

Balance

an internet based early intervention for at-risk drinkers

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(not program development)

The workplace advisory centre for issues relating to alcohol, drugs and addictive gambling (AKAN)

- A non-profit organization
 - working on national level (situated in Oslo with 15 employees)
 - <http://www.akan.no/publisher/publisher.asp?id=82&tekstid=446>
- Funded and headed by three members:
 - The Norwegian Confederation of Trade Unions (LO)
 - The Confederation of Norwegian Business and Industry
 - The Norwegian State
- AKAN's objective:
 - Prevent alcohol- and drug problems and addictive gambling in Norwegian enterprises
 - Telephone counseling, Seminars and conferences; Information material; Projects and method development; Action plan; Alcohol- and drug policy;
- Commissioned Balance and are currently implementing and running the program nationwide

Popular conception of alcohol consumption in the population

”THEM”
the alcoholics

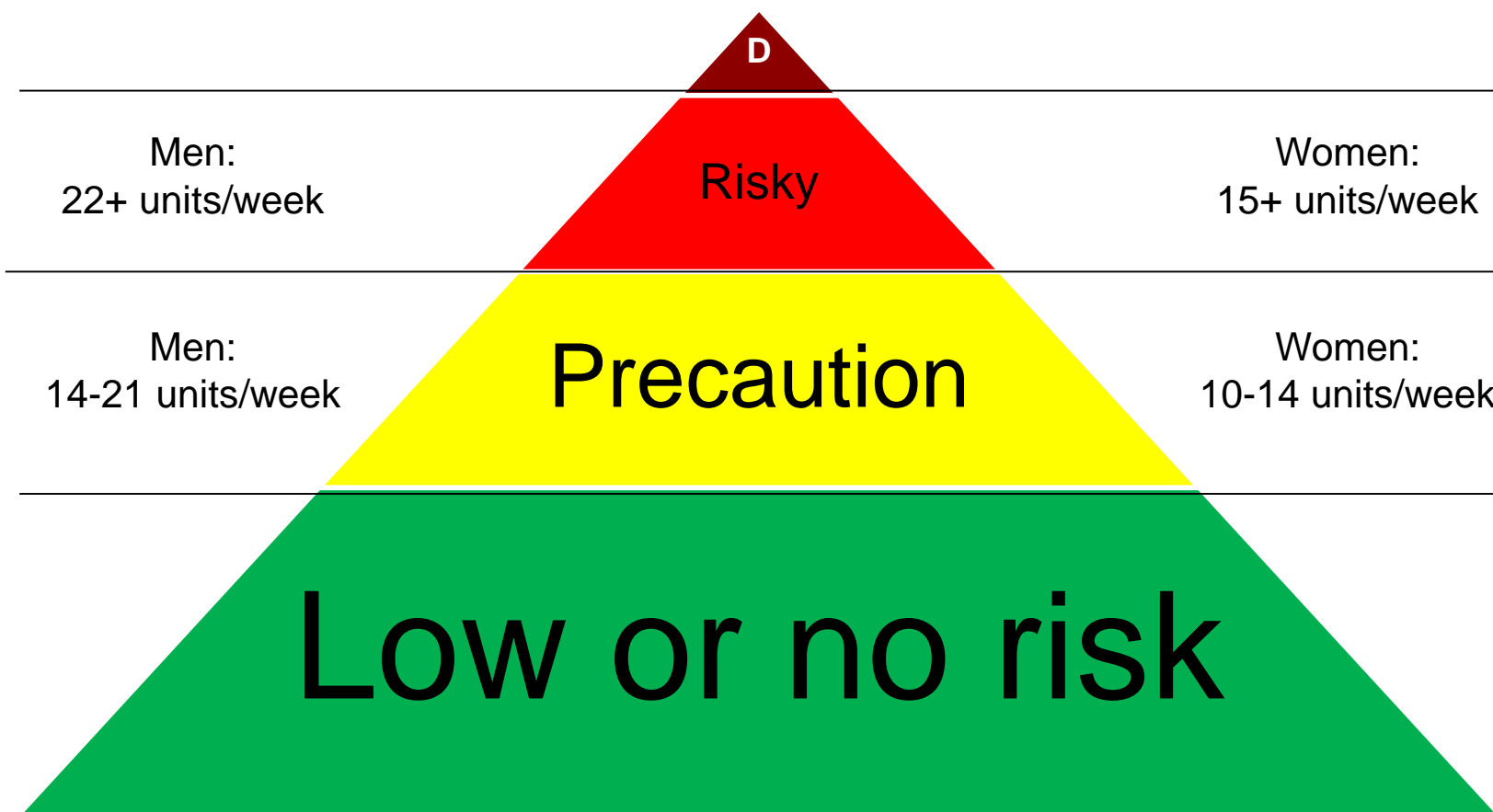
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Are there any risks or harm associated with YOUR alcohol consumption?

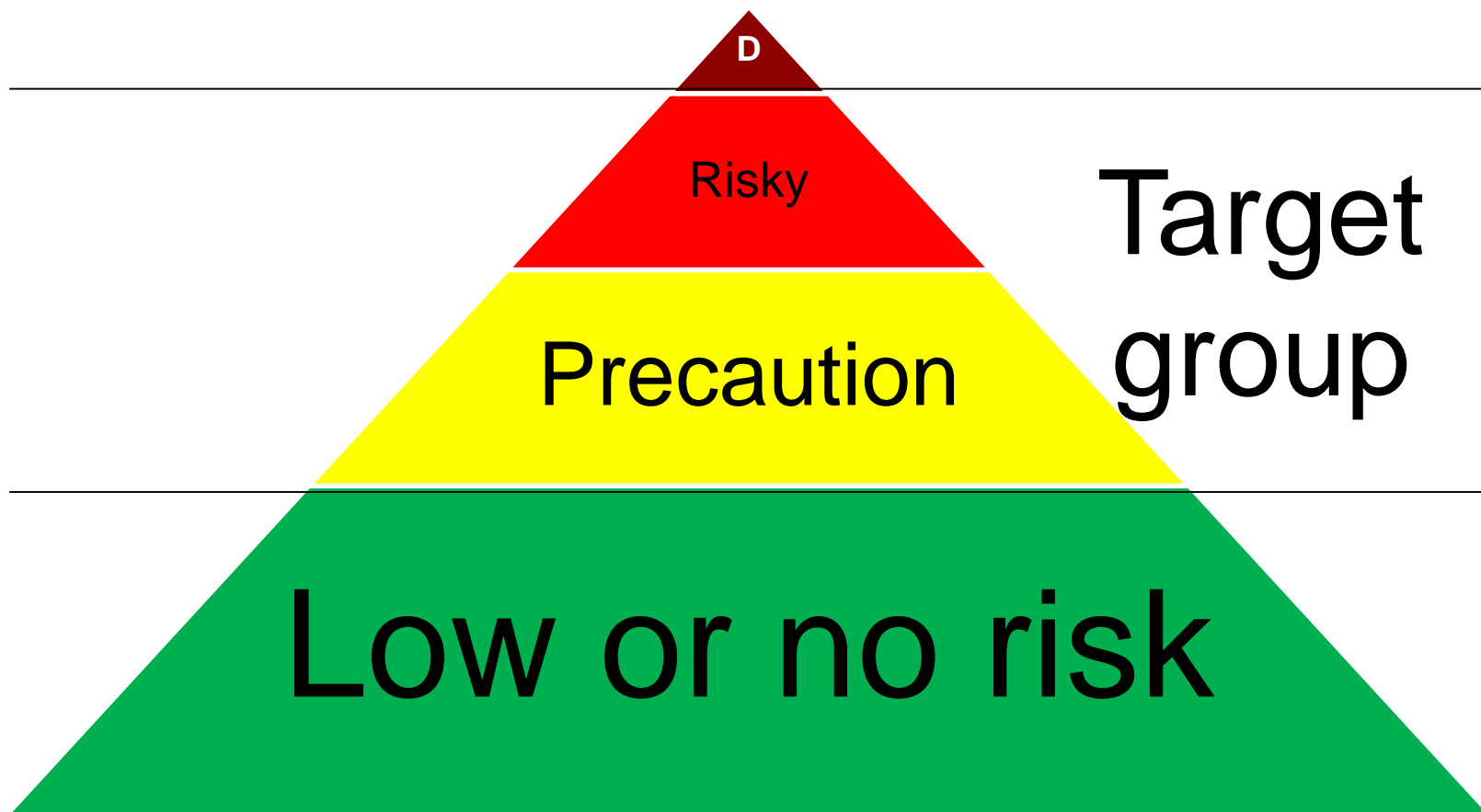
”WE”

Low or no risk

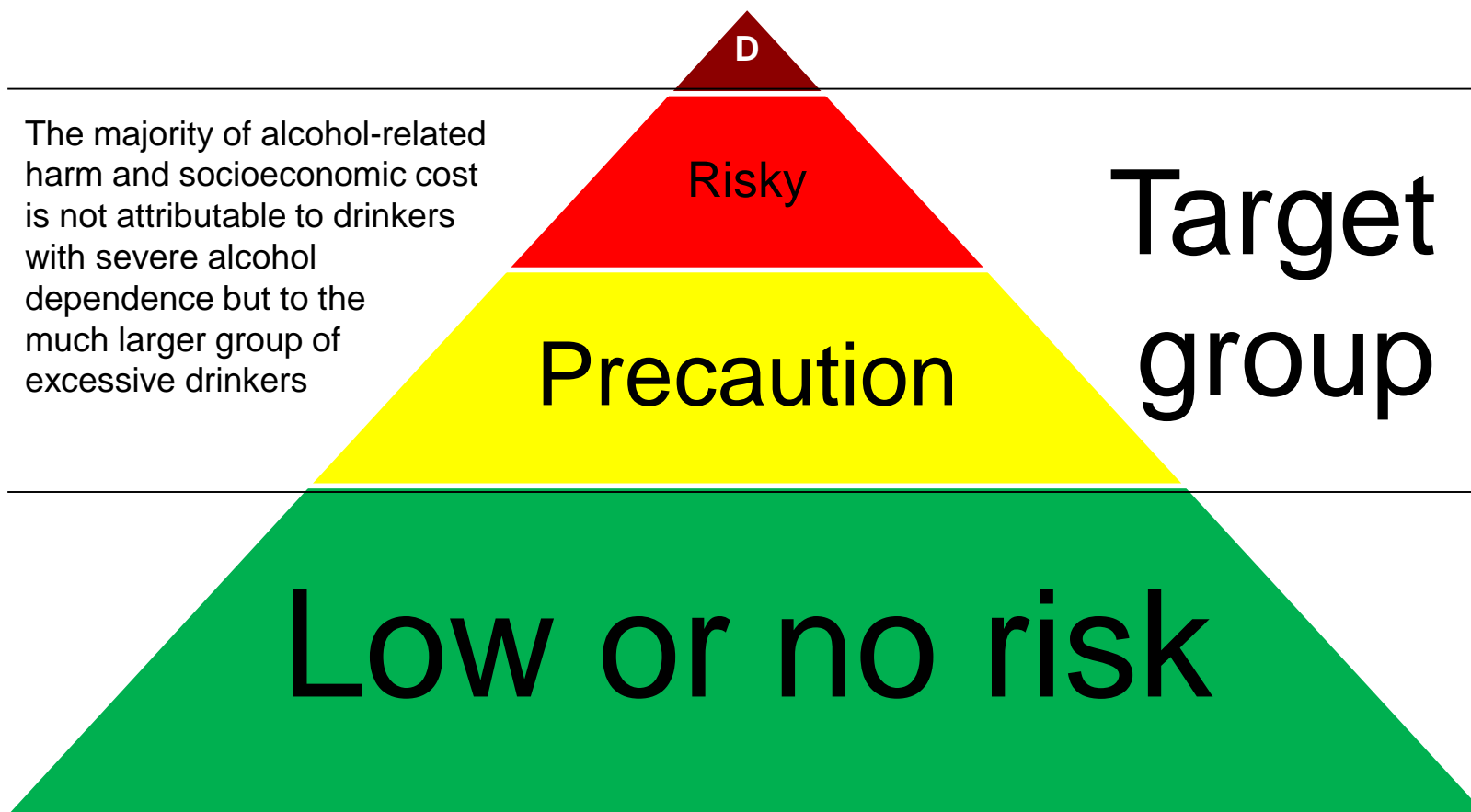
Population alcohol consumption



Balance – an early intervention



Balance – an early intervention



Balance – intervention aims

- **raise** peoples **consciousness** of their own alcohol habits, support **informed choices**, and provided that they want to and need to change, to give these people the necessary **support, knowledge, and skills** to improve their habits

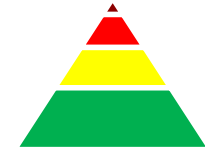
Balance – a two step intervention

- Screening

- **Plus** a comprehensive follow-up component

Balance – a two step intervention

- Provides a brief **screening** procedure – 5 min.
 - ≈ FAST/AUDIT
 - 10 questions about alcohol habits
 - Brief normative feedback
 - The target group are advised to sign up for the follow-up component
- **Plus** a comprehensive **follow-up** component
 - Daily web-pages – for 2 months, etc.
 - E-mail reminders
 - The follow up, not the screening, makes Balance unique
 - Simple screening procedures are previously shown to have a small but significant positive effect on drinking



The Follow-up Component

- Motivation
 - Scheduling self-rewards, role-model, psychoeducational info on alcohol (harms etc),
- Willpower (self-regulation)
 - Slip-up/lapse vs full-blown relapse, stimulus control
- Mood
 - Exercises from positive psychology and CBT
 - Inoculation against (re)lapse (drinking as mood-regulation)

The Follow-up Component

- Clients define their own targets
- Daily logging of alcohol consumption and lapse vulnerability
- Relapse prevention systems
 - Providing therapy to participants reporting high vulnerability to lapse and to participants that drink above their (self-set) targets

How are people recruited to Balance?

- Employees receive an email from their employer with an invitation to take the screening
 - E-mail stress anonymity
 - Employer will not be able to access information provided by the individual employee
 - E-mail contains a link to the screening
- OR: Employee reads a posting on the intranet about Balance
- OR: People find a link to the screening on the web-pages of AKAN or the Directorate of health

How many people utilize the screening and the follow-up?

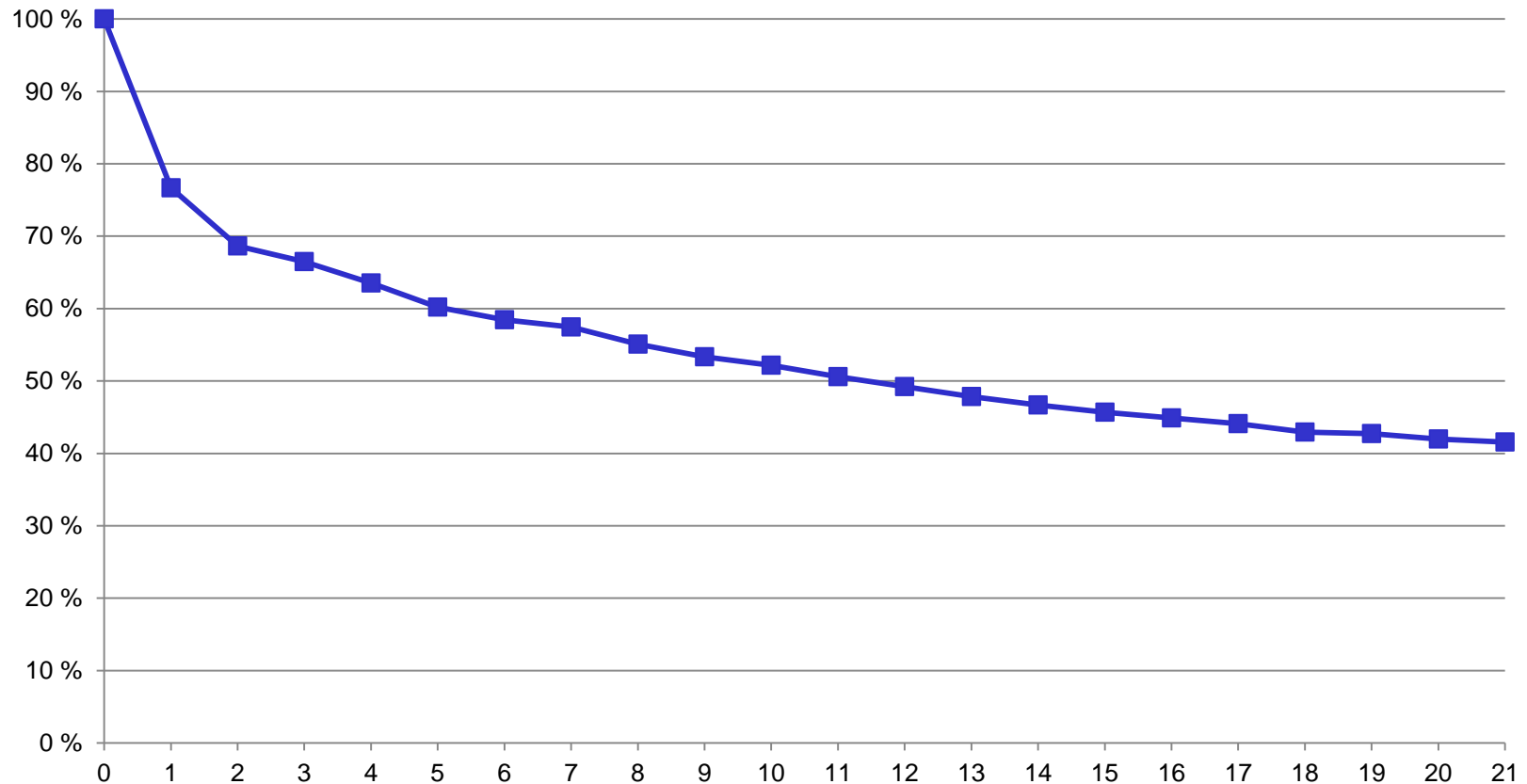
Group	Invited	Screening	Follow-up
AKAN's daily operation	?	12 000 (???)	500 (???) [4.2%]
Early adopter 1	1 000	182 (18.2%)	7 (0.7%) [3.8%]
Early adopter 2	850	437 (51.4%)	16 (1.9%) [3.7%]
Research sample	10 100	1 488 (14.7%)	29 (0.3%) [2.0%]
Student sample (research)	10 600	774 (7.3%)	71 (0.7%) [9.2%]

Note: Early adopters were motivated test-organizations already doing good internal work on health and security issues; and they devoted time and effort to inform employees about Balance. The research sample consists of hospital and county employees.

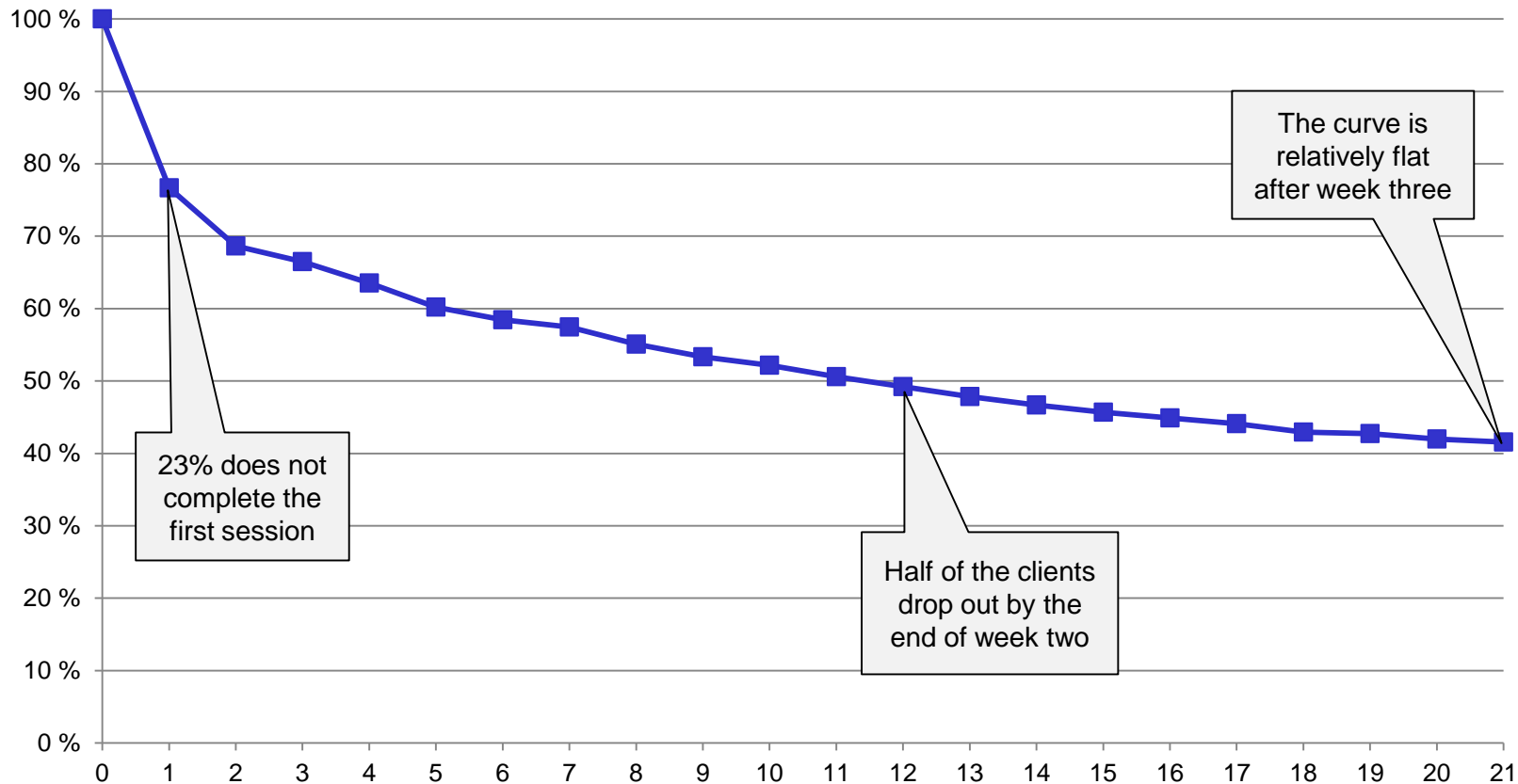
(Figures in parenthesis is percentage of the invited.)

[Figures in brackets are percentage of those who completed screening.]

Program dropout the first 21 days



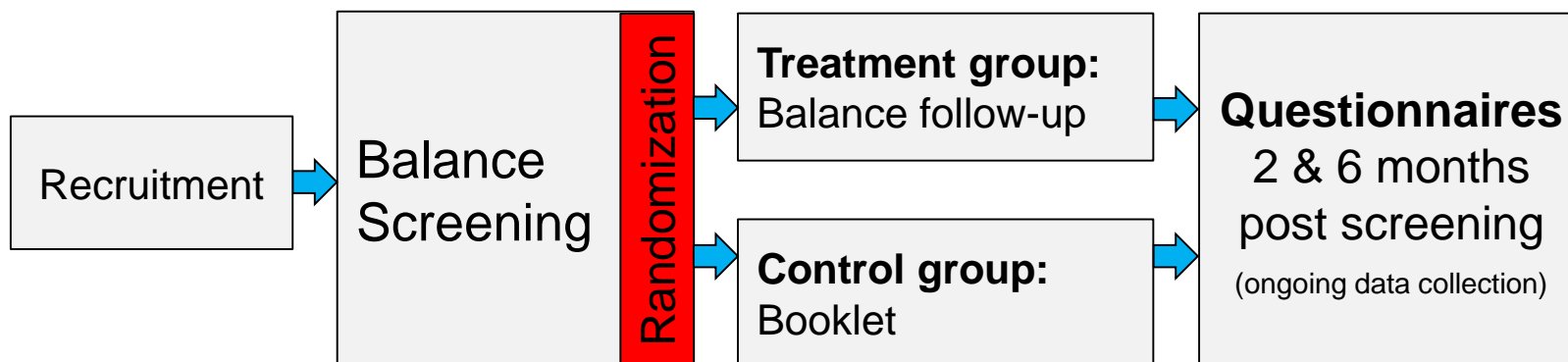
Program dropout the first 21 days





Does the follow up component of Balance influence alcohol consumption?

Randomized Controlled Trial (RCT)



RESULTS from RCT

- Some preliminary findings were presented at the conference, but are not included in this public version, because the data are not yet published in peer-reviewed journal.
- I will publish results from the RCT during the winter 2012/2013

Conclusions

- Web-based screening and comprehensive follow-up for at-risk drinkers is feasible in a workplace setting
- It is possible to reach a significant proportion of employees in an organization with web-based screening
 - Depend on information
 - Incorporate such programs into general HSE-policies
 - Previous research have shown a small but consistent effect
 - Sends a strong signal – effect on organizational culture(?)
 - Reports of additional cases of treatment seekers after campaign
 - It likely that the greatest benefit from Balance comes from the screening

Conclusions

- The comprehensive follow-up component of Balance showed efficacy in reducing alcohol consumption among risky drinkers
 - Preliminary data with significant weaknesses!
- Such treatment may be important for a few persons, but may not reach a broader group of risky drinkers in the short term
- Such treatment are in its infancy, hence, refinement of procedures are necessary