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# **Bridging the evidence to practice gap for screening and brief alcohol interventions in primary health care and beyond: Findings from the European BISTAIRS project**

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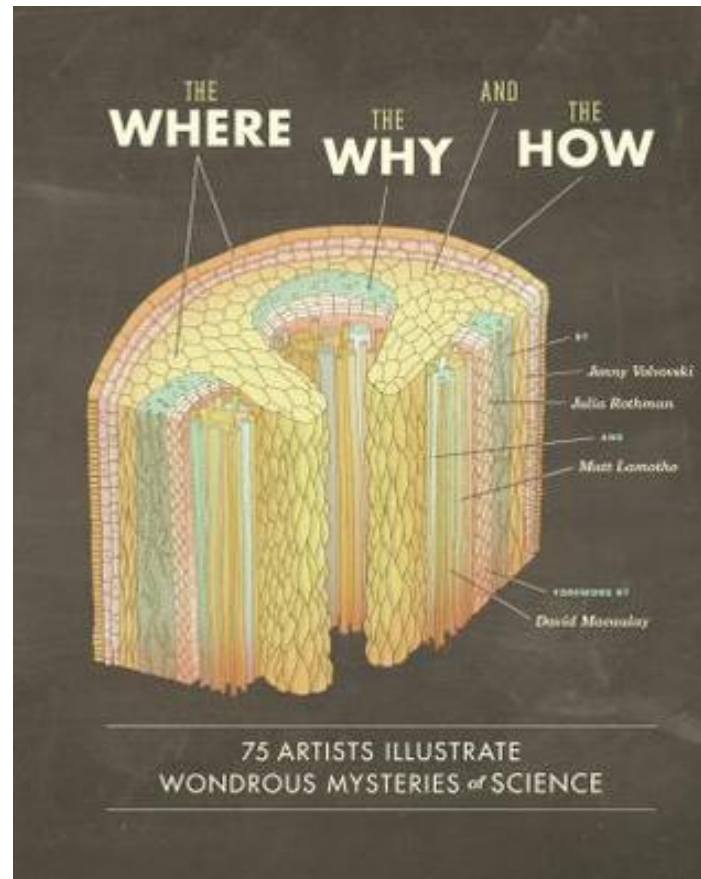
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# Content



The  
**WHY**

Harmful alcohol drinking is a key public health issue in Europe  
and  
ASBI implementation is one of the top 5 key strategies to  
address harmful drinking

The  
**WHERE**

Primary health care (PHC)

Emergency department setting (ED)

Workplace health care setting (WPH)

Social service settings (ScS)



# Brief interventions in the treatment of alcohol use disorders in relevant settings (BISTAIRS)

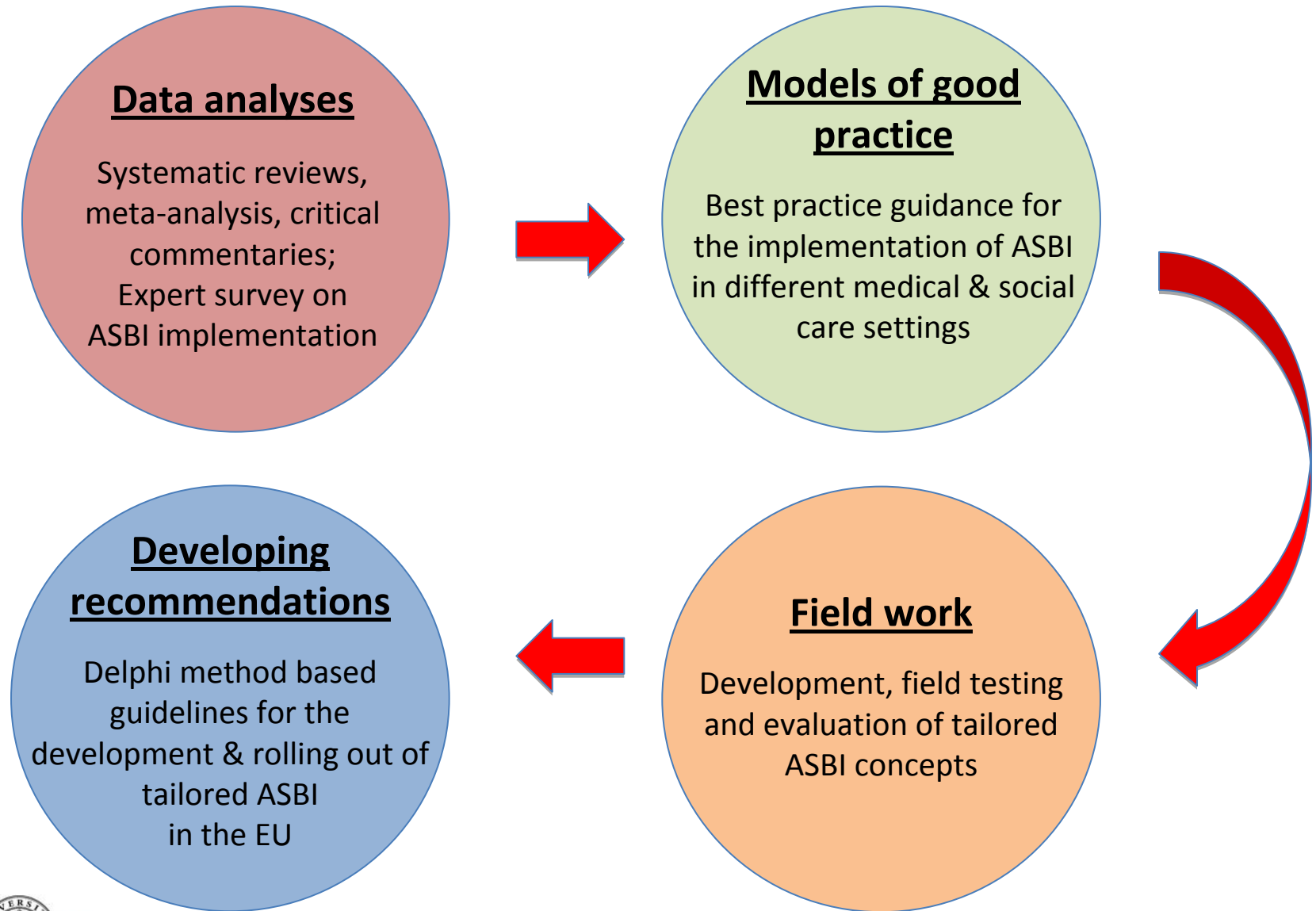
## General objective

- ✓ to foster ASBI implementation in primary health and social care settings

## Specific objectives

- ✓ to systematize good practice on ASBI
- ✓ to field test a set of tailored ASBI concepts for each setting
- ✓ to compile guidelines for tailored ASBI approaches
- ✓ to disseminate specific concepts to support setting specific ASBI implementation

# Methods and means



# Main findings for medical settings

- **For primary health care**
  - Robust and convincing evidence base for effectiveness of ASBI
  - Ready-to-use ASBI material is available
  - Setting specific implementation barriers are identified
  - ASBI is regularly implemented only on local/regional level
- **For accident / emergency departments**
  - Promising evidence for ASBI effectiveness
  - Future research needs include ASBI cost-effectiveness
  - Main setting specific implementation barriers are identified
  - ASBI either not available or not regularly implemented



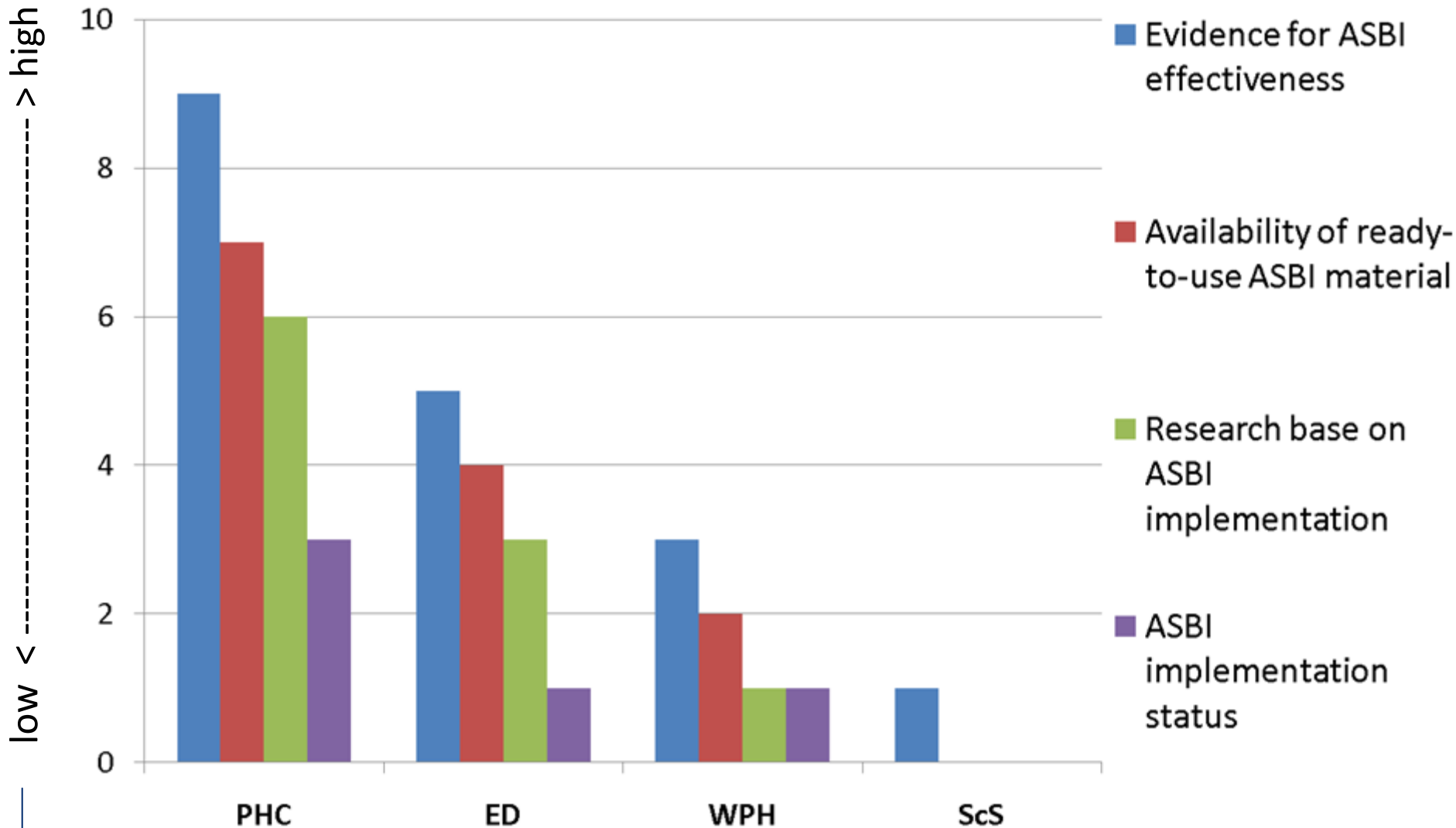
# Main findings for workplace health and social service settings

- **For workplace health services**
  - Inconsistent evidence for ASBI effectiveness
  - Lack of information on which barriers and facilitators influence implementation in WP settings
  - ASBI is not available or not regularly implemented
- **For social service / criminal justice systems**
  - Clear lack of evidence for effectiveness
  - ASBI is not available in these settings
  - Research needs include studies on ASBI effectiveness, but also to assess the readiness of ASBI implementation





# Illustration of main findings: ASBI status / setting

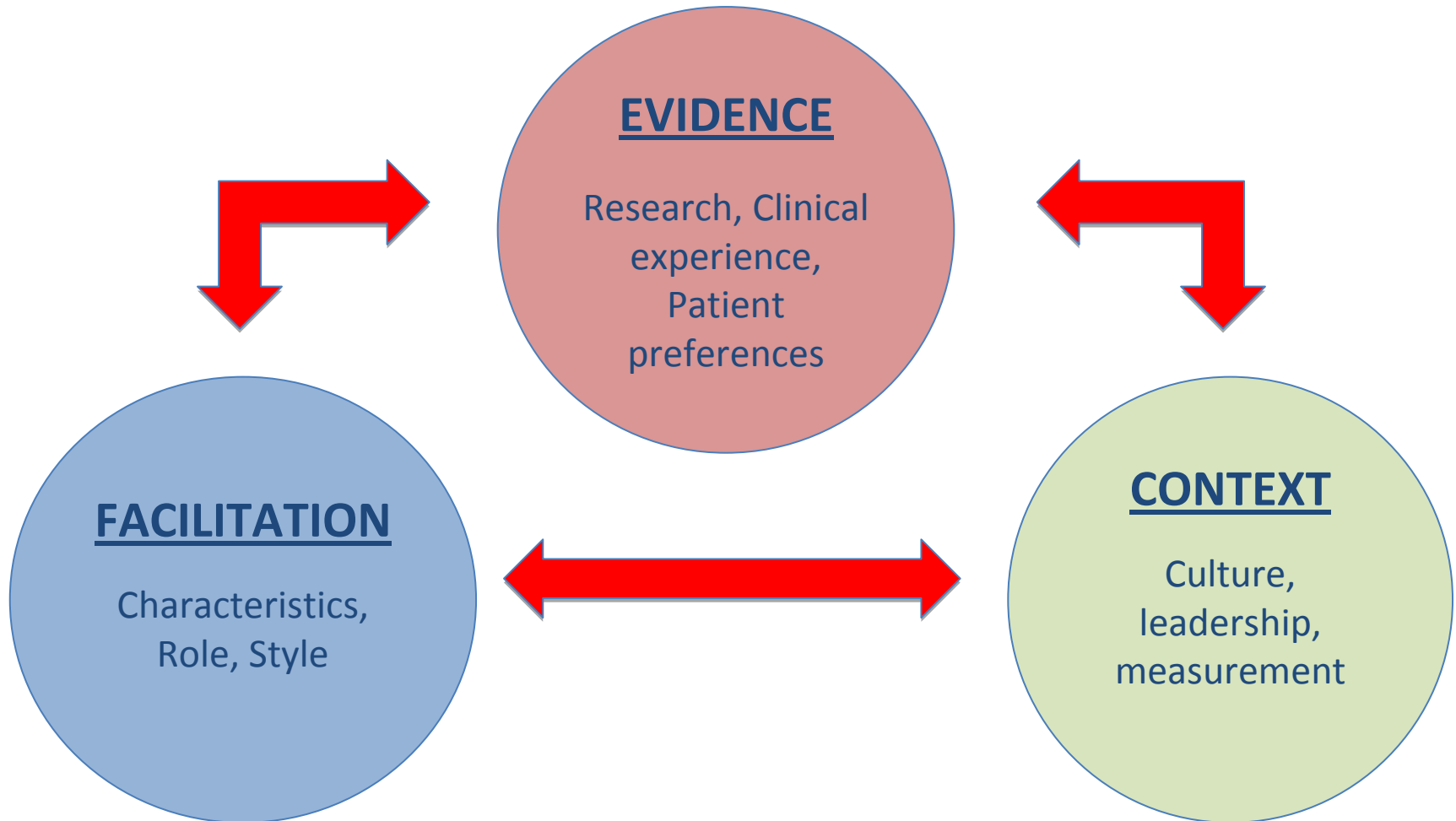


# Getting evidence into practice

Step	Outcome	Example PHC
Development	Screening & BI protocols	✓
Effectiveness evaluation	Trials of effect/efficiency	✓
Dissemination	KT to target group	✓
Implementation	Adoption in practice	✓
Process evaluation	Accuracy of delivery	✓
Quality assurance	Intervention fidelity	✓
Wider roll out	Incentives; ...	✓

The  
**HOW**

# Effective Implementation



Kitson et al. 1998; McCormack et al. 2001

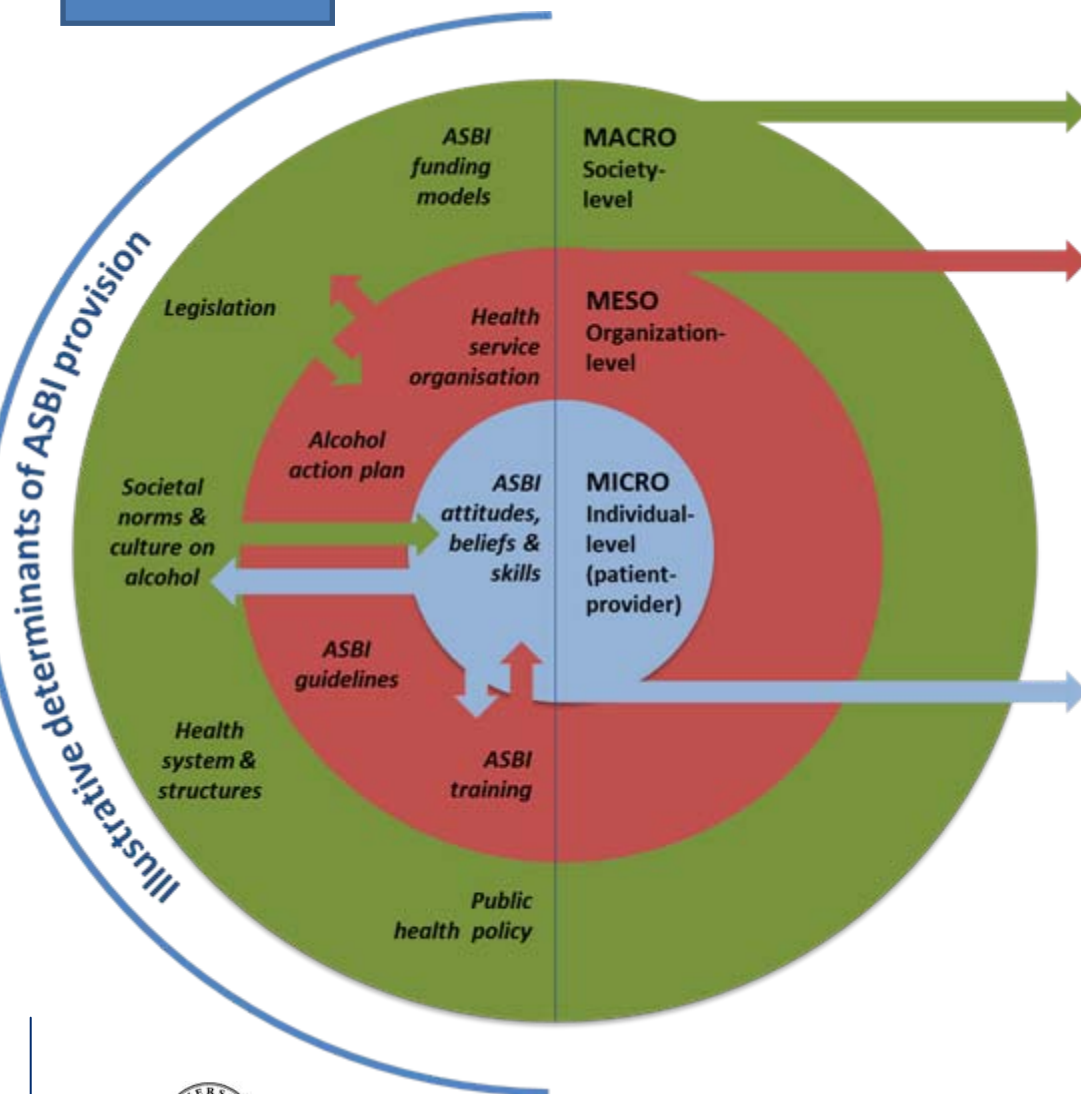


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# The HOW

# Facilitating ASBI implementation



## Macro level:

- Governmental support
- Legal / contractual mandate
- Funding / financial resources

## Meso level:

- Professional leadership
- Availability of ASBI tools/materials / training
- Clear referral routes

## Micro level:

- Awareness of impact of risky drinking
- Positive therapeutic relationship
- Ensuring anonymity / confidentiality to clients



# Conclusions

- ASBI effective to reduce heavy drinking in PHC
- There is an enormous amount of unfinished business to deal with ASBI (i.e. country wide) implementation and evaluation
- Research priorities are
  - PHC: Implementation research
  - ED: i.e. Cost-effectiveness, context
  - WPH/ScS: i.e. Effectiveness, context
- Health systems should support ASBI implementation in PHC
- Policy should impact research and national actions by calling for further evaluative work in settings relevant for ASBI implementation



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