

BRIEF INTERVENTIONS IN THE TREATMENT OF ALCOHOL USE DISORDERS IN RELEVANT SETTINGS

Managing risky drinking in primary health care, emergency care, workplace and social service settings

ABOUT BISTAIRS

The EU project BISTAIRS (Brief interventions in the treatment of alcohol use disorders in relevant settings) aims to evaluate the implementation of tailored brief intervention (BI) toolkits for risky drinking in primary health care, emergency care, workplace and social services settings across the EU.

ASSOCIATED PARTNERS

Coordination	
<i>Centre for Interdisciplinary Addiction Research (CIAR)</i> University of Hamburg	
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Partner	Function
<i>University of Hamburg (CIAR)</i> Hamburg, Germany	Work package leader; National field test coordinator
<i>University of Newcastle upon Tyne (UNEW)</i> Newcastle, United Kingdom	Work package leader
<i>Fundacio Clinic per al la Recerca Biomedica (FCRB)</i> Barcelona, Spain (Catalonia)	Work package leader
<i>Instituto Superiore Di Santa (ISS)</i> Rome, Italy	Work package leader; National field test coordinator
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<i>National Institute of Public Health (NIPH)</i> Prague, Czech Republic	National field test coordinator
<i>Institute on Drugs and Drug Addiction (IDT)</i> Lisbon, Portugal	National field test coordinator

RISKY DRINKING AND HEALTH IMPACTS

Alcohol is a causal factor in over 200 different medical diseases and conditions, including cancers, cardiovascu-

lar diseases, gastrointestinal diseases, mental and behavioural disorders, and communicable diseases. These outcomes affect people's health, well-being and ill-health, accidents and violence, diminished educational achievement, impaired performance and productivity at work and have an effect of crime and impaired family functioning.

For most alcohol-related health conditions, risk increases with the amount of alcohol drunk both regularly and on any one occasion. In 2009, average adult consumption amongst drinkers in Europe was 30 g alcohol per day (Rehm et al. 2012). One in eight adults drank at least 60 g, on any occasion several times a week, with nearly five per cent of men, but only 1 in 1,000 women doing this every day (Shield et al. 2012).

Risky drinking is a casual factor in injuries, it inevitable impacts the work of accident and emergency departments. It is a contributory factor in absenteeism and presenteeism, it inevitably impacts employers.

SCREENING AND BRIEF INTERVENTION (SBI)

Brief interventions (BI) for alcohol have been shown to be effective in the management of alcohol consumption for non treatment-seeking harmful alcohol drinkers. Most evidence of BI effectiveness has been gathered in primary health care settings. As concluded in the UK NICE guidelines, the overall evidence of BI effectiveness strongly suggests an extension of BI implementation in settings beyond primary health care, such as in workplace health services, emergency care and social services.

“Screening is a systematic process of identifying people whose alcohol consumption places them at increased risk of physical, psychological or social problems and who would benefit from a preventative intervention” (NICE) 2010).

Brief intervention is a discussion aimed at raising an individual's awareness of their risky behavior and motivating them to change it.

It has been estimated that about only 1 in 20 of those with risky drinking are actually identified and offered brief advice by a primary health care provider (WHO

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2009; Wolstenholme et al 2012). For those people, drinking is affecting their own health and well-being and that of those around them, including family and friends, SBI could be effective in helping reducing the levels of risky drinking. BI is not complicated, builds on the skills many accident and emergency doctors already have, and can be delivered in five to ten minutes.

GENERAL OBJECTIVES

BISTAIRS aims

- to foster BI implementation in relevant settings
- to provide a substantial contribution to the EU strategy to reduce alcohol related harm
- to increase the impact of secondary alcohol prevention in the EU
- to contribute to a reduction of the negative social consequences of harmful alcohol consumption in the EU
- to decrease the EU wide identified attributable health risks
- to contribute to the reduction of the tangible costs of alcohol related harm

SPECIFIC OBJECTIVES

Good practice of BI

Identification & assessment of BI in different settings

Development & field test of BI toolkits

Tailored BI packages (tools, methods, materials) for each setting will be field tested in five EU member states

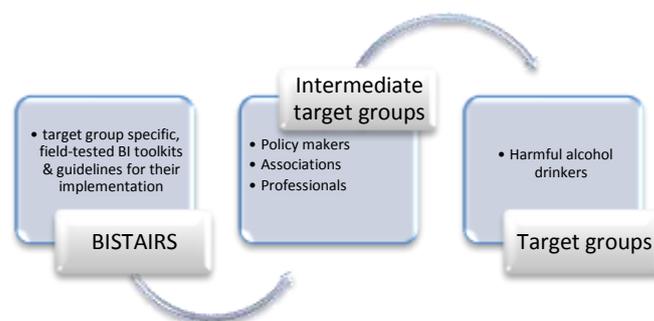
Guidelines for tailored BI approaches

Guidelines for the development of BI approaches for different settings and their widespread implementation in the EU

Dissemination of toolkits & guidelines

Dissemination of set of tailored toolkits, guidelines, training manuals and further documents in order to initiate a widespread implementation of adapted BI approaches in the EU

TARGET GROUP



METHOD AND MEANS

- Identifying the implementation status of
- BI in the EU by sending a questionnaire to members of the respective networks
- Tailoring BI toolkits, evaluating in field tests
 - four field tests will be conducted in 5 countries (three of them with lower experience in the implementation of BI)
 - Using focus groups for field-test evaluation
- Conducting a scientific board meeting for guideline preparation
 - decision-making purposes, applying adequate methodologies for consensus finding

