

INEBRIA

**International Network on
Brief Interventions for
Alcohol Problems.**



The 6th Conference of INEBRIA

Breaking New Ground

8th-9th October, 2009

Newcastle upon Tyne/ Gateshead, UK

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Organising Committee



Nick Heather (Chair), Emeritus Professor of Alcohol & Other Drug Studies, School of Psychology & Sport Sciences, Northumbria University

Janice Armstrong, Conference Secretary, Institute of Health & Society, Newcastle University (not shown on photograph)

Jennifer Birch, Administration Assistant, Institute of Health & Society, Newcastle University (not shown on photograph)

Paul Cassidy, Associate Medical Director, South of Tyne and Wear NHS

Stephanie Clutterbuck, Junior Research Associate, Institute of Health & Society, Newcastle University

Katherine Jackson, Junior Research Associate, Institute of Health & Society, Newcastle University (not shown on photograph)

Eileen Kaner, Professor of Public Health Research, Institute of Health & Society, Newcastle University

Dorothy Newbury-Birch, Senior Research Associate, Institute of Health & Society, Newcastle University

Elizabeth Phinn, Junior Research Associate, Institute of Health and Society, Newcastle University

Scientific Committee

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Peter Anderson, Public Health Consultant, INEBRIA President, Palamos, Spain

Stephanie Clutterbuck, Junior Research Associate, Institute of Health & Society, Newcastle University

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Sarah Partington, Senior Lecturer, School of Psychology & Sport Sciences, Northumbria University



Conference website prepared and maintained by www.website-lab.co.uk

Welcome to conference participants

On behalf of my colleagues on the Organising Committee and myself, it gives me great pleasure to welcome you to the 6th Annual Conference of INEBRIA (or “INEBRIA2009” as we have called it). I think most of you would agree that, after many years of limited and patchy progress, brief interventions for alcohol use disorders have finally come of age. Certainly, as someone who has been involved in research and promotion of brief interventions for nearly 30 years and has experienced many frustrations along the way, I am now excited by the level of attention to brief interventions in the scientific community, their increasing acceptance by practitioners and the interest in their potential to reduce alcohol-related harm shown by many governments around the world. I believe INEBRIA has played a significant role in these advances.



But, as the theme of this conference makes clear, this is no time to rest on our laurels and much hard work remains to be done. The aims of the Organising Committee were to describe areas of work in the field of brief interventions where our knowledge is far from complete and where practice is far less than ideal, and to attempt to find ways to address these continuing issues. I leave it to you to judge how far the conference will have succeeded in meeting these aims.

I am also delighted to welcome you to Newcastle/Gateshead. People from this area of England are known as Geordies, for reasons which, to me any rate, remain obscure. I am not a Geordie myself but, since our arrival here 15 years ago, my family and I have come to love the area. The traditional industries of coal-mining and ship-building are sadly long gone but new industries have arrived and the city centres have seen a marked renovation in recent years, particularly on the quayside where the conference will be held. The surrounding country-side contains some of the most attractive scenery in England and is well worth some of your valuable time to visit. The north-east of England is also redolent with history, with many wonderful castles built originally to keep out the Vikings (although our Scandinavian friends are now most welcome) or the Scots (our northern neighbours are welcome too!).

So, I wish you a most productive and worthwhile time at the conference and an enjoyable stay in the north-east. If you have any queries or wish for assistance in any way, please do not hesitate to contact a member of the conference staff or myself.

Best wishes,
Nick Heather,
Chair,
INEBRIA2009 Organising Committee

Thank you to our conference sponsors



Keynote Speakers

Professor Peter Anderson

Peter Anderson, President of INEBRIA, is trained as a general practitioner and a specialist in public health medicine. He has had a varied career as practitioner, scientist and policy advisor. For eight years, he was regional advisor for alcohol and tobacco policy with the World Health Organization Regional Office for Europe. Presently, he works as a consultant, bridging science and policy. Currently, he advises the European Commission, the World Health Organization and the World Economic Forum.



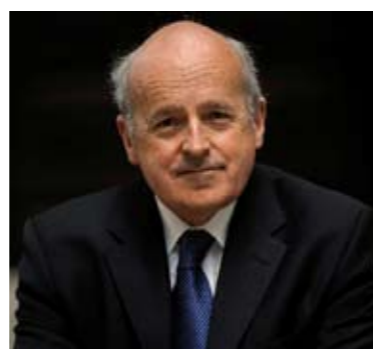
Professor Eileen Kaner

Professor Kaner leads a programme of research on alcohol and public health at Newcastle University. Her research aims to understand the nature and extent of alcohol-related risk and harm across populations, and to promote evidence-based interventions to reduce these problems. To date, she has published over 80 peer reviewed papers and won over £12M in research income from a range of competitive sources. She currently co-leads the three national SIPS (Trailblazer) trials which are evaluating screening and brief alcohol intervention approaches in primary care, accident and emergency departments and criminal justice settings. Her research programme also includes funded projects on substance use in pregnant women and in young people. Professor Kaner recently led a national review of liver disease epidemiology, treatment and service provision in England for the Department of Health and is currently leading a review of the risks and benefits of alcohol consumption in children and adolescents for the Department of Children, Families and Schools. The latter forms the scientific basis for recently announced guidance for parents on alcohol consumption in children and young people. Professor Kaner is a Trustee and board member of the Alcohol Education and Research Council. She is also Chair of the National Institute for Health and Clinical Excellence (NICE) programme development group on the prevention of alcohol use disorders in adults and adolescents. In addition, she was recently appointed to the Science task-force of the European Forum on Alcohol and Public Health. Lastly, she is a member of a range of National and Regional Advisory bodies on alcohol and an expert advisor to BMJ Public Health, the World Health Organisation and numerous other public bodies.



Professor Jonathan Shepherd CBE

Jonathan Shepherd is Professor of Oral and Maxillofacial Surgery (Head of Department 1991-2004) and Vice Dean of the School of Dentistry at Cardiff University. His many contributions to public policy, legislation and practice in the areas of preventing violent crime, caring for victims and tackling alcohol misuse stem from his continuing clinical practice and research funded by the NHS R&D Scheme, research charities and the Research Councils. His discoveries include the great extent to which violence resulting in NHS treatment is not reported to the police, the substantial mental health impact of violence on victims and the effectiveness of partnership interventions. These discoveries have been published in medical and social science journals and he summarised implications for clinical services and



violence prevention in a series of 10 BMJ and Lancet editorials, and strategies for the Wales Public Health Service and Royal Colleges.

He directs the Cardiff University Violence Research Group. His proposals that the NHS should be a responsible authority in the 1998 Crime and Disorder Act and the 2002 Police Reform Act which underpin modern crime prevention were adopted by the Government. In 1996 he set up and continues to chair a prototype UK Community Safety (Crime and Disorder Reduction) Partnership between Cardiff County Council, South Wales Police, the NHS, Victim Support and Cardiff University - the Cardiff Violence Prevention Group, now a formal part of the Cardiff Community Safety Partnership. This Group pioneered the combination of police and A&E data as a means of targeting police and other violence prevention activity, prompted a switch to toughened glassware and to plasticware in the licensed trade and set up a prototype care pathway for the treatment of victims of violence in the NHS involving a new traumatic stress clinic, Victim Support services and CSP/CDRP-funded mental health nurses who screen for alcohol and other mental health problems and deliver early interventions.

The Group is highlighted as a model of good practice in the 1998 Act. His team's research findings also include the causal link between alcohol prices and injury sustained in violence in England and Wales; that the rate of assault injury in England and Wales remained stable from 1995-2000 and then decreased to 2007; and that financial incentives for glass recycling substantially decreases glass injury risk in public places. He developed the National Violence Surveillance Project, utilising A&E data, which measures violent crime nationally, regionally and locally and which is explaining conflicting messages from police and British Crime Survey data.

Professor Shepherd is an Honorary Fellow of the Royal College of Surgeons of Edinburgh and of the Faculty of Public Health at the Royal College of Physicians. He is a Fellow of the College of Emergency Medicine and was elected a Fellow of the Academy of Medical Sciences in 2002. Awards include the Sellin Glueck Award (2003) of the American Society of Criminology for outstanding international contributions to criminology, honorary fellowship of the Royal College of psychiatrists (2008) and the 2008 Stockholm Criminology Prize. He was appointed CBE in the 2008 New Year Honours.

Winning Plenary Ranjita Dhital

The organising committee for the 6th Inebria Conference decided to award a plenary to the submitted abstract that best captured the aims of the conference.

The Scientific Committee are delighted to announce this person is Ranjita Dhital whose PhD work examines SBI in community pharmacies. Ranjita is a specialist pharmacist and she is currently working towards her



PhD entitled “Evaluation and feasibility of alcohol screening and brief intervention in community pharmacy settings” at the Division of Health and Social Care Research, Kings College London. The pharmacy alcohol project was funded by the Guys and St Thomas's Charity Trust (GSTT), and will take place within NHS Lambeth, London. The project will utilise and enhance existing skills of community pharmacists to conduct alcohol screening and brief interventions. It will help increase the knowledge and understanding of pharmacists about alcohol misuse, through training and conducting the intervention, and of pharmacy customers, through being screened and advised on safe drinking. The project will evaluate if alcohol brief interventions led by community pharmacists is feasible and effective at reducing and preventing harm from alcohol misuse. The title of Ranjita's presentation at the conference is *Pharmacy customers' views of potential brief alcohol intervention in community pharmacies*.

Dorothy Newbury-Birch
Chair of Scientific Committee

VENUE



www.balticmill.com

BALTIC Centre for Contemporary Art is a major international centre for contemporary art located on the south bank of the river Tyne at the foot of the Gateshead Millennium Bridge, in Gateshead and is converted from a 1950s flour mill. BALTIC opened to the public at midnight on Saturday 13 July 2002 and is the biggest gallery of its kind in the world, presenting a constantly changing, distinctive and ambitious programme of contemporary visual art. BALTIC has exhibited nearly 200 artists from 24 countries many of whom are internationally acclaimed figures including Anish Kapoor, Sam Taylor-Wood, Antony Gormley, Ed and Nancy Kienholz and Spencer Tunick. BALTIC has attracted more than 3 million visitors since it opened and currently attracts approx 400,000 visitors per year.

Since opening, BALTIC has hosted a range of high profile events including The Channel 4 Stirling Prize 2002, Audi Young Designer of the Year – Competition Final 2002-2005, University of Northumbria final year fashion show 2003, BBC Question Time and Prime Minister's Newsnight. The unique and flexible nature of the building means that BALTIC can create bespoke packages to suit the needs of each client, ensuring that every event is outstanding.

Conference Reception

The reception takes place on Wednesday October 7th from 6- 8pm in the Riverside Room of the BALTIC.

Guests will receive a complimentary drink with additional drinks available to purchase. The entertainment for the evening will be provided by the highly acclaimed Bolero String Quartet. The speakers for the night's reception include Colin Shevills, Director of BALANCE



as well as Northumbria Police Chief Constable, Mike Craik. The evening concludes with an opening of the magnificent Gateshead Millennium Bridge on the river Tyne.

Conference Dinner

The dinner will be held in the Riverside Room of the BALTIC at 7:30pm on Thursday October 8th.

A delicious three course meal with wine will be provided by in house catering Fresh Element who specializes in fresh, local and natural gourmet food. Newcastle-based band Spinndrift will



supply the evening's entertainment. They are a 5 piece band, harbouring a range of instruments, including melodeon, fiddles, Northumbrian pipes, oboe, cello, voice, flute and whistles. Spinndrift will perform a range of folk and traditional music (both instrumental and vocal) from the British Isles and Europe. (www.spinndrift.com)

Additionally, at the conference dinner the certificates for best poster and abstract of the conference will be presented.

PRECONFERENCE SYMPOSIUM: The SIPS Research Programme

Wednesday 7th October



12.00-17.00	Conference Registration	
13.00-13.10	Introduction	Peter Anderson
13.10-13.30	The SIPS research programme: overview	Colin Drummond
13.30-13.50	Implementation of screening and brief intervention in accident and emergency departments: challenges and solutions	Paolo Deluca
13.50-14.10	SIPS in primary health care: extending the existing evidence base	Eileen Kaner
14.10-14.50	Refreshments	
14.50-15.10	SBI in the criminal justice system: can it be done?	Dorothy Newbury-Birch
15.10-15.30	Early results from SIPS: who needs brief intervention?	Simon Coulton
15.30-16.30	Discussion and questions to panel	Peter Anderson

Conference overview

Thursday, 8th October

Room					
Time	Main	Cinema	Level 1	Level 3	The Cube
8.30					
9.00	Official Opening Nick Heather: Breaking New Ground in the Study and Practice of Alcohol Brief Interventions.				
9.45	Keynote address: Peter Anderson. Conversation is neither desired nor required.				
10.30					
11.00	Symposium (1): Alcohol brief interventions: Scotland's National Programme	Symposium (2): SBI in the workplace: Employee assistance programs	(PS1) Current research on SBI in Europe	(PS2) SBI and young people and application to ethnic minorities	
12.30			INEBRIA co-ordinating committee meeting 12.30-13.30 INEBRIA FP7 Application meeting 13.30-14.45		
12.30			Lunch		
13.45					Poster session
14.45	Winners Plenary: Ranjita Dhital. Pharmacy customers' views of potential brief alcohol intervention in community pharmacies				
15.30					
16.00	Workshop: Implementing SBI	(PS3) Strategies for integrating SBI in policy	Symposium (3): What research tells us about brief intervention efficacy	(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy	
			Dinner		

Friday, 9th October

Room					
Time	Main	Cinema	Level 1	Level 3	The Cube
8.30					
9.00	INEBRIA Annual General Meeting				
9.45	Keynote address: Jonathan Shepherd. Interventions to reduce alcohol related violence				
10.30					
11.00	Symposium (4): Internet based interventions for problem drinkers: from efficacy trials to implementation	(PS5) SBI in a criminal justice setting	(PS6) Methodological issues in research on SBI	(PS7) SBI and internet	
12.30			Lunch		
13.45	Keynote address: Eileen Kaner. NICE work if you can get it - Screening and brief intervention as a public health strategy to reduce hazardous drinking in England				
14.30					
15.00	Workshop: SBI training skills	Symposium (5): Economic evaluations of SBI	(PS8) Optimal forms of screening in various settings	(PS9) SBI and young people	
16.30	Discussion and close				

Conference overview

Conference Programme

Thursday, 8th October

MAIN ROOM

9.00 – 9.45	Opening Ceremony Welcome to participants	Peter Anderson, INEBRIA President
	Official opening	David Hambleton, Director of Commissioning and Reform, South of Tyne and Wear PCT Roberta Blackman-Woods MP Assistant Regional Minister for the North East of England
	Introduction to conference: Breaking New Ground in the Study and Practice of Alcohol Brief Interventions.	Nick Heather
9.45 – 10.30	Keynote address Chair: Eileen Kaner	
	Conversation is neither desired nor required.	Peter Anderson
11.00 – 12.30	Symposium (1): ALCOHOL BRIEF INTERVENTIONS: SCOTLAND'S NATIONAL PROGRAMME Chair: Don Lavoie	
	A Framework for Action: Scotland's national alcohol strategy	Mike Palmer
	The national support programme for the H4:HEAT target for alcohol brief interventions	George Howie
	Alcohol brief interventions: research and evaluation	Andrew McAuley
	Alcohol problems in Scotland: a public health perspective	Lesley Graham
14.45 – 15.30	Winner's plenary Chair: Dorothy Newbury-Birch	
	Pharmacy customers' views of potential brief alcohol intervention in community pharmacies	Ranjita Dhital, Catherine Whittlesea, Ian Norman, Peter Milligan
16.00 – 17.30	Workshop: Implementing SBI	Paolo Deluca, Dorothy Newbury-Birch

CINEMA

11.00 – 12.30	Symposium (2): SBI IN THE WORKPLACE: EMPLOYEE ASSISTANCE PROGRAMS Chair: Lidia Segura Garcia	
	The broader impact of SBI on workplace productivity and drinking in the employee assistance program	Karen Chan Osilla
	Translating medical SBIRT into behavioural healthcare practice in work-related settings	Tracy McPherson, Dennis Derr, Judy Mickenberg, Eric Goplerud, Sherry Courtemanche, Laura Chaney

CINEMA

	The cost of implementing SBI in an EAP setting: methodology and preliminary results	Alexander Cowell
	Challenges and lessons learned in implementing screening and brief intervention (SBI) in employee assistance programs (EAPS)	Georgia Karuntzos
16.00 – 17.30	(PS3) Strategies for integrating SBI in policy Chair: Antoni Gual	
	Identification and brief advice in England – A major plank in Government alcohol harm reduction policy	Don Lavoie
	How can social marketing help deliver SBI?	Nick Tancock
	An evaluation of a national education effort in handling risky drinking (Sweden)	Marika Holmqvist
	Italian experience and activities relating to EIBI (Early identification and brief intervention)	Emanuele Scafato, Claudia Gandin, Silvia Ghirini, Lucia Galluzzo and the IPID working group.

LEVEL 1 ROOM

11.00 – 12.30	(PS1) Current research on SBI in Europe Chair: Erikson Furtado	
	The effect of SBI on repetition of deliberate self harm: an exploratory randomised controlled trial	Mike Crawford, Emese Csipke, Adrian Brown, Steven Reid, Julian Redhead, Robin Touquet
	Readiness to change and dimensions of AUDIT scores	Tiina Kaarne, Mauri Aalto, Jukka Halme, Martii Kuokkanen, Kaija Seppa
	Alcohol consumption and all-cause mortality among elderly in Finland	Jukka Halme, Kaija Seppa, Hannu Alho, Mauri Aalto
	Early identification of alcohol problems and hazardous use	Hanna Reihnholdz, Fredrick Spak
	EI/BI for risky drinkers at GP office. An experience in Florence	Allaman Allamani, Manuele Falcone, Fabio Voller, Vittorio Boschernini
	Symposium (3): WHAT RESEARCH TELLS US ABOUT BRIEF INTERVENTION EFFICACY Chair: Jim McCambridge Discussant: Nick Heather	
16.00 – 17.30	Change talk during brief motivational intervention: towards or away from drinking	Jacques Gaume, Gerhard Gmel, Jean-Bernard Gmel
	Counsellor skill influences outcomes of brief motivational interventions	Nicolas Bertholet, Mohamed Faouzi, Gerhard Gmel, Jacques Gaume, Jean-Bernard Daeppen
	Counsellor behaviours and patient language during brief motivational interventions: a sequential analysis of speech	Jacques Gaume, Gerhard Gmel, Pierre Bady, Jean-Bernard Daeppen

LEVEL 1 ROOM		
	Brief motivational alcohol interventions: do counsellors' and patients' communication characteristics predict change?	Jacques Gaume, Gerhard Gmel, Pierre Bady, Jean-Bernard Daepfen
	Brief alcohol intervention and alcohol assessment do not influence alcohol use in injured patients treated in the emergency department: a randomised controlled trial	Jean-Bernard Daepfen, Jacques Gaume, Pierre Bady, Bertrand Yersin, Jean-Marie Calmes, Jean-Claude Givel, Gerhard Gmel

LEVEL 3 ROOM		
11.00-12.30	(PS2) SBI and young people and application to ethnic minorities Chair: Bart Garmyn	
	Detection and intervention of alcohol consumption problems in University students from Cadiz (Spain)	Christina Gavira Fernandez, Cristina O'Ferrall Gonzalez, Jose Pedro Novalbos Ruiz, Jose Manuel Romero Sanchez
	Is brief motivational intervention effective to reduce drinking among young men voluntary to receive it	Jacques Gaume, Nicolas Bertholet, Mohamed Faouzi, Cristiana Fortini, Gerhard Gmel, John-Bernard Daepfen
	How do counsellor and 20 year old subject speech articulate during brief motivational interventions?	Jacques Gaume, Nicolas Bertholet, Mohamed Faouzi, Gerhard Gmel, John-Bernard Daepfen
	Community education and brief intervention for alcohol in an urban aboriginal setting	Katherine Conigrave, Therese Carroll, Lynette Simpson, Vicki Wade, Keren Kiel, Brad Freeburn, Brian Freeman
	Problematic alcohol use and traveller men	Marie Clare Van Hout
16.00-17.30	(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy Chair: Pierluigi Struzzo	
	Alcohol screening and brief intervention delivery to an Irish cohort of opiate dependent methadone maintained patients	Catherine Darker, Brion Sweeney, Haytham El Hassan, Bobby Smyth, Johanna Ivers, Joe Barry
	Predictors of the implementation of SBI by health professionals trained by SUPERA course twenty months before	Thiago Pavin, Paulina Duarte, Maria Lucia Souza-Formigoni
	Brazilian alcohol and drugs policy of the Ministry of Health and SBIRT implementation	Erikson Furtado
	From small municipalities to the regional Government and more...A process of SBI integration into Friuli – Venezia Giulia health policy	Pierluigi Struzzo, Luigi Canciani, Diego Vanuzzo, Alessia Massarutto, Lucia Zarmella

THE CUBE		
13.45-14.45	Poster Session Host: Stephanie Clutterbuck	

Friday, 9 th October		
MAIN ROOM		
9.00 – 9.45	INEBRIA Annual General Meeting	
9.45 – 10.30	Plenary presentation Chair: Dorothy Newbury-Birch	
	Interventions to reduce alcohol related violence	Jonathan Shepherd
11.00 – 12.30	Symposium (4): INTERNET BASED INTERVENTIONS FOR PROBLEM DRINKERS: FROM EFFICACY TRIALS TO IMPLEMENTATION Chair: Leo Pas	
	Symposium overview	John Cunningham
	A randomised controlled trial of an internet-based intervention for alcohol abusers: Twelve-month follow up results	John Cunningham, Cameron Wild, Joanne Cordingley, Trevor Van Mierlo, Keith Humphreys
	Can stand-alone computer-based interventions reduce alcohol consumption?	Zarnie Khadjesari, Elizabeth Murray, Christine Godfrey, Catherine Hewitt, Giancarlo Manzi, Simon Thompson
	Cost-effectiveness of a web-based self help for problem drinkers	Helen Riper, Jeannet Kramer
	Can electronic feedback reduce student alcohol intake: A multi-site investigation of unitcheck	Bridgette Bewick, Michael Barkham, Brendan Mulhern, Andrew Hill
13.45 – 14.30	Keynote address Chair: Kaija Seppa	
	NICE work if you can get it - Screening and brief intervention as a public health strategy to reduce hazardous drinking in England	Eileen Kaner
15.00 – 16.30	Workshop: SBI training skills	Ruth McGovern, Tom Phillips
16.30	Discussion and close Facilitator: Paul Cassidy	

CINEMA		
11.00 – 12.30	(PS5) SBI in a criminal justice setting Chair: Joan Colom	
	Screening and brief intervention with alcohol abusing offenders	Alistair Sweet, Carol Weir, Gary Prentice, Deidre Murphy
	Evaluating computerised motivational interviewing for prisoners with alcohol problems: Feasibility study of randomised trial	Emma Pennington, Geraint Jones, Ian Russell
	Alcohol screening and brief intervention in a policing context: A feasibility study	Nicola Brown, Dorothy Newbury-Birch, Eileen Kaner

CINEMA		
	Developing an understanding of the levels of alcohol misuse amongst young people in the youth justice system	Dorothy Newbury-Birch, Katherine Jackson, Eilish Gilvarry, Paul Cassidy, Eileen Kaner, Tony Hodgson
15.00 – 16.30	Symposium (5): ECONOMIC EVALUATIONS OF SBI Chair: Peter Anderson	
	A meta analysis of the impact of SBI on healthcare utilization	Jeremy Bray, Alexander Cowell, Jesse Hinde
	Brief intervention costs in two populations in the Unites States: College students and US Air Force personnel	Alexander Cowell
	The costs of SBI: Findings from the literature	Jeremy Bray, Gary Zarkin, Michael Mills

LEVEL 1 ROOM		
11.00 – 12.30	(PS6) Methodological issues in research on SBI Chair: Fredrik Spak	
	Alcohol screening and brief intervention in primary care: no evidence of efficacy for dependence	Richard Saitz
	A systematic review of the impact of brief interventions on substance use and co-morbid physical and mental health conditions	Katherine Jackson, Stephanie Clutterbuck, Nicola Brown, Eileen Kaner
	Efficacy of brief motivational intervention to reduce alcohol use of army conscripts	John-Bernard Daepfen, Jacques Gaume, Nicolas Bertholet, Mohamed Faouzi, Cristiana Fortini, Gerhard Gmel
	Brief Interventions in hospitalized smokers and risky drinkers: Missed Opportunities	Antoni Gual, Barbara Segura, Montse Ballbe, Marc Walther, Joan Colom
15.00 – 16.30	(PS8) Optimal forms of screening in various settings Chair: Richard Saitz	
	PAT (2009) with clinical signs and BAC	Robin Touquet, Adrian Brown
	Screening activity of risky drinking in Finnish occupational health services	Leena Hirnoven, Kaija Seppa, Martti Kuokkanen, Anna-Maija Pietila
	Screening and brief intervention program design in an aeronautic company in Cadiz (Spain)	Gonzalez Dominiquez, Christine O'Ferrall, Christine Gavira, Jose Manuel Romero, Alba Garcia, Martinez Delgado
	The Czech AUDIT: Internal consistency and latent structure	Ladislav Csemy, Hana Sovinova
	Comparing the sensitivity of NIAAA single question screen to ASSIST in detecting at-risk alcohol use	Paul Seale, Aaron Johnson, Sylvia Shellenberger

LEVEL 3 ROOM		
11.00 – 12.30	(PS7) SBI and the internet Chair: Preben Bendtsen	
	Translating internet-based interventions for global access: A success story from the 5 th conference of INEBRIA	Trevor Van Mierlo, Telmo Ronzani, Isabel Cristina Weiss de Souza, Lucas Figueroa, Breanne John, John Cunningham
	How is an electronic SBI for problematic alcohol use received in a student population	Jessica Fraeyman, Paul Van Royen, Wim Vanspringel, Guido Van Hal
	Effectiveness of mail based computerized SBI among college freshmen	Preben Bendtsen
	Design and implementation of a web-based support for family members of alcohol or drug misusing relatives	Akan Ibanga, Alex Copello, Jim Orford, Lorna Templeton, Richard Velleman
15.00 – 16.30	(PS9) SBI and young people Chair: Marko Kolsek	
	Theory of alcohol related harm	Simon Moore
	Findings from a systematic review of assessment effects upon drinking behaviour in brief intervention trials: How much does existing evidence apply only to young people?	Jim McCambridge, Kypros Kypri
	The effectiveness of an innovative intervention aimed at reducing binge drinking among young people	Richard Cooke, Lester Coleman, Josephine Ramm
	Brief intervention applied by teachers in risk drinking adolescents: 4-month follow up	Raul Martins

Posters

Posters		
	Authors	Title
Poster 01	Gwen Adey, Simon Moore, Ian Chestnutt	The Expected Emotional and Financial Costs and Benefits of Alcohol consumption in Young People
Poster 02	Sampson Misango, Jana MacLeod, Christine Sicinski	SBI in Kenya
Poster 03	Steven McCluskey, Julie Dowds, Joanne Winterbottom, Niamh Fitzgerald	Alcohol Brief Interventions: Considering New Frontiers
Poster 04	Jane Moraes Lopes, Erikson Felipe Furtado	Update for health teams by campaigns of warning about consumption of alcohol
Poster 05	Claire Hampson, Alex Copello, Jim Orford	Integrating evidence-based family-intervention into routine addiction services: bridging the gap between research and policy
Poster 06	Laura Jacobus-Kantor, Eric Goplerud, Tracy McPherson, Delia Olufokunbi Sam	Screening and Brief Intervention for Alcohol Problems: Results from the 2009 eValue8 RFI
Poster 07	Michaela Bitarello Amaral-Sabadini, Richard Saitz, Maria Lucia Souza-Formigoni	Do attitudes about unhealthy substance use impact primary care professionals' readiness to implement preventive care?
Poster 08	Jane Moraes Lopes, Erikson Felipe Furtado	Perception of health professional about practices, preparing and role about alcohol and drug related problems
Poster 09	Jane Moraes Lopes, Erikson Felipe Furtado	Beliefs and expectations about alcohol use: evaluation of the effect of training in brief interventions
Poster 10	Laura Jacobus-Kantor, Eric Goplerud, Tracy McPherson, Delia Olufokunbi Sam	Health Plan Policies for Screening and Treatment of Alcohol problems: Results from the 2009 eValue8 RFI
Poster 11	Pamela Migliorini, Claudina da Silva, Erikson Felipe Furtado	Continuing supervision needed to build a network for SBIRT implementation in the public health system.
Poster 12	Poliana Patricio Aliane, Joseane de Souza, Vanessa Giovanini Manesco, Larissa Horta Esper, Erikson Felipe Furtado	Health professionals and community agents knowledge about alcohol use and women's health in Brazil
Poster 13	Ian Corbett	Alcohol and Drug Use amongst Maxillofacial Trauma Patients.
Poster 14	Mandy English	Commissioning a Community alcohol Service (CAS) in County Durham.

Posters

Posters		
	Authors	Title
Poster 15	Lidia Segura, Eulalia Duran, Antoni Gual, Joan Colom	New impetus to the implementation of the Drink Less Programme in primary health care centres in Catalonia
Poster 16	Dorothy Newbury-Birch, Barbara Harrison, Nicola Brown, Eileen Kaner	Sloshed and sentenced: a prevalence study of alcohol use disorders amongst offenders in the North East of England
Poster 17	Shona Haining, Catherine Adams, Dorothy Newbury-Birch	From proposal to execution: How Primary Care Research and Development Departments and researchers work together
Poster 18	Lidia Segura, Eulalia Duran, Antoni Gual, Joan Colom	Evaluation of the Beveu Menys e-learning tool
Poster 19	Sofia Tomas, Pepa Torrijo, Silvia Tortajada, Julia Aguilar	Detection of Alcohol-Related Problems in Primary Care Health Centers in the Autonomous Region of Valencia (Spain)
Poster 20	Gregory Greenwood, Eugene Baker, Francisca Azocar, Eric Goplerud, Tracy McPherson	Evaluation of Telephonic Alcohol Screening and Brief Intervention (SBI) in and Employee Assistance Program
Poster 21	Sarah Ward	Real Life Screening and Brief Interventions: examples from across England
Poster 22	Mary Clifford, Rose Capello, Stephanie Clutterbuck, Malcolm Hobbs, Debra Jeffery, Elizabeth Phinn	SIPs – The story so far
Poster 23	Tracy McPherson, Dennis Derr, Judy Mickenberg, Eric Goplerud, Sherry Courtemanch, Laura Chaney	Evaluation of telephonic alcohol screening and brief intervention (SBI) for at risk drinking in employee assistance programs (EAPs).

Introduction to the Conference

Title

Breaking New Ground in the Study and Practice of Alcohol Brief Interventions.

Author

Nick Heather

Abstract Content

This short presentation amplifies and explains the decision to subtitle the INEBRIA2009 Conference “Breaking New Ground”. The effectiveness of screening and brief intervention (SBI) for hazardous and harmful drinking is now well established for primary health care and is promising for other medical settings. In addition, significant advances in the implementation of SBI are now being made in various parts of the world. But, because of the need to establish efficacy and effectiveness, and perhaps too because of a preoccupation with meta-analysis of existing research findings, progress in other aspects of the theory and practice of SBI has been slower than ideal. There may also be a risk of complacency in the SBI field of study. For these reason and others, the Conference Organizing Committee decided to focus the conference and invite presentations on the following topics: (i) the theory of brief interventions; (ii) development and applications of SBI in the criminal justice setting; (iii) brief interventions and the Internet; (iv) development, evaluation and implementation of SBI among young people; (v) application of SBI to black and minority ethnic groups; (vi) optimal forms of screening in various medical and nonmedical settings; (vii) innovative ways of encouraging health professionals to incorporate SBI in their routine work; (viii) effective strategies for achieving integration of SBI in government policies; (ix) applications of SBI in parts of the world where it has yet to make much impact. These topics will be briefly reviewed and commented upon in this introductory presentation.

Keynote Address

Title

Conversation is neither desired nor required.

Author

Peter Anderson

Abstract Content

The intellectual concept of a community response to alcohol problems and brief interventions emerged from England and Scotland during the 1970s and 1980s. Despite a long developmental period, conversing about hazardous and harmful alcohol consumption is not the norm in primary health care either locally or globally: rather, conversation is neither desired nor required is a common response. Based on the author’s five year career as a GP in Oxford, reflection is given of what made a good feeling when cycling to work each morning. The reflection led to a number of research questions about what we know and what we need to know that could better inform policy at a global level within the following ten domains: impact, worth, length, content, style, complexity, occurrence, cost, commonality, and resonance. The overview suggests that we know quite a lot about the effectiveness and cost-effectiveness of brief interventions at least in high income countries, but rather less about their desired or required length, content and style. We know surprisingly little about the impact of interventions with clinically important global co-morbid conditions, such as hypertension or TB treatment. We know hardly anything about the impact of variables such as peer support, audit or financial incentives in facilitating the uptake of conversations. Although there is growing evidence, we do not know enough about the impact of conversations by people other than primary health care medical practitioners. And, finally, the impact of a politically supportive environment on conversing is hardly known. Thus, despite the enormous breadth and depth of research illustrated throughout the present meeting, it seems that we have a long way to go before we have better answers to ensure that conversation about hazardous and harmful alcohol consumption in primary health care is both desired and required at a global level.

Keynote Address

Title

Interventions to reduce alcohol related violence.

Author

Jonathan Shepherd.

Abstract Content

Violence, including alcohol related violence, is both a health and a criminal justice issue. Solutions should take account of this. Over the past 15 years, the evidence base on which combined approaches have been built has been developed. Key to understanding why these two sectors must work together is the finding that a great deal of violence which results in serious injury is not ascertained by the police.

There is strong evidence that targeted police activity is effective in reducing violence. Only by combining police and emergency department data can targets be identified with the precision necessary for prevention resources to be deployed effectively.

This keynote lecture describes an integrated victim care pathway, based on a series of randomised community, clinical and court experiments in which primary, secondary and tertiary prevention interventions are delivered and which has been associated with significant reductions in violence against a range of outcome measures. This pathway incorporates brief interventions combined with standard wound care; primary prevention which capitalises on emergency services data to help police and local authorities regulate the night time economy; and cognitive behavioural therapy to reduce the impact of post traumatic stress disorder.

This care pathway continues to be implemented in a prototype Crime and Disorder Reduction Partnership – the model described in the 1998 Crime and Disorder Act. Observations of this novel approach have led to the pioneering university police school in Wales and to a new perspective of applied research arrangements in the UK.

Keynote Address

Title

NICE work if you can get it – Screening and brief intervention as a Public Health strategy to reduce hazardous and harmful drinking in England.

Author

Eileen Kaner

Abstract Content

The first controlled trials of brief alcohol intervention were conducted in the UK in the late 1980's. Thus some twenty years later, it is timely to be in the UK and to reflect on how far we have come in this field both in terms of the evidence-base, but also in terms of its impact on policy and practice. Whilst it is imperative to have good science to support the use of brief intervention to reduce excessive drinking, this work will be in vain if practitioners are unwilling or unable to use these interventions in practice. There are now around 60 published trials of brief alcohol intervention based in a wide range of countries (primarily in the developed world) and settings. Whilst much of this work has reported positive effects of brief alcohol interventions – particularly in primary care – there is little evidence to suggest they are being routinely delivered to hazardous and harmful drinkers beyond the research studies themselves. Most implementation research has reported time-limited or modest levels of brief intervention activity. This presentation will describe the role of the National Centre for Health and Clinical Excellence (NICE) in formulating the current evidence on brief interventions into recommendations for Public Health (preventive) practice on alcohol in England. The presentation will also highlight the broader preventive and treatment agenda being covered by NICE which has two further groups that are focusing recommendations related to the physical and mental health management of alcohol problems.

Winner's Plenary

Title

Pharmacy customers' views of potential brief alcohol intervention in community pharmacies.

Authors

Ranjita Dhital, Catherine Whittlesea, Ian Norman, Peter Milligan.

Abstract Content

Background: The aim of the study was to investigate the potential uptake by pharmacy customers for an alcohol screening and brief intervention (SBI) service in community pharmacies^{1,2,3}.

Customers who approached the pharmacy counter from four selected pharmacies were invited to participate. Interview schedule was used to record customers' responses to the potential service. The AUDIT-C tool was used to identify safe and risky drinkers⁴. AUDIT-C scores of ≥ 3 (women) and ≥ 4 (men) were classified as risky drinkers. Answers were coded and framework analysis undertaken.

Of the 237 customers (88 male) approached 102 (43%) agreed to be interviewed (39 male). Of these 98 completed the AUDIT-C, with 51 (52%) identified as risky drinkers. Most customers indicated a willingness to participate in the following aspects of the service: complete drinking-diary (n = 95, 94%), accept written information on safe alcohol use (n = 99, 98%), discuss their drinking with the pharmacist (n = 97, 96%), and attend follow-up appointments (n = 88, 87%).

Customers reported the following positive characteristics: environment, accessibility and anonymity. Negative aspects reported were: lack of privacy in a pharmacy, inappropriate role for pharmacists, and lack of time (both pharmacist and customer).

Regardless of drinking status, most customers were willing to use a potential pharmacy based SBI and were positive about pharmacists' involvement in such a service; a role more traditionally associated with doctors and nurses⁵. These findings would require verification in a larger study with a representative sample of participants.

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Symposium One: Alcohol Brief interventions: Scotland's National Programme

Title

A Framework for Action: Scotland's national alcohol strategy.

Author

Mike Palmer

Abstract Content

An outline will be given of the measures set out in the national strategy Changing's Scotland's Relationship with Alcohol: A Framework for Action, launched in February 2009. These have been adopted as proportionate to the nature and scale of alcohol problems in Scotland. One of the four areas identified for action is improved treatment and support. This has been underpinned by a record additional investment of £85 million over three years. An NHS performance management (HEAT) target has been set for the delivery of ~150,000 alcohol brief interventions from 2008-2011 in the three priority settings of primary care, ante-natal and A&E care in line with the SIGN 74 guidance. It is supported by a national support programme led by Scottish Government and Health Scotland.

Symposium One: Alcohol Brief interventions: Scotland's National Programme

Title

The National Support Programme for the H4:HEAT target for Alcohol Brief Interventions.

Author

George Howie

Abstract Content

This presentation will describe the key strands of National Support Programme for the delivery of the H4:HEAT target to deliver ~150,000 alcohol brief interventions in Scotland from 2008-2011. These include a national training programme; production of resource material for trainers and practitioners; a website; information support; visits to individual Health Boards as well as regular conferences and seminars. The presentation will also describe progress to date as well as lessons learnt.

Symposium One: Alcohol Brief interventions: Scotland's National Programme

Title

Alcohol Brief Interventions: Research and Evaluation.

Author

Andrew McAuley

Abstract Content

The Scottish Government is funding research into brief interventions in settings other than the three priority settings, such as NHS 24, criminal justice settings and dentistry. It will also be evaluating the implementation of the delivery of brief interventions as part of an overall evaluation of the Alcohol Framework. This presentation will describe progress in key research projects and the evaluation programme to date.

Symposium One: Alcohol Brief interventions: Scotland's National Programme

Title

Alcohol Problems in Scotland: a Public Health Perspective.

Author

Lesley Graham

Abstract Content

An overview will be given of the epidemiology of alcohol problems in Scotland and how it is out of step with both the Western European countries as well as other parts of the UK. Excess consumption has been driven by alcohol becoming more affordable and available in recent years. The more a population drinks, the more harm it will experience. The most effective alcohol policies as advocated by the WHO will be described. These adopt a whole population approach, such as tackling price and availability alongside targeted measures, of which screening for alcohol problems and delivery of brief interventions. A brief synopsis will be given of the steps that Scotland has taken in recent years to implement ABIs which are now firmly included in the recently launched national alcohol strategy.

Symposium Two: SBI in the workplace: Employee Assistance Programs

Title

The broader impact of SBI on workplace productivity and drinking in the employee assistance program.

Authors

Karen Chan Osilla

Abstract Content

Employees with at-risk drinking experience costly consequences. About 80% of heavy drinkers in the U.S. are part- or full-time employees, making employees an ideal group for screening and brief interventions (SBIs). Work stressors place many employees who cope with alcohol at high risk for alcohol-related disorders. Many employees have access to employee assistance programs (EAPs) that offer free short-term counseling and referrals for mental health concerns. While substantial evidence supports the effectiveness of SBIs, few studies have examined the efficacy of SBIs with employees and its impact on worksite-specific outcomes. This study evaluates the (1) efficacy of a BI provided by EAP counselors in improving drinking and work productivity among clients with at-risk drinking, and (2) productivity-related cost savings for clients in the intervention vs. EAP usual care (UC). Participants were 44 EAP clients screened with the AUDIT-C. Participants in the intervention group received a one-session intervention that utilized Motivational Interviewing. Results suggest that 30% of clients met criteria for at-risk drinking. At 3-month follow-up, participants in the BI+UC group had decreased heavy drinking and alcohol-related consequences, and increased on-the-job productivity compared to the UC group. The cost savings from increased productivity for the BI+UC group was \$1,176 per client over the UC group. Results provide preliminary evidence of the added value of integrating a SBI into the EAP and the broader impact SBIs may have for employees

Symposium Two: SBI in the workplace: Employee Assistance Programs

Title

Translating Medical SBIRT into Behavioral Healthcare Practice in Work-related Settings.

Authors

Tracy McPherson, Dennis Derr, Judy Mickenberg, Eric Goplerud, Sherry Courtemanche, Laura Chaney

Abstract Content

Substantial empirical support exists for alcohol SBI in medical, but not non-medical settings such as the workplace - an underutilized venue for alcohol interventions. This research aims to translate medical SBI into behavioral healthcare practice in a work-related setting - the EAP - where millions of workers can be reached annually. The primary objectives are: a) assess feasibility of adapting medical SBI practices for telephonic EAP; b) develop feasible, practical training, implementation, and quality/fidelity monitoring protocols/processes that can be integrated into existing practices; c) assess impact of implementing systematic, routine alcohol SBI on key performance measures (rates of screening, alcohol problem identification, treatment initiation); and d) assess preliminary client outcomes (self-reported alcohol use, mental wellbeing, and productivity). Pilot studies were conducted by U.S. EAP providers using pretest-posttest, one-group, pre-experimental designs. SBI processes were adapted based on the WHO alcohol SBI protocol. It includes systematic screening using the AUDIT-C/AUDIT during clinical intake, BI using motivational interviewing, referral to face-to-face counseling or other treatment as appropriate, and telephonic follow-up to address alcohol use and original presenting problem. Findings suggest that integration of routine SBI by EAP consultants at intake is not only feasible in a telephonic delivery system, but also increases alcohol problem identification to levels found in the general U.S. population and, hence, the opportunity for brief motivational counseling for risky drinking. Furthermore, it is clear that when SBI is integrated as part of routine EAP practice, members are willing to answer questions about their alcohol use and participate in follow-up.

Symposium Two: SBI in the workplace: Employee Assistance Programs

Title

The cost of implementing SBI in an EAP setting: methodology and preliminary results..

Authors

Alexander Cowell

Abstract Content

The cost of implementing SBI in an EAP setting: Methodology and preliminary results
In today's fiscal environment, programs must be justified fiscally as well as according to any proven improvement in outcomes (such as reduced risky drinking). Despite the growing use of SBI in many settings, little is known about the resources used in EAP settings. This presentation provides preliminary results from an ongoing study on this topic. We examined counselor responses to brief questionnaires administered for 84 initial counseling sessions delivered by a large EAP in the US in the years 2006 and 2007. The counselors recorded the time of the session overall and the time spent discussing six specific areas of health behavior, including alcohol use. To estimate cost we combined these estimates with information on counselor salaries and the value of other, related resources (such as the value of the office space used to deliver the session.) The findings are compared to other estimates of the cost of brief interventions in other settings. Given the range of estimates in the literature, we note the need for studies that categorize methodologies of estimating costs and possibly reconciling findings. This further work is critical before broad policy conclusions can be drawn using the results from our study.

Symposium Two: SBI in the workplace: Employee Assistance Programs

Title

Challenges and lessons learned in implementing screening and brief intervention (SBI) in employee assistance programs (EAPs).

Authors

Georgia Karuntzos

Abstract Content

Alcohol misuse leads to substantial economic losses in the U.S. and Europe. Though Employee Assistance Programs (EAPs) are a primary vehicle for assessment and referral for employee alcohol problems, few treatment options are available through workplace sponsored programs for at-risk drinkers. The United States' National Institute Alcohol Abuse and Alcoholism recently sponsored the Healthy Lifestyles Project (HeLP). The project contains SBI training for EAP counselors, to address this treatment gap and meet the needs of an at risk population within a workplace setting. The HeLP study is currently being implemented in 3 sites in the Eastern and Mid-western United States. The study design includes randomizing counselors within an EAP to deliver the SBI protocol, the administration of the AUDIT (Alcohol Use Disorders Identification Test) as part of the EAP intake assessment, a CD-based self paced training program for training EAP counselor to deliver SBI within standard EAP practice, pre and post-test assessment of counselor learning, and a baseline and follow-up employee study to assess program effectiveness to reduce alcohol use and promote a healthier lifestyle. This session will discuss challenges and lessons learned for successful implementation of an evidenced-based program to augment standard EAP practices for at-risk drinkers. Lessons include organizational alignment, counselor readiness, regulatory/organizational priorities, clinical appropriateness, and logistical considerations.

Symposium Three: What research tells us about brief intervention efficacy

Title

Change talk during brief motivational intervention: towards or away from drinking.

Authors

Nicolas Bertholet, Mohamed Faouzi, Gerhard Gmel, Jacques Gaume, Jean-Bernard Daepfen

Abstract Content

Background – Motivational Interviewing postulates a central role for change talk. We investigated whether change talk trajectories within a brief motivational intervention (BI) are associated with drinking 12 months later.

Methods – 97 audio-recorded BI were coded using the Motivational Interviewing Skill Code. Hidden Markov models were used to identify subject talk states regarding drinking: Toward Change (TC), Away from Change (AC), and Non-Determined (ND). The state sequence was summarized with a Subject Profile matrix: first state, percentage of TC, AC, and ND, duration of the last state and last state. Clusters were computed and the difference in weekly drinking (baseline to 12 months) compared across clusters. Regression analyses determined the relationship between the difference in weekly drinking and Subject Profile matrix variables.

Findings – Four clusters were identified, comprised of subjects 1: speaking toward change more often; 2 and 3: who were non-determined, 3 being more likely to begin in the AC state; 4: speaking in the AC state more often. Mean difference in weekly drinking for the 1st, 2nd, 3rd and 4th cluster was 4.7, 1.3, 0.0 and -3.7 ($p=0.03$). In the regression model adjusted for age subjects with TC and ND last states drank 16.7 ($p<.0001$) and 8.8 ($p=0.006$) less units 12 months later compared to subjects with AC last states.

Symposium Three: What research tells us about brief intervention efficacy

Title

Counsellor Skill Influences Outcomes of Brief Motivational Interventions.

Authors

Nicolas Bertholet, Mohamed Faazi, Gerhard Gmel, Jacques Guame, Jean-Bernard Daeppen

Abstract Content

Aims – To estimate the influence of counselor skills during brief motivational interventions (BI) on patient alcohol use 12 months later.

Methods – Ninety-five BI delivered by 5 counselors of similar background and training were recorded and coded using the Motivational Interviewing Skills Code (MISC). Patient socio-demographic data, patient alcohol outcome (number of drinks per week), and counselor MI skills based on MISC scores were calculated for each counselor and compared using analyses of variance. We then calculated multilevel models estimating the effect of counselor skills on the link between patients' perceived ability to change during BI (which was previously found to be an important predictor) and behavior change, adjusting for clustering of patients within counselors.

Findings – Baseline alcohol measures and socio-demographics of patients did not differ across counselors, while MISC scores and outcome at 12-months did. Multilevel models showed that counselors with better motivational interviewing (MI) skills achieved better outcomes overall and maintained efficacy across all levels of patient ability to change, whereas counselors with poorer MI skills were effective mostly at high levels of ability to change.

Discussion – Findings indicated that avoidance of MI-inconsistent skills was more important than frequency of using MI-consistent skills, and that training and selection of counselors should be based more on the overall MI-consistent gestalt than on particular MI techniques.

Symposium Three: What research tells us about brief intervention efficacy

Title

Counsellor behaviours and patient language during brief motivational interventions: a sequential analysis of speech.

Authors

Jacques Gaume, Gerhard Gmel, Jean-Bernard Daeppen

Abstract Content

Interviewing (MI) skills and patient change talk (CT) by analyzing the articulation between counselor behaviors and patient language during brief motivational interventions (BI) addressing at-risk alcohol consumption.

Methods – Sequential analysis of psycholinguistic codes from 97 tape-recorded BI obtained by two independent raters using the Motivational Interviewing Skill Code (MISC), version 2.0. MISC variables were categorized into three counselor behaviors (MI-consistent, MI-inconsistent and 'other') and three kinds of patient language (CT, counter-CT (CCT) and utterances not linked with the alcohol topic). Observed transition frequencies, conditional probabilities and significance levels based on odds ratios were computed using sequential analysis software.

Findings – MI-consistent behaviors were the only counselor behaviors that were significantly more likely to be followed by patient CT. Those behaviors were significantly more likely to be followed by patient change exploration (CT and CCT) while MI-inconsistent behaviors and 'other' counselor behaviors were significantly more likely to be followed by utterances not linked with the alcohol topic and significantly less likely to be followed by CT. MI-consistent behaviors were more likely after change exploration, whereas 'other' counselor behaviors were more likely only after utterances not linked with the alcohol topic.

Discussion – Findings lend support to the hypothesized relationship between MI-consistent behaviors and CT, highlight the importance of patient influence on counselor behaviour and emphasize the usefulness of MI techniques and spirit during brief interventions targeting change enhancement.

Symposium Three: What research tells us about brief intervention efficacy

Title

Brief motivational alcohol interventions: do counsellors' and patients' communication characteristics predict change?

Authors

Jacques Gaume, Gerhard Gmel, Pierre Bady, Jean-Bernard Daepfen

Abstract Content

Aims – To identify communication characteristics of patients and counselors during brief motivational alcohol intervention (BI) which predict changes in alcohol consumption 12 months later.

Methods – Tape-recordings of 97 BMI sessions with hazardous drinkers were analyzed using the Motivational Interviewing Skill Code (MISC). Outcome measures were (i) baseline to a 12-month difference in the weekly drinking quantity, and (ii) baseline to a 12-month difference in heavy drinking episodes per month. Bivariate analyses were conducted for all MISC measures, and significant variables were included in multiple linear regression models.

Findings – Patient communication characteristics (ability to change) during BI significantly predicted the weekly drinking quantity in the multiple linear regression model. There were significant differences for some of the counselor skills in bivariate analyses but not in the multiple regression model adjusting for patients' talk characteristics. Changes in heavy drinking showed no significant association with patient or counselor skills in the multiple linear regression model.

Discussion – Findings indicate that the more the patient expresses ability to change during the intervention, the more weekly alcohol use decreases. The role of the counselor during the interaction, and influence on the outcomes was not clearly established.

Symposium Three: What research tells us about brief intervention efficacy

Title

Brief alcohol intervention and alcohol assessment do not influence alcohol use in injured patients treated in the emergency department: a randomized controlled clinical trial.

Authors

Jean-Bernard Daepfen, Jacques Gaume, Pierre Bady, Bertrand Yersin, Jean-Marie Calmes, Jean-Claude Givel, Gerhard Gmel

Abstract Content

Aims – To evaluate the effectiveness of brief alcohol intervention (BI) in reducing alcohol use among hazardous drinkers treated in the emergency department (ED) after an injury.

Methods – Randomized controlled clinical trial conducted in the ED of the Lausanne University Hospital, Switzerland. A total of 5136 consecutive patients attending ED after an injury completed a screening and 1472 (28.7%) were positive for hazardous drinking according to the NIAAA definition; of these 987 (67.1%) were randomized into a BAI group (n = 310) or a control group with screening and assessment (n = 342) or a control group with screening only (n = 335). A total of 770 patients (78.0%) completed the 12-month follow-up procedures. Intervention was a single 10–15-minute session of standardized BAI conducted by a trained research assistant.

Results – Data indicated that similar proportions were low-risk drinkers in BI versus control groups with and without assessment (35.6%, 34.0%, 37.0%, respectively, P = 0.71). Data also indicated similar reductions in drinking frequency, quantity, binge drinking frequency and AUDIT scores across groups. A model including age groups, gender, AUDIT and injury severity scores indicated that BI had no influence on the main alcohol use outcome.

Discussion – This study provides the evidence that a 10–15-minute BI does not decrease alcohol use in hazardous drinkers treated in the ED, and demonstrates that commonly found decreases in hazardous alcohol use in control groups cannot be attributed to the baseline alcohol assessment.

Symposium Four: Internet based interventions for problem drinkers: from efficacy trials to implementation

Symposium overview

Author

John Cunningham

Abstract content

Aims: Internet-based interventions (IBIs) for problem drinkers have been in existence for over a decade. In that time, IBIs have increased in sophistication and there is the beginning of a solid research base demonstrating their efficacy. A growing number of problem drinkers are using IBIs and attempts have been made to explore the integration of IBIs with primary care as well as other health care providers. This symposium will provide an overview of IBIs for problem drinkers and highlight some of the important issues in the development and implementation of IBI's.

Rationale: IBIs appear to be at a 'cusp' as technology and intervention practices are merged together in an attempt to provide better public health care services for problem drinkers. The timing for a presentation and discussion of the role in which IBIs play is ideal for this year's conference because IBIs have started to shift into the mainstream of the continuum of services for problem drinkers.

Summary: The presentations in this symposium will cover the 'bench to bedside' aspects of the development and evaluation of IBIs. The presentations will include reports of the latest results from just completed randomized controlled trials, a systematic review of the research to date on this issue, a consideration of the cost-effectiveness of IBIs, and a report on an attempt to implement IBIs in multiple university settings.

Symposium Four: Internet based interventions for problem drinkers: from efficacy trials to implementation

Title

A randomized controlled trial of an Internet-based intervention for alcohol abusers: Twelve-month follow-up results.

Authors

John Cunningham, Cameron Wild, Joanne Cordingley, Trevor Van Mierlo, Keith Humphreys

Abstract Content

Background: Misuse of alcohol imposes a major public health cost, yet few problem drinkers are willing to access in-person services for alcohol abuse. The development of brief, easily accessible ways to help problem drinkers who are unwilling or unable to seek traditional treatment services could therefore have significant public health benefit. The objective of this project is to conduct a randomized controlled evaluation of the Internet-based Check Your Drinking (CYD) screener (www.CheckYourDrinking.net).

Method: Participants (N = 185) recruited through a general telephone population survey were randomly assigned to receive access to the CYD, or to a no intervention control group.

Findings: Follow-up rates were excellent (86% with complete data at all time points). Problem drinkers provided access to the CYD displayed a six to seven drinks reduction in their weekly alcohol consumption (a 30% reduction in typical weekly drinking) at both the three- and six-month follow-ups as compared to a one drink per week reduction among control group respondents. This difference was not sustained at the twelve month follow-up.

Discussion: The CYD is one of a growing number of Internet-based interventions with research evidence supporting its efficacy to reduce alcohol consumption. The Internet can increase the range of help seeking options available because it allows for treatment to be brought to the problem drinker; rather than making the problem drinker come to treatment.

Symposium Four: Internet based interventions for problem drinkers: from efficacy trials to implementation

Title

Can stand-alone computer-based interventions reduce alcohol consumption?

Authors

Zarnie Khadjesari, Elizabeth Murray, Christine Godfrey, Catherine Hewitt, Giancarlo Manzi, Simon Thompson

Abstract Content

Background: Alcohol misuse is a major public health concern with over 10 million people in England drinking at a level that is hazardous to their health. Internet interventions provide a convenient, confidential and cost-effective alternative to conventional treatment. The purpose of this systematic review was to determine the effects of computer-based interventions aimed at reducing alcohol consumption.

Methods: Systematic review methodology was employed. All adult participants were eligible for inclusion unless the intervention was aimed exclusively at dependent drinkers. Stand-alone computer-based interventions, which did not require facilitation, were included. Particular attention was given to defining computer-based interventions and distinguishing interventions aimed at treatment or prevention.

Findings: To date, the searches identified 7,346 studies with 21 trials eligible for inclusion (an update is currently underway). Provisional data extraction found the earliest study to be conducted in 1997, with 9 of the 21 studies conducted in 2007 alone. The majority were conducted in the US, a few in New Zealand, one in the Netherlands and one in Germany. This presentation will report on the impact of these interventions on alcohol consumption. It will describe the populations at which they were aimed, the types of alcohol problems they addressed and the theoretical basis on which they were formed.

Discussion: The Internet shows potential as an alternative platform for SBI. In this rapidly developing field, it is important to identify which of these treatments work, whom they work for and in which settings before they are integrated into the current provision of services.

Symposium Four: Internet based interventions for problem drinkers: from efficacy trials to implementation

Title

Cost-effectiveness of web-based self help for problem drinkers.

Authors

Helen Riper, Jeannet Kramer

Abstract Content

Background: Problem drinking is highly prevalent while the burden of disease and the associated economic costs are substantial. Meanwhile the majority of problem drinkers do not receive preventative or treatment services for their risky alcohol consumption. Drinking Less (DL) is a 24/7 free access anonymous interactive web-based self help intervention without therapeutic guidance for adult problem drinkers in the community.

Method: Results of a randomized controlled trial (N=268; 6 and 12 months follow-up) on the clinical and cost-effectiveness of DL will be presented as well as the results of the cost-effectiveness of DL in the real world by means of a pre-test post-test study (N= 378; 6 and 12 months follow up). Subsequently the results of both studies are compared.

Findings: Results show that DL is clinically effective in terms of a significant reduction in weekly alcohol consumption and an increase in number of participants that drink according to the guidelines for low risk drinking and that substantial economic costs can be saved mainly due to increased labour productivity of participants of DL.

Discussion: The discussion will be focused on the consequences of these findings within a stepped care approach to problem drinking.

Symposium Four: Internet based interventions for problem drinkers: from efficacy trials to implementation

Title

Can electronic feedback reduce student alcohol intake: A multi-site investigation of Unitcheck.

Authors

Bridgette Bewick, Michael Barkham, Brendan Mulhern, Andrew Hill

Abstract Content

Background: Unhealthy alcohol use amongst university students is a public health concern with psychological consequences. E-interventions can potentially moderate student alcohol intake. Unitcheck is a web-based tool that provides personalised feedback and social norms information on alcohol intake. Single centre trials have shown reductions in consumption per occasion amongst Unitcheck intervention participants (Bewick et al. 2008).

Aim: To evaluate the effectiveness of delivering Unitcheck at four UK universities.

Method: 1267 participants randomly assigned to control, intervention or delayed intervention condition. Students completed online assessments at weeks 1, 9, 17 and 25. Intervention and delayed intervention students had access to Unitcheck between week 1-9 and 9-17 respectively.

Results: Repeated Measures ANOVA showed a significant decrease in units per occasion (M 11 (SD 9) to M 9 (SD 10) units) and per week (M 17 (SD 24) to M 14 (SD 22) units) from week 1 to 25. There was however no effect of condition. Of participants who accessed the intervention 62% agreed that the feedback was useful. Of participants who completed week 1 assessment 76% completed week 9, 50% week 17 and 39% week 25.

Conclusions: Use of Unitcheck did reduce reported alcohol intake but the effect was obscured by a reduction in the control group. Some students will engage with an online tool, hosted by an outside institution, for alcohol misuse. Attrition within the current study suggests that effective ways of retaining participants who are recruited remotely (e.g. via email from a distance) are needed.

Funding was provided by AERC.

Symposium Five: Economic Evaluations of SBI

Title

A Meta Analysis of the Impact of SBI on Healthcare Utilization.

Authors

Jeremy Bray, Alexander Cowell, Jesse Hinde

Abstract Content

Systematic reviews and Meta-analyses have been conducted by various authors on the effectiveness of SBI and state that SBI has a positive impact on drinking outcomes. One selling point of SBI to policy-makers is that reductions in alcohol consumption yields cost-savings to society through reduced future health care costs. SBI studies commonly speculate about this cost-savings and point to it in discussion but address the empirical background of such findings infrequently. A systematic review and meta-analysis of healthcare utilization outcomes does not currently exist. Preliminary findings from this study suggests that studies conducted in emergency departments are more likely to show reduced health care utilization and costs than primary care organizations. This is because clients seen at the ER have a high likelihood of an accident, and reductions in the risk of future accidents drives cost-savings. In primary care settings, short-term cost-savings are difficult to detect and there is little literature available to look at long-term impacts of SBI on healthcare utilization.

Symposium Five: Economic Evaluations of SBI

Title

Brief Intervention Costs in Two Populations in the United States: College Students and US Air Force Personnel.

Authors

Alexander Cowell

Abstract Content

Motivational Interviewing (MI) techniques are a well-known and accepted method of delivering brief interventions to reduce alcohol use. Despite the widespread use of MI, little is known on what it costs to start-up MI, including training interventionists, and to deliver MI on an ongoing basis. This presentation provides results from two separate studies using MI to reduce risky drinking. First, we present results from a three arm intervention among US Air Force personnel at four bases. The three arms are treatment as usual (TAU) and MI conducted with individual (IMI) and groups (GMI) of clients. Results indicate that start-up costs varied across the bases from \$1,400 per interventionist to \$2,400. Intervention costs averaged across the bases were highest for TAU (\$148 per client), followed by IMI (\$84) and GMI (\$70). Second, we present results from a four arm intervention for students at a college in the southeastern United States. The four arms are Assessment Only (AO), Feedback only (FB), MI without FB (MI), and MI with FB (MIFB). We found the mean training cost to be approximately \$1,700 per interventionist. The mean cost per session for the four arms varied from approximately \$17 for AO to \$43 for MIFB. Preliminary results from a cost-effectiveness analysis are also presented. We show that the results are generally favorable for the two MI arms of the study.

Symposium Five: Economic Evaluations of SBI

Title

The Costs of SBI: Findings from the Literature.

Authors

Jeremy Bray, Gary Zarkin, Michael Mills

Abstract Content

Numerous studies have shown screening and brief intervention for at-risk alcohol use to be effective in identifying at-risk drinkers and in reducing their alcohol consumption. Furthermore, many authors and policy makers have concluded that alcohol SBI is a cost effective preventative practice and should be adopted more broadly. Despite these recommendations, many medical professionals remain reluctant to implement alcohol SBI. One possible reason is that they lack detailed information on the costs of adopting and running an ongoing SBI program. This review article summarizes the scientific literature on the start-up and ongoing operating costs of alcohol SBI. We find that estimates of the start-up costs of SBI programs are almost nonexistent and that estimates of the ongoing operating costs vary by orders of magnitude. The variation of methodologies used to assess costs of SBI appears to be related to the range in resulting cost estimates. Another factor in the variation in cost estimates appears to be the ambiguity in whether cost estimates reflect total annual operating expenses, cost per covered life, cost per patient served, or the marginal cost of the service. Reliable and clearly articulated estimates of each of these costs are needed to support SBI dissemination and financing efforts at the local and national level.

Workshop One

Title:

Implementing screening and brief interventions.

Facilitators

Paolo Deluca, Dorothy Newbury-Birch

Abstract Content

Alcohol screening is an effective means of identifying Alcohol Use Disorders within large populations. Within this workshop the facilitators will consider the appropriateness of different venues/situations where screening and opportunistic brief interventions may be useful. The different screening tools (PAT/FAST/SASQ/AUDIT) will also be discussed, considering the strengths and weaknesses of each, as well as the means of implementation (universal versus targeted screening). Similarly different brief interventions appropriate to the role and venue of delivery will be explored including brief advice, brief lifestyle counselling and stepped care. The benefits of Alcohol Health Workers delivering the brief interventions will be considered in comparison to existing staff as well as technological aids (computer-based interventions, delivery of interventions via internet or over the telephone).

Workshop Two

Title:

SBI training skills.

Facilitators

Ruth McGovern, Tom Phillips

Abstract Content

The issues relating to training non-specialist practitioners to screen and deliver different brief interventions will be considered in this workshop. Best practice in terms of duration of training, frequency and refresher sessions will be explored as well as considering key questions such as 'it is possible to train therapist attributes?' will be covered. Assessing practitioner competency will be discussed with specific reference to the use of clinical supervision, actor role plays and audio-recording intervention sessions as well as the potential impact this may have upon the intervention. The use of internet training will also be presented.

(PS1) Current research on SBI in Europe

Title

The effect of SBI on repetition of deliberate self harm: an exploratory randomised controlled trial.

Authors

Mike Crawford, Emese Csipke, Adrian Brown, Steven Reid, Julian Redhead, Robin Touquet

Abstract Content

Background: Alcohol use is a prelude to almost half all episodes of deliberate self harm (DSH) but intervention for alcohol misuse among people who present to services following DSH has not been examined.

Method: Consecutive patients who presented to an Emergency Department following an episode of DSH were screened for alcohol misuse. Those found to be misusing alcohol were randomly assigned to brief intervention plus a health information leaflet or to a health information leaflet alone. The primary outcome was whether the patient reattended an Emergency Department following a further episode of deliberate self harm during the subsequent six months. Secondary outcomes were alcohol consumption, mental health and satisfaction with care measured three and six months after randomisation.

Results: One hundred and three people took part in the study. Follow-up data on our primary outcome were obtained for all subjects and on 63% for secondary outcomes. Half those referred for brief intervention received it. Repetition of deliberate self harm was strongly associated with baseline alcohol consumption, but not influenced by treatment allocation. Number of units of alcohol consumed per drinking day was lower among those randomised to brief intervention but changes in other secondary outcomes were not seen.

Conclusions: Referral for brief intervention for alcohol misuse following DSH reduces alcohol use but this does not appear to lead to a reduction in the likelihood of repetition of self harm. Possible explanations for these findings will be presented and implications for services will be discussed.

(PS1) Current research on SBI in Europe

Title

Readiness to Change and Dimensions of AUDIT Scores.

Authors

Tiina Kaarne, Mauri Aalto, Jukka Halme, Martti Kuokkanen, Kaija Seppä

Abstract Content

Background: The importance of readiness to change among risky drinkers has been questioned. The aim of the present study was to investigate the association between readiness to change and the dimensions of the AUDIT scores among occupational health care patients.

Methods: Patients visiting their doctors in six occupational health clinics were asked to fill in a questionnaire containing the AUDIT and other questions concerning health. Also, a question of readiness to change the drinking behaviour was included: What is your attitude to your own alcohol use? 1. I have no consideration...2. During last year, I have considered...3. I have decided to cut down or finish drinking. 4. I have cut down or finished drinking.

Altogether 759 patients participated in the study. Risky drinking was defined as having scored >8 for men or >6 for women in the AUDIT. Factor analysis was used to investigate the structure of the AUDIT scores.

Findings: Based on the whole AUDIT, of the men 138 (36%) and of the women 76 (21%) were risky drinkers. A two-factor structure of The AUDIT was found: alcohol consumption (1-3 questions) and harm and dependence (4-10 questions). Readiness to change was significantly correlated with alcohol-related harm and dependence, but not with alcohol consumption among risky drinkers.

Discussion: Short versions of the AUDIT have been shown to be almost as effective as the whole AUDIT in detecting heavy drinkers. However, there maybe important information in the whole AUDIT in motivating risky drinkers to cut down on their drinking

(PS1) Current research on SBI in Europe

Title

Alcohol consumption and all-cause mortality among elderly in Finland.

Authors

Jukka Halme, Kaija Seppä, Hannu Alho, Mauri Aalto

Abstract Content

Aims: To examine gender-specific prevalence of alcohol consumption levels and to investigate the association between heavy drinking and all-cause mortality among elderly males.

Methods: A cohort derived from a nationally representative sample of Finns aged 65+ years were followed for six years. Weighted number of subjects was 1357 (72.7 % of the sample, 61.8 % females). Alcohol consumption was retrospectively measured by beverage-specific quantity and frequency over a 12-month period. Mortality data were obtained from the official Cause-of-Death Register. Cox proportional hazards models were used to analyse the relative risks (RRs) of death.

Findings: The prevalence of heavy drinking (8+ standard drinks per week) was 20.3 % in males and 1.2 % in females. Over one-tenth (11.4 %) of males reported drinking 15+ standard drinks per week. RRs of death suggested a J-curved relationship between alcohol consumption levels and mortality. The multivariate adjusted RR of death among moderate drinkers (1 to 7 drinks per week) vs. abstinent subjects was 0.41 (95% CI=.23-.72). Males drinking 15+ standard drinks per week had a two-fold multivariate adjusted risk of death (RR=2.11, 95%CI=1.19-3.75) compared with abstinent males. The number of heavy drinkers in females was too low for these analyses.

Conclusions: Heavy drinking is common among Finnish elderly males but not among females. The present study shows an increased all-cause mortality risk for males drinking, on average, more than two standard drinks per day.

(PS1) Current research on SBI in Europe

Title

Early identification of alcohol problems and hazardous use.

Authors

Hanna Reinholdz, Fredrik Spak

Abstract Content

A literature review on signs, symptoms and methods of early identification (EI) not employing screening. At least in the Nordic countries there appears to be a considerable reluctance to use screening tools such as AUDIT in primary health care. Instead several GPs suggest that GPs and nurses should improve their skills in and knowledge of EI. A preliminary review of the literature suggests that this approach may not be feasible as most studies indicate that EI by symptoms will not be a suitable method to identify hazardous drinkers. However one should be aware that in most of these studies this point is more a assumption then scientifically proven. One reason for this seems to be that this phenomenon is difficult to measure scientifically. Obstacles in this process appear to be: lack of common definitions and reluctance from the practitioners to use standardised methods, the fact that somatic symptoms of alcohol problems are both many and in general do not show up at an early stage of problem development. Other research has shown, since many years back, that both mental (psychological) and social consequences function well as early indicators of risky alcohol use. But it also appears that the treatment sector has not always recognised such symptoms as their responsibility to look for. Yet other indicators of early problem development/risky use are hypertension and trauma history. We will attempt to present a thorough analysis of the possibility of using EI to identify hazardous drinking.

(PS1) Current research on SBI in Europe

Title

EI/BI for risky drinkers at GP office. An experience in Florence.

Authors

Allaman Allamani, Manuele Falcone, Fabio Voller, Vittorio Boscherini

Abstract Content

This project is an example of a successful GP's Early Identification (EI) and Brief Intervention (BI) experience in Italy. It was implemented in 2005-2007, involving the town of Scandicci, southwest of Florence, 50,000 inhabitants and five North Chianti municipalities, south of Florence, totalling 58,000 inhabitants. The Florence 1 PRISMA Project's aims were to (a) motivate local GPs, tailoring the WHO EI/BI procedure package to local needs; and (b) reduce alcohol consumption-related problems in the community. If the GP Client was identified as risky drinker, (s) he entered a B.I. 12-month follow-up that included two visits at GP's office, with educational interventions by GP aiming at cut down/stop drinking. The GP recorded his/her clients' alcohol consumption, drinking pattern, and blood tests. A computer informative system has been created to collect data centrally. At the end of the study, 25 GPs enrolled 2,869 clients (average daily alcohol consumption 15.05 grams). Risky drinkers were 308 -10.7% (42.64 grams); 40.6% of risky drinkers had at least one abnormal blood test. Fewer risky drinkers shown up at follow-up, while their decrease of alcohol consumed was relevant: N=126 at the second visit (37.61 grams) and N=38 at the third one (29.47 grams). Even if the study has several limitations, it seems to indicate that GP's BI can bring about a reduction in alcohol consumption among their clients.

(PS2) SBI and young people and application to ethnic minorities

Title

Detection and intervention of alcohol consumption problems in University students from Cádiz (SPAIN).

Authors

Cristina Gavira Fernández, Cristina O'Ferrall González, José Pedro Novalbos Ruiz, José Manuel Romero Sánchez

Abstract Content

Background: The University of Cádiz and the Drug-Dependency Department carried out a study that analysed the prevalence, habits, attitudes and motivation of addictive behaviour and drug consumption in students. We believed that we should include early detection tools for the problematic consumption of alcohol, the detection of at-risk drinkers and orientation and early intervention for said individuals, using specific resources from within and outside of the University.

Method:

Sample 1352. ools: AUDIT and "Standard drinks per week" Self-reporting

Findings

- Prevalence of alcohol consumption: 78%.
- Distribution of weekly consumption patterns: average for the beginning of the week 0.8 drinks/day; Thursday (1.5 drinks/day), weekend (3 drinks/day).
- Binge drinking 22.5%
- Hazardous drinkers (17 drinks for women and 28 for men); 14.4%
- AUDIT results: 23.4% positive AUDIT

Discussion: The most consumed substance is alcohol (78%).

A change in weekly consumption patterns is observed showing to be more similar to the Anglo-Saxon pattern than the Mediterranean pattern. Binge drinking presents a higher prevalence in men, while at-risk and harmful consumption patterns are slightly more frequent in women. The results of the AUDIT reveal that 23.4% of university students have alcohol problems, with similar values between men and women. The AUDIT and the "standard drinks per week" are useful for screening. Students have failed to reach the offered resources, most likely due to a lack of motivation. The strategy has been re-designed, including a willingness to change questionnaire in order to incorporate the use of brief interventions.

(PS2) SBI and young people and application to ethnic minorities

Title

Is brief motivational intervention effective to reduce drinking among young men voluntary to receive it?

Authors

Jacques Gaume, Nicholas Bertholet, Mohamed Faouzi, Cristiana Fortini, Gerhard Gmel, John-Bernard Daepfen

Abstract Content

Background – Transition from adolescence to adulthood involves major individual and contextual changes in many life domains and is often accompanied by increases in heavy drinking and associated problems. This phase is thus an important moment to conduct preventive actions. We tested the effectiveness of brief motivational intervention (BMI) in young men voluntarily showing up for an individual alcohol BMI session among subjects attending the army conscription process, mandatory for all Swiss male at age 19.

Methods – Pragmatic randomized controlled trial with 6-month follow-up. We invited conscripts to voluntarily participate in a 20-minute counseling session with a psychologist trained in motivational interviewing. After an initial assessment, subjects were randomized into two groups: an intervention group receiving BMI immediately and a control group receiving BMI after the 6-month follow-up assessment (waiting list design).

Findings – Of 6085 young men that were approached during the army conscription process, 727 (11.9%) voluntarily showed up for a BMI and 572 were included in the study (unsystematic exclusions related to organizational aspects in the recruitment center). Both groups had similar socio-demographic and alcohol use data at baseline.

As we very recently completed follow-up procedures we cannot provide effectiveness results yet. We will present group-differences for change in alcohol use and related consequences.

Discussion – About 12% of young men are interested in discussing their drinking within a BMI format. We will discuss intervention effectiveness and related implications for research and implementation process.

(PS2) SBI and young people and application to ethnic minorities

Title

How do counsellor and 20-year old subject speech articulate during brief motivational interventions?

Authors

Jacques Gaume, Nicholas Bertholet, Mohamed Faouzi, Gerhard Gmel, John-Bernard Daepfen

Abstract Content

Background - Some studies suggested a causal chain from within-session counselor motivational interviewing (MI)-consistent behaviors to subject change talk and from change talk to changes in drinking behavior. The first part of this chain was never investigated in a young adult secondary prevention setting.

Methods - Within 2 randomized controlled trials, 149 brief motivational interventions with 20-year old men with unhealthy alcohol use were tape-recorded and coded using the Motivational Interviewing Skill Code. We used a Hidden Markov Model to calculate transitions probabilities between counselor and subject speech states. The information in the decoded state sequence was summarized in 10 states: counselor 'Open questions', 'Simple reflections', 'Complex reflections', 'Other MI-consistent behaviors', 'Closed questions', and 'Other behaviors'; and subject 'Change talk', 'Counter change talk' (speech away from change), 'Undetermined', and 'Neutral' (unrelated with alcohol use exploration).

Results - Two MI-consistent states, 'Open questions' and 'Complex reflections', were followed by 'Change talk' (transition probability= .25 and .82). 'Open questions' was also followed by 'Counter change talk' and 'Neutral' (.36 and .30). Surprisingly, 'Simple reflections' was followed by 'Counter change talk' (.52) and 'Undetermined' (.15) and 'Other MI-consistent behaviors' followed by 'Neutral' (.40). 'Closed questions' was followed by 'Neutral' (.87). 'Other behaviors' was only infrequently followed by subject speech states (all transition probabilities <.03).

Discussion - Results support the use of open questions and complex reflections and avoidance of closed questions to elicit change talk. A next step is to link these transitions to outcome measures.

(PS2) SBI and young people and application to ethnic minorities

Title

Community education and brief intervention for alcohol in an urban Aboriginal setting.

Authors

Katherine Conigrave, Therese Carroll, Lynette Simpson, Vicki Wade, Keren Kiel, Brad Freeburn, Brian Freeman

Abstract Content

Background: Aboriginal Australians are more likely to be non-drinkers than other Australians, however those who drink are more likely to do so at risky levels. There are myths and misconceptions of the health risks of non-dependent heavy drinking in the general community and there has been minimal research on approaches to reduce alcohol-related harms in the urban Aboriginal population. Sydney South West Area Health Service has worked with local Aboriginal communities to trial community-based education and brief intervention for alcohol use.

Methods: Local Aboriginal community groups are invited to participate in small group education sessions. After informed consent, individuals are invited to complete the Alcohol Use Disorders Identification Test (AUDIT) and to provide feedback on appropriateness of mainstream alcohol treatment services. A group education session is then conducted by a trained Aboriginal health professional, based around the steps of the World Health Organization brief intervention -discussion of harms from drinking, of community levels of drinking, of benefits of changing drinking, the recommended limits, and ways of cutting down or stopping. Posters used as visual aids were adapted from the University of Sydney's 'Drink less' kit in consultation with Aboriginal Health professionals. Next individuals are offered confidential feedback on their AUDIT score, using smaller visual aids. Two months later participants are asked about their drinking and the intervention.

Findings: We describe the resources and processes used, and insights gained through the project. A summary of AUDIT results and feedback on treatment services and on the intervention are presented

(PS2) SBI and young people and application to ethnic minorities

Title

Problematic Alcohol use and Traveller Men.

Author

Marie Claire Van Hout

Abstract Content

Background: The Traveller community as ethnic minority are particularly vulnerable to problematic alcohol use exacerbated by experiences of discrimination, marginalisation, social exclusion, poverty and compromised health.

Methods: This qualitative research involved 4 focus groups with Traveller men (n=19) in Ireland and yielded an exploratory account of alcohol use patterns and practices. A peer accompanied approach following a pre development phase (3 months) in order to garner trust and cooperation with the researcher was employed. These focus groups explored themes relating to Traveller culture and alcohol use, prevalence and patterns of use, awareness of alcohol related harm, experiences of addiction services and primary health care programmes. The information was transcribed and thematically analysed.

Findings: Excessive drinking among Traveller men once confined to religious celebrations, weddings and funerals is increasingly common, and attributed to unemployment, boredom, frustration and cheap alcohol. Alcohol dependency is commonly dealt with inside the Traveller community, using religion and often without medical supervision. Residential and group counselling programmes are difficult for Traveller men to engage with in terms of their difficulties to integrate with members of the settled community. Addiction and counselling services are also deemed lacking in both culturally appropriate material and cultural acceptance.

Discussion: Potential alcohol disorder interventions offering most promise include the use of peer led programmes in training Travellers themselves to offer outreach, dissemination of information, support and counselling within their own communities. The use of brief interventions (4-6 weeks) upskilling the Traveller men with alcohol education and counselling skills ("Travellers listen best to a Traveller"), contributes to improved peer led education and support within the Traveller community, and improved pathways to access and engage in addiction services.

Conclusion: Preventative and treatment efforts for alcohol disorder in Travellers must incorporate a Traveller led approach as Travellers remain an excluded group in Irish society.

(PS3) Strategies for integrating SBI in policy

Title

Identification and Brief Advice in England - a major plank in Government alcohol harm reduction policy.

Author

Don Lavoie

Abstract Content

The UK Government has made a commitment to reduce alcohol related harm through the introduction of a Public Service Agreement (PSA 25). One way the impact on harm will be measured is through the reduction on the rising trend of alcohol-related hospital admissions. Alcohol related diseases now account for 6% of admission; almost 800,000 per year and rising at the rate of an additional 72,000 admissions annually.

Screening and Brief Interventions (SBI), or what is referred to in England as Identification and the delivery of Brief Advice (IBA), forms a major plank in the England Department of Health's response to deliver this PSA commitment.

A new Directed Enhanced Service (DES) has been introduced into the primary care contract which, for the first time, offers a financial incentive to primary care teams to screen newly registered patients for alcohol misuse and offer them brief advice.

A new e-learning module has been developed to provide training to primary health care professional about the delivery of IBA and is hosted on the Alcohol Learning Centre - <http://www.alcohollearningcentre.org.uk/> along with a range of other supportive tools and materials.

The Department has also invested £4m in the Screening and Intervention Programme for Sensible drinking (SIPS) to fill gaps in the existing IBA evidence base and provide guidance on tools and implementation in the NHS and other settings.

A 'Direct Marketing' pilot aimed at higher-risk drinkers has tested methods and materials for offering IBA through the uptake of self-help materials.

(PS3) Strategies of integrating SBI in policy

Title

How can social marketing help deliver SBI?

Author

Nick Tancock

Abstract Content

Safe Sensible Social, the next steps in the National Alcohol Strategy (2007) makes the commitment to deliver new forms of information and advice to people drinking at harmful levels. Launched the same year, the social marketing programme targeting these higher-risk drinkers is now being tested using a mix of paper and web-based tools, along with direct marketing and traditional advertising and PR. So far more than 30,000 of the specially designed booklet *Your Drinking & You* have been ordered, despite limited publicity. In March 2009 the programme was showcased by the National Social Marketing Centre as world class practice. A key insight that helped shape the development of the strategy was the efficacy of SBI. This presentation describes how the concept of SBIs is being tested on a mass scale, describes the process of evaluation, and plans for the future.

(PS3) Strategies for integrating SBI in policy

Title

An evaluation of a national education effort in handling risky drinking (Sweden).

Author

Marika Holmqvist

Abstract Content

Background: The Swedish risk drinking project is an integral part of the Swedish government's policy in accordance with the national action plan to prevent alcohol related injuries. The aim is to increase the awareness of health and medical care professionals of patients' alcohol habits. In order to evaluate a national education effort for the professionals in primary health care (PHC) and occupational health service (OHS), a baseline measurement of physicians and nurses' activity in asking patients about their drinking, their knowledge, skills, and attitudes with regard to identifying and offering advice to patients with risk consumption and the amount of education in handling risky drinking. Three years later, a follow-up with the aim of measuring the change was done.

Methods: A baseline questionnaire was sent to all active Swedish PHC and OHS physicians and nurses (only PHC nurses with authority to issue prescriptions) between October 2005 and February 2006 and a follow-up questionnaire between October 2008 and May 2009.

Results: The total number of respondents included in the analysis are slightly more than 11 000 (baseline) and almost 14 000 (follow-up). The response rates ranged from 50% to 80%. Preliminary data show a sharp increase of the amount of education in handling risky drinking. Further, the activity in addressing alcohol with patient has increased for all professionals, and most for the nurses. Conclusive results are expected to be available towards the end of the summer 2009.

(PS3) Strategies for integrating SBI in policy

Title

Italian experience and activities relating to EIBI (Early Identification and Brief Intervention).

Authors

Emanuele Scafato, Claudia Gandin, Silvia Ghirini, Lucia Galluzzo and the IPIS working group

Abstract Content

Background: In Italy, early identification and brief intervention (EIBI) in the PHC services were explicitly included in the National Health Plan 2000-2003. A specific training standard found a relevant inclusion among the activities of the National Plan on Alcohol and Health 2007-2009. The ISS has been indicated as the national provider of the training activities.

Method: IPIB is the national EIBI working team and started its activities in 2006. It is actually the formal institutional standard of Italian training allowing to participants for each of the planned courses to be trained themselves and to train other professionals. The training standard PHEPA has been approved and formally recommended by the National Committee on Alcohol (set by the law 125/2001).

The CNESPS of the ISS carried out from October 2007 three IPIB training courses for the implementation of the PHEPA II programme and other 2 will be carried out before the end of 2009; The IPIB training course, has been evaluated in terms of credits to be earned through the Continuous National Training Programme (ECM) compulsory for professionals of the National Health System. The training course has been opened to GPs and to all the physicians involved in the PHC. In order to reach subgroups of population at risk but otherwise not reachable by GPs in Italy the course has also been opened to experts like occupational doctors, psychiatrists, psychologists and other specialities.

Findings: Data of the outcome of the training courses will be presented in the oral presentation.

(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy

Title

Alcohol screening and brief intervention delivery to an Irish cohort of opiate dependent methadone maintained patients.

Authors

Catherine Darker, Brion Sweeney, Haytham El Hassan, Bobby Smyth, Jo-Hanna Ivers, Joe Barry

Abstract Content

Background: There is a high prevalence rate for Hepatitis C, estimated at between 60-75%, in methadone maintained drug users in Ireland. Both Hepatitis C and alcohol misuse are risk factors for developing liver cirrhosis and in combination speed the process towards cirrhosis and decompensated liver failure. The aim of the study is to assess the effectiveness of brief interventions with this client group to reduce alcohol consumption in those who are harmfully abusing alcohol.

Methods: A quasi- experimental design (before and after comparison on AUDIT-C scores, from baseline to three follow-up). All patients attending an urban methadone clinic were screened using AUDIT-C. Patients screening positive for harmfully or hazardously using alcohol received a brief intervention based on WHO guidelines. These patients were followed up three months later to assess change.

Findings: 197 patients were screened. Forty-seven patients (23.9%) screened AUDIT positive at baseline. Mean AUDIT-C score at baseline was 6.78 (sd=2.64). Forty-one patients received a brief intervention and were followed up three months later. Mean AUDIT-C scores at follow-up was 5.56 (sd=3.66), this represented a significant reduction in AUDIT-C scores between baseline and follow-up ($t=-2.15$, $df=40$, $p<0.05$).

Discussion: Opiate dependent patients who are in methadone maintenance treatment significantly reduced their alcohol consumption as a result of receiving a brief intervention.

(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy

Title

Predictors of the implementation of SBI by health professionals trained by SUPERA course twenty months before.

Authors

Thiago Pavin, Paulina Duarte, Maria Lucia Souza-Formigoni

Abstract Content

544 Brazilian health professionals were trained by a distance learning course entitled System for the Detection of Abusive Use of and Dependence on Psychoactive Substances: Referral, Brief Intervention (BI), Social Reinsertion and Follow-up (SUPERA) (partnership between UNIFESP, SENAD and five Brazilian universities). This study aimed at evaluating the course effectiveness in a 20-month follow-up and assessing occupational and attitudinal characteristics related to the use of these techniques. All the students approved answered an on-line questionnaire about their SBI practices for alcohol or drug users and their work characteristics. Occupational and attitudinal characteristics were included as predictors of SBI implementation in a binary logistic regression model whose dependent variable was not used vs. used SBI procedures. 515 students approved in the course answered the follow-up questionnaire. 75% were female; 39 y.o. on average (SD = 9.2) and had high educational level; 80.6% of them had used SBI techniques; each professional screened 37 (SD=67) people, and the average of BI delivered was 36 (SD=50); 23.9% used the structured method of SBI as proposed during the course and 54.6% had made some adaptation to their work-setting. Logistic regression showed that the attitudes of health service users (OR=2.97; IC=1.7-5.1; $p<0.001$) and the work organization of health service (OR=1.71; IC=1.1-3.5; $p=0.039$) were relevant factors related to the implementation of SBI procedures. Many professionals applied what they had acquired in the training, indicating SUPERA to be effective to enable health professionals to do SBI

(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy

Title

Brazilian Alcohol and Drugs Policy of the Ministry of Health and SBIRT implementation.

Author

Erikson Furtado

Abstract Content

Introduction: Since 2003, following the WHO meeting dedicated to the dissemination and implementation of SBIRT in developing countries, Brazil launched progressively new policy rules which allowed the insertion of SBIRT in normal current health practices advocated in both, mental health and primary health programs. **Objectives:** to report the advancements in the law enforcement in the public health sector in Brazil, related to the implementation of SBIRT. **Method:** Documental research. **Results:** Even after six years of the first launching of a new policy for alcohol and drugs in the health sector, which included the implementation of SBIRT in normal practice, there is a lack of information about the legal instruments as well a lack of trained health managers in this sector, able to conduct the implementation. In June 2009 the Brazilian Ministry of Health launched an ambitious nationwide program for the hundred most populous cities with the aim to provide the nation with a more effective alcohol and drugs treatment network in the public health sector.

(PS4) Innovative ways of encouraging implementation and strategies for integrating SBI in policy

Title

From small municipalities to the regional government and more... a process of SBI integration into Friuli – Venezia Giulia health policy.

Authors

Pierluigi Struzzo, Luigi Canciani, Diego Vanuzzo, Alessia Massarutto, Lucia Zaramella

Abstract Content

Background: SBI is such a flexible instrument that can be adapted to different health systems and utilised for health promotion in general. Risky behaviours can be better modified if underlying risky conditions are identified and addressed with an integrated community approach. SBI was proposed as an asset for GPs, municipalities and policy makers.

Methods: After a long period of piloting in municipalities, SBI was adapted to other lifestyles and included into the Regional GPs' post-graduate school. It was also included in a cardiovascular training package for GPs CME. Training courses were organized for all the 1040 Regional GPs. To keep records and monitor GPs' activity, a web portal, connected with national databases, was created.

Findings: 57 experts (teaching GPs, cardiologists and public health experts) were trained as trainers. 77% (807) of all the regional GPs attended the CME course (one full day training). At the end, 162 (20%) of the trained GPs decided to daily apply the minimal advice; 171 (21,2%) decided to utilise motivational interview and 160 (19,8%) decided to utilise the method and accepted to be involved in research.

Discussion: SBI is now included into the official regional health policy. Training was provided and support will be given while GPs will be keeping online records and will actively participate into community health promotion actions. Financial incentives are secured.

If adapted to other existing local health policies, SBI could be better implemented and become an important vehicle also for innovative health promotion and integration health strategies.

(PS5) SBI in a criminal justice setting

Title

Screening and Brief Intervention with Alcohol Abusing Offenders.

Authors

Alistair Sweet, Carol Weir, Gary Prentice, Deirdre Murphy.

Abstract Content

This presentation is based on the results of research carried out over three years on the Rapid Assessment and Treatment of Drug and Alcohol Misusers (RATSDAM). The project is a collaborative venture between the Northern Ireland Community Addiction Service, The Northern Ireland Probation Board, and the Northern Ireland Office. Following referral from the Probation Service individuals were assessed on the basis of structured history taking and the administration of a range of psychometric instruments, including: SADD, SADQ and BDI (v2). Brief supportive and, where appropriate, expressive psychotherapy was offered, over 8 to 12 treatment sessions. Alcohol dependence levels were re-assessed at treatment end, at 3 months follow up and at 6 months follow up. Findings included marked reduction in both reported consumption of alcohol and on SADD ratings. In addition depressive symptomatology also evidenced reduction at completion and time point follow ups. There appeared however to be some increase again in both alcohol consumption and SADD levels at 6 month follow up, suggesting further exploration of the most efficacious interventions, to produced sustained improvement with this clinical population. Discussion will highlight both this finding and other significant findings, including: personality variables, domicile status, social support networks and educational levels.

(PS5) SBI in a criminal justice setting

Title

Evaluating computerised motivational interviewing for prisoners with alcohol problems: feasibility study of randomised trial.

Authors

Emma Pennington, Geraint Jones, Ian Russell

Abstract Content

Background: Motivational interviewing (MI) has become an increasingly popular treatment for people with alcohol problems. The UK Alcohol Treatment Trial, the largest evaluative trial of treatment for alcohol problems in the UK, showed that brief MI is as effective and cost-effective in reducing alcohol consumption as the longer Social Behaviour Network Therapy.

Methods: We were keen to evaluate the use of MI for prisoners, many of whom have problems with alcohol. We therefore developed 'Computerised Motivational Interviewing Therapy (ComMIT)', a computerised form of MI, including drinking feedback, suitable for use in prison. We then replicated the UKATT evaluation design and methods. We recruited 30 participants and randomised them to either treatment or control condition. The treatment group received three sessions of 'ComMIT' whilst in prison. The control group received 'treatment as usual'. Primary outcome measures at baseline and one month after release were drinks per drinking day and per cent days abstinent.

Findings: 19 participants attended for post-release interview. Participants from both groups reduced their drinking, although the sample size is too small to draw inferences. Thus we have shown that it is possible to run a clinical trial to evaluate psychosocial intervention for offenders with alcohol problems in prison. Our feasibility study also showed that eligible prisoners rarely seek treatment from alcohol services, yet once approached are willing to engage. Future research should recruit more participants from several prisons, to evaluate the effectiveness of ComMIT.

(PS5) SBI in a criminal justice setting

Title

Alcohol Screening and Brief Intervention in a Policing Context: A Feasibility study.

Authors

Nicola Brown, Dorothy Newbury-Birch, Eileen Kaner

Abstract Content

In England, 23% of the adult population or 7.1 million people drink alcohol in a hazardous or harmful way. As there is a well-recognised link between alcohol and crime, it is acknowledged that harmful use of alcohol is therefore likely to be overrepresented among criminal offenders.

Recent evidence has demonstrated that up to 25% of current Police work is associated with alcohol related incidents, which highlights the pervasive nature of alcohol across a range of offences and confirms the impact that alcohol-related crime has on policing resources. The total cost of alcohol-related crime in England and Wales has been calculated at £7.3 billion.

The aim of this pilot work is to explore the feasibility of providing alcohol screening and brief advice in the Police setting.

Over a period of 3 months commencing in May 2009, 10 Detention Officers were asked to screen every detainee aged over 18, literate and arrested for any public order or assault offence, to determine their levels of alcohol consumption in the past 6 months. The well-validated Alcohol Use Disorder Identification Test (AUDIT) screening tool was used. If the client drank over the medically recommended levels 5 minutes brief advice was then delivered.

As this pilot work is ongoing at present, the entire findings have not been evaluated as yet but these will be discussed at this meeting in October. Issues such as participant characteristics and arrest details will be explored as well as the levels and patterns of alcohol consumption, as detected by the AUDIT screening tool.

(PS5) SBI in a criminal justice setting

Title

Developing an understanding of the levels of alcohol misuse amongst young people in the youth justice system.

Author

Dorothy Newbury-Birch, Katherine Jackson, Eilish Gilvarry, Paul Cassidy, Eileen Kaner, Tony Hodgson

Abstract Content

Background: The evidence shows that drinking among young, especially frequent drinking, is associated with criminal and disorderly behaviour. The aim of this study was to assess the prevalence of drinking amongst young people in Youth Offending Teams (YOTs) and the secure estate in the North East of England and to investigate the comparability of the Asset screening tool currently used as an assessment tool and the AUDIT tool.

Methods and subjects: Three YOTs, a Secure Training Centre and a Young Offenders Institution took part in the study. Questionnaires were anonymous and were either self-completed or the staff member helped complete. In total 429 questionnaires were completed. The questionnaire consisted of the AUDIT tool as well as information relating to offence and sentence type and demographic data.

Findings:

- 65% were classified as having an AUD (alcohol use disorder)
- A higher percentage of those sentenced for violent crimes compared to non-violent crimes were classified as being possibly dependent (44% vs 29%).
- The percentage of people in the possibly dependent group increased with age.
- A quarter that were drinking above the safe limits of alcohol were not identified using the Asset screening tool for substance misuse.
- Of the young people not identified using Asset, 12% were in the possibly dependent range.

The results of this study show high levels of alcohol misuse amongst young people in the criminal justice system in the North East of England. It further shows that the Asset is missing 1 in 4 young people with an alcohol misuse problem.

(PS6) Methodological issues in research on SBI

Title

Alcohol screening and brief intervention in primary care: no evidence of efficacy for dependence.

Author

Richard Saitz

Abstract Content

Background. Alcohol screening and brief intervention (ASBI) is thought to have efficacy. But screening identifies the entire spectrum of unhealthy use (from risky amounts through dependence) and 20% of patients identified in primary care (PC) have dependence. Because the efficacy of brief intervention among such patients has not been established, a systematic review was performed.

Methods. Included studies were controlled trials in English through 2006 comparing brief interventions for alcohol among people identified by screening in PC settings. Studies were selected from 2 recent systematic reviews (Kaner et al. 2009, Whitlock et al. 2004). Studies of poor methodological quality were excluded.

Findings. Of 15 trials of ASBI, 14 excluded some or all subjects with dependence or very heavy drinking; 1 study (finding no efficacy, n=24 women) did not. Of the remaining studies, exclusions were (# of studies): dependence (4); very heavy use (2)(41-50% of whom had dependence symptoms; + efficacy in study of men, no efficacy in study of women); very heavy use, alcohol treatment or withdrawal (2); recent treatment or withdrawal (1); in alcohol treatment (1); severe dependence or problems, or any treatment (1); "acute" alcoholic symptoms or recent treatment (1); high alcohol screening scores or severe dependence (1); gamma-glutamyl transferase levels of 150 IU/L (1).

Discussion. The efficacy of brief alcohol intervention in patients with dependence identified by screening in PC is unknown. Implementation of ASBI must consider that screening identifies people with dependence but the efficacy of brief intervention for them is unknown.

(PS6) Methodological issues in research on SBI

Title

A systematic review of the impact of brief interventions on substance use and co-morbid physical and mental health conditions.

Authors

Katherine Jackson, Stephanie Clutterbuck, Nicola Brown, Eileen Kaner

Abstract Content

Objective: To summarise the relevant published evidence on the health and behavioural impact of brief interventions in individuals with recognized comorbidity.

Method: A pre-specified search strategy was applied to Medline and Embase from 1999 to 2009 inclusive. We also scanned the reference lists of key reviews in the field and carried out text-word searches of Google and Google-Scholar. Two authors independently abstracted data, assessed trial quality and recorded study outcomes. Analysis took the form of a qualitative evidence synthesis due to the heterogeneity of studies in this field.

Results: We identified 14 trials meeting our inclusion criteria. The majority of this research focused on substance use and mental health problems (n=8) whilst the remaining trials focused on substance use and physical health problems (n=3) and dual substance use (n=3). The evidence-base was very heterogeneous and it is was not possible to quantitatively pool the trial outcome data. There were generally positive outcomes of brief intervention targeting substance use and comorbid physical health conditions but the evidence in the other two areas was equivocal. In the area of substance use and mental health problems, there were often significant changes reported for both intervention and control groups over time.

Conclusion: Brief intervention tended to produce positive effects in patients with substance use and comorbid physical health problems. However, there was a limited amount of research work in this area. The evidence of positive brief intervention effects in patients with substance use and mental health problems or dual substance use was less convincing.

(PS6) Methodological issues in research on SBI

Title

Efficacy of brief motivational intervention to reduce alcohol use of army conscripts.

Authors

John-Bernard Daepfen, Jacques Gaume, Nicholas Bertholet, Mohamed Faouzi, Cristiana Fortini, Gerhard Gmel

Abstract Content

Background – The army conscription process, mandatory for 20 years old men in Switzerland, is an opportunity for alcohol prevention measures, including brief motivational intervention in an age group with high frequency of heavy drinking. We tested the effectiveness of brief motivational intervention (BMI) in unscreened young men.

Methods – Without preliminary screening, a representative subsample of 611 subjects randomly selected among 3,460 consecutive conscripts was randomized into two groups: an intervention group filling out an assessment questionnaire than receiving a 20-minute brief motivational intervention (BMI), and a control group filling out the assessment only. The 20-minute counseling session was conducted by a psychologist trained in motivational interviewing.

Findings – Of 611 young men that were approached during the army conscription procedures, 433 (70.9%) were included, 199 in the BMI group and 234 in the control group. Among them, 46.4% were low-risk drinkers at baseline. The six-month follow-up rate was 88.9%. Both groups had similar socio-demographic and alcohol use data at baseline.

As we very recently completed follow-up procedures we cannot provide additional results yet. We will present group-differences for change in alcohol use and related consequences at the meeting.

Discussion – This study will provide information regarding the efficacy of a BMI on alcohol use in a homogenous sample of 20 years old men including both low risk and hazardous drinkers.

(PS6) Methodological issues in research on SBI

Title

Brief interventions in hospitalized smokers and risky drinkers: Missed Opportunities.

Authors

Antoni Gual, Bárbara Segura, Montse Ballbé, Marc Walther, Joan Colom

Abstract Content

Background: WHO recommends the use of screening and brief interventions (SBI) as part of daily clinical practice in smokers and risky drinkers. Hospital settings provide a good opportunity for such interventions, but they are not routinely performed, even in motivated inpatients.

Methods: Smoking and alcohol status were assessed in 1324 inpatients. Patients were asked about smoking and drinking habits (AUDIT-C), their plans to reduce their consumption, and if SBI was performed by medical staff during their stay in the hospital. Information was obtained from patients at discharge.

Results: From a total of 1324 patients, 340 participated in a tobacco SBI study, 240 in an alcohol SBI study and 744 in a combined (tobacco and alcohol) SBI study. Out of 926 subjects included in the alcohol studies, 195 (21.1%) were identified as risky drinkers (AUDIT-C). 122 of them (62.6%) showed positive predisposition to change (PPC) their behaviour, but only 57.4% (n=70) were asked about alcohol by the medical staff. In the tobacco related studies (n=1035), 250 subjects were current smokers and 52.8% (n=132) showed PPC. Of the PPC subjects, only 54.5% (n=72) were asked about tobacco.

Conclusion: More than 50% of smokers and risky drinkers show PPC during Hospital stay. Unfortunately, almost half of them will not receive any kind of intervention. These missed opportunities should become the focus of future efforts in SBI.

(PS7) SBI and the internet

Title

Translating Internet-based Interventions for Global Access: A Success Story from the 5th Conference of INEBRIA.

Authors

Trevor van Mierlo, Telmo Ronzani, Isabel Cristina Weiss de Souza, Lucas Figueroa, Breanne John, John Cunningham

Abstract Content

Background: Due to global reach and accessibility, Internet-based Interventions (IBIs) have the potential to reach a large number of problem drinkers. IBIs can also be standardized to be evidence-based while anonymously offering highly personalized and targeted feedback. IBIs can also be programmed to be culturally appropriate and/or language-specific.

Through increased collaboration and research, IBIs can be developed to reach problem drinkers across many languages and cultures.

Methods: Based on collaborations developed during the 5th Conference of INEBRIA in Ribeirao Preto, Brazil, several conference participants agreed to translate Check Your Drinking 2.0 (CYD: www.CheckYourDrinking.net). The result has been the first freely-available IBI in Portuguese that has been culturally adapted for the Brazilian population (<http://avalieseubeber.net>). An Argentinean-Spanish language version is forthcoming. Other versions of the CYD are being developed in International French and American Spanish.

Findings: Designed to assist those who are considering building, hosting or providing IBIs for problem drinkers, this presentation will outline experience gained through the translation and cultural adaptation of the CYD. Development processes will be reviewed as well as issues and challenges experienced in regards to translation, cultural adaptation, comparative data sets, technical issues and ongoing development.

Discussion: The Internet has made it possible to effectively adapt and deliver IBIs for all languages, cultures and special populations. Despite this potential, realistic technical barriers exist. Due to the diversity of the world's populations, academic and governmental collaborations are essential. Further research on IBI effectiveness is required.

(PS7) SBI and the internet

Title

How is an electronic SBI for problematic alcohol use received in a student population?

Authors

Jessica Fraeyman, Paul Van Royen, Wim Vanspringel, Guido Van Hal

Abstract Content

Background: The website www.eentjeteveel.be was developed to motivate students with problematic alcohol use to reduce alcohol consumption and enlarge their willingness to search for help. It contains a questionnaire (AUDIT) with which students can test their alcohol use. According to their answers, the students receive immediately a personal feedback. After that, the possibility is offered to send an email to a student counsellor for questions, guidance or advice.

Methods: To obtain qualitative information on the opinions and experiences of students, we did five focus group discussions- FGD. Topics were: publicity, experiences, impressions and effects of the website. The quantitative results of the online test were analysed in SPSS.

Findings: More than 3,500 students visited www.eentjeteveel.be, more than half were men (55.0%). In the FGD, 34 students participated.

The results show that the website needs to be announced more. The information on the website is seen as positive. However, some students underestimated the risks of alcohol use and therefore found the communication on the website too negative. The intervention increased the motivation of students to think about their alcohol use, but could not stimulate them to change their behaviour.

The website attracts relatively more students within the high-risk group. They are more motivated to search for advice or guidance (5.8%) than the low-risk group (2.0%).

Discussion: The website is positively received in the student population and willingness to search for help is increased. However, the real behaviour change needs further research.

(PS7) SBI and the internet

Title

Effectiveness of mail based computerized SBI among college freshmen.

Author

Preben Bendtsen

Abstract Content

Background: Implementation of routine alcohol interventions to a substantial proportion of college students has so far been fairly slow due to that most programmes so far is fairly time and resource consuming. Several reviews have suggested development of computerized or mail based SBI test as a possible means of reaching a greater number of students.

Methods: A computerized screening and norm based personalized alcohol test was developed and administrated by means of a personal mail to college freshmen attending the University of Linköping in the southern part of Sweden. The mail introduced the aim of the test and included a link to a webb server that hosted the alcohol test. After completing the test half of the students were provided with short normbased feedback whereas the remaining half in addition received a longer personal advice.

Findings: In total 2858 freshmen were invited to participate with a response rate on 43 % . The students were invited to participate in 3 and 6 months follow up with repeated alcohol habit assessment. Results will be shown for the follow up comparing the short and longer advice.

Discussion: The computerized alcohol test is an effective way to reach a larger number of college freshmen and the preliminary analysis shows a reduction in alcohol consumption at the same level as a short person to person intervention

(PS7) SBI and the internet

Title

Design and Implementation of a Web-based Support for Family Members of Alcohol or Drug Misusing Relatives.

Authors

Akan Ibanga, Alex Copello, Jim Orford, Lorna Templeton, Richard Velleman

Abstract Content

Background: The 5-Step intervention for family and network members of alcohol or drug misusing relatives has its origin in the Stress-Strain-Coping Support model (Orford et. al,1998, 2001, 2005). This intervention has been tested and found effective in both face-to-face and self help manual format. It thus places it among the list of effective, replicable and efficient interventions that can be used by health care workers. As newly developed interventions are often slow in being put to use by health care workers, the challenge has been in making this approach accessible to family and network members of alcohol or drug misusing relatives.

Methods: A web format of the 5-Step self-help manual was developed and family members allowed to access the site. In the first phase restrictions applied and access was only permitted for those who acquired the access code from participating organisations. In the second phase these restrictions were removed and any interested family member could log in and use the programme.

Findings: Baseline measures Family Impact Scale, Coping Questionairre, and Symptom Rating Scale) were taken and repeated after at least 3 months Qualitative information was also provided by FMs in a telephone interview.

Discussion: Issues involving the design and implementation of this web based intervention programme is discussed and preliminary results presented. The internet holds a promising channel for wider dissemination of this intervention, allowing many more FMs to access help.

(PS8) Optimal forms of screening in various settings

Title

PAT (2009) with clinical signs and BAC.

Authors

Robin Touquet, Adrian Brown

Abstract Content

Objective: To demonstrate the importance of history, clinical examination, blood alcohol concentration (BAC): alert for brief advice with offer of brief intervention (BI) by an Alcohol Nurse Specialist (ANS) – appointed to St Mary's. Paddington, f/t from 01.05.05, funded by Westminster PCT.

Methodology: We demonstrate how to counter 'clinical inertia' of ED staff:

1. Developing the clinical tool of the Paddington Alcohol Test PAT 2009 to facilitate patients to contemplate change by making best use of the 'teachable moment'.
2. Having a full time ANS (appointed for the whole hospital) attending the A&E department daily Monday to Friday to see referred patients, but more especially to provide education and feed-back – being a stress reliever with "difficult patients".
3. Teaching the clinical signs on examination for possible alcohol use.
4. We define the top five RR conditions associated with a positive BAC in the Resuscitation Room: collapse, intentional self harm, trauma, gastrointestinal bleeding and non-cardiac chest pain.

Conclusion: Requesting a BAC should be according to clinical judgement, as for any investigation. but for the above five presentations (4) we now recommend it should be part of the initial set of emergency blood test requests.

Every acute hospital must have an Alcohol Nurse Specialist, to work with a senior clinician to ensure referrals – 'The Consultant Alcohol Support'.

Reference:

<http://alcalc.oxfordjournals.org/cgi/reprint/agp016?ijkey=HImeNEO7f6izT0F&keytype=ref>

(PS8) Optimal forms of screening in various settings

Title

Screening Activity of Risky Drinking in Finnish Occupational Health Services.

Authors

Leena Hirvonen, Kaija Seppä, Martti Kuokkanen, Anna-Maija Pietilä

Abstract Content

Background: Occupational Health Services (OHS) have a crucial role in the identification of risky drinkers and provision of brief interventions. In 2006 in Finland 40% of working-aged men and 10% of women were heavy drinkers (AUDIT-C). The objective of this study was to explore screening activity in Finnish OHS.

Methods: The questionnaire was sent to all occupational health doctors and nurses working in the 350 OHS units in Finland in 2006. Their intentions to do screening and intervention was inquired and during one week from Monday to Friday they also registered the number of patients they screened with AUDIT (Alcohol Use Disorders Identification Test). Response rate was 48.3% (N=550).

Findings: Results show that 2% (n=113) of patients received screening from doctors and 10% (n=908) from nurses. Of the doctors 16% and of the nurses 42% reported that they intended to screen nearly all of the patients. Furthermore, 28% of the doctors and 27% of the nurses reported that they intended to screen nearly all of the risky drinkers. About the third (29%) of the doctors and of the nurses (34 %) reported that their intention was to screen patients when necessary.

Discussion: In relation to the number of risky drinkers in Finnish working-aged population, only few received screening in Finnish OHS. According to our results, the target group for screening risky drinkers was not identified in OHS. More efforts are needed to achieve systematic implementation of the screening in Finnish OHS.

(PS8) Optimal forms of screening in various settings

Title

Screening & Brief Intervention program design in an Aeronautic Company in Cádiz (Spain).

Authors

González Domínguez, Christine O'Ferrall González, Christine Gavira Fernández, Jose Manuel Romero Sánchez, Alba García, Martínez Delgado

Abstract Content:

Background: Alcohol consumption problems have a considerable impact in company workforces causing illness, absenteeism, accidents, etc. Screening and intervention programs are fundamental in order to minimize health risks due to this consumption. There is little evidence regarding the effectiveness of screening programs as well as brief intervention (BI) in the working population. The aim of the study is to design an appropriate program for a targeted population.

Method: A systematic review and meta-analysis was performed to determine what instruments and BI are more suitable to study a targeted population. A search was performed taking MEDLINE, PSYCODOC and CISDOC as source of info, since 2004, and using as key words [alcohol* or drink*] and [workers or work*] and [screening] and [brief intervention or minimal intervention or prevention]. The final design was validated using a qualitative triangulation by expert judgment-based approach.

Findings

1st Phase: Anonymous screening with AUDIT and weekly SDU consumption log (current status, began in April 2009).

2nd Phase: As above including identity and determination of biological arameters, BI and repetition of previous screening post-intervention.

(PS8) Optimal forms of screening in various settings

Title

The Czech AUDIT: internal consistency and latent structure.

Authors

Ladislav Csémy, Hana Sovinová

Abstract Content

Goal: The major goal of the study is to analyze some psychometric properties and the structure of the Czech version of Alcohol Use Disorders Identification Test (AUDIT).
Methods and sample: Two large datasets were analyzed. The first one is based on application of the AUDIT in a frame of population survey (N=1,326; age range 18-64), the second one represents data gathered by GPs in a context of pilot project of EIBI in the area of Greater Prague (N=2,592).
Results: Analyses of reliability showed satisfying internal consistency of the AUDIT (Cronbach's alpha=.83 for population survey and .81 for survey based on EIBI). The principal component analyses suggest that one dimension explain almost half of the variance. The three factor solution explain 61 % of variance, the first factor consists of four items (feelings of guilt, unable to fulfil tasks, injured because of drinking, drinking criticized by others). Second factor represents drinking patterns (quantity of consumption and frequency of heavy drinking. The strongest item on the last factor is usual frequency of alcohol consumption. Principal component analyses on both data sets led to a similar factor formation.

Conclusions: The Czech version of the AUDIT seems to be a plausible screening instrument. The properties of the instrument suggest usefulness of the summary score for identification of the level of risk.

Acknowledgements: this work was supported by grant # NS9645-4/2008 from IGA MH CR.

(PS8) Optimal forms of screening in various settings

Title

Comparing the sensitivity of NIAAA single question screen to ASSIST in detecting at-risk alcohol use.

Authors

Paul Seale, Aaron Johnson, Sylvia Shellenberger

Abstract Content

The United States' National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends the use of a single question screening tool for detecting at-risk alcohol use. The question asks, "How many times in the past year have you had X or more drinks in a day?" (where X is 5 for men and 4 for women). This question has been validated in a number health care settings. NIAAA recommends a brief intervention by a physician or specialist for patients screening positive on this question. The World Health Organization has worked to develop the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to detect substance use problems in health care settings. The ASSIST includes 8 questions for a number of different substances including alcohol. Using weighted scores, WHO recommends brief interventions for ASSIST scores of 11 or higher for alcohol, and 4 or higher for all other substances. SBIRT services currently offered in the Emergency Department of the Medical Center of Central Georgia utilize the NIAAA single question screen as a prescreen tool. Patients screening positive receive the ASSIST. Preliminary results show significant differences in the sensitivity of the single question screen compared to the ASSIST with 53% of prescreen positive patients scoring less than 11 on the ASSIST. Even using an ASSIST score of 4, as recommended for all other substances, would exclude 15% of prescreen positive patients. Results suggest that the ASSIST may not be well-suited for detecting at-risk drinkers who might benefit from brief interventions.

(PS9) SBI and young people

Title

Theory of alcohol-related harm.

Author

Simon Moore

Abstract Content

This paper describes on-going research into alcohol-related harm in the night-time economy with a particular focus on young people. It is argued that alcohol facilitates injury but is not a precursor to violence. To understand this relationship evidence from computer simulations using the principles of particle physics, psychological research into alcohol misuse in young people, and surveys of drinkers in the night time economy is synthesised to provide a psychological model of alcohol misuse. It is argued that such a model can be used to better understand alcohol misuse and provides important insights into the aetiology of harm and therefore loci at which interventions can be targeted.

(PS9) SBI and young people

Title

Findings from a systematic review of assessment effects upon drinking behaviour in brief intervention trials: how much does existing evidence apply only to young people?

Authors

Jim McCambridge, Kypros Kypri

Abstract Content

Background: Small effects have been detected in randomised trials of assessment effects on subsequent subjective questionnaire responses, as well as on behavioural outcomes such as blood donation and the uptake of screening. Assessment reactivity has, however, been most extensively investigated within brief alcohol intervention trials. The size and nature of effects observed in randomized manipulations of assessment procedures were evaluated in a systematic review.

Methods: In addition to keyword-based searches, we also relied heavily on experts in the field to identify studies for inclusion. Outcomes for past week total drinking, drinks per drinking day and AUDIT score were meta-analysed in random effects models.

Findings: Nine trials were identified for inclusion, two of which did not provide findings for meta-analysis. Meta-analytic findings from 7 studies for past week alcohol consumption indicated a statistically significant pooled effect equivalent to approximately two standard UK units of alcohol. There was no effect on drinks per drinking day across 6 trials and an effect on AUDIT score was detected across 4 trials. Many of the studies on which meta-analytic results are based took place in university student populations.

Discussion: The magnitude of the assessment effects detected here is small, and is coherent with data on other outcomes for other behaviours. This should not, however, be mistakenly interpreted to mean that it is unimportant, as assessment effects have significant unexplored potential to bias evaluation of behavioural intervention effects. The generalisability of these findings to adult populations and real world healthcare settings requires careful consideration.

(PS9) SBI and young people and application to ethnic minorities

Title

The effectiveness of an innovative intervention aimed at reducing binge drinking among young people.

Authors

Richard Cooke, Lester Coleman, Josephine Ramm

Abstract Content

Background: To assess the effectiveness of a digital-story intervention (short videos made by young people) to reduce the prevalence of young people's binge drinking in Caerphilly.

Method: A quasi-experimental design was adopted with three intervention sites and one control site providing the sample (mainly aged 14-15 years). Three rounds of self-completion questionnaires, completed prior (T1), immediately after (T2), and six months after the intervention (T3).

Findings: 1031 questionnaires were completed across three time-points. Two-factor ANOVAs revealed a positive effect on knowledge for the intervention sample. The intervention group results showed stable attitudes towards drinking at the three time-points whilst the control group showed increasing positive attitudes towards drunkenness over the same time period. Intentions towards drunkenness were higher in the control group than the intervention group at T2 (Control -T1 Mean = 3.37, T2 Mean = 3.90; intervention -T1 Mean = 3.26, T2 Mean = 3.29). Intervention participants got drunk on fewer occasions in the last week (mean occasions last week = 1.57) compared to control participants (mean occasions last week = 2.00), with the difference approaching statistical significance ($F= 1.90, p=.07$).

Discussion: Promoting negative attitudes towards drunkenness, alongside a greater sense of control and potential regret about drunkenness are likely to be important factors when considering how to change people's intentions to drink. The study shows the potential to reduce the frequency of drinking behaviour when intentions are changed, and provides recommendations for future interventions of this nature.

(PS9) SBI and young people

Title

Brief intervention applied by teachers in risk drinking adolescents: 4-months follow up.

Authors

Raul Martins

Abstract Content

This research has as objective to train teachers in service from a high school in a city of the State of São Paulo, Brazil. As a result, the teachers will be able to identify and apply brief intervention to risk-drinking adolescents. The initial screening instrument was AUDIT - Alcohol Use Disorders Identification. It was also gathered information about social economic level, religion and if any family member had caused problems due to alcohol use. The interview and the four months follow-up were comprised of instruments to measure alcohol use: a) Quantity and Frequency, b) Brief Drinker Profile, and c) AUDIT. The school had 550 students enrolled in the year 2008. The questionnaire was answered by 87.1%. Application of a cut-score of 8 revealed 14% positive cases for the risk group. From this total, 36.8 were girls. It was sorted among all students a general group with the same number of the students of the risk group. Participants from the group of risk received modified brief intervention that was adapted from BASICS and applied by the teachers of the school. Analysis using MANOVA with repetitive measures showed that the group of risk diminished their use of alcohol over the last month and reduced their score in AUDIT. In relation to frequency and binge-drinking there were no significant effects, although the risk group has reduced the drinking pattern. The results show that it is possible to enable teachers to apply brief intervention and to obtain successful results.

Poster One

Title

The Expected Emotional and Financial Costs and Benefits of Alcohol Consumption in Young People.

Authors

Gwen Adey, Simon Moore, Ian Chestnutt

Abstract Content

Background: Young people are difficult to reach with brief interventions tackling problem drinking. This paper presents work that theoretically and empirically develops brief interventions suitable across a range of domains for young people. Expectations of pleasure versus pain drive decisions, with rational decision-makers selecting the options and subsequent behaviour they predict will maximise gains while minimising losses (utility optimization). It is known that the financial cost of alcohol influences behaviour, with consumption of alcohol decreasing as the price increases. This effect is related to the impact of financial cost on expected gains (e.g. happiness). As the price increases, total utility decreases and drinkers reduce their consumption. This suggests that both price and expected emotional gains and losses determine consumption, so brief interventions with focus on these elements might modify behaviour. As people learn more through rewards, we focus here on stressing the positive aspects and associated gains of moderating alcohol consumption as a means to intervene. Data: Initial findings from a survey of 42 undergraduate students describing the relationship between the price of alcohol, expected utility of alcohol consumption, and consumption behaviour are presented. These analyses suggest the demand for alcohol as price varies, and the expected utility of alcohol across levels of consumption, are non-linear and strongly related to consumption. Discussion: Future work will focus on developing our model for intervention in an online package that is attractive to young social drinkers who use social networking sites.

Poster Two

Title

SBI in Kenya.

Authors

Sampson Misango, Jana MacLeod, Christine Sicinski

Abstract Content

The poster will present a project conducted at Kenyatta National Hospital in Nairobi, Kenya. This site was one of the collaborating sites of the WHO's AUDIT project. The current project consists of three one-day trainings on site at Kikuyu Hospital, outside of Nairobi, conducted by Dr. Jana Macleod, of the Emory University Medical Center, USA followed by the provision of ongoing alcohol screening for all patients at the Kenyatta and Kikuyu Hospitals. The program is managed by Dr. Samson Misango, who coordinates and has oversight responsibility for the program.

It is anticipated that initially 30 physicians, medical students and nurses recruited by Dr. Misango will be trained to conduct alcohol screening and brief intervention in late July, 2009. Approximately 100 patients will be screened each month at the Kikuyu Hospital. After securing ethics permission from the larger Kenyatta Hospital in Nairobi, a smaller trial of the SBI program will occur there in the surgery section. Patients who screen positive and are given a brief intervention will receive follow up interviews. The screening and brief intervention team members will meet again with the patient in the Clinic setting at their follow up appointment and will be asked about behavior changes.

This poster will present the current program and compare it with the efforts 20 years ago.

Poster Three

Title

Alcohol Brief Interventions: Considering New Frontiers.

Authors

Steven McCluskey, Julie Dowds, Joanne Winterbottom, Niamh Fitzgerald

Abstract Content

Background: Create Consultancy (an independent agency specialising in consultancy/research/training on health improvement) has extensive experience of providing training on ABIs to non-traditional staff groups who wish to learn about this, despite the lack of evidence for effectiveness. This training necessitates consideration of role legitimacy, adequacy and support of these staff for delivering ABIs, how these can be enhanced and the development of acceptable/feasible models of screening/ABI, prior to any effectiveness research.

Methods: This project draws on our learning from developing and delivering ~50 multidisciplinary one-day ABI training courses to 500+ practitioners from May to July 2009 as well as previous training delivery. Practitioners include: careers service staff; further education; community enterprise, regeneration, youth or other community organisations; 'back to employment' projects; police; social work; social care; and a few health staff. We will use reflective trainer diaries, post-course evaluations and ongoing reflection by and between the four trainers (the authors above) to compare ABI delivery models for these groups with primary care delivery.

Findings: Full findings will be presented at conference but preliminary indications are of important differences in: support/training needs; organisational culture/attitudes towards learning, evidence and clients; and acceptable screening approaches/overall models of ABI compared with traditional ABI delivery.

Discussion: This unusual programme of training presents a valuable opportunity to consider the scope for providing ABIs in non-health/non-traditional settings and what models of delivery/training/support to use in research on ABIs in these settings.

Poster Four

Title

Update for health teams by campaigns of warning about consumption of alcohol.

Authors

Jane Moraes Lopes, Erikson Furtado

Abstract Content

Background: Training has been presented as an alternative to maintaining the health professionals engaged in preventive activities. After training of primary care teams for the BI implementation, the PAI-PAD Project offers support and proposes to carry out campaigns warning about alcohol consumption. Methods: Relate one experience of conducting an alert campaign by the team (trained by PAI-PAD) with students from 10 to 14 years, highlighting the effects of the strategy of combining training plus support. Findings: After contact with alert campaign subject, the team requested support and showed interest in conducting preventive work with adolescents. Two technical visits were carried out, lasting 30 minutes each. The group asked for help on how to talk to young people. It was initially necessary to define "what" they would like to communicate: they decided to address the "exaggeration" in various situations identified as harmful to health, such use of water, processed foods and beverages. There was a discussion about ways to bring the issue to the reality of adolescents, rescuing what is important to them. Joined the local school, they presented the proposal speaking and using drama, in order to encourage the students to express what they thought learned about it. Discussion: The alert campaign seemed a good strategy to team assimilates the principles of training, updating themselves with the demands and needs experienced by them. The health team included the idea of alcohol abuse on other issues of health and hygiene, overcoming the difficulty leading with younger people about this subject.

Poster Five

Title

Integrating evidence-based family-intervention into routine addiction services: bridging the gap between research and policy.

Authors

Claire Hampson., Alex Copello, Jim Orford

Abstract Content

Recent developments in research and practice suggest that working with family members of people with alcohol or drug problems can lead to significant reductions in the stress and symptoms that the family members experience (Copello, Velleman & Templeton, 2005). Despite the recognition that affected family members have considerable needs in their own right, addiction treatment services are set up to predominantly focus on the individual drinker or drug user (Orford et al, 2008). One possible reason for this lack of response to the underlying needs of family members is that addiction services do not have available to them the theoretical and practical tools with which to respond to these needs (Copello et al, 2000).

In an attempt to overcome the neglect of family members within addiction treatment, this project will provide an alcohol treatment agency, Aquarius, an opportunity to receive training and ongoing supervision in two-family orientated brief-interventions: The 5-step approach and Social Behaviour Network Therapy (SBNT) (Copello et al, 2000).

Using a randomised-controlled design integrating action research, this project will assess the impact of brief intervention on family-focused practice. Baseline and post-intervention attitudes towards involving family members in treatment sessions will be assessed, as well as detailed process notes from meetings; individual interviews with staff and auditing of involvement of family members in treatment sessions.

By promoting a shift from an individualistic approach towards family-inclusive practice, this project aims to bridge the gap between research and policy and to further advance implementation of family work into routine addiction services.

Poster Six

Title

Screening and Brief Intervention for Alcohol Problems: Results from the 2009 eValue8 RFI.

Authors

Laura Jacobus-Kantor, Eric Goplerud, Tracy McPherson, Delia Olufokunbi

Abstract Content

Background: In 2009, The National Business Coalition on Health (NBCH) included a number of questions on health plan policies surrounding SBI in their annual survey, the eValue8 RFI. These questions represent a set of standards for alcohol care that were developed collaboratively by the business community, health plans, and a panel of substance abuse experts. By increasing awareness and the attention given to alcohol problems, and specifically on SBI for alcohol problems, NBCH hopes to increase the availability and quality of these services in a variety of settings. Methods: Eighty-nine United States-based health plans, representing over fifty million covered lives, responded to the 2009 eValue8 RFI. Each of these plans responded to a number of questions that detailed plan policy on SBI issues. Results: Most plans (78%) reported working directly with hospital or trauma centers to encourage SBI for alcohol problems. The most common methods used by plans were disseminating guidelines for SBI in trauma settings (62%), offering payment for SBI services delivered in an emergency setting (60%) and offering SBI training to trauma center practitioners (20%). A slightly higher percentage of plans (85%) reported taking active measures to encourage SBI for alcohol problems in behavioral health settings. Additional results detailing plan policies for SBI services in other settings are also presented. Conclusions: While much work remains to be done in this area, health plans have begun to adopt policies that encourage SBI services in a variety of settings.

Poster Seven

Title

Do attitudes about unhealthy substance use impact primary care professionals' readiness to implement preventive care?

Authors

Michaela Bitarello Amaral- Sabadini, Richard Saitz, Maria Lucia Souza-Formigoni

Abstract Content

Background: We investigated the influence of Primary Care Professionals (PCP) attitudes and stigmatizing views related to unhealthy alcohol and other drug (AOD) use, on their readiness to implement preventive care. Methods: 96 physicians, nurses, auxiliary nurses and community health workers from 5 health centers in Sao Paulo, Brazil, completed a questionnaire about familiarity, satisfaction, readiness to work with AOD problems, and stigmatizing attitudes (Attribution questionnaire). Findings: 25% reported working on AOD prevention; 53% did not feel ready to conduct preventive interventions for AOD problems. Of the 70% who reported being familiar with people with unhealthy AOD use, 30% reported feeling ready to conduct AOD preventive activities, while only 15% of those unfamiliar felt ready to do so. A high level of professional satisfaction was associated with feeling ready to work with alcohol (OR=6) and drug problems (OR=12). In a multiple correspondence analysis (finds patterns of associations) two groups emerged: one that felt ready to work with AOD problems, more familiar with AOD problems and attributed lower levels of dangerousness and segregation to patients with AOD use (suggesting less stigmatizing attitudes). The second group of professionals did not feel ready to work with AOD problems, were less familiar with AOD problems and attributed higher levels of dangerousness and segregation to patients with AOD use (suggesting more stigmatizing attitudes). Discussion: PCPs' attitudes and stigma may impact the delivery of preventive care. Understanding their role may facilitate the implementation of preventive care, like screening and brief interventions for unhealthy AOD use.

Poster Eight

Title

Perception of health professional about practices, preparing and role about alcohol and drug related problems.

Authors

Jane Moraes Lopes, Erikson Furtado

Abstract Content

Background: The effectiveness of BI implementation depends on the engagement of the health care team, who experiences difficulties as they are not properly prepared for the task. Occasionally, the professionals do not consider the effectiveness of BI and the possibility of realizing the implementation. Methods: A sample of 88 professionals responded a questionnaire before and after of training in BI; it was characterized in relation to practice, preparation, professional role and attitudes and beliefs about alcohol or drugs (AD) related problems. Findings: After training, there was an increase in frequency of screening and advice on AD, in health care routine; improvement of self-efficacy in advising about AD; increase in awareness that screening AD is not invasive and can be done by primary care professionals, particularly about alcohol. There was no change in perception that they are very busy with medical problems and not have enough time for the BI. Alcohol and drug related problems were considered as important as other health problems. Formal questions to obtain information about AD consumption were not included in the routine after the training, but the professionals paid more attention to availability of information about referencing patients to specialists. Participants reported the work is not always gratifying and there are difficulties dealing with users at risk. On the other hand, the professionals believe that users can learn to reduce and control the consumption before heavy use.

Poster Nine

Title

Beliefs and expectations about alcohol use: evaluation of the effect of training in brief interventions.

Authors

Jane Moraes Lopes, Erikson Furtado

Abstract Content

Background: Regarding the effect of attitudes of health professionals over the effectiveness of prevention strategies about alcohol use, the PAI-PAD Project has offered training based on the WHO model to promote the implementation of brief interventions (BI). Methods: The study was observational, cross-sectional and comparative. It aimed to evaluate beliefs and expectations of professionals about alcohol use, having performed data collection before and after training of 88 professionals of primary care. Findings: The average score in the Test of Knowledge (TK) increased from 4.1 to 5.57 (Wilcoxon test: $z = -4.936$, $p = 0.001$), while in the IECPA test there was a reduction from 93.45 points to 78.74 points after intervention (Wilcoxon test, $z = -4.138$, $p = 0.001$), with a trend toward positive correlation between the acquisition of knowledge and changes in IECPA (Spearman test: $p = 0.095$). Amount of BI realized by professional trained correlated to TK before ($p = 0.082$), variations of IECPA (Nonparametric Chi-Square: $p = 0.053$) and length of time after training. Discussion: Positive beliefs and expectations about alcohol use decreased after training, having interfered positively in preventive attitudes of professionals.

Poster Ten

Title

Health Plan Policies for Screening and Treatment of Alcohol Problems: Results from the 2009 eValue8 RFI.

Authors

Laura Jacobus-Kantor, Eric Goplerud, Tracy McPherson, Delia Olufokunbi Sam.

Abstract Content

Background: Most indicators suggest that treatment for alcohol lags behind treatment for other illnesses. The National Business Coalition on Health (NBCH) is working to improve the quality of care for alcohol problems by working collaboratively with both the business community and commercial health plans to develop clear, evidence-based standards for the identification and management of these conditions. Participating health plans complete a yearly survey (eValue8) that monitors the plan's performance against these standards. Methods: Eighty-nine United States-based health plans, representing over 50 million covered lives, completed the eValue8 survey in 2009. Results: Although participating health plans continue to identify only a small proportion of their members as having alcohol abuse or dependence (.89%) most plans report working directly with practitioners and trauma centers to conduct SBIRT for alcohol problems. Results from the survey also suggest that most health plans recommend that practitioners use well-validated and highly rated screening instruments to screen for alcohol problems (89%), a significant increase since 2005, when only 51% of plans made this recommendation ($p < .05$). Additional results from the alcohol section of eValue8, and their changes over time, are also presented. Conclusions: While health plan identification rates for alcohol problems remain low, results from the eValue8 survey suggest that health plans are increasingly adopting policies and recommendations that encourage appropriate screening and treatment for alcohol problems.

Poster Eleven

Title

Continuing supervision needed to build a network for SBIRT implementation in the public health system.

Authors

Pâmela Migliorini Claudino da Silva, Erikson Felipe Furtado

Abstract Content

Continuing supervision is a strategy aiming to provide technical support to planning, execution and assessment along to implementing health promotion and prevention practices, as well when seeking effectiveness, in the public health system. This study aims to report an assessment of the continuing supervision provided by PAI-PAD to health departments of municipalities in the region of Ribeirao Preto, Brazil, on implementing SBIRT strategies. Supervision is mostly provided by regular meetings with health professionals, representatives of their municipalities. Each municipality indicates one or two representatives, by entering the network. PAI-PAD requests one representative from the AOD and Mental Health sector and other from the Basic Health (PHC) sector. Meetings are organized bimonthly and in the meantime communication are granted by phone calls. The function of the representatives are: keeping contact, providing information for assessment, organizing local resources for training, consulting and evaluation. This model of continuing supervision started in 2007. Actually there are 20 representatives from 17 municipalities inscribed in the PAI-PAD network in the region of Ribeirao Preto (the region has 26 municipalities). The most frequent difficulties presented by representatives are: - lack of communication and interaction between AOD-Mental Health sector and the Basic Health sector; - low commitment of health professionals; - lack of support from the high administration. Considering that complaints a new training package has been developed aimed to improve management skills and SBIRT program implementation.

Poster Twelve

Title

Health professionals and community agents knowledge about alcohol use and women's health in Brazil.

Authors

Poliana Patrício Aliane, Joseane de Souza, Vanessa Giovanini Manesco, Larissa Horta Esper, Erikson Felipe Furtado

Abstract Content

Despite of remarkable progress in research on SBIRT implementation, there are very few studies in the area of SBIRT and women's health and pregnancy. This exploratory study aimed to verify knowledge and attitudes of health professionals and community health agents about alcohol use and health problems among women, in general, and particularly among pregnant women. Following the literature, a questionnaire has been developed for assessment of knowledge about women characteristics. The questionnaire was composed by twenty true-false questions. Health professionals were asked to fulfill the questionnaire before a training session on SBIRT focusing on women's health and pregnancy. The sample was composed by fifteen subjects, all health professionals working in primary health care teams (two nurses, thirteen community health agents and nurse assistants). Mean age was 43 years, with nine years of job experience in average. About 73.3% of the sample was found with a high-school educational degree. All participants have been trained previously in SBIRT for general population. The majority (86.7%) declared been informed on the issue, although a lower proportion (74.3%) met the right answers. The lowest proportions (less than 70% of correct answers) of right answers were found on the following questions: - 63.9% in questions about consequences of alcohol use for the child and woman's health; - 66.6% on characteristics of alcohol use/dependence. These results suggest that many professionals don't evaluate properly their level of information and educational needs as required for performing SBIRT in the area of women's health and pregnancy.

Poster Thirteen

Title

Alcohol and Drug Use amongst Maxillofacial Trauma Patients.

Author

Ian Corbett

Abstract Content

Aim: To determine the prevalence of alcohol and drug use in trauma patients attending a UK Accident and Emergency department with maxillofacial injuries.

Introduction: Research has shown a correlation of alcohol with maxillofacial trauma, however, literature on the effects of drug abuse in maxillofacial trauma is scarce, despite patients frequently self-reporting drug use. Such a trauma population may be suited to screening and brief intervention.

Method: Data were collected for 150 consecutive adult patients attending an A&E department with maxillofacial injuries between June and August 2008. Information relating to presenting injury, alcohol and drug intake in the preceding 12 hours, alcohol and drug history was recorded.

Results: Of 150 patient attendances, 87 were eligible for inclusion in the study. The most common age group was 21-30years. Soft tissue injury and fractured mandibles were the most common injuries (76%), the most common cause being assault (71%).

76% of patients had consumed alcohol within 12 hours of presentation, mean 12 units. The mean reported weekly alcohol intake was 23 units. 10% reported taking non-prescription drugs within 12 hours of injury, the most commonly abused drug being cannabis.

The mean alcohol intake amongst the drug-use group was 12 units in the preceding 12 hours, 29 units per week, similar to that of the non-drug users.

Conclusion: Maxillofacial trauma patients may benefit from a screening and brief intervention instrument. A trial of the WHO alcohol, smoking and substance involvement screening test, 'ASSIST' is proposed.

Poster Fourteen

Title

Commissioning a Community Alcohol Service (CAS) in County Durham.

Author

Mandy English

Abstract Content

In June 2007 the National strategy Safe, Sensible & Social: The Next Steps, was published followed by the North East Alcohol Misuse: Statement of Priorities for Action.

Prevention, Treatment and Control were the three overarching aims from this document that have been adopted as the key drivers for Alcohol Misuse in County Durham. Prevalence of binge drinking is estimated to be 26% in County Durham, significantly higher than the estimated 18% of adults who binge drink across England. Also, admission rates for alcohol specific conditions is significantly higher than national rates for both males and females.

The Regional Strategy for Health and Wellbeing: Better Health, Fairer Health sets out the vision to increase the availability of Brief Interventions, alcohol treatment and support services.

Alcohol Misuse has been identified as a priority outcome for NHS County Durham & Durham County Council with County Durham DAAT receiving dedicated funding for services to be commissioned. By commissioning a new Community Alcohol Service our aim is to reduce harm caused by alcohol to individuals, families and communities in County Durham while ensuring that people are able to enjoy alcohol responsibly.

The abstract document sets out how the commissioning processes were adopted to commission a new Community Alcohol Service within County Durham and covers the following areas;

Step 1 – Easington Pilot – A learning Experience

Step 2 – A County Wide Development

Step 3 – An equal service across the County

The document also provides information on how we are able to address alcohol misuse in County Durham by adopting the three keys drivers of prevention, treatment and control;

Prevention: Screening and brief interventions: AUDIT

Treatment: Implementation of the new Community Alcohol Service

Control: Reducing re-offending - Alcohol Rolling Programme/You Turn Pilot

The abstract also contains case studies of people accessing the service showing successes of the new alcohol treatment and support services available.

Poster Fifteen

Title

New impetus to the implementation of the Drink Less Programme in primary health care centres in Catalonia.

Authors

Lidia Segura, Eulalia Duran, Antoni Gual, Joan Colom

Abstract Content

Introduction: The Drink Less (DL) programme seeks to equip Primary Healthcare professionals with the knowledge and tools necessary to be able to carry out early identification and brief interventions in risky drinkers. The objective is to incorporate brief interventions on alcohol into the healthcare professionals' daily practice. In the first dissemination phase of the programme (2002-2005), the professionals of the drug addictions network trained 98% of the Primary Healthcare centres, a total of 340 centres, and an increase of 10 points was achieved in the percentage of detection of cases in PHC, as well as a sustained increase in referrals to specialized care of the most serious cases and the possibility to continue with the iterative process of implementation with the design of the second phase (2006-2010). In this phase the Network of Referents on Alcohol (XaROH) was created, consisting of family doctors and Primary Healthcare nurses who act as trainers and referents on alcohol in the primary care teams of which they are members. This process is designed and coordinated in alliance with the Catalan Society of Family and Community Medicine (CAMFiC) and the Association of Family and Community Nursing of Catalonia (AIFICC). In this document we will describe the principles and the design of the current strategy for the implementation of the programme, its evolution and future lines of development.

Implementation design: In this second phase, the Drink Less programme seeks to identify and train two referents in each of the 358 primary healthcare centres in Catalonia. The training plan consists of imparting 34 train-the-trainers courses throughout the territory, grouping together the referents of a particular zone in a single 8-hour training course. The instructors are members of the CAMFiC alcohol work group, this being an interdisciplinary group formed by Family Doctors and University Nursing Graduates from PHC. Once trained, the referents will have to train their colleagues in the respective centres, with the support of the specialists of the Drug Addiction Attention and Follow-up Centres (CAS), in a 3-hour course. The referents receive ongoing training and support from the management team in order to carry out their work.

Preliminary results: During the first half of 2009, 9 training-the-trainers courses have been conducted with the incorporation of 170 new referents into the programme. It is anticipated that 8 courses will be held per month during the second half of the year. The current level of implementation is 48.6, which corresponds to a total of 174 ABS trained.

Conclusion: The implementation of a programme like DL is slow and requires an iterative process in which the participation of all the stakeholders is essential. The work carried out to date has facilitated the incorporation of the scientific societies of PHC in Catalonia into the programme and allows us to give it a new impetus through work between peers. In this phase the introduction of alcohol objectives for professionals and primary healthcare centres and the improvement, the support to primary care and the adaptation of the materials to the needs of the professionals in the consulting room are fundamental.

Poster Sixteen

Title

Sloshed and sentenced: a prevalence study of alcohol use disorders amongst offenders in the North East of England.

Authors

Dorothy Newbury-Birch, Barbara Harrison, Nicola Brown, Eileen Kaner

Abstract Content

Background: The annual cost of alcohol related harm in the UK is estimated to be between £17.7 and £25.1 billion with healthcare costs alone reaching £2.7 billion and the costs of alcohol fuelled crime and disorder accounting for £7.3 billion each year.

Aim: To examine the prevalence of alcohol use disorders (AUD) in both the prison and probation settings in the North East of England and to compare the ability of the Alcohol Use Disorders Identification Test (AUDIT) and Offender Assessment System (OASys) at identifying alcohol-related need in probation clients.

Design: A quantitative prevalence study using anonymised questionnaires

Methods: All participants were given the option of completing the questionnaire themselves or the staff member helping them. Participants from 4 prisons and 3 probation offices in the North East voluntarily completed the AUDIT questionnaire during a one month period in 2006. The responses were compared with OASys scores routinely completed by Offender Managers in probation. At the time of the study OASys scores were not available for offenders in prison.

Results: Seven hundred and fifteen questionnaires were completed. Sixty three percent of men and 57% of women scored positive for an AUD with over a third of all individuals scoring within the possibly dependant range (20+ on AUDIT). Around 40% of probation cases who were classified as either hazardous, harmful or possibly dependant drinkers on AUDIT were not identified using OASys.

Conclusion: The results suggest that the current methods of identifying offenders with potential AUDs used by the probation and prison service are flawed and as such many people go undected. This has huge implications for the probation and prison service as current practices and assessments may need to be reformed in order to correctly assess people with alcohol use disorders.

Poster Seventeen

Title

From proposal to execution: How Primary Care Research and Development Departments and researchers work together.

Authors

Shona Haining, Catherine Adams, Dorothy Newbury-Birch

Abstract Content

This poster will examine the necessary relationship between primary care research and development departments and researchers in developing and carrying out research. In particular this poster will look at the importance of this interaction and why it is so necessary. It will use two research projects currently being carried out to illustrate this. The SIPS and AESOPS randomised controlled trials are examining screening and brief interventions in the North East of England as well as elsewhere in the country. Lessons learned and examples of good practice from both R&d staff and researchers will be shared

The process from development to finishing research projects will be examined and illustrations of the process will be given.

Poster Eighteen

Title

Evaluation of the Beveu Menys e-learning tool.

Authors

Lidia Segura, Eulalia Duran, Antoni Gual, Joan Colom

Abstract Content

Introduction: In Catalonia, a wide dissemination of EIBI in PHC through a training the trainers strategy has been carried out in the last 6 years, resulting in the accreditation of more than 6000 PHC professionals. In this iterative process, a complementary e-learning strategy has been developed in addition to the main training the trainers strategy in order to reduce the training costs and to facilitate a continuous dissemination and update of the EIBI strategies. It is encompassed within several other implementation activities, such as continuous learning activities and on-line implementation tools for the general population.

The aim of this presentation is to describe the e-tool developed by the Program on Substance Abuse in coordination with the Institute of Health Studies.

Methods: The tool was launched in September 2008 and to date two editions have been produced. The e-learning course lasts one month and is targeted at PHC professionals. It is based on the Training Manual of the Phepa project and organized in 4 different modules with theory and exercises and with several evaluation questionnaires to monitor the participant's achievements in each module: Alcohol in primary health care; How to screen alcohol patients; How to implement BI with patients with alcohol related problems; How to manage/treat alcohol dependence in the PHC settings. It includes several videos with role playing on how to implement EIBI in consultation with risky, harmful and dependent patients. An on-site tutor, professor specializing in EIBI and alcohol dependence, is available to help participants with any doubts raised during the course. In order to pass the course it was necessary to have studied at least 70% of the material available and pass the final evaluation with 75% or more.

Results: From the total number of registered participants, 71% started the course, 59% finished it and 51% passed. 79% of participants were satisfied with the course, only 4% considered that the course did not respond to daily practice needs. 79% rated the written materials provided as good and 58% did so with the audiovisual material. More than 70% of those that requested the help of the tutor, evaluated the support provided as accessible and helpful. 71% of the participants said that they needed more than 7 hours to complete the course. 54% of the participants considered that the virtual environment of the course was complex at first but easy to understand when they had had time to get used to it.

Conclusions: E-learning and training tools are cost-effective since they are easily accessible and inexpensive. You can also increase the number of participants at almost no additional cost. The BM on-line tool appears to fulfil the aims for which it was designed but it would benefit from an improvement in structure in the virtual environment. The tool can also contribute in the future to the wide dissemination of EIBI in PHC and the easy adaptation of the e-learning to other settings and professionals: hospitals, workplace, etc.

Poster Nineteen

Title

Detection of Alcohol-Related Problems in Primary Care Health Centers in the Autonomous Region of Valencia (Spain)

Authors

Sofia Tomas, Pepa Torrijo, Silvia Tortajada, Julia Aguilar

Abstract Content

Background: Disorders related to alcohol are one of the most important isolated causes of preventable morbidity and mortality. The prevalence of daily alcohol consumption among the general population from 35 to 64 years of age was 14.5% (Encuesta Domiciliaria 07-08, PND). Currently, the goal of this project is to improve prevention and response actions to risks associated with alcohol use through a screening training program for alcohol use disorders targeting primary health care nurses.

Methods: A 10-hour training course was completed by 1.550 nurses of 300 primary health care centers from the Autonomous Region of Valencia. The training program included 5 didactic units: basic concepts of prevention; assistance resources; clinical protocol to detect high risk consumption through the AUDIT; brief intervention protocol (counselling); brief intervention practice. This training course was developed from September of 2008 to the present.

Findings: Nurses (90%) had no knowledge of alcohol detection problems. After this training, nurses developed a good understanding of optimal forms for screening alcohol use disorders and implementing brief interventions. This facilitated collaboration amongst 160 centers for drug prevention, assistance, and reintegration in the Autonomous Region of Valencia and served as a last resort to improve response actions for risk drinkers. It is important to underscore the role that primary care nurses could play as preventive agents.

Discussion: Detection of alcohol-related problems in primary care health centers is improving response actions and prevention of risks associated with alcohol consumption. We propose to extend this type of training to include other problematic substances.

Poster Twenty

Title

Evaluation of Telephonic Alcohol Screening and Brief Intervention (SBI) in an Employee Assistance Program.

Authors

Gregory Greenwood, Eugene Baker, Francisca Azocar, Eric Goplerud, Tracy McPherson

Abstract Content

Background: Substantial empirical support exists for alcohol SBI in medical, but not non-medical settings such as the workplace. Employee assistance programs (EAPs) provide a unique opportunity to deliver evidence-based alcohol interventions to workers who drink in unhealthy ways. Through a public-private partnership this study attempts to fill a research gap by adapting the WHO alcohol SBI protocol for delivery in telephonic EAP. Methods: A pretest-posttest, one-group, pre-experimental design is used to examine the implementation of routine screening (AUDIT) and brief motivational counseling for risky drinking in three EAP call centers serving members of a large health plan. Results: From August 2008-February 2009, the EAP completed 367 screens, 78% scored in Zone I (no/low-risk drinking), 11% Zone II (hazardous drinking), 3% Zone III (harmful drinking), and 8% Zone IV (abuse or dependence). Approximately 10% were referred to SA/MH services and 81% to follow-up EAP. Identification rates at 6-months post-SBI launch were 22% compared to 4.5% at baseline ($p < .001$).

Conclusions: Integrating telephonic alcohol SBI into existing EAP services resulted in improved rates of identification and delivery of BI. We believe it requires the unique, strategic collaboration of private and public stakeholders and commitment and partnership of health plans and employers, to effectively translate and integrate evidence-based protocols into large national MBHOs. Future advances in evaluating and improving EAP telephonic SBI include assessing the impact on worker health (e.g., alcohol consumption) and productivity at follow-up.

Poster Twenty One

Title

Real Life Screening and Brief Interventions: examples from across England.

Author

Sarah Ward

Abstract Content

Background: The Hub of Commissioned Alcohol Projects and Policies (HubCAPP) is an online resource of local alcohol initiatives throughout England. HubCAPP captures practice examples of screening and brief intervention initiatives in different settings and different populations across England, including pharmacies, GPs, A&E and criminal justice.

HubCAPP highlights the different ways that areas are implementing screening and brief intervention practice and outlines the strategies that people have undertaken to mainstream their programmes.

The HubCAPP website has been live since 28 March 2008 and in 12 months has collected over 76 projects (28 screening and brief intervention projects) and has had over 6500 unique visitors. HubCAPP was established as a way for people working in the alcohol and health field to:

- Promote and highlight their projects and local strategies
- Share practice examples and details about projects in their area
- Learn from others

Methods: HubCAPP has a small team of researchers who explore the aims and objectives, the strategic history, evaluation and monitoring of all the projects included on the site. HubCAPP highlights what projects exist and how they link to local and national strategies. Local areas can submit projects directly to HubCAPP and the team disseminate practice examples to different regions via presentations and e-bulletins. This partnership of collection and dissemination is a key strength of the site.

Findings: HubCAPP provides a vehicle to share practice across England. It is envisaged that the findings from the screening and brief intervention projects on HubCAPP will be contained in this poster.

Poster Twenty Two

Title

SIPS: The Story So Far

Authors

Mary Clifford, Rose Cappello, Stephanie Clutterbuck, Malcolm Hobbs, Debra Jeffery, Elizabeth Phinn

Abstract Content

Alcohol misuse continues to be a major issue in public health. SIPS (Screening and Intervention Programme for Sensible Drinking) is a project funded by the Department of Health as part of the "Alcohol Harm Reduction Strategy for England". This project is a collaborative effort between several institutions including Institute of Psychiatry, Kings College London, Institute of Health and Society at Newcastle University, St Georges and University of York. SIPS is a clustered randomised controlled trial aimed at addressing the current gaps in screening and brief intervention research in real-life settings. In particular, this trial explores a range of screening tools and the role of brief interventions with individuals drinking above the recommended levels i.e. those engaged in increased risk drinking, high risk drinking and binge drinking. This trial was carried out within three settings – Accident and Emergency departments (AED), Primary Health Care practices (PHC) and the Criminal Justice System. Participants were recruited from 24 PHC practices 9 AED departments and 96 Offender Managers in Offices in the North-East, London and the South-East of England.

All participants were screened using one of four screening tools. There were three intervention approaches. In Condition One, participants received a Patient Information Leaflet (PIL). In Condition Two, patients received the PIL and five minutes of Brief Advice. In Condition Three, patients received the PIL, five minutes of BA and twenty minutes of Brief Lifestyle Advice.

After two years, SIPS is in the final stages. It is expected that participant follow-ups will be completed by August 2010. The overall effectiveness of SIPS will be assessed by various outcome measures including: extent of screening and intervention activity, attitudes to SBI, alcohol consumption, health-related and wider societal costs.

Poster Twenty Three

Title

Evaluation of telephonic alcohol screening and brief intervention (SBI) for at risk drinking in employee assistance programs (EAPs).

Authors

Tracy McPherson, Dennis Derr, Judy Mickenberg, Eric Goplerud, Sherry Courtemanch, Laura Chaney

Abstract Content

Substantial empirical support exists for alcohol SBI in medical, but not non-medical settings such as the workplace - an underutilized venue for alcohol interventions. This research aims to translate medical SBI into behavioral healthcare practice in a work-related setting - the EAP - where millions of workers can be reached annually. The primary objectives are: a) assess feasibility of adapting medical SBI practices for telephonic EAP; b) develop feasible, practical training, implementation, and quality/fidelity monitoring protocols; c) assess impact of implementing systematic, routine alcohol SBI on key performance measures (e.g. rates of screening); and d) assess preliminary client outcomes (e.g. self-reported alcohol use). Pilot studies were conducted by U.S. EAP providers using pretest-posttest, one-group, pre-experimental designs. SBI processes were adapted based on the WHO alcohol SBI protocol. It includes systematic screening using the AUDIT-C/AUDIT during clinical intake, BI using motivational interviewing, referral to face-to-face counseling or other treatment as appropriate, and telephonic follow-up to address alcohol use and original presenting problem. Findings suggest that integration of routine SBI by EAP consultants at intake is feasible in a telephonic delivery system, and also increases alcohol problem identification to levels found in the general U.S. population. Hence, there is opportunity for brief motivational counseling for risky drinking. Furthermore, it is clear that when SBI is integrated as part of routine EAP practice, members are willing to answer questions about their alcohol use and participate in follow-up.

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Wild, Cameron	SYM4
Winterbottom, Joanne	P3
Yersin, Bertrant	SYM3
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Zarmella, Lucia	PS2

Key

PS= Parallel Session. P=Poster. WS=Workshop. KA=Keynote Address. SYM=Symposium.

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7th Annual Conference of INEBRIA 2010
Brief interventions on alcohol – advances in research and practice
9-10 September 2010. Göteborg, Sweden

The 7th annual conference of INEBRIA will take place at Scandic Opalen in Göteborg, Sweden on 9-10 September 2010. In plenary sessions the following topics will be covered

- Will there be a place for risky drinking in the future versions of DSM and ICD?
- Establishment of a definition of risk drinking on the EU level.
- Implementation of EIBI - moving towards nationwide institutionalization.
- Does collaboration between various stakeholders increase the number of secondary preventive interventions?
- Can collaboration on implementation of secondary prevention on any lifestyle behaviour increase the interventions on alcohol?

The conference aims to present new ground in theory, research and implementation of early intervention and brief intervention (EIBI) for alcohol use disorders and risk drinking. The effectiveness of SBI (screening and brief intervention) in primary health care is well established and evidence for its effectiveness in other settings are promising. At the same time, significant advances in the practical implementation of EIBI are being made in various parts of the world. However, other possibilities of EIBI, are under-utilised in settings such as mother health care, child health care, the social sector etc. Some geographical areas such as the Nordic countries and Catalonia have proceeded from implementation of EIBI to national institutionalization. This raises new important research and practical issues. Topics as these will receive special attention at the conference:

- Theory of brief interventions- the essential mechanisms of successful response to EIBI and the necessary and/or sufficient conditions under which brief interventions are effective.
- Optimal forms of early identification in various medical and non-medical settings
- Brief interventions and the Internet
- Innovative ways of encouraging health professionals to incorporate EIBI in their routine work.
- Effective strategies for achieving integration of EIBI in government police.
- (A global perspective of EIBI – application in parts of the world where EIBI has yet to make much impact.)
- Family doctors: the pros and cons of screening and monitoring alcohol use disorders
- EIBI from implementation to institutionalization.
- EIBI in mother care, child health care and the social sector.

These and other ground breaking topics will achieve special attention at the conference, in addition to updates on research and practice regarding EIBI in general and progress in meeting the aims of INEBRIA.

In addition to the main conference, there will be pre-conference symposiums on the 8:th of September on Riskbruksprojektet, this is the large scale national Swedish programme for implementation on EIBI in Sweden 2005-2010.

Further meetings with regional sectors of INEBRIA will be organized, as will be meetings focusing on EIBI in settings like mother care, child care, occupational health care and possibly other sectors as well.

Registration: On-line registration can be made on the conference web-site www.socmed.gu.se or via a link on the main INEBRIA web-site <http://www.inebria.net>.