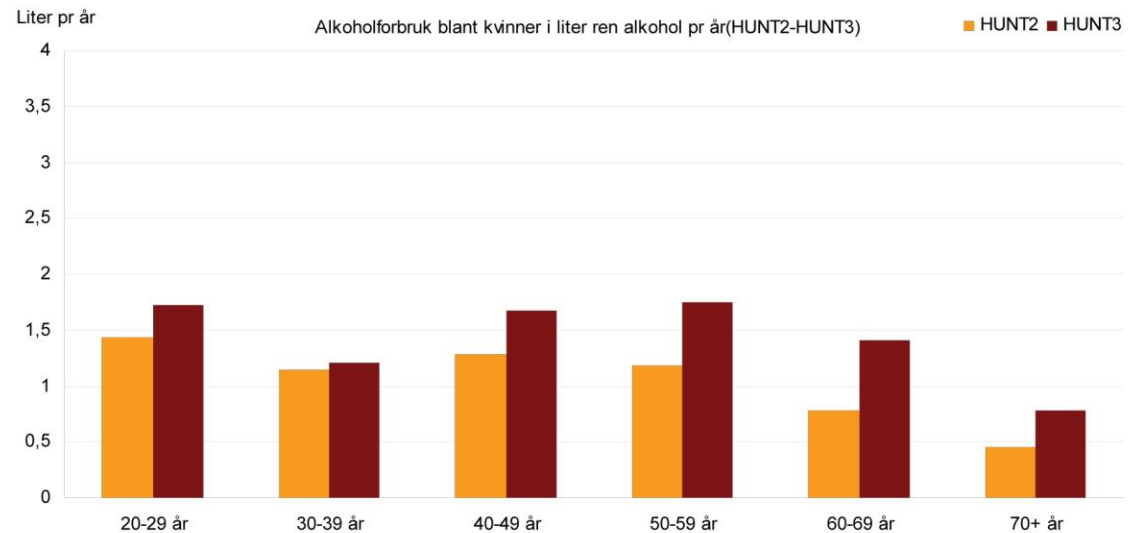
- A general increase in consumption of 47% from 1993 to 2009 – but still among the lowest in Europe
- A large increase in consumption among adolescents from 1997 to 2004, a marked decrease in consumption after that, among the youngest (14-18 years)
- Changes in the age and gender distribution of alcohol use

Alcohol use among men: 1997-2007 by age



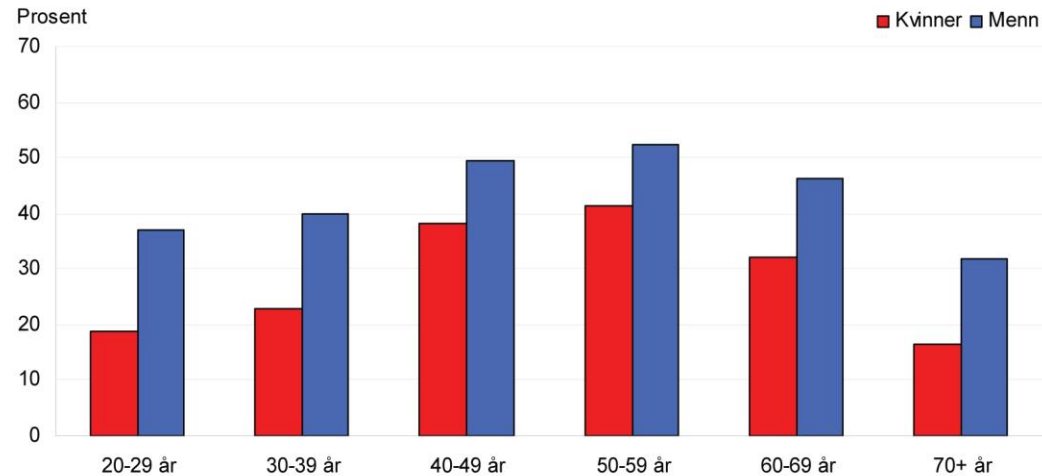
Figur 3. Alkoholforbruket blant menn i Nord-Trøndelag i liter ren alkohol pr år.

Alcohol use among women: 1997-2007 by age



Figur 4. Alkoholkonsumet blant kvinner i Nord-Trøndelag i liter ren alkohol per år.

Drinking more than once a week, by age - and what it tell us about binge drinking



Figur 9. Prosentandel som drikker alkohol mer enn en gang i uka, etter alder og kjønn.

Alcohol related harm - Norwegian trends

- No increase in alcohol-related mortality
- Significant increase in alcohol-related morbidity
- Typical for Norway is the large proportion of alcohol-related harm due to:
 - falls
 - drownings
 - frostbites
 - traffic accidents
 - venereal diseases
 - unwanted pregnancies
 - being abused
 - becoming an abuser

Stavanger University Hospital – Alcohol strategy

- Part of a general lifestyle and health strategy: alcohol, smoking, physical activity, overweight and malnutrition
- Two main objectives:
 - To address alcohol use that may affect the quality of treatment
 - Alcohol related psychiatric and somatic diseases – progression and treatment
 - Prevention of complications after surgery
 - To utilize the hospital setting as a “teachable moment” for early intervention against harmful alcohol use in general
- Two main target groups:
 - Adolescents – acute intoxication and other alcohol related harm
 - Patients identified as harmful drinkers in all clinical departments

Knowledge base - interventions

How alcohol interventions can improve the current treatment pathway:

- Programs that make it possible for the patient to stop or significantly reduce drinking for a specific reason, for a specific period of time.
- Few studies, some promising, but still inconclusive results (Pedersen et al. in parallel session 3.8 on alcohol-related surgery complications)
- But research is one thing, very few examples of such interventions implemented as standard procedures.

Knowledge base – interventions cont.

Interventions addressing harmful alcohol use in general:

- Brief interventions and referrals – a large variety in content and duration
- A large amount of research – significant effects documented when delivered in primary care settings but inconclusive in hospital settings
- How to improve effects: content, boosters (Oppedal: Parallel session 2-1) and channels (more digital channels)
- Most of all implemented in accident and emergency departments, but very different from country to country and most of all in the UK

But intervention effectiveness and efficacy do not seem to be the biggest challenge, rather:

- How to identify?
- How to cooperate?

Identification

- Identification as part of a standard treatment procedure is one thing – “utilizing a situation” is something different
- Small qualitative study: Patients expect questions about lifestyle, but only if they find them to be relevant and based on respect (Opstad 2010), ref self-determination theory:
 - Screening and utilizing “a window of opportunity” has no direct relevance – often asked to be implemented in primary care settings – result: large number needed to screen to get significant results (fortunately - badly implemented)
 - Utilizing “a teachable moment” based on what has just happened (a subjectively significant experience) has direct relevance - more often happening in hospitals than in primary care settings, but also possible to “develop” an identification “situation” from relevant information about the patient in primary care (ref. phd-project by Gilje-Lid)
- Conclusion: We have to answer these questions:
 - What is the most effective arena for identification, for what reasons, by what means and used to do what, next?

Cooperation

- There is no given order when it comes to cooperation: who identify, who makes the initial intervention, who makes referrals, who follow up?
- The most promising forms of cooperation are built on joint “communities of practice”, examples from Stavanger:
 - in the study presented by Oppedal et al. in parallel session 2.1 (a “booster”-intervention made by patient, GP and specialized alcohol nurse in cooperation)
 - as planned in developing a joint primary care arena for cooperation between GPs and different psychosocial specialized services
- In fact, concepts like referral and follow up are not suitable to describe cooperation, only to describe a division of work were the patients are left alone in trying to make the parts fit together

Conclusions:

- Identification strategies have to be viewed as relevant by the patient, based on respect for the patient`s self determination, and in close link to interventions based on the same principles
- Hospitals and primary care settings are and can be developed as effective identification arenas for different kinds of identification strategies
- In most cases intervention and follow up can not be defined as two separate phases but as a behavior change pathway where both hospitals and primary care providers can play different roles, in close cooperation with each other and the patient
- Locally defined care pathways can be a suitable strategy for developing effective strategies for identifying harmful alcohol use and implement strategies and methods for assisting patients in their striving to change their alcohol use habits

Thank you for your attention!