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Welcome

Organizing committee

Fredrik Spak

Chair, associate professor of social medicine, Sahlgren Academy, University of Gothenburg

Preben Bendtsen

Professor of social medicine, Linköping University

Karin Mossberg

Conference secretary, Sahlgren Academy, University of Gothenburg

Hanna Reinholdz

Junior research associate, Sahlgren Academy, University of Gothenburg

Scientific committee

Preben Bendtsen

Chair, professor of social medicine, Linköping University

Peter Anderson

Public health consultant

Joan Colon

Director of the program on substance abuse, Government of Catalonia

Antoni Gual

Head of alcohol unit, hospital clinic, Barcelona

Nick Heather

Emeritus professor of alcohol and other drugs studies, School of psychology and sport science, Northumbria University

Per Nilsen

Associate professor of social medicine, Linköping University

Gunnel Hensing

Professor of social medicine, Sahlgren Academy, University of Gothenburg

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Dear Colleagues in INEBRIA and guest to Gothenburg



The organizing committee of INEBRIA, The University of Gothenburg and the Swedish members on INEBRIA welcome You to the seventh meeting of INEBRIA. This meeting is held in Gothenburg (Göteborg), Sweden's largest city on its west coast. This city is the home of the Volvo car, and has the largest port in Scandinavia. Both these enterprises have something in common with alcohol problems in that they can be difficult to identify. But of course that is simply they are located somewhere else than where you are, in this case they are located in the western outskirts of Gothenburg. Even further to that you can find the large and very beautiful Gothenburg archipelago, which is easy to access. Gothenburg was founded 1621 as an important step for Sweden to get closer to Western Europe and other overseas areas. At that time Sweden had just a tiny bit of coast to the west. The present Gothenburg area was then shared between Sweden, Denmark and Norway.

You can easily see from a map of the city that it is a green city. That is partially the result of Sweden having a rather small population in comparison with its size. The benefit of this is that everywhere it is easy to get into a park. You may wish to take advantage of this while you are visiting this city.

The meeting is held at the end of a five year period which has seen a large increase in EIBI – Early Identification and Brief Intervention in Sweden. Various authors and clinically engaged people use different labels for this phenomenon, e.g. SBI and S-BIRT. By using the term EIBI the local organizers wishes to bring forth the issue of how early identification best is promoted. In several places, not in the least in Scandinavia, there is a debate on whether screening as such is “good or bad”. Most people recognize that with screening more persons with risk drinking are identified, or in other words, screening increases the likelihood that problems with alcohol will be given proper attention. Others emphasize that screening will involve considerable resources, but that the yield is low.

The implementation researcher Everett Rogers stated that there is a “critical point” in the adaptation of a new method or innovation, and at that point the method will start to spread very rapidly. As this may be the point which some countries now have reached concerning EIBI, we have in the program focussed on nationalization of EIBI, i.e. on the stage of large scale adaptation of EIBI on the national level. In Sweden this stage has primarily focused on competence enhancement, but it remains to be seen if this strategy is effective and sustainable. At INEBRIA 7 this is one of the key-stone issues.

Yet another issue we wish to discuss at this meeting is the risk concept. What is the risk with so called risk drinking?

Another current issue is the spread of EIBI through various techniques, such as those based on e-learning, which also is a policy that WHO wishes will help spreading to less well developed countries.

On behalf of the INEBRIA local organizing team I wish to welcome everybody, all speakers as well as all participants.

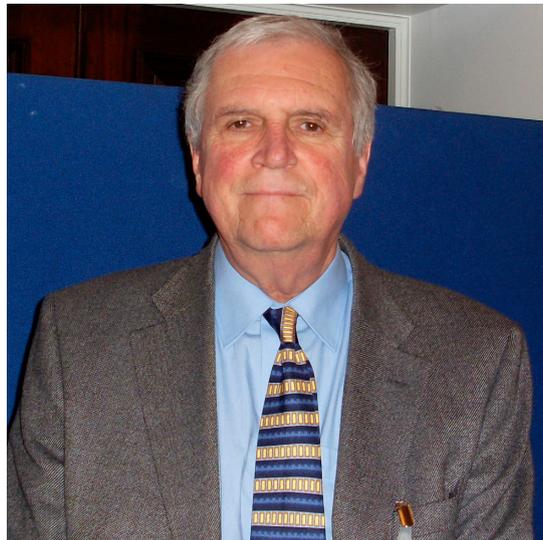
Best wishes

Fredrik Spak, chair INEBRIA 7th organizing committee

The President of INEBRIA

Professor Nick Heather

After working for ten years as a clinical psychologist in the UK National Health Service, in 1979 Nick Heather developed and led the Addictive Behaviours Research Group at the University of Dundee. In 1987 he became founding Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Australia. He returned to the UK at the beginning of 1994 to take up a post as Consultant Clinical Psychologist at the Newcastle City Health NHS Trust and as Director of the Centre for Alcohol and Drug Studies in Newcastle. Nick retired from salaried work in 2003 and is now Emeritus Professor of Alcohol and Other Drug Studies in the Division of Psychology at Northumbria University. He has published many scientific articles, books, book chapters and other publications and has taken a special interest in research and implementation of screening and brief interventions for alcohol problems, conducting the first randomised controlled trial of alcohol brief interventions in primary health care in the early 1980s. He chaired the Steering Committee that established INEBRIA in 2004 and was elected as President of the network in 2009.



John B. Saunders

John B. Saunders is Professor and Consultant Physician in Internal Medicine and Addiction Medicine, with appointments at the Universities of Queensland and Sydney in Australia and also with several private groups there. Originally qualifying in pharmacology and medicine from the University of Cambridge in the United Kingdom, he has had a career as a clinician, service director, researcher and academic in the alcohol and drug field for more than 30 years. He was responsible for developing the AUDIT questionnaire for the World Health Organization and was scientific director of several of the WHO collaborative studies on brief intervention, including those examining their implementation into the health care system. He is Founding and Emeritus Editor-in-Chief of the Drug and Alcohol Review and a past Vice-President of the International Society of Addiction Medicine. He has published three books, over 300 scientific papers and is an ISI highly-cited scientist.



Siw Carlford

Siw Carlford is a registered Physical Therapist with experience from Primary Health Care in Sweden, and a Masters degree in Public Health. At present she is a Ph D student at Linköping University, Sweden, and the focus of her studies is the implementation of new methods for lifestyle intervention into Primary Health Care.



Sven Andréasson

Sven Andréasson is a Senior Consultant at the Stockholm Center for Addiction. He is an MD and associate professor at the department of Public Health Sciences at Karolinska Institutet, Stockholm, Sweden. His research deals with the epidemiology, prevention and treatment of alcohol and drug related problems.



Deborah Dawson

Deborah Dawson has worked at the U.S. National Institute on Alcohol Abuse and Alcoholism since 1990. Her work there has included the design and analysis of three major surveys of drinking practices, alcohol use disorders and associated comorbidity: the 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES) and the Wave 1 and Wave 2 National Epidemiologic Surveys on Alcohol and Related Conditions (NESARC). She has been a major contributor to the development of the NIAAA clinician guidelines for low-risk drinking. Dr. Dawson received her doctoral training at the Johns Hopkins University, where she studied demography and epidemiology. Prior to joining NIAAA, she worked at the National Center for Health Statistics and the Georgetown University Center for Population Research. Since entering the field of alcohol research, the focus of her work has been on how best to measure alcohol volume and drinking pattern and distinguish their effects in association with a wide range of alcohol-related harms. A number of her papers have involved testing existing and new screening instruments for substance use disorders. In addition, much of her work has focused on the course of alcohol use disorder in the general population, including studies of recovery and relapse, the process of maturing out, the role of treatment, and associated changes in consumption and quality of life.



Antoni Gual

Dr Antoni Gual is a psychiatrist, with a long experience in alcohol research, including both clinical and public health fields. He is the Head of the Alcohol Unit at the Hospital Clinic of Barcelona, Spain, and also acts as Alcohol Consultant to the Department of Health of Catalonia. He is involved in several European research projects in the areas of public health and clinical trials. He is Vice-president of the International Network on Brief Interventions for Alcohol Problems and former president of the Spanish Scientific Society for the Study of Alcohol and Alcoholism.



Conference venue

The conference will be held at Hotel Scandic Opalen. Scandic Opalen is located just a few blocks from Gothenburg's main shops and attractions, like the Liseberg amusement park. Work out on the exercise equipment in the Scandic Opalen hotel's relaxation area, before unwinding in the sauna or solarium, then try Swedish food at the Opalen restaurant and bar. Go off site to see Gothenburg attractions like the Poseidon statue and the Museum of World Culture, both within 3 blocks. The hotel has wireless Internet access throughout.

Contact information:

Street: Engelbrektsgatan 73

Phone: +46 (0)31 751 5300

www.scandichotels.se/hotels/Countries/Sverige/Goteborg/Hotels/Scandic-Opalen/

Conference reception

The reception takes place on Wednesday September 8th 18.00-19.00 in the OP bar at Scandic Opalen. You will be treated with a glass of sparkling wine and some snacks to go with that.

Conference dinner

The dinner will be held at Gothia Towers Restaurant on the 18th floor, Thursday the 9th of September at 7:00 pm. A delicious three course meal with wine will be provided with an astonishing view over Gothenburg. A Gothenburg-based band called EDENI will supply the evening's entertainment. They have a wide performance scoop ranging from Swedish folk music to rock and world music.

PROGRAMME

Wednesday 8th September 2010

Time	Scandic Opalen
12.00-16.00	Registration
13.00-16.00	Presymposium on implementation, room: Hyppeln More information will be available at the INEBRIA website and at the conference
18.00-19.00	Reception at OP baren
18.00-21.00	INEBRIA Coordinating Committee meeting, room: Hyppeln

Thursday 9 th September 2010			
Time	Skaftö	Hyppeln	Asperö
8.00-8.30	Registration		
8.30-8.45	Opening Ceremony Fredrik Spak, Nick Heather		
8.45-9.30	Keynote address 1 John B. Saunders, <i>Global perspectives on implementation of screening and brief interventions</i> Chair: Nick Heather		
9.30-9.45	Discussion		
9.45-10.15	Refreshments		
10.15-11.45	Parallel Symposium 1A <i>Brief intervention and the Internet</i> Chair: Jim McCambridge	Parallel Symposium 1B <i>Training in brief intervention</i> Chair: Dorothy Newbury-Birch	Parallel Symposium 1C <i>Family doctors and alcohol interventions</i> Chair: Pierluigi Struzzo
11.45-12.45	Lunch		
12.45-13.30	Keynote address 2 Siw Carlifjord, <i>Implementation of new methods</i> Chair: Fredrik Spak		
13.30-13.45	Discussion		
13.45-14.45	Parallel Symposium 2A <i>Presentation of the forthcoming ODHIN project</i> Chair: Antoni Gual	Parallel Symposium 2B <i>The Swedish national risk drinking project: structure and methods</i> Chair: Sven Wåhlin	Parallel Symposium 2C <i>SBIRT projects in the US. Presentation of different implementation strategies</i> Chair: Leigh Fischer
14.45-15.45	Refreshments and Poster session		
15.45-17.15	Parallel Symposium 3A <i>Implementation of EIB/SBI</i> Chair: Lidia Segura	Parallel Symposium 3B <i>Alcohol prevention in new settings</i> Chair: John Cunningham	Parallel Symposium 3C <i>Methodological aspects of BI studies</i> Chair: Paul Seale
19.00	Conference Dinner at Gothia Tower		

Friday 10 th September 2010			
Time	Skaftö	Hyppehn	Asperö
8.00-8.30	Registration		
8.30-9.15	Keynote address 3 Deborah Dawson, <i>Risk drinking: At risk for what?</i> Chair: Marko Kolsek		
9.15-9.30	Discussion		
9.30-10.00	Refreshments		
10.00-11.30	Parallel Symposium 4A <i>BI in Emergency departments</i> Chair: Preben Bendtsen	Parallel Symposium 4B <i>Alcohol prevention in mother and child health care</i> Chair: Per Nilsen	Parallel Symposium 4C <i>Evaluation of EIBI/SBI projects</i> Chair: Janie Sheridan
11.30-12.15	INEBRIA Annual General Meeting		
12.15-13.15	Lunch		
13.15-14.45	Parallel Symposium 5A <i>Alcohol and related problems</i> Chair: Ranjita Dhital	Parallel Symposium 5B <i>From implementation to institutionalization</i> Chair: John B. Saunders	Parallel Symposium 5C <i>Implementation of innovative alcohol interventions</i> Chair: Paul Wallace
14.45-15.00	Refreshments		
15.00-16.30	Keynote Address 4 Sven Andréasson, Antoni Gual and discussion with audience, <i>Institutionalization of SBI</i> Chair: Kaija-Liisa Seppä		
16.30-16.45	Closing Ceremony Fredrik Spak, Nick Heather, Paul Seale		

Thursday 10.15-11.45

Parallel Symposium 1A <i>Brief intervention and the Internet</i> Chair: Jim McCambridge Room: Skaftö	
1. On-line randomised controlled trial of a psychologically enhanced Internet based intervention compared with an information only website	Paul Wallace, Elizabeth Murray, Jim McCambridge, Zarnie Khadjesari, Ian R White, Simon G. Thompson, Eleftheria Kalaitzaki, Christine Godfrey, Stuart Linke
2. Who uses online interventions for problem drinkers?	John Cunningham, T. Cameron Wild, Keith Humphreys
3. Institutionalization of mail based e-SBI to college and university students in Sweden	Preben Bendtsen

Parallel Symposium 1B <i>Training in brief intervention</i> Chair: Dorothy Newbury-Birch Room: Hyppeln	
1. Training of religious leaders on screening and brief intervention through a distance learning course	Maria Lucia O. Souza-Formigoni, Denise DeMicheli, Eroy A. Silva, Yone Moura, Ana Paula Leal Carneiro, Monica Parente Ramos, Fernando A.B. Colugnati, Paulina C.A.V. Duarte
2. Brief interventions in Primary Health Care: Attitudes and effectiveness in clinical practice	Cristina Ribeiro
3. Training in SBIRT in medical schools in the US. An examination of physician education and training on conducting screenings, brief interventions and referral to treatments	Manu Singh, Jennifer Kasten, Susan Hayashi

Parallel Symposium 1C <i>Family doctors and alcohol interventions</i> Chair: Pierluigi Struzzo Room: Asperö	
1. Successful intervention by shifting focus from alcohol to patient agenda	Sven Wåhlin
2. Engaging general practitioners in the prevention of hazardous and harmful alcohol consumption	Miranda Laurant, Ivonne van Beurden, Peter Anderson, Reinier Akkermans, Richard Grol, Michel Wensing
3. Intervention for excessive alcohol consumption in primary health care: attitudes and practices of GPs in England ten years on	Graeme Wilson, Catherine A. Lock, Nick Heather, Paul Cassidy, Marilyn M. Christie, Eileen F.S. Kaner
4. The effectiveness of general practitioners (GP) screening and BI in reducing alcohol consumption among patients in primary care in Italy	Tiziana Fanucchi, Ilaria Londi, Laura Mezzani, Elena Vanni, Valentino Patussi

Thursday 13.45-14.45

Parallel Symposium 2A <i>Presentation of the forthcoming ODHIN project</i> Chair: Antoni Gual Room: Skaftö	
A study on how to translate new evidence-based clinical practices into health service provision	Antoni Gual, Fredrik Spak, Preben Bendtsen, Pierluigi Struzzo, Lidia Segura, Peter Anderson Eileen Kaner

Parallel Symposium 2B <i>The Swedish national risk drinking project: Structure and methods</i> Chair: Sven Wåhlin Room: Hyppeln	
The risk drinking project: Structure and methods	Sven Wåhlin, Astri Brandell-Eklund, Ragnhild Ivarsson-Walther, Åsa Wetterqvist, Ylva Lyander, Eva-Karin Envall, Åsa Heimer

Parallel Symposium 2C <i>SBIRT projects in the US. Presentation of different implementation strategies</i> Chair: Leigh Fischer Room: Asperö	
<i>SBIRT projects in the US. Presentation of different implementation strategies</i>	Leigh Fischer, Brie Reimann, Alissa Almeida, Lee Ellenberg, Stephen O'Neil

Thursday 15.45-17.15

Parallel Symposium 3A <i>Implementation of EIBI/SBI</i> Chair: Lidia Segura Room: Skaftö	
1. Evaluation of STAD's education in alcohol prevention for primary care	Håkan Källmen, Ylva Nork, Kristina Marttinen, Josefin Bäckström
2. Performance measures for substance use screening and brief intervention in hospitals: Advocacy or evidence-based practice?	Richard Saitz
3. Implementation of an alcohol program in a university hospital: Goals, obstacles and solutions	Beatriz Rosón Hernández, Maria Rosa Hernandez Ribas, Ana Belen Martinez Gonzalo, Ferran Bolao Baro, Ramon Pujol Farriols, Jose Manuel Menchon Magrina, Mar Lazaro Diaz
4. The experience of the Region Friuli, Venezia Giulia, Italy	Pierluigi Struzzo, Luigi Canciani

Parallel Symposium 3B <i>Alcohol prevention in new settings</i> Chair: John Cunningham Room: Hyppeln	
1. Evaluation of the brief intervention applied by high school teachers at riks drinkers	Raul Martins, Luciana Nogueira Cruz, Izabella A. Silva, Antonio Jose Manzato, Patricia S. Teixeira
2. The potential for implementing BI in the Criminal Justice System in the North East of England	Dorothy Newbury-Birch, Ruth McGovern, Nicola Brown, Eileen Kaner
3. Barriers and incentives to screening and brief interventions in community pharmacies in New Zealand and England: a qualitative study of pharmacists' views	Janie Sheridan
4. The provision of an alcohol screening and brief intervention to pharmacy customers by community pharmacists: preliminary findings	Ranjita Dhital

Parallel Symposium 3C <i>Methodological aspects of BI studies</i> Chair: Paul Seale Room: Asperö	
1. In randomisation we trust?	Jim McCambridge
2. Do change talk curve-profiles during a brief motivational intervention have an impact on drinking outcomes?	Nicolas Bertholet, Mohamed Faouzi, Jacques Gaume, Cristiana Fortini, Gerhard Gmel, Jean-Bernard Daepfen
3. Perception of drinking of others in a sample of 20-year-old men: The more I think you drink, the more I drink	Nicolas Bertholet, Jacques Gaume, Mohamed Faouzi, Jean-Bernard Daepfen, Gerhard Gmel
4. Brief Interventions in the routine of Primary Health Centers in Brazil: results of a phone survey	Erikson Furtado, Milton R. Laprega

Friday 10.00-11.30

Parallel Symposium 4A <i>BI in Emergency departments</i> Chair: Preben Bendtsen Room: Skaftö	
1. 12-month SBIRT outcomes in a Polish emergency department: Findings from a randomized controlled clinical trial	Cheryl Cherpitel, Rachael Korcha, Jacek Moskalewicz, Grazyna Swiatkiewicz, Yu Ye, Jason Bond
2. Evaluation of a computerized alcohol intervention implemented in a Swedish emergency department	Anna Trinks, Karin Festin, Preben Bendtsen, Per Nilsen
3. Mailed feedback for problem drinkers in the emergency department	Alys Havard, Anthony Shakeshaft, Katherine Conigrave
4. Patient reluctance to share alcohol and drug screening and intervention information with their physicians	J Paul Seale, J. Aaron Johnson, Alan Lyme, Sylvia Shellenberger

Parallel Symposium 4B <i>Alcohol prevention in mother and child health care</i> Chair: Per Nilsen Room: Hyppeln	
1. Preventive interventions for pregnant women: a systematic review	Erikson Furtado, Poliana P. Aliane, Vanessa G. Manesco
2. Alcohol prevention work in the antenatal care in Sweden	Eva-Karin Envall
3. Development of a research protocol for Brief Interventions for pregnant women in Brazil	Erikson Furtado, Poliana P. Aliane

Parallel Symposium 4C <i>Evaluation of EBI/SBI projects</i> Chair: Janie Sheridan Room: Asperö	
1. Factors associated with nurses' professional readiness to provide alcohol-related care for medical inpatients	Lauren Broyles, Kevin L. Kraemer, Barbara H. Hanusa, James F. Luther, Adam J. Gordon
2. Gender differences in the extent of brief intervention for alcohol problems	Barbro Engdahl
3. Examination of the characteristics of offenders identified by each screening strategy and the relative efficiency of the screening tools in the criminal justice system	Dorothy Newbury-Birch, M. Bland, P. Cassidy, S. Coulton, P. Deluca, C. Drummond, E. Gilvarry, C. Godfrey, N. Heather, E. Kaner, J. Myles, A. Oyefeso, S. Parrott, K. Perryman, T. Phillips

Friday 13.15-14.45

Parallel Symposium 5A <i>Alcohol and related problems</i> Chair: Ranjita Dhital Room: Skaftö	
1. Relationship between cancer mortality and alcohol consumption in the Luiz Antonio City, Sao Paulo State, Brazil, in the decade from 2000 to 2009	Maria Teresinha Martins Tonello, Luisa Soares da Silva Aliberti
2. Effectiveness of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) linked Brief Intervention	Sonali Meena, Robert Ali
3. Association between poly-drug use and alcohol consumption in an Irish cohort of methadone maintained patients	Jo-Hanna Ivers, Catherine Darker, Brion Sweeney, Haytham El Hassan, Bobby Smyth, Joe Barry
4. Brief interventions are effective in reducing alcohol consumption in opiate dependent methadone maintained patients: results from an Irish cohort	Catherine Darker, Brion Sweeney, Haytham El Hassan, Bobby Smyth, Jo-Hanna Ivers, Joe Barry

Parallel Symposium 5B <i>From implementation to institutionalization</i> Chair: John B. Saunders Room: Hyppeln	
1. Implementing alcohol brief interventions in Scotland – from policy to practice	Catriona Loots, Karen Cruickshank, Charlotte Woods
2. Evaluation of implementation of EIBI in the Vastra Gotaland region in Sweden 2006-2010	Per Blanck, Fredrik Spak
3. Alcohol issues in daily healthcare	Marika Holmqvist, Svante Pettersson, Preben Bendtsen, Fredrik Spak, Per Nilsen

Parallel Symposium 5C <i>Implementation of innovative alcohol interventions</i> Chair: Paul Wallace Room: Asperö	
1. Alcohol consumption and alcohol-related problems in young adult Czechs: is there need for brief intervention?	Ladislav Csemy, Hana Sovinova, Bohumir Prochazka
2. Internet-based self-assessment and monitoring of problematic alcohol and drug use: A randomized controlled trial	Kristina Sinadinovic, Anne H Berman, Peter Wennberg, Magnus Johansson, Dan Hasson
3. Web-based brief personalized feedback intervention in a non-treatment seeking population of heavy drinkers, a randomized controlled trial	Anders Blodel Gottlieb Hansen, Ulrik Becker, Anette Nielsen, Morten Grønbæk, Janne Tolstrup
4. Evaluation of two IVR systems for problematic alcohol use in three Swedish settings	Mikael Gajecki, Claes Andersson, Anne H. Berman

KEYNOTE ABSTRACTS

Keynote address 1

Author

John B. Saunders

Faculty of Health Sciences, University of Queensland, Brisbane, Queensland, Australia; and Faculty of Medicine, University of Sydney, Sydney, New South Wales, Australia

Title

Global perspectives on implementation of screening and brief intervention

Abstract content

The concept of screening and brief intervention arose from concerns that reduction of alcohol-related harm in the community was seriously limited by the focus, up to the late 1970s, on treatment of patients with serious alcohol-related disorders. This traditional focus failed to recognize the considerable pathology that occurred in persons who never sought treatment for their alcohol problems. A WHO Expert Committee identified the compelling need for the development of techniques for identifying hazardous and harmful alcohol consumption and for providing therapy at this stage as a basis for population-level prevention of harm. Arising from this was a series of WHO collaborative studies. These led to the development of the AUDIT questionnaire and the development and evaluation of brief therapies suitable for a range of care settings. The AUDIT questionnaire now has worldwide application and several derivations of it exist for particular settings and purposes. There has accumulated compelling evidence of the effectiveness of brief interventions in reducing hazardous alcohol consumption, alcohol-related problems and mortality. However there continues to be limited uptake of these interventions in the health care system. The presentation will focus on some of the key issues influencing the uptake of brief interventions, particularly in relation to the traditions and systems of remuneration of different professions and the expectations of the general population of primary health care. It will draw upon WHO's global alcohol strategy to indicate approaches to further promote brief interventions. The role of questionnaires and structured therapies may be more to support education training and systematic practice rather than being employed in the original format anticipated. Given the continuing increase in alcohol related problems in many parts of the world, the use of approaches to identify and treat them at an early stage is as relevant as ever.

Keynote address 2

Author

Siw Carlfjord

Title

Implementation of new methods

Abstract Content

Implementation of new methods into primary health care (PHC) is a slow and often unpredictable process. Various implementation strategies and different models are presented in literature, for example the PARIHS model, the KTA model and the Greenhalgh et al conceptual model. Important factors that have been shown to influence outcome are characteristics of the new method (the innovation), characteristics of the potential adopters, implementation efforts and context. These factors have been studied at the implementation of a computerized tool for brief intervention regarding alcohol and physical activity into PHC in Sweden. The speech will give a brief introduction to implementation theory and include examples from the present study.

Keynote address 3

Author

Deborah Dawson

Title

Risk drinking: At risk for what?

Abstract Content

This presentation has multiple aims. First, it will address the conceptual problems of defining risk drinking, e.g., identification of the appropriate referent group, types of harm that should be addressed, prospective versus cross-sectional measurement of harm, which consumption measures should be used for what types of harm, etc. Second, it will summarize risk curve information for different types of harm from meta-analyses of large, prospective data sets, as well as from the authors' own analyses of data from the National Epidemiologic Survey on Alcohol and Related Conditions. The range of harms considered will be broad, ranging from all-cause and cause-specific mortality and morbidity to alcohol use disorders and various measures of injury and social harm. Third, the presentation will summarize international variation in low-risk drinking guidelines, including a brief summary of the conceptual rationale that was used in the recent revision of Canadian drinking guidelines and a discussion of the impact of standard drink size. Finally, the presentation will describe a technique that has been proposed for validating low-risk drinking guidelines, using data from the US to compare a number of possible weekly and daily limits for low-risk drinking.

Keynote address 4

Author

Antoni Gual



In Catalonia (Spain), as a continuation of the Phase IV of the WHO Collaborative Study on alcohol, a training strategy aimed at identifying motivated general practitioners (GPs) and nurses and, through a training the trainers strategy, empowering them to deliver training to their peers and improve their practice, has been developed. The identification of motivated professionals in Primary Health Care settings, and their empowerment has been identified as a key factor in the dissemination and implementation of Screening, brief interventions and referral to treatment (SBIRT) in Catalonia. Sustainability of interventions appears to be more feasible when motivated professionals in the Primary Health System are empowered and given a key role in the implementation processes.

Author

Sven Andréasson

In Sweden a large scale implementation project on secondary prevention on risk drinking has been launched in 2004 to 2010. Results and experiences from this project will be presented.

ORAL ABSTRACTS

Parallel Symposium 1A:1

TITLE: On-line randomised controlled trial of a psychologically enhanced Internet based intervention compared with an information only website

AUTHOR: Paul Wallace, Elizabeth Murray, Jim McCambridge, Zarnie Khadjesari, Ian R White, Simon G. Thompson, Eleftheria Kalaitzaki, Christine Godfrey, Stuart Linke

ABSTRACT CONTENT

Introduction: Interventions delivered via the Internet have the potential to address the problem of hazardous alcohol consumption at minimal incremental cost, with potentially major public health implications.

Objective: The aim of the study was to identify website visitors with hazardous alcohol consumption and to recruit them to an on-line randomised controlled trial of the psychologically enhanced Internet based intervention compared with the comparator website. The objectives were to compare the changes in reported alcohol consumption and alcohol-related harm in participants in the two arms of the trial, and to calculate the relative cost-effectiveness of the two websites as a public health intervention.

Methods: A two-arm randomised controlled trial compared a psychologically enhanced Internet based intervention with an information only website for people with hazardous alcohol consumption, with follow-up at 1, 3 and 12 months. It was conducted entirely on-line through the Down Your Drink (DYD) website.

Results: A total of 7935 individuals who screened positive for hazardous alcohol consumption were recruited and randomized. At entry to the trial, the geometric mean reported past week's alcohol consumption was 46.0 (SD 31.2) units. Amongst the trial participants as a whole, consumption levels reduced at the principal 3 month assessment point to an average of 26.0 (SD 22.3) units. Similar changes were reported at 1 month and 12 months. The full findings analysed by randomised group will be presented.

Discussion: The trial demonstrates a widespread and potentially sustainable demand for Internet based interventions for people with hazardous alcohol consumption, which could be delivered internationally.

Parallel Symposium 1A:2

TITLE: Who uses online interventions for problem drinkers?

AUTHOR: John Cunningham, T. Cameron Wild, Keith Humphreys

ABSTRACT CONTENT

Objective: Data were drawn from a randomized controlled trial in which only a subset of individuals who were provided access to a web-based personalized feedback intervention (the Check Your Drinking screener; CYD; www.CheckYourDrinking.net) actually went online and used the intervention. The goal of this research is to understand why some people use online interventions for drinking problems while others with comparable access to the interventions do not.

Methods: As part of a randomized controlled trial, 92 participants in the experimental condition were provided access to a password protected version of the CYD screener. Information collected at baseline (demographic and drinking characteristics, participants' perceived risk about their drinking, and normative perceptions about the typical quantity consumed by others of the same age and sex) was compared between those who accessed the website and those who did not.

Results: Of the 92 participants in the experimental condition, 57 accessed the online CYD screener. Those who accessed the website tended to be more frequent users of the Internet, to drink less, and to perceive that others of the same age and sex drank less as compared to those who did not access the intervention.

Discussion: Some of these results are troubling as the preferred target of this type of intervention would be those who drink more and perceive that others are also heavy alcohol consumers. More research is needed to see if these types of results replicate in naturalistic settings and to further explore motivational factors that might explain why some problem drinkers access web based interventions while others do not.

Parallel Symposium 1A:3

TITLE: Institutionalization of mail based e-SBI to college and university students in Sweden

AUTHOR: Preben Bendtsen

ABSTRACT CONTENT

Introduction: Given the high prevalence of alcohol use in young adult student populations, several research projects have assessed the use of various forms of screening, partnered with brief interventions, in order to change drinking behaviors among university and college students. One promising new means of administering brief intervention the university students is through the use of internet or so called e-SBI.

Objective: Since several RCTs has shown that students receiving personalized normative feedback appears to effectively reduce alcohol use, misuse and related problems amongst university students we decided to develop a mail-based e-SBI that should be designed in such a manner that each local students health care center could administrate the e-SBI themselves.

Methods: Based upon the existing evidence of normative e-SBI to University and college students a mail-based e-SBI was developed. By logging into a web-page each local student health care center could send a mail to a selection of students, f.ex. all freshmen. In the mail to the students a link is provided to the e-SBI. After three weeks the link is closed and the student health care center can retrieve a 10 pages report with all relevant statistics about the student's alcohol habits.

Results: The Swedish National Institute of Health decided in 2008 to implement this mail-based electronic alcohol intervention concept in all universities in Sweden. So far more 20 out of 28 student health care centers in Sweden have joined the project. The results from surveys in different universities based upon more than 50.000 students will be presented.

Discussion: This wide-scale implementation of e-SBI to university students will be discussed wiht reference to usage and response by the students.

Parallel Symposium 1B:1

TITLE: Training of religious leaders on screening and brief intervention through a distance learning course

AUTHOR: Maria Lucia O. Souza-Formigoni, Denise DeMicheli, Eroy A. Silva, Yone Moura, Ana Paula Leal Carneiro, Monica Parente Ramos, Fernando A.B. Colugnati, Paulina C.A.V. Duarte

ABSTRACT CONTENT

Introduction: Due to the stigmatization of Alcohol and Other Drugs (AOD) users, people with AOD related problems, as well as their parents and relatives, frequently look for support in laic institutions before attending health services. In Brazil, AOD users and their relatives generally ask for advice and orientation from religious leaders or people engaged in non-medical approaches (Non Governmental Organizations (NGO) that provide social support, self-help groups such as AA, and NA) on how to deal with AOD-related problems. Considering the importance of spreading reliable information on AOD and training these leaders to screen AOD use, to carry out Brief Intervention or refer problem users to specialized services, the Brazilian National Secretary on Drug Policy (SENAD) in partnership with the Drug Dependence Unit (UDED) - Department of Psychobiology and the Department of Informatics in Health from the Universidade Federal de Sao Paulo (UNIFESP) developed a Distance Learning Course known as Faith na Prevenção.

Objective: To evaluate the adherence to the course, to describe the main characteristics of the participants and their evaluation of the course usefulness (satisfaction and applicability).

Methods: In the first edition, when 5000 places were offered, more than 7500 people enrolled to participate, and 4990 who presented the target public profile were selected to start the course. As regards socio-demographic characteristics, the participants were from both genders (approximately 50% each), most of them were aged from 28 to 47, with 11-14 years of formal education, belonging to middle/ upper-middle class (60%), working at religious (21.7%), NGOs (16 %) or therapeutic communities (9.9%). As regards religion, 30% were catholic and 26% protestant.

Results: Three months after admission they answered a knowledge test in which 72% passed and 1% failed. Twenty-seven percent gave up. The participants' satisfaction rates were high (very good/excellent) regarding knowledge acquisition (83.1%), tutors performance (71.6%), call-center effectiveness (70.6%), and didactic materials (80%). Most of them considered the information received useful for their routine activities and reported no previous experience on SBI. During the course 48.5% of them used SBI. The majority of the participants considered they were well prepared or completely able to screen people regarding alcohol (66%) or drug (61%) use and also able to conduct motivational interviews (68%), to help people in the development of strategies to reduce or stop AOD use (67%) and to adequately refer people to specialized services (74.5%). More than 90% intend to implement SBI in their workplaces, but believe they will find time availability (22%) and low support from their communities (21.6%) as their main barriers. On the other hand, 33.7% considered they will find no barriers to implement these actions and almost all (99.8%) would recommend the course to other people.

Discussion: The positive results obtained suggest good acceptability of this kind of initiative by religious, community and NGOs leaderships. A follow-up evaluation project is under way in order to evaluate the effectiveness of the training and the level of implementation of SBI between six months and one year after the end of the course.

Parallel Symposium 1B:2

TITLE: Brief interventions in Primary Health Care: Attitudes and effectiveness in clinical practice

AUTHOR: Cristina Ribeiro

ABSTRACT CONTENT

Introduction: Portugal has one of the highest levels of alcohol consumption and alcohol related problems (ARP) worldwide. The first level of Primary Health Care (PHC) intervention on alcohol is justified by the high economic, social and health costs, related to alcohol consumption. An assessment of the general practitioners (GP) needs followed by EIBI was implemented in PHC patients after a training program and support in the implementation.

Objectives:

Assess SAAPPQ questionnaire on Family Physicians/General Practitioners in a group of Primary Health Care Centers located in the District of Lisbon;

Check if the Physician's training on Brief Interventions to approach alcohol consumption related problems with support contributes to change their attitudes and behaviors towards hazardous and harmful alcohol consumers;

Check if Brief Interventions are effective to reduce alcohol consumption of patients detected as risky consumers.

Conclusion: There was a positive attitude of physicians from the first stage to the second stage in the physicians of the experimental group. From 2.010 patients 60% were female, 18% were smokers and the average age was 54 years. 34% was risky drinking while 15% - binge drinking. The risky drinkers has a higher association with certain health problems such as lipid metabolism, smoking habits, diabetes and more family with history of alcoholism and a lower age of initiation. The decrease in consumption was observed on patients followed by physicians of the experimental group.

Discussion: Higher consumption is related with certain health problems such as lipid metabolism, smoking habits, diabetes, more family with history of alcoholism and a lower age of initiation of alcohol consumption. The decrease in consumption was observed on patients followed by physicians of the experimental group. Results demonstrate also that a better attitude of physicians in relation to patients with alcohol related problems (ARP) was related to the decrease in alcohol consumption of those patients.

Parallel Symposium 1B:3

TITLE: Training in SBIRT in medical schools in the US. An examination of physician education and training on conducting screenings, brief interventions and referral to treatments

AUTHOR: Manu Singh, Jennifer Kasten, Susan Hayashi

ABSTRACT CONTENT

Introduction: Within the United States, SBIRT is increasingly being incorporated into medical schools and residency programs. The purpose of this presentation to examine, within the United States, the training physicians receive on SBIRT both in school and as practitioners, measures used to assess the readiness for SBIRT implementation by residents and physicians in training and to report on who is actually delivering SBIRT services.

Objective: The objectives for this presentation are addressed in the following research questions:

1. What training and education are medical students, residents and practicing physicians receiving on SBIRT?
2. What markers are being used to confirm the readiness of residents, practicing physicians, and the medical environment to perform SBIRT services?
3. Who actually performs SBIRT services in medical setting?

Methods: Multi-method approaches was employed including six focus groups with medical students (n=47), four focus groups with residents (n=52); surveys with medical students (n=1152) and residents (n=246); SBIRT practitioners in primary care, hospital, and emergency department settings (n=283). Medical student participants represent approximately 10% of all medical students and residents in the U.S. Data was collected as part of several U.S. Federally funded research studies.

Results: Results include that

- Medical student focus group participants reported feeling competent to address readiness to change but not to skills in doing further counseling
- 43.7% of medical students have had 10 or more hours of formal instruction on substance abuse.
- 33.2% of residents had 10 or more hours of formal instruction on substance abuse.
- Approximately, 50% of individuals conducting screening and brief interventions were either currently or previously certified in addiction treatment.

Discussion: Given most medical students and residents believe they have some but not enough substance abuse training, identifying ways to integrate SBIRT training across the professional lifespan beginning at the pre-clinical level and beyond. The implications for these findings are that in order to integrate SBIRT into primary care settings, training needs to be integrated into pre-clinical, clinical, residency and practicing physician training.



Parallel Symposium 1C:1

TITLE: Successful intervention by shifting focus from alcohol to patient agenda

AUTHOR: Sven Wåhlin

ABSTRACT CONTENT

Introduction: The traditional approach of alcohol screening followed by brief intervention has been the main focus of numerous studies worldwide. However implementation in the family physicians ordinary activities has been discouraging, and often encountered resistance. An alternative intervention is suggested here, more concordant to many doctors' routines and perhaps suited as an alternative in many primary care settings.

Objective: The basis of family physician consultations is a patient concern about a health problem. This problem is the natural focus of the patient as well as of the doctor. There is generally a discussion between doctor and patient covering causes of the disease, and pharmacological as well as life style interventions.

Methods: There is hardly any health condition where alcohol doesn't have a potential influence, irrespective of consumption level. Without having discussed the patient's life style or alcohol consumption it is relevant in good care to inform about all possible factors that could influence the condition, including alcohol. Various situations in a consultation where alcohol naturally could be brought up are exemplified.

Discussion: The advantages are that the alcohol intervention becomes more relevant to patient agenda. Potential or obvious relation to the health problem could become a motivator for change of habits. The doctor gets another tool in the management of, sometimes obscure, health problems. There is a need for doctors having more knowledge about the physiological and pathophysiological effects of alcohol, the variations in individual susceptibility, and skills communicating this to patients.

Parallel Symposium 1C:2

TITLE: Engaging general practitioners in the prevention of hazardous and harmful alcohol consumption

AUTHOR: Miranda Laurant, Ivonne van Beurden, Peter Anderson, Reinier Akkermans, Richard Grol, Michel Wensing

ABSTRACT CONTENT

Introduction: Despite the evidence for screening and brief interventions in the prevention of hazardous and harmful alcohol consumption this approach is not well integrated in routine clinical practice yet. GPs feel, among other things, hindered by lack of basic training, time constraints, and doubts about the effectiveness of intervention. We developed and implemented a tailored multi-faceted improvement programme to engage general practitioners in integrating early identification and brief interventions (EIBI) in routine practice. The programme consisted of activities aimed at the provider, organisation and patients. The educational training sessions and support visits by our facilitator were tailored to needs and attitudes of the GPs.

Objective: In the presentation the following questions will be discussed: the effect of integrating EIBI in routine practice and factors that determine the implementation of such a programme.

Methods: Cluster randomized Controlled trial in 77 general practices. Audit of the electronic medical records and questionnaires at pre- and post-measurement. For process evaluation GPs in the intervention group were interviewed.

Results: The control group started with slightly higher screening and advice giving rates, but these were surpassed by the intervention group during the course of the trial. There was a tendency of all participating GPs to become more involved after enrolment. In the intervention group, the programme enhanced the initial improvement in behaviour and it tempered fading, compared to control group. Although at post-measurement screening and advice giving rates in both groups were comparable, the intervention group performed better compared to pre measurement, as opposed to the control group which performed less well. The absolute improvement in the intervention group of the average screening rates was 5% and of advice giving 2%. In the control group both rates were decreased by 3%. The content of the given advice slightly shifted for the better. Both groups reported to have handed out more information material and to have conducted more counselling therapy at post measurement. The most obvious changes are related to the intervention group less frequently referring patients to local addiction services and prescribing less medication at post-measurement and putting more emphasis on the follow-up of patients at post-measurement. None of these changes were, however, statistically significant.

Discussion: The tailored multi-faceted programme did not result in significant differences in change between the intervention and control group, but there were signs of a positive effect of the improvement programme on both screening and advice giving behavior. To prevent fading of new behaviour repetition and ongoing support is recommended. Furthermore, on the basis of other studies we recommend to involve other team members, like practice nurses and nurse practitioners, so that they become more involved in the uptake of screening and advice giving behaviour.

Parallel Symposium 1C:3

TITLE: Intervention for excessive alcohol consumption in primary health care: attitudes and practices of GPs in England ten years on

AUTHOR: Graeme Wilson, Catherine A. Lock, Nick Heather, Paul Cassidy, Marilyn M. Christie, Eileen F. S. Kaner

ABSTRACT CONTENT

Introduction: Alcohol related problems are a major contributor to morbidity and premature death worldwide. However, the demonstrated potential of screening and brief alcohol intervention has not yet been fully realised. In a survey conducted in 1999, GPs indicated that although they were prepared to counsel patients about reducing alcohol consumption, more information, training and support were needed to counter their low motivation and perceived lack of effectiveness in doing so.

Objective: This study aimed to assess the current knowledge, attitudes and practices of GPs concerning brief alcohol intervention and to examine whether these had changed over the last ten years, in light of recent health policy initiatives, by comparing GPs' current responses with findings from the previous study.

Methods: A postal survey was administered in 2009 to 419 GPs (one GP per practice) in the English Midlands, repeating a previous survey conducted in 1999. In total, 282 GPs (73%) responded to the survey which included an embedded Shortened Alcohol and Alcohol Problems Perceptions Questionnaire.

Results: Whilst GPs reported treating more patients for alcohol problems than in 1999, fewer routinely asked about alcohol (14% versus 32%). Most (94%) said they were prepared to counsel patients and 60% felt effective in doing so, rising to 82% given more information and training. The respective figures from 1999 were 81%, 21% and 56%. Being busy (63%) and lacking training (57%) or contractual incentives (48%) were key barriers to alcohol intervention.

Discussion: GPs report being more committed and prepared to tackle alcohol problems than they were ten years ago but paradoxically less proactive in asking about alcohol. GPs may need training and support to facilitate screening for alcohol problems. It was also clear that prioritisation of alcohol in the general medical services contract would encourage more alcohol intervention. However, there was a reduction over time in the proportion of GPs reporting a wide range of barriers to alcohol intervention.

Parallel Symposium 1C:4

TITLE: The effectiveness of general practitioners (GP) screening and BI in reducing alcohol consumption among patients in primary care in Italy

AUTHOR: Tiziana Fanucchi, Ilaria Londi, Laura Mezzani, Elena Vanni, Valentino Patussi

ABSTRACT CONTENT

Introduction: The study will continue as an ongoing pilot project following the World Health Organization Collaborative Study. Research has established the effectiveness of Brief Intervention (BI) in decreasing alcohol consumption among both male and female primary care patients, and among older and younger adults (Whitlock et. al. 2004). A review of studies reported that BI reduced alcohol consumption between 13-34% and reduce mortality rates among problem drinkers from 23 up to 26% (Cuijpers et. al. 2004).

Objective: The aim was to evaluate the effectiveness of general practitioners (GP) screening and BI in reducing alcohol consumption among patients in primary care in Italy.

Specific objectives are: make a standard tool (package) to implement BI in Italian primary health care; train a sample of Italian general practitioners to use package;

observe alcohol consumption in a population that go to the general practitioner; make Early Identification and BI in 2 sample of hazardous Drinkers; evaluation of results.

Methods: All people complete the questionnaire, then the subjects have been identified to be included in the study. The experimental group was subjected to BI. Just the subjects who showed an AUDIT score 9-18 (inclusive) were enrolled in the study. The study protocol provided for each GP to recruit 6 cases and 6 control subjects. In the meanwhile of enrolment the appointment for a visit were arranged after 6 months and after 12 months where completed the BI and the last parts of questionnaire.

Results: As noticed in the most part other studies concerning Brief Intervention (Wutzke et al, 2002) the control group in the current project showed a reduction in alcohol consumption at 12-month follow up. This could be caused by a regression to the mean effect or by a therapeutic effect of the assessment process. The present study confirm that also in Italy Audit test is an effective and cost efficient screening instrument.

Discussion: Primary care provides an excellent environment to combine opportunistic screening mechanisms and early intervention strategies to reduce the burden of excessive alcohol consumption on individual, health system and society. Further research is required to tackle the most effective means of implementing screening and BI strategies. Should be important to extend the research to all contexts of the primary care, especially at the workplace settings in order to test AUDIT as definitively.

Parallel Symposium 2A

TITLE: Presentation of the forthcoming ODHIN project. A study on how to translate new evidence-based clinical practices into health service provision

AUTHOR: Antoni Gual, Fredrik Spak, Preben Bendtsen, Pierluigi Struzzo, Lidia Segura, Peter Anderson, Eileen Kaner

ABSTRACT CONTENT

Introduction: ODHIN will provide over four hundred months of a plurality of scientific endeavour to help bridge the know-do gap between scientific findings and everyday clinical practice by building a knowledge base on how health information, interventions and new evidence-based clinical practices are translated into health service provision for identification and brief intervention programmes for hazardous and harmful alcohol consumption in primary health care settings.

Objective: To provide an overview of the project to the audience.

Methods: Four presentations of 10 minutes plus group discussion.

Results: To obtain feed back from the audience in order to improve Odhin's design.

Parallel Symposium 2B

TITLE: The Swedish national risk drinking project: Structure and methods

AUTHOR: Sven Wåhlin, Astri Brandell Eklund, Ragnhild Ivarsson Walther, Åsa Wetterqvist, Ylva Lyander, Eva-Karin Envall, Åsa Heimer

ABSTRACT CONTENT

Introduction: The Risk Drinking Project is a governmental initiative taken with the aim that the issue of alcohol consumption should be raised more often in primary health care and occupational health services (OHS). This symposium focuses on the structure and methods of the project. Variations in sub projects, aiming at different professions, will be described.

Objective: The objective of the Risk Drinking Project is that the issue of alcohol habits shall be a natural element in the daily health care work - integrated in such a way that it reflects the importance of alcohol as a source of medical injuries and illnesses.

Methods: The Risk Drinking Project is a governmental initiative, started in 2004. Eventually the project gained considerable financial support; 6 million Euro in 2007 (2/3 from government and 1/3 from regional health authorities). The work is mainly conducted in local projects in each county, with a national project as a motor and coordinator. There is collaboration with the professional scientific organizations and professional networks play an important role. Educating educators has been a successful mean of implementation. Motivational interviewing is a primary method for all sub projects.

The sub projects reflect a broadened view of primary health care; what is the first care you would naturally seek if you have a health problem? Most people would see their GP, or the reception nurse/district nurse. Some would use the internet for advice. Students visit their student health care; employed their OHS; parents to young children their child health care and pregnant women their maternity health care.

In this project, the concept of alcohol problems is confined to risk drinking (hazardous use). This is much due to the resistance by health personnel in raising the issue of alcohol with patients, since it is often conceived as a sensitive matter and sometimes felt too personal or taboo. There is a fear of lack of personal competence and limited support systems if severe alcohol problems are revealed. Moreover, many feel there is not always obvious medical relevance, i.e. lack of knowledge about the relation of alcohol to a range of medical problems.

Results: An evaluation from Linköping University contains a baseline survey 2005-2006 and a follow-up survey 2008-2009. The results show considerable improvements in almost all studied parameters; discussions about alcohol consumption have become more frequent, and care-givers feel more comfortable in giving BI. It also seems like the concept of "risk drinking" (hazardous use) has been established. The scientific analysis of the results will be presented elsewhere during the conference while this symposium focuses on the structure and methods of the project.

Parallel Symposium 2C

TITLE: SBIRT projects in the US. Presentation of different implementation strategies

AUTHOR: Leigh Fischer, Brie Reimann, Alissa Almeida, Lee Ellenberg, Stephen O'Neil

ABSTRACT CONTENT

Introduction: Facilitators will discuss the screening, brief intervention, and referral to treatment (SBIRT) projects in Colorado, Massachusetts, Washington and Georgia- funded by the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Specific implementation models utilized in each state will be described, with an emphasis on lessons learned integrating alcohol screening and brief interventions in emergency departments, primary care clinics, inpatient hospital units, community health centers and HIV/AIDS clinics and case management organizations. The presenters will share the policies and practices necessary to institutionalize screening and brief interventions in diverse settings.

Objective: As a result of attending this session, conference participants learn to:

1. Describe Screening Brief Intervention Referral to Treatment (SBIRT) and the evidence supporting SBIRT, including data and outcomes collected through the SBIRT initiatives in Washington, Massachusetts, and Colorado.
2. Formulate practical methods for implementing SBIRT into practice in emergency departments, inpatient, primary care, and HIV/AIDS clinical and community-based settings.
3. Examine solutions to common perceived barriers.
4. Devise methods for sustaining SBIRT in a variety of settings.

Methods: Teaching strategies for this symposium will include:

- Presentation on different models of SBIRT implementation strategies.
- Utilization of needs assessment to implement SBIRT in unique settings.
- Development of action plan for institutionalization of SBIRT.
- Identification of practice standards, training techniques, record documentation, fidelity measures, and policy recommendations.

Results: Results from the statewide SBIRT projects in Colorado, Massachusetts, Washington and Georgia indicate that SBIRT can be successfully tailored to diverse settings and populations in order to effectively identify and address hazardous and harmful alcohol, tobacco, and drug use. This presentation explores the obstacles that hinder the efficacy of SBIRT, and identifies the administrative and policy considerations that are necessary for effective implementation and institutionalization in a variety of settings.

Discussion: Recommendations will be made for standardizing SBIRT in various settings, including hospitals, clinics, and community based organizations. Participants will learn how to apply a systematic approach to screening; how to train providers and other health care professionals to conduct screenings and brief interventions; and how to anticipate and overcome potential barriers in order to ensure sustainability of screening and brief intervention services.

Parallel Symposium 3A:1

TITLE: Evaluation of STAD's education in alcohol prevention for primary care

AUTHOR: Håkan Källmen, Ylva Nork, Kristina Marttinen, Josefin Backström

ABSTRACT CONTENT

Introduction: A reduction in consumption of alcohol among risk consumers has been shown for screening and brief intervention (SBI) to persons with hazardous alcohol consumption according to the SBU (The Swedish Council on Health Technology Assessment). Consequently, there have been several attempts to implement the method in the Swedish primary care. However, both Swedish and international studies have shown that SBI has not been implemented in the desired extent. Moreover, the proportion of the health care staff who asks their patients, questions about alcohol use are low. Giving advice for a healthier drinking behaviour to the patients is even less common. To facilitate implementation, a National Risk Drinking Project was formed with the purpose to support county councils in their daily work. STAD (Stockholm prevent alcohol - and drug problems) was responsible for the Stockholm part of the project and conducted training of the primary care staff in the region.

Objective: The present study aimed to evaluate STAD's education in SBI. The question at issue was whether the staff perceived the implementation as facilitated after training.

Methods: The staff (N = 432), both health professionals and administrative staff, at all health care units in Stockholm County, was given the opportunity to participate in the study. However, only 153 (35.4%) completed the baseline survey before training and were registered as participants in the study. The participants were also asked to complete a questionnaire, at 6 and 12 months after training. Due to a wish to train as many as possible it was impossible to have a non-trained control group during the whole study period but at the 6 and 12 months follow-up was untrained staff on the waiting list for training used as controls.

Results: The trained group reported a significant reduction of certain barriers to prevention efforts over time from baseline to six-month follow-up. A statistical significant increase was found at both 6 and 12 month follow-up for: knowledge of limits for risk consumption; positive view of practical guidance; knowledge of various screening methods; and the ability to give correct advice on alcohol. A comparison between the trained group and the untrained control group at both 6 and 12 month follow-up showed that the trained group reported better understanding of the limits of risk consumption; perceived clearer procedures for what to do in case of positive findings; and also looked more favourably on the practical guide.

Discussion: The knowledge and skills to implement the SBI, as well as the confidence in the staff's own ability to give correct advice was increased after the training. However, there are no clear indications that the labour organization has changed despite the fact that respondents perceived improved practices. In addition, and perhaps more important, we can not say if more preventive measures were actually performed after the training or if there was any difference in preventive measures between the trained group and the untrained controls.

Parallel Symposium 3A:2

TITLE: Performance measures for substance use screening and brief intervention in hospitals: Advocacy or evidence-based practice?

AUTHOR: Richard Saitz

ABSTRACT CONTENT

Introduction: The Joint Commission (accredits hospitals in the US) proposed performance measures for screening and brief intervention (SBI). Performance measurement makes sense as part of a strategy to improve care when they are evidence-based; but these measures and practices are not.

Objective: The objective of this presentation is to point out how policy to implement SBI widely can go far beyond the evidence. Of note, the abbreviation EBI is not used in this abstract because it can be misleading--screening does not identify only early cases; it identifies the full spectrum of unhealthy alcohol and drug use, from use to dependence.

Methods: The presentation is a synthesis of evidence published in the peer-reviewed scientific literature that is relevant to understanding the appropriateness of proposed national hospital SBI performance measures.

Results: The proposed SBI performance measures inappropriately assume that interventions that work in 1 setting (primary care outpatient practice) would work in another (hospital); treatment would have the same benefits for persons identified by screening as those with symptoms who seek help; treatments that work for persons less severely affected would also work for those with more severe illness; and an approach that works for nondependent, unhealthy alcohol use would work for drug use.

Discussion: Performance measures should assess evidence-based practices, and SBI in hospitals is not evidence based. Routine care should include asking about substance use and making care available. But asking should not be confused with SBI--the use of a validated questionnaire and counseling aimed at substance use. Advocacy and policy play very important roles in getting good care to patients but this is not the time to allow them to trump the need for evidence to support best practices for patients.

Parallel Symposium 3A:3

TITLE: Implementation of an alcohol program in a university hospital: Goals, obstacles and solutions

AUTHOR: Beatriz Rosón Hernández, Maria Rosa Hernandez Ribas, Ana Belen Martinez Gonzalo, Ferran Bolao Baro, Ramon Pujol Farriols, Jose Manuel Menchon Magrina, Mar Lazaro Diaz

ABSTRACT CONTENT

Introduction: Although hospitals are particularly well suited to screening for alcohol use, patients with alcohol-related problems are often unidentified during hospitalization. Due to the existing gap between the presence of alcohol-related problems and their recognition and assessment, we have developed a pilot program to detect and treat alcohol consumption and its consequences among hospitalized patients. Our program was initially developed to provide structured care for patients hospitalized with alcohol-related complications.

Objectives: The objectives of the program are: 1) to provide an integrative care to patients with alcohol consumption, 2) homogenization and improvement of detection methods and treatment, and 3) coordination between different levels of care. We used the model for implementing changes described by R. Grol (Grol R. BMJ. 1997;315:418-21).

Results: The steps and the interventions linked to them were the following: 1. Develop a concrete proposal for changing clinical practice. Development of a protocol for detection and intervention in hospitalized patients, and a protocol for early diagnosis and treatment of alcohol withdrawal. 2. Identify obstacles to change related to the clinicians (knowledge, skills, attitudes, habits), to the social context (reactions of patients, colleagues, authorities), and to the organizational context (available resources, organizational structures, etc). 3. Link interventions to obstacles. For example, to improve lack of motivation to change among personnel, we had unit meetings to discuss the new procedures and how to overcome problems in their implementation. Formal protocols were spread among staff. To overcome difficulties in transmitting information on alcohol-related harm, and homogenize care we developed simple pocket-guides with information on the procedures. To avoid relapse into old routines, we have performed audits and have compared the results between units and have provided feedback. We have also search for evidence when implementing new steps. 4. Develop a plan with clear intermediate goals and fixed scheduled. For example, to perform a sequential implementation of the program in the different units with initial direct supervision of case-detection to improve interest and understanding. A second step was to improve abilities and knowledge by small group training and finally we have encourage units already on the program to run autonomously in order to expand the program. 5. Carry out the plan and evaluate progress with continuous assessment and validation of diagnostic methods, monitoring quality of care and offering assistance adapted to the results obtained.

Discussion: The adaptability of this model of implementation has allowed us to develop a brief intervention and referral to treatment program in the hospital setting. As consequence of constant evaluation of its progress, we have expanded and improved activities and program acceptance. Currently, we evaluate acute care patients, regardless of their reason for admission, and provide a comprehensive evaluation of alcohol consumption, and its physical and psychological consequences. In addition, we focus on early detection, prevention, and treatment of alcohol withdrawal.

Parallel Symposium 3A:4

TITLE: The experience of the Region Friuli, Venezia Giulia, Italy

AUTHOR: Pierluigi Struzzo, Luigi Canciani

ABSTRACT CONTENT

Introduction: Effective methodologies and strategies are usually proposed and implemented by administrative or academic bodies such as the NHS, Regional administrations or Universities. When Central Bodies have different priorities, the work of the local communities can be crucial to propose and support the implementation of strategic projects such as EIBI.

Objective: To describe the bottom-up approach followed by a small municipality to include EIBI into the Region Friuli Venezia Giulia health policies for primary health care workers.

Methods: The experience of the Udine group will be presented. Following the WHO Phase IV project, to increase the probabilities of SBI implementation, a link was created with other local authorities. A community research centre was created within a small municipality including GPs social workers and community nurses. Projects were proposed, funding and visibility were obtained. Medical Societies at Regional and National level endorsed the method. The Regional Centre for the training in Primary care proposed the training package to the trainees and the Faculty of Medicine allowed on seminar on BI.

Results: EIBI on unhealthy lifestyles is now an official training topic of the Regional school for future GPs. Links are made with Cardiologists and Public Health experts. Financial incentives are allocated for the start-up of 1200 GPs. A dedicated website is active with a specific software were created to monitor GPs activities.

Discussion: Local authorities and elected policy makers play an important role in the spreading of any community project and they can have a leading role in disseminating SBI and involving new settings.

Parallel Symposium 3B:1

TITLE: Evaluation of the brief intervention applied by high school teachers at risk drinkers

AUTHORS: Raul Martins, Luciana Nogueira Cruz, Izabella A. Silva, Antonio Jose Manzato, Patricia S. Teixeira

ABSTRACT CONTENT

Introduction: A national survey on the consumption of alcohol conducted in 2007 in Brazil showed that the average age to start drinking is 13.9 years and 13% of the adolescents are drinking heavily (drink once a week and consume five or more doses).

Objective: The present study reports the results of a brief intervention (BI) applied by teachers of a Public High School in the State of Sao Paulo, Brazil.

Methods: Screening made use of AUDIT. The interview and the four months follow-up, after the application of the BI, made use of the tests Quantity and Frequency and AUDIT. The school had 221 students enrolled in the year of 2009. 82% of them answered the initial survey. The Audit used a cut-off point of 8 and indentified 10.4% of the students as at-risk drinkers. The at-risk group received a modified brief intervention adapted from the BASICS procedure, applied by teachers of the school.

Results: Analyses, making use of MANOVA with repetitive measures, show that the at-risk group reduced considerably its pattern of consumption in all evaluations (frequency, quantity, binge and AUDIT) after the four-month follow-up and the intervention.

Discussion: The results show that it is possible to train teachers to apply brief intervention having positive results.

Parallel Symposium 3B:2

TITLE: The potential for implementing BI in the Criminal Justice System in the North East of England

AUTHOR: Dorothy Newbury-Birch, Ruth McGovern, Nicola Brown, Eileen Kaner

ABSTRACT CONTENT

Introduction: For centuries, alcohol has played an important part in the British culture. However, there is rising concern from the government and the general public that the current levels of crime, disorder and anti-social behaviour and ill health caused by alcohol consumption are unacceptable and need to be tackled. It is estimated that around a quarter of the general population in England aged 16-64 have an Alcohol Use Disorder (AUD) with around 4% being possibly alcohol dependent.

Objective: The aim of this presentation is to examine levels of alcohol use disorders amongst three distinct groups of individuals within the criminal justice system in the North East of England: convicted youths (CY); convicted adults (CA) and adults who have been arrested (AA). This baseline is necessary to assess the potential for Alcohol Screening and Brief Interventions (ASBI) in this section of the population.

Methods: A quantitative prevalence study using anonymous questionnaires was carried out in youth offending teams and institutions; adult probation, prisons and police settings in the North East of England. Data was collected for 3 months in the police setting and for one month in each of the other settings. Participants voluntarily completed the Alcohol Use Disorder Identification Test (AUDIT) questionnaire. An (adult) AUDIT score of >8 indicates an AUD whilst a score of >20 was used to determine possible alcohol dependence. The AUDIT was used with each of the three groups.

Results: In total 1260 AUDIT questionnaires were completed (411 CY; 673 CA and 176 AA). Sixty five percent of the total sample scored positive for an AUD (65% CY; 63% CA and 75% AA). Prevalence of alcohol dependence was 32% overall (29% CY; 35% CA and 27% AA).

Discussion: The prevalence of AUDs in the criminal justice system in North East England is considerably higher than in the general population. Although the prevalence of AUDs is highest amongst the arrestees, the prevalence of alcohol dependence was highest amongst convicted adult offenders. The rates of AUDs in young people are of particular concern.

Parallel Symposium 3B:3

TITLE: Barriers and incentives to screening and brief interventions in community pharmacies in New Zealand and England: a qualitative study of pharmacists' views

AUTHOR: Janie Sheridan

ABSTRACT CONTENT

Introduction: Barriers and incentives to screening and brief interventions in community pharmacies in New Zealand and England: a qualitative study of pharmacists' views.

Primary care-based screening and brief interventions (SBI) for drinkers who drink above safe have been shown to be effective at reducing alcohol consumption. However, whilst many GPs and practice nurses engage in routine SBI, many do not. To increase the potential for opportunistic SBIs in primary care we need to look at other professional groups. Community pharmacists are widely available without the need for an appointment. Proof-of-concept studies conducted in the UK indicate both feasibility and acceptability with regards to pharmacy-delivered SBIs for drinkers.

Objective: Building on earlier quantitative research in New Zealand (NZ), we aimed to probe more deeply into some of the issues in relation to pharmacists' involvement.

Methods: Qualitative, tape-recorded interviews were carried out with 40 community pharmacists in New Zealand and the England. This presentation focuses specifically on barriers and potential incentives for the delivery of SBIs in community pharmacy.

Results: The main barriers described by pharmacists related to concerns about negative patient response, lack of training and confidence, lack of time, previous bad experiences with other health promotion campaigns. Incentives included a public health campaign aligned to the service, availability of screening tools and appropriate interventions, remuneration and enhancement of their professional role.

Discussion: Our sample represents a wide spectrum of community pharmacists in the two countries, but generalisation is difficult with a small sample. However, the data have already proved useful with respect to designing a pilot RCT and will be useful for planning interventions and training in the future.

Parallel Symposium 3B:4

TITLE: The provision of an alcohol screening and brief intervention to pharmacy customers by community pharmacists: preliminary findings

AUTHOR: Ranjita Dhital

ABSTRACT CONTENT

Introduction: Currently the feasibility and effectiveness of SBI in pharmacy settings remains relatively unexplored. Objective: To evaluate the experiences of pharmacy customers utilising an alcohol SBI delivered by community pharmacists.

Methods: Pharmacy customers were approached by staff to participate in SBI at 28 community pharmacies with consultation rooms (within NHS Lambeth, London, UK). Customers with AUDIT-C scores > 3 (women) and > 4 (men) were classified harmful/hazardous drinkers and provided with feedback. Drinking patterns during the past seven days were recorded using a diary. A self completed feedback questionnaire was provided to gain customers' experience of SBI.

Results: During the first nine weeks of the study 156 customers were offered the service (59 by pharmacists and 97 counter staff). Of these 70 (43 male), mean age 43 years (%12.8), agreed to participate (response rate 45%).

High proportion of customers screened were identified as harmful/hazardous drinkers (60, 86%), with most females (25, 93%) in this category. The mean AUDIT-C score (7.0 %3.0), (female = 7.1 %2.8; male = 7.0 %3.1) and reported alcohol consumed over the preceding seven days, (female = 25 units %29.6; male = 23 units %27.1) were both above low risk limits. Of those who completed customers' feedback questionnaire (36; 51%), found the service informative, helpful and friendly. Customers also reported that they would participate again (21; 60%) and suggest the service to others (27; 77%). The pharmacy consultation room was rated by the participants as comfortable (27; 77%), confidential (30; 83%), quiet (25; 69%) and private (30; 83%).

Discussion: Customers were positive about participating in SBI. A three month follow-up of customers' drinking behaviour and an economic evaluation will be undertaken.

Parallel Symposium 3C:1

TITLE: In randomisation we trust?

AUTHOR: Jim McCambridge

ABSTRACT CONTENT

Introduction: Randomisation is the most important means of controlling bias in estimating the effects of brief interventions in randomized controlled trials. Indeed, it has been suggested that this is the sole defining characteristic of trials.

Objective: To explore the mechanisms by which bias may be introduced in behaviour change trials, and thus the possible limits of randomisation in experimenting with people.

Methods: Existing evidence on assessment and other forms of research reactivity will be reviewed from all domains of behaviour change trials and beyond.

Results: Plausible hypotheses concerning the possible limits of randomisation have not been systematically investigated in brief intervention trials, nor in other areas of behaviour change trials.

Discussion: The reasons for the lack of development of study of this crucial aspect of behaviour change trials are discussed. Hypotheses and study designs are proposed to guide new research which seeks to quantify problems with existing practice in the design and conduct of trials and to guide new methodological developments if required.

Parallel Symposium 3C:2

TITLE: Do change talk curve-profiles during a brief motivational intervention have an impact on drinking outcomes?

AUTHOR: Nicolas Bertholet, Mohamed Faouzi, Jacques Gaume, Cristiana Fortini, Gerhard Gmel, Jean-Bernard Daeppen

ABSTRACT CONTENT

Introduction: Patient change talk (CT) during brief motivational interventions (BMI) is considered critical for future changes in drinking. Nevertheless, little is known about the dynamics and profiles of CT during BMI and its relationship to drinking outcomes.

Objective: To determine various CT curve-profiles (defined as patient CT utterance sequences) during a BMI and to determine whether these profiles are associated with changes in drinking 6 months later. The study was done in a subsample of 62 sessions (as part of a BMI study with positive results conducted among 125 individuals receiving a 15.8%5.4 minutes BMI) recorded and coded using the Motivational Interviewing Skill Code.

Methods: Each subject CT utterance was graded according to its strength (1-3) and direction (towards (positive sign) or away (negative sign) from change/in favor of status quo). We used a curve clustering methodology based on a polynomial regression mixture model taking into account the differing length of the individual curve-profiles to identify groups of subjects with the same CT curve-profile. Kruskal-Wallis tests were used to compare drinking outcomes between the identified groups.

Results: 3 groups were identified: curve-profiles with 1) a slow decrease in mean CT, 2) a slow increase in mean CT, and 3) an early marked increase in mean CT maintained throughout the BMI. Changes in mean (SD) number of binge drinking episodes/month were statistically different between groups ($p=0.03$): group 1: -0.17 (4.10); group 2: -2.63 (2.83); group 3: -2.82 (4.17) but not changes in mean number of drinks/week: 0.44 (17.55); -6.08 (10.94); -5.80 (13.85), for group 1, 2, 3 respectively ($p=0.3$).

Discussion: Different type of CT curve-profiles can be identified. Subjects showing an increase in mean CT or an early marked increase in mean CT that was maintained throughout the intervention, showed reductions in drinking 6 months later. These results inform on BMI process and give further support to the importance of CT as a potential active ingredient of BMI.

Parallel Symposium 3C:3

TITLE: Perception of drinking of others in a sample of 20-year-old men: The more I think you drink, the more I drink

AUTHOR: Nicolas Bertholet, Jacques Gaume, Mohamed Faouzi, Jean-Bernard Daeppen, Gerhard Gmel

ABSTRACT CONTENT

Introduction: The amount a person drinks is influenced by their perception of drinking of others. This phenomenon has been studied extensively among students, but little is known about it in other populations.

Objective: We studied whether perception of drinking of others who are of the same age and sex is associated with one's own current drinking, and the factors that are related to this perception among young men. A random sample (n=433) from a census of 20-year-old Swiss men (n=9,686) estimated the percentage of others (same age and sex) who drink more than they do.

Methods: Using weekly alcohol use data of the census, we computed for each subject the percentage of people drinking more than they do. We compared the perceived to the computed percentage and classified the drinkers (n=404) as overestimating or not drinking of others. We compared the alcohol use of those overestimating to those who did not. We used regression models to assess the impact of age, education, occupation, living environment and family history of alcohol problems on estimations of drinking.

Results: Mean number of drinks/week (SD) in the 404 subjects was 7.95 (9.79), 45.5% overestimated drinking of others, 35.2% underestimated it and 19.3% made an accurate estimation. Overestimation increased as individual weekly drinking increased. Those overestimating drinking of others drank significantly more alcohol than those who did not (adjusted mean number of drinks/week (SE) 11.45(1.12) vs 4.50(1.08), $p < .0001$). Except for current drinking, no other variables were associated with overestimating.

Discussion: This study confirms prior findings obtained within selective student populations. It sets the stage for preventive actions, such as brief interventions including normative feedback based on social norms theory, to help reduce alcohol use in the general population, as well as among students.

Parallel Symposium 3C:4

TITLE: Brief Interventions in the routine of Primary Health Centers in Brazil: results of a phone survey

AUTHOR: Erikson Furtado, Milton R. Laprega

ABSTRACT CONTENT

Introduction: Beginning in 2002 the PAI-PAD/WHO project was started as part of the main project 'Dissemination of brief interventions for alcohol problems in primary health care: a strategy for developing countries', which followed the recommendations of the expert meeting in Alicante, Spain. Health professionals at the PHC level have been trained and health departments of dozens of municipalities received supervision for implementation of alcohol brief interventions (SBI) since then.

Objective: To evaluate the strength of the implementation of SBI in the routine of former (two or more years) trained primary health professionals (medical doctors, nurses, psychologists, social workers and community health agents) actually working in public health centers in the region of Ribeirao Preto, SP, Brazil.

Methods: A phone survey on a random sample of health professionals, with questions about the frequency of screening and brief interventions performed in the last three months before the interview.

Results: About 84 per cent of the phone survey respondents are actually conducting SBI in some way. Health professionals with a low educational level (LEHP: community health agents and nurse assistants) have the highest frequency of patient consultations (M = 80; SD = 122) in comparison with medical doctors, nurses, social workers and psychologists, or high education health professionals, HEHP, (M = 67.6; SD = 202). The difference was not found to be statistically significant. It changed when we look for the frequency of alcohol screening using AUDIT questionnaires (LEHP: M = 8.9; HEHP: M = 5.9; $KWht=4.05$, $p < 0.05$). The proportion of health professionals doing screening is higher among the LEHP (X = 5.85, $p < 0.05$), but there is no statistically significant difference for the proportions of LEHP and HEHP doing general education about alcohol risky use.

Discussion: Even two or more years after training the majority of health professionals working in public PHC centers remain conducting SBI in some way. Screening with AUDIT is more usual among health community agents because they have much more time and direct contact with the community, not only with patients coming for medical consultation, as is the case for high educational level health professionals, like medical doctors, nurses, social workers and psychologists. In several health centers the health managers have included AUDIT screening as routine in the consultation room or at least during health campaigns or by certain risk groups like, hypertension patients and pregnant women.

Parallel Symposium 4A:1

TITLE: 12-month SBIRT outcomes in a Polish emergency department: Findings from a randomized controlled clinical trial

AUTHOR: Cheryl Cherpitel, Rachael Korcha, Jacek Moskalewicz, Grazyna Swiatkiewicz, Yu Ye, Jason Bond

ABSTRACT CONTENT

Objective: A randomized controlled trial of screening

Methods: A randomized controlled trial of screening, brief intervention and referral to treatment (SBIRT) among at-risk and dependent drinkers was conducted in an emergency department (ED) among 446 patients 18 and older in Sosnowiec, Poland. Patients were randomized to one of three conditions: screened-only (n=147), assessed (n=152), and intervention (n=147). Patients in the assessed and intervention conditions were blindly reassessed via a telephone interview at 3 months, and all three groups assessed at 12 months (screened only = 92, assessed = 99, intervention = 87).

Results: At 12 months all three groups showed a significant reduction in at-risk drinking and number of drinks per drinking day. Significant declines were also observed for the RAPS4, number of drinking days per week and maximum number of drinks on an occasion for the intervention condition, and in negative consequences for both assessment and intervention conditions. No significant differences were found across groups for any of the outcomes at 12 months. While the intervention condition appeared to continue to improve in drinking outcomes between 3-month and 12-month follow-up, improvements found in the assessment condition at 3-months deteriorated by 12-month follow-up, and approached baseline values for some outcomes.

Discussion: Data suggest improved outcomes found in the assessment condition were not due to assessment reactivity. Although 3-month follow-up data were not obtained for the screened condition, data also provide support for the possibility that those in the intervention condition may undergo more sustainable long-term benefits compared to those in either the screened or assessment conditions.

Parallel Symposium 4A:2

TITLE: Evaluation of a computerized alcohol intervention implemented in a Swedish emergency department

AUTHOR: Anna Trinks, Karin Festin, Preben Bendtsen, Per Nilsen

ABSTRACT CONTENT

Introduction: This study evaluates a computerized alcohol intervention implemented in a Swedish emergency department (ED) with regard to the effectiveness of two different types of tailored brief feedback on patients' drinking patterns and the reach of the intervention. The study was a prospective, randomized controlled trial of ED patients. The designated target population was the ED population aged 18-69 years who registered at the triage room before receiving care.

Objective: Patients who were categorized as risky drinkers and completed the computerized test were randomized to either a long or a short feedback.

Methods: The feedback was tailored on the basis of the individual patient's responses to questions on their drinking patterns. The computerized intervention reached 41% of the target population. Those who completed the computerized test and received the feedback were younger than those who did not receive the intervention. Among those who could be followed up, the feedback was effective in reducing the patient's weekly alcohol consumption and the number of heavy episodic drinking occasions.

Results: The long feedback was slightly more effective than the short feedback, but the differences were not statistically significant.

Discussion: The long feedback was slightly more effective than the short feedback, but the differences were not statistically significant.

Parallel Symposium 4A:3

TITLE: Mailed feedback for problem drinkers in the emergency department

AUTHORS: Alys Havard, Anthony Shakeshaft, Katherine Conigrave

ABSTRACT CONTENT

Introduction: Evidence exists for the effectiveness of emergency department (ED)-based alcohol interventions, but the majority of these programs take the form of counselling brief interventions, and attempts to incorporate them into routine ED practice have been hampered by time, financial and attitudinal constraints. Mailed written personalised feedback, which is likely to be more feasible, has been associated with reduced alcohol consumption in college students, employees and the general population, but its cost-effectiveness in an ED setting has not been examined.

Objective: This study aims to examine the short-term efficacy and cost-effectiveness of mailed personalised feedback for problem drinkers ED patients in terms of quantity/frequency of alcohol consumption; frequency of heavy drinking; and frequency of alcohol-related negative consequences. This randomized control trial was conducted in EDs in rural NSW, Australia, because the health consequences of alcohol consumption are disproportionately high in rural areas of Australia relative to metropolitan areas.

Methods: Patients presenting to five rural EDs were screened using the Alcohol Use Disorders Identification Test (AUDIT), and those scoring 8 or more were randomly allocated to the intervention or control group. Participants in the intervention group received a letter in the mail that provided personalised feedback regarding their alcohol consumption in the context of normative data from the general population. The control group received no feedback. Follow-up interviews were 6 weeks after baseline screening.

Results: 244 (80%) participants were successfully followed-up at 6 weeks. At follow-up, intervention participants were consuming 2.6 fewer drinks per week than the control group after controlling for baseline consumption and other covariates (effect size $d = 0.15$). The effect of the intervention was significantly greater in participants who were screened after an alcohol-related ED presentation. The intervention did not have a significant impact on participants' frequency of heavy drinking.

Discussion: Mailed personalized feedback has a modest effect on alcohol consumption, but given the large number of problem drinkers in the ED that stand to benefit from an alcohol intervention, and the low cost of the program, its universal implementation could have a major public health impact. The enhanced efficacy in problem drinkers who had an alcohol-related index ED presentation indicates that where universal intervention is not feasible, targeting patients with alcohol-related ED presentations would be an efficient alternative.

Parallel Symposium 4A:4

TITLE: Patient reluctance to share alcohol and drug screening and intervention information with their physicians

AUTHOR: J Paul Seale, J. Aaron Johnson, Alan Lyme, Sylvia Shellenberger

ABSTRACT CONTENT

Introduction: Patients receiving alcohol and drug screening and intervention in medical settings often disclose high levels of alcohol and/or drug use that could impact their medical care. To protect patients and increase disclosure, U.S. confidentiality laws prevent release of information regarding substance abuse assessment and treatment without patient consent. Some physicians advocate waiving such procedures in SBIRT projects to facilitate medical decision-making. Impact of such a change is unknown.

Objective: To analyze patient willingness to share screening and intervention information with their physicians and to explore factors associated with granting permission to disclose this information in a project offering routine Screening, Brief Intervention and Referral to Treatment (SBIRT) services in an urban hospital emergency department in the southeastern U.S.

Methods: Clinical summaries written by 11 health education specialists were reviewed retrospectively for all patients seen between October 2009 and April 2010 who had ASSIST scores of 20 or more (n=324). The percentage of patients granting permission to disclose assessment information to the physician was calculated, and logistic regression was used to explore possible associations between this decision and patients' gender, race, age, self-reported substances of abuse, length of interview, and the individual conducting the interview.

Results: Among 324 patients with possible substance abuse or dependence (ASSIST score 20+), just over half (50.9%) of patients gave permission to share interview findings with their physicians, with a wide range among interviewers (7-82%). Logistic regression revealed that permission to share information was strongly associated with the individual conducting the interview. The substance of abuse and length of the interview also demonstrated associations that achieved statistical significance.

Discussion: Despite increasingly strong U.S. privacy safeguards, many patients are reluctant to share information about their alcohol and drug use with their physicians. Variations in permission rates by interviewer suggest that interviewer style and approach may significantly impact patients' willingness to grant permission to share this information. Future studies should explore the nature of patients' concerns and how effective interviewers address them.

Parallel Symposium 4B:1

TITLE: Preventive interventions for pregnant women: a systematic review

AUTHOR: Erikson Furtado, Poliana P. Aliane, Vanessa G. Manesco

ABSTRACT CONTENT

Introduction: Alcohol use during pregnancy is associated with greater chances of problems for the mother and fetus. There is no safe limits for alcohol consumption during this period. Nevertheless, about 20% of pregnant women in southeastern Brazil have an alcohol consumption that put the baby's health at risk.

Objective: This study described the scientific knowledge available focused on prevention of alcohol use during pregnancy.

Methods: A systematic review of the literature was conducted. The inclusion criteria were articles indexed in PubMed, Web of Knowledge and PsycInfo published until June 2009, in English, Portuguese or Spanish, with the keywords prevention, pregnancy, alcohol drinking and fetal alcohol syndrome, that presented and evaluated an intervention strategy aimed at preventing alcohol use during pregnancy, and assessed alcohol use as an outcome measure. Additionally, a manual search was performed in the references of papers that comprised the sample.

Results: We found 21 articles, all in English, and 20 of them from North America. Most were Longitudinal (18) and 10 were randomized clinical trials with control group. The most frequently intervention used were the Brief Interventions (06) and Motivational Interview (05). All of the studies used self-report measure to assess alcohol consumption, some accompanied by reports of others. A decrease in alcohol use was observed in 20 of 21 articles examined. A greater reduction in alcohol use was observed in six of nine studies in the group receiving the intervention compared with control groups.

Discussion: The data analysis demonstrates that it is possible to reduce the incidence of pregnancies exposed to alcohol through preventive interventions. Among the studies that used brief interventions, all showed a decrease in alcohol use. In two of them there were a significant decrease compared to the control group. The production-related topic is concentrated in the northern hemisphere. Researches involving the evaluation of preventive interventions, especially brief interventions, are being developed in Brazil by the authors. The evaluation of these interventions to Brazilian socio-cultural context will be important to implement effective strategies on public health.

Parallel Symposium 4B:2

TITLE: Alcohol prevention work in the antenatal care in Sweden

AUTHOR: Eva-Karin Envall

ABSTRACT CONTENT

Introduction: Since 2004 the Risk Drinking Project has been working with education of Swedish midwives concerning the risks of drinking alcohol during pregnancy. The increasing alcohol consumption during the last ten years is alarming and young people who are planning for parenthood can be at risk to have babies affected of alcohol. Therefore it is important that midwives have the knowledge and ability to give information in an adequate way. There is also a fact that women nowadays give birth later in life than 10-20 years ago. At the age of 28 -30 years women have developed their alcohol habits which, not always but sometimes, can be hard to change in spite of pregnancy.

Objective: Hundreds of Swedish midwives are now working with the Risk Drinking Project programme which is presented in a very simple way. The programme is based on modern research , Motivational interviewing , Alcohol Audit test and Time Line Follow Back. Guide lines and local net works are worked out at every special region considering its special needs. It is necessary to change pre-existant routines in the ante natal care to reach women in early pregnancy. This challenge seems to succeed in spite of the relatively short time the Risk Drinking Project has had the opportunity to spread the message.

Methods: During the year of 2007 a programme started for educating midwives in purpose to be local educators and take responsibility for educating their colleagues, for making inquiries about new research, keep guide lines and net works valid and to be the contact between the present region and the national Risk Drinking Project.

Results: It is necessary to continue the education of midwives in order to meet the lack of opportunities to get the knowledge and the confidence to work with alcohol prevention. It is a win-win concept. The midwife feels safe in her role and hopefully the results will be parents who are more aware of the fetal effects of alcohol. The purpose is healthy babies.

Parallel Symposium 4B:3

TITLE: Development of a research protocol for Brief Interventions for pregnant women in Brazil

AUTHOR: Erikson Furtado, Poliana P. Aliane

ABSTRACT CONTENT

Introduction: There is a lack of research concerning brief interventions for pregnant women. This paper will review the current literature and present the development of a research protocol in Brazil.

Former studies showed a high prevalence rate (20-24 per cent) of risky alcohol consumption among pregnant women in three different regions in Brazil. There is no reliable data about the incidence or prevalence of Fetal Alcohol Syndrome in Brazil. In the last decade there was an increase in the prevalence of drinking among women.

Objective: To present a research protocol, with brief interventions materials (folder and manual), for pregnant women, to be conducted in prenatal consultations in the first trimester of pregnancy, with a follow-up in the third trimester and in the puerperium, as well qualitative data obtained in the pilot study about characteristics, concepts and needs of pregnant women concerning alcohol prevention.

Methods: Qualitative assessment by individual and group interviews by two or more interviewers in different settings (social center, public health center, GO department of an university hospital).

Results: Pregnant women have specific needs regarding alcohol prevention. They are more affected by environmental and family factors and lack of social support. Many pregnant women did not have any information about the risks related to alcohol consumption for the child as well for pregnancy in general.

Discussion: Self-efficacy and social support are important factors to be included in any assessment of effectiveness of a brief intervention protocol in pregnancy.

Parallel Symposium 4C:1

TITLE: Factors associated with nurses' professional readiness to provide alcohol-related care for medical inpatients

AUTHOR: Lauren Broyles, Kevin L. Kraemer, Barbara H. Hanusa, James F. Luther, Adam J. Gordon

ABSTRACT CONTENT

Introduction: While hazardous alcohol consumption and alcohol use disorders are common among hospital inpatients, routine alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) are infrequently performed in hospital settings, thus leaving unhealthy alcohol use under-detected and under-managed among hospitalized inpatients. The inpatient general medical setting may provide an ideal opportunity for alcohol-related health promotion and intervention led by nurses. However, the extent to which inpatient nurses within the United States Veterans Health Administration (VHA) feel professionally prepared to conduct alcohol screening and intervention in this clinical context is unknown.

Objective: The purpose of this study was to assess VHA nurses' readiness to screen and intervene for unhealthy alcohol use among hospitalized inpatients.

Methods: In order to assess VHA inpatient nurses' professional readiness to screen and intervene for alcohol misuse, we conducted an anonymous mailed survey of 368 registered nurses (RNs) across 15 inpatient units at a large VHA medical center using an enhanced version of the Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ). Descriptive statistics were used to characterize the sociodemographic characteristics and alcohol-related knowledge, attitudes, and clinical practice of the sample. Descriptive statistics were also used in order to describe professional readiness to work with drinkers as reflected by the six AAPPQ subscales: Role Adequacy, Role Legitimacy, Role Support, Motivation, Satisfaction, and Task-Specific Self-esteem. We used Pearson and Spearman correlation, t-tests, chi square, Tukey-Kramer, ANOVA, and Kruskal-Wallis tests, as appropriate, to test the bivariate relationships between AAPPQ subscale scores and various sociodemographic, knowledge, attitudinal and clinical practice factors.

Results: The 134 responding RNs were 77% female, 81% Caucasian, and 50% prepared with Bachelor's degrees, with an average of 13 years experience as an RN. Nurses across clinical subspecialties (Medical-Surgical, Critical Care, Psychiatry, and Short Stay Surgery) perceive alcohol use disorders to be prevalent among inpatients and primarily perform alcohol-related care tasks associated with screening and acute withdrawal management. Nurses also report the least amount of professional competence in alcohol-related care tasks such as assessing and discussing readiness to change drinking behavior, and referring patients to treatment or self-help programs. Several factors were significantly associated with mean scores on the six AAPPQ subscales: years as an RN; years of RN experience within the VHA; alcohol-related knowledge; receipt of alcohol-related continuing education; use of certain consult services; prior mental health experience; and clinical subspecialty. Years as an RN was inversely associated with Motivation ($r = -0.29, p < .05$) and Satisfaction ($r = -0.19, p < .05$) for working with drinkers. Similarly, years as an RN within the VHA was inversely associated with Motivation ($r = -0.33$), Task-specific Self-esteem ($r = -0.24$), Role Adequacy ($r = -0.20$), and Satisfaction ($r = -0.19$) for working with drinkers (all $p < .05$). Psychiatric nurses had significantly greater Motivation and Satisfaction for working with drinkers compared to nurses from other subspecialties.

Discussion: Across subspecialties, inpatient care nurses perceive alcohol use disorders to be prevalent among their patients, but their knowledge about alcohol and readiness to perform particular alcohol-related care tasks, particularly those related to brief intervention and referral to treatment, are limited. Results identify specific areas for nurse continuing education/training and the development of nurse champions in order to support inter-disciplinary approaches to addressing alcohol misuse. Results also help position U.S. hospitals for responding to hospital accreditation measures under consideration by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), measures which would require alcohol and tobacco SBIRT for all hospital inpatients.

Parallel Symposium 4C:2

TITEL: Gender differences in the extent of brief intervention for alcohol problems

AUTHOR: Barbro Engdahl

ABSTRACT CONTENT

Introduction: Gender differences in the extent of brief intervention for alcohol problems

Several studies have found that brief intervention is effective for reducing risk drinking, especially among people without severe drinking problems. Whether risk drinking women in Sweden get access to brief intervention to the same extent as male risk drinkers is still an open question.

Objective: This study compares female and male risk drinkers who had been in any form of health care during the last 12 months and the extent to which they had been subject to questions about their drinking habits. More specifically these questions were addressed: 1) Is there a difference between the proportions of female risk drinkers that get questions about alcohol compared to the male risk drinkers? 2) Do these results withstand after controlling for factors such as smoking, age and occupational status?

Methods: Data on self-reported alcohol consumption and health care utilization were obtained from monthly surveys from January 2006 to December 2009. The total sample included 72 079 people aged 16-80 years of which 17 851 women and 12 995 men had been in any form of health care during the last 12 month. Having been asked about their drinking habits by a doctor during any visit was regarded as having being subject to brief intervention. Estimates of risk consumption were calculated on the basis of self-reported alcohol consumption according to the quantity and frequency scale, and the definition of risk consumption proposed by the Swedish National Institute of Public Health (SNIP) which is approximately more than 15 gram/day for women and 24 gram/day for men (9 standard drinks /week for women and 14 standard drinks /week for men).

Results: Women received brief intervention for alcohol problems to a significantly lower extent than men, both among risk drinkers and non-risk drinkers. About 13 percent of the female risk consumers got a question about alcohol habits from a physician whereas the corresponding figure for men was 17 percent. In the same time, 10 percent of women without risk drinking got a question about their alcohol habits whereas among men this proportion was 15 percent. These differences remained in a logistic regression after controlling for risk consumption, alcohol related problems, tobacco use, age, occupational status and educational levels. The odds for female patients to get brief intervention were 0.6 related to male patients controlled for the other factors.

Discussion: The findings indicate that brief interventions for alcohol problems are more often applied for men. Why? Maybe women are better to conceal problems than men. Another explanation can be that men, in a historical perspective, have been drinking more than women and therefore they also get brief intervention in a higher extent.

Parallel Symposium 4C:3

TITLE: Examination of the characteristics of offenders identified by each screening strategy and the relative efficiency of the screening tools in the criminal justice system

AUTHOR: Dorothy Newbury-Birch, M. Bland, P. Cassidy; S. Coulton, P. Deluca, C. Drummond, E. Gilvarry, C. Godfrey, N. Heather, E. Kaner, J. Myles, A. Oyefeso, S. Parrott, K. Perryman, T. Phillips

ABSTRACT CONENT

Introduction: The annual cost of alcohol related harm in the UK is estimated to be as much as %25.1 billion with the costs of alcohol fuelled crime and disorder accounting for around %7.3 billion each year. Although there have been many trials of screening and brief alcohol intervention in primary care and most have reported positive effects of brief intervention in terms of reduced alcohol consumption in excessive drinkers there is, to date, a lack of evidence within the criminal justice setting.

Objective: The SIPS trial aimed to evaluate the effectiveness and cost-effectiveness of different models of screening to identify hazardous and harmful drinkers and different intensities of brief intervention to reduce excessive drinking in routine probation services.

Methods: 96 Offender Managers across the North East, London and South East of England were recruited. Offender Managers were randomly allocated to one of three intervention conditions: (1) a leaflet-only control group; (2) brief structured advice and (3) brief lifestyle counseling. Each Offender Manager was asked to recruit at least 5 hazardous or harmful drinkers. Offender Managers were further randomized to use either the FAST or M-SASQ alcohol screening tools.

Results: Initial analysis indicates a high prevalence of alcohol use disorders in this population (68%). A total of 976 offenders were approached and of these 854 were eligible and were screened with 573 screening positive. The main reasons for ineligibility were that offenders were currently seeking help for alcohol use (51%) and mental health issues (24%). The mean age of those randomized was 31.4 (CI 30.7-32.2); 85% were male and 67% classified their ethnicity as White.

Discussion: The presentation will examine the characteristics of offenders identified by each screening strategy and the relative efficiency of the screening tools in the criminal justice system.

Parallel Symposium 5A:1

TITLE: Relationship between cancer mortality and alcohol consumption in the Luiz Antonio City, Sao Paulo State, Brazil, in the decade from 2000 to 2009

AUTHOR: Maria Teresinha Martins Tonello, Luisa Soares da Silva Aliberti

ABSTRACT CONTENT

Introduction: In a retrospective study of mortality by cause, according to CID 10, in Luiz Antonio city, caught our attention the increasing number of deaths from cancer with different staging, in individuals over a period of ten years. After investigation and verification of data from this study, we decided to link the consumption of alcohol to the high number of cancer cases.

Keywords: cancer, alcohol, death, Luis Antonio, Brazil."

Objective: The goal is to analyze the increase of cancer mortality in several organs, whose result is attributed to alcohol consumption in the decade from 2000 to 2009 in this city.

Methods: Relating the total number of deaths every year with the occurrence of cases of cancer in the Luiz Antonio city. Relating the collection of cases of cancer with alcohol consumption, using information from relatives, the patient's own, and through the teams of Program of Family Health.

Quantifying and evaluating the data obtained with the following criteria:

Just consider alcohol as a risk factor, despite the existence of other factors;

Consider also the use of alcohol based on family information about the Daily consumption, independent of dose or type of beverage;

Results: At the end of the study, found that only in 2003 there was no case of cancer related to alcohol. In other years, there was an average of 40%. it Being, of total deaths from cancer 88% men, and 22% women. According to age, the higher occurrence took place 50-59 years, it being 87% in men In relation to the organs affected, the most affected (40%) were liver and pancreas, 100% in men With this work, we conclude that there is need for awareness, awareness of the harm to implement brief interventions (EIBI) for the prevention and/or reducing the occurrence of cancer and alcohol in the city. At the end of the study, found that only in 2003 there was no case of cancer related to alcohol. In other years, there was an average of 40%. it Being, of total deaths from cancer 88% men, and 22% women. According to age, the higher occurrence took place 50-59 years, it being 87% in men In relation to the organs affected, the most affected (40%) were liver and pancreas, 100% in men With this work, we conclude that there is need for awareness, awareness of the harm to implement brief interventions (EIBI) for the prevention and/or reducing the occurrence of cancer and alcohol in the city.

Discussion: Discuss the relationship of the alcohol and cancer mortality in relation to commitment of organs, considering age and sex.

Parallel Symposium 5A:2

TITLE: Effectiveness of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) linked Brief Intervention

AUTHOR: Sonali Meena, Robert Ali

ABSTRACT CONTENT

Introduction: The ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) screens for health risks due to substance use and assigns appropriate intervention to the individual in the form of reassurance, brief intervention and referral. ASSIST covers screening for all psychoactive substances. The ASSIST has been tested for its feasibility and reliability (Phase I), validity, cross-cultural relevance and comprehensiveness (Phase II).

Objective: To evaluate the effectiveness of a Brief Intervention (BI) for illicit drugs (cannabis, cocaine, ATS & opioids) as linked to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) scores (Phase III).

Methods: A multicentre Randomized Controlled Trial with total 731 participants were recruited from Australia, Brazil, India and USA. Random allocation of participants into intervention (receiving BI followed by ASSIST at baseline) and control group (only screened with ASSIST at baseline) was done. Both the groups were followed up for three months to assess changes in ASSIST scores.

Results: For alcohol, cannabis, cocaine and ATS the ASSIST Scores for individuals who received ASSIST linked Brief Intervention reduced significantly at follow-up compared to those who did not receive brief intervention. 82.8% of participants receiving BI attempted to reduce their substance use after receiving feedback. The findings from the qualitative analysis substantiate the inferential analysis of the effectiveness of the brief intervention.

Discussion: These findings indicate that the brief intervention was effective getting participants to reduce their substance use and risk. ASSIST linked Brief Intervention is a simple and inexpensive screening strategy to identify and intervene with substance use disorders in primary health care settings.

Parallel Symposium 5A:3

TITLE: Association between poly-drug use and alcohol consumption in an Irish cohort of methadone maintained patients

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

ABSTRACT CONTENT

Introduction: Is there an association between poly-drug use and alcohol consumption in an Irish cohort of methadone maintained patients?

Objective: Most major theories of addiction postulate that alcohol consumption plays a significant role in increasing drug use. It is also widely accepted that the amount of alcohol consumed can vary significantly within a given population. Moreover, alcohol consumption may cause an increase in drug use in vulnerable groups. More recently problem alcohol use has been observed in methadone maintained patients in Primary Care settings in Ireland. Problem alcohol use is also associated with adverse health outcomes and is thought to impact negatively on treatment outcomes. The current study examined the association between poly-drug use and alcohol consumption following a brief intervention.

Methods: A quasi-experimental design (before and after comparison on AUDIT-C scores) from baseline (T1) to follow-up (T2) was used. This allowed for analysis to determine if a change occurred as a result of a brief intervention. In addition four consecutive urine screens were collated to examine patients, heroin, benzodiazepine and cocaine use immediately prior to the screening for alcohol.

Results: There was a significant reduction in AUDIT-C score between baseline and follow up (IQR1 5-8 IQR2 4-7; Wilcoxon rank test $p < .001$). Moreover, when adjusting for heroin, benzodiazepine and cocaine use no association between drug use and change in alcohol consumption was observed. However, drug use and AUDIT-C score were not significantly correlated at baseline.

Discussion: The findings suggest that there was no association between methadone maintained patients poly-drug use and AUDIT-C scores at baseline. Therefore methadone maintained poly-drug users appear to consume alcohol independent of other substances, a finding that is supported by the current literature.

Parallel Symposium 5A:4

TITLE: Brief interventions are effective in reducing alcohol consumption in opiate dependent methadone maintained patients: results from an Irish cohort

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

ABSTRACT CONTENT

Introduction: At present there is in excess of 8,500 patients receiving methadone maintenance throughout the Irish Republic for opiate dependence syndrome. This cohort also have high prevalence rates for hepatitis C, variously estimated at between 60-75% carrying the active virus at any one time. Chronic liver disease is the second most common cause of death among opioid dependent people after overdoses.

Objective: The objective of the study is to assess the effectiveness of brief interventions with this client group to reduce alcohol consumption in those who are harmfully and hazardously abusing alcohol.

Methods: A quasi- experimental design (before and after comparison on AUDIT-C scores, from baseline to three follow-up). All patients attending three urban methadone clinics were screened using AUDIT-C. Patients screening positive for harmfully or hazardously using alcohol received a brief intervention based on WHO guidelines. The intervention was provided by a range of healthcare professionals' within clinical teams including general physicians, nurses, pharmacists and counsellors. These patients were followed up three months later to assess change.

Results: 710 patients were screened. One hundred and sixty (23.9%) screened AUDIT positive at baseline. Mean AUDIT-C score at baseline was 6.74 (sd=2.35). One hundred and forty-five patients received a brief intervention and were followed up three months later. Mean AUDIT-C scores at follow-up were 5.74 (sd=2.66), this represented a significant reduction in AUDIT-C scores between baseline and follow-up ($t=4.21$, $df=144$, $p<0.001$).

Discussion: Opiate dependent patients who are in methadone maintenance treatment significantly reduced their alcohol consumption as a result of receiving a brief intervention. To our knowledge this is the first time that a clinician led alcohol screening and brief intervention process to reduce alcohol misuse, as outlined by the WHO, has been tested and shown to be effective in an opiate dependent methadone maintained cohort.

Parallel Symposium 5B:1

TITLE: Implementing alcohol brief interventions in Scotland – from policy to practice

AUTHOR: Catriona Loots, Karen Cruickshank, Charlotte Woods

ABSTRACT CONTENT

Introduction: In 2008 Scottish Government funded a national training programme using a blended learning approach to support the delivery of alcohol brief interventions in primary care, accident and emergency and antenatal settings. A 2 year evaluation of the training has been completed looking at the effective roll out of training and the impact the training has had on doctors and nurses practice.

Objective: To explore the effectiveness of the Alcohol brief interventions training in supporting practitioners to deliver brief interventions and to identify and address continuing barriers perceived by practitioners to them being able to address alcohol misuse with their patients. The research also sought to evaluate the cascade model of training as an effective way of delivery training across a nation.

Methods: A methodological approach was based on the REAIM model. The REAIM model attempts to align the evaluation process more closely to the needs and concerns of policy makers and practitioners than does other evaluation models. It uses the evaluation process to explore: 1.Reach; the extent to which the programme being evaluated has succeeded in targeting key groups effectively e.g. health practitioners engaged in brief interventions with clients. 2.Effectiveness; the effects which the programme has had upon target client groups e.g. increased confidence in their own Motivational Interviewing techniques. 3.Adoption; whether the programme has succeeded in establishing itself in a variety of settings e.g. its success in drawing in staff primary care and antenatal care. 4.Implementation; how has the programme been implemented in practice and how might it have changed upon delivery e.g. shortening of courses or exclusion of specific tools and techniques. 5.Maintenance; how sustainable is the influence of the programme e.g. will those undertaking the Training for Trainers course continue to deliver? A mix of qualitative and quantitative methods were used including questionnaires, interviews and on line surveys.

Results: For training to be effective the infrastructure needs to be in place to support practitioners to change their normal practice and feel confident that they will be rewarded appropriately for their efforts and that appropriate systems are in place to care for their patients. The training has been most effective in improving knowledge on alcohol problems, the use of screening tools and referral pathways. It has increased skills and confidence to deliver alcohol brief interventions. However, it has been less effective in addressing underlying issues regarding role legitimacy in raising alcohol as an issue with patients and practitioners acceptance of their role in health improvement when treatment remains the focus and priority of their work. Motivational interviewing techniques taught in the training were welcomed by practitioners and encouraged a more person centred approach to patient care

Discussion: To raise the profile of public health concerns such as alcohol there is no doubt that targets and funding support their implementation. However for any policies to be effective the infrastructure needs to be in place to support training including IT systems to record interventions and referral pathways for practitioners to refer patients on to. However, short trainings courses of 1 - 2 days will not be able to shift practitioners' views and attitudes to their role in health improvement and this needs to be addressed in undergraduate training and requires a fundamental shift in the NHS from one of treatment focus care to person centred and health improvement approach

Parallel Symposium 5B:2

TITLE: Evaluation of implementation of EIBI in the Västergötland region in Sweden 2006-2010

AUTHOR: Per Blanck, Fredrik Spak

ABSTRACT CONTENT

Introduction: We are responsible for evaluation of implementation of EIBI in the Västergötland region and have followed the project since 2006. The implementation includes maternal health, child health and primary health care in the whole region.

Objective: To describe the project and the progress of the implementation and specially evaluate the use of supportive personnel.

Methods: Interviews and analysis of patient surveys.

Results: Routines and practices in maternal health care and child care has been strongly affected by the project. Almost all patients are asked about their alcohol consumption, the AUDIT-form is frequently used and alcohol as a potential risk for the child's health is addressed. There has also been a positive outcome among the primary care physicians and nurses. Patients are asked about their alcohol habits and receives advice about changing them. However, there is a spread between the different PHC's, some one of twenty patients report that they have discussed alcohol with their physician, in others one of five. It has proven difficult for staff to distinguish the limits between safe intake, hazardous drinking and dependence as well as to adopt the unofficial guidelines for safe drinking.

Discussion: We believe that the continuous support of specially trained personnel in the implementation process is a potential factor for success in this project, and to achieve sustainability.

Parallel Symposium 5B:3

TITLE: Alcohol issues in daily healthcare

AUTHOR: Marika Holmqvist, Svante Pettersson, Preben Bendtsen, Fredrik Spak, Per Nilsen

ABSTRACT CONTENT

Introduction: 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 objective of the project is that issues about alcohol habits shall be a natural element in the daily health care work, integrated in such a way that it reflects alcohol's importance as a source of medical injuries and illnesses.

Objective: To evaluate the primary health care (PHC) providers' change of alcohol preventive activity, skills, and knowledge following three years of the risk drinking projects' educational intervention programme.

Methods: A baseline questionnaire was sent to all active Swedish PHC 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. The questions were partly based on the Swedish version of The World Health Organization (WHO) collaborative Study Questionnaire.

Results: The total number of respondents included in the analysis is almost 5000 (baseline) and slightly more than 6000 (follow-up). The response rate is about 50%. Results show significant improvements with regard to the outcome measures that have been studied. It can be observed increased activity regarding alcohol discussions with patients, increased knowledge concerning providing advice to patients, and improved perceived competence in achieving change in patients' alcohol habits.

Discussion: One explanation for the favourable results of the project could be that it is a more comprehensive education- and information project than has previously been implemented in the field of secondary prevention of alcohol. Of course there are many possible confounding factors to the positive development, but the clear connection that can be observed in PHC between activity and extent of education in handling risky drinking, confirm that education does affect the extent of discussing alcohol issues.

Parallel Symposium 5C:1

TITLE: Alcohol consumption and alcohol-related problems in young adult Czechs: is there need for brief intervention?

AUTHOR: Ladislav Csemy, Hana Sovinova, Bohumir Prochazka

ABSTRACT CONTENT

Introduction: Alcohol consumption and alcohol-related problems in young adult Czechs: is there need for brief intervention?

Objective: The main objective of the study is to estimate alcohol consumption in young adult Czechs and to assess alcohol-related problems.

Methods: Face to face structured interviews were carried out with 2,221 Czech citizens of age 18 through 39 (mean age 29.9, s.d. 5.8 years). 51.4 % of the sample were males and the sample was representative as regards sex, age (within the given range), and level of education. Alcohol consumption was calculated using beverage specific quantity frequency method. Alcohol-related problems were assessed using the Czech version of the AUDIT.

Results: The overall alcohol consumption was 9.2 litres of pure alcohol. Consumption of young males exceeded consumption of females (13.6 l and 4.6 l respectively). Males and females differed as regards the preferred type of beverage. Males consumed 65 % of their total consumption in beer, while females preferred wine (54 % of total consumption). The level of risky and harmful alcohol use was high for both sexes. Score 8 or higher in AUDIT was reported by 41,6 % of males and by 13,0 % of females. Rates of harmful and problem alcohol use (score 16 or >) were 12,5 % for males and 2,8 % for females. The ROC analyses showed that the overall volume of alcohol consumption is well associated with the standard (score in AUDIT 8 and more), where AUC = 0.802. The curves for specific beverages suggest, that consumption of wine related to problems is insignificant in males (AUC = 0.535) while among females is closest to the AUC for overall volume of alcohol consumed.

Discussion: The results suggest that risky and harmful use of alcohol is common among young Czechs. The level of consumption is higher for males compared to females and also the composition of alcohol consumption is different. Correspondence of consumption with problems measured by AUDIT showed that AUDIT is useful for screening among young adults. Doctors should consider the type of alcohol beverage when giving advice for males and females.

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

Parallel Symposium 5C:2

TITLE: Internet-based self-assessment and monitoring of problematic alcohol and Drug Use: A randomized controlled trial

AUTHOR: Kristina Sinadinovic, Anne H Berman, Peter Wennberg, Magnus Johansson, Dan Hasson

ABSTRACT CONTENT

Introduction: The eScreen brief Internet intervention for problematic alcohol and drug use offers self-screening, in-depth self-reporting, personalized feedback and treatment recommendations as well as an electronic diary. Progress over time is shown in diagrams detailing consumption levels. A more extensive Internet intervention, Alkoholhjälp, only for problematic alcohol use, provides CBT- and MI-based psycho-education with a solution-oriented focus, electronic diary and moderated chat-discussion forum.

Objective: This study compares the efficacy of eScreen and Alkoholhjälp in a randomized controlled design, measuring outcomes in terms of changes in problematic alcohol and drug use up to one year after study recruitment.

Methods: Participants with problematic alcohol use (AUDIT >7 for men and >5 for women) are randomized into one of three groups: T1, eScreen referral (n=300); T2, Alkoholhjälp referral (n=300); Control group (n=300). Participants with only problematic drug use (DUDIT >0 for both men and women) or both problematic alcohol and drug use are randomized to T1 or the control group. Outcomes on alcohol and/or drug use as well as health-related symptoms are assessed after 3, 6 and 12 months.

Results: Preliminary results from three-month follow-ups will be available in time for presentation at the INEBRIA conference.

Discussion: Previous RCT studies on Internet-based services targeting individuals with problematic alcohol consumption have shown evidence that such services lead to decreased alcohol use. We thus expect results pointing in the same direction. However, no studies have previously investigated the effects that Internet-based services could have on users' illicit drug use. In this sense, our study is unique.

Parallel Symposium 5C:3

TITLE: Web-based brief personalized feedback intervention in a non-treatment seeking population of heavy drinkers, a randomized controlled trial

AUTHOR: Anders Blodel Gottlieb Hansen, Ulrik Becker, Anette Nielsen, Morten Grønbaek, Janne Tolstrup

ABSTRACT CONTENT

Introduction: Compelling evidence exists for the efficacy of face-to-face brief interventions for reducing heavy drinking. However, the evidence for the efficacy of web-based brief interventions is less consistent. In a Danish context, the feasibility and efficacy of a web-based brief intervention targeting heavy drinkers has not been tested.

Objective: To examine whether a web-based personalized feedback intervention and web-based self-help material resulted in lowering of self-reported alcohol use in a non-treatment seeking population of heavy drinkers (defined as weekly alcohol consumption above the Danish sensible drinking limits (14 units = 168 grams of alcohol for women, 21 units = 252 grams for men)).

Methods: Before participating in a Danish Health Examination survey, participants completed a web-based questionnaire. Screening of 54,158 adults led to inclusion of 1,381 heavy drinkers, who were randomized into a brief personalized feedback group (normative feedback) (n=476), a group receiving self-help material (information about health consequences of exceeding recommended drinking limits) (n=450), or a control group (no information) (n=455). Outcome measure was self-reported alcohol consumption.

Results: Follow-up took place after six/12 months on 873/1066 persons. At six and 12 months follow-up, the difference in weekly alcohol use between the three groups was non-significant (P=0,18 / P=0,47). At six months follow-up, a completers analysis showed significant differences between the control- and the personalized feedback group (2.6 standard drinks, P=0.01). In terms of feasibility, the success of the study was acceptable as 41% accepted participation and 70% were followed up.

Discussion: We found no evidence that a brief personalized feedback intervention or self-help material could lead to a reduction in self-reported alcohol consumption. A completers analysis provides preliminary support for the efficacy of a personalized feedback intervention. Web-based interventions for heavy drinkers are feasible but further evaluations of their efficacy and effectiveness are required.

Parallel Symposium 5C:4

TITLE: Evaluation of two IVR systems for problematic alcohol use in three Swedish settings

AUTHOR: Mikael Gajecki, Claes Andersson, Anne H. Berman

ABSTRACT CONTENT

Introduction: Few individuals with problematic drinking of alcohol in Sweden ever seek help. For those who seek specialized addiction care, relapse is common, and involves compliance problems. Interactive Voice Response (IVR) systems have been successfully used in different health settings and have been well received by users. IVR may help fill the need for solutions that are easily accessible at all locations and hours of the day with the use of a telephone/cell phone.

Objective: To study two IVR systems for reducing problematic drinking. Randomized studies will take place in three settings, among: a) general psychiatric outpatients with concurrent problematic alcohol use, as a complement to psychiatric treatment as usual; b) addiction treatment outpatients where improved addiction treatment compliance is a secondary outcome measure; c) among individuals calling the national Swedish alcohol hotline after hours. User perspectives on system usability will also be studied.

Methods: In each study, participants will be randomized to one of three groups: 1. A simple IVR intervention calls and screens for alcohol use, then delivers feedback. 2. A complex IVR intervention delivers therapeutic conversations by calling once a week; users may self-initiate calls at will. 3. Control group without an IVR intervention. All groups will have baseline and six-month follow-up measures of alcohol use with the AUDIT. In addiction care, treatment attendance registers will be analyzed.

Results: The studies will begin in late 2010. Recruitment will last for 6-12 months.

Discussion: Design and development issues relating to design of this type of study will be discussed: a) formulating dialogue for optimal human-computer interaction; b) the importance of personal anonymity in the user-system interface; c) speculation regarding mechanisms for human behavior change following automated intervention of the IVR type.

POSTERS

Posters

POSTERS

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Poster 1

TITLE: Early detection of hazardous alcohol drinking in the workplace

AUTHORS: María Eugenia González Domínguez, Jose Manuel Romero Sanchez, Cristina Gavira Fernández, Cristina O'Ferrall Gonzalez

ABSTRACT CONTENT

Introduction: The problem derived from alcohol consumption constitutes one of the main challenges of occupational health today. In this document we present the corresponding results from the first phase of an alcohol consumption detection and intervention programme aimed at the Cadiz Bay Centre of Airbus Military. The project is being performed thanks to the collaboration of the University of Cadiz and the medical services department of Cadiz Bay plant.

Objective: Describe the frequency and distribution of alcohol consumption in the sample
Identify hazardous alcohol use. Analyse the adequacy of the detection instruments used in our environment.

Methods: Design: Transversal descriptive study.

Population: workforce of the plant, N=325.

Results: Average age: 44.56 (SD: 11.55)

Gender: Men: 90,9%; Women: 9,1%.

Score AUDIT: 3.69 (SD: 3.55); Younger than 30 years old: 6.20 (SD: 4.94); 30-50 years old: 4.07 (DS: 2.79); Older than 50 years old: 2.95 (SD: 3.18).

Score AUDIT-C: 3.15 (SD: 2.23); Younger than 30 years old: 4.80* (SD: 2.49); 30-50 years old: 3.57 (DS: 2.17); Older than 50 years old: 2.59* (SD: 1.76).

Note: *Difference of statistically significant averages ($p=0.04$). One Standard Drink in Spain corresponds to 10 grams of ethylic alcohol.

Discussion: The proportion of workers who admit to having consumed alcohol in the last year and month is slightly higher than the general population, taking as a reference the Home Survey on Alcohol and Drugs in Spain. This slight difference can be due to the fact that the sample is mainly comprised of men, as was expected looking at the gender distribution of the study population. Basing the correlations found between the referred consumption and the results in the tools used in the study and the levels of detection, we considered that AUDIT- C would have to be performed to all the workers as protocol standard in medical checkups, continuing with the rest of the questions of the AUDIT with scores in AUDIT-C over the cut-off point established. This would favour the early detection of risk patterns and would give the opportunity to start up preventive measures, by means of brief motivational interventions, that reduce the consumption and, therefore, the detrimental consequences.

Poster 2

TITLE: Influence of national brief intervention projects on brief intervention activity of Finnish primary care physicians

AUTHOR: Kati Sepponen, Mauri Aalto, Kaija Seppä

ABSTRACT CONTENT

Introduction: Brief intervention is an effective but slowly adapted method to decrease hazardous drinking. To promote the activity there have been two national brief interventions implementation projects in Finland in 2004-2008.

Objective: The aim of the present study was to examine the possible increase in brief intervention activity between the years 2002 and 2007 and to identify factors which may associate with this activity.

Methods: The data was gathered with a questionnaire mailed to all Finnish primary care physicians before and after of the project. The questions covered physicians' characteristics and brief intervention activity (regular, occasional, no use). The response rate was 67 % (2001/2980) in 2002 and 51 % (1610/3163) in 2007. Frequencies in activity and respondents' characteristics were compared between 2002 and 2007. Odds ratios and 95 % confidence intervals were calculated.

Results: The number of physicians who do brief intervention had increased during the study years from 59,2 % to 78,5 %. Regular activity was reported in 2002 by 9,3 % and in 2007 by 17,2 % and occasional activity correspondingly by 49,9 % and by 61,3 %. The number of respondents with no brief intervention activity had decreased from 40,8 % to 21,5 %. Specialist licence in general practise or occupational health care or long experience as primary care physician predicted higher brief intervention activity.

Discussion: Rigorous implementation efforts during five years have increased brief intervention activity of Finnish primary care physicians. Education, training and motivating those with insufficient brief intervention activity is the future challenge.

Poster 3

TITLE: Public health campaigns in Sao Paulo streets: Screening of alcohol and other drugs use followed by brief intervention

AUTHOR: Maria Lucia O. Souza-Formigoni, Vania P. T. Vianna

ABSTRACT CONTENT

Introduction: One important challenge in Public Health is how to develop effective preventive actions regarding Alcohol, Tobacco and other drugs (ATOD) misuse and disseminate early detection of people who present related problems. The State of Sao Paulo has a specialized center known as CRATOD (Center of Reference to Alcohol, Tobacco and Other Drugs) whose mission is to disseminate information on ATOD effects and related problems and to develop preventive actions and intervention programs. Considering that the stigma against substance users frequently impairs people from looking for advice in specialized health centers, the CRATOD team promotes public campaigns on Sao Paulo streets in an attempt to reach those people. WHO supported investigators in developing an instrument (WHO-ASSIST: Alcohol, Smoking and Substance Involvement Screening Test), which has been used in health services worldwide, to simultaneously screen for all psychotropic drugs use. However, to our knowledge, there are no reports on its use in epidemiological studies or in public campaigns.

Objective: To evaluate the acceptability of WHO-ASSIST associated with Brief Intervention by people approached by health professionals in Sao Paulo streets, during public health campaigns; to estimate the prevalence of alcohol, tobacco and other drugs (ATOD) use in the population who participate in public campaigns, using the WHO-ASSIST.

Methods: During public campaigns targeted to tobacco prevention, we applied WHO-ASSIST to 1258 people (645 men, 613 women). Those who scored in the WHO-ASSIST risk use range (between 10-26 for alcohol and 4-26 for tobacco and other drugs) were invited by the health professionals to fulfill another form with socio-demographical data and randomly assigned to receive a Brief Intervention immediately after the interview or three months later, immediately after the follow-up (FUP) evaluation. From the 86 people who were in the ASSIST risk range 43 were assigned to each group.

Results: Most of the participants who scored in the risk range (92%) agreed to participate. The main reason for refusal was lack of time. Considering both risk users and dependent people, tobacco was main problem drug, followed by alcohol, cannabis, cocaine, amphetamines, hallucinogens and hypnotics. Among men, the higher prevalence rates of (risk use/dependence) were respectively: alcohol (14.1 /8.7%), tobacco (47/28.3%) and cannabis (6.7/3.1%). Among women the rates of risk use/dependence were respectively: alcohol (5.4 /2.1%), tobacco (43.4/31.3%) and cannabis (1.3/0.3%). Preliminary data of the follow up (only 33 people have been followed-up so far , being 15 from control and 18 from BI groups) indicate that while in the control group the ASSIST score (mean SD) for alcohol at FUP was similar to that at baseline (13.8%8 and 13.9%11), a significant reduction was observed in the BI group (15.1% 8 to 8.7 % 9). Similar results were observed regarding tobacco (Control 18.4 % 12 and 13.1 % 11 and BI 13.4 % 12 and 8.5 % 12).

Discussion: WHO-ASSIST application linked to Brief Intervention proved to be feasible in public health campaigns in a street setting and may be an alternative to reach people who usually do not look for specialized assistance to deal with AOD related problems.

Poster 4

TITLE: F-FAST alcohol - questionnaire among middle-aged women

AUTHOR: Mervi Tuunanen, Kaija Seppä, Mauri Aalto

ABSTRACT CONTENT

Introduction: To ask about women's drinking is a delicate matter and feasible screening methods are needed

Objective: This study aimed to evaluate the effectiveness and optimal cut-off score of the AUDIT (Alcohol Use Disorders Identification Test)-based FAST-questionnaire to detect middle-aged female hazardous drinkers. Using only one question (six or more drinks on one occasion) the FAST first detects non-hazardous and hazardous drinkers. Further three questions are posed only for those whose drinking remains unclear.

Methods: In 1996, 907/1311 (69,2 %) 40-year-old women participated in a wide health screening with mailed questions and interviews by nurses. The AUDIT and the Timeline Followback (TLFB) over the past month were included. Alcohol consumption of >140 g/week was used as golden standard for hazardous drinking.

Results: Based on the TLFB 6,1 % (55/907) were hazardous drinkers. Area under the receiver operator curve (AUROC) for the FAST was 0,888 (95% CI 0,844 % 0,932) and for the AUDIT 0,935 (95% CI 0,910 % 0,959). The cut off score of >=2 gave the best effectiveness for the FAST (sensitivity 0.818, specificity 0.857, positive predictive value 0,269 and negative predictive value 0,986). Thus, in the F(emale)-FAST only the women who had the score one in the first screening question (six or more drinks on one occasion less than monthly) needed further evaluation (37,4% of all the women in the present study).

Discussion: F-FAST is a short and feasible tool to detect hazardous drinking among middle-aged women

Poster 5

TITLE: Comparison of the efficiency of three abbreviated or single-item screeners compared to the full AUDIT in detecting problem drinking in a psychiatric population

AUTHOR: Christina Nehlin Gordh, Lennart Jansson, Anders Fredriksson

ABSTRACT CONTENT

Introduction: Quick methods to detect problem drinking attract a growing interest for health care providers. Abbreviated versions of the AUDIT and single-item screeners have been found useful in primary care and emergency care settings, although screening performance differs across subgroups. Problem drinking is more prevalent among psychiatric patients, but little is known about the efficiency of abbreviated screening methods in this population.

Objective: To compare the efficiency of three abbreviated or single-item screeners compared to the full AUDIT in detecting problem drinking in a psychiatric population.

Methods: During three autumn months in 2009, a questionnaire was administered to patients visiting seven outpatient units in a general psychiatry clinic. The clinic is part of a Swedish university hospital. The questionnaire included AUDIT, DUDIT (Drug Use Disorder Identification Test) plus six items on tobacco and gambling. The hospital's standard alcohol screening question was also included: the NIAAA criterion for heavy episodic drinking (4/5 or more drinks on one occasion for women/men). A total of 1924 patients responded; 1811 of them also responded to the hospital's standard screening question. The AUDIT-C, AUDIT-3 with two different cut-off levels and the hospital's standard screening question were compared to the full AUDIT.

Results: AUDIT-C shows a sensitivity of 0.95 for females and 0.77 for males. Specificity was 0.64 (f)/0.85 (m). AUDIT-3: With a cut-off of >=1 for both sexes, sensitivity was 0.92 (f)/0.95 (m). Specificity was 0.73 (f)/0.64 (m). Raising the cut-off to >=2 lowered the specificity to 0.41 (f)/0.56 (m). The hospital's standard screening question had a sensitivity of 0.52 (f)/0.61(m) and a specificity of 0.96 (f)/0.88 (m).

Discussion: None of the brief instruments reached a point of >=75% sensitivity and specificity for both females and males in this psychiatric population. The hospital's standard screening question did not have an acceptable sensitivity and therefore the full AUDIT is recommended for psychiatric settings.

Poster 6

TITLE: Evaluation of two intervention strategies according to the type of systematic detection: performed by clinical nurses or by the specialized nurse

AUTHOR: Ana Belen Martinez Gonzalo, Beatriz Rosón Hernandez, Maria Rosa Hernandez Ribas, Ferran Bolao Baro, Ramon Pujol Farriols, Jose Manuel Menchon Magrina, Mar Lazaro Diaz

ABSTRACT CONTENT

Introduction: Since 2003 we have carried out a brief intervention alcohol program among hospitalized patients. Because a limited number of patients could be assessed directly by the team, we moved on to implement systematic detection of alcohol use to be done by clinical nurses and only subsequent interventions to be performed by the alcohol program team upon their request.

Objective: To evaluate the results of two intervention strategies according to the type of systematic detection: performed by clinical nurses or by the specialized nurse.

Methods: Clinical nurses of three medical wards were trained in the detection of alcohol consumption using AUDIT-C. If patients screened positive, nurses should request for further evaluation by the alcohol program team. Their performances in identification and subsequent intervention are compared with those obtained by the specialized nurse in patients from other wards of the same medical departments. To further evaluate clinical nurses' performances, we also did three one-day audits. For analysis we used the Chi-square test and the T-test, as appropriate. Logistic Regression was performed by the SPSS software package 13.0 (SPSS, Chicago). Level of significance was $P < 0.05$.

Results: Between January 1st 2009 and March 30th 2010, we performed 29 (2%) interventions out of 1458 patients evaluated by clinical nurses and 131 (19%) interventions in 696 patients evaluated directly by the team. Independent factors associated with intervention were: younger age (< 75 y) Odds ratio (OR): 9.11 (95%CI 4.96-16.73), team evaluation OR: 9.34 (95%CI 6.10-14.31), and male sex OR: 4.70 (95%CI 2.88-7.65). Overall, 120 patients admitted to wards assigned to clinical nurses were examined in the audits, 14 (12%) of them had alcohol misuse. Overall, 93 (77%) patients had undergone systematic detection by clinical nurses. Of the 14 patients with alcohol misuse 2 (14%) patients were considered low risk drinkers (false negative assessment), 6 (45%) were detected but no intervention had been requested and 6 patients had been considered for intervention.

Discussion: Intervention was performed more frequently among patients evaluated by the team. This was mainly due to the lack of requesting further assessment after detection rather than to the lack performance of systematic detection itself. Consequently, in the near future we will focus in increasing consultation after detection. The recent implementation of the electronic medical files might propitiate this aim.

Poster 7

TITLE: Subjective wellbeing, morbidity and consumption of health services by risky, harmful and problem drinkers

AUTHOR: Hana Sovinova, Ladislav Csemy, Bohumir Prochazka

ABSTRACT CONTENT

Introduction: Subjective wellbeing, morbidity and consumption of health services by risky, harmful and problem drinkers.

Objective: The aim of this work was to investigate subjective wellbeing, morbidity and healthcare needs of persons with hazardous, harmful and problematic alcohol consumption.

Methods: Data from a questionnaire-based survey performed on a representative sample of 2,221 persons (of these, 51.4% were men) aged 18 to 39 (average age 29.9, s.d. 5.8) were used for the analysis. Alcohol misuse was assessed through the AUDIT screening questionnaire, and categorization into 4 groups with critical scores of 8, 16 and 20 was

Results: The respondents' subjective assessment of their physical and mental health was very different in the different AUDIT score categories. Over one-quarter of the respondents falling in the category of harmful or problem drinkers rated their physical and/or mental health as poor or very poor. In comparison to no-problem alcohol users, problem drinkers sought special help for emotional problems more frequently (3.1% vs. 21.3%; $p < 0.01$); visited their doctors more frequently during the past year (3.1 vs. 4.8; $p < 0.05$); had more episodes of illness (1.4 vs. 6.8; $p < 0.01$) and more days of sick leave (10.4 vs. 27.6; $p < 0.01$); and were hospitalized more frequently (6.9% vs. 18.7%; $p < 0.01$).

Discussion: The results bear out the link between hazardous, harmful and problematic alcohol consumption on the one hand and the drinkers' perception of their health status and use of medical/healthcare services on the other hand. The modification of inappropriate consumption patterns through a short intervention by a general practitioner can lead to health improvement and reduction of the drinkers' healthcare costs, which are borne by the whole of society.

Acknowledgements: This work was supported by Grant # NS 9645-4/2008/ from IGA MZ CR.

Poster 8

TITLE: Test of the hypothesis of an inverted u-shaped dose-response function of alcoholic drinks on expected happiness and further test of the predictive value of key features of the resultant curves on self-reported alcohol consumption

AUTHOR: Gwen Adey, Simon C Moore, Ivor G Chestnutt

ABSTRACT CONTENT

Introduction: Alcohol outcome expectancies (AOE) are associated with alcohol consumption behaviour and are relevant to the development of novel Brief Interventions. The law of diminishing marginal utility predicts that investment returns decrease as investment increases. It is hypothesised that expected returns from alcohol consumption decrease as the stock of past consumption increases. This translates to an inverted u shaped function of net returns on drinks. Happiness is an example of a global AOE.

Objective: The objective was to test the hypothesis of an inverted u-shaped dose-response function of alcoholic drinks on expected happiness and further test the predictive value of key features of the resultant curves on self-reported alcohol consumption.

Methods: A self-report questionnaire assessed 87 students' expected happiness on a 1-10 scale over a range of 0-10 hypothetical alcoholic drinks, as well as age, gender and usual drinking habits. A further 46 students completed a similar questionnaire as well as the revised 120 item AEQ and these participants also provided telephone contact information. A telephone communication one week later identified the self-report number of drinks consumed during participants' last drinking occasion (LDO).

Results: Random effects ordered probit regression models showed a second order polynomial function was appropriate for drinks on expected happiness. The curve's first derivative indicated estimates of total drinks to maximum happiness (Hmax) (mean=6.25, SD=5.46). Controlling for age and gender, no significant relationship was found for regression of Hmax on LDO or for total AEQ score on LDO. Regression of expected happiness change on LDO yielded a significant relationship ($F(3,36)=5.95$, $R^2=0.33$, $p < 0.01$).

Discussion: The data from this dose-referenced exploration of expected happiness implies that reference dependence (expected change relative to baseline) may be an important factor in alcohol cognitions, with individuals' perceptions of the magnitude of potential rewards and punishments influencing behaviour. The findings are consistent with those from stable dose alcohol expectancy studies. Exploitation of dose-referenced expectancies may offer a focus for novel brief interventions.

Poster 9

TITLE: Alcohol preventive intervention for pregnant women

AUTHOR: Poliana Aliane, Vanessa Manesco, Erikson Felipe Furtado

ABSTRACT CONTENT

Introduction: Alcohol use during pregnancy is associated with greater chances of problems for the mother and fetus. There is no safe limits for alcohol consumption during this period. Nevertheless, about 20 to 24 % of pregnant women in southeastern Brazil have an alcohol consumption that put the baby's health at risk.

Objective: To systematically review the available evidence concerning on prevention of alcohol use during pregnancy.

Methods: A systematic review of the literature was conducted. As first step a computerized search strategy was performed. The inclusion criteria were original articles indexed in PubMed, ISI Web of Knowledge and PsycInfo published until end June 2009, in English, Portuguese or Spanish, with the keywords prevention, pregnancy, alcohol drinking and fetal alcohol syndrome. Two researchers examined the lists to warrant the accomplishment of following criteria: - Enrolled studies should report the evaluation of an intervention strategy aimed to prevent alcohol use during pregnancy, using alcohol use pattern as an outcome measure. Additionally, looking for extra articles, a manual search was performed by reading carefully the list of references of all papers that comprised the sample.

Results: We found 21 articles, all in English, and 20 of them from North America. Study design were most longitudinal (18) and 10 were randomized clinical trials. The most frequently used intervention strategies were Brief Interventions (06) and Motivational Interviews (05). All of the studies used self-report measure to assess alcohol consumption, some accompanied by reports from other informants. A decrease in alcohol use was observed in 20 of 21 articles examined. A greater reduction in alcohol use was observed in six of nine studies in the group receiving the intervention compared with control groups.

Discussion: The data analysis indicates that reduction of the incidence of alcohol exposed pregnancies may be feasible through preventive interventions. Among the studies that used brief interventions, all showed a decrease in alcohol use. Within the limits of the research design none study has been found outside of North America and Europe. A research project regarding brief intervention effectiveness for pregnant women in Brazil is on development by Furtado and his coworkers. For that purpose an original brief intervention protocol and manual has been produced and will be tested in three different regions of the country, Rio de Janeiro, Sao Paulo and Ribeirao Preto.

Poster 10

TITLE: The alcohol screening web site in Slovenia

AUTHOR: Aleksandra Visnovic Poredos, Marko Kolsek

ABSTRACT CONTENT

Introduction: Heavy alcohol drinking is responsible for major health and social problems. Slovenia has only a few epidemiological studies about drinking, none of them have used the AUDIT questionnaire. Slovenia has very high alcohol consumption: 11,0 litres/year/inhabitant of 15 years or more (additionally 5 - 7 liters of unregistered) in 2007. Brief interventions are effective, but identification of hazardous or harmful drinkers is not frequent enough. Some studies have shown that a Web-based screening is likely to be acceptable for some social groups, e.g. young and heavy drinkers.

Objective: The aim was to study users of a free Website with a specific anonymous questionnaire and to evaluate the use of alcohol screening Web site.

Methods: Cohort study. Visitors of a free Web site, older then 10 years, were offered AUDIT questionnaire together with some demographic determinants. All users who completed the questionnaire received a specially prepared message with the evaluation of their drinking. Data for the first 4 months were extracted from the database on February 1, 2009, and analyzed with SPSS for Windows.

Results: In 4 months 3329 users started to fill in the questionnaire, 2303 (69,2%) of them completed it. 537 (23,3%) of them completed the questionnaire for their friends or just for fun. Finally, 1790 (77,7%) questionnaires were analyzed. The mean age was 28,9 years, 62,7% users were between 19 and 34 years. 41% were singles, 49,4% had finished the secondary school. Only 0,1% of men were teetotalers, 57,7% were hazardous or harmful drinkers, 50,6% of women were low risk drinkers. Mean AUDIT score for men was 9,79 (SD=2,1), and 7,68 (SD=4,7) for women.

Discussion: The alcohol screening Web site was widely used. It seems to be an accessible and useful tool for screening of hazardous and harmful drinking especially for young people.

Poster 11

TITLE: Screening for alcohol related problems in day care centers for the elderly

AUTHOR: Cristina Gavira Fernández, Jose Manuel Martinez Delgado, Cristina O'Ferrall Gonzalez, Jose Manuel Romero Sanchez, María Eugenia González Domínguez

ABSTRACT CONTENT

Objective: Describe and analyse alcohol consumption in a cross section sample of elderly people that attend public day centres in Cadiz (Spain). Establish links between above mentioned consumption and socio-demographic variables studied. Establish possible associations between alcohol consumption and tobacco, anxiolytics and hypnotics.

Methods: Design: Transversal descriptive study. Population and sample: The target population is the elderly people that attend public day care centres in Cadiz (Spain). In accordance with a probability, consecutive and non random sample, 300 elderly citizens are selected as a sample. Participation was voluntary and anonymous.

Results: AUDIT: 31 respondents, a 10.72% of the sample, were screened positive for alcohol problems on the AUDIT (Cut-off point: 7/8).

CAGE: 6.8% of the sample, 20 people, was screened positive on this questionnaire (Cut-off point: 1/2). In which 10.9%, 32 people, alcohol dependence is suspected (Cut-off point: 0/1). In total, 17.7% have potential alcohol problems, 52 people.

S-MAST-G: In this case, 25 have been tested positive, representing 8.86% of the sample (Cut-off point: 1/2). Standard Drinks: 18.51% present hazardous alcohol drinking, following the WHO criteria (14 Standard Drinks or more in women and 21 in men or more per week). According to the NIAAA criteria for elderly (over 7 Standard Drinks Weekly) 38.3% is risk population.

Discussion: We have found a high prevalence between alcohol consumption and other addictive substances. A lot of variety exists in the results of detection instruments used, with the AUDIT detecting a major percentage. This can be explained because the tool includes a wider range of problems related to consumption, while CAGE and S-MAST-G detect abuse and addiction. On the other hand, the more accurate SCD interview for the diagnosis of abuse and addiction results in a lower prevalence of problems detected to those found in the questionnaires. Hazardous drinking has a significant statistical connection with tobacco consumption, age, gender, civil status all of which we can say that the typical profile of risk drinker in the sample studied would be that of a man younger than 75 years old, a smoker, single, divorced or widowed. Furthermore alcohol consumption is also associated with anxiolytic drugs. The elevated prevalence of hazardous drinking in the sample leads us to believe that, in an ever ageing society, it is more than ever important to redefine and refocus our understanding of problems related to alcohol consumption in this age group so that health services can adjust to this demographic change in trend. In order to do this we need to take into account the increase in vulnerability of elderly people exposed to the adverse effects of alcohol and the adequacy of diagnostic criteria and screening tools focused on this age group. This would facilitate early detection of these problems and the setting up of brief intervention programs would be positively beneficial.

Poster 12

TITLE: SUPERA distance learning course on screening and brief intervention: analysis of the use of the distance learning tools and social networks

AUTHOR: Denise de Micheli, Maria Lucia O. Souza-Formigoni, Eroy A. Silva, Yone Moura, Ana Paula Leal Carneiro, Monica Parente Ramos, Fernando A.B. Colugnati, Paulina C.A.V. Duarte

ABSTRACT CONTENT

Introduction: Distance Education is a teaching modality that has gained increased visibility in recent years, since it represents an alternative form of education that aims at reaching a large number of people seeking education, training, quick and continuous updating, and represents an opportunity to acquire new knowledge. In this sense, we structured the distance course SUPERA (an acronym in Portuguese meaning System for detection of abusive Use and dependence on Psychoactive substances: Social Reinsertion And Follow-up), the result of a partnership between the National Policy on Drugs (SENAD) and the Universidade Federal de Sao Paulo (UNIFESP), with the aim of training health professionals and other professionals related to the medical area.

Objective: To evaluate the adherence of participants to the virtual learning environment (VLE) proposed, as well as their participation in the forums of communication.

Methods: To assess adherence of the participants to the VLE, we used the following indicators: participation in the three teleconferences of the course, number of hits to the site and students' evaluation about the virtual environment.

Results: The distance learning course SUPERA had 4984 participants enrolled. Considering the number of hits, we observed that the vast majority of students (86.5%) accessed the site at least 25 times throughout the course. With regard to students' evaluation about the VLE and the tools available, more than half the the participants considered the technical information and resources available as adequate and suitable for navigation. As to students' participation in the teleconference of the course, 5% watched them 'live' and 54.5% attended the recording available on the course site. Regarding the technical forums, 25% of these students participated in the technical forums throughout the course and 54% participated in the virtual cafe forum. The statistical analysis of the participation in the forum and the dynamics of the social networking, applying principles of both graph and network theories, allowed the identification of key players with the potential to become multipliers.

Discussion: The adherence of health professionals to the virtual learning environment was good. Most of them consider the system easy to navigate and enjoyed the diversity of resources available (downloads of text and teleconferences). Distance learning courses may be considered a good alternative to training health professionals in the screening of alcohol and other drugs and brief intervention.

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Screening and Brief Intervention Implementation and Sustainability:

Lessons from large-scale efforts in the US

Local chair

Paul Seale M.D.

Professor and Director of Research

Department of Family Medicine

Medical Center of Central Georgia &

Mercer University School of Medicine