

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

Project BISTAIRS: First results and Status quo

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Screening and brief interventions (SBI)

- Secondary prevention in time-limited settings
- Aim to raise awareness, share knowledge, and get a person to think about making changes
- Key components SBI(RT): **S**creening, **B**rief interventions, **R**eferral to treatment
- Different lengths and concepts:
 - Brief Advice
 - Extended Brief Intervention / Motivational Interviewing
 - Various additional components (including e-health interventions)

Screening and brief interventions (SBI)

- Screening example: AUDIT / AUDIT-C

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
TOTAL :						



Screening and brief interventions (SBI)

- Target groups for SBI, defined by AUDIT scores
 - **Score 0-7 → low risk drinkers**
 - **Score 8-15 → risky/ hazardous drinkers**
 - **Score 16-19 → harmful drinkers**
 - **Score ≥ 20 → points to an alcohol dependence**





The BISTAIRS project – Key specifications

Project title	Brief interventions in the treatment of alcohol use disorders in relevant settings
Acronym	BISTAIRS
Main Partner	CIAR, UKE Hamburg University
Associated partners	6
Starting time	01.05.2012
Ending time	30.04.2015



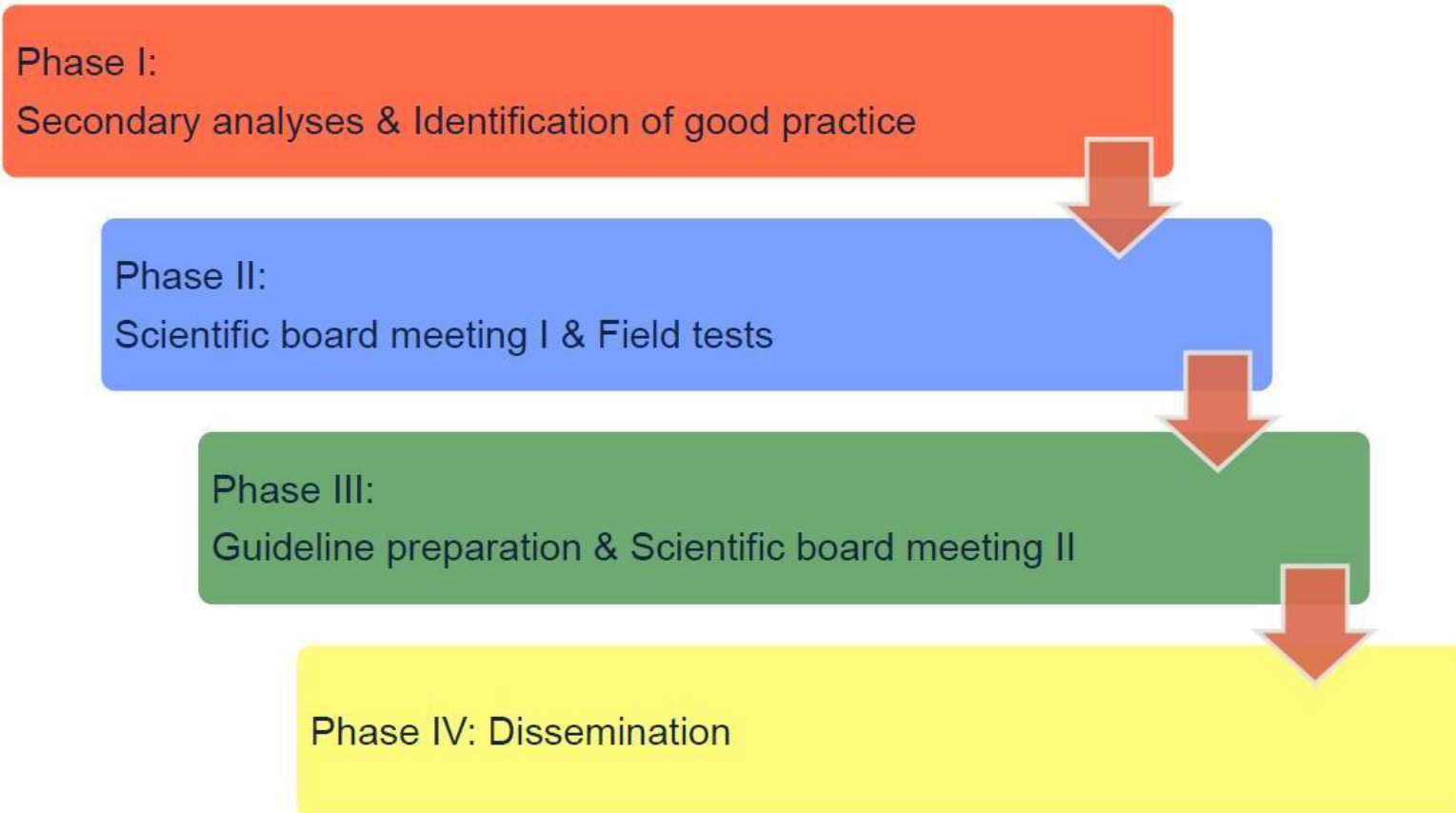


The BISTAIRS project – Aims & Purpose

- SBI: most effective for non treatment-seeking harmful drinkers
- Most evidence of effectiveness gathered in primary health care
- BISTAIRS aims to extend SBI implementation to further settings
 - Emergency care
 - Workplaces / workplace health services
 - Social services



The BISTAIRS project – Structure





The BISTAIRS project – Partners

Partner	Function
University of Hamburg (CIAR) Hamburg, Germany	Work package leader National field test coordinator
University of Newcastle upon Tyne (UNEW) Newcastle, United Kingdom	Work package leader
Fundacio Clinic per al la Recera Biomedica (FCRB) Barcelona, Spain (Catalonia)	Work package leader
Instituto Superiore Di Santa (ISS) Rome, Italy	Work package leader National field test coordinator
Generalitat de Catalunya (GENCAT) Barcelona, Spain (Catalonia)	National field test coordinator
National Institute of Public Health (NIPH) Prague, Czech Republic	National field test coordinator
Institute on Drugs and Drug Addiction (IDT) Lisbon, Portugal	National field test coordinator





Effectiveness of SBI in different settings

- Systematic reviews
 - Emergency care, workplaces, social services
 - Primary health care: review of reviews (RoR)
- Systematic searches in electronic databases (e.g. MEDLINE)
- Timeframe: 2000+, published in English language
- Other specific inclusion criteria:
 - Intervention length, measurements of effectiveness, study design





Primary health care – Robust evidence base

26 eligible reviews / meta-analyses

- What we know:
 - Effective in reducing harmful (non-dependent) drinking
 - Can be delivered by a range of practitioners
 - Short, simple as effective as longer, more complex interventions
 - Majority of evidence: middle-aged men; high-income countries
 - Barriers to implementation





Primary health care – Robust evidence base

26 eligible reviews / meta-analyses

- What we don't know:
 - Impact on younger / older people; pregnant women; dependent drinkers
 - Low-/middle income countries
 - Longer-term effectiveness
 - Active ingredients of SBI, effectiveness of “control” interventions
 - Potential of e-SBI



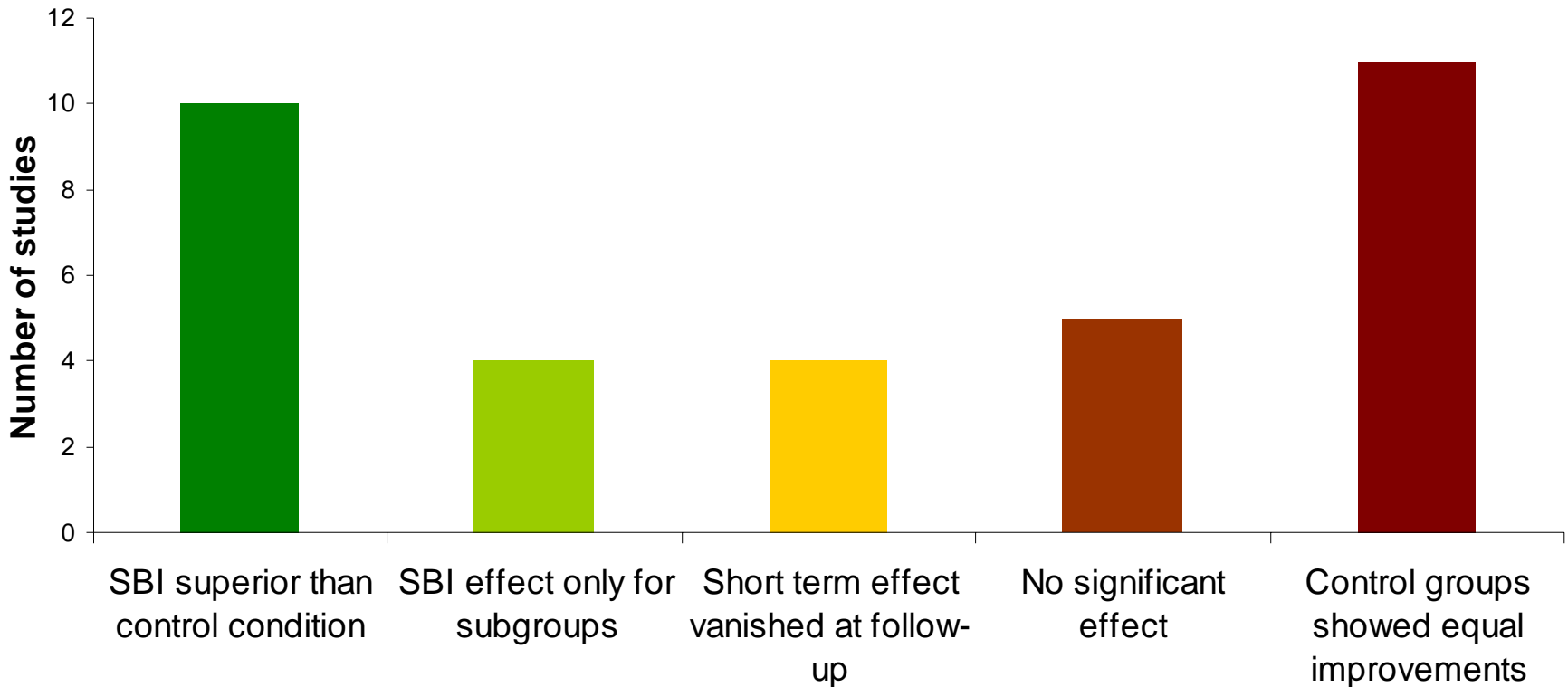
Emergency care settings – Mixed evidence

34 primary studies (randomised controlled trials, RCTs)

- Setting: emergency departments and trauma units
- Target population: injury patients
- Highly heterogeneous outcome criteria:
 - AUDIT score, heavy episodic drinking days, rehospitalization, DWI arrests, negative consequences, etc.

Emergency care settings – Mixed evidence

34 primary studies (RCTs)



Workplaces – Difficult field for SBI research

8 primary studies (RCTs)

- 7 of 8 studies: (partly) revealed superiority of SBI
- All at large companies or Employee Assistance Programs, mainly from USA
- Difficulties for research: recruitment, protecting privacy, preventing group contamination
- Potential for e-SBI

Social services (& criminal justice)

- Small evidence base in heterogenous settings

6 primary studies (controlled trials)

- Target groups:
 - homeless people, clients of community-based drug-counselling centres, driving & violent offenders
- Heterogeneity in outcome criteria and intervention intensity
- Inconclusive evidence
- Target group specific aims and strategies are needed

Effectiveness of SBI – conclusive summary

- Larger evidence base for medical settings
- Effects of „control“ interventions are important
- Especially in non-medical settings: considerable heterogeneity (target groups, outcomes, interventions)
- Future research should examine
 - Reachability, acceptance and effectiveness among specific target groups
 - ‚Active‘ ingredients, optimum SBI frequency, factors for longer-term effectiveness.

SBI implementation survey

- Electronic questionnaire on
 - Alcohol prevention and SBI implementation efforts
 - Estimates on the availability and potential impact of BI
- Experts retrieved from alcohol and SBI research networks (e.g. ODHIN, INEBRIA)
- Sent out to 324 experts from all 27 EU member states



SBI implementation survey

Country	Number of respondents
UK (England & Scotland)	8
Italy	5
Poland	4
Catalonia & Spain	4
Czech Republic Netherlands Portugal Ireland	3 each
Austria Belgium Denmark Finland Sweden	2 each
Germany Greece Lithuania Slovakia	1 each
Total	47

47 responses from 17 countries

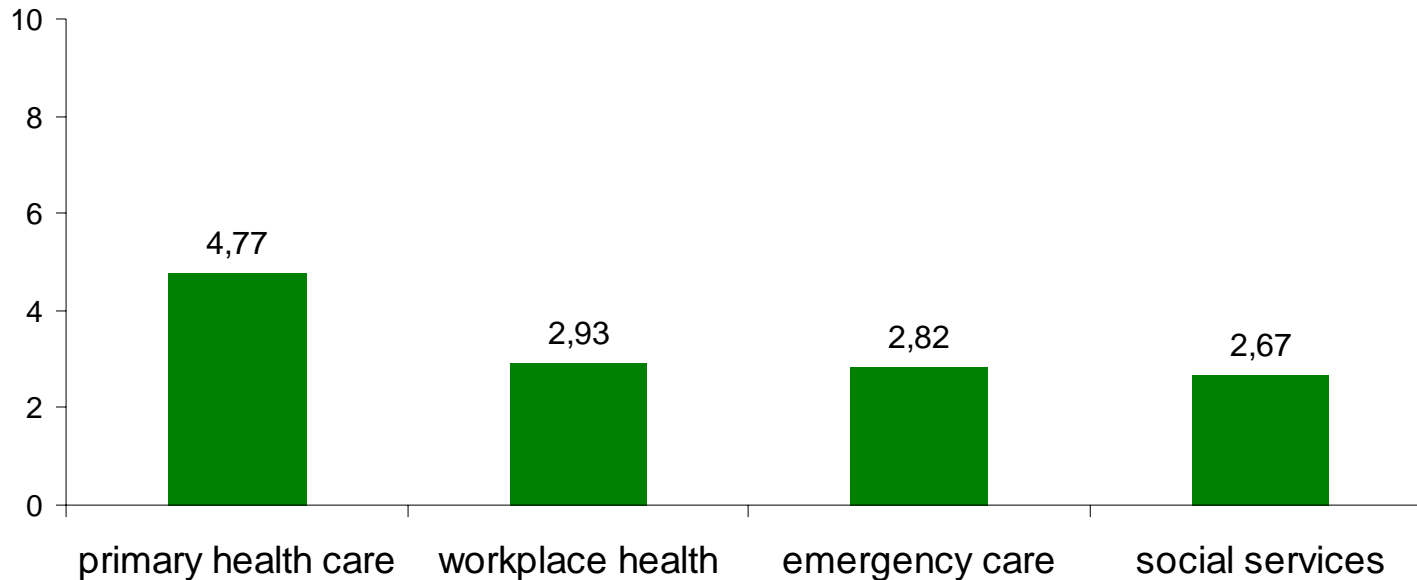
10 EU countries did not respond:

Bulgaria, Cyprus, Estonia, France, Hungary, Latvia, Luxembourg, Malta, Romania, Slovenia





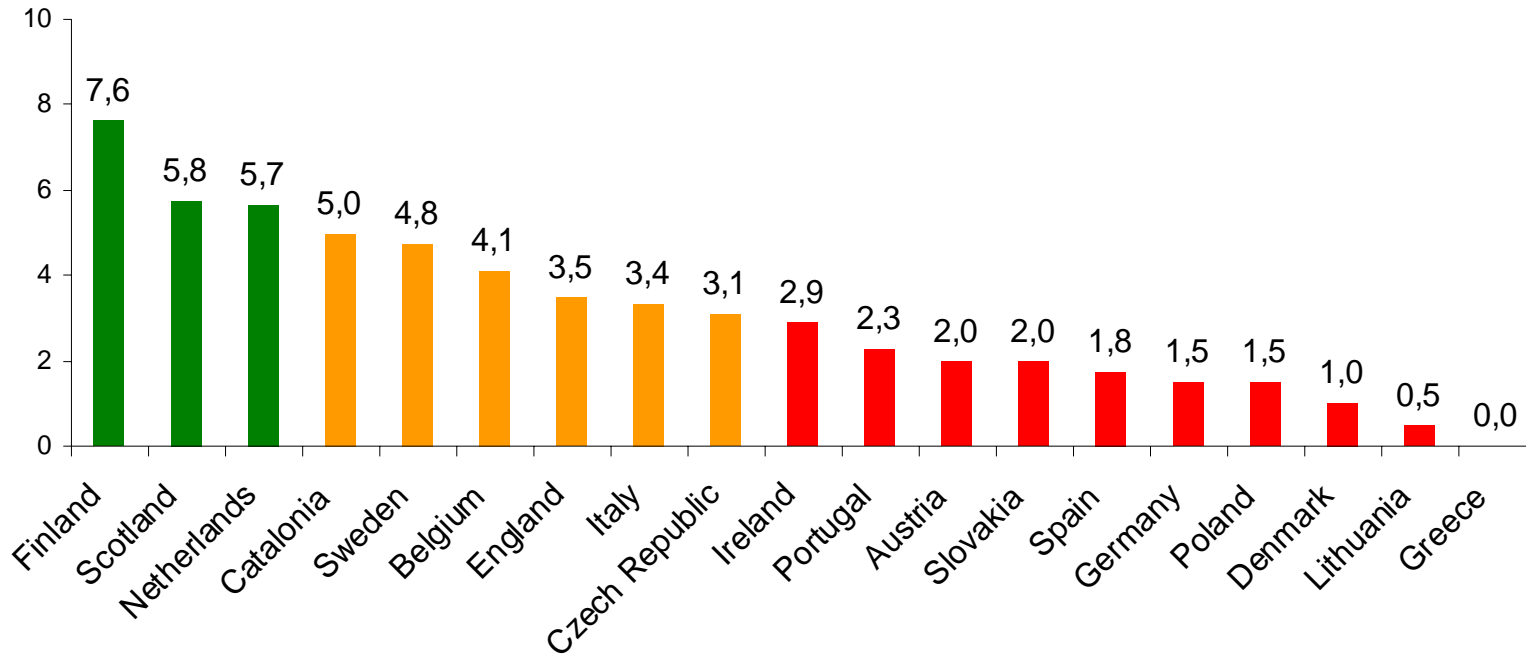
SBI implementation survey



Mean estimates of SBI implementation status per setting. 0 = “not at all implemented”, 10 = “fully implemented”

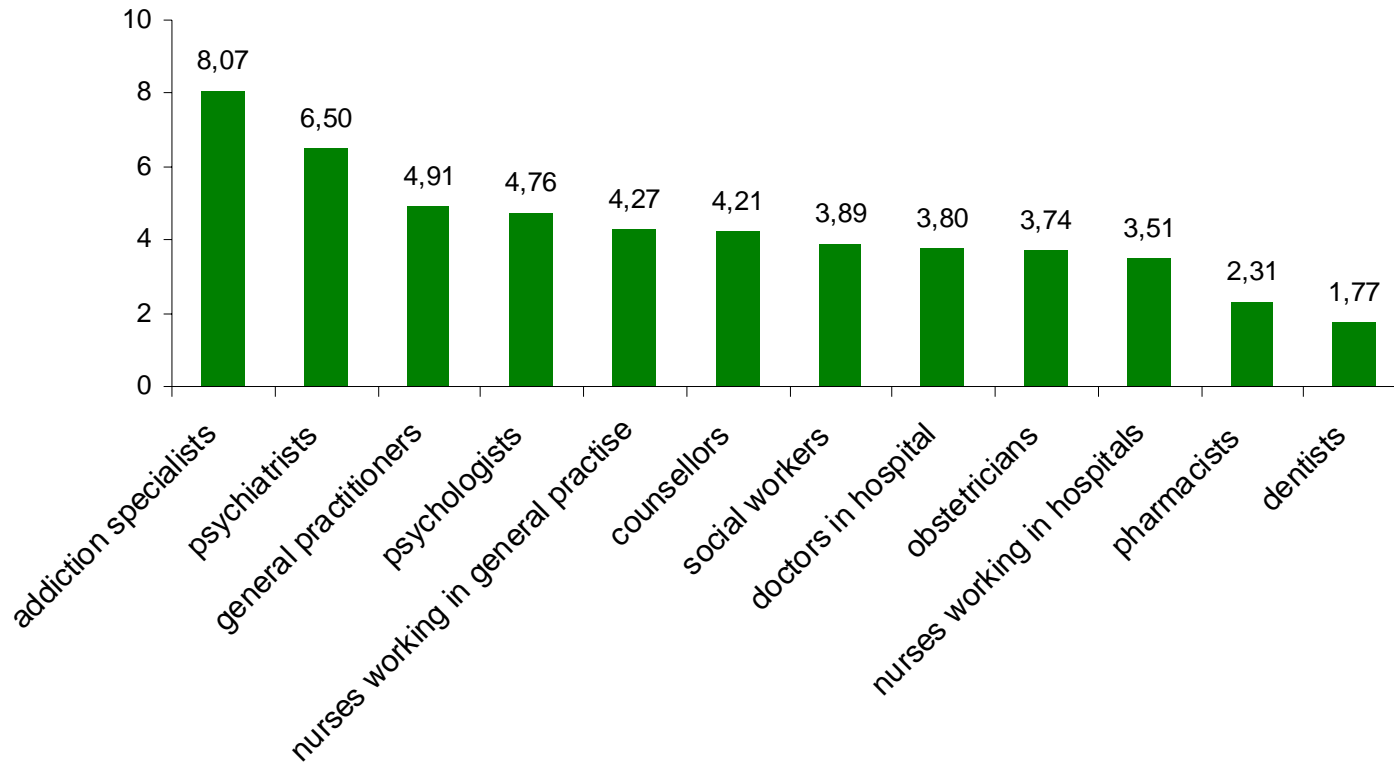


SBI implementation survey



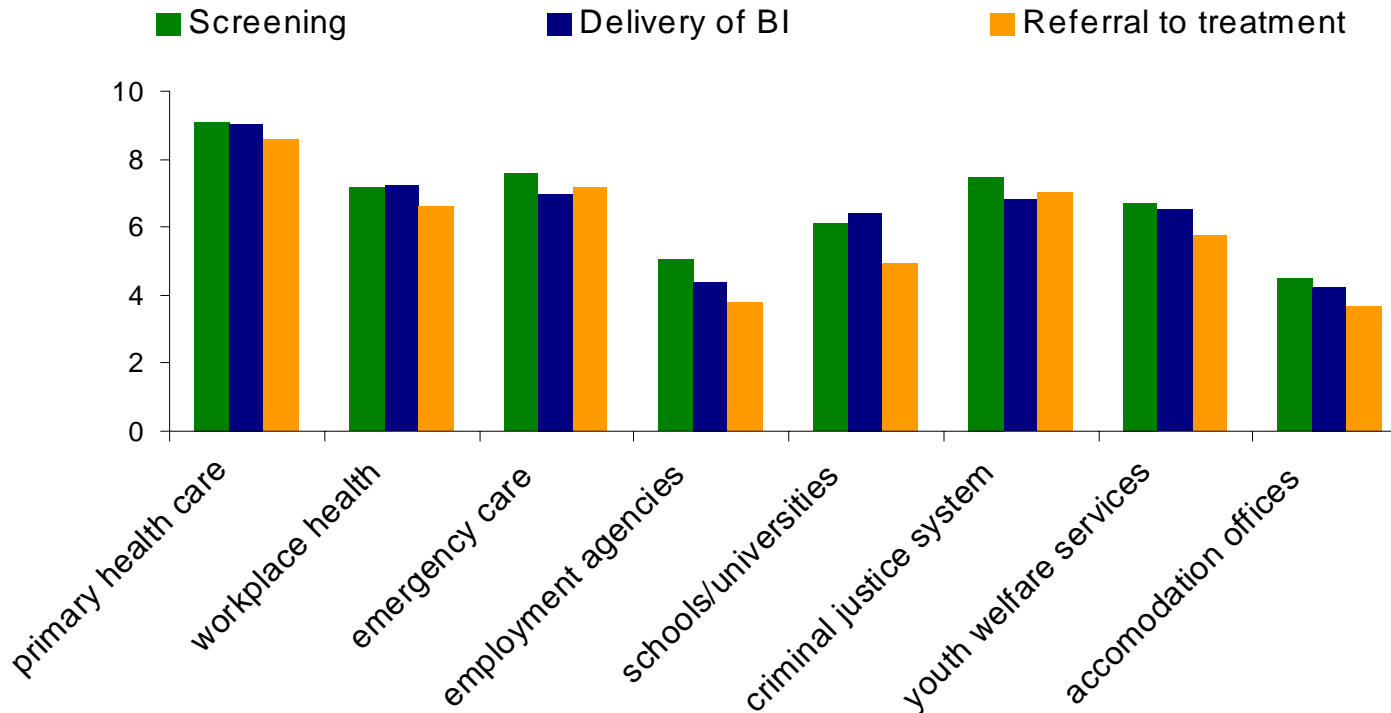
Mean estimates (over all settings) of SBI implementation per country.
0 = “not at all implemented”, 10 = “fully implemented”.

SBI implementation survey



“To what extent do you think that professionals consider alcohol advice as part of their routine clinical practice?” (0 = “not at all”, 10 = “fully”)

SBI implementation survey



Estimated ability of different settings to provide SBI(RT): 0 = “not at all”, 10 = “fully able/adequate”



SBI implementation survey

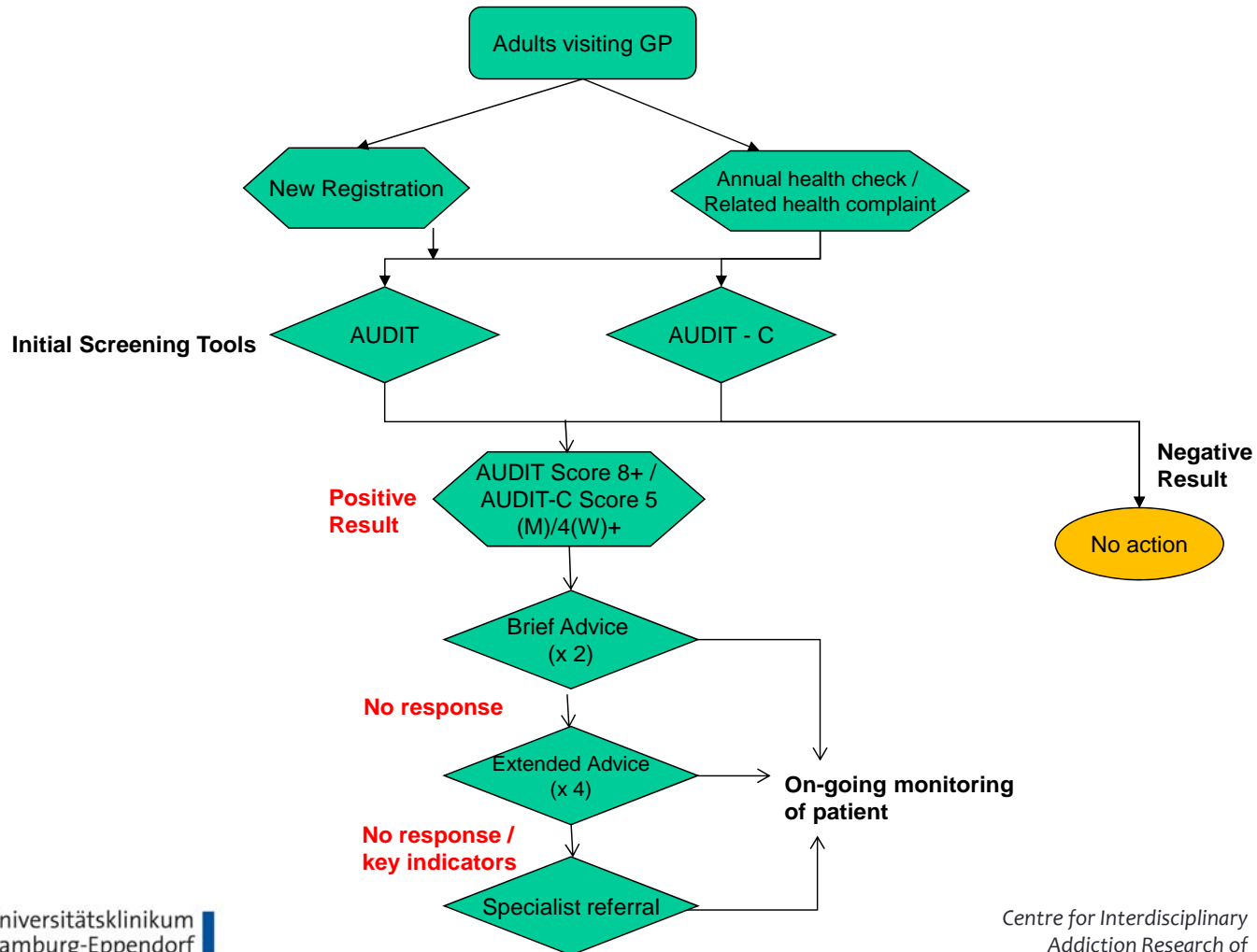
- Six main prerequisites for further SBI implementation (identified via pre-defined and open questions):
 - Supportive policies/ nationwide strategies
 - Allocation of financial resources
 - Extensive provision of education and training (on an institutional basis)
 - Networking (treatment referral, integrated care pathways)
 - Evidence of effectiveness in settings beyond PHC
 - Discussion of feasibility with practitioners



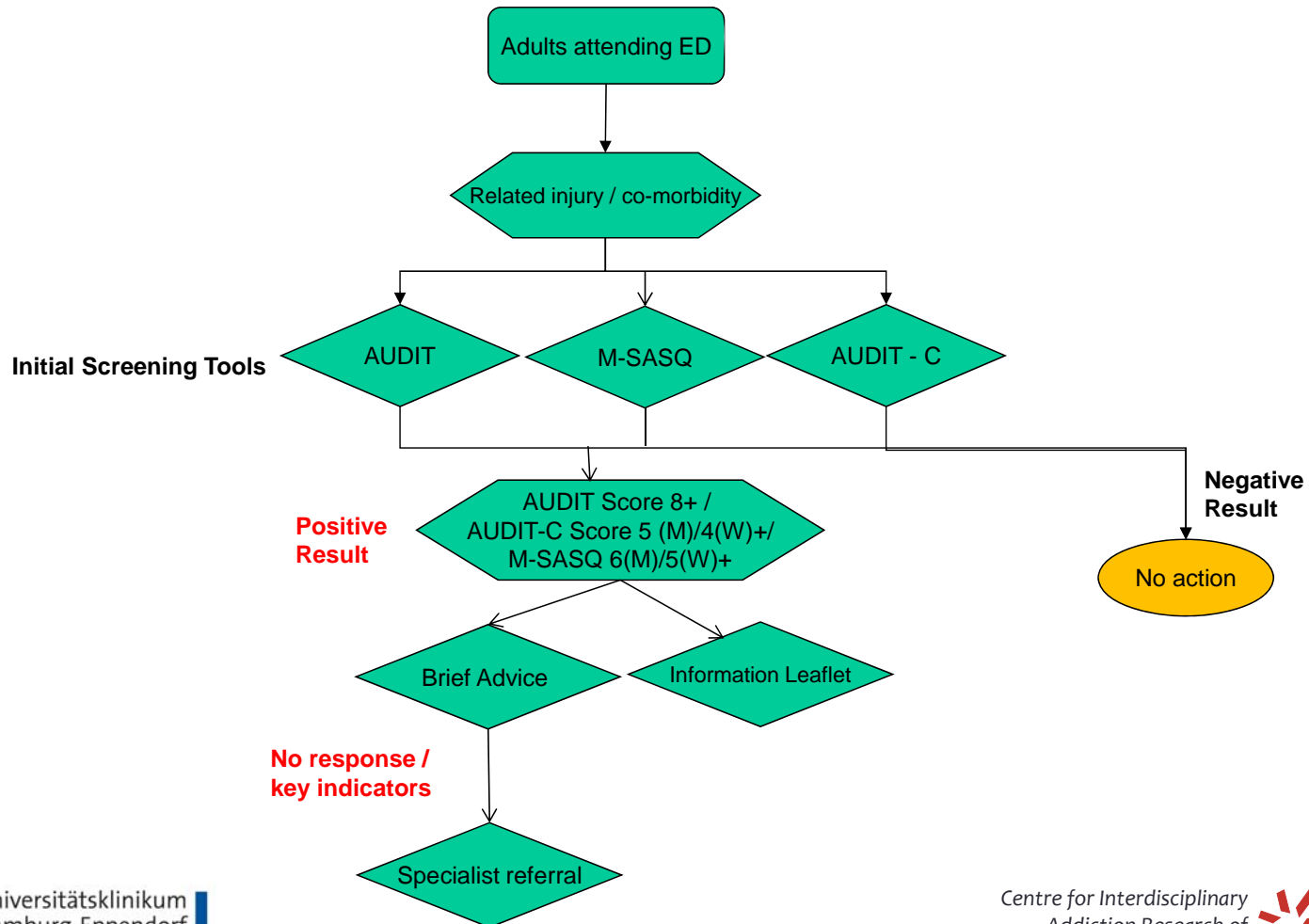
Discussion of barriers and recommendations

- General barriers to implementation of SBI:
 - Lack of training, time, reimbursement & referral options
- Setting-specific, additional barriers:
 - **Primary health care:** therapeutic relationship
 - **Emergency care settings:** time constraints, high staff turnover
 - **Workplaces:** privacy, career preservation
 - **Social services:** diversity of services teams

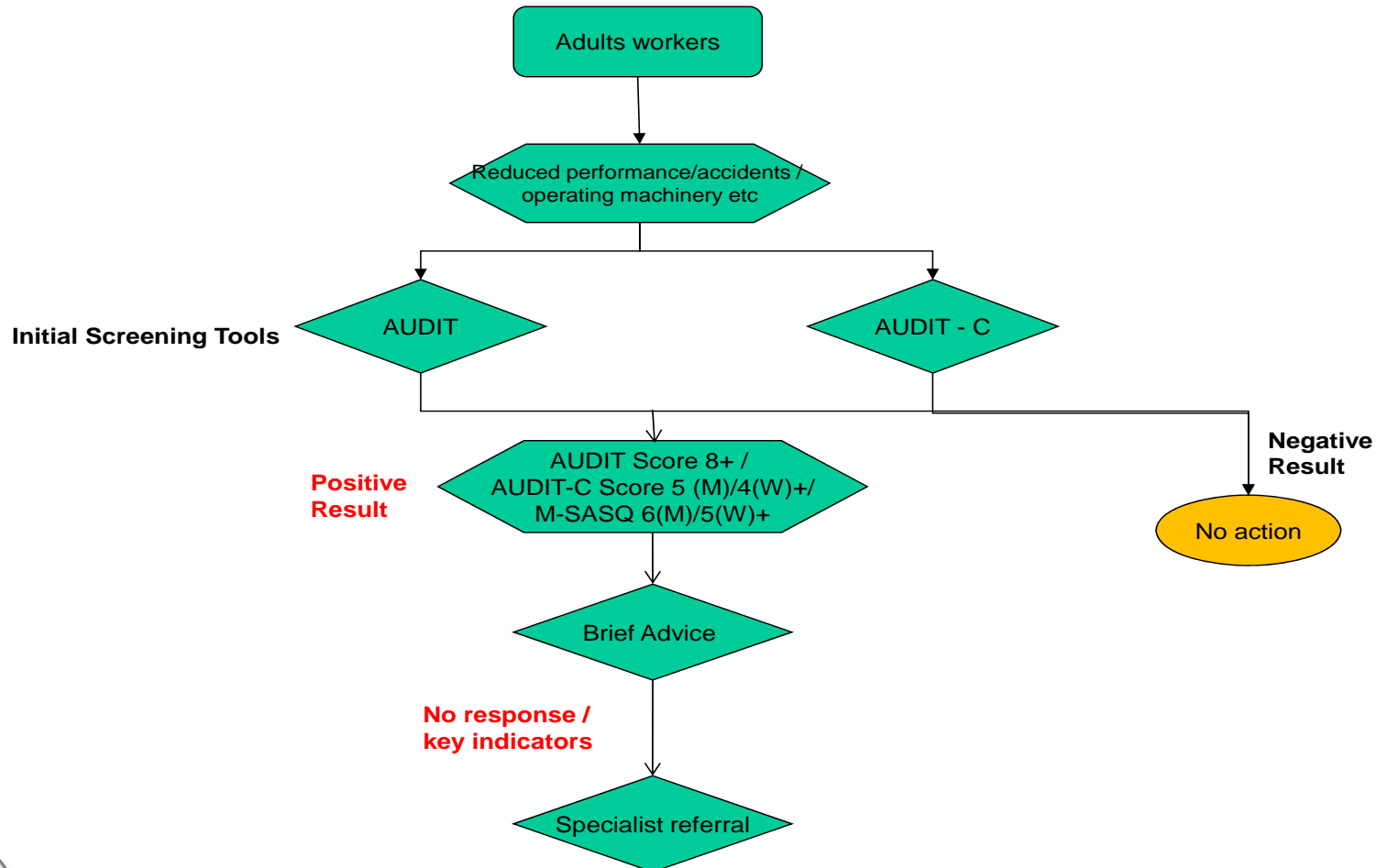
Possible SBI pathways: Primary health care



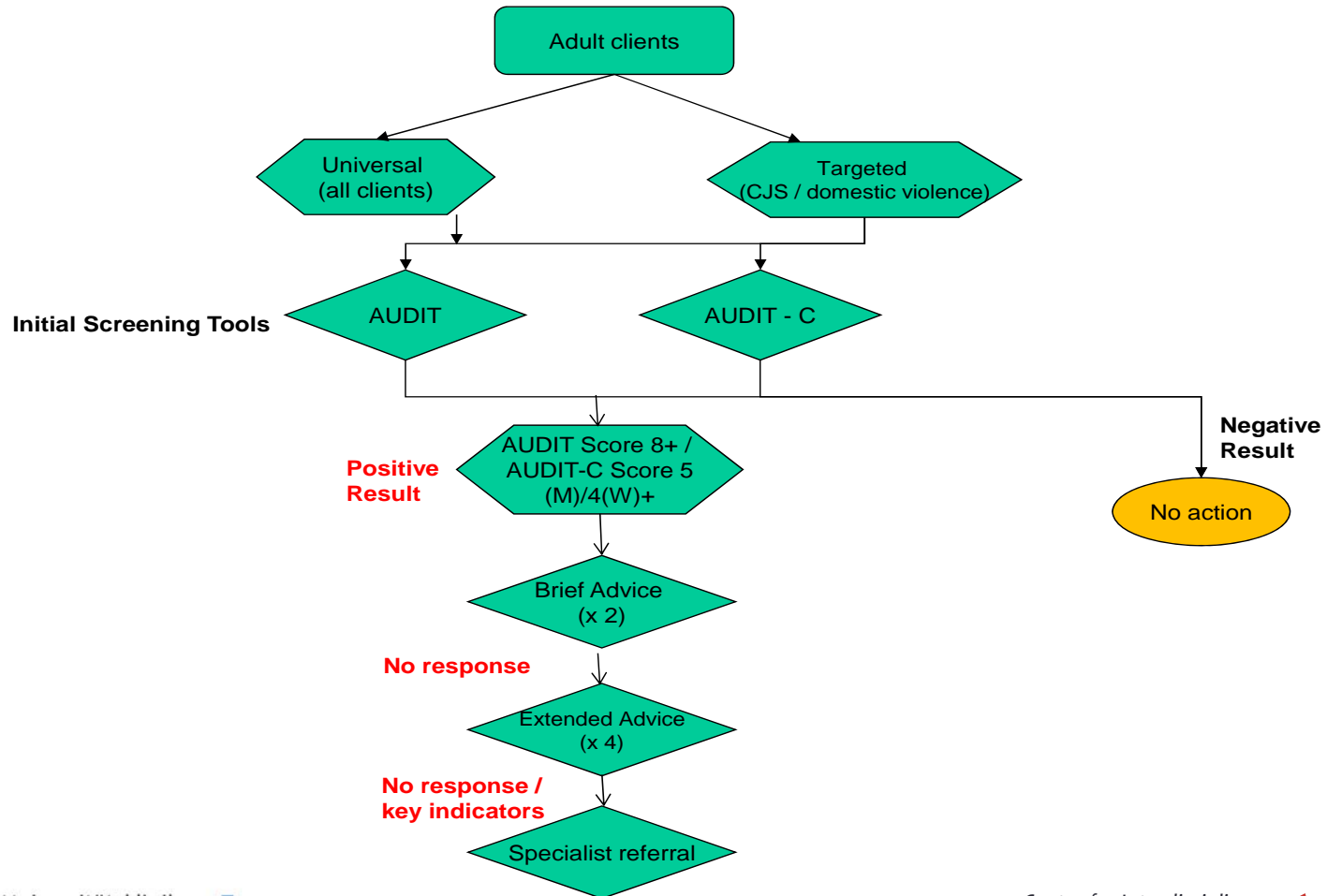
Possible SBI pathways: Emergency care



Possible SBI pathways: Workplaces



Possible SBI pathways: Social services



Primary health care: Implementation milestones

- Locally relevant clinical guidelines
- Supporting materials & Training
- Inclusion of all PHC healthcare professions (nurses)
- Systems for monitoring SBI programmes
- Improving financial support
- Available specialist services & referral networks



Emergency care: Recommendations

- Develop and disseminate clinical and operational guidelines
- Programme sustainability enhanced by:
 - “Clinical champion” on-site
 - Managerial support
 - Clear responsibilities (not entire ED staff trained)
 - Alcohol health worker
 - External specialist support for alcohol





Workplace setting: Advice to employers

- Privacy & career preservation essential
- Tailored SBI programmes: acceptable steps, flexibility
- SBI as part of health promotion programmes
- Actions beyond SBI:
 - Clear written policies for addressing alcohol issues – and ensure all staff aware
 - Inclusive models of prevention (drug-free workplaces)





Social service settings: Recommendations

- Embedding SBI into routine practice requires long-term perspective
- “Bottom-up” approach in developing materials
- External alcohol specialist support
- More research needed!
 - Reachability of target groups
 - Adequacy and acceptance of SBI



Next project steps: Field test preparations

- One field test per setting (PHC, emergency, workplace, social) and per country (Catalonia, Czech Republic, Germany, Italy, Portugal)
- Toolkit (recommendations & practical tools) circulated 12/2013
- Consensus meeting in mid-december 2013
- Field test period: 01/2014 – 04/2014; evaluation focus groups in 05/2014
- Re-Aim evaluation dimensions (reach, effectiveness, adoption, implementation, maintenance)
- Qualitative and quantitative data

Thank you for your attention.

Project website:
www.bistairs.eu