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

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

26th September 2012 - Barcelona

www.InebriaConferenceBarcelona.net

Organizing committee

Chair : **Joan Colom,** Program on Substance Abuse, Public Health Agency of Catalonia, Government of Catalonia, Barcelona, Spain

- **Antoni Gual,** Alcohol Unit, Hospital Clínic, Barcelona, Spain
- **Lidia Segura,** Program on Substance Abuse, Public Health Agency of Catalonia, Government of Catalonia, Barcelona, Spain
- **Begoña Baena,** Program on Substance Abuse, Public Health Agency of Catalonia, GENCAT, Barcelona, Spain
- **Estela Diaz,** Program on Substance Abuse, Public Health Agency of Catalonia, GENCAT, Barcelona, Spain
- **Silvia Matrai,** Alcohol Unit, Hospital Clínic, Barcelona, Spain
- **Eva Moreno,** Program on Substance Abuse, Public Health Agency of Catalonia, GENCAT, Barcelona, Spain
- **Lara Garcia,** Program on Substance Abuse, Public Health Agency of Catalonia, GENCAT, Barcelona, Spain
- **Nuria Ibañez,** Program on Substance Abuse, Public Health Agency of Catalonia, GENCAT, Barcelona, Spain

Scientific committee

Chair: **Joan Colom,** Program on Substance Abuse, Public Health Agency of Catalonia, Government of Catalonia, Barcelona, Spain

- **Antoni Gual,** Alcohol Unit, Hospital Clínic, Barcelona, Spain
- **Lidia Segura,** Program on Substance Abuse, Public Health Agency of Catalonia, Government of Catalonia, Barcelona, Spain
- **Nuria Bastida,** ABS Raval Nord (CAP Dr. Lluís Sayé), Barcelona, Spain
- **Miquel Casas,** Hospital Universitari Vall d'Hebron, Barcelona, Spain
- **Beatriz Rosón,** Hospital de Bellvitge, Barcelona. Spain
- **Nick Heather,** Department of Psychology, School of Life Sciences, Northumbria University, Newcastle, England
- **Richard Saitz,** Boston Medical Center (BMC), Boston University Medical Camps (BUMC), Boston, USA
- **Amy Alawad,** Boston Medical Center (BMC), Boston, USA
- **Jim McCambridge,** LSHTM, London, UK
- **Telmo Ronzani,** Federal University of Juiz de Fora, Brazil
- **Peter Anderson,** Institute of Health and Society, Newcastle University, England and Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands
- **Kypros Kypri,** School of Medicine and Public Health, University of Newcastle, Australia

Welcome words

Boi Ruiz

Minister of Health
Government of Catalonia

Welcome to the INEBRIA 2012 Conference and to Barcelona

As Minister of the Department of Health of the Government of Catalonia I am pleased to welcome you to the 9th Annual conference of the International Network on Brief Interventions for Alcohol Problems (INEBRIA). Welcome to Catalonia.

Catalonia is at the forefront of Europe in terms of health indicators, thanks to the highly trained and specialized services and professionals that form its healthcare system. Presently the challenge facing us is focussed on the reorganization of the public healthcare services, in order to provide an improved response to the present needs of the Catalan population; ageing, the increase in sufferers of chronic illnesses and pathologies related with mental health and addictions, among others.

During the last 15 years Catalonia has made a significant effort to include policies in the ambit of alcohol and drugs in all of the existing tools for planning in health: such as the 2011-15 Health Plan, including the 2006 Director Plan on Mental Health and Addictions and more specific ones such as the Prevention Plan on drugs consumption and related problems (2012-2016).

In all of them, emphasis is placed on the importance of the implementation of Brief Interventions, in line with the recommendations of the WHO, in all the non-specialist health services, and in primary healthcare in particular.

This Department's support for this type of policies is the result of the evidence accumulated over the years in studies carried out by all of you who make up INEBRIA, and of the fruitful experience in our country with the implementation, on the part of the Public Health Agency of Catalonia's Program of Substance Abuse, of the Drink Less programme. A programme which has enabled, among other things, a raising of awareness among our primary healthcare professionals and, even more importantly, has caused a cultural change in their role in alcohol and drug problems.

Hosting this 9th Conference represents a challenge but at the same time an opportunity to continue broadening our knowledge and to continue researching and training our professionals.

We thank you all for coming. We hope that these two days will be highly profitable and will enable you to establish new collaborations and strengthen the existing ones between you, causing INEBRIA to continue to grow and become consolidated as it has until now.

I would also like to invite you to get to know our city and our country, and I wish you an enjoyable stay in Barcelona, capital of Catalonia.

Nick Heather

President, INEBRIA

Emeritus Professor of Alcohol & Other Drug Studies, Northumbria University, Newcastle upon Tyne, UK.

It is an honour to welcome participants to the 9th Annual Conference of INEBRIA and a particular pleasure to welcome you to Barcelona for this event. As many of you know, Barcelona has a very special place in the history of the network. It was in Barcelona that the first INEBRIA conference was held in 2004 and, since then, management and support for the network, without which it could not have survived, has come from the Health Department of the Government of Catalonia located in this city.

You might think it would be appropriate for Barcelona to be the venue for the following annual conference of INEBRIA in 2014 to mark the10th anniversary of the founding of the network. If so, you would be correct! This was precisely the thinking of the INEBRIA Co-ordinating Committee. However, as some of you will be aware, ambitious plans to locate the 2013 conference in the far east did not work out. As the poet wrote: 'The best-laid schemes o' mice an' men gang aft agley'. Fortunately, our colleagues in Barcelona were able to step into the breach and offer to hold the conference here, as it were, one year early - an offer that was very gratefully accepted.

So I would like to thank Joan Colom and his staff for their generosity and hard work in organizing the conference this year. I would also like to thank all members of the Scientific Committee for their invaluable contribution to the programme, as well as the invited speakers for agreeing to present their work. Last, but by no means least, I would like to thank you all for attending and for making this what I have no doubt will be another successful INEBRIA conference.

Joan Colom

Chair of the local organizing and scientific committee

Director of the Program of Substance Abuse
Public Health Agency of Catalonia
Government of Catalonia

When we began this journey of INEBRIA together, in 2004, with the foundation of the network and the holding of the first conference in Barcelona, little did we suspect that we would come to be holding our 9th conference. In this time the network has grown a lot, bringing together now more than 350 experts from all around the world, and little by little becoming the reference and meeting point for all of us who work in BI. This has been possible thanks to all the members, to the selfless efforts of all coordinating committee members and particularly the leadership of the presidents. Now, with the retirement of our esteemed colleague Nick Heather, to whom we are enormously grateful for his work and complicity during all of these years, we find before us an opportunity to demonstrate the maturity of the Network. Catalonia will continue to do, as it has done up until now, everything possible to give continuity to the secretariat and support to the organization of the various activities and conferences, but we cannot do it alone. We are counting on all of you.

For those who still wonder about the reasons for Catalonia's interest in INEBRIA, I want to tell you that from the Program on Substance Abuse we have been working for 17 years on the implementation of Brief interventions in the clinical practice of the health services and the changes that have be achieved, albeit difficulties, encourage us to keep working along this line and to extend it beyond primary healthcare with projects in the ambit of hospitals, health at work and antenatal health.

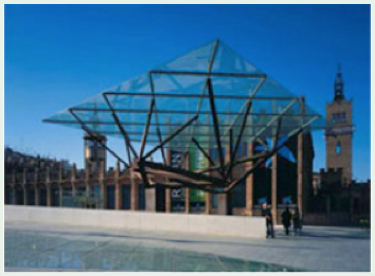
As you are aware, the socio-economic situation in which we live in Catalonia is not propitious for celebrations and it has not been easy to make this event possible. However, the effort made is in accordance with our enthusiasm and desire to make it happen, and above all our desire to continue strengthening our commitment to BI and to go on learning from all of you and the work and research that you do.

I hope that this conference will enrich us, that it will enable us to share experiences, to broaden our knowledge, to establish new collaborations and above all, that it will make us grow. I welcome you all to Barcelona and to the 9th Annual INEBRIA Conference.

Venue

CAIXAFORUM

CaixaForum. The Social and Cultural Centre of “la Caixa” Social Projects, has become one of the most dynamic, active and lively cultural centres in Barcelona. Set in an Art Noveau textile factory designed by Puig y Cadafalch that stands as the only example of Catalan Art-Nouveau industrial architecture of the 20th century.



Av. Francesc Ferrer i Guàrdia, 6-8
08038 Barcelona
Tel. 93 476 86 00

The venue offers comfortable working spaces and free wifi.

Participants will be able to visit the free exhibitions held during the time of the conference.

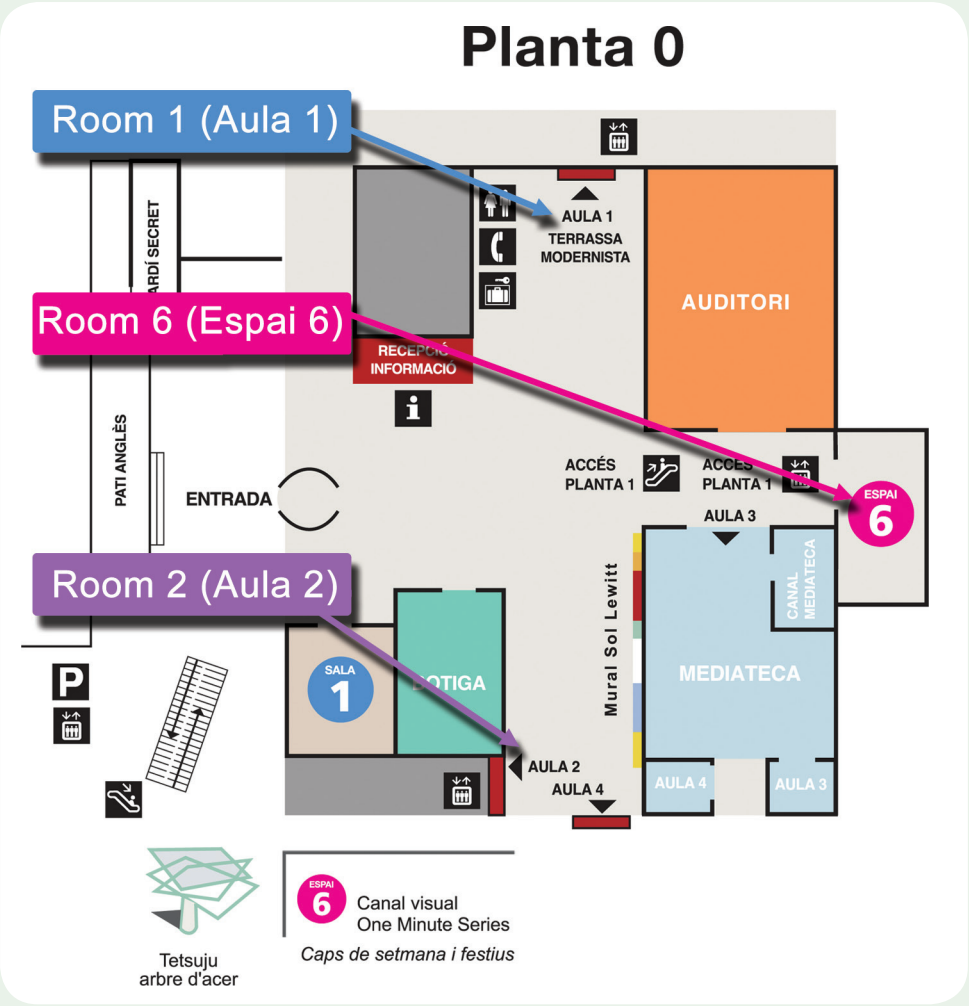
LOCATION MAP

The venue is located in the very central Plaza España and with easy access from the airport by bus and train. To find your preferred mode of transport you can have a look at the “getting

CAIXAFORUM MAP

Please see on the map below the directions for finding your way around, once inside the building.

- Plenary room (See map “Auditori”) is located in floor 0 (See map “Planta 0”).
- Room 1 (See map “Aula 1”) and Room 2 (See map “Aula 2”) are located in floor 2 (lift/ stairs)
- Room 6 (See map “Espai 6”) is located near the Plenary room (“Auditori“) in floor 0 (See map “Planta 0”)



- Modernist corridors are located in floor 1 (See map “Planta 1”)
- Laboratori de les arts is located in floor1 (See map “Planta 1”)

INFO HOW TO GET TO/FROM THE AIRPORT

- From the airport to the venue:
  By taxi: 20€ approx.
  By aerobus: This bus service from Terminal 1 and 2 runs every 12 minutes and the journey takes 25 minutes. The round trip price is 10 euros.
  By train: Take the line 10 train (Aeroport-Barcelona) and after 3 stops get off at Estació de Sants. You will arrive easily with a 15 minutes walk down Tarragona Street. Trains depart every 30 minutes and the journey takes 20 minutes.

- From the venue to the Airport:
  By taxi: 20 € approx.
  By aerobus: The nearest stop is Plaça Espanya
  By train: the nearest stop is Estació de Sants.

HOW TO MOVE TO/FROM CAIXA Forum

- Metro. L1 and L3. Nearest stop: Plaça Espanya
  Bus: 13, 50 (Av. del Marquès de Comillas), 9, 27, 30, 56, 57, 65, 79, 91, 105, 106, 109, 153, 157, 165, L72, L80, L81, L86, L87, L95

- Walking distances
  From Plaça Espanya to the venue: 600m
  From the venue to Sants Estació: 1,7 km

REGISTRATION AND SECRETARIAT DESK

The registration desk will be located at: at the entrance of the Plenary Room (Auditori).

Opening hours

Wednesday 26 September 18.00-20.00h
Thursday 27 Septembre 8.00-18.00h
Friday 28 Septembre 8.30-18.00h

LANGUAGE

The official language of the Conference is English. Simultaneous translation into Spanish will be offered in the Plenary room (Auditori) and in Room 1 (Aula 1). In order to use the translation equipment your passport or identity card will be required as a guarantee.

CONFERENCE CERTIFICATES

Certificates of attendance and oral communication presentations at the conference will be available from the conference secretariat upon registration.

BADGE

Delegates are kindly requested to wear their badge throughout the venue and at the social events.

ONLINE ABSTRACTS BOOKLET

All full titles, abstracts, and full affiliations of presenters of oral presentations at the conference are available on this programme. After the conference, speakers will be asked for their permission to include their presentations on the conference website.

INTERNET

Free wifi in the venue.

INSURANCE

Conference organisers cannot accept liability for personal injuries or loss or damage to property belonging to conference participants, either during or as a result of the Conference.

We recommend that all participants contact personal travel and health insurance for their trip.

SPEAKERS INFORMATION

Speakers and presenters will have a room to work if needed. They should deliver their presentations during the coffee break, to the audiovisuals control booth in advance and at least during the coffee break before the start of the session. For speakers presenting in the morning, the organization recommends delivering their materials the day before.

Posters should be printed in 90x120cm (vertical) size. The presentation will be at Friday from 10:00 to 11:00 in Room 6 (see map “Espai 6”)

LUNCH INFORMATION

During the conference, there will not be a standard conference lunch service at the venue. Rather, to provide variation and encourage walking and enjoying the environment, a picnic box will be distributed.

There are many places where you can have a walk around CaixaForum. You will have access to a splendid view of Barcelona from all sides. The hillsides are covered with flowers, exotic trees and giant cactus. Other sights within 15 minutes’ walk are the Joan Miró Foundation, Montjuïc Castle, the Catalan National Art Museum - MNAC and the Mies Van der Rohe Pavilion Museum.

COFFEE BREAKS

All breaks will take place in the modernist corridors (see map “terrassa modernista“) of the CaixaForum building and in case of rain in Room 6 (Espai 6).

SOCIAL PROGRAMME

Wednesday 26th September 19.00h
Welcome Reception at the CaixaForum.
Previous confirmation is necessary by writing to inebria@gencat.cat
A cocktail will be served in the modernist corridors of the building.
There will be an executive visit to the building.

Thursday 27th September 21.00h
Social dinner at the Semproniana Restaurant.
Located at: C/ Roselló, 148. Barcelona
Tel. 934 531 820

The restaurant is owned by Ada Parellada, one of the leading and most talented chefs in Catalonia. Be ready for a very tasty and fun dinner!

Registration is needed. The price of the dinner is 50 €, which may be paid when doing the registration on-line or at the registration desk during Wednesday or Thursday morning at the latest.

If you want to have a look at her blog:
http://blogs.cuina.cat/semproniana/categoria/ada-parellada/

How to get there from Venue: Metro: L3 to Diagonal (7 stops, 10 minutes), then walk 700m Roselló street. Taxi: approximate cost 7.

Thursday 27th September 19.00h
Small-group walking tour "Modernisme" (1 hour)

Discover the Golden Square, in a guided tour in the Eixample district, an exceptional area of focus of for Barcelona's Modernist style (Art Nouveau) at the end of the 19th century.

Your guide will lead you around four emblematic buildings: Lleó Morera house, Amatller house, Batlló house and Pedrera.

Numbers are limited to 30 people and registration is essential. You can sign up at the registration desk during Wednesday or Thursday morning at the latest.

Meeting point: Lleó Morera House

Located C/ Passeig de Gràcia, 35 with C/ del Consell de Cent

Metro: L3 to Passeig de Gràcia

This activity is organized only for local primary health professionals and will be in Catalan.

PROGRAMA

15.30	Lliurament de documentació.
15.45	Benvinguda. **Joan Colom**, subdirector general de Drogodependències de l'ASPCAT. **Dolors Forés**, presidenta de la CAMFiC. **Ma Jesús Megido**, presidenta de l'AIFICC.
16.00	**Presentacions comunicacions/pòsters.** Moderador: **Daniel Fuster** **Cribratge del consum d'alcohol.** • Consum d'alcohol en un IES rural. **Francesc Bragulat**- ABS Ponts • Estudi del cribratge d'alcohol en dos CAP i possible millora després d'una intervenció. **Antoni Duran**-ABS Valls • El paper del referent XaROH com a dinamitzador de grup. **Olga Bohera**-ABS Dr Robert • Estudi de l'evolució del cribratge d'alcohol en CAPs de la província de Lleida. **Begoña Pérez**-ABS Bordeta-Magraners **Gestió de casos greus** • Hepatitis tòxica per disulfiram: sempre alerta! **Rosa Freixedas**- ABS 17 de setembre • Torsade de pointes en pacient amb dependència a l'alcohol. **Ana Altaba**-ABS El Gorg • Els pacients necessiten el seu temps: la nostra experiència en un cas. **Eva Muñoz**-ABS Sant Roc
17.00	Pausa cafè.
17.30	Taula rodona: La realitat de treball a d'altres països. Experiències de treball sobre intervencions breus en alcohol a Europa. Moderador: **Joan Colom** • **Marko Kolsek** (Slovenia) • **Cristina Ribeiro** (Portugal) • **Dorothy Newbury-Birch** (Anglaterra)
18.30	Debat
19.00	Fi jornada

Hi haurà traducció simultània

Programme Overview

PRECONFERENCE

WEDNESDAY, 26th SEPTEMBER

	Room 1 (Aula 1)	Room 2 (Aula 2)
09.00-10.30		ODHIN - WP6 (Odhin partners only)
10.30-11.00	Coffee Break	
11.00-12.30		ODHIN - WP6 (Odhin partners only)
14.00-15.30	XAROH (15:00)	ODHIN - WP5 (Odhin partners only) (14:00)
15.30-16.00	Coffee Break	
16.00-18.00	XAROH (19:00)	ODHIN - WP5 (Odhin partners only) (18:00)
18.00-19.00		
19.00-20.00	Welcome reception - modernist corridors and executive visit to building	
19.45-21.00	INEBRIA Coordinating Commitee meeting followed by a dinner (only for CC members)	

CONFERENCE

THURSDAY, 27th SEPTEMBER

	Room 1 (Aula 1)	Room 2 (Aula 2)	Room 6 (Espai 6)
09.00-09.20	PLENARY OPENING - Authorities		
09.20-10.00	PLENARY SESSSION 1: Introducction - Joan Colom. Scaling up screening and brief interventions: a public health priority for PAHO/WHO - Maristela Monteiro		
10.00-10.20	Coffee Break		
10.20-11.35	SESSION 2: INEBRIA LATINA	SESSION3: EIBI/SBI in Hospitals and A&E	SESSION 4: EIBI/SBI for Alcohol and other Drugs
11.45-13.00	SESSION 5: ASSIST	SESSION 6: Symposia: Optimizing delivery of health professionals to incorporate EIBI in their routine work	SESSION 7: EIBI/SBI for Alcohol and other Drugs
13.00-14.00	Lunch - Picnic		
14.00-15.00	PLENARY SESSION 8: 'Should brief interventions be influenced by Motivational Interviewing? What we know and what we need to know' - Jim McCambridge and Antoni Gual		
15.00-15.20	Coffee Break		
15.20-16.35	SESSION 9: Symposia: Cost and cost efectiveness of SBI	SESSION 10: EIBI/SBI in maternity services, child health care and any social sector	SESSION 11: Symposia: Changing Scotland's Relationship with Alcohol: Sharing the lessons of ABI
16.45-18.00	SESSION 12: Symposia: Brief intervention research in the emergency department: recruitment, assessment, and intervention in NIDA CTN Protocol 0047: SMART-ED.	SESSION 13: EIBI/SBI implementation as a public health tool	SESSION 14: EIBI/SBI and the internet
20:00-23.00	Social dinner		

FRIDAY, 28th SEPTEMBER

	Room 1 (Aula 1)	Room 2 (Aula 2)	Room 6 (Espai 6)
09.00-10.00	PLENARY SESSION 15: What can digital technologies add to screening and brief intervention for alcohol misuse in healthcare settings? - Paul Wallace		
10.00-10.15	Coffee break - modernist corridors		
10.15-11.00	Poster session - Room 6 (Espai 6)		
11.00-12.15	SESSION 16: EIBI/SBI internet and new technologies	SESSION17: Symposia: Screening and Brief Intervention for Alcohol Problems in Mental Health Settings: New Findings, New Challenges	SESSION 18: Workshop: Brief interventions in the treatment of alcohol use disorders in relevant settings - the BISTAIRS project
12.15-13.00	PLENARY **INEBRIA Annual General Meeting (AGM)**		
13.00-14.00	Lunch - Picnic		
14.00-15.00	PLENARY SESSION 19: Dissemination of SBI: What will it take? - Richard Saitz		
15.00-15.20	Coffee Break - modernist corridors		
15.20-16.35	SESSION 20: EIBI in Mental Health and Social Care	SESSION 21: Workshop: Two Types of Biases in Brief Intervention Studies	SESSION 22: Workplace and Alcohol
16.45-17.30	PLENARY Closing		

Plenaries, parallel sessions and symposiums

Thursday 09.00-09.20 (plenary session)

OPENING
Boi Ruiz - Minister of Health, Government of Catalonia
Nick Heather - President, INEBRIA
Joan Colom - Chair of the local organizing and scientific committee

Thursday 09.20-10.00 (plenary session)

SESSION 1
Introduction - Joan Colom
Scaling up screening and brief interventions: a public health priority for PAHO/WHO
Maristela Monteiro
Chair: Joan Colom
Plenary (Auditori)

Thursday 10.20-11.35 (3 parallel sessions)

SESSION 2 INEBRIA Latina Chair: Maristela Monteiro Room 1 (Aula 1)	
BI to reduce alcohol risk consumption on PHC in Chile: Pilot program of public health	Pablo Norambuena, Alfredo Pemjean G
Implementation of EIBI in Brazil	Maria Lucia Formigoni
The alcohol screening day in Catalonia: beyond the identification of alcohol-related problems	Joan Colom, Jorge Palacio-Vieira, Lidia Segura Garcia, Estela Diaz, Rosa Freixedas, Nuria Bastida, Antoni Gual
The future of INEBRIA Latina	Telmo Ronzani

SESSION 3 EIBI/SBI in Hospitals and A&E Chair: Ramon Pujol Room 2 (Aula 2)	
Key Findings of Teachable Moment Study in U.S. Trauma Center	Laura Veach, Regina Moro, Beth Reboussin, Preston Miller, Mary Claire O'Brien
Screening and brief intervention activities on Dutch Accident & Emergency (A&E) units in hospitals: a survey amongst healthcare professionals	Myrna Keurhorst, E. Keizer, J. Cruijsberg, M. Laurant
Brief intervention in a general hospital for problematic prescription drug use: Outcome at 3- and 12-month follow-up	Gallus Bischof, Zahradnik, A., Otto, C., Crackau, B., Löhrmann, I., John, U., Rumpf, H.J.
Detection of Alcohol Consumption among Hospitalised Internal Medicine patients In Europe. The ALCHIMIE study	Beatriz Rosón, Lubica Cibickova, Rocío Gamallo, Eric Oziol, Lidiya Petrovicheva, Riina Salupere, Arsenio Santos, Wolgang Voge, Lauma Zarina

SESSION 4 EIBI/SBI for alcohol and other drugs Chair: Carmen Cabezas Room 6 (Espai 6)	
Engagement of Patients with Alcohol Misuse After Proactive Outreach for the Engagement of Patients with Alcohol Misuse After Proactive Outreach for the CHOICE Trial	Kathy Bradley, Julie Richards,Laura Chavez,Evette Ludman, Malia Oliver, Joe Merrill, Emily Williams, Eric Hawkins, Gwen, Lapham,Daniel Kivlahan
Have doctors taken on the message to drink less?	Peter Anderson
Do reductions in drinking "wear off"?Examining alcohol use patterns in an SBIRT control group over 30 months	James Paul Seale, Jason Dhabliwala, Aaron Johnson
Validating a single-question instrument for screening alcohol problems at Primary Care in Catalonia	Jorge Palacio-Vieira, Lidia Segura Garcia, Estela Diaz, Rosa Freixedas, Nuria Bastida, Antoni Gual, Joan Colom

Thursday 11.45-13.00 (3 parallel sessions)

SESSION 5 Symposia ASSIST Chair: Joan Colom Room 1 (Aula 1)	
The validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in hospitalized acute psychiatric patients.	López Lazcano Ana Isabel, Balcells Oliveró Mercé, Gual Solé Antoni, Salamero Manel.
The ASSIST training package in Spanish: where do we go from now?	Maristela G Monteiro
Development of an e-ASSIST: trying to resolve implementation barriers in PHC-settings.	Tom Defillet
Spanish validation of ASSIST	J Martínez-Raga, J. de la Cruz Bértolo, I. Martínez-Gras, G. Ponce Alfaro, A. Rigabert Sánchez-Junco, G. Rubio Valladolid

SESSION 6 Symposia Optimizing delivery of health professionals to incorporate EIBI in their routine work Chair: Peter Anderson Room 2 (Aula 2)	
How GPs view the issue	Marcin Wojnar
ODHIN RCT overview	Preben Bendtsen
Training and support intervention	Myrna Keurhorst
Financial reimbursement intervention	Miranda Laurant
eBI interventions	Paul Wallace
Challenges	Antoni Gual

SESSION 7 EIBI/SBI for alcohol and other drugs Chair: Mercè Balcells Room 6 (Espai 6)	
The effects of counselor characteristics on within-session processes and outcomes in a brief motivational intervention for heavy drinking	Jean-Bernard Daeppen, J. Gaume, M. Magill, R. Longabaugh, N. Bertholet, G. Gmel, JB. Daeppen
Social Norms Intervention for the prevention of Polydrug use (SNIPE)	Robert Dempsey, John McAlaney, Yildiz Akvardar, Bridgette Bewick, Solveig Bøggild Dohrmann, Francisco Guillén-Grima, Stefanie Helmer, Ondrej Kalina, Rafael Mikolajczyk, Olga Orosova, Claudia Pischke, Ferdinand Salonna, Christiane Stock, Guido Van Hal, Bart Vriesacker, Hajo Zeeb
Do Brief Motivational Interventions Work Like We Think They Do?	Nicolas Bertholet, Tibor Palfai, Jean-Bernard Daeppen, Richard Saitz
The ability of single screening questions for unhealthy alcohol and other drug use to identify substance dependence in primary care	Richard Saitz, Cheng DM, Allensworth-Davies D, Winter M, Smith PC

Thursday 14.00-15.00 (plenary session)

SESSION 8 Should brief interventions be influenced by Motivational Interviewing? What we know and what we need to know Jim McCambridge, Antoni Gual Chair: Nick Heather Plenary (Auditori)

Thursday 15.20-16.35 (3 parallel sessions)

SESSION 9 Symposia Cost and cost efectiveness of SBI Chair: Jeremy Bray Room 1 (Aula 1)	
The cost-effectiveness of alcohol SBI in emergency and outpatient medical settings	Carolina Barbosa, Alexander Cowell, Jeremy Bray, Arnie Aldridge
Implementation Costs of SBI for Illicit Drug Use	Gary Zarkin, Jeremy Bray, Jesse Hinde
A simulation model of the financial viability of Screening, Brief Intervention, and Referral to Treatment in the United States	Alexander Cowell, William N Dowd, Jeremy Bray
Evaluating the Effect of Requiring Alcohol SBI Programs in US Trauma Centers: Cost Evidence from Arizona	Arnie Aldridge, Jeremy Bray, Gary Zarkin, Jesse Hinde

SESSION 10 EIBI/SBI in maternity services, child health care and any social sector Chair: Mireia Jané Room 2 (Aula 2)	
A realist evaluation of screening and Alcohol Brief Intervention in antenatal care	Lawrence Doi, Jepson, Ruth; Cheyne, Helen
SIPS JR HIGH – A feasibility trial of screening and Brief alcohol intervention using MI to principles to prevent hazardous drinking in young people	Dorothy Newbury-Birch, Simon Coulton, Paolo Deluca, Mark Deverill, Colin Drummond, Eilish Gilvarry, Denise Howel, Eileen Kaner, Kirsty Laing, Paul McArdle, Elaine McColl, Ruth McGovern, Stephanie O'Neil, Chris Speed, Elaine Stamp, Les Tate
Antenatal professionals' perception and intervention regarding consumption of alcohol and drugs pregnancy.	Lidia Segura, Ana Ibar, Cristina Martinez, Mireia Jane, Joan Colom
Screening and brief physician advice to reduce teens' risk of substance-related car crashes: an international trial	Sion Harris, Ladislav Csémy, Lon Sherritt, Shari Van Hook, Olga Starostova, Janine Bacic, Caroline Finlay, John R Knight

SESSION 11 Symposia Changing Scotland's Relationship with Alcohol: Sharing the lessons of ABI Chair: Richard Saitz Laboratori de les arts	
Scotland's ABI policy / programme overview - national progress since 2009	Sarah Currie, Andrew McAuley, Tessa Parkes, Clare Beeston
An evaluation to assess the implementation of NHS delivered Alcohol Brief Interventions in Scotland	Tessa Parkes, Douglas Eadie, Iain Atherton, Dennis Petrie, Josie Evans
Building the evidence base for ABIs in wider settings	Garth Reid, Clare Beeston, Ruth Jepson
Alcohol Brief Interventions in the Scottish Criminal Justice Setting: A Pilot	Andrew McAuley, Lesley Graham, Kate Skellington-Orr, Shirley McCoard

Thursday 16.45-18.00 (3 parallel sessions)

SESSION 12 Symposia Brief intervention research in the emergency department: recruitment, assessment, and intervention in NIDA CTN Protocol 0047: SMART-ED. Chair: Michael Bogenschutz Room 1 (Aula 1)	
Symposium Introduction	Michael Bogenschutz, Dennis Donovan, Alyssa Forcehimes, Cameron Crandall, Raul Mandler, Harold Perl, Robert Lindblad, Neal Oden, Robrina Walker
Participant recruitment in the SMART-ED study	Cameron Crandall, Raul Mandler, Michael Bogenschutz, Dennis Donovan, Lindsay Worth, Robert Lindblad
Screening, enrollment, and assessment in the SMART-ED study	Robert Lindblad, Michael Bogenschutz, Dennis Donovan, Ro Shauna Rothwell, Robrina Walker, O'Neal Oden, Harold Perl, Cameron Crandall
Intervention Training, Supervision and Fidelity Monitoring in the SMART-ED study	Alyssa Forcehimes, Wilson, K., Moyers, T., Tillman, J., Dunn, C., Lizarraga, C., Ripp, C.
Qualitative reports of interventionists in the SMART-ED study	Dennis Donovan, Melissa Phares ,Ernie McGarry, Julie Taborsky, Courtney Fitzgerald, Alyssa Forcehimes, Mary Hatch-Maillette, k. Michelle Peavy

SESSION 13 EIBI/SBI implementation as a public health tool Chair: Allaman Allamani Room 2 (Aula 2)	
The challenges facing brief intervention delivery across health and social care setttings in England	James Morris
Project SPIRA (Secondary prevention in Primary health care – Implementation of methods to reduce Risk drinking of Alcohol)	Frida Silfversparre, Fredrik Spak
Linking SBIRT to Colorado's Winnable Public Health Battles: Innovative approaches to statewide dissemination of screening, brief intervention, and referral to treatment	Leigh Fischer, Carolyn Swenson

SESSION 14 EIBI/SBI and the Internet Chair: Paul Wallace Laboratori de les arts	
Internet-based Self-Assessment and Monitoring of Problematic Alcohol and Drug Use: Two Randomized Controlled Trials	Kristina Sinadinovic, Peter Wennberg, Magnus Johansson, Anne H Berman
EFAR FVG: a randomised controlled non-inferiority trial of web-based approach to alcohol reduction in risky drinkers in Region Friuli-Venezia Giulia	Pierluigi Struzzo, Richard Mc Gregor, Harris Ligidakis, Roberto Della Vedova, Lisa Verbano, Costanza Tersar and
The College of Family Physicians of Canada Alcohol SBIR Initiative: A Web of Family Physicians of Canada Based Tool for Primary Care Clinicians	Peter Butt, Canadian Centre on Substance Abuse and College

Friday 9.00-10.00 (plenary session)

SESSION 15
What can digital technologies add to screening and brief intervention for alcohol misuse in healthcare settings?
Paul Wallace
Chair: Antoni Gual
Plenary (Auditori)

Friday 10.15-11.00

Poster Session
Room 6 (Espai 6)

Friday 11.00-12.15 (3 parallel sessions)

SESSION 16 **EIBI/SBI Internet and new technologies** **Chair: Tom Defillet** **Room 1 (Aula 1)**	
Users' experiences of seeking help with their drinking online and using an internet-based intervention	Zarnie Khadjesari, Elizabeth Murray, Fiona Stevenson, Christine Godfrey
Pilot Results from a Commercially Implemented Internet-Based Brief Intervention (IBI) for Canadian Students Living in Residence	Trevor van Mierlo, Matthew George, Tim Fricker
The Effectiveness of the What Do You Drink Web-based Brief Alcohol Intervention in Reducing Heavy Drinking among Students: A Two-arm Parallel Group Randomized Controlled Trial	Carmen Voogt, Evelien A., P. Poelen, Marloes Kleinjan, Lex A., C. J. Lemmers, Rutger C. , M. E. Engels

SESSION 17 **Symposia** **Screening and Brief Intervention for Alcohol Problems in Mental Health Settings: New Findings, New Challenges** **Chair: Robert Huebner** **Room 2 (Aula 2)**	
Screening and treatment of hazardous drinking among depression patients	Derek Satre, Stacy Sterling, Constance Weisner
"What if"? Opportunities for Screening for Alcohol Problems within Mental Health Services	Constance Weisner, Felicia Chi, Sujaya Parthasarathy
Integrating Substance Use Screening for Adolescents into Mental Health settings: Rationale and Outcomes.	Stacy Sterling, Felicia Chi, Andrea Kline-Simon
Brief Alcohol Intervention in a Psychiatric Outpatient Setting	Christina Nehlin Gordh, Anders Fredriksson, Leif Gronblad, Lennart Jansson

SESSION 18 **Workshop** **Brief Intervention in the treatment of Alcohol use disorders in relevant settings-the BISTAIRS project** **Chair: Antoni Gual** **Room 6 (Espai 6)**	
BISTAIRS Project - Overview	Bernd Schulte
BI in medical settings (feasibility and effectiveness)	Dorothy Newbury-Birch
BI in social settings (feasibility and effectiveness)	Christiane Schmidt
National Strategies in Alcohol Policy to facilitate EIBI in relevant settings	Cristina Ribeiro

Friday 12.15-13.00

INEBRIA Annual General Meeting (AGM)
(Members and non members are invited to participate)
Plenary (Auditori)

Friday 14.00-15.00 (plenary session)

SESSION 19
Dissemination of SBI: What will it take? - Richard Saitz
Chair: Antoni Mateu, Director of the Public Health Agency of Catalonia
Plenary (Auditori)

Friday 15.20-16.35 (3 parallel sessions)

SESSION 20 **EIBI in Mental Health and Social Care** **Chair: Cristina Molina** **Room 1 (Aula 1)**	
Examining the applicability of the screening, brief intervention, and referral to treatment (SBIRT) model to mental health services delivery	Manu Singh, Elizabeth Eyler, Susan Hayashi
Com-BI-ne: Final results of a feasibility trial of brief intervention to improve alcohol consumption & co-morbid outcomes in hypertensive or depressed primary care patients	Graeme Wilson, Catherine Wray, Ruth McGovern, Dorothy Newbury-Birch, Elaine McColl, Ann Crosland, Chris Speed, Paul Cassidy, Dave Thomson, Shona Haining, Eileen FS Kaner
Evaluating Alcohol Interventions for People at Risk of Homelessness	Niamh Fitzgerald , Dowds, J.; McCluskey, S.: and Fitzgerald, N.

SESSION 21
Worksop
Two types of Biases in Brief Intervention Studies
Chair: Jim McCambridge
Room 2 (Aula 2)

SESSION 22 Workplace and Alcohol Chair: Josep Lluis Peray Laboratori de les arts	
European Workplace and Alcohol Project (EWA) : introduction to the project and presentation of the Belgian case report.	Bart Garmyn
Occupational Health Services (OHS) Collaboration with Workplaces in Actions to Prevent Alcohol-related Harms at the Workplace	Leena Hirvonen, Jorma Seitsamo, Marketta Kivistö
The prevalence of alcohol prevention in general and secondary prevention (risk-drinking model) in particular at Swedish worksites	Håkan Källmén, Håkan Leifman, Ulric Hermansson, Stig Vinberg

Friday 16.45-17.30 (plenary session)

Closing
Plenary (Auditori)

POSTERS	
Poster 1 The effect of referral for brief intervention for alcohol misuse on repetition of deliberate self harm: A 4 year follow up	Madeleine Dean, Ruth Brown, Asim Mohammed, Kieran Quirke, Mike Crawford
Poster 2 Organizational factors related to the implementation of Screening, Brief Intervention and Referral to Treatment for Substance Abuse in Brazil.	Telmo Ronzani, Leonardo Fernandes Martins, Daniela C. Belchior Mota, Erica Cruvinel
Poster 3 Culturally Appropriate Brief Interventions in Routine Hospital Care for Facial Injury Patients at High-Risk of Alcohol Misuse.	Megan Whitty, Rama Jayaraj, Rachael Hinton, Tricia Nagel
Poster 4 Evaluation of Distance Learning as Strategy of Intersectoral Actions Implementation of SBIRT in Minas Gerais State (Brazil)	Telmo Ronzani, Marta de Sousa Lima, Cristina Fatima dos Santos Crespo, Onofre Ricardo Marques, Tanit Jorge Sarsur, Rubensmidt Ramos Riani, Antonio Jorge de Souza Marques
Poster 5 Differences among substance abusers in Spain and the US who recovered on their own	José Luis Carballo, Linda Carter Sobell , Mark B. Sobell
Poster 6 Introduction of an alcohol brief intervention program in primary healthcare settings in Chile	Maria Rebeca Correa Del Rio, Richard Chenhal,ISarah MacLean
Poster 7 Stigmatization and selectiveness of bringing up the topic of alcohol use in social work	Elina Renko
Poster 8 Experience with a SBIRT program in alcohol dependent patioans awaiting liver transplant	Ana Belen Martinez Gonzalo, Rosa Hernández- Ribas, Beatriz Rosón Hernández, Xavier Xiol Quingles, Ramon Pujol Farriols, José Manuel Menchón Magriñá
Poster 9 Evaluation of a pilot community pharmacy-based alcohol screening and advice service.	Janet Krska, A J Mackridge, J Taylor
Poster 10 Training needs of pharmacy staff providing an alcohol screening service	Janet Krska, E Stokes. P Penson, AJ Mackridge

POSTERS	
Poster 11 Developing a model of best practice.	Craig Jones, Sarah Jones, John Bradley
Poster 12 Outcome success or failure: when delivering SBI training to different professional and non-professional staff and agencies	John Reading, Dexter Coombe
Poster 13 The Electronic Art of Brief Interventions	John Bradley, Sarah Jones, Craig Jones
Poster 14 Brief intervention addressing alcohol consumption and related problems: evaluation of attitudes among nursing students	Marcelle Junqueira, Sandra Cristina Pillon
Poster 15 Developing effective acute care management for alcohol-related attendance at Emergency Departments in the UK: The AAIDED Study	Kathryn Parkinson, James Connolly, John Wright, Paul Hindmarch, Eileen Kaner, Dorothy Newbury-Birch, Luke Vale
Poster 16 Comparison of two different methods for early identification of risk drinking. Idendification of risky drinking	Hanna Reinholdz, Robin Fornazar, Preben, Hanna Reinholdz, Robin Fornazar, Preben Bendtsen, Fredrik Spak
Poster 17 Alcohol screening and brief intervention activity in consultations among primary health care physicians and nurses - a prospective study	Kati Seppänen, Mauri Aalto, Kaija Seppä
Poster 18 No Association between Documented Brief Intervention and Resolution of Unhealthy Alcohol Use in 30 VA Medical Centers	Emily C. Williams, Anna D. Rubinsky, Gwen T. Lapham,Carol E. Achtmeyer, Stacey E. Rittmueller, Katharine A. Bradley
Poster 19 RADiANT: a pilot randomised controlled trial in progress of brief intervention to reduce risky drinking in pregnancy	Graeme Wilson, Ruth McGovern, Grace Antony, Paul Cassidy, Mark Deverill, Erin Graybill, Eilish Gilvarry, Moira Hodgson, Eileen FS Kaner, Kirsty Laing, Elaine McColl, Dorothy Newbury-Birch, Judith Rankin.
Poster 20 No detectable effect of marijuana use on health or healthcare utilization among patients with any illicit drug use identified by screening in primary care.	Daniel Fuster, Debbie M. Cheng, Donald Allensworth-Davies, Tibor P. Palfai, Jeffrey H. Samet, Richard Saitz
Poster 21 Brief interventions in the German primary health care setting - far from being routine?	Christiane Schmidt, Schulte, B., Farnbacher, G., Götzke, C., Reimer, J.

POSTERS	
Poster 22 Efficacy of Brief Alcohol Screening Intervention for College Students (BASICS): a meta-analysis of randomized controlled trials	Marcella Ayer-Abdalla, Alexandre Fachini, Poliana Patrício Aliane, Edson Zangiacomi Martínez, Erikson Felipe Furtado
Poster 23 Evaluation of the PAI-PAD program for Alcohol Brief Interventions implementation on two health regions in Sao Paulo, Brazil	Mey Fan Porfírio Wai, Pâmela Migliorini, Claudino da Silva, Larissa Horta Esper,Ildebrando Moraes de Souza, Marcella Beatriz Ayer Abdalla , Erikson Felipe Furtado
Poster 24 General Practitioners providing Brief Intervention: what is their impact on the community?	Allaman Allamani, Ilaria Basetti Sani, Fabio Voller
Poster 25 Implementation of SBI for alcohol and tobacco program in surgical oncological unit: analysis of pre and post-implementation process at three months.	Marion Barrault, Barthelemy, V., Grados, C., Saint Jacques, M., Garguil, V., Auriacombe, M., Boussard, V. Boyer, A., Lakdja, F., Bussières, E
Poster 26 Spanish initiatives to promote alcohol brief interventions: AMPHORA Project report	Noemí Robles, Antoni Gual
Poster 27 Dissemination of Screening and Brief Intervention through Distance Learning Courses in Brazil: the challenge of creating a network.	Maria Lucia O. Souza-Formigoni, Ramos, MP, Moura, Y, DeMicheli, D Silva, EA, Carneiro, APL, Duarte, PCAV
Poster 28 Participation in distance learning courses contributes to the implementation of Screening and Brief Intervention in Brazil	Maria Lucia O. Souza-Formigoni, Ramos, MP;Carneiro, APL; Moura, Y; DeMicheli, D; Silva, EA;Duarte, PCAV

Thursday, 27th September 09.20-10.00
Plenary (Auditori)
SESSION 1:
Introduction - Joan Colom
Scaling up screening and brief interventions: a public health priority for PAHO/WHO
Maristela Monteiro
Chair: Joan Colom

The World Health Organization (WHO) and the Pan American Health Organization (PAHO) have been working on scaling up screening and brief interventions (SBI) in primary health care and other services for several years. The WHO global strategy for reducing harmful use of alcohol in 2010 included brief interventions as one of the critical policy areas for action within health systems, as well as the regional plan of action approved by member states of the Americas. PAHO has also adopted a regional strategy and plan of action on substance use and public health, which recommends the integration of SBI for other drugs in primary health care and other non specialized settings. WHO integrated SBI as one of the priority interventions for low and middle income countries in the area of mental health. WHO, PAHO and international experts involved in the development and testing of the ASSIST questionnaire have developed a framework for the development of training materials. PAHO has supported the creation of INEBRIA Latina, which in turn expanded the number of countries interested in scaling up SBI and in need of support. The Summit on Non-Communicable Diseases (NCD) organized in New York last year also helped to raise the profile of alcohol as a risk factor for NCD, for which SBI in primary health care could be implemented along an essential package of prevention and care for NCD. Evidence of a causal link between alcohol and HIV incidence and disease course also indicate the need for research on how to integrate SBI in HIV prevention and care, but also on the effectiveness of SBI and treatment can have on the course of HIV/AIDS. PAHO has developed two virtual courses in Spanish on SBI, one focused on alcohol and the AUDIT questionnaire, and another focused on other psychoactive substances and based on the WHO ASSIST. The WHO ASSIST manuals were translated and published in Spanish. Therefore, there is an opportunity to integrate SBI into other big health priorities for which funds and attention are given, which may complement efforts of individual researchers and countries to implement SBI for reducing problems from drinking per se. The challenges of scaling up the integration of SBI in health systems remain, there is a need to better promote SBI as a public health approach in a broader range of policy and scientific fora, and the efforts to work with governments and high level institutions on capacity development need to be stregthened.

Thursday, 27th September 10.20-11.35
Room 1 (Aula 1)
SESSION 2: INEBRIA Latina
Chair: Maristela Monteiro

Presentation 1

TITLE: BI to reduce alcohol risk consumption on PHC in Chile: Pilot program of public health

AUTHOR: Pablo Norambuena, Alfredo Pemjean G.

Introduction: In late 2011, the implementation began in Chile of a Program of SBI in PHC, with a pilot phase in 23 districts of the Metropolitan Area, directed at 150,000 consultants from 15 to 44 years of age, with the participation of 700 health workers.

Objective: Describe the development of a strategy of SBI in PHC, and its implementation through a pilot phase program.

Methods: Description of the development process of a strategy of SBI, including epidemiological factors defining the most characteristic patterns of alcohol consumption in Chile: 15g standard drinks, less than 2 days a week of consumption, men and women beyond the limits of low-risk drinking on the day of highest consumption (National Health Survey, 2011). Description of the implementation of a Pilot Phase Program, providing some background and preliminary evaluation of process and outcomes.

Results: The strategy of SBI in PHC is based on international experiences, in relation with the characteristics of risky alcohol consumption in Chile and the constitution of the network of PHC. Features to comment: question 3 of AUDIT has been adapted to fit the standard drink in Chile. AUDIT-C is used as a first step; a consumption rate guide is incorporated, this being as important as the amount of consumption; a set of tools to facilitate the workers' exercise; an e-learning training program based mainly on videos and thematic forums; the interventions are carried out equally by professionals and non-professionals without special skills, and without association with the area of mental health.

Discussion: The program is currently being implemented. Its continuity has been defined for another year, with a small but progressive growth. By now the means of implementation and interventions within the process can be seen. Implementation by professionals and by non-professionals, unrelated with mental health, has considerable potential and causes major resistances, difficulties and challenges.

Presentation 2

TITLE: Implementation of EIBI in Brazil

AUTHOR: Maria Lucia O. S. Formigoni

In the end of the 1980's researchers from the Departamento de Psicobiologia from Universidade Federal de São Paulo (UNIFESP) introduced Brief Intervention procedures as an alternative approach to deal with alcohol and other drugs risk users. In the end of the 1990's they participated in an international multicentric project supported by WHO in order to validate ASSIST-WHO screening instrument followed by BI. After developing face-to-face training, in partnership with and supported by the Brazilian National Secretary on Drug Policy (SENAD) they developed two Distance Learning Courses: SUPERA (an acronym in Portuguese meaning: System for detection of abusive Use and dependence on Psychoactive substances: Brief Intervention, Social reinsertion and follow-up), in order to capacitate professionals from health, social work and educational areas and FÉ NA PREVENÇÃO (Faith in Prevention), for preparing religious and community leaders to deal with people with problems associated with alcohol and other drugs (AOD). The SUPERA course was offered to 20.000 professionals from health, social work and educational areas and the Fé na Prevenção" (Faith in Prevention) was offered to 10.000 religious and community leaders. Both courses offered 5.000 places in each edition. A huge number of participants enrolled: 50.000 in the 4th edition of SUPERA (2011) and 15.000 in the 2nd edition of Fé na Prevenção demonstrating a significant interest from health professionals and community leaders in this kind of courses. In all editions the adherence was high, on average about 80% of those who started the course. The levels of satisfaction were high (99.7 %) and most of them (96.9%) considered themselves able to detect people with problems related to AOD, as well as to apply SBI (95%) or refer people to specialized services (96,5%).

Considering the answers to a questionnaire on the use of the skills acquired through the course in their current work, most of the participants (80%) who replied reported being using Screening Instruments and half of them being applying Brief Intervention (45%). A qualitative analysis of the forums contents showed most of the participants were enthusiastic about participating in a network to deal with AOD related problems. Our data indicate the participants recognize their need for capacitation and the good acceptability of distance learning courses, but also revealed some difficulties, mainly regarding stigmatized ideas on AOD users. Our data indicate the participation in distance learning courses contributes to the dissemination of SBI procedures, as well as to its adoption on a routine basis.

Presentation 3

TITLE: The alcohol screening day in Catalonia: beyond the identification of alcohol-related problems

AUTHOR: Joan Colom, Jorge Palacio-Vieira, Lidia Segura Garcia, Estela Diaz, Rosa Freixedas, Nuria Bastida, Antoni Gual

Introduction: Although early identification of alcohol-related problems in Catalonia has increased, 80% of risky drinkers at Primary Care (PC) remain under-detected [Segura L, 2006]. Following the National Alcohol Screening Day of United States [2] the Alcohol screening day of Catalonia is aimed at encouraging the use of standardized instruments, the early detection of risky drinkers at PC and raising awareness among the general population regarding alcohol problems.

Objective: To describe the implementation and main results of the alcohol screening day at PC centres of Catalonia.

Methods: Professionals from 365 PC centres in Catalonia were invited to screen alcohol problems during one day in November of 2010 and 2011, the so called "Alcohol Free Day". Professionals at PC followed an online protocol to screen patients by means of the AUDIT during the visit. Analyses included comparisons of participating PC centres, number and characteristics of screened patients and risk of alcohol harmful use.

Results: 37 (10%) and 29 (8%) PC centres participated in the screening in 2010 and 2011 respectively. Centres with 2 professionals representing the "Drink less" programme tended to screen more patients. 1531 (53% women) and 2035 (51% women) patients were screened in 2010 and 2011 respectively. The risk of alcohol harmful use (AUDIT-C) was higher among men and augmented from 22% (2010) to 23% (2011) among men and from 17% to 18.5% among women. Age differences were found, while men showed a high risk of alcohol at the age of 35 to 59 years old, the higher risk of alcohol among women was seen at younger ages (18 - 35 years).

Discussion: Besides low participation, the alcohol screening day in Catalonia showed the feasibility of using standardized instruments at PC. It increases the public and professionals' awareness on alcohol problems and facilitates its early identification. Future challenges include extending this programme to more PC centres, professionals and patients.

Thursday, 27th September 10.20-11.35
Room 2 (Aula 2)
SESSION 3: EIBI/SBI un Hospitals and A&E
Chair: Ramon Pujol

Presentation 1

TITLE: Key Findings of Teachable Moment Study in U.S. Trauma Center

AUTHOR: Laura Veach, Regina Moro, Beth Reboussin, Preston Miller, and Mary Claire O'Brien.

Introduction: The goals of this 3-year randomized clinical trial (Robert Wood Johnson Foundation funding)in a U.S. academic medical trauma center were to guide development of alcohol screening and brief counseling interventions (BIs).

Objective: First, we sought to compare the effectiveness of two new, shorter screening tools for risky drinking patterns with the longer AUDIT, and, second, assessed two different BIs with hospitalized trauma patients screening positive for risky drinking.

Methods: With a sample of 333 enrolled subjects, we examined Nursing Question 1 (NQ1) [Quantity/ Frequency Question: "On a typical day when you are drinking, how many drinks do you have?"], Nursing Question 2 (NQ2) [Drunkenness Question: "In a typical week, how many days do you get drunk?"] versus the AUDIT. Further, consenting patients positive for risky drinking were randomized into two different BIs.

Results: Compared to AUDIT, NQ1 identified 60% of risky drinkers, and NQ2 71% of risky drinkers. The combined sensitivity was 83% (PPV 86%). There was no statistical difference for outcomes between patients randomized to the U.S. industry-standard BI or the innovative BI in terms of typical number of drinks, tolerance, or AUDIT measures. There was no statistical difference between BIs in "success at change" or "quality of life" at 6 month self-report; overall, both BIs were associated with substantial reductions in risky drinking patterns. Only 4 patients reported an alcohol-related injury requiring medical treatment at 6-month telephone follow-up (N=182). However, in medical chart follow-up review, 15.9% of enrollees called "911" in those 6 months, suggesting important objective differences versus self-report.

Discussion: Further research and discussion are needed regarding the promising utility of shorter screening, BI options, and objective follow-up data. Both interventions, one based on the U.S. NIAAA quantity-frequency model and the other innovative BI designed to elicit patient-identified patterns contributing to drunkenness, provide options for clinical approaches.

Presentation 2

TITLE: Screening and brief intervention activities in Dutch Accident & Emergency (A&E) units in hospitals: a survey amongst healthcare professionals and managers

AUTHOR: Myrna Keurhorst, E. Keizer, J. Cruijsberg, M. Laurant

Introduction: Previous pilots showed that secondary care settings like A&E units have the potential to implement screening and brief interventions for hazardous and harmful alcohol consumption. Insight into whether SBI actually is implemented is lacking. Moreover, professionals' attitudes with regard to management of patients with alcohol problems is lacking.

Objective: To investigate to what extent screening and brief interventions were implemented by A&E- physicians and A&E-nurses in The Netherlands. Furthermore, ways of improving implementation were explored.

Methods: A&E-managers (n=106), A&E-physicians (N=250) and A&E-nurses (N=643) completed questionnaires. Questionnaires for A&E-managers mainly included at A&E-unit characteristics and policies. Questionnaires for physicians and nurses mainly included familiarity with guidelines, attitudes against problem drinkers (including shortened Alcohol and Alcohol Problems Perception Questionnaire) and screening and intervention activities.

Results: Screening activities and intervention activities both were most common in the age group of adolescents to 18 years (16.0% and 36.0% respectively). On a 10 point Likert scale (very unimportant to very important), A&E-managers considered screening for hazardous and harmful alcohol consumption with 7.0 (SD 1.84). Improving care and interventions, was assessed with 6.8 (SD 1.86).

Physicians were the professionals who mainly underestimated recommended drinking limits: on average 67.8% underestimation compared to 62.2% underestimation among nurses. Conversely, nurses were the group that had most overestimations: 14.9% vs 6.8% overestimation among physicians. Also attitude scores differed: on a scale from 1 (low) to 7 (high) physicians scored on average 3.2 (SD 0.69) for role security and 4.2 (SD 0.60) for therapeutic commitment. Nurses scored on average 3.6 (SD 0,72) and 4.3 (SD 0.56) respectively.

The main perceived barriers for implementation among managers, physicians and nurses were lack of time, lack of knowledge and skills; lack of rationale; lack of follow-up activities after screening and brief interventions; doubts about suitability of the A&E-setting; and low patient motivation.

Discussion: It can be concluded that screening, (brief) interventions for hazardous and harmful alcohol consumption, as well as attitudes for working with problem drinkers need improvement. Subsequently, programs focused on barriers to overcome in implementation of SBI have to be developed. In these programs, mainly attitudes and knowledge have to be addressed.

Presentation 3

TITLE: Brief intervention in a general hospital for problematic prescription drug use: Outcome at 3- and 12-month follow-up

AUTHOR: Gallus Bischof, Zahradnik, A., Otto, C., Crackau, B., Löhrmann, I., John, U., Rumpf, H.J.

Introduction: Dependence on or problematic use of prescription drugs (PD) is estimated to be between 1-2 % in the general population. In contrast, the rate of substance specific treatment in PD use disorders is at 0.5% comparatively low. With an estimated prevalence of 4.7%, PD-specific disorders are widespread in general hospitals compared to the general population. Brief intervention delivered in general hospitals might be useful to promote discontinuation or reduction of problematic prescription drug use.

Objective: To test the efficacy of BI for problematic prescription drug use in a proactively recruited sample of inpatients.

Methods: In a randomized controlled trial, 126 proactively recruited general hospital patients fulfilling criteria for regular use (more than 60 days within the last three months), dependence or abuse of prescription drugs (PD) were randomly allocated to an Intervention Group (IG) or an untreated Control Group (CG). The IG received two brief Motivational Interviewing (MI) sessions plus an individualized written feedback (intervention group), the CG received a booklet on health behaviour. Two follow-ups (after 3 and 12 months) were conducted.

Results: After 3 months, more IG participants reduced their defined daily dosages (DDD) by more than 25% than CG participants (51.8% vs. 30%; x^2=6.17; p=0.017). After 12-months, no significant intervention effects were found in the overall sample. Regarding significant differences between the intervention and control groups, we detected no effects of the intervention for the subgroups of sedative/hypnotic- or opioid-users.

Discussion: While Brief Interventions based on MI are effective in the short-term, no long-term effects of brief MI-sessions on PD use were found. More intensive interventions, booster-sessions or regular aftercare might help in stabilizing intervention effects on PD use among hospital patients.

Presentation 4

TITLE: Detection of Alcohol Consumption among Hospitalised Internal Medicine patients In Europe. The ALCHIMIE study.

AUTHOR: Beatriz Rosón, Lubica Cibickova, Rocío Gamallo, Eric Oziol, Lidiya Petrovicheva, Riina Salupere, Arsenio Santos, Wolgang Voge, Lauma Zarina, and the Alchimie Study Group

Introduction: Although alcohol misuse is the second ill-health risk factor in Western Countries, alcohol use is infrequently recorded in medical records of hospitalized patients.

Objective: To investigate factors associated with lack of recording alcohol use in medical inpatients.

Methods: Point-prevalence study performed in 8 European Countries. Alcohol consumption was evaluated with the AUDIT-C, AUDIT and the SIAC questionnaires. Drinking patterns were determined according to clinical evaluation using ICD-10 criteria. Multivariate analysis was performed with the step-wise logistic-regression model of the SPSS software package 13.0 (SPSS, Chicago).

Results: We reviewed 2112 medical records of 2123 interviewed patients. Alcohol consumption was recorded in 918 (43%). Adequate quantitative recording was performed in 143 (7%) patients, and in 18 (21%) of 85 with alcohol related admission. Independent patient factors associated with lack of recording of alcohol in medical records were female (OR 1.468), and occasional drinking (OR 1.974). Current drinkers (OR 0.530), harmful drinkers (OR0.343), dependent (OR0.321)), and former dependent patients (OR 0.637) and those with an admission alcohol related (OR 0.151) had more frequently alcohol use recorded. Physician factors such as knowledge of local prevalence (OR 0.371), and obligatory field in medical records (OR 0.471) were inversely associated with lack of recording. Hospital and setting factors identified were: large hospital (OR 2.565), rural population (OR 1.996), and intermediate country prevalence (OR 2.008). Southern (OR 0.0.261) and Central European countries (OR 0.145), intermediate local prevalence (OR 0.649) and university hospital (OR 0.422), were inversely associated with lack of recording. There were no differences related to age, internal medicine wards, resident training or type of medical files.

Discussion: Alcohol use often goes unrecorded during hospitalization even in patients with related disorders. There were many modifiable factors identified associated with lack of recording. These data may be helpful when designing strategies to improve alcohol use detection among medical inpatients in Europe.

Thursday, 27th September 10.20-11.35
Room 6 (Espai 6)
SESSION 4: EIBI/SBI for alcohol and other drugs
Chair: Carmen Cabezas

Presentation 1

TITLE: Engagement of Patients with Alcohol Misuse After Proactive Outreach for the CHOICE Trial

AUTHOR: Kathy Bradley, Julie Richards,Laura Chavez,Evette Ludman, Malia Oliver, Joe Merrill, Emily Williams, Eric Hawkins, Gwen Lapham,Daniel Kivlahan.

Introduction: Patients with severe alcohol misuse-such as those with dependence-typically need more intensive support than a single brief intervention. The CHOICE trial is a randomized controlled trial that is evaluating a nurse-based collaborative model of care that combines active outreach, repeated brief alcohol interventions, lab monitoring, medications for alcohol dependence, and intensive and ongoing support, as appropriate.

Objective: To describe the early engagement of patients enrolled in CHOICE and compare the alcohol misuse severity of recruited and non-recruited eligible patients.

Methods: VA patients were eligible if they screened positive on the AUDIT-C, were not in alcohol treatment, reported frequent heavy drinking (≥4 drinks/day women; ≥5 drinks/day men), were medically and psychiatrically stable, and their primary care providers agreed to their participation. Patients did not need to have any interest in changing their drinking.

Results: Of 246 potentially eligible patients, 164 (67%) refused participation, and 43 (17%) could not be reached. Twenty-one of 39 (54%) confirmed eligible (9% of all potentially eligible) have been recruited to date (2 women). Recruited men scored almost 2 points higher on the AUDIT-C (mean score 8.47) than those who refused (mean score 6.62). Of 21 enrolled patients to date, 19 had a prior diagnosis of alcohol abuse or dependence in their medical records, and 14 had elevated GGT and/or MCV. Five of 7 intervention patients with 4 or more weeks of enrolment in the study have engaged in 3 or more phone calls with the nurse manager.

Discussion: Most patients recruited into collaborative care for severe alcohol misuse had recognized alcohol use disorders and non-recruited patients appeared to have less severe alcohol misuse. Recruited patients readily engaged in telephone care from a nurse related to their drinking despite the fact that they had not been seeking assistance with reducing their drinking.

Presentation 2

TITLE: Have doctors taken on the message to drink less?

AUTHOR: Peter Anderson

Introduction: When I was a practising general practitioner in the 1980s, an 'alcoholic' was defined as someone who drinks more than their doctor. This paper, using data from occupation-related alcohol mortality statistics from England and Wales documents the time course of alcohol-related deaths amongst doctors.

Objective: To test the hypothesis that doctors take note of health advice for alcohol, as they have done for smoking, by drinking less and thus dying less from alcohol-related causes.

Methods: Alcohol-related mortality amongst British doctors was tracked from occupational health supplements published by the UK Office for National Statistics over the 50 year period 1960s to 2000s.

Results: The hypothesis was confirmed. Male medical practitioners were among the occupations with the highest indicators of alcohol-related deaths in the 1960s, 1970s and 1980s, but amongst the lowest in the 2000s.

Discussion: The implications that doctors listen to their own advice on their practice of delivering brief interventions will be discussed.

Presentation 3

TITLE: Do reductions in drinking "wear off"? Examining alcohol use patterns in an SBIRT control group over 30 months

AUTHOR: James Paul Seale, Jason Dhabliwala, Aaron Johnson

Introduction: Screening, brief intervention and referral to treatment (SBIRT) for risky drinking has been shown to be effective in reducing patients' alcohol use. Typically patients enrolled in a study's control group also show a significant decrease in alcohol use. This decrease may be attributed to the impact of the assessment, the impact of the event that led to treatment in a healthcare setting, a Hawthorne effect/ social desirability, or regression to the mean.

Objective: The purpose of this study is to determine whether decreases in alcohol use found in control groups represent short-term changes in drinking or are sustained over an extended period of time.

Methods: Patients presenting to an emergency department in the southeastern U.S. between February and April 2009 were enrolled as control group participants for a large SBIRT study (n=893). Control group patients received a 15 minute assessment by a health education specialist and a sheet listing nearby alcohol and drug treatment resources. Similar 15 minute telephone follow-up interviews were completed with participants at 6, 18, and 30 months to identify changes in substance use, overall mental/physical health, and healthcare utilization. Data were analyzed using Linear Mixed Models.

Results: Results show the expected decrease between baseline and 6 months on both major alcohol use measures, past 30 day drinking days (8.69 days to 5.75 days) and past 30 day binge drinking days (6.03 days to 3.91 days). The reduction in past 30 day drinking days was even greater at both 18 and 30 months (5.12 days and 5.12 days), while past 30 day binge drinking days showed ongoing decline across this period (2.93 days at 18 months, 2.17 days at 30 months).

Discussion: These findings suggest that the reductions in alcohol use patterns commonly seen among control group participants in SBIRT studies may represent long-term changes.

Presentation 4

TITLE: Validating a single-question instrument for screening alcohol problems at Primary Care in Catalonia

AUTHOR: Jorge Palacio-Vieira, Lidia Segura Garcia, Estela Diaz, Rosa Freixedas, Nuria Bastida, Antoni Gual, Joan Colom

Introduction: Screening and brief interventions on alcohol at Primary Care (PC) are effective for the identification and reducing alcohol consumption [Fiellin DA, 2000]. The "Drink Less" programme in Catalonia seeks to equip PC professionals with the expertise and instruments to carry out early identification and brief interventions of alcohol

problems. In this context shorter screening instruments are needed to improve early detection of patients with alcohol-related problems [Smith P, 2009].

Objective: This study aims to validate a single-question instrument for the screening of alcohol problems at PC centres of Catalonia.

Methods: A sample of 1707 patients older than 18 years (60% of them women, 40% men) is being collected from 17 PC centres and 1 Hospital. Instrumentation includes socio-demographic data (11 items), the single-question module (1 item) differentiated for men en women and the Alcohol Use Disorders Identification Test (AUDIT, [10 items]). Validity was assessed by means of sensitivity and specificity.

Results: 52% of the 600 participants in the study sampled until now are males and the average age is 54 years. 31% of patients reported low education and 32% were retired. According to the single-question instrument 25% of men and 19% of women were risky drinkers. By age group the heaviest drinkers were between 18 and 35 years in both sexes: 33% in men and 31% in women. The single-question instrument was 78% sensitive (95% Coefficient Interval 64% to 89%) and 85% specific (95% CI 80% to 89%) for men and 85% sensitive (95% CI 65% to 96%) and 90% specific for women the detection of unhealthy alcohol use.

Discussion: The single-question screen identified subjects with unhealthy alcohol use and its validity is acceptable. Data of sensitivity and specificity is similar to those reported by other authors [Smith P, 2009] and the use of this instrument at the PC centres of Catalonia might improve the early identification of risky drinkers.

Thursday, 27th September 11.45-13.00
Room 1 (Aula 1)
SESSION 5: ASSIST
Chair: Joan Colom

Presentation 1

TITLE: The validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in hospitalized acute psychiatric patients. Hospital Clínic. Barcelona

AUTHOR: López Lazcano Ana Isabel, Balcells Oliveró Mercé, Gual Solé Antoni, Salamero Manel.

There is a high prevalence of alcohol and substance use disorders in psychiatric inpatients. Anyhow, no systematic method of screening and referral to specialized treatment is used in most of the Inpatient Units. The ASSIST screening and brief intervention can be useful to fill this gap and improve detection and treatment of addictions in psychiatric inpatients. Aims: The purpose of this study is to determine the validity of the ASSIST for detecting substance abuse and dependence in acute psychiatric inpatients. Another aim of the study is to evaluate the effectiveness of a brief intervention for alcohol and illicit drugs, following the intervention protocol linked to the ASSIST, developed by the World Health Organization. Participants: Participants are being recruited among patients consecutively admitted to the psychiatric ward of Hospital Clinic, until a total sample of 200 is reached. Design: Together with the informed consent and the ASSIST, participants are asked to complete a test battery (MINI-Plus, ASI, SDS, AUDIT, DAST-10, Fagerstrom test, MAP). Depending on their ASSIST score, participants are assigned to one of three groups: low, moderate or high risk. Those in the moderate risk group are randomized to either a treatment as usual control group or a brief intervention group which receives a face to face brief intervention of 15 minutes and are given an information booklet. Patients are contacted by telephone 3 months after being discharged and are asked to complete a short test battery (ASSIST, SDS, ASI). Preliminary findings: A total of 102 patients have been screened and the majority of them have been assigned to the low risk (n=48) or to the high risk group (n = 32). From those assigned to the high risk group, half of them had never been diagnosed with dependence and had never been offered a specialized treatment for their addiction. Seven of the 16 patients belonging to this group are already receiving treatment in our unit. Fourteen patients have obtained a score in the moderate risk range group but 5 of them have been diagnosed with dependence after an independent evaluation and have been referred to specialized treatment. Discussion: Our preliminary results suggest that it is feasible to use ASSIST in psychiatry wards. Moreover, our initial data suggest that high risk is more prevalent than moderate risk, which has relevant treatment implications.

Presentation 2

TITLE: The ASSIST training package in Spanish: where do we go from now?

AUTHOR: Maristela G Monteiro

Countries in Latin America have been working on scaling up screening and brief interventions in primary health care and other services for several years. In response to the need to increase technical cooperation in this area, the Pan American Health Organization (PAHO) has been providing technical advice, materials and information on the effectiveness of SBI and has sponsored capacity building workshops in several countries. It has supported the creation of INEBRIA Latina, which in turn expanded the number of countries interested in scaling up SBI and in need of support. The adoption of a regional plan of action on alcohol, as well as a regional strategy and plan of action on substance use and public health led to an increased interest in improving health care systems to deal with alcohol and substance in non specialized settings, particularly primary health care. Therefore, PAHO has developed two virtual courses in Spanish on SBI, one focused on alcohol and the AUDIT questionnaire, and another focused on other psychoactive substances and based on the WHO ASSIST. The WHO ASSIST manuals were translated and published in Spanish. The virtual course based on the ASSIST was developed with the participation of experts from the region and its contents were field tested in 4 countries. The contents follow a general framework agreed upon by the WHO ASSIST coordinating committee as well. The virtual course focused on alcohol follows the same principles of the ASSIST course. Both courses will be offered at no cost in the virtual platform of PAHO, and will be coordinated by either a University or

Collaborating Center of WHO/PAHO, which in turn could have agreements with individual governments to deliver the training and orient the reorganization of services needed to deliver SBI in an effective and systematic way. The courses include specific modules on the implementation of SBI and training of trainers. The challenges of scaling up the integration of SBI in health systems remain, and the efforts to work with governments and high level institutions on capacity development may be a more cost-effective alternative.

Presentation 3

TITLE: Development of an e-ASSIST: trying to resolve implementation barriers in PHC-settings.

AUTHOR: Tom Defillet, Association for Alcohol- and other Drug problems (Flanders, Belgium)

Introduction: The Flemish Association for Alcohol- and other Drug problems (Dutch acronym: VAD) translated the WHO-ASSIST in Dutch. Within the implementation process of different kinds of screening instruments and brief interventions we encountered the same barriers in different settings: GP's, A&E and social welfare settings. The barriers found were time-constraint, lack of knowledge, role insecurity, privacy, lack of booster sessions, lack of clinical leadership … these barriers are also found in the literature.

To resolve some of these barriers VAD, together with partners, are developing and testing different kinds of electronic versions of the ASSIST. In A&E-settings VAD is coordinating 'eSBIRTes' this is an European project in which Emergency Departments (EDs) use an electronic self-administered SBIRT. In GP settings we are developing an online ASSIST, with toolbox, which can be linked in the future to the software of GP's. The focus of this abstract will be the self-administered version in A&E settings.

Objective:

1. Which barriers to implement SBIRT in A&E settings did we found in earlier implementation?
2. Can we resolve some of these barriers with an electronic ASSIST and an online brief intervention + referral to treatment?
3. Which opportunities does it create to e-health in the future?
4. How does the e-SBIRT works and what are the preliminary results in A&E?

Methods: We will start with defining the barriers found in PHC settings and how we tried to solve them. Exploration of the online instruments (e-ASSIST and DASH). Audience participation in the active exploration of the site will be encouraged.

Results: The tool will be explored by the conference, preliminary results will be given.

Discussion: Barriers found in PHC-settings are time-constraint, lack of knowledge, role insecurity,… Can an e-SBIRT solve barriers and which opportunities does it give to e-health in the future? Future research should consider ways to implement web-based tools in PHC-settings and explore ways to support GP's and A&E's with online tools and self-help modules.

Presentation 4

TITLE: Spanish Validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

AUTHOR: J Martínez-Raga, J. de la Cruz Bértolo, I. Martínez-Gras, G. Ponce Alfaro, A. Rigabert Sánchez-Junco, G. Rubio Valladolid

While there are currently various validated instruments for the early detection of specific substances, as is the case of AUDIT (Test for the identification of alcohol abuse) or the Fagerstrom test (Scale of tobacco dependence), there is a need for an early detection instrument which encompasses all types of substances. For this reason, an international group of researchers, supported by the World Health Organization, developed the ASSIST (Alcohol, Smoking and Substance Involvement Screening Test), to be used both in primary and specialist care as a reliable and valid tool for screening problematic or risky consumption of psychoactive substances and the problems associated with them. The ASSIST consists of 8 questions which are asked about 10 substances: Tobacco, alcohol, cannabis, cocaine, amphetamines or other types of stimulant, inhalants, tranquilizers or sleeping pills, hallucinogens, opiates and others. On completion, from the calculation of the score a conclusion is reached as to the kind of intervention necessary for the patient. In this work the results of the evaluation of the psychometric properties of the Spanish version of the ASSIST are presented. To this end, together with the ASSIST a raft of instruments were administered, which included the MINI-Plus, AUDIT, Fagerstrom, severity of dependence scale, Hamilton Test, STAI and Barratt Impulsivity Test to a random sample of 204 patients from health centres of Health Area 1 in Madrid and 280 patients in treatment for dependence on different drugs, from specialized services. The results of this study show that the ASSIST is a good instrument for the detection of substance use, abuse and dependence among the population.

Thursday, 27th September 11.45-13.00
Room 2 (Aula 2)
SESSION 6: Optimizing delivery of health professionals to incorporate EIBI in their routine work
Chair: Peter Anderson

Presentation 1

TITLE: Optimizing delivery of health care interventions for alcohol- the ODHIN project

AUTHOR: Peter Anderson, Preben Bendsen, Myrna Keurhorst, Miranda Laurant, Paul Wallace, Antoni Gual.

Introduction: As part of a comprehensive project co-financed by FP7 of the European Commission to optimize delivery of health care interventions for alcohol, the ODHIN project implements a cluster randomized factorial trial in Catalonia, England, the Netherlands, Poland and Sweden to compare the impact in primary health care of training and support,

financial reimbursement and referral to an internet based brief advice programme (e-BI) singly or in combination on screening and brief advice rates for hazardous and harmful alcohol consumption compared with a control group, treatment as usual.

Objective: The workshop aims to describe the evidence base of the project, how it will be delivered, evaluated and analysed, and how expected results will lead to innovative ways of encouraging health professionals to incorporate EIBI in their routine work.

Methods: The workshop will take a twofold approach, with short-to-the point presentations and extensive facilitated discussions to examine both the scientific challenges of cross country implementation and translational research, as well as how such research could inform better action to facilitate primary health care professionals incorporating EIBI in their everyday work.

Results: The workshop will provide a platform for scientists, practitioners and policy advisors to better understand the challenges of cross country translational research, as well as providing extensive information of the rationale of studying the impact of training and support, financial reimbursement and referral to an internet based brief advice programme singly or in combination on screening and brief advice rates for hazardous and harmful alcohol consumption in primary health care.

Discussion: The workshop discussion will provide scientific and conceptual approaches and key information for effective BI implementation strategies in primary health care settings, also with regard to possible policy implications.

Presentation 2

TITLE: Implementing IBI in everyday practice in primary care in Europe - attitudes of general practitioners towards prevention of alcohol related problems

AUTHOR: Marcin Wojnar, Andrzej Jakubczyk, Antoni Gual, Peter Anderson

Introduction: There is strong evidence for the effectiveness and cost-effectiveness of identification and brief intervention (IBI) in reducing hazardous and harmful alcohol consumption. However, the implementation of IBI remains insufficient and differs significantly in various countries of the European Union.

Objective: The objective of the study was to consolidate and update knowledge of potential barriers and facilitators for general practitioners to implementing IBI for hazardous and harmful drinking programs. Also, the study aimed to increase the understanding of factors that affect whether clinicians would use the IBI intervention. In addition, the survey allowed for comparing attitudes towards patients, who drink alcohol excessively and experiences in delivering IBI in participating European countries.

Methods: A field survey in Primary Health Care was performed in 9 countries from the European Union: Catalonia, Czech Republic, England, Italy, the Netherlands, Poland, Portugal, Slovenia and Sweden. A representative sample of General Practitioners (at least 250 physicians in each country) was invited to participate in the survey. The survey questionnaire consisted of 28 questions and included questions on demographic information about doctors and practices, the attitudes of doctors and their beliefs about their own activities in working with drinkers, extent of academic education and postgraduate training on alcohol, their views and attitudes towards management of alcohol problems, their diagnostic performance and their reported management of alcohol problems during the past year. The Shortened Alcohol and Alcohol Problems Perception Questionnaire was included to assess GPs' inclination towards intervening for alcohol problems. In addition, to gauge the influence of policy change on attitudes and behaviour GPs rated the effectiveness of 10 European public policies and 12 suggested policy measures in each country to tackle alcohol problems.

Results: The data from different countries is being gathered at the moment and will be presented at the INEBRIA meeting.

Discussion: The results of the study will be discussed at the meeting to evaluate most current barriers and facilitators against implementing IBI in everyday PC practice.

Thursday, 27th September 11.45-13.00
Room 6 (Espai 6)
SESSION 7: EIBI/SBI for alcohol and other drugs
Chair: Mercè Balcells

Presentation 1

TITLE: The effects of counselor characteristics on within-session processes and outcomes in a brief motivational intervention for heavy drinking

AUTHOR: Jean-Bernard Daeppen, J Gaume, M Magill, R Longabaugh, N Bertholet, G Gmel, JB Daeppen

Introduction: This study aims at better understanding the mechanisms of alcohol brief motivational interventions (BMI) by investigating the influence of counselors' individual characteristics and within-session behaviors.

Objective: This study aims at better understanding the mechanisms of alcohol brief motivational interventions (BMI) by investigating the influence of counselors' individual characteristics and within-session behaviors.

Methods: The sample included 216 young men screened as heavy drinkers and randomly selected to receive a single BMI conducted by one of 18 counselors performing 12 BMIs each. Counselors were selected to maximize differences in several of their characteristics (e.g. background and training, clinical and MI experience). We tested the links between counselors' individual characteristics, counselors within-session behaviors (measured as the frequency of MI-consistent [MICO] and MI-inconsistent [MIIN] behaviors), and alcohol use outcomes at 3-month follow-up using regression analyses.

Results: In relation to alcohol outcomes, experience in the field of addiction was significantly associated with less frequent binge drinking episodes. The extent to which the counselors viewed themselves as trained to conduct BMI and effective in doing so was significantly related to less drinking days at follow-up. No counselor personal characteristics predicted change in drinks per drinking days or in number of alcohol related negative consequences. Counselors' personal characteristics were strongly related to within-session MI behaviors. More MICO skill was related to counselors being women, psychologists (vs. physicians), trained in MI, having more clinical and addiction

experience, viewing themselves as more trained and more effective in BMI, and believing in BMI effectiveness. More MIIN behavior was related to counselors being older, physicians (vs. psychologists), and having more clinical experience, whereas less MIIN was related to counselors having more experience in the addiction field, being trained in MI, and believing more in BMI effectiveness. Counselors' within-sessions behaviors did not significantly predict alcohol or consequence outcomes.

Discussion: Counselor addiction experience and attitudes toward BMI were associated with change in alcohol use at 3 month follow-up. This influence, however, does not appear to be transmitted through within-session MI-behaviors, even if counselor characteristics were strongly related to counselor within-session behaviors. More research is needed to understand counselor influence on BMI outcomes, using more complex analyses, and integrating client personal characteristics and within-session behaviors as potential mediators and/or moderators.

Presentation 2

TITLE: Social Norms Intervention for the prevention of Polydrug usE (SNIPE)

AUTHOR: John McAlaney, Robert Dempsey, Yildiz Akvardar, Bridgette Bewick, Solveig Bøggild Dohrmann, Francisco Guillén-Grima, Stefanie Helmer, Ondrej Kalina, Rafael Mikolajczyk, Olga Orosova, Claudia Pischke, Ferdinand Salonna, Christiane Stock, Guido Van Hal, Bart Vriesacker, Hajo Zeeb

Introduction: The social norms approach to the reduction of alcohol use is increasingly popular worldwide. It operates on the premise that individuals overestimate rates of peer substance use. Correction of these misperceptions can reduce rates of alcohol use and associated harms. Previous research suggests that the approach is especially effective when delivered in the form of personalised online feedback, however this technique needs to be further investigated.

Objective: The objective of this work is to determine the feasibility of delivering a multi-national, online social norms intervention to reduce misperceptions rates of alcohol and substance use in European university students.

Methods: The project consisted of surveying students at 26 universities located across Belgium, Denmark, Germany, Slovakia, Spain, Turkey and the UK on baseline substance use behaviours and perceptions in January 2012. Additional survey items recorded religiosity, academic achievement, gender, age and residence. Students from one university in each country then received access to a website offering personalised social norms feedback, with the remaining universities acting as control sites. Follow-up surveys will be conducted at all sites in September 2012 and January 2013.

Results: Over 7,000 students from are currently registered on the feedback website, a number which increases daily. Preliminary analysis of the baseline data suggests that statistically significant misperceptions of peer substance use are evident. Full analysis of the baseline data will be completed by July 2012.

Discussion: Although this project is still underway the initial results suggest that there is potential for the use of online social norms based feedback as an intervention and prevention tool. The project has also identified several factors regarding the feasibility of this approach, including survey development for a multi-national target population; technical creation on online content and encouraging participation from student populations.

Presentation 3

TITLE: Do Brief Motivational Interventions Work Like We Think They Do?

AUTHOR: Nicolas Bertholet, Tibor Palfai, Jean-Bernard Daeppen, Richard Saitz

Introduction: There is variability in effectiveness of brief motivational interventions (BMIs) for unhealthy alcohol use. Addressing how BMIs work is important for improving their efficacy.

Objective: We assessed the effects of various BMI characteristics on drinking outcomes across three randomized controlled trials (RCTs) comparing BMI to no BMI.

Methods: Audio-recordings of 314 BMIs were coded using global scores of the Motivational Interviewing Skills Code (MISC); structure/confrontation/advice subscales of the Therapy Process Rating Scale (TPRS); and the goal/task/bond subscales of the Working Alliance Inventory (WAI). We compared these intervention process characteristics across 1) a US RCT of medical inpatients that found a null effect (n=124); 2) a Swiss RCT of young men volunteering to undergo BMI that found a null effect (Swiss-null)(n=128); and 3) a Swiss RCT of young men offered BMI that detected an effect of BMI (Swiss-pos)(n=62). We assessed the associations between these characteristics and drinks/day 3-6 months after study entry.

Results: In all RCTs, mean MISC scores were consistent with MI proficiency (≥5). MISC, TPRS and WAI scores differed across studies. Acceptance, empathy, MI spirit and self-exploration scores were significantly lower in Swiss-pos. In regression models most BMI characteristics were not associated with drinks/day in follow-up. In the US RCT, confrontation and self-exploration were associated with more drinking. Giving advice was associated with less drinking in Swiss-pos. The direction of the associations for advice and confrontation were consistent across RCTs. MI spirit was inconsistently associated with drinking in the Swiss RCTs and not associated with drinking in the US RCT.

Discussion: MI quality does not appear to account for differences in efficacy observed in the RCTs examined. Characteristics viewed as central to BMIs were neither robust nor consistent predictors of drinking outcome. Although there may be alternative reasons why the quality of MI was not predictive in these studies, efforts to improve BMI efficacy may require attention to factors beyond constructs typically examined.

Presentation 4

TITLE: The ability of single screening questions for unhealthy alcohol and other drug use to identify substance dependence in primary care

AUTHOR: Richard Saitz, Cheng DM, Allensworth-Davies D, Winter M, Smith PC.

Introduction: Single Screening Questions (SSQs) are recommended to identify unhealthy alcohol and other drug use (spectrum of risky use through dependence). But SSQs may also provide information on severity necessary to inform brief intervention thought to be obtainable only from longer questionnaires.

Objective: We assessed SSQ accuracy for identifying patients with dependence.

Methods: In a cross sectional study in an urban primary care practice, subjects were administered the SSQs ["How many times in the past year have you had 5 (4 for women) or more drinks in a day?" & "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"], the Alcohol Use Disorders Identification Test-Consumption items (AUDIT-C), the Drug Abuse Screening Test (DAST), & the Composite International Diagnostic Interview reference standard for current dependence. All possible cutoffs were evaluated by receiver operating characteristic (ROC) curve. Sensitivity (Ss), specificity (Sp), and positive predictive value (PPV) were assessed at cutpoints maximizing the sum of Ss and Sp (alcohol screening tests for alcohol dependence (AD), drug screening tests for drug dependence (DD)).

Results: Of 286 patients, 9% had AD and 12% DD. The area under the ROC curve (AUC, the probability of distinguishing those with and without dependence) was high for the SSQs (alcohol 88%, drug 93%), AUDIT-C (87%) and the DAST (96%). At the optimal cutpoints (OCs) characteristics of the alcohol SSQ for AD (OC ≥8 times) were Ss 88%, Sp 84% and PPV 35%; for the 3-item AUDIT-C for AD (OC score≥3) Ss 92%, Sp 71%, PPV 23%; for the drug SSQ for DD (OC≥3 times) Ss 97%, Sp 79%, PPV 38%; for the 10-item DAST for DD (OC score ≥4) Ss 100%, Sp 84%, PPV 46%.

Discussion: SSQ results, similar to results from longer screening tools, may be useful for identifying substance dependence, providing information needed and overcoming a barrier to dissemination of screening and brief intervention (lengthy questionnaires) in primary care settings.

Thursday, 27th September 14.00-15.00
Plenary (Auditori)
SESSION 8: Should Brief Interventions be influenced by Motivational interviewing? What we know and what we need to know
Jim McCambridge & Antoni Gual
Chair: Nick Heather

This plenary presentation is in two parts with Toni Gual introducing the subject area and selecting issues for consideration identified within the existing evidence-base. Jim McCambridge will extend this discussion by offering thoughts on what we need to know including various ways in which motivational interviewing may be useful to thinking about brief interventions. The starting points for both parts of the presentation is consideration of the nature of both brief interventions and brief motivational interviewing and both explore a range of brief intervention content issues in different ways. Toni will then examine the importance and implications of practitioner motivation. Jim will consider settings, target behaviours and problems addressed by brief interventions. Both presenters will conclude by examining a series of issues to do with real world implementation, all relevant to possible priorities for future research on brief interventions. This presentation is designed to stimulate creative thinking about important issues in brief interventions, and time permitting, you will be encouraged to contribute to discussion.

Thursday, 27th September 15.20-16.35
Room 1 (Aula 1)
SESSION 9: Cost and cost efectiveness of SBI
Chair: Jeremy Bray

Presentation 1

TITLE: The cost-effectiveness of alcohol SBI in emergency and outpatient medical settings

AUTHOR: Carolina Barbosa, Alexander Cowell, Jeremy Bray, Arnie Aldridge

Introduction: There is little published evidence on the cost-effectiveness of screening and brief intervention and referral to treatment (SBIRT). An extensive literature suggests that alcohol SBIRT is effective in some medical settings, particularly primary care, but it may not always result in health care cost savings. There has been a growing interest in finding appropriate settings for delivering SBIRT as to reach individuals in an effective and cost-effective manner. However, it is unclear whether the few existing findings from the literature on the cost-effectiveness of alcohol SBIRT would extend to delivery in different medical settings.

Objective: This presentation describes the results of a cost-effectiveness analysis of SBIRT programs implemented in emergency department (ED) and outpatient medical settings in the United States funded through grants from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Methods: The cost-effectiveness of the SBIRT programs by setting was analyzed using a decision tree model following a cohort simulation approach. The main outcome measures were alcohol consumption behavior, health state utilities, and social costs.

Results: In the base-case analysis, SBIRT delivery in EDs was more effective and less costly than in outpatient settings. Assuming a provider perspective (exclusion of social costs) and that patients received a similar maximum number of sessions made SBIRT more expensive in EDs. In this case, ED is the most cost-effective setting if decision makers are willing to pay more than $1,500 per QALY gained.

Discussion: Alcohol SBIRT in outpatient and emergency department medical settings generates costs savings and better health outcomes. If resources are scarce and if implementation factors allow, decision makers might prefer emergency departments because in this setting better effects at lower costs and higher social cost reductions are achieved.

Presentation 2

TITLE: Implementation Costs of SBI for Illicit Drug Use

AUTHOR: Gary Zarkin, Jeremy Bray, Jesse Hinde

Introduction: In 2008, a World Health Organization multi-national clinical trial found SBI to be effective in reducing illicit drug use. In order to gain policy support for SBI for illicit drug use from a public health makers, a strong business case must be made to policy makers. Implementation costs can act as a significant obstacle to widespread dissemination.

Objective: This presentation describes the costs of providing SBI to reduce illicit drug use in a primary care setting as part of a clinical trial - Assessing Screening Plus brief Intervention's Resulting Efficacy - to stop drug use (the ASPIRE Study).

Methods: An activity-based micro-costing approach was used to determine implementation costs. Costs were estimated for the three main services: pre-screen, screen and brief intervention.

A taxonomy of activities for each service was compiled, labor, material and space resource inputs for each activity were identified, and a quantity and price value was assigned to each input. Quantity and price values were largely informed through primary data collection during the trial. Regional price estimates for wages and space were used for certain inputs.

Results: Preliminary estimates indicate that costs to provide SBI for unhealthy drug use are similar to SBI/SBIRT programs focusing on alcohol.

Discussion: Service delivery time and the type of service provider can quickly increase per service cost. For this trial, quasi-fixed service support costs play an important role in the ability to generalize the estimates.

Presentation 3

TITLE: A simulation model of the financial viability of Sreening, Brief Intervention, and Referral to Treatment in the United States

AUTHOR: Alexander Cowell, William N Dowd, Jeremy Bray

Introduction: In the United States, Screening and Brief Intervention (SBI) funding is largely a mix of government grants and service reimbursement (insurance claims). For SBI to be more widely adopted and for it to be financially viable in the long-run in the United States, it will likely have to be sustained under service reimbursement. To our knowledge, only one existing study addresses this concern; that study uses a linear programming method. The findings suggest that SBIRT can be sustained through service reimbursement in outpatient and emergency department settings with a variety of staffing mixes. However, to sustain SBIRT in inpatient programs, a patient flow larger than the national average may be needed. Moreover, if that flow is achieved, the range of screens required to maintain a surplus is narrow. However, the limitations of the methods used limit the degree to which the findings can be more generally applied.

Objective: This presentation will describe a simulation model to examine the conditions under which screening, brief intervention, and referral to treatment (SBIRT) programs can be sustained by service reimbursement.

Methods: An agent-based model will be used to addresses the main limitations of the linear programming approach. The model will be used to simulate the number of clients needed for revenues to exceed costs.

Results: The preliminary structure of the model is to examine three medical settings: inpatient, outpatient, and emergency department. Components of SBIRT are delivered by combinations of medical practitioners (generalists) and behavioral health specialists. Model parameters are derived from and results pertain to practitioners in four states/ tribal entities that received grants from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Program costs and revenues are measured using data from grantees. Client flows are measured from administrative data and adjusted with prevalence and screening estimates from the literature.

Discussion: A detailed simulation model holds considerable promise for helping decision makers understand the barriers and opportunities in implementing SBI.

Presentation 4

TITLE: Evaluating the Effect of Requiring Alcohol SBI Programs in US Trauma Centers: Cost Evidence from Arizona

AUTHOR: Arnie Aldridge, Jeremy Bray, Gary Zarkin, Jesse Hinde

Introduction: Several prominent clinical trials have shown SBI to be a cost-effective treatment for reducing alcohol consumption among at-risk drinkers. SBI has also garnered policy support in the US as a mechanism to reduce health care utilization and costs. In 2005 the American College of Surgeons Committee on Trauma (ACS/COT) voted to include alcohol screening and brief intervention (SBI) in its list of Resources for Optimal Care of the Injured Patient, in essence requiring that all US trauma centers provide SBI to be verified as a Level I or Level II Trauma Center. The ACS requirement provides an opportunity to evaluate the impact of SBI in trauma centers from the perspective of a wide-reaching public health implementation.

Objective: This presentation provides estimates of the effect of the ACS requirement on injury recidivism rates and costs of readmission.

Methods: Using the State Inpatient Database (SID) of the Healthcare Cost and Utilization Project (HCUP), we examine cost per admission, length of stay and revisits among trauma center hospitals in Arizona before and after implementation of the ACS/COT's SBI requirement. Re-admission was defined as any visit within 1 month of an index visit. The State of Arizona was selected because it had continuous SID data collection for the years 2004-2010, seven trauma centers, and had not been the recipient of large Federal SBI-related funding.

Results: The cost per readmission decreases post-implementation. Results are mixed for length of stay and revisits.

Discussion: Although further analyses are needed, our results provide support for alcohol SBI as a public health approach to reduce the costs associated with alcohol misuse.

Thursday, 27th September 15.20-16.35
Room 2 (Aula 2)
SESSION 10: EIBI/SBI in maternity services, child health care and any social sector
Chair: Mireia Jané

Presentation 1

TITLE: A realist evaluation of Screening and Alcohol Brief Intervention in antenatal care

AUTHOR: Lawrence Doi, Jepson, Ruth; Cheyne, Helen

Introduction: While there is strong evidence of the benefits of screening and alcohol brief interventions (ABIs) in reducing hazardous and harmful drinking among the primary care population, evidence of their effectiveness with the antenatal care population is limited. Nevertheless, in a bid to protect the health and safety of the unborn child, the Scottish Government has recently incorporated screening and ABI as part of the routine antenatal care.

Objective: To increase understanding of the factors likely to influence the effectiveness of the recently implemented screening and ABIs in Scottish antenatal settings.

Methods: The study employed a realist evaluation methodology, which focuses on the interaction between context and mechanism to produce outcome patterns. Systematic reviews and face-to-face interviews provided data that informed the study. The qualitative data was analysed by thematic content analysis.

Results: Training and resources provided to midwives improved their skills and confidence. However, as many of the women reported to have reduced or abstained from alcohol in pregnancy, most of the midwives had not subsequently employed the skills for example, motivational interviewing, acquired from the training. Midwives' confidence decreased leading to missed opportunities to appropriately deliver ABIs to eligible women. This then negatively influenced midwives' attitudes as they then accorded ABI a low priority in their workload, especially at the first interview where competing priorities abound. Lack of adequate rapport at the first interview also led to women providing socially desirable responses to alcohol consumption questions.

Discussion: In training midwives, emphasis should be that ABI is equally effective to other more intense treatment regimes and not part of a referral pathway. Because trust-based relationships are essential to effective screening and ABI delivery, delivering them at the first appointment when they are likely to make the most impact, may be particularly challenging.

Presentation 2

TITLE: SIPS JR HIGH - A feasibility trial of screening and brief alcohol intervention using Mi principles to prevent hazardous drinking in young people aged 14-15 in a high school setting in the UK

AUTHOR: Dorothy Newbury-Birch, Simon Coulton, Paolo Deluca, Mark Deverill, Colin Drummond, Eilish Gilvarry, Denise Howel, Eileen Kaner, Kirsty Laing, Paul McArdle, Elaine McColl, Ruth McGovern, Stephanie O'Neil, Chris Speed, Elaine Stamp, Les Tate

Introduction: While the overall proportion of young people drinking alcohol in the UK appears to have decreased in recent years, those who do drink appear to drink a larger amount, and more frequently. To date, there has been very little work in the UK on early identification (screening) and brief intervention to reduce risky drinking in younger adolescents (aged 11-15).

Objective: This trial aims to explore the feasibility of delivering brief alcohol intervention using MI principles in a school setting.

Methods: 7 schools across one small geographical area have been recruited. Participants will be Year 10 pupils (aged 14-15) who screen positively for alcohol misuse using an alcohol screening questionnaire and who consent to take part in the trial. Year 10 pupils in all 7 schools will be followed up at 6 and 12 months; and young people recruited into the trial will also complete the Timeline Follow Back (TLFB) questionnaire at 12-month follow-up. Each school was randomly allocated to one of three intervention conditions: provision of an advice leaflet (control condition); a 30-minute session of structured advice using MI principles L1 (level 1 condition) and a 60-minute session using MI principles involving family members L2 (level 2 condition).

Results: Recruitment is ongoing at present; to date 50 cases have been recruited to both the control and level one condition with 70 to the L2 condition, of the 70 recruited to the L2 condition so far 25 young people have agreed to a level 2 intervention. Qualitative work is being carried out with staff/young people and parents. These results will be discussed further in the presentation.

Discussion: Results from this feasibility trial will inform the development of a definitive randomised controlled trial (RCT) to evaluate the effectiveness and cost-effectiveness of screening and brief alcohol intervention to reduce hazardous drinking in adolescents in a school setting. Our hypothesis for the definitive RCT will be that brief intervention is more effective and cost-effective at reducing hazardous drinking in adolescents than a control condition of usual advice in high/comprehensive schools.

This project was funded by the National Institute for Health Research Public Health Research (NIHR PHR) programme (project number 10/3002/07). Visit the PHR programme website for more information. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the PHR programme, NIHR, NHS or the Department of Health.

Presentation 3

TITLE: Antenatal professionals' perception and intervention regarding consumption of alcohol and drugs during pregnancy

AUTHOR: L. Segura, M. Jané, C. Martínez, and A.I. Ibar, J. Colom

Introduction: In Catalonia, the programme "Alcohol and Drug Free Pregnancy" is due to be launched, seeking to raise sensitivity among the general population regarding the harm associated with the consumption of alcohol during pregnancy, and to train professionals with regard to how to carry out early detection and brief intervention in these cases, in order to reduce the number of pregnancies exposed.

Within the frame of this programme, an evaluation is being carried out before and after implementation to see whether the programme causes changes in the perception, attitudes and conduct of the general population and of the professionals themselves.

Shown below are the baseline results of the study with professionals from sexual and reproductive health care units (ASSIR)

Method: A semi-structured interview of 33 questions has been prepared on the perception of the role of professionals and of the consumption of alcohol, tobacco and other drugs during pregnancy and lactation, and telephone interviews were conducted with a representative sample of professionals (gynaecologists and midwives) from centres for sexual and reproductive care throughout Catalonia.

Results: 64 professionals were interviewed, from 33 ASSIR centres in Catalonia. The average age of the professionals is 46.8 years (ranging from 27 to 63 years of age). 89.1% are women.

More than half of the professionals interviewed have been working for more than 20 years, and 60.9% carry out their profession in an urban setting.

The majority of the professionals (78.1%) consider that it is very important to know the habits of consumption of alcohol, tobacco and other drugs, and say that they ask about this from the first visit and recommend that patients do not consume any kind of drug (98.4%) and that they do not drink any alcohol at all (89.1%).

62.6% of the professionals state that they have encountered certain difficulties when it comes to intervening with women who drink alcohol and drugs during pregnancy; particularly, coordination with other services, not knowing how or where to refer the patient and coping with the woman's resistance.

It can be observed that the main intervention carried out by the professionals, not only if the woman drinks or takes other drugs but also if she is dependent, is to refer her to a specialist, followed by advice and follow-up.

Conclusions: Professionals know the serious problems for the child associated with the consumption of alcohol and drugs by the woman during pregnancy or lactation. Training the professionals in coping with the resistance of the patient and in brief advice would enable the efficiency of interventions in this field to be increased. It would also mean a reduction in pregnancies exposed to alcohol or other drugs and an increase in the degree of satisfaction of professionals with their job.

The deployment of the programme "Alcohol and Drug Free Pregnancy", besides raising awareness in the general population, seeks to give professionals tools to carry out their interventions related to the consumption of alcohol and drugs during pregnancy.

Presentation 4

TITLE: Screening and brief physician advice to reduce teens' risk of substance-related car crashes: an international trial

AUTHOR: Sion Harris, Ladislav Csémy, Lon Sherritt, Shari Van Hook, Olga Starostova, Janine Bacic, Caroline Finlay, John R Knight and the New England Partnership for Substance Abuse Research.

Introduction: Motor vehicle crashes are one of the leading causes of death among adolescents worldwide, and substance use is often involved. Primary care provider guidance might reduce this risk.

Objective: To test the effects of a computer-facilitated Screening and Brief Advice (cSBA) protocol on adolescents' driving while impaired (DWI)/riding with an impaired driver (RWID) in the USA and Czech Republic (CZR).

Methods: Quasi-experimental, asynchronous design: 12-18 yr olds at 9 New England (N=2096) and 10 Prague (N=589) medical offices completed measurements only during an 18-month Treatment As Usual (TAU) phase. We then conducted 1-hour provider trainings, initiated the cSBA protocol, and recruited patients during the subsequent 18-month cSBA phase. Before seeing the provider, cSBA participants completed a computerized CRAFFT screen and then viewed screening results, scientific information, and true-life stories illustrating the harmful effects of substance use and DWI/RWID. Providers received screening results and "talking points" prompting 2-3 minutes of brief advice. We assessed past-90-day DWI/RWID pre-visit, 3- and 12-months post-visit. We used GEE logistic regression to analyze the intervention effect at follow-up, controlling for baseline DWI/RWID, substance use, demographics, peer/family substance use, site/provider/visit characteristics, and multi-site sampling.

Results: Participation, 3- and 12-month retention rates were: USA 87%, 72%, 74%; CZR 100%, 91%, 90%. Baseline past-90-day DWI/RWID rates were 31% (5% DWI, 31% RWID) in the USA and 22% (1% DWI, 22% RWID) in CZR. cSBA showed more than a 30% reduction in DWI/RWID at 3 months in both countries (adjusted relative risk ratios [ARRR], 95%CI: USA 0.64, 0.47-0.88; CZR 0.61, 0.43-0.86), but the effect had dissipated by 12 months (USA 0.87, 0.67-1.14; CZR 0.81, 0.59-1.13).

Discussion: Computer-facilitated screening with physician brief advice shows promise for reducing adolescents' risk of injury from substance-related car crashes. Strategies for extending the effect are needed.

Thursday, 27th September 15.20-16.35
Laboratori de les arts
SESSION 11: Changing Scotland's Relationship with Alcohol: Sharing the lessons of ABI
Chair: Richard Saitz

Presentation 1

TITLE: Scotland's ABI policy / programme overview - national progress since 2009

AUTHOR: Sarah Currie, Tessa Parkes, Clare Beeston, Andrew McAuley

Introduction: Alcohol Brief Interventions (ABIs) are part of Scottish Government's wider strategy to tackling alcohol, adopting a whole population approach through our Alcohol Framework, Changing Scotland's Relationship with Alcohol. Increased investment to fund early intervention services has aimed to address hazardous or harmful drinking before more serious health problems develop.

Objective: Programme was delivered to ensure ABIs are embedded into routine practice with early intervention/prevention approaches forming key element of local strategies and support culture change.

Methods: Three year national health improvement target introduced in 2008, based on national clinical guideline, requiring NHS to deliver ABIs within priority settings of Primary Care, Accident & Emergency (A&E) and Antenatal care. Investment in national training programme and ABI competency framework developed/ delivered by NHS Health Scotland to ensure competent and confident staff. Supported by national guidance, strategic leadership, local visits and national learning/planning events.

Target extended for 2011-12 prior to establishing health improvement standard for 2012 onwards. Intention to reinforce direction of travel towards sustaining ABIs in priority settings and embed ABIs across wider settings to build evidence base. Included incorporation of findings from ABI national evaluation (see Abstract 2). ABI standard national guidance and evaluation support made available for 2012-13, encouraging effective planning/evaluation to develop the evidence base and inform future service delivery (see Abstract 3).

Results: Excellent progress on delivery of national ABI programme. Original health improvement target achieved by NHSScotland in 2011, delivering over 174,000 ABIs. More than 8,200 doctors/nurses trained. Projected to deliver 2011-12 target of 61,081 ABIs.

Targets have established ABIs as key early intervention with opportunity to improve cost-effectiveness through delivery.

Discussion: Adopting standard provides a sustainable approach, effective partnership working and emphasises robust delivery of ABIs to remain a cornerstone of our efforts to reduce alcohol-related harm in Scotland. Strong relationships with those who deliver ABIs enables us to consider opportunities/challenges that lie ahead in wider settings and potential for further evidence of individual/population level impact.

Presentation 2

TITLE: An evaluation to assess the implementation of NHS delivered Alcohol Brief Interventions in Scotland

AUTHOR: Tessa Parkes, Douglas Eadie, Iain Atherton, Dennis Petrie, Josie Evans, Iain Atherton, Dennis Petrie, Josie Evans, Douglas Eadie, Iain Atherton, Dennis Petrie, Josie Evans

ABSTRACT CONTENT

Introduction: The evaluation of the implementation of NHS delivered ABIs in Scotland is one of seven projects led by NHS Health Scotland, on behalf of the Scottish Government, within the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme. This is tracking the implementation process, reach and outcomes of key actions in Scotland's Alcohol Strategy; assessing the extent to which attributable outcomes are achieved and identifying any unintended outcomes/displacement effects.

Objective: This evaluation aimed to assess the process of implementation of ABIs in order to determine how best to support the embedding of ABIs, post national health improvement target.

Methods: This mixed methods study focused on implementation of ABIs in primary care settings. National and health board level data were also collected in Accident and Emergency and Antenatal care settings. National and local health board level administrative data were utilised. Semi-structured, qualitative interviews were also conducted with a range of national and local informants, including front-line healthcare staff and patients within primary care.

Results: NHSScotland achieved, and exceeded, its original three-year ABI target. The evaluation found considerable variation across Scotland, however, in organisational structures/models of delivery. A number of common features were identified and those which appeared to support implementation included: the availability of government funding; nationally co-ordinated and locally supported training; and national, health board and setting level 'leaders' able to support and encourage implementation. Perceived barriers included: the lack of 'lead in' time to set up organisational structures; competing priorities; an initial lack of adequately trained staff and difficulties maintaining trained staff levels; and problems associated with the mechanisms for recording delivery.

Discussion: Early signs of the embedding of ABIs into routine practice were evident in some health boards and settings although variance within-setting and across-NHS boards, alongside difficulties in recording ABI delivery, prevented accurate determination or comparison regarding programme reach or impact.

Presentation 3

TITLE: Building the evidence base for ABIs in wider settings

AUTHOR: Garth Reid, Clare Beeston, Ruth Jepson

ABSTRACT CONTENT

Introduction: Over the last 4 years, health services in Scotland have established projects to deliver Alcohol Brief Interventions (ABIs) in health care settings. Some areas are now expanding delivery to wider healthcare and non-healthcare settings. There is currently limited evidence of either the feasibility or effectiveness of ABIs in these wider settings and there is a desire to use current opportunities to develop and deliver robust, well evaluated projects that improve outcomes and add to the evidence base.

Objective: To increase understanding of research and the range of evaluation methods relevant to assessing the impact of ABIs and to increase understanding of the feasibility and effectiveness of ABIs in wider settings.

Methods: ABI delivery and evaluation will be supported by National Guidance for planning and evaluating interventions; workshops to support local areas to develop robust planning and evaluation plans; 1:1 support by evaluation specialists: funding of robust evaluations of projects; mentoring support and research fellowships to enable individuals to develop their research skills.

Results: A workshop on evaluation for ABI leads working in wider settings has been delivered with 19 participants taking part. Participants agreed to collect a standard "minimum data set", to be subsequently used for monitoring and evaluation purposes, which includes basic demographic data and units of alcohol consumed. Participants also agreed to follow up service users to evaluate changes in alcohol consumption and other outcomes subsequent to receiving an ABI.

Discussion: This is a new approach to supporting robust evaluation in real-life settings. Reflections on the process so far will be discussed as well as the results to date - for example, details of evaluation projects which have been funded.

Presentation 4

TITLE: Alcohol Brief Interventions in the Scottish Criminal Justice Setting: A Pilot Project

AUTHOR: Andrew McAuley, Lesley Graham,Kate Skellington-Orr, Shirley McCoard

INTRODUCTION: The links between alcohol and crime are increasingly apparent. Alcohol problems are more common in offenders than in the general population. Alcohol Brief Interventions (ABIs) have been identified as a potential way to address the alcohol problems of offenders. However, there is limited evidence to date of the effectiveness of ABIs in community justice settings.

OBJECTIVE: To assess the feasibility and potential effectiveness of using ABIs in day-to-day practice in community justice settings.

METHODS: A randomised control design in which staff were randomly allocated to either a control group (screening/information) or an intervention group (screening/ABI). The evaluation was conducted using a mixed-methods approach, utilising alcohol screening (using AUDIT), staff surveys, qualitative interviews and focus groups.

RESULTS: 195 of 419 offenders approached met the eligibility criteria and provided verbal consent to be screened. AUDIT scores showed that: 41% fell into the low risk category; 42% fell into the harmful/hazardous category; and 17% fell into the possibly dependent category.

Among those demonstrating harmful/hazardous drinking behaviour, 52% (n=43) went on to receive an ABI. Despite establishing study protocols and pathways, there was a lack of robust follow-up data collected to evidence the impact of the ABI on future drinking, offending or other health and social outcomes.

Qualitative data suggested that there had been few administrative or operational barriers to implementing the pilot, and ABIs had been delivered at relatively low cost in this setting. Main barriers to implementation identified by community justice staff were related to role legitimacy.

DISCUSSION: The pilot was successful in targeting ABIs effectively within a population with high levels of need. Additionally, the pilot successfully highlighted that the community justice setting does afford an opportunity to reach some of those most at risk of alcohol-related harm. Facilitators and barriers to delivery were similar to those found within other settings.

Thursday, 27th September 16.45-18.00
Room 1 (Aula 1)
SESSION 12: Brief intervention research in the emergency department: recruitment, assessment, and intervention in NIDA CTN Protocol 0047: SMART-ED
Chair: Michael Bogenschutz

Presentation 1

TITLE: Brief intervention research in the emergency department: recruitment, assessment, and intervention in NIDA CTN Protocol 0047: SMART-ED.

AUTHOR: Michael Bogenschutz, Alyssa Forcehimes, Dennis Donovan, Alyssa Forcehimes, Cameron Crandall, Raul Mandler, Harold Perl, Robert Lindblad, Neal Oden, Robrina Walker

Introduction: Although there is fairly strong evidence that SBIRT models can have beneficial effects on alcohol use and consequences in Emergency Department (ED) patients with alcohol use problems, the effects of such interventions on drug use disorders is much less clear.

Objective: The National Drug Abuse Treatment Clinical Trials Network implemented the SMART-ED study in 6 general acute care emergency departments in the United States (total n = 1285) in order to assess the efficacy of a particular brief intervention approach for patients with probable drug use disorders who present for medical treatment in EDs.

Methods: Recruitment for this study was completed in February 2012, and baseline data are now presented.

Results: In this symposium, the first presentation will cover background, rationale, and description of the study. The second presentation will discuss study implementation from the ED perspective, including discussion of recruitment procedures, baseline sample characteristics, and differences among sites. The third presentation will focus on the brief intervention used in this study, including description of the intervention, training and supervision, and fidelity monitoring data. The final presentation builds on the third, providing qualitative data regarding session content from study therapists who administered the brief interventions, including both the therapists who conducted the initial intervention sessions while the patient was in the ED, and those who completed booster sessions by phone during the weeks following the baseline initial session.

Discussion: In this study, methodology of recruitment, assessment, and intervention was successfully adapted to the ED setting to maximize trial performance without compromising rigor.

Presentation 2

TITLE: Participant recruitment in the SMART-ED study

AUTHOR: Cameron Crandall, Raul Mandler, Michael Bogenschutz, Dennis Donovan, Lindsay Worth, Robert Lindblad

Introduction: Medical settings such as emergency departments (EDs) present an opportunity to identify and provide services for individuals with substance use problems who might otherwise never receive any form of assessment, referral, or intervention. Although Screening, Brief Intervention, and Referral to Treatment (SBIRT) models have been extensively studied and are considered effective for individuals with alcohol problems presenting in emergency departments and other medical settings, there is much less evidence concerning the efficacy of such interventions for drug users presenting in EDs.

Objective: Here we describe the design of the NIDA CTN SMART-ED trial, with a focus on the screening, assessment, treatment conditions, and follow-up procedures.

Methods: 1285 ED patients who screened positive for current problematic substance use were randomly assigned to: (1) Minimal screen only (MSO), (2) Screening, assessment, and referral to treatment (if indicated) (SAR); or (3) Screening, assessment, and referral plus a brief intervention (BI) with two telephone follow-up booster calls (BI-B). BI-B therapists received considerable training, ongoing supervision, and formal fidelity monitoring. The three-arm design was implemented to control for assessment reactivity.

Results: Sites recruited an average of approximately 21 participants per site per month. Treatment exposure was nearly universal for the initial BI, but a significant number of participants could not be reached for one or both of the booster sessions. Although follow-up is ongoing, current rates of follow-up exceed those specified in the analysis plan.

Discussion: The study was completed on time, with good treatment exposure, strong attention to treatment fidelity, and excellent follow-up rates. Study outcomes should provide strong evidence regarding the efficacy of this brief intervention strategy for drug users presenting in medical EDs.

Presentation 3

TITLE: Screening, enrollment, and assessment in the SMART-ED study

AUTHOR: Robert Lindblad, Michael Bogenschutz, Dennis Donovan, Ro Shauna Rothwell, Robrina Walker, Neal Oden, Harold Perl, Cameron Crandall

Introduction: Implementation of a complex clinical trial in the ED is challenging, as the value of rigorous assessment and internal validity must be balanced against practical constraints of the setting.

Objective: Here we describe key features of study implementation in the ED, including staffing, timing of assessments, integration within the ED, screening procedures and data collection, and provide baseline data on the screened and randomized samples, including drug and alcohol use data and demographic characteristics.

Methods: Participants were screened using a composite measure including items from the Heavy Smoking Index, the AUDIT-C, and the DAST-10. Participants were excluded unless they had a DAST score of 3 or more and reported use of their self-identified primary problem substance in the past 30 days. Written informed consent was obtained only after screening. Participants in the SAR and BI-B groups received further assessment using the NM-ASSIST and time-line follow-back. Hair testing was used as an objective measure of substance use.

Results: 14,972 participants completed the screening instrument, of whom 4005 (27%) reported past 30-day drug use and 1285 (8.6%) were randomized. Within the randomized sample, primary problem substances were cannabis (44%), cocaine (27%), opioids (22%), methamphetamine (4%), sedatives-hypnotics (2%), and hallucinogens (1%). These frequencies varied markedly among the six sites. Participants used their primary substance an average of 16 out of the past 30 days. Of the randomized participants, 70% were male, and mean age was 36 ± 12. 50% were White, 35% were Black, and 24% were Hispanic. Educational level was low, with 32% having 1-11 years of schooling, and only 9% being college graduates. Only 9% were married, 19% had full-time jobs, and 42% were unemployed. 63% had household incomes below $15,000.

Discussion: Study procedures identified a sample that was diverse with respect to substance of abuse and ethnicity, used drugs frequently, and had very low socioeconomic status.

Presentation 4

TITLE: Intervention Training, Supervision and Fidelity Monitoring in the SMART-ED study

AUTHOR: Alyssa Forcehimes, Wilson, K., Moyers, T., Tillman, J., Dunn, C., Lizarraga, C., Ripp, C.

ABSTRACT CONTENT

Introduction: Effective training and ongoing coaching in psychosocial treatment modalities is critical to maintaining fidelity in both research and practice. Maintaining fidelity may be particularly challenging in emergency department settings due to the fast pace and competing urgent and emergent priorities.

Objective: Here we describe intervention training, certification, supervision and fidelity monitoring procedures used in the NIDA CTN six-site Screening, Motivational Assessment, Referral and Treatment (SMART-ED) trial.

Methods: Interventionists received a 2-day training in basic motivational interviewing skills, followed 1 month later by a 2-day training in the specific intervention used in this trial. Practice sessions with consenting ED patients were reviewed by expert raters, using the Motivational Interviewing Treatment Integrity scale (MITI, v.3.1.1), to determine if interventionists had reached benchmark scores and were therefore certifiable. Clinical supervision of interventionists was conducted independently of fidelity monitoring; centralized fidelity monitors reviewed 12% (n=96) of interventionists' sessions and reported MITI scores to clinical supervisors to offer objective feedback regarding their supervisee's performance. Clinical supervisors conducted bi-weekly phone supervision, discussing MI fidelity and clinical issues. Following completion of the trial, 20% of the interventionist sessions (n=161), of which 30% (n=55) were coded by two independent raters to assess inter-rater reliability, were randomly selected and coded for overall trial fidelity.

Results: Participating interventionists were 21 females and 12 males with little experience in addiction counseling (M=1.58+2.5 years). Fidelity monitoring during the trial successfully prevented drift and identified only one interventionist in need of remedial supervision. Bi-weekly coaching continued throughout the trial and interventionists found these sessions useful in maintaining their skills. Results from fidelity monitoring indicate above average performance on MITI scores.

Discussion: The two-stage interventionist training, bi-weekly supervision, and ongoing monitoring produced excellent results and prevented drift. This model may bestow an advantage for learning and implementing brief interventions based on a MI approach.

Presentation 5

TITLE: Qualitative reports of interventionists in the SMART-ED study

AUTHOR: Dennis Donovan, Melissa Phares, Ernie McGarry, Julie Taborsky, Courtney Fitzgerald, Alyssa Forcehimes, Mary Hatch-Maillette, k. Michelle Peavy

Introduction: Interventionists involved in the NIDA Clinical Trials Network (CTN) Screening, Motivational Assessment, Referral and Treatment (SMART-ED) protocol conducted 30-minute motivational enhancement therapy sessions with patients presenting to medical EDs who screened positive for problematic substance use. Interventionists, working from a centralized call center, attempted to complete two 20-minute telephone "booster" sessions within a week following a patient's ED discharge.

Objective: To present brief interventionists' and booster interventionists' perspectives on the experience of providing brief interventions in a medical ED setting and over the phone.

Methods: Following completion of the treatment phase of the study, brief and booster interventionists reported the unique challenges and lessons learned as part of their final supervision session and in discussions with the research team. We describe the rationale and format of intervention and booster sessions, and offer a qualitative perspective on the unique challenges, lessons learned, and themes that emerged.

Results: Themes emerging in the brief interventionists' reports included: (1) Challenges of conducting SBIRT inherent in the nature of the ED, including patient flow, availability of space, frequent interruptions, privacy and confidentiality, and patient acuity. (2) Maintaining focus on addictions in the face of competing priorities, including medical reasons for ED visit and other psychosocial/mental health needs. (3) Using MI techniques appropriately during intervention, and not using them during screening and assessment. Themes from the booster interventionists' reports included (1) Difficulties reaching and engaging participants following their ED visits. (2) Differences in engaging individuals who viewed their ED visits as related or not to their drug use. (3) Differences in the perceived need and willingness to change behavior between those whose primary drug is marijuana versus other classes of drugs.

Discussion: There are many complexities involved in providing brief addiction intervention in the ED and in delivering a brief intervention over the phone.

Thursday, 27th September 16.45-18.00
Room 2 (Aula 2)
SESSION 13: EIBI/SBI implementation as a public health tool
Chair: Allaman Allamani

Presentation 1

TITLE: The challenges facing brief intervention delivery across health and social care setttings in England

AUTHOR: James Morris

Introduction: Brief interventions have gained increasing recognition within public health policy in the England. At national, regional and local level, policies and strategies have

identified SBI as a key objective. Nonetheless, routine delivery in key settings, and opportunities for development in others is still limimited. What are the key challenges facing progress?

Objective: Identify the challengs and opportunites to improve the delivery of alcohol brief interventions across health and social care settings in England.

Methods: Review relevant pulished and grey literatiture and apply author and expert input.

Results: To be finilized. Existing summary: brief interventions are taking place inconsistently and often of poor quality accross some key settings such a primary care. Implementation across other health, social and criminal justice setttings appears more limited. Further setttings such as the workplace, even less so.

Discussion: Barriers to the widerspread delivery of brief intervention may have been under-estimated and need significant attention if they are to be overcome. Organisational change is required which means more sophisticated and robust strategies are required, rather than more typical expecatations of training as sufficient to achieve implementation.

Presentation 2

TITLE: Project SPIRA (Secondary prevention in Primary health care – Implementation of methods to reduce Risk drinking of Alcohol)

AUTHOR: Frida Silfversparre, Fredrik Spak

Introduction: In 2009 a project named SPIRA (Secondary prevention in Primary health care – Implementation of methods to reduce Risk drinking of Alcohol) was launched with the aim to investigate different methods that can draw attention to and detect risk-behavior concerning alcohol among people that seek care at primary health care centers in Sweden.

Objective: To investigate whether BI had any influence on life quality and alcohol consumption on individuals visiting Primary Health Care Units in Sweden.

Method: 16 PHC units participated in this project and were randomized into four different groups. These groups received two different education programs in how to detect and treat people that have a risk-behavior concerning alcohol consumption and half of the units also were assisted by a implementation coach in the active study phases. Intervention was done with a 5-A Brief Intervention (BI) model. 2918 patients participated and of those 371 received advises to change their alcohol consumption. The data collection was done 2010-2011. 643 respondents have in 2012 been contacted by phone and asked alcohol-related questions in order to detect consumption or life quality changes after the visit at the PHC unit.

Results: The AUDIT-C total score for female risk drinkers that received BI significantly declined from 4.89 to 4,36. The total AUDIT-C score for male risk drinkers declined from 6.,23 to 5,52, but this result was not significant. Patients between 56-76 was the age category that most often received BI

Conclusions: The AUDIT-C total scores have declined for all groups, and this decline was statistically significant for female patients.

Presentation 3

TITLE: Linking SBIRT to Colorado's Winnable Public Health Battles: Innovative approaches to statewide dissemination of screening, brief intervention, and referral to treatment

AUTHOR: Leigh Fischer, Carolyn Swenson

Introduction: The State of Colorado identified ten winnable public health battles to address the leading causes of death and disability, and set a goal to achieve measurable impact quickly. Unhealthy alcohol use is associated with many of the battles including motor vehicle safety, falls in older adults, gonorrhea, depression and suicide, tobacco use in youth, obesity and unintended pregnancy. Additionally, substance abuse prevention is one of the winnable battles. In 2011, Colorado was awarded a second five-year grant by the Substance Abuse Mental Health Services Administration to implement screening, brief intervention, and referral to treatment (SBIRT). Widespread dissemination of SBIRT could accelerate Colorado's progress at winning these battles.

Objective: To share lessons learned from dissemination, implementation and evaluation of SBIRT in diverse settings from 2007-2012.

Methods: 115,215 patients in 12 sites, including health centers, hospitals, emergency departments, dental practices, and HIV clinics, were administered the Alcohol Smoking and Substance Involvement Screening Test (ASSIST). Clinical guidelines and supplemental materials were developed and disseminated to over 7,000 primary care providers. Quality improvement activities and skills-based trainings were offered to clinical and community-based settings. An online resource was created for screening and linking people to local treatment and recovery support services

Results: 11.5% of patients scored in need of a brief intervention and 5.7% scored in need of a treatment referral. Key informant interviews and focus groups identified critical factors for sustainability: 1) staff support at all levels of the organization; 2) protocols for integration into clinic flow; 3) adequate referral systems and resources; 4) ongoing trainings; 5) promotion of SBIRT through champions; and 6) clear funding sources, including reimbursement.

Discussion: Healthcare providers and community based organizations can directly impact the health of the population they serve by implementing SBIRT. Solutions to barriers and innovative opportunities were identified in order to link SBIRT to Colorado's winnable battles.

Thursday, 27th September 16.45-18.00
Laboratori de les arts
SESSION 14: EIBI/SBI and the internet
Chair: Paul Wallace

Presentation 1

TITLE: Internet-based Self-Assessment and Monitoring of Problematic Alcohol and Drug Use: Two Randomized Controlled Trials

AUTHOR: Kristina Sinadinovic, Peter Wennberg, Magnus Johansson, Anne H Berman

Introduction: Effective treatment methods for reducing problematic substance use delivery by professional treatment providers are highly underutilized since the vast majority of the substance users never seek professional help for their problematic use. In recent years, Internet-based interventions have been recognized as potentially effective tools for reaching individuals with problematic substance use and reducing such use.

Objective: To explore the effectiveness of eScreen.se, an Internet-based screening and brief intervention service, among problematic substance users recruited via the Internet while searching for information about alcohol or drugs.

Methods: The effects of eScreen.se on reducing problematic substance use were explored in two randomized controlled trials, one with 634 problematic alcohol users followed up for 12 months and one with 202 illicit drug users followed up for 6 months. In both trials, eScreen.se was compared to Internet-based assessment only and in the alcohol trial, also to a more intensive CBT- and MI-based online intervention Alkoholhjalpen.se.

Results: The two randomized controlled trials showed that eScreen.se was associated with a decrease in substance use occurring in the first three months and maintained for up to 12 months. However, among individuals with problematic alcohol use, eScreen.se was equally effective to Internet-based assessment only with partial indications that use of the more intensive CBT- and MI-based Internet service Alkoholhjalpen.se was more effective in reducing problematic alcohol use. Partial indications from the drug study showed that the use of eScreen.se among illicit drug users was more effective in reducing drug-related problems than Internet-based assessment only. Use of eScreen.se was also associated with decreasing alcohol consumption and alcohol-related problems among drug users also after the first three months, a result not found in the assessment-only group.

Discussion: In the light of the small number of RCT studies on Internet-based services targeting problematic substance users from the general population, particularly drug users, this study contributes important data suggesting the need for further research.

Presentation 2

TITLE: EFAR FVG: a randomised controlled non-inferiority trial of web-based approach to alcohol reduction in risky drinkers in Region Friuli-Venezia Giulia

AUTHOR: Pierluigi Struzzo, Richard Mc Gregor, Harris Ligidakis, Roberto Della Vedova, Lisa Verbano, Costanza Tersar and Paul Wallace

Introduction: A facilitated access to an alcohol reduction website could offer primary care professionals an attractive and effective time-saving alternative to face to face intervention. The acceptability of this approach is being studied in the FP7 ODHIN trial, but there is currently only limited evidence about its effectiveness.

Objective:

1) A randomized controlled study funded by the Italian Ministry of Health will be performed to test the hypothesis that brief intervention for risky drinkers delivered in primary care through a website has equivalent or superior outcomes to face to face brief intervention.

2) A support network of Local Authorities will be created and barriers and incentives to their participation will be investigated using qualitative and quantitative methodologies.

Methods: Randomised controlled non-inferiority trial for risky drinkers comparing facilitated access to a dedicated website with face to face brief intervention in general practices. Patients screening positive will be randomised to face to face intervention or facilitated access. The trial will be conducted in 4 phases: set-up (website development, beta testing and GP training), pilot study, main trial and community action (structured interviews and surveys of key stakeholders).

Results: The protocol and Phase I findings will be presented together with the development of the online screening tool, consent form, assessment and randomisation modules, intervention website and training for GPs. Progress will be reported on the creation of a core group of local authorities to work jointly with GPs to reduce risky drinkers, and the establishment of new roles for GPs as local community alcohol consultants

Discussion: The challenges of delivering the trial will be discussed in the light of the findings from Phase 1. As the project relates to a multi-country research proposal (eFAR-UKAIS) involving Australia, Italy Spain and the UK, the implications for this international initiative will also be discussed

Presentation 3

TITLE: The College of Family Physicians of Canada Alcohol SBIR Initiative: A Web Based Tool for Primary Care Clinicians

AUTHOR: Peter Butt, Canadian Centre on Substance Abuse and College of Family Physicians of Canada

Introduction: The Canadian Centre on Substance Abuse partnered with the College of Family Physicians of Canada to develop a web based Alcohol SBIR tool (www.sbir-diba.ca). It defines Low Risk based on Canada's new National Low Risk Drinking Guidelines; explores reasons for abstinence; prompts clinicians to individualize personal risks

based on sub-population factors; provides advice with embedded links to resources for Elevated Risk, Alcohol Abuse and Alcohol Dependency; incorporates appropriate referral and follow-up information; and provides video examples of Motivational Interviewing to encourage uptake within clinical settings. The algorithm expands Alcohol SBIR from a population health intervention to a patient-centred Alcohol Use Disorder clinical tool. It provides both embedded and linked resources so clinicians can rapidly learn and respond to more problematic alcohol related problems.

Objective:

1. Learn the importance of primary care exploration of abstinence, when that is the patient's choice.
2. Explore the individualization of alcohol risk assessment in combination with a population health approach.
3. Understand the importance for Primary Care Physicians to incorporate the diagnosis and treatment of Alcohol Abuse and Alcohol Dependency in Alcohol SBIR.
4. Critique the inclusion of embedded and linked resources, including video vignettes, to assist in the uptake of SBIR.

Methods: Audience participation in the active exploration of the site will be encouraged.

Results: The tool will be completed by the conference, but an impact evaluation will not have been completed.

Discussion: Busy Primary Care Physicians, and other health care providers, must be able to confidently and efficently screen, intervene and address the broader spectrum of Alcohol Use Disorders if SBIR uptake is to expand. Further, the complexity of primary care requires greater refinement in the application of population based Low Risk Drinking Guidelines to provide better informed, individualized alcohol use advice.

Friday, 28th September 09.00-10.00
Plenary (Auditori)
SESSION 15: What can digital technologies add to screening and brief intervention for alcohol misuse in healthcare settings?
Paul Wallace
Chair: Antoni Gual

Screening and brief interventions (SBI) head the list of effective evidence-based treatments for alcohol use disorders by healthcare professionals, and there is extensive evidence for their impact on mortality, health and social outcomes and healthcare resource use. However, healthcare professionals have been reluctant to engage with this kind of activity both because of the sensitive nature of the subject and because delivery can be time-consuming.

Digital technologies offer potential solutions to this problem. They are becoming increasingly widespread in healthcare settings and their low delivery costs make them highly attractive. Internet and mobile technologies have been shown to be effective for the treatment of depression, anxiety and smoking cessation. Online alcohol questionnaires have been shown to elicit more reliable responses on alcohol consumption than face-to-face interview, and compared with traditional prevention techniques, digital interventions delivered in classroom settings have been found to be more effective in preventing the misuse of alcohol and reducing alcohol-related harms in high-school students. There is substantial evidence on the effectiveness of digitally mediated SBI in university student populations, but the data on effectiveness in health care settings is limited.

A number of trials are currently underway to remedy this situation. The EU funded ODHIN trial will provide information about the impact of access to digitally mediated brief intervention (eBI) on levels of activity in general practice. The international EFAR trials in progress in northern Italy and in the planning stages in Australia, Spain and the UK have been designed to examine the impact of digitally mediated SBI (eSBI) on screening and intervention rates in general practice and to assess how well eBI performs in relation to face to face intervention and simple computer printout.

The potential for digital technologies to add to the reach and impact of screening and brief interventions in healthcare settings could be considerable. For example, eSBI could be delivered routinely in general practice using a virtual practice environment offering patients a range of digital healthcare facilities. GPs and other practice staff could actively promote the use of relevant components of the virtual practice environment, and eSBI could thus be offered to all patients with little additional effort or cost. Providing the evidence demonstrates acceptability and cost effectiveness of this approach, it could reasonably be promoted not only in general practice but also in hospital and other healthcare settings.

Friday, 28th September 11.00-12.15
Room 1 (Aula 1)
SESSION 16: EIBI/SBI, internet and new technologies
Chair: Tom Defillet

Presentation 1

TITLE: Users' experiences of seeking help with their drinking online and using an internet-based intervention

AUTHOR: Zarnie Khadjesari, Elizabeth Murray, Fiona Stevenson, Christine Godfrey

Introduction: There is a clear demand for Internet-based interventions for reducing alcohol consumption among the general population, as demonstrated by the large number of visitors to the Down Your Drink (DYD) website (UK) and similar websites in Canada, the US and the Netherlands. The evidence that these interventions can help people reduce their alcohol intake is mounting. What is lacking from the literature is an

insight into users' experiences of accessing such a website, and the extent to which it meets their needs.

Objective: To explore people's experiences of searching for help to reduce their drinking online and of using an Internet-based intervention.

Methods: Semi-structured interviews were conducted with a convenience sample of participants in the DYD trial, a large online trial of an internet-based intervention for reducing alcohol intake. Interviews were recorded and transcribed verbatim. Data were analysed by a multidisciplinary team using detailed thematic analysis.

Results: Eighteen participants were interviewed. Participant characteristics resembled those of the wider DYD trial. Most interviewees were aware that their drinking was a problem, which led them to search the Internet and register with the DYD trial in order to gain access to an intervention to help them reduce their drinking. While a few interviewees used DYD as a "one-stop shop", others found a range of resources helpful, including the trial assessment tool of past week drinking which was not distinguished from the DYD website as a whole. Almost all interviewees reported a perceived lack of services both online and offline for non-dependent drinkers wanting to moderate their drinking.

Discussion: The Internet provides a safe and anonymous setting for people to search for help with their drinking, at their convenience. Future research should consider the different ways in which people may benefit from an Internet-based intervention and how best to integrate these interventions into wider service provision.

Presentation 2

TITLE: Pilot Results from a Commercially Implemented Internet-Based Brief Intervention (IBI) for Canadian Students Living in Residence

AUTHOR: Trevor van Mierlo, Matthew George, Tim Fricker

Introduction: Check Your Drinking Residence Life (CYD-R: clc.checkyourdrinkingu.net) is an Internet-based Brief Intervention (IBI) offered to students living 22 residences in Ontario, Canada. In an RCT, problem drinkers who utilized the original intervention (CheckYourDrinking.net) reduced their alcohol intake by six to seven drinks per week at three and six-month follow-up. Campus Living Centres (CLC), a student housing management company, tailored the intervention for residents.

Objective: The objective of this study was to analyze usage patterns to better understand how CLC could increase IBI usage within college residences.

Methods: Students completed the IBI out of interest or due to sanctions. All participants consented to the use of their anonymized data for research purposes. Analyses were conducted using IBM SPSS statistics 20.

Results: 225 students completed CYD-R. 45.8% (n=103) indicated that they drank 2-3 times a week or more (frequent drinkers), and 54.2% (n=122) indicated that they drank 2-4 times a month or less (infrequent drinkers). 87% (N=196) reported consuming five or more drinks at least once per year. Students perceived their peers to pre-drink, drink, and binge drink significantly more often (p<.001, p<.001, p<.001) than they reported doing themselves. Those who lived in residence for one year or more (37%, N=83) reported pre-drinking, drinking, and binge drinking significantly more often (p=.018, p=.002, p=.019) than those who lived in residence for less than one year.

Discussion: Results suggest that students living in residence may hold misconceptions in regards to the amount and frequency of peer drinking behaviours. However, the relatively low uptake of CYD-R indicates that substantial efforts need to be made in order to increase usage. Specific strategies CLC is implementing to increase CYD-R usage will be discussed. Further research is required to analyze the effectiveness and use of IBI among student populations.

Presentation 3

TITLE: The Effectiveness of a the What Do You Drink Web-based Brief Alcohol Intervention in Reducing Heavy Drinking among Students: A Two-arm Parallel Group Randomized Controlled Trial

AUTHOR: Carmen Voogt, Evelien A. P. Poelen, Marloes Kleinjan, Lex A. C. J. Lemmers, and Rutger C. M. E. Engels

Introduction: The effectiveness of the What Do You Drink (WDYD) web-based brief alcohol intervention was evaluated among heavy drinking students at one and six months after the intervention. The WDYD is theoretically based on Motivational Interviewing principles and parts of the I-Change model.

Objective: To evaluate the effectiveness of the WDYD intervention among students engaging in heavy drinking at one and six months after the intervention.

Methods: A two-arm parallel group randomized controlled trial was conducted online in the Netherlands (2010-2011). Requirements for study participation were: 1) being between 18 and 24 years old, 2) reporting heavy drinking in the past six months, 3) being willing to change alcohol consumption, 4) having Internet access, and 5) giving informed consent. A total of 913 participants were randomized to the experimental (WDYD intervention) or control condition (no intervention). Measures were heavy drinking, that is, the percentage of participants who drink within the normative limits of the Dutch National Health Council for low-risk drinking; reductions in mean weekly alcohol consumption; and frequency of binge drinking.

Results: Intent-to-treat logistic and linear regression analyses revealed no significant overall intervention effects in reducing heavy drinking, binge drinking, and mean weekly alcohol consumption among students at one and six months follow-up. However intention-to-treat linear analyses of predictor-by-treatment interaction effects concerning mean weekly alcohol consumption at one month follow-up found significant effects for carnival participation (Beta = -0.08; CI = -13.52 to -1.74; p = 0.01), willingness to change alcohol consumption at baseline (Beta = -0.07; CI = -15.89 to 0.06; p = 0.05), and problem drinking at baseline (Beta = -0.08; CI = 14.09 to -1.24; p = 0.02).

Discussion: The WDYD intervention seems not well suited for a homogenous group of heavy drinkers, however it has a protective effect against increases in alcohol consumption for certain groups of heavy drinking students.

Friday, 28th September 11.00-12.15
Room 2 (Aula 2)
SESSION 17: Screening and Brief Intervention for Alcohol Problems in Mental Health Settings: New Findings, New Challenges
Chair: Robert Huebner

Presentation 1

TITLE: Screening and treatment of hazardous drinking among depression patients

AUTHOR: Derek Satre, Stacy Sterling, Constance Weisner

Introduction: Hazardous drinking can exacerbate depressive symptoms and have a negative impact on depression treatment outcomes. Likewise, depression is known to be a risk factor for the development of alcohol problems. Yet prior studies have not examined alcohol use patterns or interventions to reduce use among patients in treatment for depression.

Objective: This presentation describes prevalence studies in a psychiatric outpatient setting and results of a Motivational Interviewing (MI) intervention study to reduce hazardous drinking.

Methods: Initial prevalence studies among depression patients (N=1183) found that among those who consumed any alcohol in the past year, hazardous drinking in the past year was reported by 47.5% of men and 32.5% of women. The intervention study sample consisted of 104 patients ages 18 and over who sought services for depression treatment and reported hazardous drinking or drug use during clinical intake. At baseline, participants had a mean Beck Depression Inventory (BDI-II) score of 24.7 (sd=10.4). Participants were randomized to receive either 3 sessions of Motivational Interviewing (MI) or to a control condition in which they received a brochure regarding alcohol use and drug use risks. Follow-up interviews were conducted by telephone at 3 and 6 months, and 95% of participants completed study follow-up interviews at 6 months.

Results: Among participants reporting any hazardous drinking at baseline (N=73), MI-treated participants were less likely than controls to report hazardous drinking at 3 months (60.0% vs. 81.8%, p = .043).

Discussion: Results indicate that MI is a promising intervention to reduce hazardous drinking among depression patients and can be provided as a supplement to usual outpatient mental health treatment.

Presentation 2

TITLE: “What if”? Opportunities for Screening for Alcohol Problems within Mental Health Services

AUTHOR: Constance Weisner, Felicia Chi, Sujaya Parthasarathy

Introduction: The prevalence of alcohol problems among those with mental health (MH) problems is high, and the first contact with potential services often is in mental health (MH) settings.

Objective: To examine opportunities for screening, and assess the outcomes and costs of intervention for alcohol problems in MH settings.

Methods: We examined: 1) screening and intervention rates of adult problem and dependent drinkers in a California general population sample (N=1598) who received MH services (N=880); and 2) prevalence of co-occurring psychiatric and alcohol and/or drug (AOD) disorders of adults (N=24,392) within a health plan (Kaiser Permanente Northern California). We examined screening, intervention, referral patterns, and costs for MH and AOD utilization patterns.

Results: Both studies show high rates of co-occurring AOD and MH problems (both less severe and dependent). Among the general population, those who were alcohol dependent rather than problem drinkers were more likely to have a MH visit (44% vs.28%) and more likely to be screened (O.R.=2.18, p<.01). Problem drinkers were seldom screened, particularly those under age 25 (p<.01). Whether visits were in public or private MH systems did not make a difference. Many of the problem drinkers moved into dependence status over time. Results were similar for those in the health plan sample. The earlier that both diagnoses were made (in the same month), the greater was the likelihood of initiating treatment (O.R.=2.76, p<.01). Receiving services for both conditions reduced costs, particularly for inpatient and ER services (p<.01 for both).

Discussion: Although many alcohol-dependent and problem drinkers had mental health visits, few were screened or received an intervention in a timely way. However, when both services are received outcomes are improved. This poses both challenges and opportunities to the healthcare system; MH services provide important opportunities to address alcohol problems before they become severe.

Presentation 3

TITLE: Integrating Substance Use Screening for Adolescents into Mental Health settings: Rationale and Outcomes.

AUTHOR: Stacy Sterling, Felicia Chi, Andrea Kline-Simon

Introduction: Adolescent risk behaviors are often highly clustered, so screening in Mental Health (MH) settings may be even more important for this population than for adults.

Objective: We examined the role of screening in MH by describing findings from adolescent studies that examined co-occurring MH and substance use (SU) disorders, treatment utilization, and outcomes in an integrated health plan.

Methods: We examined: 1) the prevalence of co-occurring disorders (CODs), and factors associated with treatment initiation among adolescents (N=2,055) with CODs; 2) predictors of referrals by pediatricians to MH or SU treatment of adolescents with SU disorders (N=400); 3) the co-occurrence of MH disorders, pathways to treatment and outcomes in a treatment sample of adolescents (N=419); and 4) we used data from an RCT of adolescent SBIRT (N=1,070) to examine the prevalence of co-occurring problems, barriers to identification, referral, and treatment initiation.

Results: Teens with CODs identified in MH were more likely than those identified in primary care to initiate treatment (p = .05). In the referral study, twice as many teens with SUDs were referred to MH than SU treatment. In the SU treatment sample, we found: 1) high levels of CODs; 55% had a MH diagnosis, compared to 9% of matched controls (p<.001); and 2) low levels of identification and referral by psychiatric providers; fewer than half the sample seen in MH prior to intake received an SU diagnosis. In the SBIRT study, 35% of the teens screened positive for either SU, MH risk, or both. Many teens initially referred by providers for MH concerns, revealed SU risk upon further assessment.

Discussion: We found high rates of CODs among the adolescents in the health system, and that SU problems and CODs are insufficiently identified in MH settings. We discuss implications and opportunities for SBIRT for adolescents in MH.

Presentation 4

TITLE: Brief Alcohol Intervention in a Psychiatric Outpatient Setting

AUTHOR: Christina Nehlin Gordh, Anders Fredriksson, Leif Gronblad and Lennart Jansson

Introduction: Although brief alcohol intervention (BI) is widely studied, studies from psychiatric outpatient settings are rare.

Objective: The aims of this study were to investigate the effects of BI in a psychiatric outpatient setting and gain information about the feasibility of BI as performed by psychiatric clinical staff.

Methods: Psychiatric outpatients with AUDIT (Alcohol Use Disorders Identification Test) scores indicating hazardous or harmful drinking habits were invited to participate in the study. The outpatients were randomized to minimal (assessment, feedback and an information leaflet) or brief (personal advice added) intervention. Measurements were performed at baseline and at 6 and 12 months after the intervention. Primary outcome was changes in alcohol habits at the 12-month follow-up as measured by the full 10-item AUDIT.

Results: In all, 150 patients were enrolled and received either a minimal (n=68) or a brief (n=82) intervention. At the 12-month follow-up, 29 % of the participants improved their drinking habits by moving from the hazardous AUDIT score level to the non-hazardous level (21%) or from the harmful level to the hazardous level (8%). The group of participants that improved their drinking habits was more motivated at baseline to do so than the non-improved group. Differences in intervention effects in the minimal intervention group versus the brief intervention group could not be identified.

Discussion: Brief alcohol interventions can be expected to reduce AUDIT score drinking level in psychiatric patients with hazardous or harmful alcohol use. At a low cost, BI may well be performed by all categories of psychiatric staff within their normal schedule. BI is certainly suitable and recommendable for extensive use in a psychiatric setting.

Friday, 28th September 11.00-12.15
Room 6 (Espai 6)
SESSION 18: Brief Intervention in the treatment of Alcohol use disorders in relevant settings-the BISTAIRS project
Chair: Antoni Gual

Presentation 1

TITLE: Brief interventions in the treatment of alcohol use disorders in relevant settings - the BISTAIRS project

AUTHOR: Bernd Schulte, Peter Anderson, Dorothy Newbury-Birch, Christiane Schmidt, Cristina Ribeiro

Introduction: On the basis of the evidence gathered in primary health care (PHC), the World Health Organisation (WHO) recommended to extend brief interventions (BI) for alcohol problems in settings beyond PHC, such as workplace health services, emergency care (e.g. trauma units) and social services (e.g. community justice setting). The recently started EU project BISTAIRS (Brief interventions in the treatment of alcohol use disorders in relevant settings) aims to develop and field-test for the first time tailored toolkits for the implementation of BI for alcohol problems in different medical and social settings.

Objective: The workshop aims to discuss prerequisites and options for a successful implementation BI for alcohol problems in medical and social settings.

Methods: The workshop will take a twofold approach (presentations and extensive discussions) to address questions on how to deal with identified and forthcoming challenges in the implementation of BI for alcohol problems in medical and social settings. The key presentations will also take stock of feasibility and effectiveness of BI implementation approaches in different settings.

Results: The workshop will provide a platform for experts and practitioners to share their experiences and to offer a forum for a discussion on effective strategies for a wider implementation of BI in different medical and social settings. Besides other, the workshop will result in a list of expert opinions on several discussion points with regard to screening and early identification of persons with alcohol problems in medical and social settings, the potential impact of BI in settings beyond PHC, the feasibility of adopted

BI implementation approaches into day-to-day practice, prerequisites and resources needed for a successful implementation of BI in different settings etc..

Discussion: The workshop discussion will provide technical and conceptual approaches and key information for effective BI implementation strategies in different medical and social settings, also with regard to possible policy implications.

Friday, 28th 14.00 – 15.00
Plenary (Auditori)
SESSION 19: Dissemination of SBI: What will it take?
Richard Saitz
Chair: Antoni Mateu, Director of the Public Health Agency of Catalonia

In this plenary session, I will use three methods—slide presentation of relevant research and demonstration programs, audience discussion, and surprise audience guest experts—to discuss challenges and successes implementing and disseminating screening and brief intervention (SBI) in general health settings. What do we know about the effectiveness of SBI outside of tightly controlled efficacy studies? How can we successfully disseminate it beyond efficacy studies and settings, and (when) should we? What is the role for training? What is the scientific and theoretical basis for getting SBI into practice? Will carrots and sticks lead to quality practice? Will there be unintended consequences? In sum, can we disseminate efficacious SBI widely, what will it take, and what do we still need to learn from research to make it happen? Input from INEBRIA attendees will be key to moving the conversation forward.

Friday, 28th September 15.20-16.35
Room 1 (Aula 1)
SESSION 20: EIBI in Mental Health and Social Care
Chair: Cristina Molina

Presentation 1

TITLE: Examining the applicability of the screening, brief intervention, and referral to treatment (SBIRT) model to mental health services delivery

AUTHOR: Manu Singh, Elizabeth Eyler, Ph.D., Susan Hayashi, Ph.D.

Introduction: The integration of behavioral health and primary care services for patients with mental health problems is a pressing public health challenge. The screening, brief intervention, and referral to treatment (SBIRT) model has been effectively used to link these services to better address risky alcohol and substance use behaviors in non-specialty settings, but little is known about the applicability of this model to the management of mental health problems.

Objective: The objective of this session is to explore the potential application of SBIRT services to address mental health problems based on a review of the literature.

Methods: This review includes articles published in English before December 2011 identified using the following search terms entered into the Pubmed/MEDLINE electronic database: PTSD, depression, anxiety, mental health disorder, brief screening, brief intervention, brief treatment, treatment referral, primary care, collaborative care, integrative care. Specific methods for article inclusion in review are described.

Results: Some studies suggest that aspects of the SBIRT approach could be successfully adapted to mental health care as a public health approach. .This paper reviews the evidence for the applicability of components of the SBIRT model to mental health care and discusses the implications for mental health services delivery and treatment outcomes. The factors related to effective implementation and integration of primary and behavioral health care services are also explored.

Discussion: The implications for the integration of behavioral health care into the primary care public health system and areas for future research are discussed.

Presentation 2

TITLE: Com-BI-ne: Final results of a feasibility trial of brief intervention to improve alcohol consumption & co-morbid outcomes in hypertensive or depressed primary care patients

AUTHOR: Graeme Wilson, Catherine Wray, Ruth McGovern, Dorothy Newbury-Birch, Elaine McColl, Ann Crosland, Chris Speed, Paul Cassidy, Dave Thomson, Shona Haining, Eileen FS Kaner

Introduction: Since many people with depression or raised blood pressure drink alcohol above medically recommended levels, but could alleviate symptoms if they drank less, the feasibility of a RCT of BI for such co-morbid patients was assessed.

Objective: To identify trial recruitment and retention rates for primary care patients with hypertension or mild/moderate depression and drinking hazardously or harmfully.

- To test outcome measurement and procedures for a full trial.

Methods:

- AUDIT survey of co-morbid adult patients listed at 12 GP practices randomised to hypertension or depression arm, then control or intervention condition.
- Consenting respondents scoring 8+ on AUDIT complete PHQ-9 screening tool (depression arm) or blood pressure measurement (hypertension arm).
- BI or control condition (patient information leaflet) delivered by researcher; follow-up screening at six months for alcohol use and co-morbid condition.

Results: 467 (27%) of 1709 patients surveyed in hypertension arm responded; 165 (10%) screened positive on AUDIT; 83 (5% of patients surveyed, 50% of those screening positive) were recruited as cases; 67 (81% of cases) were followed up.

215 (19%) of 1120 patients surveyed in the depression arm responded. 105 (9%) screened positive on AUDIT; 29 (3% of patients surveyed, 28% of those screening positive) were recruited as cases; 19 (66% of cases) were followed up.

AUDIT, blood pressure and PHQ-9 scores were reduced (improved outcome) at T2 in both trial conditions. Mean changes were greater in intervention than in control for AUDIT (difference 0.3, 95%CI -1.9 to 2.5 hypertension; difference 1.6, 95%CI -3.3 to 6.6 depression) and PHQ-9 (difference 2.2, 95%CI-3.8 to 8.2) but not for systolic BP (difference -1.2, 95%CI-9.7 to 7.3). No changes were significantly different between control and intervention conditions.

Discussion: A higher rate of eligible patients were recruited and followed up in hypertension arm than in depression arm. A full trial seems more feasible in the hypertension arm

Presentation 3

TITLE: Evaluating Alcohol Interventions for People at Risk of Homelessness

AUTHOR: Niamh Fitzgerald , Dowds, J.; McCluskey, S.: and Fitzgerald, N.

Introduction: Edinburgh Cyrenians is a Scottish charity that offers practical help and support to people who are at risk from poverty and homelessness. In 2008 they received funding from Comic Relief, to implement the 'Getting the Measure' project which aimed to:

- enable more effective interventions and specialist help to be provided to young Service Users
- improve knowledge, practice skills and general capacity within Cyrenians to address alcohol problems in the longer term beyond initial funding
- Research, monitor, evaluate and disseminate the alcohol intervention approach.

The project consisted of a literature review, a programme of staff training, a supporting website and an external evaluation, the results of which are reported here. Significant commitment and investment was made organisation-wide to try to achieve culture change in how staff approach the issue of alcohol.

Methods:

Create Consultancy Ltd, an independent research agency, carried out the evaluation in 2010-11 which consisted of:

- A brief literature review
- Questionnaires for staff prior to and immediately after training and 3 and 6 months post-training
- Qualitative interviews with 13 staff
- Service user case file analysis (22 files)
- 2 'validation' discussion groups with 12 staff.

Results: The model used by Cyrenians was based broadly on the wider Scottish approach to alcohol brief interventions but with some adaptations which were felt to be important for implementation with this group. These included repeated conversations about alcohol, using an informal approach to screening and an emphasis on providing ongoing support throughout the relationship between practitioner and service user.

The project had a noticeable impact on staff members' ability to raise the issue of alcohol with service users. It had a positive and sustained impact on the knowledge and skills of many staff. The practice model and associated paperwork were an effective prompt for staff who also found the resources and materials available through the website helpful.

Discussion: A number of recommendations were made for the future of the project including: tailoring the approach to different services and staff roles; providing greater opportunity for peer support for staff; further exploration of the use of validated screening tools and further research focusing on the experience of service users.

Friday, 28th September 15.20-16.35
Room 2 (Aula 2)
SESSION 21: Two tipes of biases in brief intervention studies
Chair: Jim McCambridge

Presentation 1

TITLE: Two types of biases in brief intervention studies

AUTHOR: Jim McCambridge

Introduction: Biases which have their origins entirely in the decision-making of researchers and the conduct of research studies (endogenous sources) may be very different to deal with than those which emanate from elsewhere (exogenous sources).

Objective: To contrast endogenous and exogenous sources of bias in brief intervention research to promote thinking about the nature of each form and how they may be addressed.

Methods: This workshop will briefly present research findings from two related, but distinct, programmes of research in order to facilitate discussion about the nature of bias and what to do about it.

Results: Methodological research on brief intervention studies has predominantly focused on assessment reactivity. This may well the tip of an iceberg comprising endogenously produced biases. An entirely different source of bias which also afflicts entire fields of research as well as individual studies is industry influence. The reasons why the alcohol

industry supports brief intervention research and it's existing and possible future impact will be considered. These two types of bias will then be contrasted.

Discussion: Workshop facilitation will be designed to encourage thinking and discussion at two levels: 1. For individual researchers and how their research practice may be strengthened; 2. For INEBRIA, community level exploration of the implications of both forms of bias will be promoted.

Friday, 28th September 15.20-16.45
Laboratori de les arts
SESSION 22: Workplace and Alcohol
Chair: Josep Lluis Peray Barges

Presentation 1

TITLE: European Workplace and Alcohol Project (EWA) : introduction to the project and presentation of the Belgian case report.

AUTHOR: Bart Garmyn

The European Workplace and Alcohol project (EWA) is a European project co-financed by the European Commission running from 2011 to 2013. EWA is a public/private sector partnership with involvement of governmental and public sector organizations, public and private employers, non-governmental organizations, representatives of civil society, international networks representing global companies and employer and employee organizations, and trades unions. More information on http://www.ewaproject.eu

The primary aim of EWA is to develop effective methods of engaging with workplaces, and their workforces, to raise awareness and bring about individual and organisational change that leads to safer alcohol consumption, and thus a reduction in alcohol-related absenteeism, presenteeism and injuries. The project will involve implementing practices in twelve European countries (Belgium, Spain (Catalonia), Croatia, England, Finland, Germany, Greece, Ireland, Italy, Poland, Romania, and Scotland).

EWA aims to engage with workplaces to:

1. raise awareness amongst employees about how, in relation to alcohol, they can live healthier lives;
2. inform employers how, in relation to alcohol, they can support their workforce to live healthier during and outside working hours;
3. encourage employees to change their alcohol-related behaviour to live more healthily;
4. (4) encourage employers to adopt a workplace culture that, with respect to alcohol, is supportive of healthier living.

Projects are encouraged to introduce the technique of brief interventions into their occupational health settings

During the INEBRIA conference we organise a meeting for people interested in EWA. We will present the case report of Belgium and the difficulties encountered to introduce this kind of project into the working place. Everyone who is interested in the implementation of brief interventions in the workplace or the outcome and further development of this project is invited to participate in the discussion.

The overall objective of the project is to culminate in the development and dissemination of a practical and robust cross-cultural tool-kit able to support the delivery of workplace-based interventions that will bring about reduced alcohol consumption and alcohol-related problems amongst the European workforce. The project will also produce a report identifying best practice and recommendations for European, national, regional and local policy-makers. Finally, the project will improve the health and well-being of European citizens, contribute to the objectives of the Lisbon agenda, and enable workplaces to mitigate the potential negative consequences of the economic recession on alcohol-related harm.

Presentation 2

TITLE: Occupational Health Services (OHS) Collaboration with Workplaces in Actions

to Prevent Alcohol-related Harms at the Workplace

AUTHOR: Leena Hirvon European Workplace and Alcohol Project (EWA) : introduction to the project and presentation of the Belgian case report. en, Jorma Seitsamo, Marketta Kivistö

Introduction: OHS play a crucial role in preventing alcohol-related harms at workplaces. This survey is the first part of wider intervention research into the implementation of a method to prevent alcohol-related harms at workplaces.

Objective: To examine OHS collaboration with workplaces for preventing alcohol-related harms at the workplace.

Methods: A questionnaire was sent to 313 OH professionals (nurses and doctors) in 22 OH units. The response rate was 51%. Collaboration was measured using questions covering action, partners, supportive matters and the actions of OH personnel. Response options were not at all, only a little or some, and a lot or very much. OH professionals' actions at workplaces were classified as never, over one year, during last year.

Results: During the last year, 73% of OH professionals had intervened in acute situations, 46% had participated in planning preventive work, and 42% had participated in meetings concerning alcohol matters. A total of 31% of OH professionals' claimed that collaboration was successful in preventive work with managers, 44% with personnel administration, and 38% with industrial safety organizations. A total of 21% of respondents had not collaborated at all with workplace alcohol harm prevention groups. Matters which supported co-operation in preventive work either much or very much were OHS commitment (64%), agreed ways of action in collaboration (56%) workplace employees' engagement (37%) and superiors' commitment to the preventive work (51%). OH personnel felt that the co-operation increased through approving attitudes towards discussing alcohol matters at the workplace (31%), knowledge of workplaces' practices

in alcohol matters (39%), information about health hazards (28%) and the courage to intervene in alcohol matters (40%) and thus prevent alcohol-related problems at the workplace.

Discussion: The co-operation focused on acute alcohol problems. Workplaces need groups to prevent alcohol related harms and collaboration with Occupational Health Services.

Presentation 3

TITLE: The prevalence of alcohol prevention in general and secondary prevention (risk-drinking model) in particular at Swedish worksites

AUTHOR: Håkan Källmén, Håkan Leifman, Ulric Hermansson, Stig Vinberg

Introduction: Personnel at primary care units are trained to use the risk drinking model as a secondary prevention method. Another area of application is at work sites.

Objective: This report presents a survey aimed at identifying the extent of alcohol prevention efforts at Swedish workplaces focusing how dispersed the Risk-drinking model is. In addition, the predictors for doing alcohol prevention using the risk-drinking or similar model were shown.

Methods: A random sample of 929 human resource managers at Swedish work sites were sent a web-based questionnaire containing 25 items including questions about the presence of an alcohol policy, the presence of various alcohol preventive measures and if they knew about and used the risk-drinking model or similar model.

Results: The results showed that about 70 percent of respondents had an alcohol policy at their workplace and approximately half of the respondents reported that they engaged in alcohol prevention and about 20 percent used the risk-drinking model. About a third of both managers and staff were educated during the recent three years.

Discussion: Large worksites in the non-private sector with many female workers informed about alcohol in recent three years were more prone to do alcohol prevention. Maybe the result is due to selection bias in responding.

POSTER 1

TITLE: The effect of referral for brief intervention for alcohol misuse on repetition of deliberate self harm: A 4 year follow up

AUTHOR: Madeleine Dean, Ruth Brown, Asim Mohammed, Kieran Quirke, Mike Crawford

Introduction: Patients who deliberately self harm (DSH) have increased rates of mortality and poorer quality of life. It remains unclear how repetition of DSH can be prevented. A randomised controlled trial conducted by Crawford and colleagues (2010) examined the effect of a brief alcohol intervention compared to standard care for people who presented to an emergency department following an episode of DSH. After six months participants who received the intervention consumed less alcohol but, no differences were found in the proportion who repeated an episode of DSH.

Objective: This study aimed to examine the long term effects of this intervention on the repetition of DSH.

Methods: Data were recorded on whether participants had re-attended the Emergency Department and if so was it due to DSH. Data were collected for an average of four years and four months after randomisation.

Results: The odds of re-attending the emergency department among those who received brief intervention compared to the control group was 2.49 (95% CI 0.92 to 6.76), and the odds of re-attending due to DSH was 0.69 (95% CI 0.30 to 1.56).

After adjustment for baseline alcohol consumption the odds of re-attending the emergency department among those who received the intervention compared to those receiving standard care was 2.61, (95% CI 0.81 to 8.39) and the odds of re-attending due to DSH was 1.48, (95% CI 0.572 to 3.84).

Discussion: We found no evidence that brief intervention for alcohol misuse among people who present to emergency medical services following an episode of DSH reduces the likelihood of repetition of DSH. These data suggest that brief intervention for alcohol misuse may not, in itself, be sufficient to help people who DSH avoid repeating such behaviour, even if monitored over a longer period.

POSTER 2

TITLE: Organizational factors related to the implementation of Screening, Brief Intervention and Referral to Treatment for Substance Abuse in Brazil.

AUTHOR: Telmo Ronzani, Leonardo Fernandes Martins, Daniela C. Belchior Mota, Erica Cruvinel

Introduction: It is common nowadays that, countries have been developing training strategies for preventing the abuse of substances. However it, several barriers have been encountered in its implementation

Objective: This study aimed to evaluate the association of organizational factors, attitudes and social stigma as barriers or as facilitators to the adherence of professional

to conduct the Screening, Brief Intervention and Referral to Treatment for Substance Abuse (SBIRT) practices.

Methods: 153 Primary Health Care professionals had participated of this study in three Brazilian municipalities. Methods: The professionals were trained to perform SBIRT using the ASSIST. Variables related to the organizational context, SBIRT related attitudes and Social Stigma were operationalized through four psychometric instruments: General Occupational Stress (Occupational Stress Scale); Organizational Climate (Organizational Climate Scale for Health Care Institutions); SBIRT related attitudes (Itens For Provider Survey); Social Stigma (Brickman's Model of Moral Attribution). It was used an explanatory model of logistic regression, adopting as the dependent variable, the use or not of ASSIST after three months of training. Each instrument and social demographics variables (sex, profession, age) has entered in the model as an independent block, through Backward Stepwise Selection Method (LR)

Results: The model which was more related to the data, had as explanatory variables with p<0,05: Profession (Communitarians Health Agents) with OR= 20.5 (CI= 3.8 - 108,7), Organizational Climate Scale with OR= 1.01 (CI= 1.00 to 1.03), work at City 1 with OR= 28.89 (CI=6.00 to 138.00).

Discussion: The final model could predict the use or not use of ASSIST just with organizational factors and the kind of city without attitudinal variables associated showing the relevance of contextual and organizational changes for effectiveness of these actions implementations.

Acknowledgments: CNPq, FAPEMIG.

POSTER 3

TITLE: Culturally Appropriate Brief Interventions in Routine Hospital Care for Facial Injury Patients at High-Risk of Alcohol Misuse.

AUTHOR: Megan Whitty, Rama Jayaraj, Rachael Hinton, Tricia Nagel

Introduction: The Northern Territory (NT) has the highest estimated rate of alcohol consumption per capita in Australia and high levels of hospitalisations related to drunken assault. Facial trauma is common in assault victims and the NT has the second highest rate of jawbone fractures in the world. Indigenous people are over represented in this patient group and it is therefore important to ensure brief interventions for alcohol use are culturally appropriate and offered as part of routine hospital care. Culturally adapted resources have been developed and tested (RCT) by the Aboriginal and Islander Mental health initiative (AIMhi) team at Menzies School of Health Research Building on the relationships and knowledge gained from a recent of an AOD intervention conducted with at risk-patients at the Royal Darwin Hospital, this study involves the implementation and direct transfer of research findings to clinical practice.

Objective: This study aims to introduce screening, brief interventions and referrals for high-risk drinkers admitted to hospital with facial trauma using a collaborative approach to best practice pathway development, implementation and evaluation. It is predicted that a multifaceted approach to implementation of best practice will result in a marked change in clinical practice towards management of at risk drinkers. Secondary hypotheses will test the impact of the culturally adapted, strengths-based intervention on treatment outcomes for Indigenous clients and hospital recidivism.

Methods: Study design is mixed methods; data collection involved a post workshop questionnaire, file audits of clinical records and key informant interviews. Key outcome measures include rates of screening, the provision of brief interventions and instances of internal/external referrals for patients identified to be at risk. Descriptive statistics and qualitative data will be grouped and analysed by theme and syinthathised using trangulation.

Results: The study is currently in the data collection phase. Baseline file audits have been conducted and qualitative data is under perliminary analysis.

Discussion: Providing evidence on the effectiveness of implementation strategies such as interactive staff workshops and pamphlet-based brief interventions for problem drinkers will inform future hospital-based injury prevention strategies.

POSTER 4

TITLE: Evaluation of Distance Learning as Strategy of Intersectoral Actions Implementation of SBIRT in Minas Gerais State (Brazil)

AUTHOR: Telmo Ronzani, Marta de Sousa Lima, Cristina Fatima dos Santos Crespo, Onofre Ricardo Marques, Tanit Jorge Sarsur, Rubensmidt Ramos Riani, Antonio Jorge de Souza Marques

Introduction: Professionals qualifications have been considered a central point regarding the SBIRT implementation. However, experiences are still focused on a single sector.

Objective: to present and evaluate a distance learning course on alcohol, tobacco and other drugs to health, education, welfare and social defense care in Minas Gerais state, Brazil.

Methods: the course was attended by approximately 17,000 professionals of diverse sectors across the state with a workload of 90 hours, and content was provided by the Virtual Learning Environment (VLE) website and a TV program broadcast weekly. The course focused on preventive actions on alcohol, tobacco and other drugs with the ongoing discussion on intersectoral work and strengthening the network of care to users.

Results: assessments of the impact of the action showed the effectiveness of ongoing mobilization, changing attitudes, technical knowledge and planning of intersectoral action. From the scales used, there was significant change in beliefs and attitudes of professionals about prevention practices. In qualitative data, there was an adoption and implementation of professional practice in some municipalities.

Discussion: It is concluded that the proposed initiative is an important and effective strategy for implementation of SBIRT actions, with Distance Education being an important strategy of dissemination actions. Moreover, a focus on intersectoral work, beyond the health sector, proved to be an effective strategy in the state.

Acknowledgements: FAPEMIG, Governo de Minas Gerais

POSTER 5

TITLE: Differences among substance abusers in Spain and the US who recovered on their own

AUTHOR: José Luis Carballo, Linda Carter Sobell and Mark B. Sobell

Introduction: While self-change is a well-documented phenomenon in the addiction field, most studies have been conducted in North America with English speaking respondents. Because treatment approaches and social values differ across cultures, studies outside of North America are needed for understanding if mechanisms of change are universal.

Objective: The present study was a cross-cultural comparison of reasons for change and factors supporting the recovery process with Spanish speakers in two different countries.

Methods: Spanish speakers from the US (n=27) and Spain (n=29) who had recovered on their own from a substance use problem for ¿ 1 year were recruited using advertisements and interviewed on one occasion.

Results: With one exception [significantly higher % of the US sample had a primary DSMIV-TR alcohol or drug dependence diagnosis compared to respondents in Spain), while the two groups did not differ on background and substance use variables, they differed significantly on other variables. US self-changers compared to those in Spain, reported more life events, and family and social pressure (e.g., 81% to 41%) to change one year prior to their recovery. The US sample also reported a greater number of maintenance factors that helped their recovery, and more coping behaviors for changing and maintaining those changes than their Spanish counterparts.

Discussion: One possible explanation for these results is that the US sample has a significantly higher percentage (92.6% vs. 65.5%) of severely dependent substance users, which in turn could account for more family and social pressure as well as life events. Because only a few cross-cultural studies comparing self-changers have been published and because the present sample size is small, additional research is needed to understand the influence of culture in the process of self-change and what, if any, mechanisms are universal. Cross-cultural studies of self-change could help providers tailor interventions for individuals from different cultural backgrounds.

POSTER 6

TITLE: Introduction of an alcohol brief intervention program in primary healthcare settings in Chile

AUTHOR: Rebeca Correa Del Rio, Richard Chenhall, Sarah MacLean

Introduction: Although several studies have shown the effectiveness of BIs, the diffusion of this strategy in PHC practices has been poor among health professionals in different countries. Since 2011, the Chilean Health Department has implemented a BI program in the Metropolitan region in Chile. This study expects to contribute to strengthening future spread of BI in other regions of Chile by offering practical recommendations taking into account health workers' opinions.

Objective: This project aimed to gain understanding about the experience of implementation of alcohol BI in Chile from PHC workers' perspective.

Methods: This mixed method project involved two data collection techniques; an on-line survey were answered by 374 healthcare workers (variety of backgrounds) who work as staff in public PHC centres; and semi-structured phone interviews were undertaken with five key informants who were involved at different levels of the implementation process. Survey data were subjected to quantitative and qualitative analysis and interviews were analysed qualitatively.

Results: Main findings identified in the analysis of the data included: a wide range of health workers have positive attitudes toward implementation of BI: 87% of them agreed that PHC centres are an appropriate setting to apply BIs and 84% considered that assessing at-risk drinking is part of their role. From the health workers who have been trained in BIs, 84% (n=265) have conducted BIs in their practice, and 62% (n=199) stated that they have been able to incorporate BIs into their routine.

Discussion: Preliminary findings suggest that there are favorable conditions for implementing an alcohol BI program among a variety of staff working in PHC sector in Chile.

From health workers' perspective, the implementation of an alcohol BI require appropriate and permanent training to all staff (including managers, administrative staff); commitment of managers of each centre; collaborative work and real involvement of all health staff, and a shift in PHC approaches, particularlly in the management of time and priorities.

Acknowledgments: Chilean Health Department.

POSTER 7

TITLE: Stigmatization and selectiveness of bringing up the topic of alcohol use in social work

AUTHOR: Elina Renko

Introduction: This study analyses social workers' and their customers' attitudes concerning stigmatization and selectiveness of bringing up the topic of alcohol use.

Objective: The analytical focus is on how the two parties commented on statements concerning stigmatization and selectiveness of bringing up the topic of alcohol use and how raising this topic was constructed as an attitude object?

Methods: The study employs a qualitative attitude research method. Social workers (N=14) and their customers (N=14) were interviewed.

Results: The argumentation focused on an interaction process that is related to raising the topic of alcohol use. Social workers' and customers' comments concerning both statements centered around the assumed function of bringing up the topic of alcohol use. Bringing up the topic of alcohol use was constructed as three different speech acts; an expression of suspicion, an offer for conversation and data collection.

Discussion: The findings suggest that these same three acts were constructed by social workers as well as their customers but the two participant groups took a variety of stances while doing so.

POSTER 8

TITLE: Experience with a SBIRT program in alcohol dependent patioans awaiting liver transplant

AUTHOR: Ana Belen Martinez Gonzalo, Rosa Hernández-Ribas, Beatriz Rosón Hernández, Xavier Xiol Quingles, Ramon Pujol Farriols, José Manuel Menchón Magriñá

Introduction: In Spain, Alcoholic liver disease (ALD) is the most common diagnosis in adults undergoing a liver transplant (LT). A recent study concluded that motivational brief intervention (BI) was effective in reducing the quantity and frequency of alcohol consumption in alcohol dependent patients awaiting LT (Weinrieb et al, 2011). Then, we can hypothesize that the implementation of an alcohol screening, brief intervention, and referral to treatment (SBIRT) program could be effective in this population.

Objective:

1. to describe a SBIRT program experience in a sample of patients undergoing LT for ALD
2. to identify factors associated to referral to treatment in these patients.

Methods: ALD patients were consecutively recruited among subjects entering in waiting-list for LT in a University Hospital from September 2007 to December 2011. The SBIRT protocol was divided in two phases: 1) Structured Screening and 2) Patients at risk of recidivism underwent BIRT. Disposition towards change was measured by analogical scale (0-10). Prochaska and DiClemente stages of change were determined. Statistical analysis was performed by standard means.

Results: We screened 258 patients awaiting LT and 158 of them (61 %) had an ALD diagnosis. BIRT was performed in 87 patients (71 males, mean age 54.4 +/- 7.5 yr). Forty-one (47%) were referred to specific alcohol resources, 39 (45%) to general practitioner and 7 (8%) to another treatment units. No differences were found in referral sites according to disposition towards change (6.4 vs 4.6, p=0.085) nor in the stages of change (Pre-contemplation: 7 % vs 0 %, Contemplation : 14 % vs 17 %, Preparation: 21 % vs 17 %, Action: 41 % vs 61 %, Maintenance: 17 % vs 4 %; p=0.33).

Discussion: The implementation of a SBIRT program in ALD patients awaiting LT is feasible. Readiness to change did not affect significantly the referral decision. This fact may be related to indispensability of complete alcohol abstinence to remain in LT waiting-list

POSTER 9

TITLE: Evaluation of a pilot community pharmacy-based alcohol screening and advice service.

AUTHOR: Janet Krska, A J Mackridge, J Taylor

Introduction: Community pharmacies are increasingly seen as potential locations for providing alcohol screening and brief interventions, but few studies have been published to date.

Objective: To evaluate an alcohol screening and brief intervention pilot in five community pharmacies in North-West England

Methods: Pharmacy staff were encouraged to use AUDIT-C pre-screening questionnaire in a suitable part of the pharmacy and if appropriate, complete the full AUDIT in a consultation area. Pharmacies were provided with posters, unit calculators and literature and staff could refer high risk clients directly to a specialist nursing alcohol service.

The evaluation included number of screenings and interventions, direct observation of the pharmacy environment and semi-structured interviews with clients and pharmacy staff.

Results: 164 screenings were carried out over a 2-month period: 113 were low risk, 24 increasing risk and 25 high risk, but only one accepted referral to specialist nursing services.

Nine staff interviewed had positive views of providing the service, with most of the clients approached agreeing to screening. Some expressed concerns about approaching clients and the layout of the pharmacies being unsuitable. The need for greater promotion was viewed as important to encourage uptake.

Ten clients interviewed had positive views, considering the service to be professional and advice clear and helpful. Lack of privacy was also raised as an important issue by clients.

Observation of the five pharmacies found that all had a private consultation room, but one was not audibly discrete. Only three had additional quiet areas, therefore the open counter area was used for the initial approach, affording no privacy.

Discussion: Both pharmacy staff and clients viewed community pharmacies as a suitable environment for offering alcohol screening, and a significant proportion of clients screened were at increasing or high risk. However concerns about lack of privacy need to be addressed.

POSTER 10

TITLE: Training needs of pharmacy staff providing an alcohol screening service

AUTHOR: Janet Krska, E Stokes. P Penson, AJ Mackridge

Introduction: Pharmacy staff providing alcohol screening and brief advice in a pilot study requested training on approaching potential clients. Other research shows that pharmacy staff training should address role legitimacy, role adequacy and role support. A commissioned service in 12 pharmacies in North West England included an expectation of participation in specifically developed training and its evaluation.

Objective: To assess training needs of pharmacy staff providing an alcohol service and to evaluate a tailored training workshop.

Methods: Semi-structured telephone interviews with 23 staff from 12 pharmacies providing the service: 12 pharmacists, 8 dispensers/technicians and 3 medicines counter assistants. Interviews covered perceived and actual knowledge, training needs and experiences of delivering the service. Confidence in aspects of service provision were assessed before and after attending the tailored workshop, using a rating scale of 1 (low) to 5 (high).

Results: Despite 18 interviewees rating their knowledge of alcohol risk as good, only 11 correctly stated the number of units in a glass of wine. Alcohol content of other drinks was underestimated by most respondents. Knowledge of recommended weekly limits was also poor, with 8 being unaware of these limits. The aspect of training most frequently requested was ways of approaching potential clients. 15 agreed they felt awkward raising the topic with customers and 8 did not believe they had the right to do so.

Ten staff attended a specifically-designed workshop, after which mean confidence scores increased in identifying potential clients (2.6 to 4.1), approaching potential clients (2.6 to 3.6), dealing with client reactions (2.5 to 3.8) and providing information (3.1 to 3.9).

Discussion: There were barriers to approaching potential clients among staff commissioned to provide an alcohol service. Self-rated confidence increased after a tailored workshop. Perceived knowledge about alcohol was higher than actual knowledge, therefore this should be assessed prior to providing a service.

POSTER 11

TITLE: Developing a model of best practice.

AUTHOR: Craig Jones, Sarah Jones, John Bradley

Introduction: 'Alcohol misuse is already one of the most serious public health challenges in Wales' (Chief Medical Officer for Wales, 2010). Every year, alcohol contributes to 13, 000 hospital admissions and 1000 deaths. 15% of all hospital admissions in Wales are alcohol related. Trend data show that alcohol related hospital admissions are increasing. Alcohol related incidents cost the NHS in Wales between £70 and £85 million per year.

Objective: The aim of the project is to reduce inequalities in health across Wales

Methods: Public Health Wales (PHW) has developed an Alcohol Brief Intervention training programme as a population approach to addressing the issue of the misuse of alcohol across Wales. Over 300 Primary Care staff have already been trained in partnership with the RCGP and a fully accredited training programme has been distilled from this course by PHW to train Secondary Care and Allied Health and Social Care Professionals. Training is bespoke to client group and can be either 4 or 1.5 hours in duration. To ensure local ownership, each LHB has established an alcohol collaborative based on the 1000+ Lives improvement model to focus the training on need. The pilot phase, currently underway, has over 30 health professionals involved. The aim of the programme is to ensure that everyone who has a 'teachable moment' has the skills and confidence to address hazardous or harmful drinking behaviours via an evidence based approach.

Results: Pilot results show that there is a statistically significant improvement in professionals knowledge and attitude around alcohol

Discussion: There is a need to roll this programme out on a wider basis across Wales

POSTER 12

TITLE: Outcome success or failure: when delivering SBI training to different professional and non-professional staff and agencies

AUTHOR: John Reading, Dexter Coombe

Introduction: We met a contract output target of delivering SBI training to 1500 individuals.

Questions - But have we achieved the measurable outcomes of SBI?

(i) short term - increased staff confidence and skills in delivering brief, low cost alcohol interventions?

(ii) medium term - trained staff in their workplace actually deliver SBI to clients?

(iii) long term - trained staff achieve changes to their client's drinking behaviour?

Objective: to deliver SBI training to 1500 individuals from as wide a range of disciplines and agencies as possible.

Methods: we were contracted to deliver SBI training to different staff disciplines in different agencies. We designed a standard training course and adapted it to meet the specific requirements of each individual discipline and agency. We were NOT contracted to evaluate if trained staff actually delivered SBIs successfully.

Results: (i) short term outcome - we delivered SBI training to trainees who at end of training feedback, consistently reported high increases in personal knowledge and skills development.

Because contract commissioners did not want any evaluation follow-up, we do not know:

If (ii) medium term outcome - trainees actually delivered SBI

Or (iii) long term outcome - trainee's clients actually reduced their alcohol consumption

Discussion: We know the outcome of the training in one area where we also provide an alcohol service.

This raises the questions:

(i) if contracting commissioners do not want follow up evaluation, is the notion of SBI being delivered by non-specialist staff flawed?

(ii) and should SBI training only be delivered by local alcohol services which can track referrals?

POSTER 13

TITLE: The Electronic Art of Brief Interventions

AUTHOR: John Bradley, Sarah Jones, Craig Jones

Introduction: Alcohol misuse is a serious Public Health issue in Wales and costs the NHS approximately £80 million per annum. A national programme of brief intervention training is taking place across Wales but in order to ensure a population approach, Public Health Wales is developing a smart phone app so drinkers can log their drinking and receive appropriate advice.

Objective: To impact upon the culture of binge drinking across Wales

Methods: The app will be made available for free and drinkers will log their intake. This will be monitored over a period of months to see if there is any reduction in drinking patterns

Results: The pilot project will be rolled out over the summer 2012

Discussion: It is hoped that the app will help reduce binge drinking with a knock on impact of reducing the impact on services due to alcohol

POSTER 14

TITLE: Brief intervention addressing alcohol consumption and related problems: evaluation of attitudes among nursing students

AUTHOR: Marcelle Junqueira, Sandra Cristina Pillon

Introduction: Disability in formal education of nurses about interventions in relation to the use of alcohol can influence the quality of its assistance.

Objective: This study evaluates the effect of a brief intervention addressing alcohol consumption, and attitudes and level of knowledge of nursing students regarding alcohol use, harmful use and dependency.

Methods: The sample was composed of 120 students of a nursing undergraduate program. This is a quantitative, analytical, experimental and prospective cohort study. The students were divided into two groups, one received the course (experimental group) and the other did not receive the course (control group). Data were collected through a structured questionnaire addressing socio-demographic information, scale of attitudes toward an identification and testing of alcohol use. Data were collected before and one month after the course was administered.

Results: After the course, a slight reduction in the number of students from the experimental group who consumed alcohol in low risk levels was observed. This relationship was reverse among students from the control group. Students from the experimental group also presented improved knowledge and their attitudes were more positive after the brief intervention. Results from students from both groups revealed that the older the student the more positive the attitudes related to their availability to care for alcoholics. It was verified among students from the experimental group before the intervention that the higher the alcohol consumption the more positive attitudes in relation to personal attitudes and skills to work with alcoholics.

Discussion: The conclusion is that the brief intervention has positive potential to generate changes in the attitudes of future nurses who will be responsible to provide this type of care. Therefore, this course should be included in the curriculum of nursing programs.

POSTER 15

TITLE: Developing effective acute care management for alcohol-related attendance at Emergency Departments in the UK: the AAIDED Study

AUTHOR: Kathryn Parkinson, James Connolly, John Wright, Paul Hindmarch, Eileen Kaner, Dorothy Newbury-Birch, Luke Vale

Introduction: Previous work has demonstrated the high level of weekend alcohol-related attendances at Emergency Departments (ED) in England, the results indicating that EDs provide an ideal opportunity for screening, identification and referral for intervention of a large number of excessive drinkers. However, the sheer number of alcohol attendances in peak times may present a barrier to brief intervention work. The Alcohol Associated Injury in the Emergency Department study (AAIDED) is a feasibility study examining the temporal pattern and service impact associated with alcohol-related attendances, current clinical management and aims to gain a better understanding of the care management pathway. AAIDED will measure the prevalence of alcohol-related attendances in an ED in northeast England, evaluate current care pathways and develop safer more effective acute care management, including the delivery of alcohol brief intervention.

Objective: The study will:

a) establish the prevalence of alcohol-related attendance at one ED

b) establish current clinical management and their associated health care costs

c) develop a potentially safer, effective and efficient acute care management

Methods: Two methods will be used:

a) cross-sectional analysis of adults using retrospective hospital notes from 2010/11 with 12 month follow-up

b) cohort study of all adults presenting at ED throughout pre-specified weeks over a 12 month period from 2012/13

Results: Preliminary results from the retrospective and prospective data analysis will be presented.

Discussion: The implications of the early results will be discussed in relation to current clinical management and indications for changes to acute care management.

POSTER 16

TITLE: Comparison of two different methods for early idendification of risky drinking

AUTHOR: Hanna Reinholdz, Robin Fornazar, Preben Bendtsen, Fredrik Spak

Introduction: We have performed an implementation study testing the implementation and effectivenss of two different methods for early identification of risky drinking in PHCs in Sweden.

Objective: To compare two different identification methods of risky drinking in primary health care.

Methods: 16 PHCs from three Swedish counties were cluster randomized to one of the four strands: Early Identification (EI), Early Identification with coach (EIC), Screening (S) and Screening with coach (SC). Measurements took place at baseline and during two intervention periods. The patients filled in questionnaires including gender, age, if they had the issue of alcohol brought up during the consultation and the AUDIT-C. The first intervention period was preceded by a training session and before the second intervention period there was a booster training session. The AUDIT-C was used for categorization of risky drinking. The cut-off of risky drinking was set to ¿5 for men and 4¿ for women. Systematic screening was performed in nine PHCs, and the staff was supposed to use AUDIT-C to all patients for identification of risky drinking. In the EI strands (seven PHCs) the staff was encouraged to use eight early signs of risky drinking for identification.

Results: The proportions of patients having the issue brought up are higher during the intervention periods than baseline. A higher proportion of all patients and of risk drinkers in S, than in EI, had the issue of alcohol brought up. A significantly higher mean score of AUDIT-C can be seen for the patients having the issue of alcohol brought up in EI compared to S and this was also true after adjusting for age and gender.

Discussion: More patients are asked about alcohol in the S strand and thus have the possibility of receiving BI. EI identifies risk drinkers with higher AUDIT-C scores which might indicate more severe problems. This makes screening more suitable for true early identification.

POSTER 17

TITLE: Alcohol screening and brief intervention activity in consultations among primary health care physicians and nurses - a prospective study

AUTHOR: Kati Seppänen, Mauri Aalto, Kaija Seppä

Introduction: It is estimated, that 20 % male and 10 % female patients in primary health care are hazardous drinkers. According to our previous study 17,2 % of physicians in primary health care offer brief intervention regularly and 61,3 % occasionally.

Objective: The aim of this study was to prospectively examine the activity of screening alcohol use and offering brief intervention in physicians` and nurses` consultations in primary health care.

Methods: The data was gathered with a questionnaire. The physicians and nurses of seven health care centres were asked to fill in information of 30 consecutive adult (>18 years) patients including age, gender, whether the patient was considered hazardous drinker, whether alcohol use was asked and brief intervention offered and whether alcohol-related information was marked in patient documents.

Results: Altogether 43 physicians and 35 nurses participated in this study. Information was documented of 1242 patients by physicians and of 805 by nurses. Mean age of the patients consulted by physicians was 55 years, 63,3 % were women. The corresponding figures among patients consulted by nurses were 57 years and 58,3 %.

Figure 1. Patients who were asked alcohol use by physicians and nurses (present consultation, earlier consultations and never).

According to the physicians 84 (7,0 %) and according to the nurses 35 (4,4 %) of patients were hazardous drinkers.

Figure 2. Hazardous drinkers who were offered brief intervention by physicians and nurses (present consultation, earlier consultations and never).

Alcohol-related documentation of hazardous drinkers by physicians and respectively by nurses was found in relation to the present consultation in19,5 % / 22,9 % and in relation to the earlier consultations in 50,0 % / 57,1 %.

Discussion: Brief intervention activity of primary health care professionals is rather high if the patient is considered a hazardous drinker. However, screening figures of physicians and nurses still remain low which makes a future challenge in primary health care.

POSTER 18

TITLE: No Association between Documented Brief Intervention and Resolution of Unhealthy Alcohol Use in 30 VA Medical Centers

AUTHOR: Emily C. Williams, Anna D. Rubinsky, Gwen T. Lapham, Carol E. Achtmeyer, Stacey E. Rittmueller, Katharine A. Bradley

Introduction: The U.S. Veterans Health Administration (VA) has accomplished high rates of documented screening and brief intervention (BI) for unhealthy alcohol use using a strategy of performance measures and electronic clinical reminders (CR) that prompt and document care. However, it is unknown whether this strategy has the intended effect of decreased drinking.

Objective: We evaluated whether BI documented with an electronic CR was associated with resolution of unhealthy alcohol use at follow-up screening among outpatients who initially screened positive.

Methods: Secondary clinical and administrative VA data (10/07 - 12/08) were used to identify outpatients from 30 VA medical centers in the north and western U.S. who: 1) screened positive for unhealthy alcohol use (AUDIT-C ¿ 5) and 2) had follow-up screening documented at least 270 days after the initial screen. The association between BI documented with a CR and resolution of unhealthy alcohol use (screening negative at follow-up with >2 points reduction in AUDIT-C score) was estimated using logistic regression, adjusted for demographics, alcohol use severity, other substance use, and physical and mental comorbid conditions.

Results: Among 6,120 eligible patients, 1,751 (28%) had BI documented with a CR, and 2,922 (48%) resolved unhealthy alcohol use at follow-up screening. The unadjusted proportions of patients who resolved unhealthy drinking were 49% (n= 857) and 46% (n=2,065) for patients with and without BI documented with a CR, respectively (p=0.061), and there was no adjusted association between BI documented with a CR and resolution of unhealthy alcohol use (Odds Ratio 1.04, 95% Confidence Interval 0.93 - 1.17).

Discussion: Among VA outpatients with unhealthy alcohol use from 30 medical facilities, those with BI documented with a CR were equally as likely as those without to resolve unhealthy drinking at follow-up. Findings suggest that a performance measure and CR alone may be inadequate for implementing high quality BI.

POSTER 19

TITLE: RADiANT: a pilot randomised controlled trial in progress of brief intervention to reduce risky drinking in pregnancy

AUTHOR: Graeme Wilson, Ruth McGovern, Grace Antony, Paul Cassidy, Mark Deverill, Erin Graybill, Eilish Gilvarry, Moira Hodgson, Eileen FS Kaner, Kirsty Laing, Elaine McColl, Dorothy Newbury-Birch, Judith Rankin

Introduction: Risky drinking in pregnancy among UK women is likely to result in many alcohol-exposed pregnancies. Evidence from the USA indicates that BI has promise for alcohol risk reduction in antenatal care but it is not clear whether this is applicable to the UK.¿

Objective: To establish rates of eligibility, recruitment, intervention and retention in a randomised controlled trial of BI aimed at reducing risky drinking in women receiving antenatal care

- To establish the acceptability of materials and procedures for such a trial

Methods:

- A parallel group, non-blinded RCT.
- Women aged 18+ in North East England are screened by their midwife using AUDIT-C at the initial antenatal appointment. Those meeting eligibility criteria are invited to participate.
- Midwives were randomised in 1:1 ratio to deliver either: treatment as usual (control); or structured brief advice and referral for 20 minutes motivational interviewing with alcohol health worker (intervention).

- Baseline measures including two 7-day Time Line Follow-back questionnaires and EQ-5D-3L are repeated in telephone follow-ups in third trimester and six months post-partum, with a questionnaire on resource use.
- Participants' and midwives' views sought on instruments and procedures.

Results: 574 women have been screened in the first 4 months; 10 have screened positively for drinking above guidelines for pregnancy (scoring >2 on AUDIT-C), and 2 have been recruited as cases in control condition. Midwives report screening and research procedures as acceptable, but consider that women may be wary of admitting drinking when first meeting their midwife, or say they are not drinking because of feeling sick in their first trimester.

Discussion: This feasibility study has to date identified low rates of screening in the research site, and low rates of recruitment when screening at the booking appointment. Screening will be extended to further sites and conducted at a later antenatal appointment for the remainder of the study.

POSTER 20

TITLE: No detectable effect of marijuana use on health or healthcare utilization among patients with any illicit drug use identified by screening in primary care.

AUTHOR: Daniel Fuster, Debbie M. Cheng, Donald Allensworth-Davies, Tibor P. Palfai, Jeffrey H. Samet, Richard Saitz

Introduction: Marijuana is the illicit drug most commonly used by patients in primary care identified by screening. Its impact on health has not been studied extensively.

Objective: To assess the association between marijuana use and health (comorbidity, health status) and healthcare utilization (emergency department use and hospitalization) among patients with any illicit drug use identified by screening in primary care.

Methods: We analyzed data from patients in an urban primary care clinic who, when screened, reported any past 3-month drug use (marijuana, opioids, cocaine, others). We assessed comorbidity with Charlson comorbidity index. By interview, we determined health status with EuroQol [index from 0 (worst) to 100 (best possible health)] and past 3-month emergency department use and hospitalization. Recent marijuana use (past 3-month) was the main independent variable [any vs. no use]. We used separate multivariable models adjusting for age, sex, and any recent other substance use.

Results: Participants (n=554) were 69% male and mean age was 41 years. All participants reported recent drug use: marijuana 84%, heavy episodic drinking 44%, cocaine use 26%, opioid use 23%, other drug use 8%; 57% reported use of marijuana only, 8% cocaine use only and 4% reported opioid use only. Median Charlson index was 0 (range 0-7, 37% with values ¿1); mean EuroQol was 70; 36% had recent emergency department use and 14% recent hospitalization. Recent marijuana use was not associated with emergency department use (adjusted odds ratio (AOR) 0.71, 95% confidence interval (CI) 0.42, 1.22), hospitalization (AOR 1.16, 95% CI 0.59, 2.28), health status (adjusted mean EuroQol score 66 versus 65, p=0.86) or Charlson index¿1 (AOR 0.64, 95% CI 0.37, 1.13).

Discussion: Among adults in primary care who reported any recent illicit drug use, we

were unable to detect an effect of marijuana use on health or on emergency department or hospital utilization.

POSTER 21

TITLE: Brief interventions in the German primary health care setting - far from being routine?

AUTHOR: Christiane Schmidt, Schulte, B, Farnbacher, G, Götzke, C, Reimer, J

Introduction: Regarding the effectiveness of screening and brief interventions (SBI) in the primary health care setting, general practitioners (GPs) could play a key role in the treatment of alcohol-related disorders.

Objective: This multi-method survey aimed to assess the current implementation status of SBI and other alcohol-related interventions among GPs, as well as barriers and opportunities for improvement.

Methods: A one-page questionnaire on types and frequencies of interventions, barriers for implementation and personal characteristics, was sent out in 2012 to all registered statutory health insurance physicians in six German cities and rural regions. Further, we conducted focus group interviews with a weighted random sample out of all respondents.

Results: 217 out of 2215 questionnaires returned (9.8%); the majority (77%) being from larger cities (> 100,000 inhabitants). 17.5% of respondents had an additional qualification in addiction medicine. Although nearly all GPs (99.5%) stated to assess alcohol consumption either routinely or in case of clinical suspicion, only 45.6% reported to regularly apply SBI. In contrast, 81.1% stated doing “informative conversations”. Medication-assisted alcohol treatment was regularly provided by 8.3% of the sample. Frequent use of SBI was higher in GPs qualified in addiction medicine (73.7% vs. 40.6%, p = .001). Main barriers were insufficient remuneration (77.9%) and lack of integrability within daily clinical work (57.6%). We conducted 9 focus groups with a total of 28 GPs. First analyses of the data reveal that improvement suggestions mainly comprised a stronger collaboration with addiction treatment services. Interest in SBI was shown to be rather low, and none of the participants stated using standardised screening instruments.

Discussion: According to our data, SBI is still not widely implemented in the daily work of GPs in Germany, except among the small group of those with an additional qualification in addiction medicine. Further analyses and assessments of predictors will be presented and discussed.

POSTER 22

TITLE: Efficacy of Brief Alcohol Screening Intervention for College Students (BASICS): a meta-analysis of randomized controlled trials

AUTHOR: Marcella Ayer-Abdalla, Alexandre Fachini, Poliana Patrício Aliane, Edson Zangiacomi Martinez, Erikson Felipe Furtado

Introduction: Many studies reported that brief interventions are effective in reducing excessive drinking.

Objective: This study aimed to assess the efficacy of a protocol of brief intervention for college students (BASICS), delivered face-to-face, to reduce risky alcohol consumption and negative consequences.

Methods: A systematic review with meta-analysis was performed by searching for randomized controlled trials (RCTs) in Medline, PsycInfo, Web of Science and Cochrane Library databases. A quality assessment on RCTs was made using a validated scale. Combined mean effect sizes, using meta-analysis random-effects models, were calculated.

Results: 18 studies were included in review. The range of samples size was 54 to 1275 (Med = 212). All studies presented a good evaluation of methodological quality and four were found with an excellent quality. Near at 12-months follow-up, students receiving BASICS showed a significant reduction in alcohol consumption (absolute difference = -1.50 doses, 95% CI: -3.24 to -0.29, p < .01) and alcohol-related problems (absolute difference = -0.87, 95% CI: -1.58 to -0.20, p = .02) compared with controls.

Discussion: Overall, BASICS lowered alcohol consumption and negative consequences in college students. Gender and peers norms seem have an important role as moderator of behavior change in college drinking. Characteristics of BASICS procedure have been evaluated as more favorable and acceptable by students in comparison with others interventions or control conditions. Considerations for future researches were discussed.

POSTER 23

TITLE: Evaluation of the PAI-PAD program for Alcohol Brief Interventions implementation on two health regions in Sao Paulo, Brazil

AUTHOR: Mey Fan Porfírio Wai, Pâmela Migliorini, Claudino da Silva, Larissa Horta Esper, Ildebrando Moraes de Souza, Marcella Beatriz Ayer Abdalla, Erikson Felipe Furtado

Introduction: The evaluation of programs is a tool that supports decisions for the implementation of public health policies.

Objective: To evaluate, comparatively, the PAI-PAD strategy for the implementation of SBIRT for alcohol problems in two different health administrative regions in the state of São Paulo: Ribeirão Preto and Taubaté. PAI-PAD is an acronym for Program of Integrated Actions for Prevention and Assistance for Alcohol and Drugs Problems in the Community.

Methods: The sample was composed by 528 professionals trained in SBIRT for alcohol problems, being 81.2% from Ribeirão Preto and 18.8% from Taubaté. The procedures were made using triangulation of data from questionnaires obtained at the pre and post-training in SBIRT and focal groups. These questionnaires assessed professional practice regarding to assessment of risk behaviors like smoking, physical exercises and alcohol consumption.

Results: The monthly patient attendance per health unit was of 671 families or 2999 patients in Ribeirão Preto and 1282 families or 4416 patients in Taubaté. In Ribeirão Preto the proportion of health professionals doing counseling for smoking, physical exercise

and alcohol drinking is of respectively, 77%, 72.7% and 67.3%, while in Taubaté this percentage was lower for smoking (59%) and physical exercise (61.7%) but approximately the same for alcohol drinking (66.6%). Statistical differences were found regarding number of patients (F=6.929; p=0.01) and number of applied AUDIT questionnaires (F=6.063 p=0.01).

Discussion: No differences were found regarding alcohol brief interventions. Different results, however, were found for smoking and physical exercises, which are subject of other State health programs with different methodologies. The successful strategy for the implementation of alcohol brief interventions, identical between the two regions, suggests, that this strategy could be disseminate to other health regions in the country. Despite some methodological limitations, the results suggest a positive effect of the approach proposed by PAI-PAD.

POSTER 24

TITLE: General Practitioners providing Brief Intervention: what is their impact on the community?

AUTHOR: Allaman Allamani, Ilaria Basetti Sani, Fabio Voller

Introduction: Brief interventions, which are delivered by general practitioners to their clients who are risky drinkers, are usually evaluated according to their effectiveness in terms of communication or of decrease of patients' amount of drinking. However, the family doctor is also an opinion leader. Her /his skills in informing and educating patients' lifestyles are probably able to induce a change in opinion, not just of patients who undergo the medical examination, but, indirectly, also of their family members as well as of their social network. Eventually, GP' health education efforts have an impact on the entire community in which he / she operates.

Objective: the study objective was to study the effect of GP's BI on community.

Methods: As part of a larger Brief Intervention project which was implemented with 25 GPs and involved nearly 3,000 patients in the area of Florence, Italy, between 2005 and 2007, two general population samples of about 1,350 subjects in the community where the 25 GPs operated were interviewed, both at the beginning and at the at the end of the project, on several issues including moderate and risky drinking

Results: According to the hypothesis, results showed that at the end of the project more than 10% of (male) respondents than at the beginning had a proper opinion about moderate drinking, and about 3% more respondents acknowledged the risk of hazardous drinking. Increases were greater in the area, between the two involved in the study, in which the other alcohol preventive activities had been less present.

Discussion: Further studies on the role of GPs as prevention community agent are needed.

POSTER 25

TITLE: Implementation of SBI for alcohol and tobacco program in surgical oncological unit : analysis of pre and post-implementation process at three months

AUTHOR: Marion Barrault, Barthelemy, V., Grados, C., Saint Jacques, M., Garguil, V., Auriacombe, M., Boussard, V. Boyer, A., Lakdja, F., Bussières, E.

Introduction: SBI for alcohol and tobacco are poorly implemented in oncological settings despite scientific and political incentive. Cancer diagnosis has been described as teachable moments for smoking and alcohol cessation, a window of opportunity for positive lifestyle changes. Patients report significantly elevated levels of distress and they can be sensitive to any blame concerning their illness, especially when the disease is smoking or alcohol-related. Health stakeholders must, in a person-centered care approach help patients to identify risk behaviors and provide support required for healthy lifestyle changes.

Objective: Analysis of framework of implementation of a specific SBI for alcohol and tobacco program in a surgical oncological department, at 3 months.

Methods: 25 health stakeholders knowledge and practice have been explored through focus groups and standardized online questionnaires (Screening and Intervention Programme for Sensible drinking, Alcohol Clinical Training, SAAPQ) before and after SBI educational program.

Patients are screened with Distress Thermometer, Problem Checklist, Edmonton Symptom Assessment System, AUDIT-C and Single-Question for tobacco.

Results: Knowledge of caregivers are low with a tendency to advise consumption lower than the recommendations. Physicians reported low level of screening associated with low therapeutic commitment and high role legitimacy. Time contraints are reported for screening and brief interventions. Nurses evokes lack of confidence and guilty feelings to ask patients to stop tobacco or alcohol. Nevertheless, nurses seem to appropriate tools and screening process and screening levels have more than tripled in three months.

Discussion: SBI program in oncological setting could reduce harmful consequences associated with alcohol misuse and improve prognosis and quality of life of cancer patients. Nevertheless, the specific emotional context need to be adressed and distress screening should be linked with risk behaviors screening and implemented in clinical routine.

POSTER 26

TITLE: Spanish initiatives to promote alcohol brief interventions: AMPHORA Project report

AUTHOR: Noemí Robles, Antoni Gual

Introduction: The AMPHORA project is a project co-financed by the FP7 programme of the European Commission with 33 partner organizations from 14 European countries aiming to add knowledge across a wide range of public health alcohol policy measures.

Objective: One of the work packages (WP) is devoted to identify system level factors contributing to the effective implementation and assessing the public health impact of alcohol interventions in the European countries enrolled in the project. Present work summarizes the Spanish initiatives carried out in order to promote the implementation of alcohol brief interventions.

Methods: 10 Spanish key informants were interviewed on different topics related to alcohol treatment, such as service provision, treatment initiatives or barriers/facilitators of alcohol interventions implementation. Informants were selected according their expertise in the alcohol treatment field. Interviews were conducted using a semi-structured questionnaire developed for the WP partners under the coordination of the Institute of Psychiatry in London.

Results: Information obtained from key informants reported several initiatives designed to increase or implement alcohol interventions. These initiatives were promoted under the auspices of the Ministry of Health and the Plan Nacional Sobre Drogas (PNSD-National Plan on Drugs), and implemented by local governments of Autonomous Communities and medical societies. Projects mainly focus on three areas: 1) increase the implementation of alcohol consumption screening in Primary Health Care; 2) increase the involvement of professionals of different specialties in early identification of problems related to alcohol consumption; and 3) promote early identification of hazardous drinking in adolescents.

Discussion: Results show that despite these initiatives are well-valued by professionals and the success of some of them, the implementation of this kind of projects is unequal among the Spanish country. Differences between regions may be related to the fact that, even though PNSD general objectives have been agreed, each Autonomic Community sets its own priorities and implementation strategies.

POSTER 27

TITLE: Dissemination of Screening and Brief Intervention through Distance Learning Courses in Brazil: the challenge of creating a network.

AUTHOR: Maria Lucia O. Souza-Formigoni, Ramos, MP, Moura, Y, DeMicheli, D Silva, EA, Carneiro, APL, Duarte, PCAV

Introduction: Considering the need of creating a network, including health professionals, social workers and community leaders, to deal with the problems associated with alcohol and other drugs related problems in Brazil, the National Secretary on Drug Policy (SENAD) in partnership with the Universidade Federal de São Paulo (UNIFESP) developed two Distance Learning Courses. The first one, SUPERA (an acronym in Portuguese meaning: System for detection of abusive Use and dependence on Psychoactive substances: Brief Intervention, Social reinsertion and follow-up), was offered to 20.000 professionals from health, social work and educational areas. The second one, Fé na Prevenção" (Faith in Prevention) was offered to 10.000 religious and community leaders.

Objective: To evaluate participants' interest in the courses, as well as their levels of adherence and successful completion

Methods: Both courses were offered to the participants for free, having their costs supported by SENAD and UNIFESP. The courses material included books, CDs with videos on the practical use of Screening and Brief Intervention procedures and an Internet site with activities, evaluation tests and forums of discussion.

Results: Both courses offered 5.000 places in each edition. A huge number of participants enrolled: 50.000 in the 4th edition of SUPERA (2011) and 15.000 in the 2nd edition of Fé na Prevenção. In all editions the adherence was high, on average about 80% of those who started the course. A qualitative analysis of the forums contents showed most of the participants were enthusiastic about participating in a network to deal with AOD related problems.

Discussion: Our data indicate the participants recognize their need for capacitation and the good acceptability of distance learning courses, but also revealed some difficulties, mainly regarding stigmatized ideas on AOD users and also in relation to different religious and ideological views.

POSTER 28

TITLE: Participation in distance learning courses contributes to the implementation of Screening and Brief Intervention in Brazil

AUTHOR: Maria Lucia O. Souza-Formigoni, Ramos, MP;Carneiro, APL; Moura, Y; DeMicheli, D; Silva, EA;Duarte, PCAV

Introduction: In order to capacitate professionals from health, social work and educational areas, religious and community leaders to deal with problems associated with alcohol and other drugs (AOD) the Brazilian National Secretary on Drug Policy (SENAD) in partnership with the Universidade Federal de São Paulo (UNIFESP) developed two Distance Learning Courses: SUPERA (an acronym in Portuguese meaning: System for detection of abusive Use and dependence on Psychoactive substances: Brief Intervention, Social reinsertion and follow-up), for health professionals and social workers and FÉ NA PREVENÇÃO (Faith in Prevention), for religious and community leaders.

Objective: To analyze the participants' perception on their skills in SBI and the course usefulness.

Methods: The courses material included books, CDs with videos on practical use of Screening and Brief Intervention procedures (SBI) and an Internet site with activities and evaluation tests. The participants who completed the course fulfilled a questionnaire on their levels of satisfaction and applicability of the knowledge acquired and some were followed up to one year later.

Results: The levels of satisfaction were high (99.7 %) and most of them (96.9%) considered themselves able to detect people with problems related to AOD, as well as to apply SBI (95%) or refer people to specialized services (96,5%). Most of them considered the knowledge acquired was useful and applicable in their routine work. Many expressed their intention to create or participate in services devoted to dealing with AOD related problems. In the follow-up most of those who replied to the questionnaire on the use of the skills acquired through the course in their current work reported the use of Screening Instruments (80%) and half of them Brief Intervention (45%).

Discussion: Our data indicate the participation in distance learning courses contributes to the dissemination of SBI procedures, as well as its adoption on a routine basis.

Oral presenters

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Aldridge, Arnie	Thu, 27th Sept	15.20-16.35	9	Room 1
Anderson, Peter	Thu, 27th Sept	10.20-11.35	4	Room 6
Anderson, Peter	Thu, 27th Sept	11.45-13.00	6	Room 1
Barbosa, Carolina	Thu, 27th Sept	15.20-16.35	9	Room 1
Bendtsen, Preben	Thu, 27th Sept	11.45-13.00	6	Room 2
Bertholet, Nicolas	Thu, 27th Sept	11.45-13.00	7	Room 6
Bischof, Gallus	Thu, 27th Sept	10.20-11.35	3	Room 2
Bogenschutz, Michael	Thu, 27th Sept	16.45-18.00	12	Room 1
Bradley, Kathy	Thu, 27thSept	10.20-11.35	4	Room 6
Butt, Peter	Thu, 27th Sept	16.45-18.00	14	Laboratori de les Arts
Colom, Joan	Thu, 27th Sept	10.20-11.35	2	Room 1
Cowell, Alexander	Thu, 27th Sept	15.20-16.35	9	Room 1
Crandal, Camerón	Thu, 27th Sept	16.45-18.00	12	Room 1
Currie, Sarah	Thu, 27th Sept	15.30-16.45	11	Room 2
Daeppen, Jean-Bernard	Thu, 27th Sept	11.45-13.00	7	Room 6
Defillet, Tom	Thu, 27th Sept	11,45-13,00	5	Room 1
Dempsey, Robert	Thu, 27th Sept	11.45-13.00	7	Room 6
Doi, Lawrence	Thu, 27th Sept	15.20-16.35	10	Room 2
Donovan, Dennis	Thu, 27th Sept	16.45-18.00	12	Room 1
Fischer, Leigh	Thu, 27th Sept	16.45-18.00	13	Aroom 2
Fitzgerald, Niamh	Fri, 28th Sept	15.20-16.35	20	Room 1
Forcehimes, Alyssa	Thu, 27th Sept	16.45-18.00	12	Aula 1
Garmyn, Bart	Fri, 28th Sept	15.20-16.35	22	Laboratori de les Arts
Gual, Antoni	Thu, 27th Sept	11.45-13.00	6	Room 2
Harris, Sion	Thu, 27th Sept	15.30-16.45	10	Room 1
Hirvonen, Leena	Fri, 28th Sept	15.20-16.35	22	Laboratori de les Arts
Källmén, Håkan	Fri, 28th Sept	15.20-16.35	22	Laboratori de les Arts
Keurhorst, Myrna	Thu, 27th Sept	10.20-11.35	3	Room 2
Keurhorst, Myrna	Thu, 27th Sept	10.30-11.45	4	Room 2
Keurhorst, Myrna	Thu, 27th Sept	11.45-13.00	6	Room 2
Khadjesari, Zarnie	Fri, 28th Sept	11.00-12.15	16	Room 1
Laurant, Miranda	Thu, 27th Sept	11.45-13.00	6	Room 2
Lindblad, Robert	Thu, 27th Sept	16.45-18.00	12	Aula 1
López Lazcano, Ana Isabel	Thu, 27th Sept	11.45-13.00	5	Room 1
Martinez Raga, José	Thu, 27th Sept	11.45-13.00	5	Room 1
McAuley, Andrew	Thu, 27th Sept	15.20-16.35	11	Laboratori de les Arts
McCambridge, Jim	Thu, 27th Sept	11.45-13.00	7	Room 2
McCambridge, Jim	Thu, 27th Sept	14.00-15.00	8	Plenary
McCambridge, Jim	Fri, 28th Sept	15.30-16.45	21	Room 1
Monteiro, Maristela	Thu, 27th Sept	09.20-10.00	1	Plenary
Monteiro, Maristela	Thu, 27th Sept	11.45-13.00	5	Room 1
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Nehlin Gordh, Christina	Fri, 28th Sept	11.00-12.15	17	Room 2
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Newbury-Birch, Dorothy	Fri, 28th Sept	11.00-12.15	18	Room 6
Norambuena, Pablo	Thu, 27th Sept	10.20-11.35	2	Room 1
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Parkes , Tessa	Thu, 27th Sept	15.20-16.35	11	Laboratori de les Arts
Reid, Garth	Thu, 27th Sept	15.20-16.35	11	Laboratori de les Arts
Ribeiro, Cristina	Fri, 28th Sept	11.00-12.15	18	Room 6
Ronzani, Telmo	Thu, 27th Sept	10.20-11.35	2	Room 1
Rosón, Beatriz	Thu, 27th Sept	10.20-11.35	3	Room 2
Saitz, Richard	Thu, 27th Sept	11.45-13.00	7	Room 6
Saitz, Richard	Fri, 28th Sept	14.00-15.00	19	Plenary
Satre, Derek	Fri, 28th Sept	11.00-12.15	17	Room 2
Schmidt, Christiane	Fri, 28th Sept	11.00-12.15	18	Room 6
Schulte, Bernd	Fri, 28thSept	11.00-12.15	18	Room 6
Seale, James Paul	Thu, 27th Sept	10.20-11.35	4	Room 6
Segura, Lidia	Thu, 27th Sept	15.20-16.35	10	Room 2
Silfversparre, Frida	Thu, 27th Sept	16.45-18.00	13	Room 2
Sinadinovic, Kristina	Thu, 27th Sept	16.45-18.00	14	Laboratori de les Arts
Singh, Manu	Fri, 28 th Sept	15.20-16.35	20	Room 1
Souza-Formigoni, Maria Lucia O.	Thu, 27th Sept	10.20-11.35	2	Room 1
Sterling, Stacy	Fri, 28 th Sept	11.00-12.15	17	Room 2
Struzzo, Pierluigi	Thu, 27th Sept	16.45-18.00	14	Laboratori de les Arts

van Mierlo, Trevor	Fri, 28th Sept	11.00-12.15	16	Room 1
Veach, Laura	Thu, 27th Sept	10.20-11.35	3	Room 2
Voogt, Carmen	Fri, 28th Sept	11.00-12.15	16	Room 1
Wallace, Paul	Thu, 27th Sept	11.45-13.00	6	Room 2
Wallace, Paul	Fri, 28th Sept	09.00-10.00	15	Plenary
Weisner, Constance	Fri, 28th Sept	11.00-12.15	17	Room 2
Wilson, Graeme	Fri, 28th Sept	15.20-16.35	20	Room 1
Wojnar, Marcin	Thu, 27th Sept	11.45-13.00	6	Room 2
Zarkin, Gary	Thu, 27th Sept	15.20-16.35	9	Room 1

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NOTES

Organizer

Generalitat de Catalunya
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Support of

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