



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

E. Scafato

C. Gandin, L. Galluzzo, S. Ghirini, S. Martire, R. Scipione

Istituto Superiore di Sanità, Italy



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



Co-funded by
the Health Programme
of the European Union

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



Joint action RARHA
RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

**RARHA**
REDUCING ALCOHOL RELATED HARM

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



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>



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



PHEPA

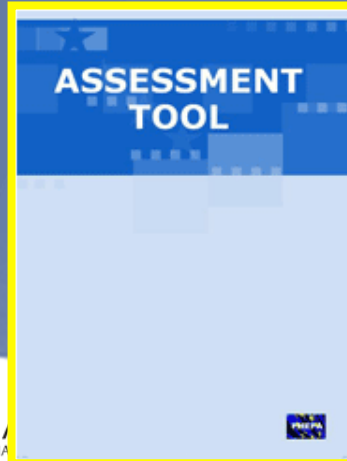
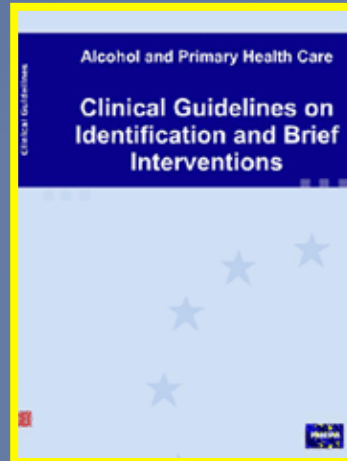
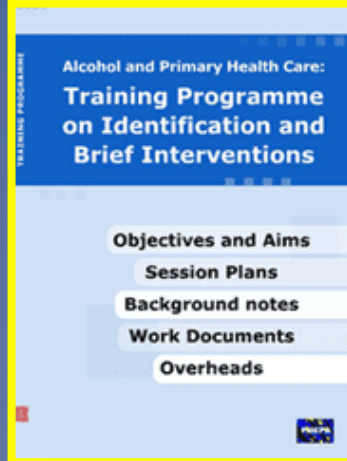
Primary Health Care European Project on Alcohol

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



RARHA - FINAL CONFERENCE
SHARING THE RESULTS
LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



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

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.

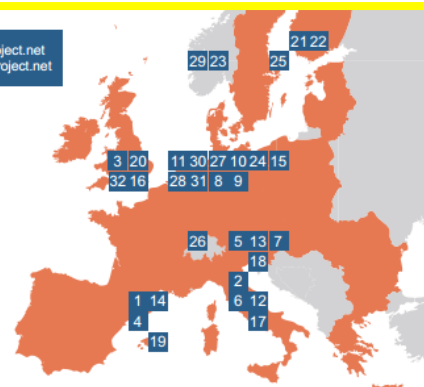
Coordinated by Hospital Clínic de Barcelona (HCB), Catalonia, Spain
AMPHORA is a collaborative project funded under the European Commission Seventh Framework Program (FP7).

www.amphoraproject.net - info@amphoraproject.net



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 Chemisches und Veterinäruntersuchungsamt Karlsruhe Technische Universität (CVUA/KA), Germany
- 11 Dutch Institute for Alcohol Policy (STAP), Netherlands
- 12 Ecdectica snc di Amici Silvia Ines, Beccaria Franca & C. (ELECTICA), 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 välfärdscenter (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 Triebos-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



ODHIN
Optimizing delivery of health care interventions

User Name
Password
Remember Me
Forgot your password? P

Home Project work Partners Resources Events Media and Press Contact

You are here: Home > Partners

Partners

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 TOXICODEPENDENCIA	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/>

RELATED HARM

RARHA
REDUCING ALCOHOL RELATED HARM

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

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

Activities, methods and means

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

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

BISTAIRS Project – team	
Czech Republic	Sovínova 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 toxicoddependência, 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

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

INEBRIA (International Network on Brief Interventions for Alcohol & Other Drugs)

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

Objective

- ✓ 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

INEBRIA International Network on Brief Interventions for Alcohol & Other Drugs

11th CONGRESS WARSAW
September 18th-19th 2014

„Brief Interventions - recent advances and new applications“

VENUE:
Medical University of Warsaw
Zwirki i Wigury 61, 02-091 Warsaw, Poland

ORGANIZING COMMITTEE:
Krzysztof Brzózka
Marcin Wójcik
Magdalena Borkowska

„Go join in 15 minutes“

Atak - Jemolowski 155, 02-326 Warsaw, Poland
inebria2014@wp.pl

Organized by:
Newcastle University
Northumbria University

With the support of:
Generalitat de Catalunya
Departament de Salut
INHS
aerc
DH Department of Health
BALANCE
World Health Organization

Co-sponsored by:
World Health Organization

For further information about INEBRIA:
Web: www.inebria.net
INEBRIA Secretariat
Program on Substance Abuse
Department of Health of the Government of Catalonia
Barcelona (Spain)
Phone: +34 93 551 36 10
Email: inebria@genetcat.cat

INEBRIA
International Network on Brief Interventions for Alcohol Problems.

The 6th Conference of INEBRIA
Breaking New Ground

8th-9th October, 2009
Newcastle upon Tyne/ Gateshead, UK
www.inebria.net

INEBRIA
International Network on Brief Interventions for Alcohol & Other Drugs

The 9th Conference of INEBRIA
Conference: From Clinical practice to Public Health: The two dimensions of Brief Interventions
27th - 28th September 2012
Barcelona, Spain

Pre-conference: Third meeting of the Catalan Network of PHC alcohol Referents (XaROH)
26th September 2012

Location
The INEBRIA Network meets again in Barcelona 9 years after the inaugural conference. For this occasion, the venue will be CaixaForum Barcelona, a social and cultural center housed in an old refurbished textile factory which stands as the only example of Catalan Art-Nouveau industrial architecture of the 20th century. Located in Plaza España (central, easy access from airport and close to main train station).

Accommodation
You are responsible for booking your own hotel. Organizers have arranged a "ceiling" selling price with one hotel located near the meeting venue. More information is available in the website.

Social information
Organizers are planning a social dinner and a cultural visit. Additional registration will be needed. The area where the venue is located offers a lot of interesting possibilities for sightseeing. Among the most interesting are: Miro Museum, Catalan National Museum of Art, Olympic Buildings, etc.

Organizer
Generalitat de Catalunya
Agència de Salut Pública de Catalunya

Support of
AFICC, NIDA, WHO, etc.

Co-sponsored by
World Health Organization

For further information about INEBRIA:
INEBRIA Secretariat
Program on Substance Abuse
Department of Health of the Government of Catalonia
Barcelona (Spain)
Phone: +34 93 551 36 10
Email: inebria@genetcat.cat
Web: www.inebria.net

www.inebriaconferencebarcelona.net

INEBRIA
International Network on Brief Interventions for Alcohol & Other Drugs

10th Annual Conference of INEBRIA
Conference: "Brief interventions on alcohol and other drugs: improving health and the quality of health services provision"
19th - 20th September 2013
Roma, Italia

Pre-conference: XXIII National Scientific Meeting SIA, Società Italiana di Alcolologia
Pre-conference: Conferenza Nazionale sull'Intervento Breve in Medicina Generale
18th September 2013

Registration and abstract submission
Registration for the 10th annual INEBRIA Conference as well as call for abstracts and workshops is open. Please visit www.inebria.net for more information. The call will be open until 16th of May, 2013.

Venue
The meeting will take place in the Accorpium Congress Centre, Largo Angiolini, 1. It is located in the very Centre of Rome, near to the Quirinale, Piazza Venezia, Via dei Fori Imperiali and the Colosseum.

Accommodation
The historical site known simply as the Accorpium in Rome is located in the precise geographical centre of the city and dates back to 1100. A truly historical Roman culture, the building enshrines the present-day meetings of some of the greatest masters of the latter part of the Renaissance, including Lorenzo Bernini, whose classic works can still be seen in Piazza Navona, Piazza Barberini and all the foot of the Spanish Steps, as well as Casco della Porta and Vincenzo della Greca.

Accommodation
You are responsible for booking your own hotel. Organizers have arranged a selling price with several hotels near the meeting venue. More information is available in the website.

Social programme
Organizers are planning a social dinner and a cultural and physical activity visit. Additional registration will be needed.

Organizer
The Italian Ministry of Health
project of (2013-2015)

Co-financed by
The Italian Ministry of Health
project of (2013-2015)

Support of
NIDA, WHO, etc.

For more information:
Organizing Secretariat
NIDA Congress & Education spa
Via Righi, 4 - 00197 Roma, Italia (RM)
Via Anselmi, 3 - 20139 Milano (MI)
Tel: +39 02 505 32611 - Fax: +39 02 505 32335
inebria2013@congresseducation.com

www.inebria.net

Conference Committee
Conference Executive Committee:
Chair: J-Paul Saba, Mercer University School of Medicine, Medical Center Northwest Health, Miami, GA
• Barbara Balle, Boston University School of Medicine and Public Health, Boston Medical Center
• Ronald W. Berglund, Centers for Disease Control and Prevention, Atlanta, Georgia
Scientific Committee:
Chair: J-Paul Saba, Mercer University School of Medicine, Medical Center Northwest Health, Miami, GA
• Margaret M. Merny, Global Alcohol Research Program, National Institute on Alcohol Abuse and Alcoholism
• Marcia Wispjan, Medical University of Warsaw
• Jennifer McNeely, NYU School of Medicine
• Marianne C. Moore, Pan American Health Organization
• Anika Holloway, Alcohol Policy Team, Scottish Government, Scottish Alcohol Research Network, The University of Edinburgh
• Laura Madalena Breyer, Center for Health Equity Research and Promotion, VA Pittsburgh Healthcare System, University of Pittsburgh
• Antoni Casó, Neurosciences Institute, Hospital Clinic, Barcelona, Spain
• David W. Brown, contractor US Center for Disease Control and Prevention, Adams, Georgia
• Ian McClelland, London School of Hygiene and Tropical Medicine
• Carolyn Chapman, Stony University, New York
• Deborah Pridem, Johns Hopkins University, School of Hygiene, Baltimore, MD
• Richard Balle, Boston University School of Medicine and Public Health, Boston Medical Center

Organized by:
MERCER
Generalitat de Catalunya
Departament de Salut
Agència de Salut Pública de Catalunya

Sponsored by:
NIAAA
NIDA
MERCER

For inquiries, please contact:
INEBRIA Atlanta Coordinators @
478-633-5547
3780 Eisenhower Pkwy, Ste 3
Macon, GA 31206
Email: inebria2013@gmail.com
Register: www.planetree.org/
INEBRIAcon2015

INEBRIA International Network on Brief Interventions for Alcohol Problems

INEBRIA 12th Congress
September 24-25, 2015

Atlanta, Georgia
Marriott Buckhead

September 23, 2015
Pre-conference Workshop:
Interprofessional SIZ, Environment - Policy and Practice

September 24-25:
Interprofessional Involvement in Screening and Brief Intervention

Atlanta Marriott Buckhead
3405 Lenox Rd. NE,
Atlanta, GA 30326
www.marriott.com/atlanta
404.251.0220

Brief interventions on alcohol
Advances in research and practice
9th-10th September, 2010 - Gothenburg, Sweden

INEBRIA International Network on Brief Interventions for Alcohol Problems

Annual General Meeting 11th
Lisbon-2006

Agenda

Thursday 26th
17:30-18:30 pm

INEBRIA International Network on Brief Interventions for Alcohol & Other Drugs

2016
INEBRIA 13th Congress

September 27-29

Service d'Alcolologie
Lausanne University Hospital
Switzerland

Conference theme:
The challenge of community-
embedding practice

INEBRIA International Network on Brief Interventions for Alcohol Problems

Annual General Meeting
Brussels 2007

Agenda
Tuesday 20th November
12.30-13.30

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)



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

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:

	Furtwängler & 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		
	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 of in one SD: Other; please specify:		

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

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	Quattrociochi	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

RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



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




Optimizing Delivery of Health Care Interventions (ODHIN)

ODHIN ASSESSMENT TOOL –REPORT
 A description of the available services for the management of hazardous and harmful alcohol consumption
 Deliverable D6.1, Work Package 6

Claudia Gandin
Emanuele Scafato

December 2013


http://www.odhin-eu.eu/asset/assessments/odhin_report_d6.1_deliverable_6.pdf

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 Degkwitz, Dr Uwe Verthein, Prof Jens Reimer




Co-funded by the Health Programme of the European Union

Contact:
 Christiane Sybille Schmidt
 Centre for Interdisciplinary Addiction Research, Hamburg University
 Department of Psychiatry (W37)
 University Medical Center Hamburg-Eppendorf
 Martinstr. 52, 20246 Hamburg, Germany
 christian.schmidt@uhh.de
 Tel +49 40 7410 3700
 Fax +49 40 7410 3851

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

Status Report on Alcohol and Health in 35 European Countries 2013



http://www.euro.who.int/_data/assets/pdf_file/001/1190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf

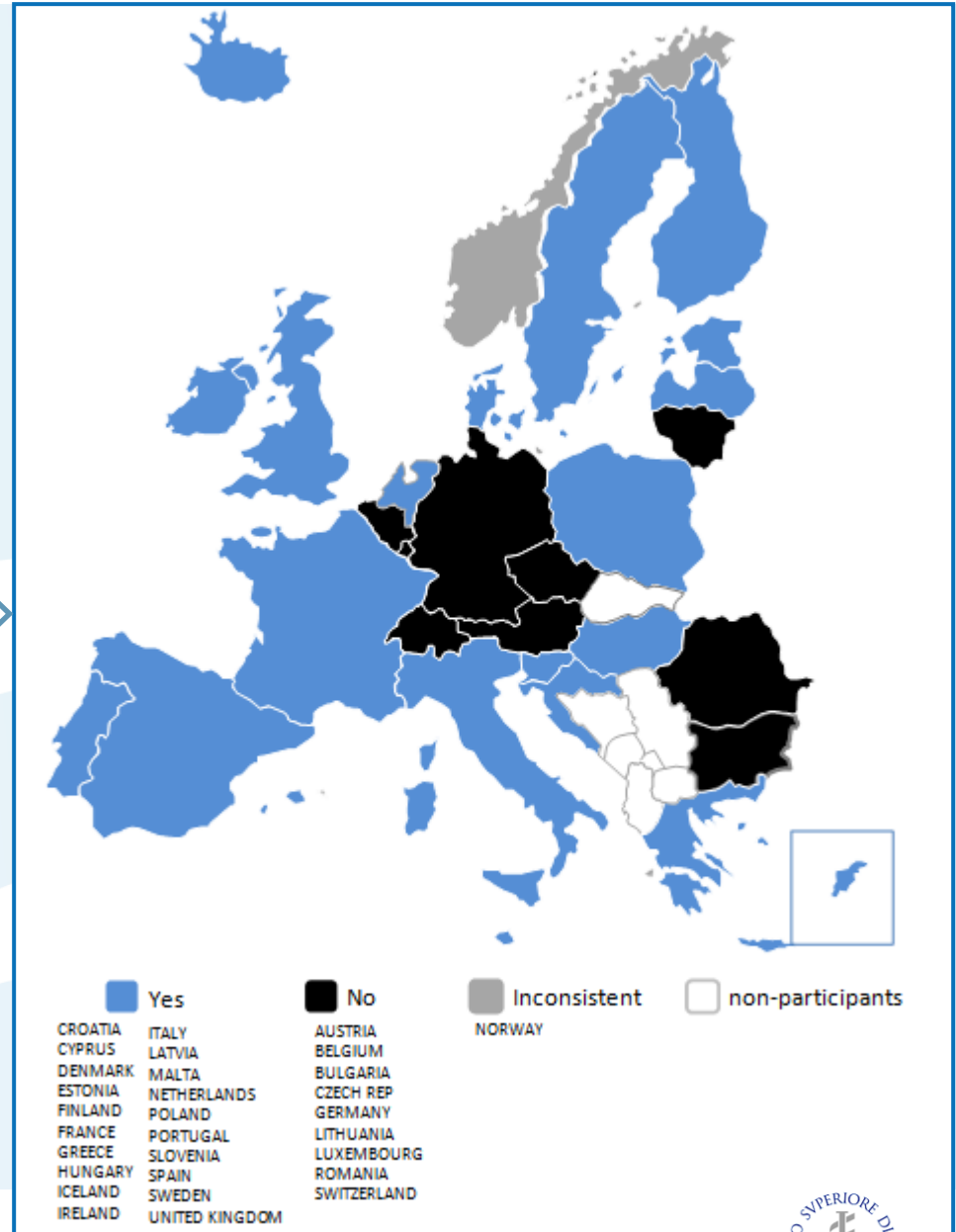
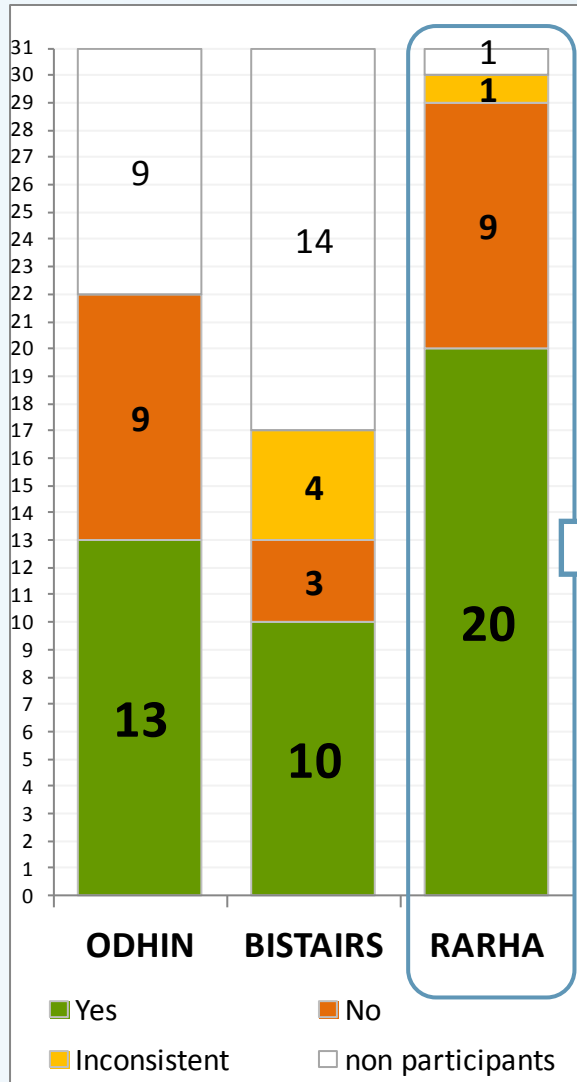
Overview of drinking guidelines on EIBI in Europe. Participation

- ✓ **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**

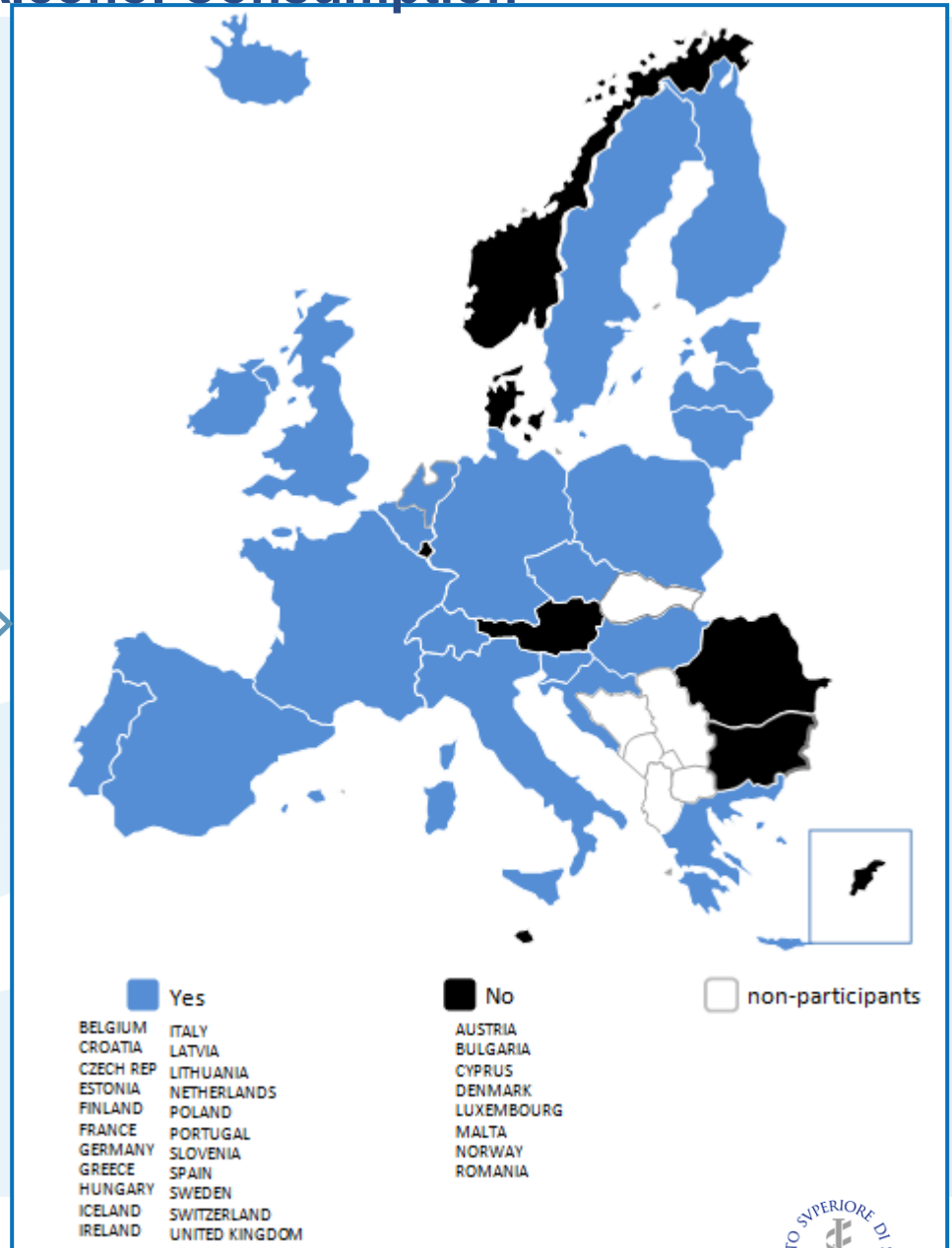
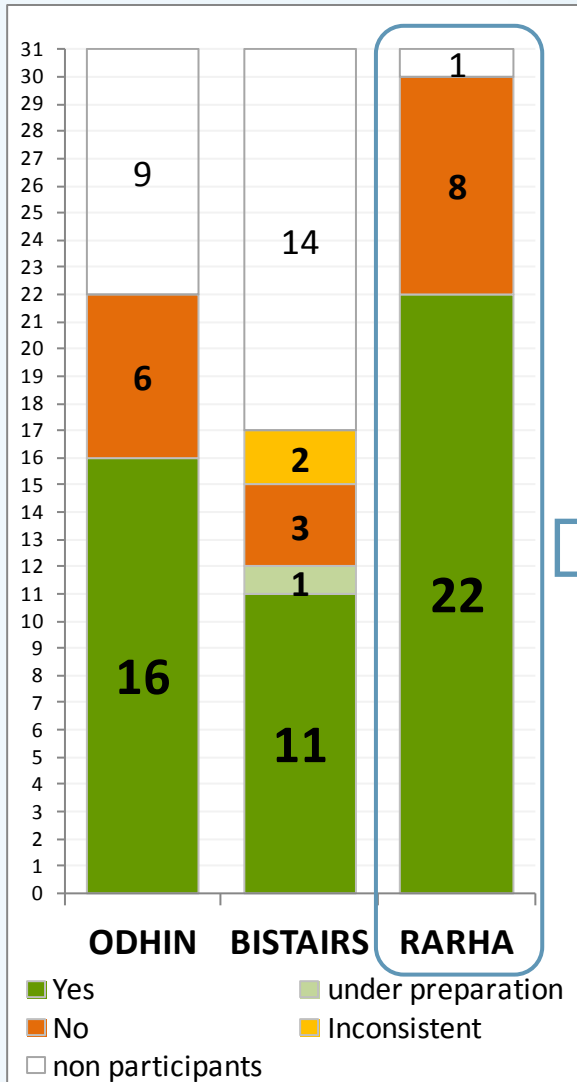
Drinking guidelines in EIBI context in EU countries

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	BISTAIRS	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		<input checked="" type="checkbox"/>
CYPRUS					1		1	2		2		
CZECH REPUBLIC					2	3	2	1	1	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DENMARK						1	1		3	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ESTONIA					2		1	2		1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FINLAND					1	1	1	1	1	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FRANCE							1			1		<input checked="" type="checkbox"/>
GERMANY					2	1	2	1	1	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GREECE					2	1	1	2	2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HUNGARY							1			1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ICELAND					1		1	1		1		<input checked="" type="checkbox"/>
IRELAND					1	1	1	1	1	1		<input checked="" type="checkbox"/>
ITALY					1	1	1	1	1	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LATVIA					1		1	1		1		<input checked="" type="checkbox"/>
LITHUANIA						2	2		1	1		<input checked="" type="checkbox"/>
LUXEMBOURG							2			2	<input checked="" type="checkbox"/>	
MALTA					1		1	2		2		<input checked="" type="checkbox"/>
NETHERLANDS (THE)					1	1	1	1	1	1		<input checked="" type="checkbox"/>
NORWAY							3			2		
POLAND					2	3	1	2	3	1		<input checked="" type="checkbox"/>
PORTUGAL					1	1	1	1	4	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROMANIA					2		2	2		2		
SLOVAKIA						2			2			
SLOVENIA					2		1	1		1		<input checked="" type="checkbox"/>
SPAIN					1	1	1	1	1	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWEDEN					1	3	1	1	1	1		<input checked="" type="checkbox"/>
SWITZERLAND					2		2	1		1		
UNITED KINGDOM					1	1	1	1	1	1		<input checked="" type="checkbox"/>

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



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



Drinking guidelines in the context of brief interventions.

Results from EU RARHA survey

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

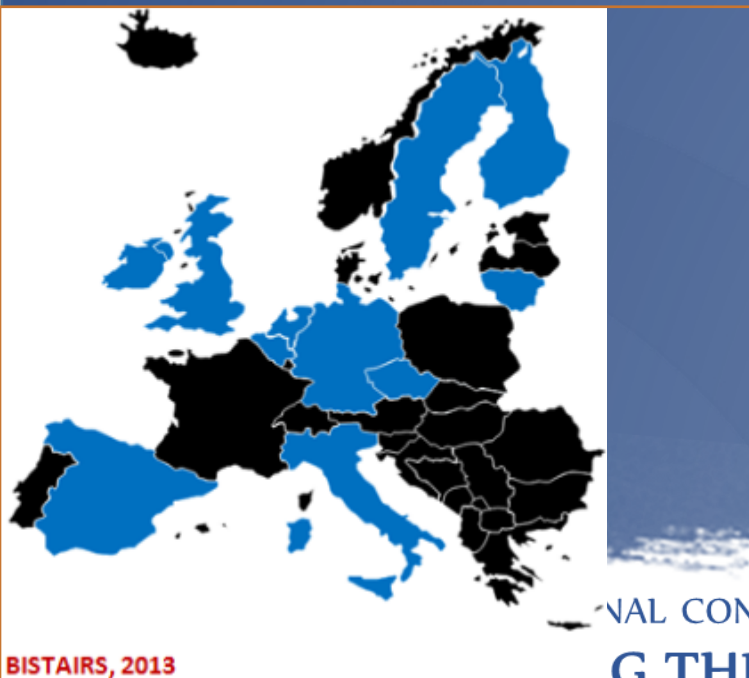
Istituto Superiore di Sanità, Italy

European Expert Meeting
Rome, November 2014

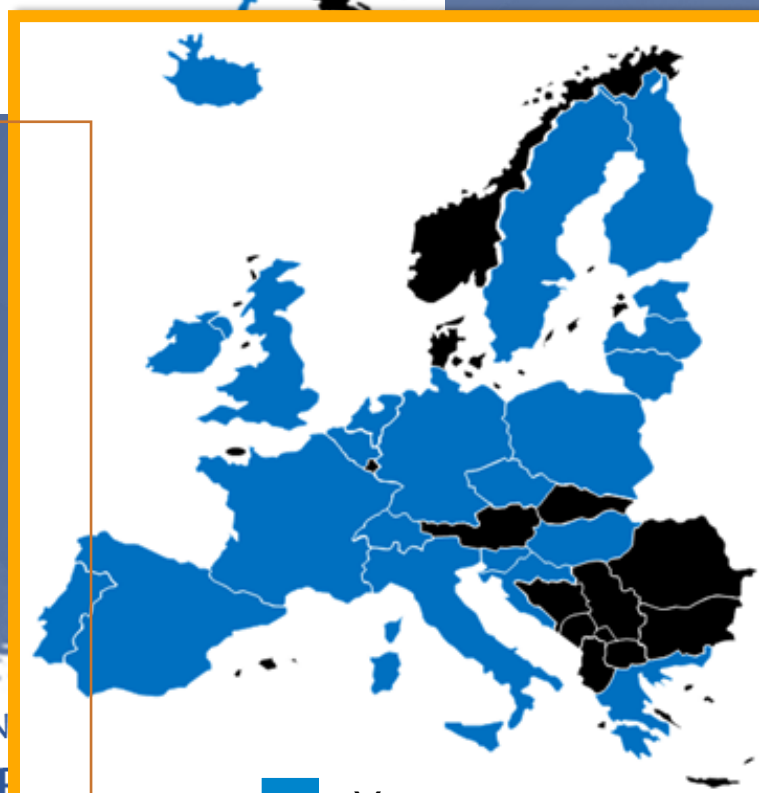


PHEPA, 2004

ODHIN, 2012



BISTAIRS, 2013

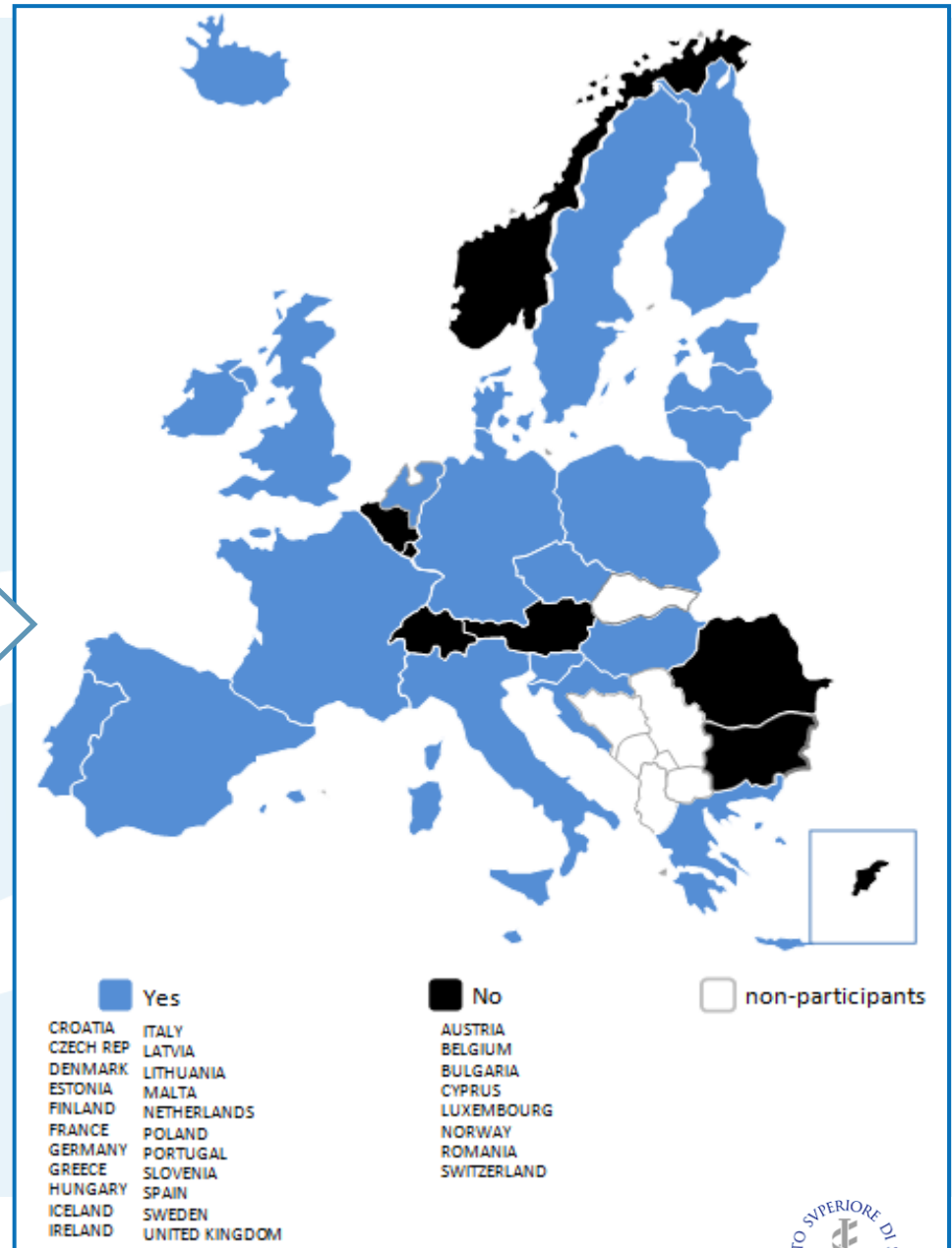
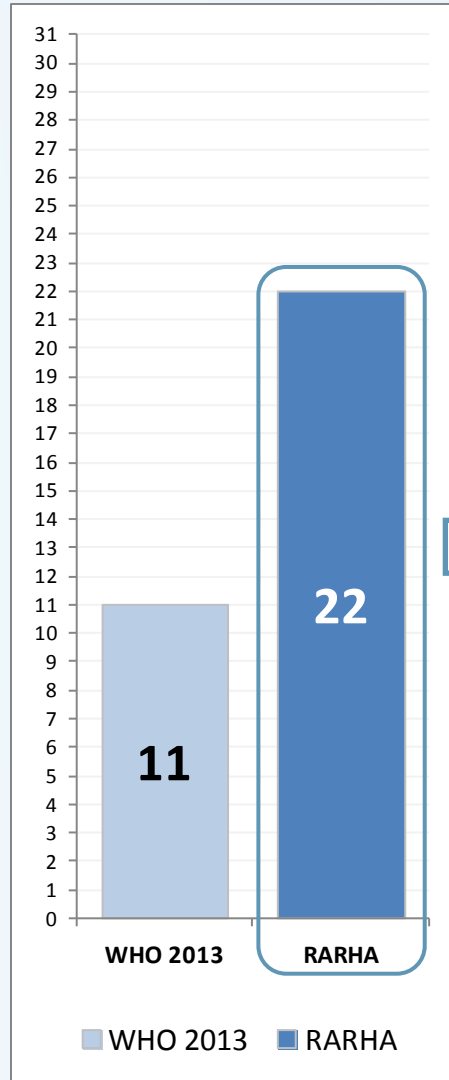


RARHA, 2014

■ Yes

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

3) Guidelines or recommendations for BI / Treatment



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



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

 **RARHA**
REDUCING 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



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM





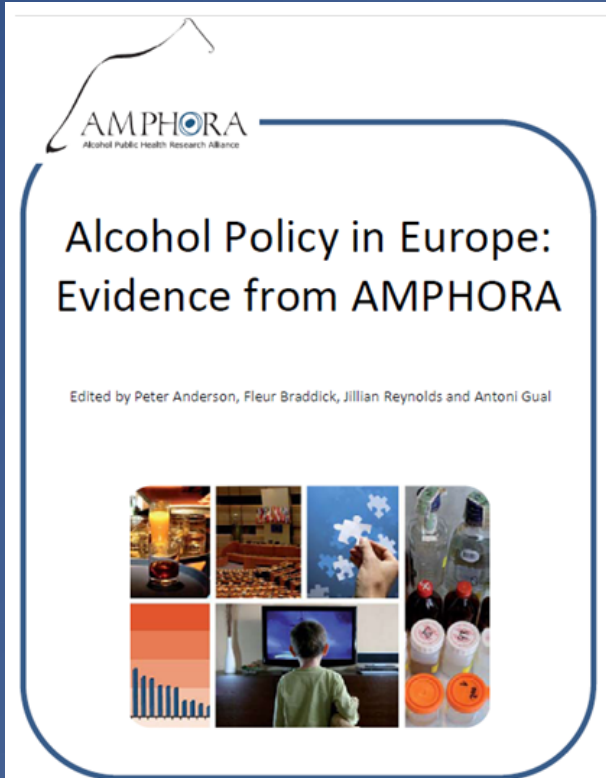
Co-funded by
the Health Programme
of the European Union



Barriers to EIBI

	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.



CHAPTER 9. ALCOHOL INTERVENTIONS AND TREATMENTS IN EUROPE

Amy Wolstenholme, Colin Drummond, Paolo Deluca, Zoe Davey, Catherine Elzerbi, Antoni Gual, Noemí Robles, Cees Goos, Julian Strizek, Christine Godfrey, Karl Mann, Evangelos Zois, Sabine Hoffman, Gerhard Gmel, Hervé Kuendig, Emanuele Scafato, Claudia Gandin, Simon Coulton & Eileen Kaner

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

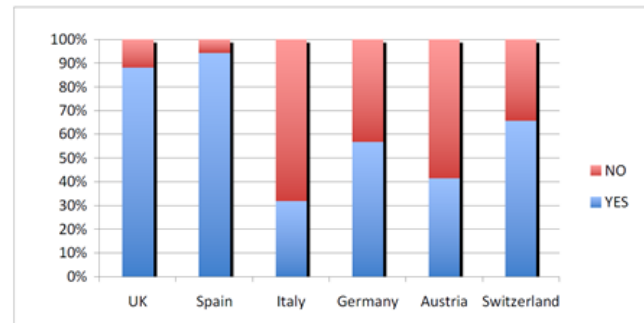
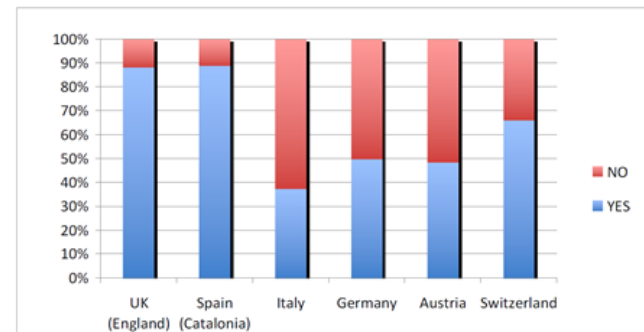


Figure 2. Are GPs familiar with brief interventions?



RARHA - FINAL CONFERENCE
SHARING THE RESULTS
 LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

✓ **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.



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



Co-funded by
the Health Programme
of the European Union



BISTAIRS

 **RARHA**
REDUCING ALCOHOL RELATED HARM

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



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



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



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

 **RARHA**
REDUCING ALCOHOL RELATED HARM

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)

RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



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).



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

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

RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM

 **RARHA**
REDUCING ALCOHOL RELATED HARM

Thank you for your attention

scafato@iss.it



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM



Additional information



RARHA - FINAL CONFERENCE

SHARING THE RESULTS

LOOKING HOW TO REDUCE ALCOHOL RELATED HARM





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)



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





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