Reduce excessive alcohol consumption in male veterans aged 25-40 through web/app based Self-Empowerment

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Introduction

• Quantitatively calculating units of alcohol consumed, instances of excessive alcohol consumption and whether or not veterans are drinking in line with NHS recommendations.
• Discussion threads can be thematically analysed to see whether veterans are engaging with each other in meaningful conversations, whether they are taking ownership of their issues, finding resolutions to issues which may contribute to drinking.

The UK veteran population is similar to the general population (MOD, 2017), so it could be assumed that they follow these trends.

• Survey information found that 75% of veterans admitted to alcohol consumption.
• Veterans are 2-3 times more likely to binge drink (Johnson & Murariu, 2016), 35% of veterans under 65 admitted to drinking between 2.4 times per week.
• Drinking prevalence seems to increase with age.
• Younger men in the military are more likely to binge drink, particularly those exposed to combat trauma.

Johnson & Murariu (2016) found that veterans are more likely to be admitted for longer, which has added cost implications for the NHS.

Alcohol related health issues are a problem in the UK.
• Lower disease has shown an increase of 40% in ten years.
• Alcohol related prescriptions cost the NHS approximately £4 billion (Alcohol Concern, 2017). Alcohol and 50% of all deaths in the UK. 61% of those are male.
• 39% of patients admitted to hospital are aged 45-64 (NHS, 2017).

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Aims and Objectives

Aims are to:
• Create a social environment to raise awareness of alcohol consumption in 25-40 year old male veterans.
• Raise awareness of reasons for drinking, and improve Self Empowerment in veterans to take ownership of their drinking.

Objectives are to:
• Create personal plans to avoid instances of excessive drinking, and reduce the amount of alcohol units consumed.
• See an increase in social support, topics discussed as possible reasons for drinking, topics discussed which facilitate drinking sensibly and increased efficacy to reduce excessive drinking.

The Self-Empowerment approach believes it is necessary to factor the complex reasons people do things (Rapport, 1981). Self-Empowerment works on the basis that group participation boosts empowerment, individually and as a community, through social contact.

By discussing issues collectively as a community veterans can make plans to tackle these (whether it is information seeking, skill development, competency development or resource seeking). Self-Empowerment has found success in environments of excessive drinking.

This health promotion intends to integrate Self-Empowerment into a web/app based intervention through a social discussion forum. Web based alcohol promotions have been successful with the veteran community and apps have also had success with reducing excessive drinking. Using a web/app based intervention should be cost effective (it is relatively free) and can reach many veterans.

Methods

Veterans will:
• Create an anonymous profile.
• Input their alcohol consumption habits.
• Be provided feedback based on NHS guidelines.
• Be invited to make a plan to reduce excessive drinking.
• Veterans will then be able to have meaningful discussions with other veterans in a discussion forum.

Specially trained volunteers will administer the discussions. They will:
• Ensure that everyone treats each other with respect.
• They will interject where necessary to add new discussion topics to threads, or engage in ongoing conversations to encourage meaningful discussions.

Administrators are there to help veterans help themselves, come to their own conclusions and feel empowered to manage their own issues together with their drinking levels.

The app and web page will mirror each other. The web page/app can each be created for free and can be advertised for free, using veteran related charity websites, the veterans and social media. It would also use volunteers from the same demographic as the campaign is targeted at. The resources needed to create this health promotion are minimal: it is not cost intensive but rather time intensive. A health psychology team would train volunteers, analyse data and report findings. A research assistant with website/app design knowledge would create the app/webpage, recruit volunteers and would collect feedback.

Measuring the outcome

It is proposed that:
• The health promotion runs for a minimum of 12 months.
• Data is collected/aanalysed at weekly, monthly, quarterly and six monthly intervals.

Outcomes can be measured by:
• Quantitatively calculating units of alcohol consumed, instances of excessive alcohol consumption and whether or not veterans are drinking in line with NHS recommendations.
• Discussion threads can be thematically analysed to see whether veterans are engaging with each other in meaningful conversations, whether they are taking ownership of their issues, finding resolutions to issues which may contribute to drinking.

The return of the conversations observed, together with the difference in alcohol levels recorded, should indicate whether veterans have felt Self Empowered to act positively.

Evaluation

Qualitative/quantitative measure of outcomes will determine whether the promotion has been a success. Also all promotions have attrition rates, if attrition does not exceed 31% (average website attrition rate) we can assume it is running acceptably.

Also feedback is also essential:
• Volunteer feedback may highlight issues of engagement with the website/app. Volunteers need more training.
• Veteran feedback can indicate whether any reduction in excessive alcohol intake is due to the Self-Empowerment or whether it is due to the weekly alcohol consumption recorded and generated personal feedback.
• Veteran feedback can indicate usability of the website and app, whether any adjustments need to be made.

Analysis of the data/feedback at the end of the 12 months should indicate what the veterans gained. This can be used for further research and for further health campaigns.

Conclusion

Veterans (particularly male) put themselves at risk of alcohol related health issues if they continue to drink excessively. To avoid this risk it is:
• Advantageous to target them as soon as they leave the army.
• Incorporate into a health promotion the Self-Empowerment approach, which,
  • Can account for social and environmental causes of drinking.
  • It enables people to make their own decisions and take positive steps to address their issues.
• Using Self-Empowerment through modern technology such as apps/websites is an effective way to reach a larger number of people, and a fair amount of rich data can be collected.
• Effective evaluation of the data, and the health promotion efficiency, can determine whether the health campaign has been successful.

Support organisations, whether they are state run or charities, could benefit from running this sort of promotion if successful. They are cost effective and could reach many veterans across the country. It could also be the case that the empowerment veterans experience can lead to empowerment in multiple areas of a veteran’s life, so the benefits a veteran (and their family) experience can reach a lot further than just excessive alcohol reduction.

References
