

Alcohol Brief Interventions in Informal Youth Settings Outside of Formal Education: Feasibility, Acceptability, Evaluability

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Aims & Methods

- * **To explore the feasibility and acceptability of ABIs delivered to young people in informal/community settings and if/how the efficacy or effectiveness of ABIs in those settings could be studied.**
- * **Methods:**
 - * Qualitative Interviews with 22 staff and other adults from 9 youth projects/services
 - * Individual/paired/group interviews with 61 young people from 8 of those projects/services.
 - * Project visits, Documentation Review
 - * Analysed by framework method

Background

- * Scotland has had a national target for the delivery of alcohol brief interventions in health settings since 2008. Over 400,000 interventions have been delivered.
- * National training materials, professional guidance resources, patient resources etc. for primary care, A&E and antenatal settings.
- * Since 2011, 10% of the target could be delivered in 'wider settings' – much of this delivery was in youth settings – no national resources.

Overall Findings

- * Highly diverse projects
- * **Ethos of holistic youth work and harm reduction**
- * **Acceptable to young people, from trusted staff**
- * Recording very challenging in cases

Recap from INEBRIA 2013:

Types of projects: Overview

Football coaching

Team of 4 (youth worker, nurse, police officer, detached youth worker) on customised bus driven to young people, usually following intelligence and referrals.

Indoor and outdoor sports coaching

Open access drop-in, group activities, appointment-based support and counselling, schools, youth clubs and facilities, streetwork, sport, outdoor activities, wilderness residential experiences

Training targeted at organisations working with young people who don't access traditional services

Young people identified through routine police work

Mentoring, intensive support, drug and alcohol outreach, streetwork, mobile street football

Drop in centre (sexual health, housing, support, employment or relationship concerns, substance use)

Young people identified through intelligence-led targeted police campaigns and brought to the police station. Parents are called in if <16

Ethos & Acceptability to Staff

- * Backdrop: Scottish definition of Alcohol Brief Interventions (ABIs) – not necessarily what was implemented:

“a short evidence-based, structured conversation about alcohol consumption with a patient/service-user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.”

- * Ethos seen as similar to and compatible with that of youth work more broadly.

Something already being done?

‘ABIs are useful, you know, the term and the concept is useful for us because it is something that youth workers just by definition often do with somebody just in the way that we work. It’s really non-judgemental, it’s focused on the individual and, especially with young people, a lot of the time you are either educating them or informing them or advising them about changes that they could make that would improve their life on a lot of different topics’

(Strategic support/frontline staff, Individual interview).

Focus on Person, Not Problem

- * Starting with the young person's view of the world
- * Seeking to develop skills and attitudes rather than remedy problem behaviours
- * Strong emphasis on relationship, trust
- * Discomfort with overly rigid conceptualisations of ABIs – especially if perceived as 'imported' from health

ABIs helpful framework & permission

- * *“What folks [staff] have said is (a) I don’t feel necessarily that I have got the skills to provide some kind of intervention and (b) I don’t know if it’s OK to raise this. What the ABI does is provide people with a framework and a set of skills and process to go through but it also gives them permission to ask and raise the alcohol issue”*

Goal is sometimes ‘pre-change’ – thinking...

- * *‘The outcome that we would be looking for would be the same as for anybody else – that they have the opportunity to learn something and the opportunity to think about their own behaviour. A brilliant outcome is if they decide to change their behaviour but we don’t actually have any control of that. What we are doing is giving them information to help them make a more informed decision’*

Acceptability to Young People

- * Strongly bound up with their wider feelings about the projects and workers.
- * Projects were seen as welcoming and safe places, within broader environments that were not generally perceived as so supportive.
- * Other agencies not seen in same way: school authorities, which could not ensure confidentiality, and the police.

ABIs acceptable in context of high levels of trust.

- * *“Youth workers are more like your pals- they have a laugh with you. You can tell them what you were doing at the weekend and they don’t shout at you, they find other ways to speak to you.” (Young man, 18)*
- * *“It’s good because you’ve got someone to speak to other than your pals. I can tell ‘P’ about anything and it won’t go any further. She’ll give you sensible advice rather than you getting advice off your pals- friends’ ll say just drink and P’ll say you’ve got to think about it.” (Young woman, 16).*
- * *“They [the youth workers] have the right approach- they don’t threaten you with the police or give you a lecture or use scare tactics. They give you advice.” (Young man, 17).*

Informal, Varied Delivery

- * Some young people liked 'ABIs' based around activities/games in group settings. Others preferred individual:
 - * *The ABI bit was important to do on your own as it's confidential and you might not be so honest in a group. (Young man, 17)*
- * The concerns of some staff about potentially jeopardising relationships with young people by introducing the topic of alcohol – not borne out by interviews with YP.

Evaluability of ABIs in Youth Settings

- * Youth settings – not homogenous term – umbrella term for highly diverse projects.
- * Ease of conducting evaluation highly variable.
- * Some challenges v. similar to health settings:
 - * the consistency of the ABI process (Williams *et al*, 2013),
 - * practitioners' ability to control the intervention (Désy and Perhats, 2008; Johnson *et al*, 2013),
 - * Privacy concerns (Désy and Perhats, 2008; Anderson *et al*, 2001),
 - * a need for flexibility on the part of the worker delivering the ABI (Kennedy *et al*, 2004)
 - * Potential difficulty in formalising and recording the intervention

Some specific challenges (in some projects)

- * Difficulties re-contacting young people if not 'registered' with project – mobile population (mobile projects!)
- * Staff 'go to where young people are at' so proactive follow up at set intervals would be challenging.
 - * Follow-up by other means maybe possible but issues of trust/losing sight of purpose of project.
- * Less emphasis on screening/screening tools
 - * Tension between holistic conversation and need for monitoring/evaluation.
 - * High potential for research participation effects as any study procedures would probably need to look very different from 'usual care'.

Implications

- * Efficacy, effectiveness evidence non-existent: but conversations about alcohol already happening in these settings – what can evidence say about likely best ways to conduct those conversations?
- * Need for clarity in what we mean by brief intervention – umbrella term – risk of losing meaning altogether?
- * Generating evidence in these settings challenging but important – not unique to ABI - historic issue for youth work.

P.S. & Thank You

P.S. Check out new report on ABI in wider settings on Alcohol Research UK (www.alruk.ac.uk) - review of the evidence.

- * **University of Stirling:** *Martine Stead, Douglas Eadie, Jennifer McKell, Linda Bauld, Tessa Parkes, Avril Nicholl, Sarah Wilson, Cheryl Burgess*
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