



Guidelines to support early identification and brief interventions for alcohol use disorders in Europe: overview of RARHA survey results and of other EU projects

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Early Identification and Brief Interventions for alcohol use disorders

A continuum of activities from 1983

More than 30 years of research

A huge contribution of knowledge comes from these major projects:

- ✓ WHO, **WHO collaborative project** on Identification and Management of Alcohol related problems in PHC
- ✓ EC, **PHEPA** (Primary HEalth care Project on Alcohol)
- ✓ EC, **AMPHORA** (Alcohol public health research alliance)
- ✓ EC, **ODHIN** (Optimizing Delivery of Health care INterventions)
- ✓ EC, **BISTAIRS** (Brief InterventionS in the Treatment of Alcohol use disorders In Relevant Settings)
- ✓ EC, **Joint action RARHA** Reducing Alcohol Related Harm



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WHO, Collaborative project on Identification and Management of Alcohol related problems in PHC

WHO COLLABORATIVE PROJECT ON IDENTIFICATION AND
MANAGEMENT OF ALCOHOL-RELATED PROBLEMS IN PRIMARY
HEALTH CARE

Report on Phase IV

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



World Health
Organization

Phase I (1983-1985):

Validation of an screening tool (AUDIT)

Phase II (1985-1992):

Study on the efficacy of EIBI

Phase III (1993-1998):

Effectiveness of the implementation strategies in
PHC

Phase IV (1998-2004):

Dissemination of EIBI in PHC

<http://www.who-alcohol-phaseiv.net>



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PHEPA Phase I (2002-2005)

- ✓ Raising awareness on AUDs
- ✓ Enhancing skills of professionals (PHC setting)
- ✓ Providing tools for EIBI implementation

PHEPA Phase II (2006-2009)

- ✓ Creating a European Platform
- ✓ Developing an assessment tool (the status of EIBI services)
- ✓ Rolling out a training programme
- ✓ Rolling out a clinical guidelines

www.phepa.net

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Alcohol and Primary Health Care:
**Training Programme
on Identification and
Brief Interventions**

Objectives and Aims
Session Plans
Background notes
Work Documents
Overheads

Alcohol and Primary Health Care
**Clinical Guidelines on
Identification and Brief
Interventions**

**ASSESSMENT
TOOL**

AMPHORA (Research Alliance on Alcohol Policies) 2009-2012, 7th FP, EC

Different lines of research including the evaluation of the needs and availability of resources for the EIBI and treatment of AUDs



AMPHORA

Alcohol Measures
for Public Health Research Alliance



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



A The European Research Alliance brings together AMPHORA partners, other researchers and policy makers and representatives of government and non-governmental organisations.

www.amphoraproject.net
info@amphoraproject.net



European Alcohol Policy Research Alliance

AMPHORA has created a European Alcohol Policy Research Alliance of internationally renowned alcohol policy researchers from a wide range of disciplines.

The Alliance will undertake new empirical research to strengthen European research knowledge of the impact of public health measures and interventions to reduce alcohol related harm and to contribute to integrated policy making.

- 1 Coordination: Hospital Clínic de Barcelona (HCB), Spain
- 2 Agenzia Regionale di Sanità della Toscana (ARS), Italy
- 3 Alcohol & Health Research Unit, University of the West of England, UK
- 4 Anderson, Consultant in Public Health, Spain
- 5 Anton Proksch Institut (API), Austria
- 6 Azienda Sanitaria Locale della Città di Milano (ASL MILANO), Italy
- 7 Budapesti Corvinus Egyetem (BCE), Hungary
- 8 Central Institute of Mental Health (CIMH), Germany
- 9 Centre for Applied Psychology, Social and Environmental Research (ZEUS), Germany
- 10 Chemoisches und Veterinäruntersuchungsamt Karlsruhe Technische Universität (CVUA/Karlsruhe), Germany
- 11 Dutch Institute for Alcohol Policy (STAP), Netherlands
- 12 Edeletica snc di Amici Silvia Ines, Beccaria Franca & C. (ECLECTICA), Italy
- 13 European Centre for Social Welfare Policy and Research (ECV), Austria
- 14 Generalitat de Catalunya (Gencat), Spain
- 15 Institute of Psychiatry and Neurology (IPIN), Poland
- 16 Institute of Psychiatry, King's College London (KCL), UK
- 17 Istituto Superiore di Sanità (ISS), Rome, Italy
- 18 Institut za raziskave in razvoj (UTRIP), Slovenia
- 19 IREFREA, Spain
- 20 Liverpool John Moores University (LJMU), UK
- 21 National Institute for Health and Welfare (THL), Finland
- 22 Nordiskt vålländsceneter (NVC), Finland
- 23 Norwegian Institute for Alcohol and Drug Research (SIRUS), Norway
- 24 State Agency for Prevention of Alcohol-Related Problems (PARPA), Poland
- 25 Stockholms Universitet (SU), Sweden
- 26 Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPA), Switzerland
- 27 Technische Universität Dresden (TUD), Germany
- 28 Trimbos-instituut (TRIMBOS), Netherlands
- 29 University of Bergen (UiB), Norway
- 30 Universiteit Twente (UT), Netherlands
- 31 University Maastricht (UM), Netherlands
- 32 University of York (UoY), UK

www.amphoraproject.net

ODHIN (Optimizing Delivery of Health care INterventions) 2011-2013, 7th FP, EC

to improve the translation of the results of EIBI clinical research in everyday practice

Principal actions

- ✓ Systematic revision of the evidence on translation into practice and the impact of dissemination support elements
- ✓ Carrying out cost-effectiveness studies
- ✓ Improving knowledge of barriers and facilitators for implementation (led by Italy)
- ✓ Studying the implementation process by a randomized study in 5 countries (ES, UK, NL, PL, SE)
- ✓ Studying the on-line EIBI format



The screenshot shows the ODHIN project website. At the top, there is a logo for the 'Odhin project' and the European Union flag. Below this, the text 'ODHIN Optimizing delivery of health care interventions' is displayed. A navigation bar includes links for Home, Project work, Partners, Resources, Events, Media and Press, and Contact. A login section on the right asks for a User Name and Password, with options for 'Remember Me' and 'Forgot your password?'. Below the navigation bar, a breadcrumb trail indicates 'You are here: Home > Partners'. The 'Partners' section lists various institutions and their corresponding countries in a two-column table.

FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA	Spain
STICHTING KATHOLIEKE UNIVERSITEIT	Netherlands
THE UNIVERSITY OF SHEFFIELD	United Kingdom
UNIVERSITY OF YORK	United Kingdom
AZIENDA PER I SERVIZI SANITARI n°2	Italy
UNIVERSITY OF NEWCASTLE UPON TYNE	United Kingdom
KING'S COLLEGE LONDON	United Kingdom
GOETEBORGS UNIVERSITET	Sweden
LINKOPINGS UNIVERSITET	Sweden
GENERALITAT DE CATALUNYA	Spain
PANSTWOWA AGENCJA PROBLEMOW ALKOHOLOWYCH	Poland
UNIVERSITY COLLEGE LONDON	United Kingdom
UNIVERZA V LJUBLJANI	Slovenia
INSTITUTO DA DROGA E DA TOXICODPENDENCIA	Portugal
ISTITUTO SUPERIORE DI SANITA	Italy
UNIVERSITEIT MAASTRICHT	Netherlands
STATNI ZDRAVOTNI USTAV	Czech Republic
POMORSKA AKADEMIA MEDYCZNA W SZCZECINIE	Poland
WARSZAWSKI UNIWERSYTET MEDYCZNY	Poland



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

REDUCING ALCOHOL RELATED HARM



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BISTAIRS (Brief InterventionS in the Treatment of Alcohol use disorders In Rilevant Settings, 2012-2014, Public Health Programme, EC

to foster EIBI implementation in a range of medical and social settings

Activities, methods and means

- ✓ Evidence based effectiveness of EIBI (systematic reviews)
- ✓ Status of EIBI implementation in the EU (BISTAIRS survey)
- ✓ Field testing set of tailored EIBI toolkits for different settings
- ✓ Expert opinion based analysis on implementation issues of EIBI for different settings (Delphi analysis)

 Co-funded by the Health Programme of the European Union		BISTAIRS Project network	
Duration		36 months (May 2012-April 2015)	
Funded by		Health programme (2008-2013)	
Coordinator		Country	
University Medical Center Hamburg-Eppendorf (UKE)/ Centre for Interdisciplinary Addiction Research (CIAR)		Germany	
Consortium members			
University of Newcastle upon Tyne (UNEW)		United Kingdom	
Fundacio Clinic per a la Recerca Biomedica (FCRB)		Spain	
Istituto Superiore di Sanità (ISS)		Italy	
Generalitat de Catalunya (GENCAT)		Spain	
National Institute of Public Health (NIPH)		Czech Republic	
Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD; ex-IDT)		Portugal	

 Co-funded by the Health Programme of the European Union		BISTAIRS Project – team	
Czech Republic			
Sovinova H, National Institute of Public Health; Ladislav C, Prague Psychiatric Center, Prague			
Germany			
Reimer J, Schulte B, Schmidt C, Lehmann K, Centre for Interdisciplinary Addiction Research, University of Hamburg-Eppendorf, Hamburg			
Italy			
Scafato E, Gandin C, Istituto Superiore di Sanità, Rome			
Portugal			
Ribeiro C, Rosário F, Instituto da droga e da toxicodependencia, SICAD General-Directorate for Intervention on Addictive Behaviours and Dependencies, Lisbon; Barroso Dias J, Presidente da Direcção da Sociedade Portuguesa de Medicina do Trabalho			
Catalonia (Spain)			
Gual A, Matrai S, Fundacio Privada Clinic per a la Recerca Biomedica / Hospital Clinico Provincial de Barcelona; Colom J, Segura L, Program on Substance Abuse, Public Health Agency of the Health Department - GENCAT, Barcelona			
United Kingdom			
Kaner E, Newbury Birch D, O'Donnell A, Anderson P, Newcastle University, Institute of Health and Society, Newcastle			

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International network of researchers interested in promoting research into EIBI on alcohol & other drugs all around the world

- ✓ To promote the implementation, at local, national and international level, of EIBI for HHAC
- ✓ To share information, experiences and research in the field of EIBI on alcohol.
- ✓ To facilitate clinical training in EIBI

www.inebria.net

Joint action RARHA Reducing alcohol related harm 2014-2016, EC

Tasks of the work package 5 (WP5)

1. Overview of drinking guidelines given in MS and of their main features (ISS)
2. **Overview of the use 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 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 (ISS) to discuss preliminary results and conclusions from the overviews and to help develop a policy Delphi survey (THL)
8. Second Expert/policymaker meeting to foster dialogue on good practice principles in the use of drinking guidelines as a public health measure drawing on all previous tasks
9. Coordination and production of synthesis report (THL)



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Task 1. Overview of current drinking guidelines

Task 2. Overview of drinking guidelines of EIBI

WP5

Task 7. Expert meeting

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 WP5-Task1 Drinking Guidelines

Legend of review sources:

	Furtheraagler&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)

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	<div style="background-color: #92d050; height: 10px; width: 100%;"></div> <div style="background-color: #ffff00; height: 10px; width: 100%;"></div> <div style="background-color: #d9d2e9; height: 10px; width: 100%;"></div>	
	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	<div style="background-color: #ffff00; height: 10px; width: 100%;"></div>	
	If Yes, In public education messages	1=To a large extent 2=To some extent 3=Not at all 4=Do not know	<div style="background-color: #ffff00; height: 10px; width: 100%;"></div>	
	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	<div style="background-color: #ffff00; height: 10px; width: 100%;"></div>	
	How is the "Standard Drink" (SD) defined in your country?	In grams of pure alcohol; how many grams in one SD:	<div style="background-color: #92d050; height: 10px; width: 100%;"></div> <div style="background-color: #ffff00; height: 10px; width: 100%;"></div> <div style="background-color: #d9d2e9; height: 10px; width: 100%;"></div>	
		In centiliters of pure alcohol; how many cl in one SD: Other, please specify:	<div style="background-color: #ffff00; height: 10px; width: 100%;"></div>	

1/4

A country report and questionnaire has been developed by ISS, as an instrument for collecting/upgrading information on current low-risk drinking guidelines and on drinking guidelines used in the context of Early Identification and Brief Interventions.

31 EU countries involved

29 questionnaire received

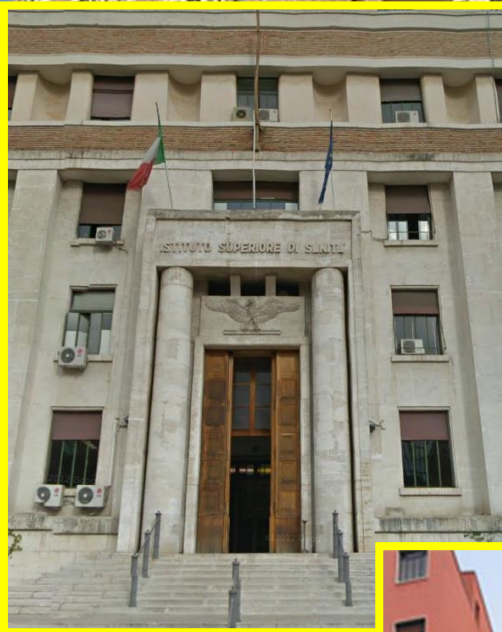
Results presented in the Expert Meeting
organized in Rome by ISS
4th November 2014

REFERENCE

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ISS Work Group and RARHA Italian National Team



RARHA NATIONAL TEAM MEMBERS and INSTITUTIONS

1	Bologna	Emanuela	ISTAT
2	Burgio	Alessandra	ISTAT
3	Ceccolini	Carla	Ministero della Salute
4	Crialesi	Roberta	ISTAT
5	Galluzzo	Lucia	Istituto Superiore di Sanità
6	Gandin	Claudia	Istituto Superiore di Sanità
7	Gargiulo	Lidia	ISTAT
8	Ghirini	Silvia	Istituto Superiore di Sanità
9	Ghiselli	Andrea	EX INRAN oggi CRA
10	Loghi	Marzia	ISTAT
11	Martire	Sonia	Istituto Superiore di Sanità
12	Quattrococchi	Luciana	ISTAT
13	Sante	Orsini	ISTAT
14	Scafato	Emanuele	Istituto Superiore di Sanità
15	Spizzichino	Lorenzo	Ministero della salute
16	Tamburini	Cristina	Ministero della salute
17	Tinto	Alessandra	ISTAT
18	Vichi	Monica	Istituto Superiore di Sanità
19	Solipaca	Alessandro	ISTAT-Osservatorio sulle regioni
20	Ricciardi	Walter	Osservatorio sulle regioni
21	Carle	Flavia	Ministero della salute-SDO
22	Migliore	Maria	Ministero della salute



Population Health and Health Determinants Unit
National Observatory on Alcohol
WHO Collaborating Centre for Health Promotion and
Research on Alcohol and Alcohol-related problems
Istituto Superiore di Sanità, Rome, ITALY

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Overview of drinking guidelines on EIBI in EU

The RARHA survey

RARHA WP5-Task2 Guidelines on early identification and brief intervention

Legend of review sources:

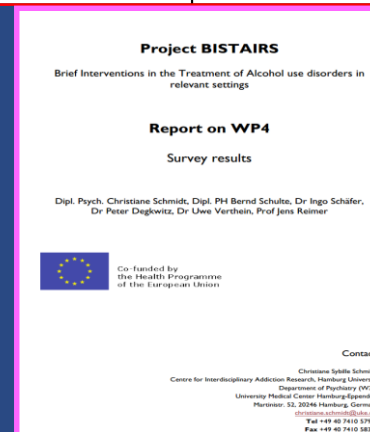
	ODHIN Assessment tool report 2013
	BISTAIRS Brief expert survey on the status quo of BI implementation in EU 2013
	WHO Status report on alcohol and Health in 35 EU countries 2013

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

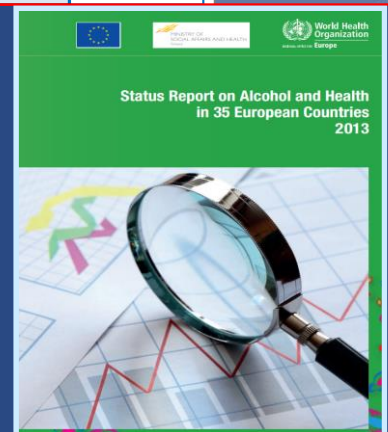
Investigated aspects	Variables	Codes, categories and format	Review of available sources X	RARHA survey
Guidelines on early identification and brief intervention for Hazardous and Harmful Alcohol Consumption (HHAC)	Is there a formal governmental organization, or organization appointed/contracted by the government that has the responsibility of preparing clinical guidelines for managing HHAC?	1=Yes 2=No 3=Inconsistent	1 3	1
	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?	1=Yes 2=No 3=Inconsistent 4=Under preparation	1 1	1
	Are there guidelines or recommendations for BI / Treatment	1=Yes	1	1



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



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



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

Drinking guidelines in EIBI in Europe: overview of RARHA survey results



Overview of drinking guidelines on EIBI in Europe.

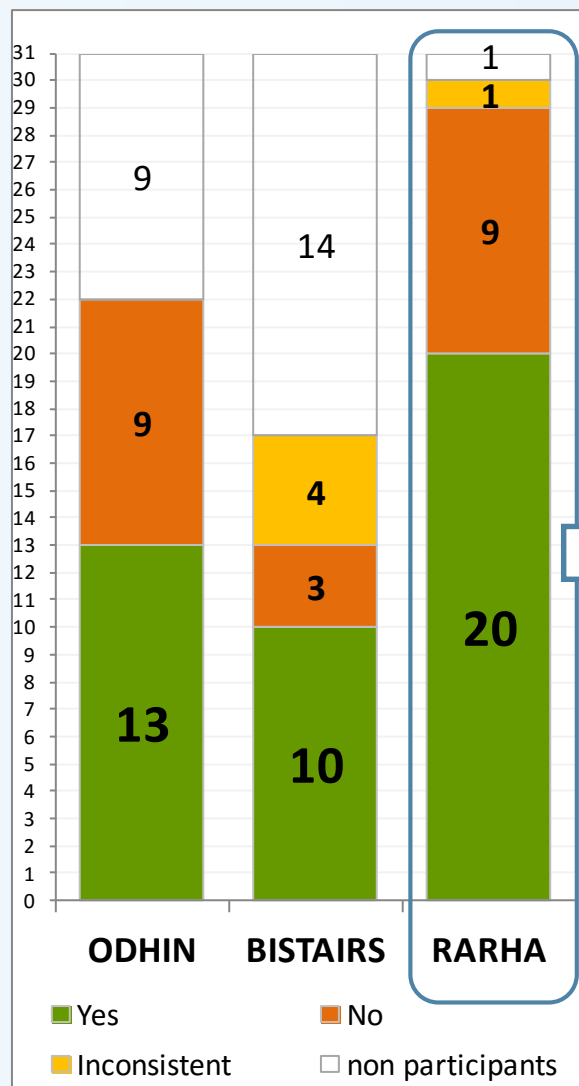
Participation

- ✓ **31 European countries addressed**
(all RARHA associated and collaborating countries + 1 additional country*).
- ✓ **30 out of 31 European countries replied**
(Austria, Belgium, Bulgaria, 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).
- ✓ **Slovakia did not reply**

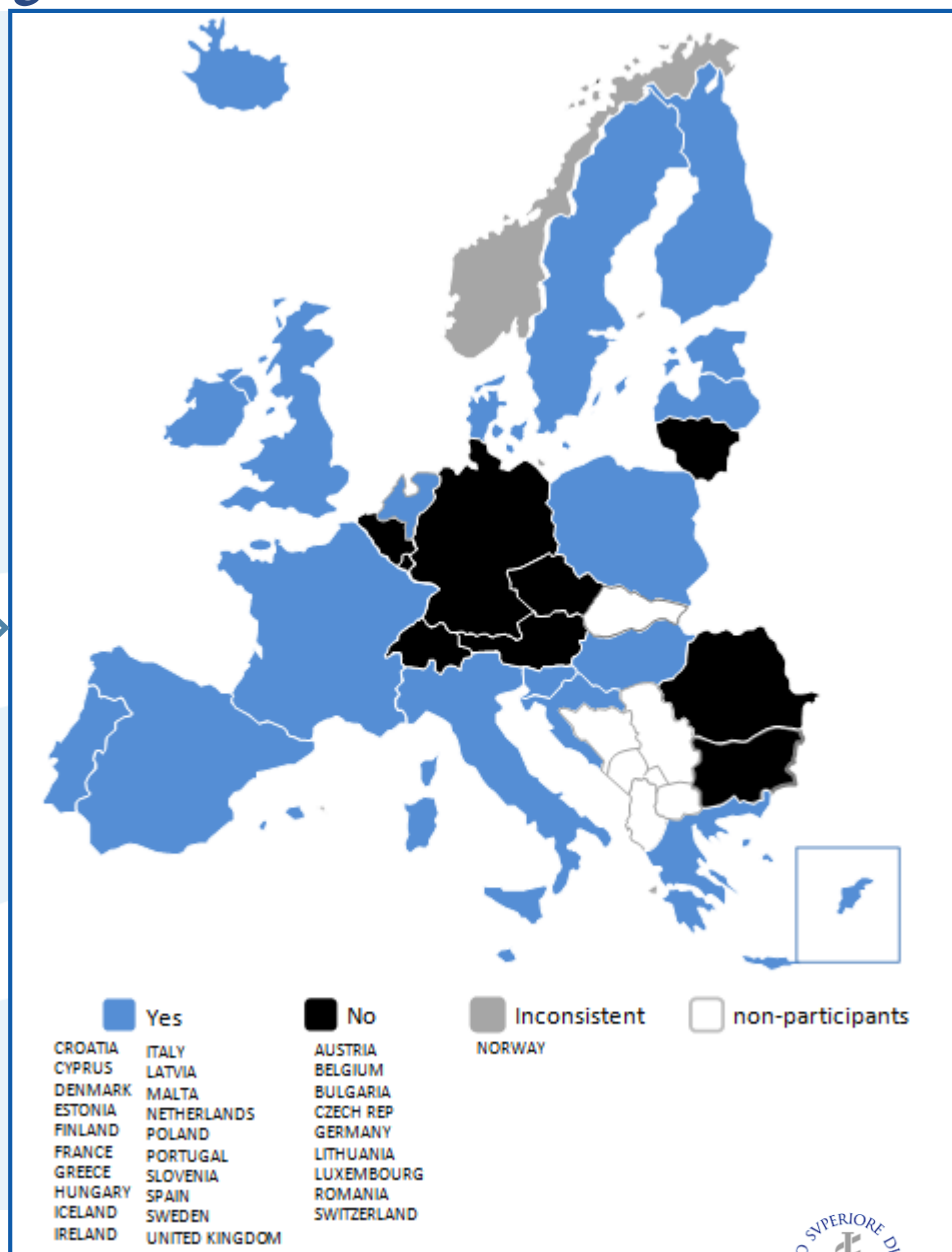
Drinking guidelines in EIBI context in EU countries

Country	Source				Is there a formal governmental organization, or organization appointed/contracted by the government that is responsible for preparing clinical guidelines for managing HHAC?			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?			Guidelines or recommendations for BI / Treatment	
	ODHN	BSTARS	WHO 2013	RARHA	1= Yes ; 2=No ; 3=Inconsistent			1= Yes ; 2=No ; 3=Inconsistent ; 4=Under preparation				
AUSTRIA						2	2		2	2		
BELGIUM					2	3	2	1	1	1		
BULGARIA							2			2		
CROATIA					1		1	1		1		☑
CYPRUS					1		1	2		2		
CZECH REPUBLIC					2	3	2	1	1	1	☑	☑
DENMARK						1	1		3	2	☑	☑
ESTONIA					2		1	2		1	☑	☑
FINLAND					1	1	1	1	1	1	☑	☑
FRANCE							1			1		☑
GERMANY					2	1	2	1	1	1	☑	☑
GREECE					2	1	1	2	2	1	☑	☑
HUNGARY							1			1	☑	☑
ICELAND					1		1	1		1		☑
IRELAND					1	1	1	1	1	1		☑
ITALY					1	1	1	1	1	1	☑	☑
LATVIA					1		1	1		1		☑
LITHUANIA						2	2		1	1		☑
LUXEMBOURG							2			2	☑	
MALTA					1		1	2		2		☑
NETHERLANDS (THE)					1	1	1	1	1	1		☑
NORWAY							3			2		
POLAND					2	3	1	2	3	1		☑
PORTUGAL					1	1	1	1	4	1	☑	☑
ROMANIA					2		2	2		2		
SLOVAKIA						2			2			
SLOVENIA					2		1	1		1		☑
SPAIN					1	1	1	1	1	1	☑	☑
SWEDEN					1	3	1	1	1	1		☑
SWITZERLAND					2		2	1		1		
UNITED KINGDOM					1	1	1	1	1	1		☑

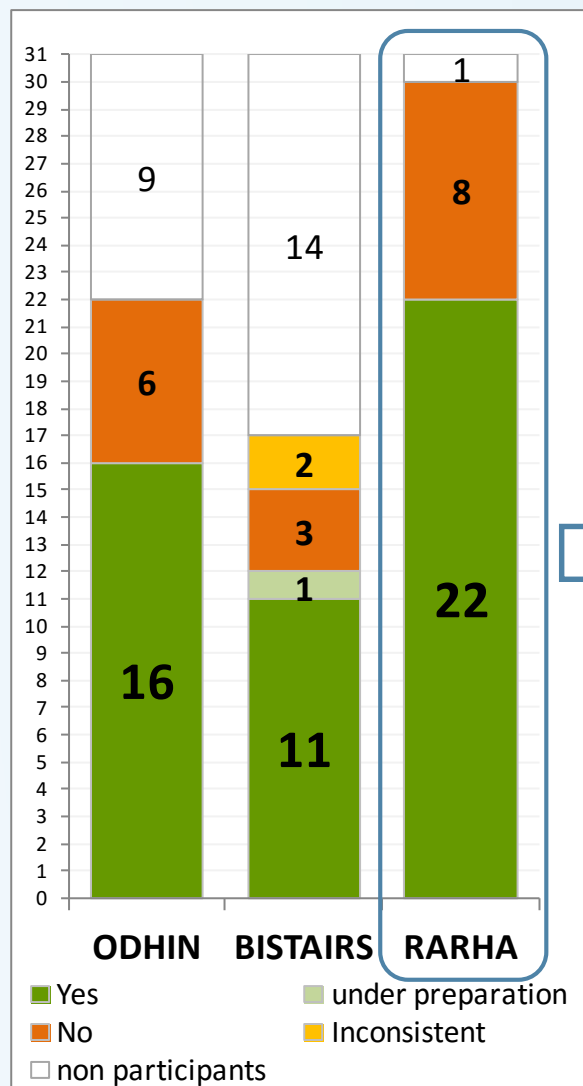
1) Formal governmental organization (or similar) responsible for clinical guidelines for managing HHAC



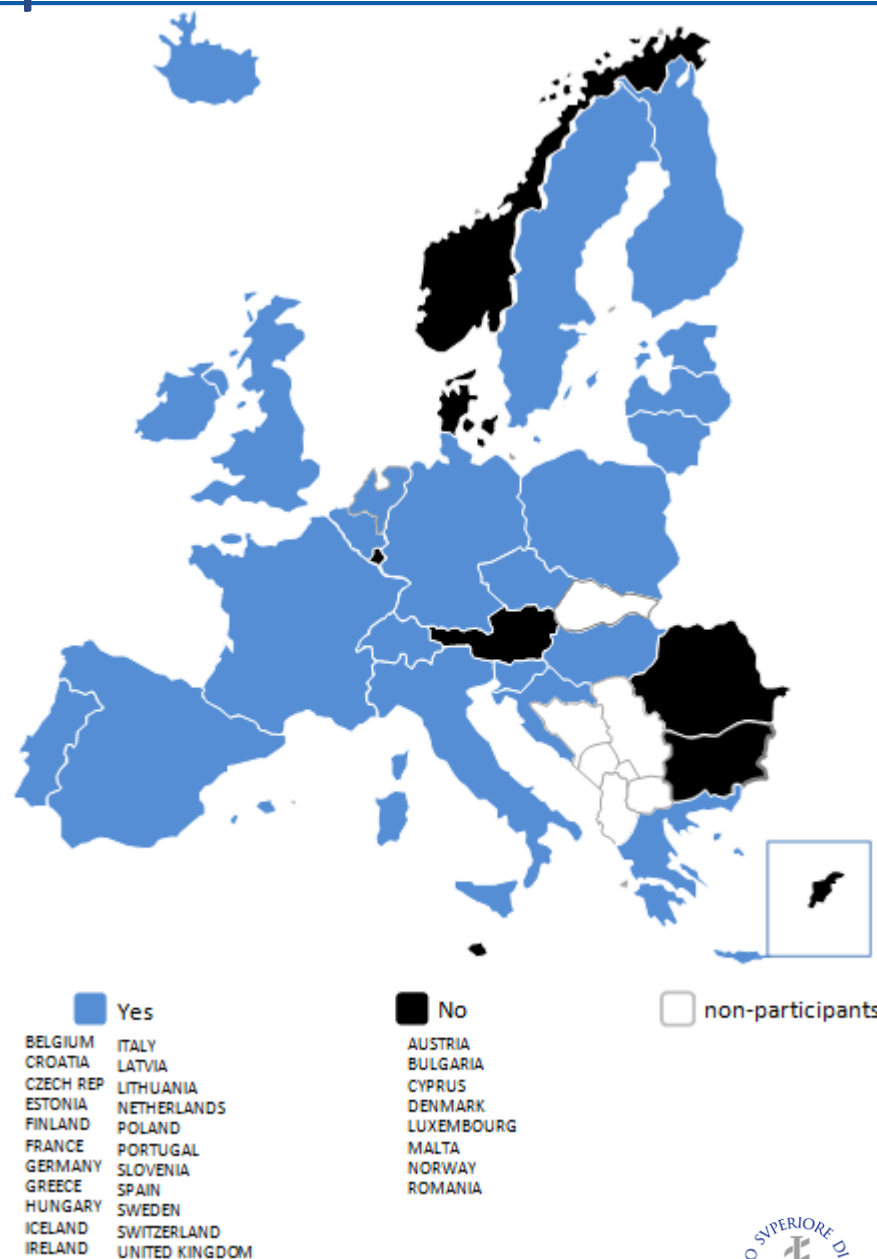
RARHA



2) Multidisciplinary guidelines in EU countries for managing Harmful Hazardous Alcohol Consumption



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Drinking guidelines in the context of brief interventions.

Results from EU RARHA survey

E. Scafato, C. Gandin, L. Galluzzo, S. Ghirini

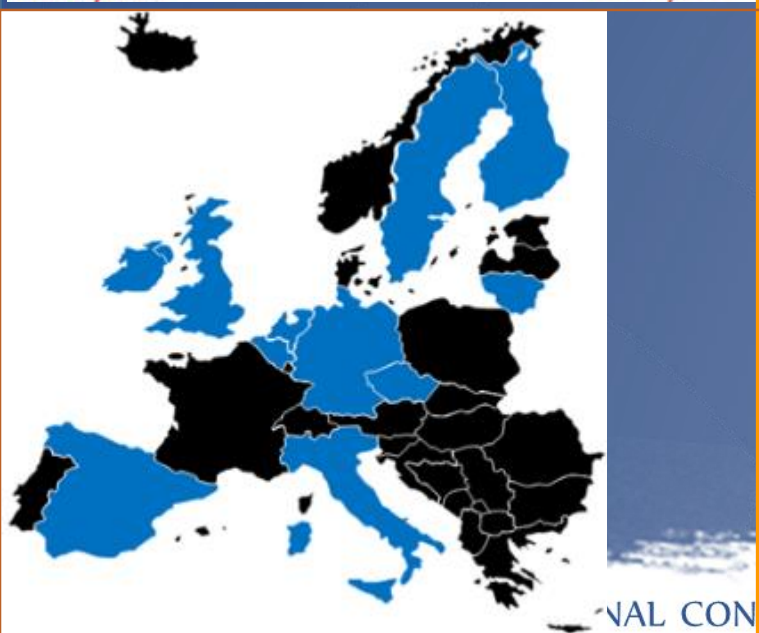
Istituto Superiore di Sanità, Italy

European Expert Meeting
Rome, November 2014



PHEPA, 2004

ODHIN, 2012



BISTAIRS, 2013



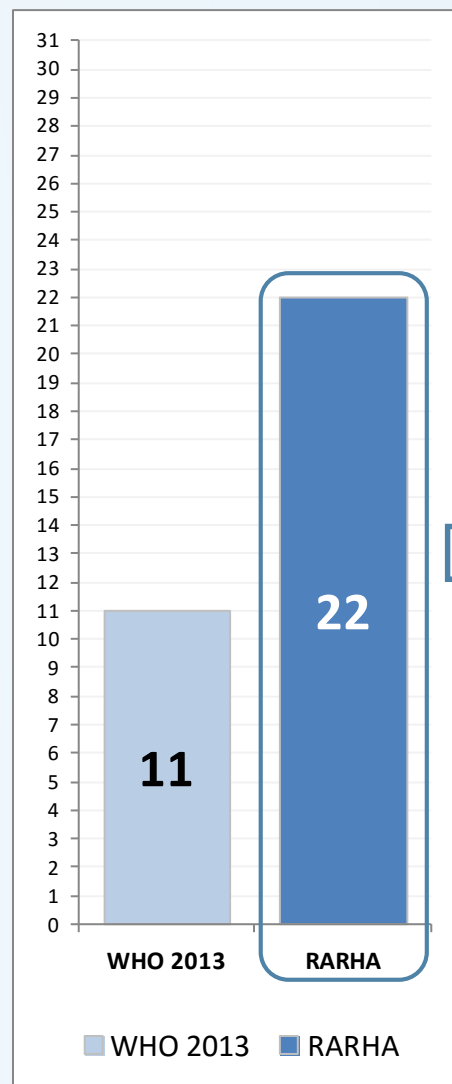
RARHA, 2014

■ Yes

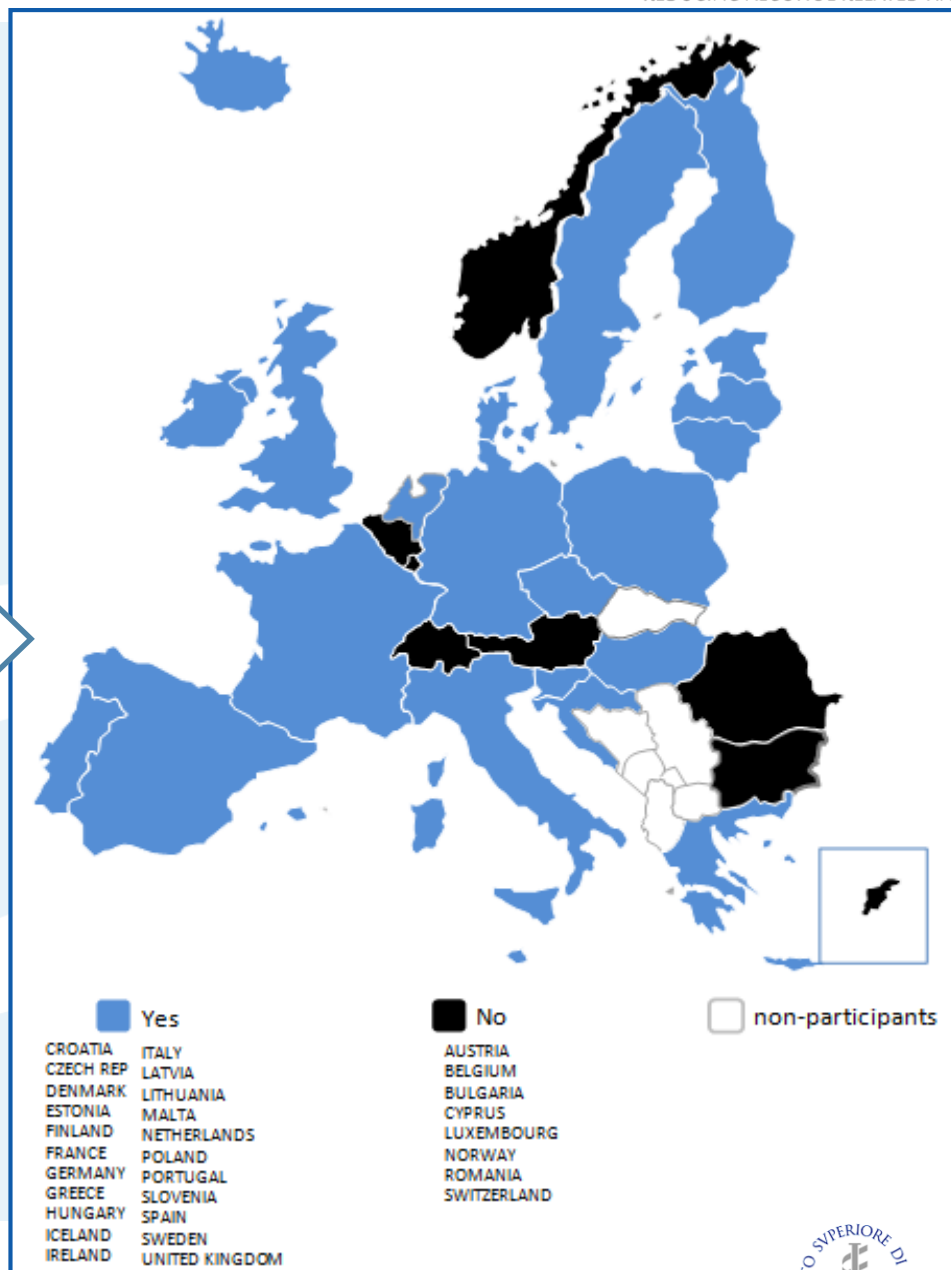
Multidisciplinary
guidelines for
managing
hazardous /
harmful alcohol
consumption
approved or
endorsed by at
least one health
care professional
body or scientific
society

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3) Guidelines or recommendations for BI / Treatment



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Conclusions

- ✓ In Europe the number of organizations formally appointed to develop clinical guidelines for managing HHAC has increased over time **(20/31)**
- ✓ The large majority of investigated countries has, at the moment, multidisciplinary guidelines for managing HHAC **(22/31)**
- ✓ Guidelines or recommendations specific for BI/ treatment are available in **22/31** EU

Last 30 years (supported by WHO and EC) to improve the implementation of EBI provided positive results needing a higher level of support and integration



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LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

- **What do we learned on EIBI?**
- **Why EIBI should be supported in PHC and other settings?**

We will refer mainly on BISTAIRS results being the most updated projects in the continuum of EU funded activities looking at the main settings where BI should have a relevant role :

Primary Health Care, Emergency Dpt, Workplaces, Social Services



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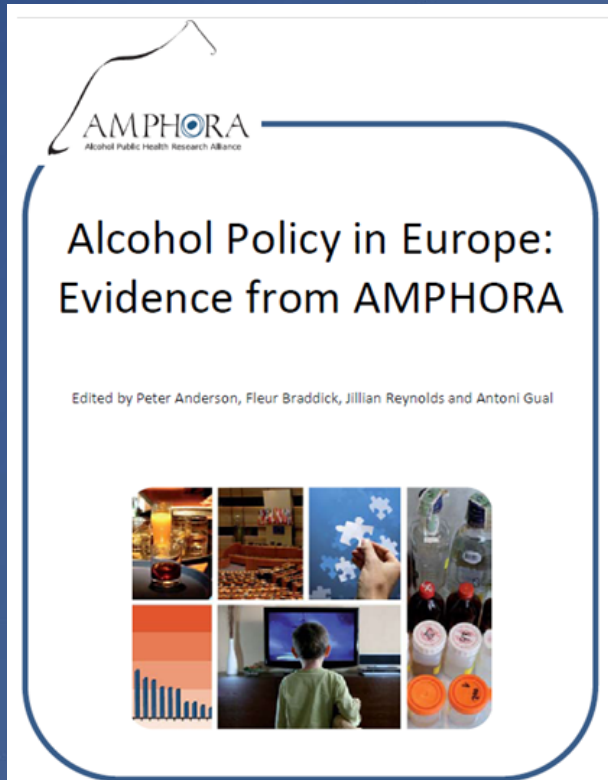
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Barriers to EIBI implementation

	Soc. Serv.	Em. Dpt	Workpl.	PHC
Lack of available training	♦ ♦ ♦	♦ ♦ ♦	♦ ♦ ♦	♦ ♦
Time constraints	♦ ♦	♦ ♦ ♦ ♦	♦ ♦ ♦	♦ ♦
Lack of financial incentives and / or direct funding for alcohol EIBI	♦ ♦	♦ ♦ ♦	♦ ♦ ♦	♦
Lack of additional services and / or referral pathways	♦ ♦ ♦	♦ ♦	♦ ♦ ♦	♦ ♦
Professionals' knowledge, attitudes or skills	♦	♦	♦ ♦ ♦	♦ ♦
Risk of upsetting the patients	♦ ♦	♦ ♦	♦ ♦	♦
Lack of supporting materials / policies / protocols	♦ ♦		♦ ♦ ♦	♦

Barriers to EBI implementation: TRAINING gaps



Edited by:
Peter Anderson, Fleur Braddick, Jillian Reynolds & Antoni Gual
2012

The AMPHORA project has received funding from the European Commission's Seventh Framework Programme (FP7/2007-2013) under grant agreement n° 223059 - Alcohol Measures for Public Health Research Alliance (AMPHORA). Participant organisations in AMPHORA can be seen at http://www.amphoraproject.net/view.php?id_cont=32.



Alcohol Policy in Europe

Chapter 9. Alcohol interventions and treatments in Europe

CHAPTER 9. ALCOHOL INTERVENTIONS AND TREATMENTS IN EUROPE

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Figure 1. Are GPs familiar with standardized alcohol screening tools?

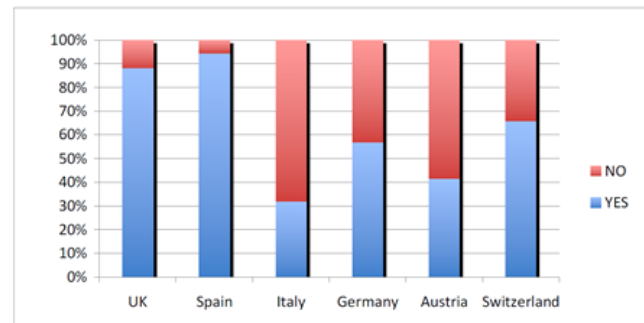
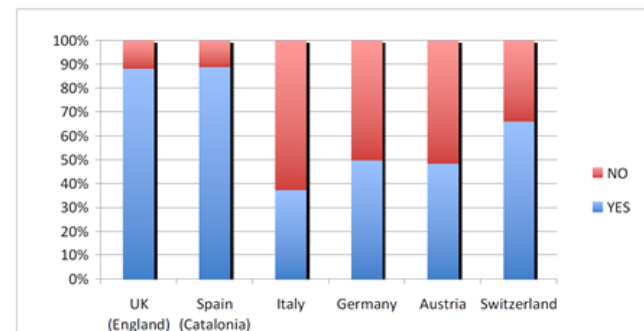


Figure 2. Are GPs familiar with brief interventions?



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✓ **Primary health care (PHC)**

Main problem is **implementation**; Efforts need to be focused on funders of services to ensure and implement Short or Brief Interventions (SBI) programmes in daily routine care.

✓ **Accident and emergency departments (ED)**

Main problem is **implementation**; Efforts need to be focused on professional bodies to develop systems to implement SBI in routine care.

✓ **Workplaces (WP)**

Main problem is **inconsistent evidence**; focus on professional bodies to develop systems to implement and evaluate SBI in routine practice.

✓ **Social service and criminal justice systems (ScS)**

Main problem is **lack of evidence**; push on professional bodies and research funding bodies are needed for piloting and evaluating SBI in routine social settings practice.



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Primary Health Care



- ✓ Regardless **robust evidences** only **moderate awareness** in **PHC** on the **utility of EIBI**
- ✓ **To overcome barriers it is essential:**
 - to **prioritize alcohol in the agenda of all PHC providers**
 - to develop **national EIBI strategy (& guidelines)** involving actors beyond
 - to introduce **PHC organizational changes to facilitate preventive actions** (increase time per visit, reduction of patients quota and of referral waiting lists)
 - to activate accredited **training** and ensure the integration of AUDs training in the pre-graduate studies
 - to **develop training packages** tailored to professionals needs
 - to **integrate EIBI tools in the daily consultation** (clear guidelines, simple tools computerized & integrated in the medical records)
 - to clarify **referral pathways** for AUDs
 - to **incentive EIBI activities** (economic and non economic)
 - to promote **national network** of professionals working on EIBI
 - to promote raising **awareness campaigns** to general population and professionals



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Emergency Care

✓ **Acute conditions are the priority in ED** (alcohol not a priority)

✓ **To overcome barriers, it is essential:**

- to undertake **wider feasibility, effectiveness and cost-effectiveness studies** with more ED providers
- to implement a broad specific **alcohol health care protocol** including EIBI, an easy and flexible **referral pathway** for severe cases and support by an specialists (AUDs treatment).
- to draft a **national standard of core EIBI activities for ED**
- to **involve motivated professionals** (nurses, young doctors, ...)
- to **facilitate implementation of protocols and EIBI programs** (easy screening tool, breathalyzer if needed)
- to **make available flexible trainings** in time and contents
- to **incentivize EIBI activities**
- to embed EIBI in raising **awareness campaigns** on alcohol impact in ED for professionals and for general population



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Key lessons and recommendations



Workplaces

✓ **Companies** in general (except large ones with risk to others or antecedents of AUD problems) are **not motivated to implement preventive programs** (paid by companies, seen as a cost, not an investment).

✓ **To overcome barriers, it is essential:**

- to promote **alcohol regulation/laws** to better identify **the role of WP professionals** (health surveillance, preventive activities); to introduce **the concept of HHAC, not only alcohol dependence**; to promote **alcohol free companies**
- to **promote written internal preventive policy on alcohol consumption** (agreed by preventive and safety committees) by companies
- to **promote research** (consumption patterns among workers, effectiveness of EIBI tools in WP, training, effect in attitudes confidence, effectiveness)
- to embed EIBI programs in more wider **health prevention program** in the company
- to develop **awareness campaigns** for workers and occupational professionals
- to **provide support and training** to professionals and **promote team work**
- to clarify **referral routes** (between occupational and health services)
- to **develop guidelines, protocols, procedures** (indicators) to be followed from the beginning to avoid problems



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Key lessons and recommendations

Social Services



✓ **Transferability from PHC experience is limited** because of the different organization of ScS, therefore it is very important to **promote research on effectiveness of ASBI tools in ScS**

✓ **To overcome barriers, it is recommended:**

- to discuss between providers, policymakers, professional associations the conditions needed for **the recognition of EIBI as standard approach in ScS**
- to promote **training on lifestyles** (alcohol) and **EIBI** for ScS staff, including it in the **curricula of pre-graduate education**
- to undertake **advocacy activities with providers and coordinators** and raising **awareness campaigns** with general population
- to undertake **research activities** (prevalence of consumption patterns, effectiveness of ASBI, ASBI training impact in attitudes, confidence, etc)
- to **develop EIBI guidelines and tools for ScS** (validation, adaptation of tools, performance indicators) promoting **EIBI with a national prevention program on ScS**
- to promote **coordination** (organization of referral pathways) **between ScS and specialist services** (and self-help groups)



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Conclusions

- ✓ The **integration of EIBI** into routine clinical practice still needs to be much more actively supported
- ✓ The **synthesis report of RARHA WP5** summarizes background knowledge and instruments that can be used to activate national policies as well as national and international funding programmes for this purpose
- ✓ **Concrete examples** of initiatives to implement and support EIBI are also provided by the RARHA tool kit of evidence-based good practices (WP6).



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Take home message

RARHA Joint Action represented a unique opportunity to have on board all the expertise and stakeholders fulfilling the need to be provided by mean formal information coming form Member States representatives .

This is an added value and the concrete achievement of subsidiarity principle where MS and experts involved played a central role in working together for a common cost-effective goal that should represent the golden standard for collecting, elaborating and reporting information integrated by Science coming from EU funded projects valuing all the different competences and roles and keeping the process within Public Health framework.

To be kept in mind for the future



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Thank you for your attention

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Additional information



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Expert opinion-based analysis on the implementation of ASBI. Recommendations Primary Health Care by ISS

Who should deliver ASBI

- ✓ **GPs in all aspects of ASBI** (screening, brief intervention, support, referrals)
- ✓ **Other health professionals** (nurses and **specialist alcohol workers** and, with less agreement, **dieticians**, professional **counselors**) offering **at least screening and brief intervention** to all patients scoring positive for risky drinking

Mode of identify risky drinkers

- ✓ **All patients routinely** screened during new patient registrations and general health and lifestyle reviews; during general health check-ups (with less agreement)

What PHC professionals need to implement ASBI

- ✓ **Training and education of PHC professionals in ASBI** starting from the medical schools
- ✓ Training for professionals (other than the implementation of ASBI *per se*) **included in a National alcohol strategy** by the Government, **allocating more time and resources**
- ✓ **Available easy to use screening tools** and shorter /simple alcohol intervention techniques
- ✓ **Closer liaisons with specialist alcohol agencies** (clear referral protocol)

Types of intervention needed for delivering ASBI

- ✓ **Principles** derived from the **motivational interviewing** perspective (MI)*
- ✓ Either **brief advice** and **more extended forms of intervention** (such as MI)



Expert opinion-based analysis on the implementation of ASBI. Recommendations

Emergency Care by ISS

Who should deliver ASBI

- ✓ **Doctors and specialist alcohol workers** in all aspects of ASBI
- ✓ **Nurses** offering screening first and then brief intervention

Mode of identify risky drinkers

- ✓ **All patients** attending the EC facility **routinely screened**.
- ✓ Gathering **information from family members** to identify risky drinkers received a support

What EC professionals need to implement ASBI

- ✓ **Training and education in ASBI skills** starting from the medical schools.
- ✓ ASBI implementation included in a **National alcohol strategy** by the Government, allocating more time and resources.
- ✓ **Available easy to use screening tools**, shorter/simple alcohol **intervention techniques**
- ✓ **Closer liaisons with specialist alcohol agencies (clear referral protocol)**
- ✓ **Electronic intervention tools** via m-Health or e-Health applications

Types of intervention needed for delivering ASBI

- ✓ **Brief advice and more extended forms of intervention (such as MI)**
- ✓ **Closer liaisons with specialist alcohol agencies**



Mode of delivering ASBI

- ✓ Integrate ASBI into broader health promotion / well-being program
- ✓ Include alcohol screening in routine or standard health assessments
- ✓ Foster a climate of trust (non-judgmental and supportive)
- ✓ Promote supportive company policy for alcohol problems

What would WP professionals need to successfully implement ASBI?

- ✓ Tailored training packages for employees, managers and supervisors
- ✓ Evidence for ASBI effectiveness and cost-effectiveness
- ✓ Structured, validated (short) screening tools. ASBI guidelines, tools and techniques for WP settings
- ✓ Routine lifestyle screening programs within existing workplace health promotion programs
- ✓ Well-designed, promoted and implemented healthy workplace policies including alcohol

Which policy initiatives would facilitate the ASBI implementation?

- ✓ Promotion of continuous education and training programs
- ✓ Implementing and promoting a national alcohol strategy





Expert opinion-based analysis on the implementation of ASBI. Selection of recommendations **Workplaces by UKE**

What are the key evidence gaps in this area?

- ✓ **Lack of information on barriers and facilitators** influencing the implementation of ASBI in WP settings
- ✓ **Need for data on cost and cost-effectiveness** in workplace settings

Why is the workplace healthcare setting relevant for the provision of ASBI?

- ✓ **Because of the negative impacts of heavy drinking on productivity and safety**
- ✓ **Because WP is relevant for any form of health promotion** as people spend a large proportion of their day at work

The most important issues concerning ASBI in WP settings are...

- ✓ **Confidentiality and anonymity** for employees
- ✓ **Ensure that ASBI delivery is routinized and hence de-stigmatised**
- ✓ **Responses treatment-oriented and not punitive**, minimizing repercussions on career
- ✓ **Alcohol consumption reduction programs within broader healthy lifestyle programs**



Mode of delivering ASBI

- **Non-judgemental, respectful, empathic manner** without stigmatizing the client
- **Routinize** assessments, ensuring **confidentiality**
- Alcohol consumption as part of a broader, **lifestyle risk factor assessment**
- **Validating AUDIT-C / AUDIT** in ScS
- **Approaches tailored to the specific needs** of the client/practitioner/context
- **Relationship between clients and social care providers**
- **Adopt a client-centred approach**

What would social service professionals need to successfully implement ASBI?

- **Training** programs (skills, experience, sense of role adequacy...)
- **Tailored ASBI tools, flexible to be adapted** in specific ScS contexts
- Provision of **evidence of effectiveness** of ASBI in ScS
- **Alcohol screening embedded in routine client assessments**



**Which policy initiatives would facilitate the ASBI implementation?**

- ✓ Provision of government **funding for ASBI research**
- ✓ **Recognition of ASBI within the role and responsibilities of ScS workers**
- ✓ Implementation of a **national strategy for alcohol prevention in ScS**
- ✓ **Production/dissemination of information materials**, including tools in ScS

The most important issues regarding ASBI in social service settings are?

- ✓ The need for more involvement of ScS professionals: in all stages of research, from initial design to actual delivery and interpretation of results
- ✓ That in complex, high risk situations (e.g. where parental drinking / vulnerable children are involved) the delivery of ASBI does not jeopardise client-provider relations which could result in further harms
- ✓ The lack of appropriate training
- ✓ To find ways to quickly improve the quality of the efficacy and effectiveness evidence base