

IBA in non health settings

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Workshop: Alcohol brief intervention: where next
for IBA?

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Alcohol IBA in non-health settings

We are currently conducting two studies:

1. Exploring training and delivery of alcohol IBA in non-health settings funded by Alcohol Research UK
2. Study on feasibility of delivering alcohol IBA in housing settings funded by Public Health England

Broadening the base: key findings

- Good evidence of the effectiveness of IBA in primary care, and to a certain extent in hospital emergency departments.
- Many of the skills needed are transferrable to other delivery contexts.
- Strong desire to broaden the reach of IBA beyond health settings, but the evidence base for effectiveness is not currently established.
- Training staff , on its own, does not guarantee delivery of IBA.
- Financial incentives may increase delivery but it is unclear how much the incentive needs to be to have an effect.

Broadening the base: key findings

- In probation, pharmacies, and in schools and universities, delivery of alcohol IBA is feasible and there is some evidence of effectiveness:
 - Staff in these settings may need to be convinced of the value of IBA and need to be supported to optimise implementation of IBA into their usual practice.
- The workplace is a promising context for IBA delivery with potential benefits for both employees and employers:
 - Employers are likely to need incentives and to be convinced of the business case for supporting staff to take on IBA.
 - Integrating IBA into a wider workplace health and wellbeing strategy and ensuring confidentiality may encourage its acceptance.
- Online IBA models have potential to reach individuals who may not access health or support services.

Key findings from literature review and scoping

- Barriers to implementation and sustainability of alcohol IBA include:
 - lack of strategic and organisational commitment
 - professional lack of role adequacy and role legitimacy
 - lack of knowledge and skills
 - workload pressure
 - lack of time and resources
 - perceived lack of support.

Now want to draw on your experiences and knowledge...

Question 1

- What are the challenges and barriers to broadening the contexts in which alcohol IBA is delivered? How can these challenges be addressed?

Question 2

- From your experience, when delivery in non-health contexts is being considered what are the reasons/rationale underpinning those decisions?

Question 3

- What steps need to be taken to promote a culture of learning from practice?

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From Alcohol Research UK study:

Thom, B., Herring, R., Luger, L. and Annand, F. (2014) *Delivering alcohol IBA broadening the base from health to non-health contexts: Review of literature and scoping*. Drug and Alcohol Research Centre, Middlesex University. Available from Alcohol Research UK website <http://alcoholresearchuk.org/alcohol-insights/delivering-alcohol-iba-broadening-the-base-from-health-to-non-health-contexts/>

Thom, B., Herring, R. and Bayley, M. (in press) *Delivering alcohol IBA: Is there a case for mainstreaming? Insights from an expert workshop and from the published literature*. Drug and Alcohol Research Centre, Middlesex University. Will be available from Alcohol Research UK website shortly.

Thank you

Please get in touch if you would like to know more about these studies and/or the work of the Drug and Alcohol Research Centre

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