Implementation of a multicomponent Responsible Beverage Service programme in Sweden – a qualitative study of promoting and hindering factors

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ABSTRACT
AIMS – The objective of this study was to identify factors that either promote or hinder implementation of a multicomponent Responsible Beverage Service programme in Swedish municipalities.
DESIGN – Forty semi-structured interviews were conducted in six municipalities and directed content analysis, guided by the Consolidated Framework for Implementation Research (CFIR), was performed. RESULTS – The CFIR framework was useful as an underlying theoretical model in this study. Importance of the following factors, described in the five domains of CFIR, was empirically supported in this study: local needs, evidence strength and advantages of the intervention, costs and available resources, clear goals, evaluation and feedback, access to knowledge and information, clear role definitions and cooperation, and enthusiastic key persons with high confidence in the effectiveness of the intervention. Hindering factors listed by the informants were lack of enthusiasm and opportunities to specialise, low degree of self-efficacy, unengaged decision-makers, complexities of the programme, and a top-down approach. CONCLUSIONS – This study indicates that previously identified factors shown to promote and hinder implementation processes are also valid in the context of multicomponent community action programmes like RBS. Suggestions on how to elude some of the hindering factors are proposed, e.g. to develop long-time financial plans, to provide better information about the RBS program in full, and to stress the importance of collaboration between representatives from the municipalities, police authorities and owners of on-licenced premises.
KEYWORDS – implementation, Responsible Beverage Service programme, community-based interventions, on-licenced premises, violence

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Introduction
Misuse of alcohol is shown to cause severe health problems (Rehm et al., 2009). Sweden has since long had a comparatively low level of alcohol consumption and alcohol related harm, and this has been attributed to a tradition of restrictive alcohol policy, including high taxation and retail sale limited to a state monopoly (Anderson & Baumberg, 2006; Babor et al., 2010). However, as a result of EU membership in 1995, this policy has been weakened (Trolldal, Holder, Agnéus, & Edin, 2000). Consequently, the alcohol consumption among adults increased with 15.6% from 1990 to 2011 (OECD, 2013). In recent years considerable efforts have been made to strengthen alcohol prevention measures on the regional and local levels in Sweden (Andréasson, Sjöström, & Brännström, 2007).
Previous studies have revealed that a relationship exists between alcohol consumption and violent crimes. The attributable fraction of assaults in Sweden has been estimated at around 50% (Norström, 1998; Room & Rossow, 2001). According to studies conducted in several countries, alcohol consumption at on-licenced premises is specifically associated with violence and other alcohol-related problems (Demers et al., 2002; Graham, Osgood, Wells, & Stockwell, 2006; Leonard, Quigley, & Collins, 2002). Both the general and individual levels of intoxication at on-licenced premises have been shown to correspond to levels of violence (Graham et al., 2006). Effective strategies aimed at reducing alcohol-related violence include measures to regulate the availability of alcohol (Babor et al., 2010), and on-licenced premises are sometimes the targets of such efforts (Graham & Romel, 2008). Babor and colleagues also highlights the importance of community action programmes, in which local organizers cooperate with police authorities and licenced premises (Babor et al., 2010). The Responsible Beverage Service programme, the object of this study, is such a measure (Wallin, 2004). Other programs that aim to reduce violence at on-licensed premises are the Safer Action Projects in Queensland which demonstrated reductions in observed aggression (Graham & Homel, 2008) and the Community Trial Project in the United States, in which significant effects were shown on assault injuries (Holder et al., 2000). There are also programmes based on server training only, however with limited effectiveness (Jones, Hughes, Atkinson, & Bellis, 2011).

The multicomponent Responsible Beverage Service programme

A Responsible Beverage Service (RBS) programme was implemented in the city centre of Stockholm, the capital of Sweden, during the second half of the 1990s (Wallin, Norström, & Andréasson, 2003). The RBS programme is a multicomponent community-action programme (Casswell, 2000; Holder, 1998). Such programmes are based on a system approach, in this case aimed at changing the environment where alcohol is consumed by involving several arenas and actors in the programme. The main purpose with an RBS programme is to reduce alcohol-related violence and injuries associated with the serving of alcohol at licenced premises. To reach maximum effect a combination of efforts targeting e.g. availability of alcohol, supervision, enforcement, sanctions, the judicial system, consumption patterns, and attitudes is required. The more parts of the system related to alcohol consumption that are addressed, the more effective the programme will be (Holder, 1998). Previous research has shown that local initiatives aimed at policy change can be effective (Anderson, Chisholm, & Fuhr, 2009; Holder, 2000; Wagenaar, Murray, & Toomey, 2000; Holder, 2000).

The three main components of the RBS programme are 1) a two-day training session for employees and owners of on-licenced premises (RBS training), 2) the presence of a community-coalition steering group, and 3) structured supervision of on-licenced premises (Swedish National Institute of Public Health, 2006). The purpose of the training is to ensure that noticeably intoxicated or under-aged patrons are not served alcohol and to improve the
ability to detect and prevent conflict situations. The training, which is provided by the municipalities and sometimes supported by the county administrative boards, includes lectures on the medical effects of alcohol, the Swedish Alcohol Act, alcohol-related violence, drug problems at on-licenced premises, and conflict management, followed by an exam. The community-coalition steering group is meant to be a platform for the owners of on-licenced premises and the authorities where various alcohol-related problems at licenced premises can be discussed and resolved. Finally, the supervision visits of on-licenced premises are meant to ensure compliance with provisions regarding the serving of alcoholic beverages, particularly to intoxicated patrons and minors.

Supervision of on-licenced premises is already a municipal and police responsibility in Sweden. However, the supervision component of the RBS programme is aimed to strengthen the regular supervision in the municipalities by making it more structured and in cooperation between the municipality and the police (Trolldal, Brännström, Mallie, Paschall, & Leifman, 2013a).

The municipalities, the police and the restaurant owners are all important actors in the RBS programme. The municipalities are those approving and withdrawing licences, in some cases combined with requirements. The restaurant owners set the standards of how to serve their customers. The main role of the local police is to be present in the steering groups and to cooperate with the municipalities when coming to the structured supervision.

When the RBS programme was evaluated in a quasi-experimental study in Stockholm, results showed a 29% reduction in alcohol-related violent crimes in the intervention area as compared to the control area (Wallin et al., 2003). In 2004, the Swedish National Institute of Public Health was commissioned by the government to spread the RBS programme to municipalities throughout the country. Two years later, the 21 county administrative boards in Sweden were assisting in the spreading of the programme. One project coordinator was employed at each county administrative board during 2006 to 2010 to oversee the implementation of the programme in the municipalities. Within the municipalities, it was primarily the alcohol-handling officers and the local alcohol and drug prevention coordinators who worked on the implementation of the programme. In 2008, 263 of 290 municipalities stated that they were working in accordance with the programme, in full or in part (Trolldal, Haggård, & Guldbrands-son, 2013b). An effectiveness study was conducted in 2010 after dissemination of the programme throughout Sweden and a significant effect was found on police recorded assaults (Trolldal et al., 2013a). However, the effect if all three components (RBS training, steering group and structured supervision) were used, was approximately a 9% reduction in police recorded assaults, i.e. far lower than the 29% reduction that was shown in the original efficacy study (Wallin et al., 2003). Effectiveness studies in general show weaker results than efficacy studies (Flay et al., 2005). An implementation perspective on this was assessed to give useful information.

The purpose of this study was to identify factors that promote or hinder the implementation of a multicomponent and com-
plex public health programme (the RBS programme) in Swedish municipalities.

Although the research base on dissemination and implementation has grown significantly in recent decades (Durlak & DuPre, 2008; Eccles et al., 2009), there remains a lack of studies addressing the implementation of multicomponent community-action programme (Holder & Moore, 2000) or information of program implementation is insufficiently reported (Durlak, 1997; Dusenbury, Branningan, Falco, & Hansen, 2003).

The Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009; Damschroder & Hagedorn, 2011; Daschroder & Lowery, 2013) was considered useful in order to identify and structure implementation promoting and hindering factors in the multicomponent and complex RBS programme. The CFIR framework consists of five major domains: the intervention, the outer and inner settings, the individuals involved, and the process by which implementation is achieved. The first domain is related to the characteristics of the intervention and how it will be implemented into a particular organisation. The economic, political, and social contexts in which the implementing organisation is situated are included in the second domain, labelled the outer setting. The third domain, the inner setting, includes features of structural, political, and cultural contexts within the organisation in which the implementation will take place. The fourth domain includes the individuals involved either in the intervention or in the implementation process. Finally, the fifth domain consists of the process of implementation itself, e.g., the planning, execution, and evaluation of the intervention. The CFIR framework was by Ilott and colleagues judged to have the potential to offer useful insights regarding complex health care innovations (Ilott, Gerrish, Booth, & Field, 2013).

**Method**

The study design is qualitative, with directed content analysis of transcribed semi-structured interviews (Graneheim & Lundman, 2004; Hsieh & Shannon, 2005). The study was guided by the five domains of the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009).

In order to ascertain the level of implementation of the RBS programme and the presence of implementation-promoting factors two surveys were conducted in all municipalities in Sweden (N=290) (Trolldal et al., 2013b). The level of implementation of the programme was measured by survey questions regarding the three main components of the programme (i.e., RBS training, the presence of a community-coalition steering group, and structured supervision of on-licenced premises). The presence of implementation-promoting factors was measured by survey questions based on previous implementation research (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Durlak & DuPre, 2008) and the CFIR domains (Damschroder et al., 2009). For a full description of both surveys, see Trolldal et al., 2013b.

Based on the results of these two surveys, a purposeful sampling was made of six municipalities representing three categories with different degrees of implementation of the RBS programme and implementation-promoting factors. The three largest municipalities in Sweden were
Table 1. Selection of municipalities based on level of implementation of the RBS programme and presence of implementation-promoting factors. Number of inhabitants, licenced premises, higher level of education and alcohol related abuse.

<table>
<thead>
<tr>
<th>Level of implementation of the RBS programme</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of implementation-promoting factors</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Category 1</strong></td>
<td>80 municipalities (34%)</td>
<td>37 municipalities (16%)</td>
</tr>
<tr>
<td><strong>Municipality A</strong></td>
<td></td>
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<tr>
<td>Inhabitants: 62,000</td>
<td>Inhabitants: 26,000</td>
<td></td>
</tr>
<tr>
<td>80 licenced premises</td>
<td>30 licenced premises</td>
<td></td>
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<tr>
<td>Higher level of education: 38.68 %</td>
<td>Higher level of education: 26.64 %</td>
<td></td>
</tr>
<tr>
<td>Alcohol related abuse: 94.6 per 10,000 inhabitants</td>
<td>Alcohol related abuse: 89.0 per 10,000 inhabitants</td>
<td></td>
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<tr>
<td><strong>Municipality B</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38,000 inhabitants</td>
<td>17,000 inhabitants</td>
<td></td>
</tr>
<tr>
<td>25 licenced premises</td>
<td>15 licenced premises</td>
<td></td>
</tr>
<tr>
<td>Higher level of education: 32.09 %</td>
<td>Higher level of education: 24.96 %</td>
<td></td>
</tr>
<tr>
<td>Alcohol related abuse: 94.4 per 10,000 inhabitants</td>
<td>Alcohol related abuse: 89.1 per 10,000 inhabitants</td>
<td></td>
</tr>
<tr>
<td><strong>Category 2</strong></td>
<td>65 municipalities (28%)</td>
<td></td>
</tr>
<tr>
<td><strong>Municipality C</strong></td>
<td></td>
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<tr>
<td>7,000 inhabitants, 20 licenced premises</td>
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<tr>
<td>Higher level of education: 30.75 %</td>
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<tr>
<td>Alcohol related abuse: 72.9 per 10,000 inhabitants</td>
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<tr>
<td><strong>Municipality D</strong></td>
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<tr>
<td>50,000 inhabitants</td>
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<tr>
<td>45 licenced premises</td>
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<tr>
<td>Higher level of education: 27.46 %</td>
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<tr>
<td>Alcohol related abuse: 94.7 per 10,000 inhabitants</td>
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<tr>
<td><strong>Category 3</strong></td>
<td>37 municipalities (16%)</td>
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<tr>
<td><strong>Municipality E</strong></td>
<td></td>
<td></td>
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<tr>
<td>Inhabitants: 26,000</td>
<td></td>
<td></td>
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<tr>
<td>30 licenced premises</td>
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<td></td>
</tr>
<tr>
<td>Higher level of education: 26.64 %</td>
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<tr>
<td>Alcohol related abuse: 89.0 per 10,000 inhabitants</td>
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<tr>
<td><strong>Municipality F</strong></td>
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<tr>
<td>17,000 inhabitants</td>
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<tr>
<td>15 licenced premises</td>
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<tr>
<td>Higher level of education: 24.96 %</td>
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<tr>
<td>Alcohol related abuse: 89.1 per 10,000 inhabitants</td>
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<tr>
<td><strong>Category 4</strong></td>
<td>53 municipalities (23%)</td>
<td></td>
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<tr>
<td>No municipalities from this category were included in the sample, due to insufficient presence of the aspects of interest in this study.</td>
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excluded since they are subdivided into several administrative units, making them different from other municipalities in the country. Furthermore, geographical diversity of the municipalities was considered. The final sample consisted of three categories containing two municipalities each (see Table 1). Municipalities with both a low degree of implementation of the programme and a low level of implementation-promoting factors were excluded due to insufficient presence of the aspects of interest in this study. An interview guide was developed and semi-structured interviews were conducted with individuals involved in the implementation process in each of the six municipalities. The interview guide was inspired by factors important to implementation according to the domains in the CFIR framework. Semi-structured interviews were chosen in order to increase the informants’ possibilities to elaborate on the implementation process. The informants were identified by means of the snowball technique: the first informant
Table 2. Number of interviewees per municipality in different categories.

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Project leaders at the county administrative board</th>
<th>Alcohol handling officers</th>
<th>Local alcohol and drug prevention coordinators</th>
<th>Police officers</th>
<th>Politicians</th>
<th>Owners of licenced premises/ waiters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1:</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>A</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Category 2:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Category 3:</td>
<td></td>
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<tr>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

in each municipality, usually the local alcohol and drug prevention coordinator, suggested other informants professionally involved in the implementation of the programme. A total of 40 interviews were conducted (see Table 2). The interviews started with letting the interviewees freely talk about their experience of implementing the RBS programme. Follow-up questions were used as probes. The interviews lasted from about 25 to 75 minutes.

The interviews were audio-recorded, transcribed verbatim, and coded using a tree model consisting of implementation-promoting factors. The software package QSR-NVivo 8 was employed for coding and analysis. Data were analysed using qualitative content analysis according to the procedure described by Graneheim and Lundman (Graneheim & Lundman, 2004). Meaning units were identified and labelled with codes, which were compared based on differences and similarities, and sorted into categories that were exhaustive and mutually excluding. Analysis was performed by the main author (UH) and discussed with the other authors. Specific quotations were extracted to illustrate factors that seemed to be important to the implementation of the programme. To assess the reliability of the coding (Kvale, 1996; Lepp & Ringsberg, 2002) a recoding was undertaken. The second coder (KG) was given three transcribed interviews along with clear definitions of the theoretical framework. The coding agreement after consensus discussion was 83%.

The study was approved by the Regional Ethical Review Board in Stockholm (EPN; protocol no. 2010/736-32/5). In order to respect the privacy of informants, the municipalities are not identified by name.

Results

The results are presented in the context of the CFIR’s major domains: intervention characteristics, the inner and outer settings, the individuals involved, and the implementation process (Damschroder et al., 2009). An additional theme, side effects, based on information that emerged from the interviews is also presented.

Intervention characteristics

The encouraging results from the efficacy trials (Wallin et al., 2003) preceding the dissemination of the programme seemed to be an important characteristic of the in-
tervention and an incentive to implement it. Those working in accordance with the programme had a positive attitude toward the intervention and its efficacy.

“There was evidence for it [...] a ready-made concept which you only had to put into practice.” (Local alcohol and drug prevention coordinator, municipality F)

Municipalities in Category 1, i.e. municipalities with both a high presence of implementation-promoting factors and a high level of implementation of the RBS programme, had implemented all the components of the RBS programme in a systematic fashion. One reason given by the informants for rigorously implementing all the components was that the positive results from the efficacy trial were based on all components of the RBS programme, and thus, an adaptation might have affected the outcome.

“We’ll follow the RBS programme completely [...] not make some kind of home-spun version [...] Why can’t we do a light version? But then you don’t know if it works.” (Local alcohol and drug prevention coordinator, municipality A)

A majority of the informants claimed that, in the long run, aside from the RBS training, the RBS programme did not require any additional resources from the municipalities. It was further stated that the programme did not require any substantial efforts after its initial phase of implementation. Rather, it was described as simply another way to structure the work.

During the initial phase of implementation of the RBS programme however, some informants considered it time-consuming and costly to inform, educate, and mobilize users, especially regarding the training part of the programme. Some informants in minor municipalities mentioned scarce resources as an obstacle to implementing the RBS programme. To manage the costs of the RBS-training some municipalities chose to take a fee. Other municipalities offered the programme for free in order to reach as many participants as possible. The RBS training part of the programme was in some municipalities an obligation for receiving alcohol license permission.

**Outer setting**

Negative events related to licenced premises in the municipalities might have triggered the implementation of the RBS programme. Results from local studies measuring the extent to which intoxicated patrons or minors are served alcohol at licenced premises were used to illustrate the seriousness of the problem and mobilize community support and interest from decision-makers.

“Five out of six pubs and nightclubs in central x didn’t live up to this, but served an intoxicated customer they should’ve said no to.” (Alcohol handling officer, municipality A)

This created an opportunity to address the issue at an appropriate time and to propose a political solution to the problem.

Some informants perceived the top-down approach, i.e. recommendations from the capital and from governmental organisations, as a hindering contextual factor. The
fact that the original programme was developed in a large municipality (830,000 inhabitants) was perceived as problematic among users in the two smaller municipalities in this study (with 17,000 and 7,000 inhabitants respectively).

“I don’t see the point, really, why a municipality like x or y, a very small municipality, [...] if you look at violence, which is the main objective, after all, or service to minors and to intoxicated persons in order to reduce violence, we don’t have a problem with violence at pubs in these parts.” (Project leader at the county administrative board, municipality C)

The size of the municipality was mentioned by informants in the smaller municipalities as either a promoting or a hindering factor. Generally, a lack of resources and opportunities to specialise were described as hindering factors. On the other hand, more efficient communication channels and closer relations between staff were seen as promoting factors in the smaller municipalities.

Inner setting
A positive impact with reference to inner setting factors is exemplified by municipality A, which had successfully implemented the RBS programme. In this municipality clearly defined work tasks and common goals were formulated, resources for education and training were provided, and work in accordance with the RBS programme was evaluated.

“And then the drug policy guidelines here stated that one of the goals should be to reduce violence related to pubs and nightclubs by 15% between 2004 and 2008.” (Politician, municipality A)

“And then our politicians have given us opportunities, both mandates and money, to be able to do this.” (Local alcohol and drug prevention coordinator, municipality A)

Examples of negative impact related to inner setting factors are unengaged local politicians, unclear work expectations, and scarce resources.

“For almost a year and a half, nothing happened. [...] We had a public health advisory board, but it had no mandate. [...] So that was probably what was missing, a proper organisation for these issues. [...] You miss the structure and long-term thinking.” (Local alcohol and drug prevention coordinator, municipality F)

In the police departments, problems resulting from a lack of resources were seen as particularly annoying by other participants, e.g., restaurant owners. Furthermore, the police authority was described as highly hierarchical and structured, thus providing few possibilities for police officers to change the present work structure. The importance of local goals, and follow-up was also stressed from the police organisation.

“You would’ve wanted further clarification from the National Police Commissioner, and down through all authorities, and further down the system. Because today it’s a top-governed au-
thority [...] it's important to promote the programme from above.” (Police officer, municipality D)

In municipalities with a high level of implementation of the RBS programme, work done in accordance with the programme was carried out by strong and stable teams. The members of these teams enjoyed working with each other, communicated well and easily, and felt proud of their achievements at work. Emerging themes were clear role definitions, cooperation, and a “win-win” perception of situations. When team unity was achieved, employee turnover became less of a problem.

Individuals involved
Key persons in municipalities with a high level of implementation of the RBS programme were proud of and enthusiastic about the programme and had high confidence in its effectiveness. They positively influenced their co-workers and could change existing work practices. If the key persons were able to articulate the benefits of the programme, usually by providing results from the original efficacy trial or from local follow-up studies, they were better able to persuade others to embrace the programme.

“NN is the one who’s been working with this. He may step in anywhere on a political or civil servant level and express his opinions without being thrown out, and everybody listens. He has considerable experience.” (Politician, municipality B)

In the initial phase of implementation, project leaders at the county administra-
insufficient information during the implementation process from county administrative boards regarding RBS and its different components. Some informants thought that the intervention merely consisted of the RBS training component. Complexities of the programme and unsatisfactory information about the different components have led to discrepancies among local interpretations regarding the core aspects of the programme.

“I’m not really sure if I have got the hang of it yet, actually. Because we don’t actually work in accordance with it, not fully, anyway. We went through it with the county administrative board then and, no, no one has had any actual training.” (Alcohol handling officer, municipality C)

Baseline studies regarding serving of alcohol to minors or already-intoxicated patrons were described by some informants as important to the adoption of the programme and in municipalities with a high level of implementation of RBS, feedback to users was continuously used as a tool for institutionalising the programme.

“And then I got the statistics […]. For example, if a pub owner thinks that, damn, I have too many guards, it costs too much money, then I can go in right away and have a look and say, Yes, but the number of assaults hasn’t decreased. Your pub is the only one that has increased (assaults) here. […] And that, I can tell you, is a good means of pressure.” (Police officer, municipality A)

Lack of a time-set implementation period, a long-term financial plan, and a structure to facilitate implementation had negative effects on the process, according to the informants.

Side effects
There were several positive and a few negative side effects of the RBS programme, according to the interviewees. The improved team work and collaboration increased job satisfaction, mutual support and understanding of each other’s work. The strengthened collaboration between waiters and owners of licenced premises and the police increased the restaurant staffs’ willingness to call the police at an earlier stage if problems were suspected to arise, even when related to others’ premises. Involvement in the RBS programme also pioneered for work with other public health issues, such as supervision of tobacco and medium strengths beer sales in grocery stores. The RBS programme seems to have equalised local work strategies concerning these issues in the country.

A negative side effect highlighted by the informants was that involvement in the RBS programme for some of the alcohol handling officers resulted in a feeling of two professional roles, one as an authority and one as a partner, towards the waiters and owners of licenced premises. Another negative side effect was that other work tasks sometimes suffered because of the RBS-work.

Discussion
The purpose of this study was to identify factors that might promote or hinder implementation of the multicomponent RBS-programme in Sweden.
Promoting factors appeared to be: local needs, evidence strength and perceived advantages of the intervention, a balance between potential costs and available resources, clear goals, evaluation and feedback, access to knowledge and information, clear role definitions and cooperation, and enthusiastic key persons with high confidence in the effectiveness of the intervention and with an ability to persuade others.

Hindering factors listed by the informants were lack of enthusiasm and opportunities to specialise, low degree of self-efficacy, unengaged decision-makers, complexities of the programme, and a top-down approach. The initial phase of the implementation of the programme was reported by some informants to be time-consuming and costly, especially in small municipalities.

Municipalities classified as having both a high level of implementation of the programme and a high level of implementation-promoting factors had been working in accordance with the programme for a long time and were often in contact with other municipalities to inform them about their work, which seemed to motivate them to work continuously with all components of the programme. According to the informants, the distinguishing features of these municipalities were a clear assignment of roles among the people working with the programme, that they worked closely together, and that they felt proud of their work. It also became clear that the group dynamic was favourable in these municipalities in that they had created a structure that offset the negative consequences of employee turnover. This structure implied that work tasks related to the RBS programme should be written in the employment description, alcohol policy programmes, guidelines for service permits and similar documents, and also be anchored with the managers and policy makers.

Incentives to participate in RBS training seems to differ between Swedish municipalities as well as between other countries that have implemented an RBS programme. In some of the municipalities in this study RBS-training certificates were considered valuable documents and required by some restaurants. In Bergen, Norway, it is compulsory for workers in bars and restaurants with extended opening hours to participate in the “Responsible Host programme” (Lauritzen & Baklien, 2007). This probably affects the sustainability of the RBS-training, but is on the other hand demanding for the municipalities since they need to offer regular RBS training. The RBS-training seemed to be the part of the programme that was most easy to implement, while attending a steering group and performing structured supervision were more challenging. In a study of the implementation of a multi-component community action programme similar to RBS in Trondheim it was found that problems with group interactions affected the course recruitment (Buvik & Baklien, 2006).

As concluded by Lauritzen and Baklien (2007) RBS training has to be complemented by frequent and structured supervision and presence of a community-coalition steering group, and, if necessary, sanctions for those not following the law. Several studies have shown that RBS training as a single component is uneffective in reducing high level of intoxicated patrons.
and serving of under-aged patrons (Jones, Hughes, Atkinson, & Bellis, 2011; Gliksman, McKenzie, Single, Douglas, Brunet & Moffatt, 1993; Warpenius, Holmila, & Mustonen, 2010). Further, Babor and colleagues (2010) concluded that training programmes tend to be highly variable in quality and coverage and that the effects, if any, seem to diminish over time. Also Johnsson and Berglund (2009) found that potential effects of RBS training are short term. Their suggestions to improve the stability of changes were to train the bartenders more frequently and in closer cooperation with authorities.

This study revealed that some municipalities provided a shorter version of the RBS training, due to lack of time for those working in restaurants. The, by some municipalities, perceived top-down approach as well as the differences in size of municipalities might also have led to adaptations of the original RBS program. It is questioned how much an intervention could be adapted to meet local needs without affecting programme efficacy. Local adaptation may increase the likelihood of successful implementation of a programme, but if the core components are undermined the adaptation might lead to programme ineffectiveness (Greenhalgh, Robert, Bate, Macfarlane, & Kyriakidou, 2004). Implementation fidelity refers to the degree to which methods are delivered as intended (Carroll et al., 2007). The degree of fidelity might explain different results generated by equal methods in similar settings. According to Carroll and colleagues achievements of high implementation fidelity is an important measure to replicate success achieved in original studies (Carroll et al., 2007). The local adaptation of the RBS programme might explain the far lower reduction in police recorded assaults (9%) that were shown by Trolldal and colleagues (2013a) compared to the original efficacy study (29%) (Wallin et al., 2003).

Some aspects seemed to be important for the success or failure of the implementation of the RBS programme. One prominent promoting factor was that the potential users experienced a positive sense of the programme. The core components (RBS training, presence of a steering group and structured supervision) were perceived as logical and in line with previous work and organisational structure. Another important implementation promoting factor, found in both the quantitative study of the implementation of the RBS programme in Sweden (Trolldal et al., 2013b) and this study, was evaluation and feedback. Municipalities with successful implementation regularly evaluated and reported the results to politicians and to the public. These factors showed a significant correlation with implementation of the RBS programme as a whole (Trolldal et al., 2013b).

Implementation processes are time consuming. Rigorous planning is fundamental in order to improve such processes (Greenhalgh et al., 2004; Fixsen et al., 2005). The municipalities with successful implementation of the RBS programme seemed to have organized the RBS work in a very structured way. On the other hand, the statement made by a project leader “Maybe the negative thing is that it takes time in the beginning, time that doesn’t exist” might be an example of lack of planning, which in this study was found to be a hindering factor for implementation.
Further, implementation processes are seldom linear; a favourable process may turn into an unfavourable one, and vice versa, depending on economic or political changes or employee turnover in the implementing organisation (John, 1998). In this study, the survey regarding level of implementation of the RBS programme was made half a year before interviews were conducted. This gap between the dates of inquiry may help explain why conflicting statements sometimes occurred in municipalities.

The municipalities with a high level of both implementation of the programme and implementation-promoting factors were among the first municipalities in Sweden to adopt the programme. Stakeholders and decision-makers in these municipalities were actively engaged in the implementation of the programme in other municipalities as well. Some municipalities seemed to adopt the programme as the result of peer impact, i.e., the triggering factor was that several other municipalities had already adopted the programme. This is in line with previous research showing that less effort is required to disseminate an innovation once a “tipping point” of the dissemination process has been reached (Rogers, 2003; Greenhalgh et al., 2004). In this study, also local needs were found to be a triggering factor for implementation. Negative incidents related to the licensed premises attracting attention, and the perception of an intolerable situation among stakeholders, did in several cases trigger the implementation of the RBS programme.

One major hindering factor of implementation seemed to be lack of information of the RBS programme. Only an overall, less detailed, pamphlet was provided. This resulted, in some municipalities, in confusion regarding the core components of the programme. In the municipalities with low level of implementation there was a belief that the RBS programme was equal to the RBS training component. Here, key persons and networks, both at the local and the regional level was shown to be important to overcome the lack of programme information.

Stockwell (2001) concludes that failure of maintaining long-term effects of the RBS programme may occur as a consequence of less than whole-hearted engagement in the implementation process. To prevent loss of such engagement Stockwell suggests establishment of local advocacy groups and a continuous flow of data, both to the public and to the local decision makers in the municipality. Such local advocacy groups could be analogue to the community-coalition steering groups that is one of the main components of the RBS programme. A recent effectiveness study of the RBS programme in Sweden showed no significant effect of neither RBS training nor structured supervision of on-licensed premises, however, positive effects were related to the programme component community coalition steering group (Trolldal et al., 2013a).

Regarding validity, causality and generalizability of the results, interviews yield subjective information and must be interpreted as such, as common in qualitative studies (Kvale, 1996). In some cases, informants may have a vested interest in providing positive answers, as in the case of project leaders on the county administrative boards who were employed solely to disseminate the programme in Sweden.
Clearly, it was in their interest to describe the importance of their work in a positive way. Similarly, restaurateurs and waiters would probably not openly discuss all their shortcomings and problems in complying with the Swedish Alcohol Act. This can certainly not be avoided, but must be taken into account when interpreting the results of this study. In parallel with this interview study two quantitative surveys were performed (Trolldal, Haggård, & Guldbrandsson, 2013b). Similar patterns were found, which strengthen the credibility of the results in this study. Such method triangulation has been recommended by others (Miles & Huberman, 1994; Rossow & Baklien, 2011; Knafl & Breitmayer, 1991). Furthermore, the municipalities included in this study were initially selected from three categories based on the level of implementation of the RBS programme and the presence of implementation-promoting factors. The categorisation appears to correspond to the results from the analysed interviews.

Conclusions and implications
Some conclusions with implications for practice can be drawn from this study. Previously identified factors shown to promote and hinder implementation processes seem to also be valid in the context of multicomponent community action programmes. These factors are related to intervention characteristics, outer and inner setting, individuals involved and the implementation process, i.e. the CFIR domains. Implementation promoting factors suggested in this study were local needs, positive attitudes towards the intervention, a balance between potential costs related to the programme and available resources, clear goals to thrive towards, evaluation and feedback, possibility to access knowledge and provide information, that there were clear role definitions and cooperation amongst those working with the programme. It further seemed that the key persons were enthusiastic and had high confidence in the effectiveness of the intervention and had an ability to persuade others. Factors that appeared to hinder implementation were lack of enthusiasm and, mainly in smaller municipalities, opportunities to specialise and a top-down approach. Other hindering factors were low degree of self-efficacy, unengaged decision-makers, complexities of the programme. Thus, this study indicates that previously identified factors shown to promote implementation processes are also valid in the context of multicomponent community action programmes like RBS.

The support from the county administrations seemed to play an important part in the successful spread of the RBS programme in Swedish municipalities. However, the governmental funding to the county administration was year based, which probably affected the level of staff turnover. Long-term financial plans to support the dissemination and implementation of complex programmes like RBS are thus recommended.

Despite the support from the county administrations, lack of knowledge and understanding of the different parts of the RBS programme appeared in several municipalities, which most likely affected the implementation negatively. This might have been avoided with more and better information about the full RBS programme to those responsible for the im-
plementation and those working with the programme in practice.

The collaboration between representatives from the municipalities and police authorities on one hand and the owners of on-licenced premises on the other hand seemed to be important for successful implementation of the RBS programme.

Declaration of interest None.

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