




Co-funded by
the Health Programme
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Centre for Interdisciplinary Addiction
Research, Hamburg University  ZIS

THE BISTAIRS - PROJECT

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Key specifications of BISTAIRS

Title	Brief interventions in the treatment of alcohol use disorders in relevant settings
Priority area	EU Health Programme project to “promote health”
Action	Addressing health determinants by taking action on the key factor alcohol
Sub-action	Good practice on brief interventions to address alcohol use disorders in primary health care, workplace health services, emergency care and social services
Duration	36 months (May 2012 – April 2014)



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Why BISTAIRS?

- EU: one of the heaviest alcohol drinking regions worldwide
- High social, medical & economical costs of harmful drinking; emerge both on an individual and societal level
- BI: most effective in the management of alcohol consumption for non treatment-seeking harmful drinkers
- To date, most evidence of BI has been gathered in PHC
- WHO/NICE: extension of BI implementation in settings beyond PHC:
 - Workplace health services
 - Emergency care
 - Social services



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BISTAIRS aims ...

to foster BI implementation in different settings by ...

- ... reviewing implementation processes
- ... providing information about mechanisms for BI implementation
- ... providing guidelines for the development & implementation of BI approaches
- ... providing a set of tailored toolkits & training manuals

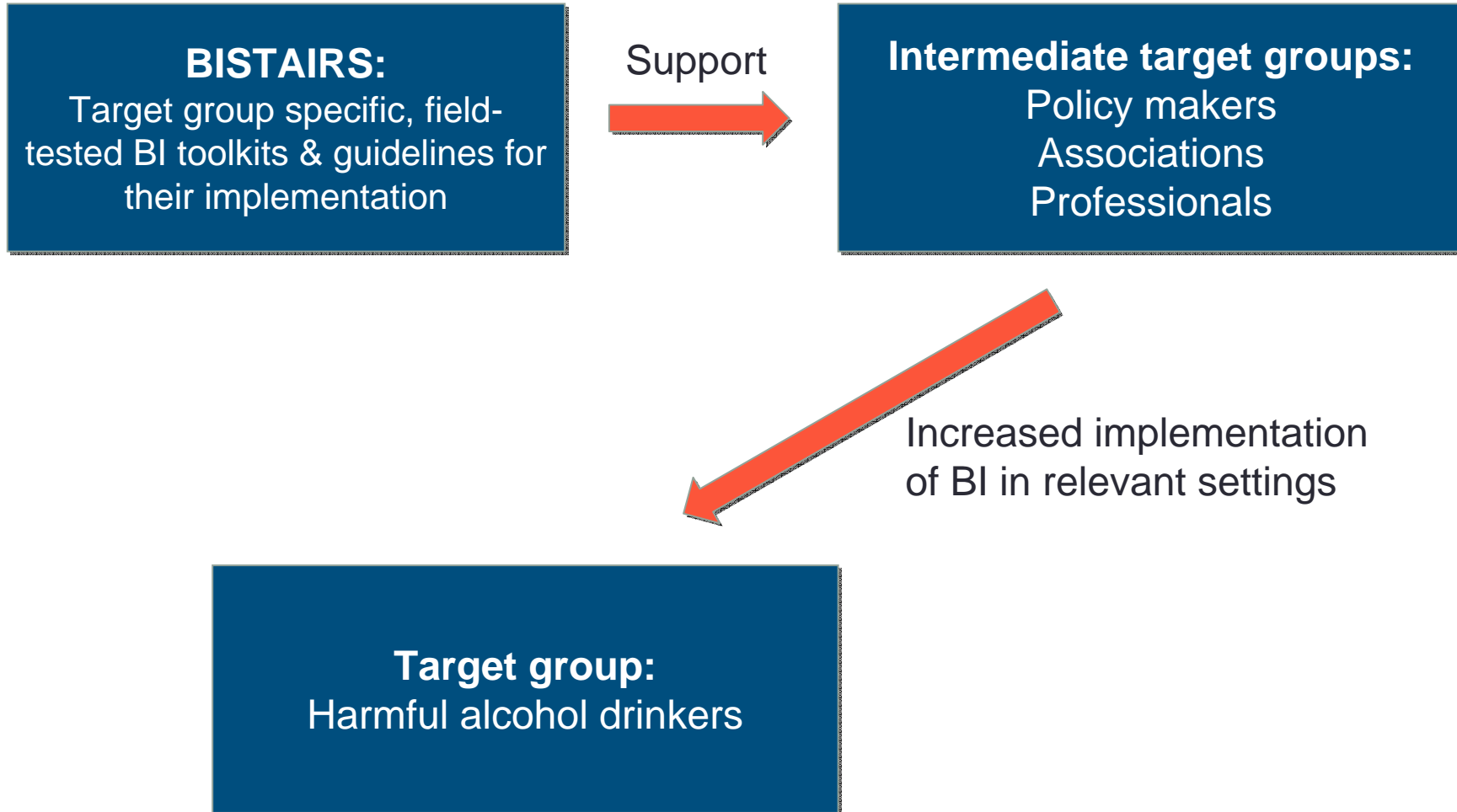


Specific objectives

Title	Objective
Status quo	<ul style="list-style-type: none">• to assess BI implementation in different settings• to identify barriers & opportunities
BI toolkits	<ul style="list-style-type: none">• to tailor & to field test BI packages (tools, methods, materials) for each setting
Guidelines	<ul style="list-style-type: none">• to prepare guidelines for the development of BI approaches for different settings
Dissemination	<ul style="list-style-type: none">• to disseminate of set of tailored toolkits, guidelines, training manuals and further documents



Target groups





Methods & means

Phase I:

- Secondary analyses
- Identification of mechanisms for BI implementation

Phase II:

- Development of tailored BI approaches
- Field tests

Phase III:

- Delphi-method for consensus finding
- Guideline preparation

Phase IV:

Dissemination



Current status: Phase I

- Secondary analyses:
 - Review of systematic reviews on BI in PHC
 - Systematic reviews on BI in WP, EC, SocServ
- Status quo on BI implementation in different settings
 - Survey questionnaire for national experts in the EU MS
- Preparations for the field tests:
 - Collection of setting characteristics
 - Definition of inclusion/exclusion criteria
 - List of potential field test partner for each setting in the 5 EU MS



Status quo questionnaire - First, preliminary results (n = 27)

“To what extent on a scale from 0 (not at all) to 10 (fully), would you say that brief interventions for alcohol are currently available in the following settings?”

	Mean	SD
Primary health care	4.44	2.62
Workplace health	2.54	2.45
Emergency care	2.15	1.73
Social services	2.50	1.73



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Status quo questionnaire - First, preliminary results (n = 27)

“To what extent on a scale from 0 to 10, would you say that a further implementation of brief interventions for alcohol in the following settings

- will have a significant impact to **reach persons with hazardous and harmful alcohol consumption***
- are adequate to **screen** for persons [...]*
- are adequate to deliver **brief interventions** [...]*
- are able to **refer** persons [...]*“



Status quo questionnaire - First, preliminary results (n = 27)

	Setting has significant impact to reach target group		Setting is adequate for...						
			Screening		Brief interventions		Referral to treatment		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Primary health care	8,27	1,59	9,11	1,45	9,07	1,62	8,38	1,88	
Workplace health	7,15	2,38	7,74	2,12	7,33	2,24	6,48	3,08	
Emergency care	7,12	2,37	7,44	2,59	6,74	2,81	6,81	2,98	
Social service settings									
Employment agencies	5,50	2,81	5,36	2,98	4,60	2,99	3,25	2,69	
Schools/universities	6,58	2,61	5,88	3,11	5,75	2,83	4,08	3,08	
Criminal justice system	6,60	2,72	7,22	2,52	6,11	2,85	6,54	2,96	
Youth welfare services	6,52	2,78	6,96	2,37	6,67	2,35	5,14	3,54	
Accomodation offices	4,00	3,38	4,35	3,23	4,00	3,25	3,05	3,14	

scale from 0 (not at all) to 10 (fully)



Are settings beyond PHC relevant for BI?

No, because ...

- BI in further settings is not evidence based
- PHC already brings health care as close as possible to where people live, work, and play
- increased lack of professional alcohol-related knowledge and skills
- limited interdisciplinary collaboration and communication around alcohol-related care
- increased negative patient reaction
- limited patient motivation to address alcohol use
- logistical issues (e.g., lack of time/privacy)



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Are settings beyond PHC relevant for BI?

Yes, because ...

- we focus too often on treatment & those individuals present in care
- we know that ...
 - income & social status
 - education, employment & working conditions
 - personal health practices & coping skills
 - healthy child development & health servicesinfluence people's capacity to achieve health

Howard Research & Instructional Systems Inc. (2000).

Alberta Health Care Project.

Primary health care: Six dimensions of inquiry.



Current status: Phase I

- Secondary analyses:
 - Review of systematic reviews on BI in PHC
 - Systematic reviews on BI in WHHS, EC, SCS
- Status quo on BI implementation in different settings
 - **Survey questionnaire for national experts in the EU MS**
- Preparations for the field tests:
 - Setting definitions & characteristics for each field test country
 - List of potential field test partner for each setting in the 5 EU MS
 - Set up of inclusion/exclusion criteria for BI implementation

Please fill in the
BISTAIRS
questionnaire
disseminated at
this
conference!!!

