

Drinking guidelines in the context of brief interventions.

Results from EU RARHA survey

E. Scafato, *C. Gandin, L. Galluzzo, S. Ghirini*
Istituto Superiore di Sanità, Italy



Co-funded by
the Health Programme
of the European Union



 **RARHA**
REDUCING ALCOHOL RELATED HARM

WP5: Outline of the work (tasks)

1. Overview of drinking guidelines given in MS and their main features (ISS)
- 2. Overview of the uses of drinking guidelines in the context of early identification and brief interventions (EIBI) on Hazardous/Harmful Alcohol Consumption (HHAC) in PHC and other settings drawing in particular on projects ODHIN and BISTAIRS (ISS)**
3. Overview of guidelines on drinking by young people (LWL)
4. Overview of science underpinnings drawing on recent work done for Australian and Canadian guidelines (THL)
5. Overview of "standard drink" definitions across the EU and of main approaches to increase awareness of such tools for monitoring one's own alcohol consumption (HSE)
6. Mapping consumer views on risk/safety communication as an approach to reduce alcohol related harm by on-line surveys in 16 MS. (EUROCARE)
7. From science to practice: Expert/policymaker meeting (at the ISS) to discuss preliminary results and conclusions from the overviews and to help develop a policy Delphi survey (THL)

Methods

Investigated aspect:

presence (or not) of guidelines on EIBI for **HHAC**:

- ✓ on the basis of **existing and available EU projects/documents** (PHEPA, ODHIN, BISTAIRS, WHO) and
- ✓ **by additional information based on *ad hoc* survey** across European Union Member States

Description of the survey's questionnaire

As described for WP5 task 1, **a country report/questionnaire** has been developed:

- **for confirming the available sources** and
- **for collecting/upgrading information**

on drinking guidelines used in the context of EIBI

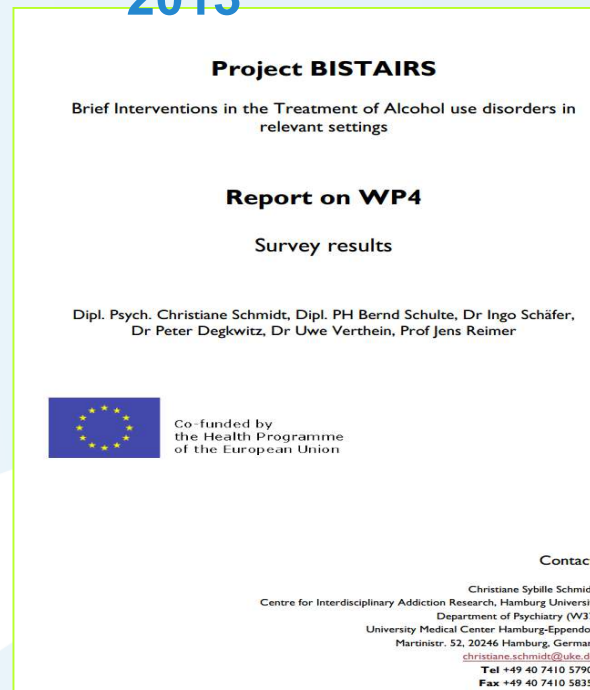
Sources used for WP5 task 2

ODHIN, 2013



http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents/6-technical-reports-and-deliverables.html

BISTAIRS, 2013



http://www.bistairst.eu/material/WP4_BISTAIRS_survey.pdf

WHO, Region. office for Europe, 2013



http://www.euro.who.int/_data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf

Websites ODHIN and BISTAIRS

ODHIN, 2012

BISTAIRS, 2013

The screenshot shows the ODHIN project website homepage. At the top left is the ODHIN logo and the European Union flag. The main heading is "ODHIN Optimizing delivery of health care interventions". There is a login section with fields for "User name" and "Password", and links for "Remember me" and "Forgot your password?". A navigation menu includes "Home", "Project work", "Partners", "Resources", "Events", "Media and Press", and "Contact". Below the menu, it says "You are here: Home". The main content area starts with "Welcome to the ODHIN project website" and a paragraph describing the project's aim: "The general aim of the project is to improve the delivery of health care interventions by understanding how better to translate the results of clinical research into everyday clinical practice." There are three columns of content: "Events" listing the 6th European Alcohol Policy Conference and ESBRA 2014; "Highlights" listing updated and new ODHIN deliverables; and "Collaborating Projects" with logos for PHEPA and INEBRIA. Below these is "Related Projects" with logos for Alice RAP and AMPHORA. At the bottom is an "Events Calendar" for October 2014.

The screenshot shows the BISTAIRS project website homepage. At the top left is the BISTAIRS logo and the European Union flag. The main heading is "BISTAIRS Brief interventions in the treatment of alcohol use disorders in relevant settings". There is a navigation menu with "HOME", "About BISTAIRS", "Work Packages", "Partners", "Contact", and "Imprint". Below the menu, it says "Welcome to BISTAIRS". The main content area starts with a paragraph describing the project's aim: "The EU project BISTAIRS (Brief interventions in the treatment of alcohol use disorders in relevant settings) aims to intensify the implementation of brief interventions (BI) in a range of relevant settings by identifying, systematising and extending good practice of BI across the EU." There is a list of "Related projects" including INEBRIA and PHEPA.

<http://www.odhinproject.eu/>

<http://www.bistairs.eu/>

Drinking guidelines used in the context of early identification and brief interventions: results from EU RARHA survey



Data collection

- ✓ The questionnaire has been submitted by email to the **country representatives** of the Committee on National Alcohol Policy and Action - **CNAPA** as members with qualified experience and competence.
- ✓ Participants have been asked to **check the validity of the information** provided by the country questionnaire reported as “*review of available sources*” and to **provide the most updated and reliable information** for their Country (The RARHA survey started on May 2014).
- ✓ For the task participants have been provide by a PowerPoint presentation summarizing the **instructions for completing the Country report/questionnaire**.

✓ The instructions



COUNTRY

Dear CNAPA member,
 this table summarizes data gathered through ISS preliminary review of available sources of information on EU drinking guidelines or recommendations and their main features (sub-groups, high risk contexts addressed, etc.).
For any listed "Variables", please check the validity of the data reported under "Review of available sources" and fill in the column "RARHA survey" providing the most updated and reliable information for your Country. The input must follow the format specified under the column "Codes, categories and format".
 Do not hesitate to contact the ISS RARHA staff for any doubt or clarification.
 Thank you very much for your very kind collaboration.

RARHA WPS-Task1 Drinking Guidelines

Legend of review sources:

	Furtwaengler&Visser review (Drug and Alcohol Review (January 2013), 32, 11-18)
	WHO additional survey 2012
	WHO Status report on alcohol and Health in 35 EU countries 2013
	OECD Collection on national drinking guidelines (provisional version 19 May 2014)

Available sources of information from previous available surveys. Each color identifies one specific source reviewed by RARHA

The different background colours are present only when the specific variable was investigated in the corresponding source (null if missing)
 X=Contradictory information among data available from different sources

Investigated aspects	Variables	Codes, categories and format	Review of available sources X	RARHA survey	
STANDARD DRINK	Is the "Standard Drink" concept currently being used in your country?	1=Yes 2=No			
	If Yes, in advice (brief interventions) provided by health care professionals	1=To a large extent 2=To some extent 3=Not at all 4=Do not know			
	If Yes, in public education messages	1=To a large extent 2=To some extent 3=Not at all 4=Do not know			
	If Yes, On alcoholic beverage packages to indicate the alcoholic content	1=To a large extent 2=To some extent 3=Not at all 4=Do not know			
	How is the "Standard Drink" (SD) defined in your country?	In grams of pure alcohol; how many grams in one SD:			
		In centiliters of pure alcohol; how many cl in one SD: Other; please specify:			



ITALY

Dear CNAPA member,
 this table summarizes data gathered through ISS preliminary review of available sources of information on EU drinking guidelines or recommendations and their main features (sub-groups, high risk contexts addressed, etc.).

For any listed "Variables", please check the validity of the data reported under "Review of available sources" and fill in the column "RARHA survey" providing the most updated and reliable information for your Country. The input must follow the format specified under the column "Codes, categories and format".

RARHA WPS-Task1 Drinking Guidelines

Legend of review sources:

	Furtwaengler&Visser review (Drug and Alcohol Review (January 2013), 32, 11-18)
	WHO additional survey 2012
	WHO Status report on alcohol and Health in 35 EU countries 2013
	OECD Collection on national drinking guidelines (provisional version 19 May 2014)

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	If Yes, On alcoholic beverage packages to indicate the alcoholic content	1=To a large extent 2=To some extent 3=Not at all 4=Do not know		
	How is the "Standard Drink" (SD) defined in your country?	In grams of pure alcohol; how many grams in one SD:		
In centiliters of pure alcohol; how many cl in one SD: Other; please specify:				

✓ The questionnaire



Drinking guidelines used in the context of early identification and brief interventions: results from EU RARHA survey

RESULTS

Participation

✓ **31 European countries selected** (all RARHA associated and collaborating countries + 3 additional countries).

✓ **29 out of 31 European countries replied** (Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, The Netherlands, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, United Kingdom).

✓ **Bulgaria, and Slovakia did not reply.**

Variables investigated by the WP5 task 2 RARHA survey

Variable 1. *“Is there a formal governmental organization, or organization appointed/contracted by the government that has the responsibility of preparing clinical guidelines for managing **Hazardous** or **Harmful Alcohol Consumption**?”*

Variable 2. *“Are there multidisciplinary guidelines for managing **HHAC** in your country that have been approved or endorsed by at least one health care professional body or scientific societies?”*

Variable 3. Availability of guidelines or recommendations for BI / Treatment

1.

“Is there a formal governmental organization, or organization appointed/contracted by the government that has the responsibility of preparing clinical guidelines for managing HHAC?”



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Formal governmental (or governmental appointed) organization responsible for preparing clinical guidelines for managing HHAC

PHEPA survey (2004)

 Yes (7/14)



Yes: Belgium, UK, Finland, Hungary, Italy, Portugal, Spain

No: Czech Republic, Germany, Greece, Ireland, Lithuania, Poland, Slovenia

PHEPA, 2004

EXISTENCE OF FORMAL GOVERNMENTAL ORGANIZATION, APPOINTED OR CONTRACTED BY THE GOVERNMENT, WITH RESPONSIBILITIES FOR MANAGING HHAC	PREPARING CLINICAL GUIDELINES	MONITORING HEALTH OUTCOMES	MONITORING THE QUALITY OF CARE	COST-EFFECTIVENESS REVIEW OF INTERVENTIONS	REVIEWS THE SAFETY OF PHARMACOLOGICAL TREATMENTS	PROVIDES INFORMATION TO HEALTH CARE PROVIDERS
Belgium						
Czech Republic						
England						
Finland						
Germany						
Greece						
Hungary						
Ireland						
Italy						
Lithuania						
Poland						
Portugal						
Spain - Catalonia						
Slovenia						
PERCENTAGE (%)	50	57-1	42,8	14,2	64,2	64,2

■ YES

↑
7 out of 14 participating countries



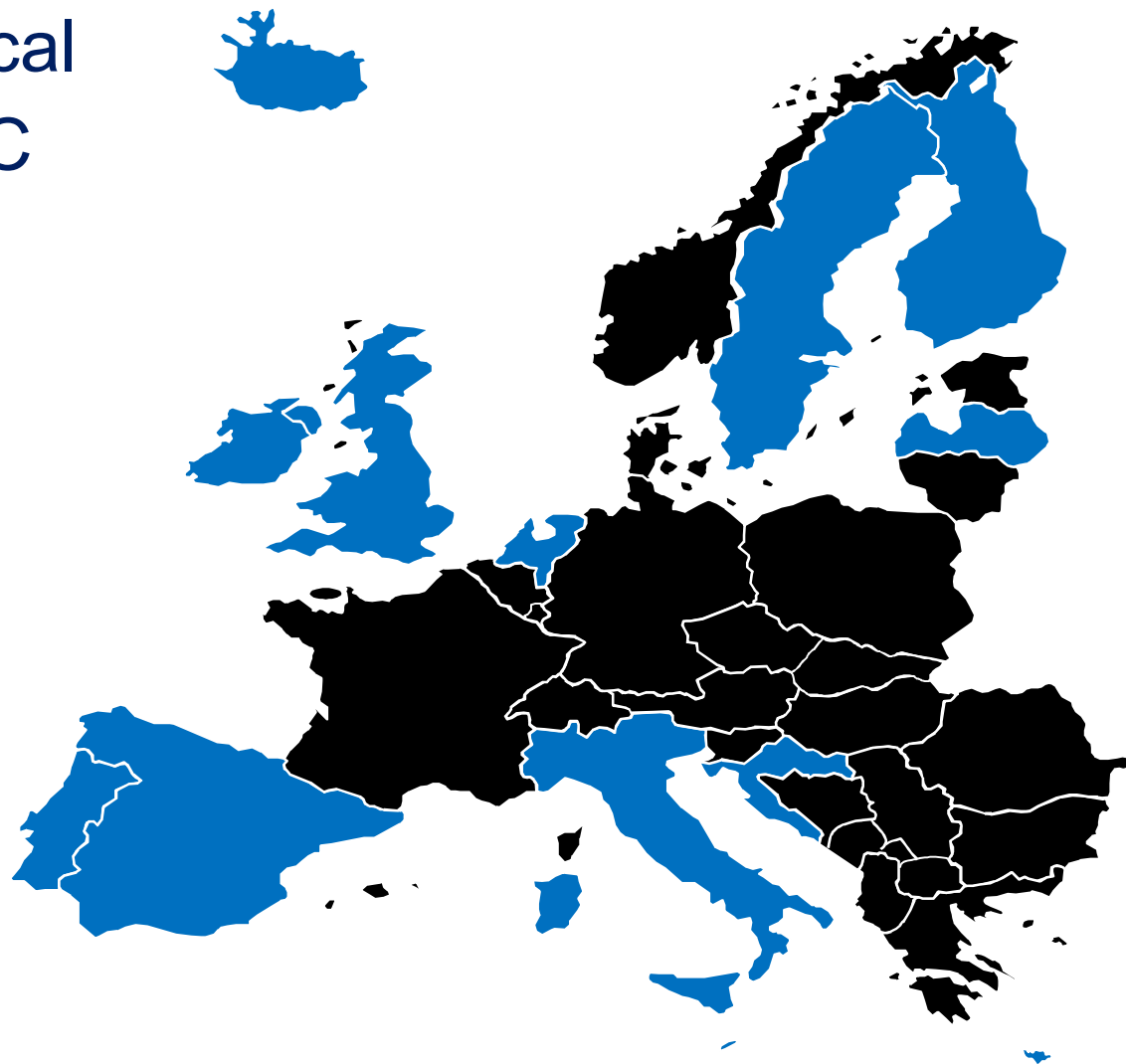
The screenshot shows the PHEPA website interface. At the top, there is a navigation menu with 'Links', 'Events', and 'Resources and publications'. Below this, a 'Highlights' section features the European Commission logo and text stating that the project has received funding from the European Communities. Another highlight from the Generalitat de Catalunya (Department of Health) mentions funding from the Government of Catalonia. A 'Phase IV Website' section for the WHO Collaborative Project Phase IV is also visible, with a 'Last modified' timestamp of 13/04/2012 9:53:15. On the right side, there is a prominent 'ASSESSMENT TOOL' banner with a download link for 'Assessment tool (0.5 Mb)'.

<http://www.gencat.cat/salut/phepa/units/phepa/html/en/dir532/index.html>

Formal governmental (or governmental appointed) organization responsible for preparing clinical guidelines for managing HHAC

ODHIN survey (2012)

 Yes (13/23)



Yes: Croatia, Cyprus, Finland, Iceland, Ireland, Italy, Latvia, Malta, Portugal, Spain, Sweden, The Netherlands, UK

ODHIN, 2012

EXISTENCE OF FORMAL GOVERNMENTAL ORGANIZATION, APPOINTED OR CONTRACTED BY THE GOVERNMENT, WITH RESPONSIBILITIES FOR MANAGING HHAC IN:	Preparing clinical guidelines	Monitoring health outcomes	Monitoring the quality of care	Cost-effectiveness review of interventions	Reviews the safety of pharmacological treatments	Provides information to health care providers
Belgium						
Croatia						
Cyprus						
Czech Republic						
England			na		na	
Estonia						
Finland						
Fyrom (Ex Macedonia)						
Germany						
Greece						
Iceland						
Ireland						
Italy						
Latvia						
Malta						
Poland						
Portugal						
Romania						
Slovenia						
Spain (Catalonia)				na		
Sweden						
Switzerland			Na			na
The Netherlands						
PERCENTAGE (%)	13/23 56.5%	78.3	57.1	21.7	68.2	63.6



http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents/6-technical-reports-and-deliverables.html

Formal governmental (or governmental appointed) organization responsible for preparing clinical guidelines for managing HHAC

BISTAIRS survey (2013)



 Yes (10/17)



For United Kingdom and Spain, data come from 2 different regions respectively England and Scotland, Catalonia and Ourense.

http://www.bista.eu/material/WP4_BISTAIRS_survey.pdf

Yes: Denmark, Finland, Germany, Greece, Ireland, Italy, Portugal, Spain, The Netherlands, UK

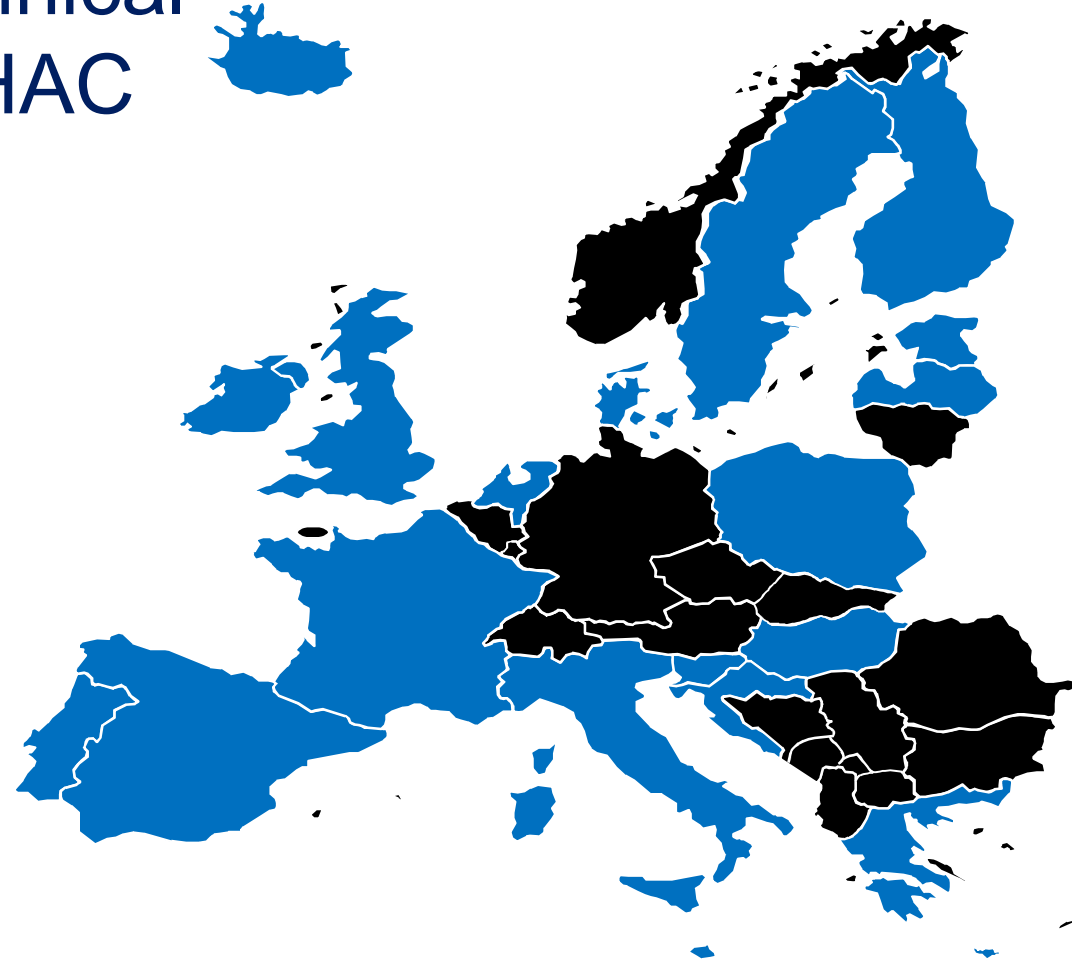
No: Austria, Lithuania, Slovakia,

Inconsistent: Belgium, Czech Republic, Poland, Sweden

Formal governmental (or governmental appointed) organization responsible for preparing clinical guidelines for managing HHAC

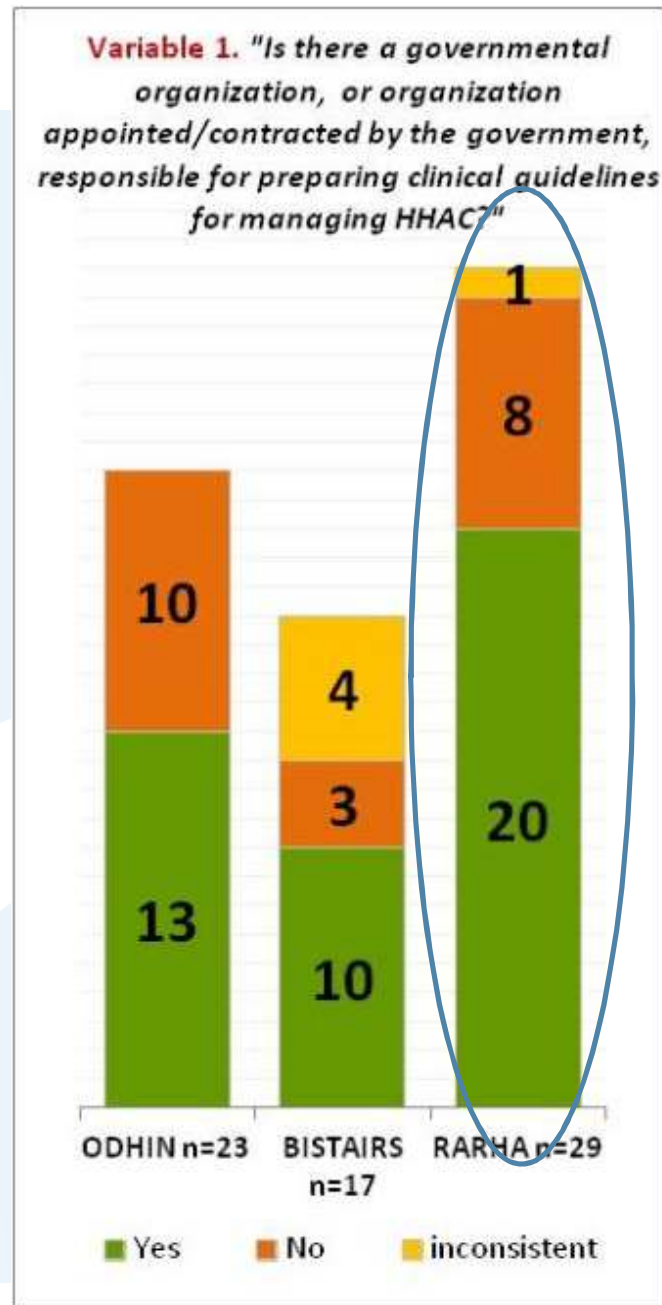
RARHA survey (2014)

 Yes (20/29)



Yes: Croatia, Cyprus, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Malta, Poland, Portugal, Slovenia, Spain, Sweden, The Netherlands, United Kingdom
No: Austria, Belgium, Czech Republic, Germany, Lithuania, Luxembourg, Romania, Switzerland
Inconsistent: Norway; Missing: Bulgaria, Slovakia

RARHA, 2014



20 out of 29 participating countries

Formal governmental organization (or governmental appointed) responsible for preparing clinical guidelines for managing hazardous/harmful alcohol consumption



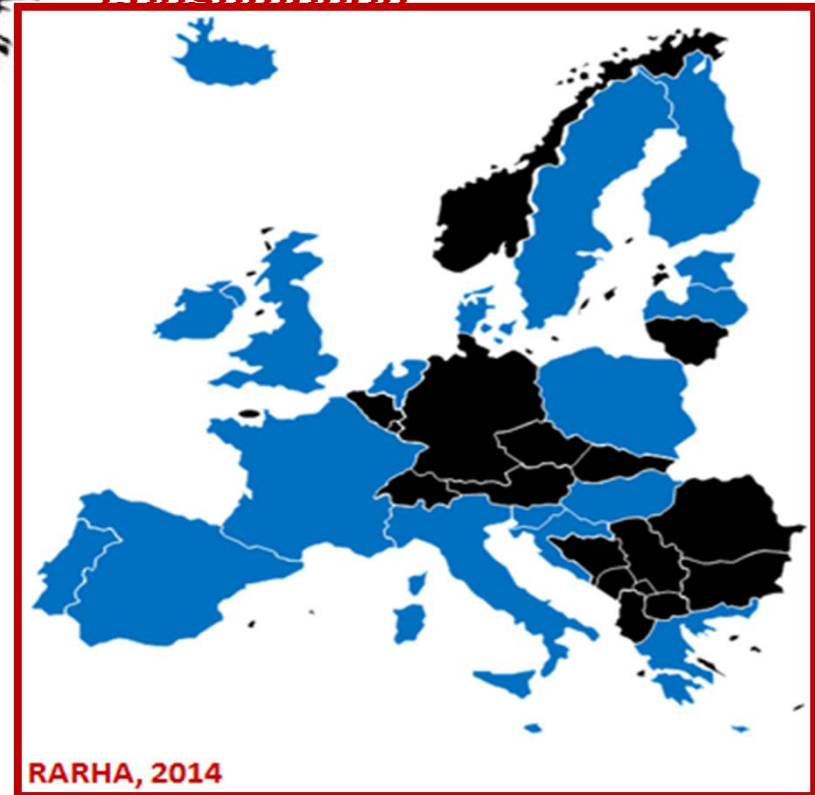
PHEPA, 2004



ODHIN, 2012



BISTAIRS, 2013



RARHA, 2014

RARHA, 2014

2.

“Are there multidisciplinary guidelines for managing HHAC in your country that have been approved or endorsed by at least one health care professional body or scientific societies?”



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Multidisciplinary guidelines for managing HHAC approved or endorsed by at least one health care professional body or scientific society

PHEPA survey (2004)

 Yes (9/14)



Yes: Czech Republic, England, Finland, Germany, Hungary, Italy, Poland, Spain, Slovenia
No: Belgium*, Greece, Ireland, Lithuania, Portugal* (* in preparation)

PHEPA, 2004

PROTOCOLS AND GUIDELINES	MULTIDISCIPLINARY CLINICAL GUIDELINES FOR MANAGING HHAC		STUDIES ON ITS IMPLEMENTATION OR ADHERENCE
	Yes	No	
Belgium	No, they are being prepared	Stand alone guidelines	
Czech Republic	Yes	Stand alone guidelines	No
England	Yes	Stand alone guidelines	No
Finland	Yes	Part of other clinical care guidelines	Yes
Germany	Yes	Stand alone guidelines	Yes
Greece	No		
Hungary	Yes	Part of other clinical care guidelines	No
Ireland	No		Yes
Italy	Yes	Stand alone guidelines	No
Lithuania	No		No
Poland	Yes	Stand alone guidelines	No
Portugal	No, they are being prepared		No
Spain - Catalonia	Yes	Stand alone guidelines	No
Slovenia	Yes	Stand alone guidelines	No
MEAN	64,28%	8/10 stand alone guidelines	21,42%

9 out of 14 participating countries

The screenshot shows the PHEPA website interface. At the top, there is a logo for PHEPA and a language dropdown menu set to 'english'. Below the logo, there are navigation links for 'Links', 'Events', and 'Resources and publications'. The main content area features a 'Highlights' section with a date 'Assessment tool 30/10/2014 14:56'. A prominent blue banner reads 'ASSESSMENT TOOL'. Below this, there are logos for the European Commission and the Generalitat de Catalunya (Departament de Salut). Text on the page mentions funding from the European Communities and the Health Department of the Government of Catalonia. A download link for 'Assessment tool (0.5 Mb)' is visible. At the bottom, there is a 'Phase IV Website' section with the WHO Collaborative Project logo and the text 'Phase IV'. A footer note reads 'Project on Identification and Management of Alcohol-related Problems in Primary Health Care'.

<http://www.gencat.cat/salut/phepa/units/phepa/html/en/dir532/index.html>



Multidisciplinary guidelines for managing HHAC approved or endorsed by at least one health care professional body or scientific society

ODHIN survey (2012)

 Yes (16/23)



Yes: Belgium, Croatia, Czech Republic, Finland, Germany, Iceland, Ireland, Italy, Latvia, Portugal, Slovenia, Spain, Sweden, Switzerland, The Netherlands, United Kingdom
No: Cyprus, Estonia, Fyrom, Greece, Malta, Poland, Romania

ODHIN, 2012

PROTOCOLS AND GUIDELINES	CONTRIES WHO DEVELOPED MULTIDISCIPLINARY CLINICAL GUIDELINES FOR MANAGING HHAC	STUDIES ON ITS IMPLEMENTATION OR ADHERENCE
Belgium	Yes	Yes
Croatia	Yes, as part of other clinical care guidelines	No
Cyprus	No	
Czech Republic	Yes, stand alone guidelines	No
England	Yes, stand alone guidelines	No
Estonia	No	
Finland	Yes, as part of other clinical care guidelines	No
Fyrom	No	
Germany	Yes, as part of other clinical care guidelines	No
Greece	No, but under development	
Iceland	Yes, stand alone guidelines	No
Ireland	Yes, stand alone guidelines	No
Italy	Yes, stand alone guidelines	Yes
Latvia	Yes, as part of other clinical care guidelines	No
Malta	No	
Poland	No	
Portugal	Yes, stand alone guidelines	No
Romania	No	
Slovenia	Yes, stand alone guidelines	No
Spain	Yes, stand alone guidelines	No
Sweden	Yes	Yes
Switzerland	Yes, stand alone guidelines	No
The Netherlands	Yes, stand alone guidelines	Yes
MEAN	16 out of 23 (69.6%)	4 out of 16 (25.0%)



Multidisciplinary guidelines for managing HHAC approved or endorsed by at least one health care professional body or scientific society


BISTAIRS survey (2013)

Yes (11/17)

Project BISTAIRS
Brief Interventions in the Treatment of Alcohol use disorders in relevant settings

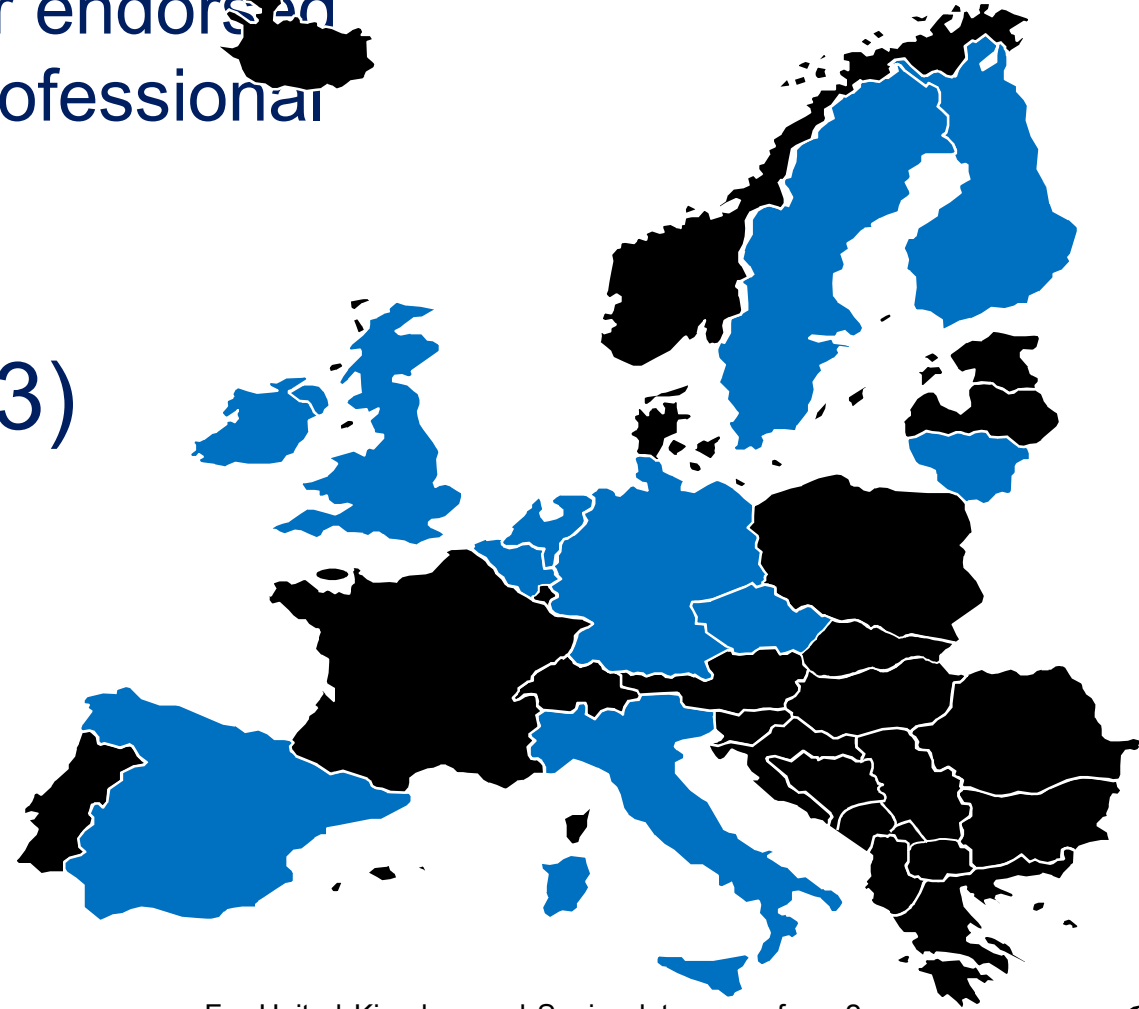
Report on WP4
Survey results

Dipl. Psych. Christiane Schmidt, Dipl. PH Bernd Schulte, Dr. Ingo Schäfer,
Dr. Peter Deglowitz, Dr. Uwe Verthein, Prof. Jens Reimer



Co-funded by the Health Programme of the European Union

Contact:
Christiane Spille-Schieldt
Centre for Interdisciplinary Addiction Research, Hamburg University
Department of Psychology (W37)
University Medical Center Hamburg-Eppendorf
Martinistr. 52, 20246 Hamburg, Germany
christiane.spille@uhh.de
Tel +49 40 7410 57904
Fax +49 40 7410 58351



For United Kingdom and Spain, data come from 2 different regions respectively England and Scotland, Catalonia and Ourense.

Yes: Belgium, Czech Republic, Finland, Germany, Ireland, Italy, Lithuania, Spain, Sweden, The Netherlands, UK

Multidisciplinary guidelines for managing HHAC approved or endorsed by at least one health care professional body or scientific society

RARHA survey (2014)

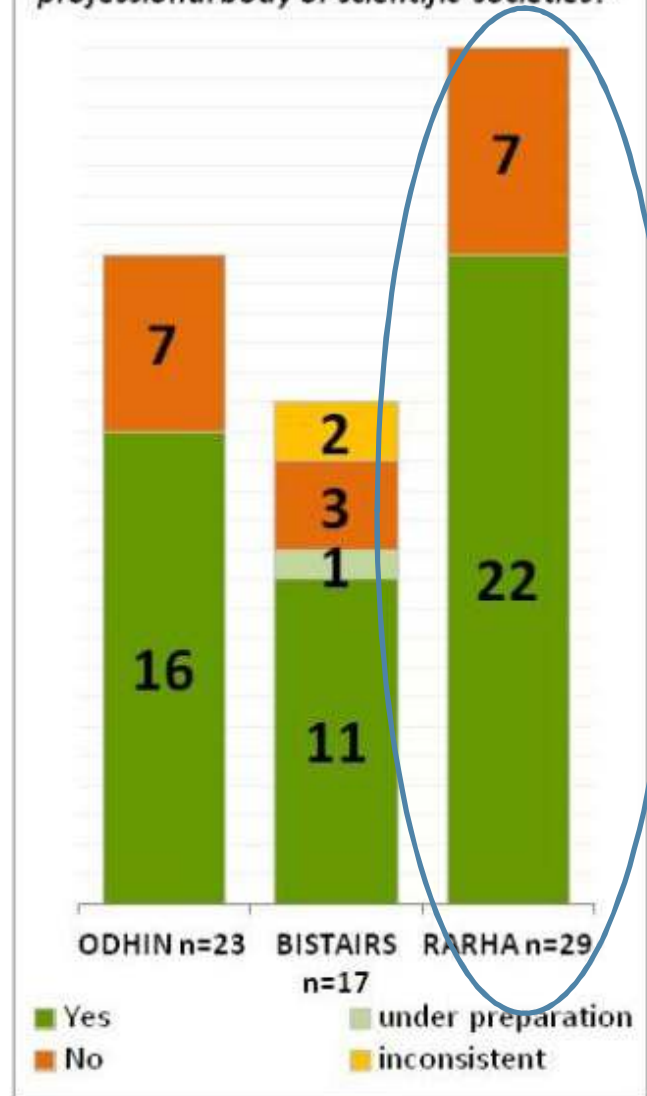
 Yes (22/29)



Yes: Belgium, Croatia, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, The Netherlands, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, UK
No: Austria, Cyprus, Denmark, Luxembourg, Malta, Norway, Romania; Missing: Bulgaria, Slovakia

RARHA, 2014

Variable 2. " Are there multidisciplinary guidelines for managing HHAC approved or endorsed by at least one health care professional body or scientific societies?"



22 out of 29 participating countries

Multidisciplinary guidelines for managing hazardous / harmful alcohol consumption approved or endorsed by at least one health care professional body or scientific society



PHEPA, 2004

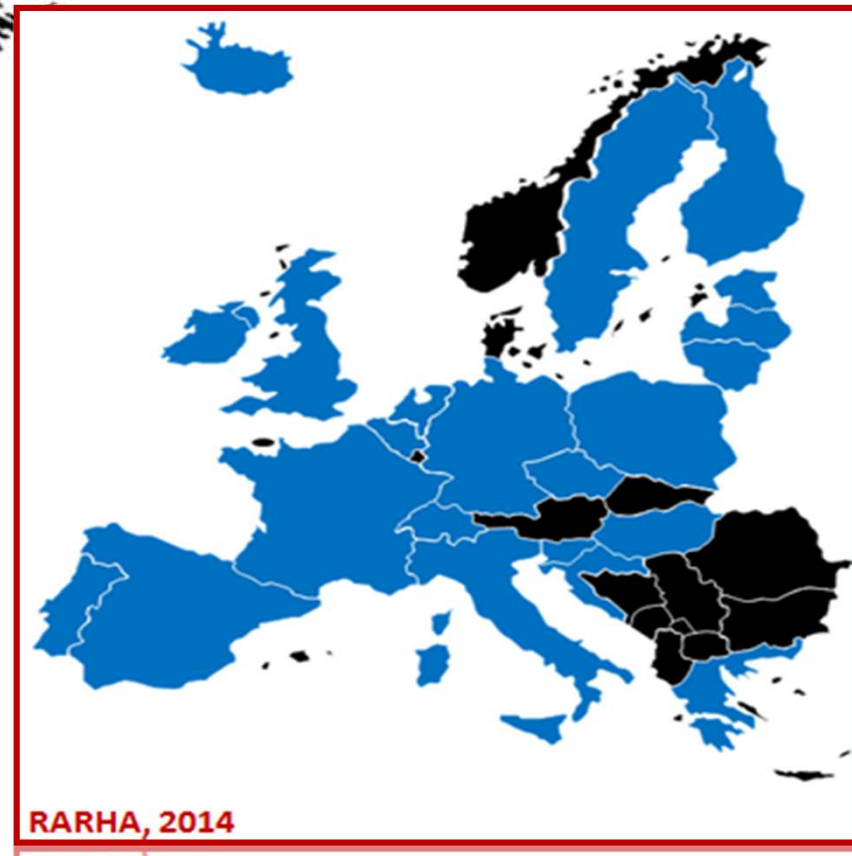


ODHIN, 2012



BISTAIRS, 2013

 Yes



RARHA, 2014

3.

Availability of guidelines or
recommendations for BI / Treatment



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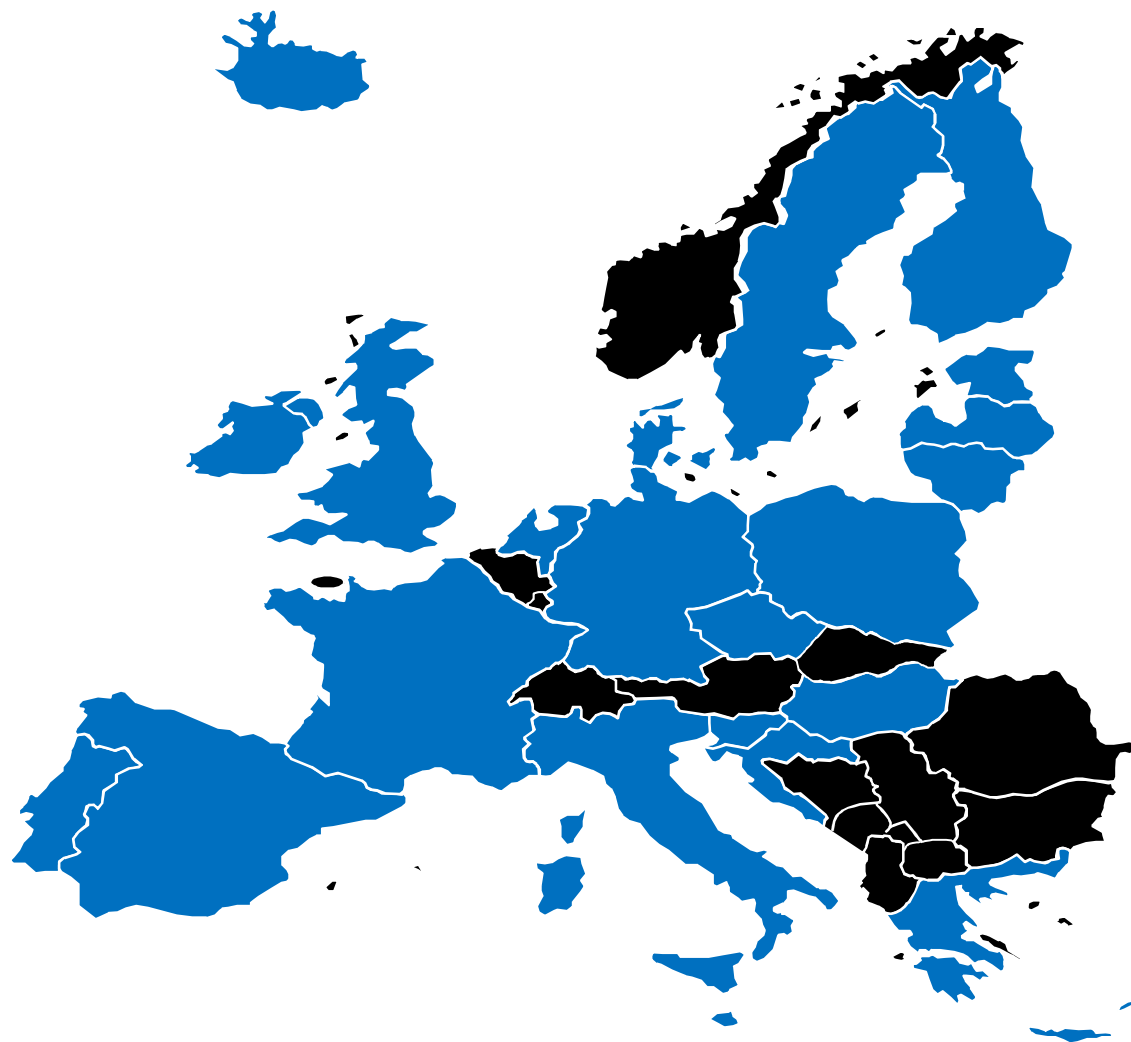
Guidelines or recommendations for BI/treatment

- ✓ For this issue, no relevant and feasible sources of information were available.
- ✓ Even by the reading of the summaries of the available sources of data (ODHIN, BISTAIRS, WHO, 2013), no information could be considered adequate to identify the availability of guidelines or recommendations for Brief Intervention / treatment across European Member States

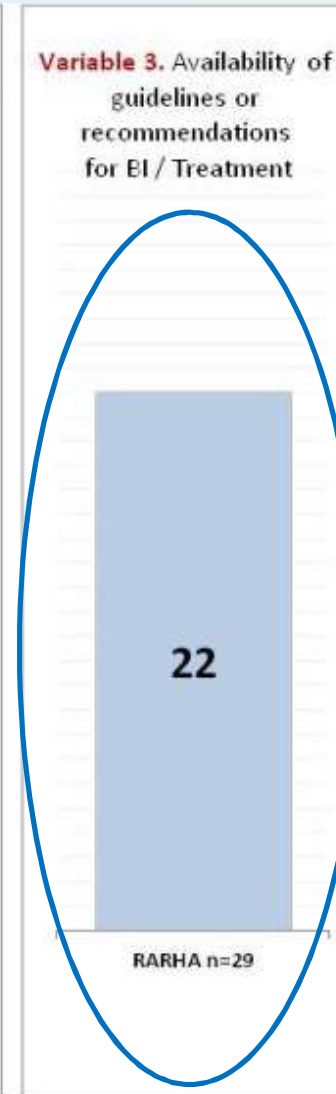
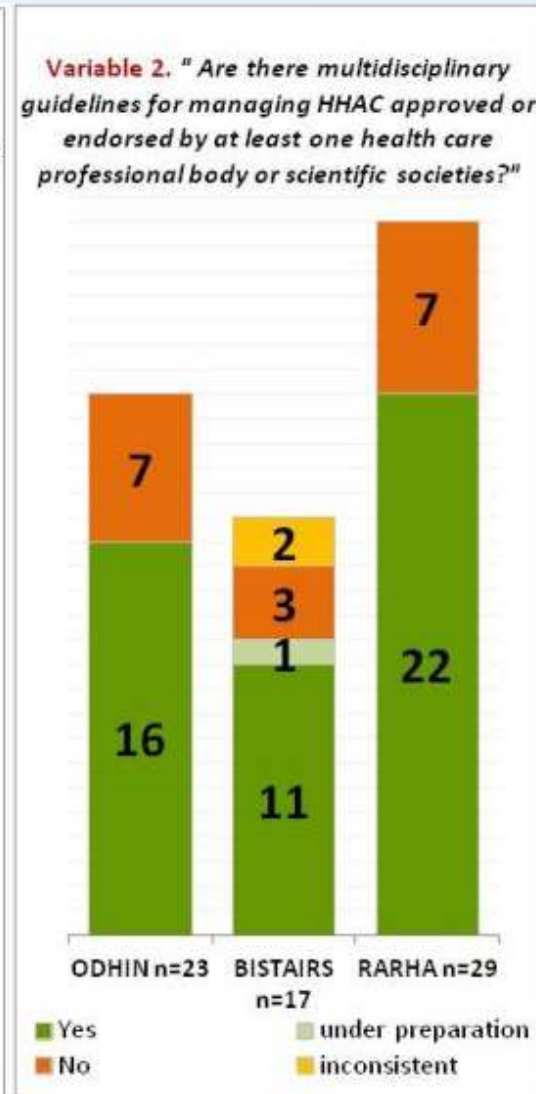
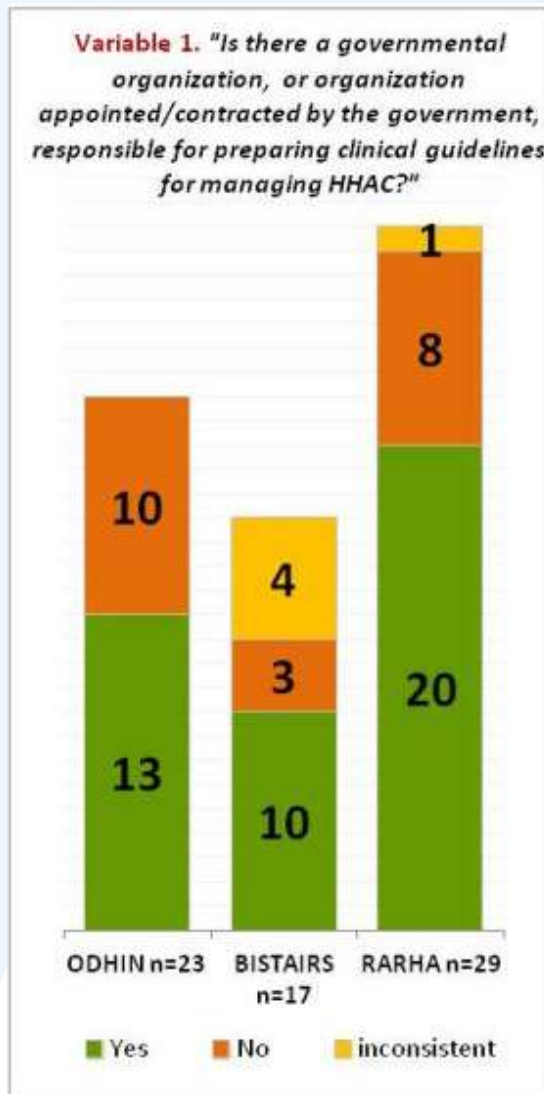
Guidelines or recommendations for BI/treatment

RARHA survey

 Yes (22/29)



Yes: Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Poland, Portugal, Slovenia, Spain, Sweden, The



MAIN EUROPEAN PROJECT ON ALCOHOL



SMART
Standardizing measurement of alcohol-related troubles



Emanuele Scafato, Allaman Allamani, Valentino Patussi, Tiziana Codenotti,
Franco Marcomini, Pierluigi Struzzo & the Italian WHO Phase IV EIBI Working Group*

Report on Phase IV

Development of Country-Wide Strategies for Implementing Early
Identification and Brief Intervention
in Primary Health Care

APPENDIX 11.1

Composition of Italian WHO Phase IV EIBI Working Group

Coordinating body: Istituto Superiore di Sanità, Rome

Project supervisor and national coordinator (appointed by WHO in agreement with the Italian Ministry of Health):

ISS: Emanuele SCAFATO, *Istituto Superiore di Sanità (ISS), WHO CC for Research and Health Promotion on Alcohol and Alcohol-related Health Problems, Osservatorio Nazionale Alcol e Droga – OssFAD, Centro Nazionale di Epidemiologia, Sorveglianza e Promozione della Salute, Rome, Italy*

Principal Investigators:

Florence 1: Allaman Allamani *Centro Alcolologico, Florence Health Agency, NHS.*

Martignacco: Pierluigi Struzzo, *N.H.S., Regional Network of the Healthy Cities, Udine*

Padua: Franco Marcomini, *Addiction Department, Alcohol Unit, Padua and Tiziana Codenotti, EURO CARE Italia Association, Padua*

Florence 2: Valentino Patussi, *Research Centre for Alcohol Studies, Florence*

Units composition

Istituto Superiore di Sanità Unit

Chief investigators: E. Scafato (ISS), R. Russo (ISS), G. Farchi (ISS), C. Gandin (ISS), P.G. Zuccaro (ISS), F. Cicogna (Ministry of Health), Alessandro Rossi (SIMG)

Collaborative Investigators L. Di Pasquale (ISS), L. Galluzzo (ISS), R. Scipione (ISS), E. Chessa (ISS), S. Mariotti (ISS), S. Ghirini (ISS), N. Parisi (ISS)



WHO PHASE IV,
2006

AMPHORA- Alcohol Measures for Public Health Research Alliance

"Alliance for the development of research and the study of European policies on alcohol and public health"



AMPHORA

Alcohol Measures for Public Health Research Alliance

A four year Europe wide project involving more than 50 researchers and over 30 research institutions from all EU member states and project partners from 13 European countries.

AMPHORA will:

- Advance the state of the art in alcohol policy research and enhance cooperation among researchers in Europe.
- Provide new scientific evidence for the most effective public health measures to reduce the harm done by alcohol.
- Promote the translation of science into policy and disseminate new knowledge to policy makers.

Coordinated by Hospital Clínic de Barcelona (HCB), Catalonia, Spain
AMPHORA is a collaborative project funded under the European Commission Seventh Framework Program (FP7).

www.amphoraproject.net - info@amphoraproject.net

AMPHORA

Alcohol Measures
for Public Health Research Alliance

AMPHORA is a Collaborative Research Project funded by the European Commission Seventh Framework Programme



Amphora is lead by:





SNAMID
Società Nazionale di Aggiornamento
per il Medico di Medicina Generale

**A survey on the early identification and brief intervention for hazardous and harmful alcohol consumption in the Primary Health Care.
The European project AMPHORA**

Scafato E, Gandin C, Ghirini S, Galluzzo L,
Martire S, Di Pasquale L and Cuffari A

AMPHORA

Alcohol Public Health Research Alliance

INEBRIA

International Network on
Brief Interventions for
Alcohol & Other Drugs





INEBRIA

International Network on
Brief Interventions for
Alcohol & Other Drugs



The ODHIN assessment tool: a tool to describe the available services for the management of hazardous and harmful alcohol consumption at the country and regional level

Scafato E, Gandin C, Laurant M, Keurhorst M, Kolsek M, Gual A, Matrai S, Reynolds J, Colom J, Segura L, Kaner E, Newbury Birch D, Anderson P, Spak F, Bendtsen P, Sovinova H, Struzzo P, Krzysztof B, Ribeiro C, Van Schayck O, Ronda G, Drummond C, Mierzecki A

Optimizing Delivery of Health care Interventions (ODHIN). European Commission's – Seventh Framework Programme - HEALTH.2010.3.1-1 (Better understanding of dissemination and implementation strategies).



Brief Interventions implementation on alcohol from the European health systems perspective

Joan Colom, Emanuele Scafato, Lidia Segura, Claudia Gandin and Pierluigi Struzzo

Journal Name:	Frontiers in Psychiatry
ISSN:	1664-0640
Article type:	Review Article
First received on:	30 Jun 2014
Revised on:	30 Sep 2014
Frontiers website link:	www.frontiersin.org

A review study summarizing the SBI programs implemented by six European countries with different socio-economic contexts.



ODHIN Final Plenary Meeting

Meeting of Partners
 Warsaw
 Wednesday 17th September 2014



Optimizing delivery of health care interventions

Agenda

- 09.00 Welcome and introduction
- 09.15 Discussion of draft *Implementation science report* (D5.2), describing the methods, results and conclusions of the randomized controlled trial
- 10.30 *Coffee break*
- 11.00 Discussion of draft *Implementation guide for policy makers* (D5.3), a short guide describing the policy and programme implications of the findings of the randomized controlled trials
- 12.00 Discussion of draft *Future challenges guidance* (D7.1), a report of the overall findings of the project giving comprehensive guidance on the future governance of delivering screening and brief intervention programmes for hazardous and harmful alcohol consumption.
- 12.30 *Lunch break*
- 13.30 Discussion of draft *Future challenges guidance* (continued)
- 15.00 *Coffee break*
- 15.30 Wrap up and next steps
- 16.00 Close of meeting



11th Annual Conference of INEBRIA

18-19th September 2014

Warsaw, Poland

INEBRIA

International Network on
Brief Interventions for
Alcohol & Other Drugs

Brief interventions – recent advances and new applications

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THURSDAY, 18th SEPTEMBER 2014

9,00-10,00		Opening and Plenary Lecture 1 Nick HEATHER: The interpretation of null findings from trials of alcohol brief interventions: problems and solutions		
10-10,30	C	Coffee break		
		Plenary AULA A	Room 117	Room 119
		Chair: R. Huebner	Chair: C. Cherpitel	Chair: E. Scafato
10.30-11.45	Parallels	<u>SESSION 1: SYMPOSIUM 1 Screening and Brief Intervention across Settings, Patient Populations, and Providers</u>	<u>SESSION 2: Efficacy of SBI in different settings</u>	<u>SESSION 3: WORKSHOP 1 Developing evidence-based recommendations for practice: Methodological considerations from the BISTAIRS project</u>



Workshop
INEBRIA conference
Warsaw 2014



BISTAIRS

The BISTAIRS project – Theoretical and practical implications for the development of guidelines for the implementation of the ASBI in relevant settings

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Alcohol & Other Drugs

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Emanuele Scafato

Claudia Gandin

www.bistairs.eu

This action was funded from the European Commission
Public Health Programme (2008–2013)

BISTAIRS Project Phases

- ✓ Phase I: Secondary analyses & identification of good practice
- ✓ Phase II: Scientific board meeting I & field tests
- ✓ **Phase III: Guideline preparation & Scientific board meeting II**
- ✓ Phase IV: Dissemination

Description of the WP7 plan of work

The main purpose of WP7 is the preparation of **guidelines for development of tailored BI tools, materials & methods, and their implementation in specific contexts**

- ✓ by integrating the results of BISTAIRS work packages activities devoted to:
 - the analysis of the current implementation status (WP 4)
 - the assessment of successful implementation strategies (WP 5)

- ✓ Results shall be combined with the **results of the Field Tests (WP 6)**

How to integrate the WP4, WP5 and WP6 data ?

BISTAIRS work packages activities to be used for the preparation of guidelines

- ✓ **WP4:** Reports for each setting, a publication for PHC, a critical commentary for social services (in press), Manuscripts of effectiveness reviews with updated search strategies and quality assessments (submitted/in preparation) for workplace, emergency rooms, and social services (incl. overview tables)
- ✓ **WP5:** Guidance document including best practice recommendations
- ✓ **WP6:** Field Tests strategies and (in the near future) standardized FT outcome reports

WP7: Guidelines for the development of tailored BI tools, materials & methods, and rolling out in the EU member states

Leader WP7	•ISS (Istituto Superiore di Sanità), Rome, Italy
Starting date (project month)	28
Ending date (project months)	32
Associated partners	<ul style="list-style-type: none"> •UKE (Centre for Interdisciplinary Addiction Research-CIAR), Hamburg, Germany •FCRB (Fundacio Clinic per a la Recerca Biomedica), Barcelona, Spain •UNEW (University of Newcastle upon Tyne), Newcastle upon Tyne, UK •NIPH (National Institute of Public Health), Prague, Czech Republic •IDT (Institute on Drugs and Drug Addiction), Lisboa, Portugal •GENCAT (Generalitat de Catalunya), Barcelona, Spain
Collaborating partners	PHEPA, INEBRIA, AMPHORA, EWA, CI, MHH



Year 2000. English arm Phase IV, WHO Collaborative Project on Identification and Management of Alcohol-related Problems in PHC

ORIGINAL ARTICLE

Implementing routine screening and brief alcohol intervention in primary health care: A Delphi survey of expert opinion

NICK HEATHER^{1,2}, EMMA DALLOLIO², DEBORAH HUTCHINGS^{2,3}, EILEEN KANER³, & MARTIN WHITE³

¹*School of Psychology & Sport Sciences, Northumbria University, Newcastle upon Tyne, UK,*
²*Formerly Centre for Alcohol & Drug Studies, Newcastle North Tyneside & Northumberland Mental Health NHS Trust, Newcastle upon Tyne, UK, and* ³*School of Population & Health Sciences, University of Newcastle upon Tyne, UK*

Abstract

Aim To obtain a consensus of expert views on how best to implement screening and brief intervention (SBI) for excessive drinkers in a routine and enduring fashion in primary health care throughout England.

Method A Delphi survey of expert opinion in the UK.

Participants Seventy-nine experts in SBI, of whom 53 (67%) remained in round 3 of the survey. The expert panel included primary health-care professionals, alcohol-service workers and researchers/academics.

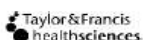
Measurements In round 3, 53 panel members (67% of an initial sample of 79) made ratings on a five-point Likert scale of 157 items developed from responses to open ended questions in round 1 and fed back with group median ratings derived from round 2. Consensus was defined as an interquartile range of ≤ 1 and attention was mainly directed to items with consensus around median responses of strong agreement or disagreement.

Findings A number of clear conclusions emerged from the survey, including the recommendation of routine screening confined to new patient registrations, general health checks and special types of consultation. The employment of a specialist alcohol worker as a member of the primary health-care team was strongly supported, but a model of interprofessional cooperation in the delivery of SBI could also be derived from findings. Other conclusions included the importance for the widespread implementation of SBI of a national alcohol strategy.

Keywords: *Excessive drinking, screening, brief intervention, primary health care, implementation, expert consensus.*

3. Internal BISTAIRS panel selection of questions for the 1° round of the Delphi survey and development of questionnaire

Journal of Substance Use, April 2004; 9(2): 68–85



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³School of Population & Health Sciences, University of Newcastle upon Tyne, UK



- A. The bar may be already risky drinkers in primary health care without offending patients is by...*
1. Providing a computer-based questionnaire for patients in the waiting area
 2. Screening during new patient registrations and general health and lifestyle reviews
 3. Being generally aware of underlying alcohol-related issues in physical/psychological presentations, e.g. depression, anxiety, insomnia
 4. Screening during special clinics or medical checkups, e.g. well-man, well-woman, diabetes, antenatal, insurance medical examinations, etc.
 5. Training PHC professionals to recognize risk factors or signs of excessive drinking
 6. Health promotion drives similar to smoking awareness campaigns
 7. Gathering information from partners and other family members
 8. Liver function tests via blood samples
 9. Detecting alcohol on patients' breath
 10. Conducting screening within an established relationship between patient and health professional
 11. Routinely using an appropriate screening tool/questionnaire (e.g. AUDIT, FAST, CAGE, PAT, etc.)
 12. Making self-assessment materials available
 13. Taking and maintaining a history of alcohol intake for all patients
 14. Opportunistically screening all patients attending the surgery
 15. Asking patients to keep a drinking diary
 16. Using health-promotion evenings
 17. Assigning specialist alcohol workers
 18. Using an established referral process
 19. Paying GPs on the percentage of cases identified
 20. Screening at specific primary care alcohol and drug clinics
- B. Patients can be encouraged to talk about their drinking by...*
21. Avoiding labelling drinking as 'bad', i.e. adopting non-judgemental language and attitudes at all times
 22. Providing training to all PHC staff to enable them to be more confident about raising alcohol issues
 23. Discussing the positive and negative aspects of drinking
 24. Giving patients enough time to discuss their problems
 25. Ensuring clear and concise factual information on alcohol is available at surgeries
 26. Starting with the patient's own concerns
 27. Keeping alcohol on the GP's agenda
 28. Explaining the relationship between alcohol and the patient's health problems
 29. Using motivational interviewing techniques



- | | |
|-----|---------|
| 1. | " ... " |
| 2. | " ... " |
| 3. | " ... " |
| 4. | " ... " |
| ... | " ... " |

4. Internal BISTAIRS panel testing of the questionnaire/selection (needed?)

5. First round of consultation

6. Analysis of the 1st consultation and creation of a list of the main themes and corresponding items for the 2nd round

7. 2° round , definitions in interpreting ratings, degree of consensus ranking

8. Final report with DELPHY results for general SBI GUIDANCE integrated with WP 4, WP5 and WP6 summary recommendations for specific settings

Timeline WP7 BISTAIRS Guidelines

Timeline WP7 BISTAIRS Guidelines		2014				2015		
		9	10	11	12	1		
1	Selection of expert panel (s)							
2	Selection of questions for the 1 st round of the Delphi survey							
3	Development of the questionnaire (1)							
4	Testing of the questionnaire							
5	Round 1							
6	Analysis Round 1							
7	Creating of the list of main themes / items and development of the questionnaire (2)							
8	Round 2							
9	Analysis Round 2 and Expert Meeting							
10	Report							

Milestones WP7

No	Milestone title	Month of achievement
1	Draft recommendations for the development & rolling out of tailored BI in the EU member states	27
2	Scientific board meeting II incl. consensus finding processes	28
3	Guidelines for the development of tailored BI tools, materials & methods, and rolling out in the EU member states	32

Timeline WP7 BISTAIRS Guidelines

Timeline WP7 BISTAIRS Guidelines		2014				2015		
		9	10	11	12	1	2	
1	Selection of expert panel (s)							
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3	Development of the questionnaire (1)							
4	Testing of the questionnaire							
5	Round 1							
6	Analysis Round 1							
7	Creating of the list of main items and development of the questionnaire (2)							
8	Round 2							
9	Analysis Round 2 and Expert Meeting							
10	Report							



Thank you for
your attention

Emanuele Scafato

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