Implementing IBA beyond primary care
Preliminary findings from the BISTAIRS research project

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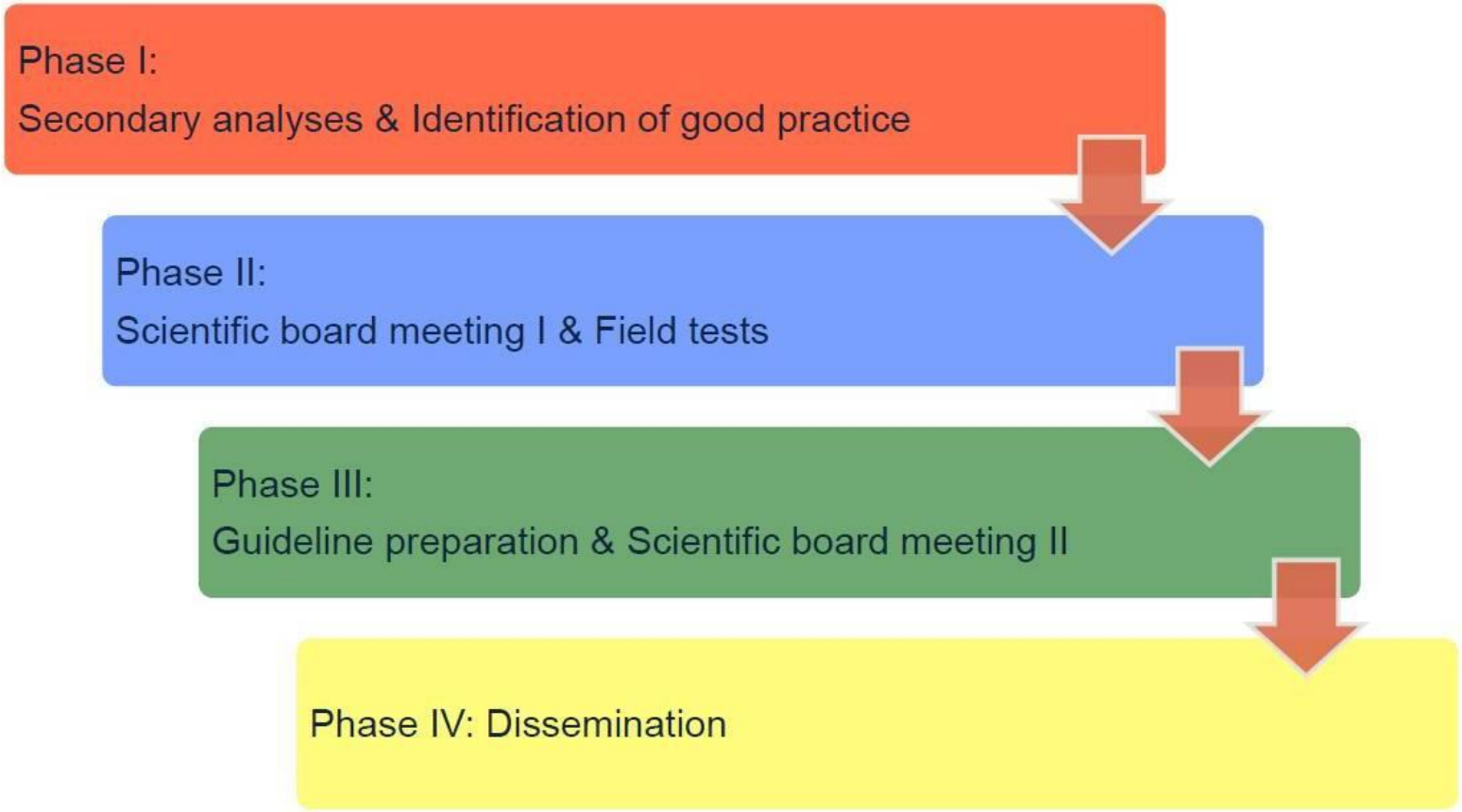
BISTAIRS (Brief interventions in the treatment of alcohol use disorders in relevant settings)

Aim: to foster ASBI implementation in a range of medical and social settings across the European Union



Phase 1: reviews of alcohol SBI effectiveness

- Emergency settings:
  - 34 RCTs, generally suggest IBA effective, particularly number of drinks per occasion.
- Workplace:
  - 8 RCTs, generally positive impact, but not necessary generalizable, limited evidence on long-term impact.
- Social services:
  - 7 studies, highly heterogeneous evidence base, both control and intervention groups achieved reduction.

Phase 2: models of good practice

- Emergency departments:
  - Barriers: knowledge / awareness; workload pressures; lack of training; high staff turnover; lack of specialist referral options.
  - Recommendations: Develop and disseminate clinical and operational best practice; focus on programme sustainability
- Workplace health:
  - Barriers: Insufficient and equivocal evidence base – although some positive examples exist.
  - Recommendations: clear alcohol policies – under wider umbrella of 'well-being'; ensure privacy and confidentiality.
- Social services:
  - Barriers: equivocal / highly heterogeneous evidence base.
  - Recommendations: long-term approach needed; local 'champion' and managerial support; external specialist support; more research needed!

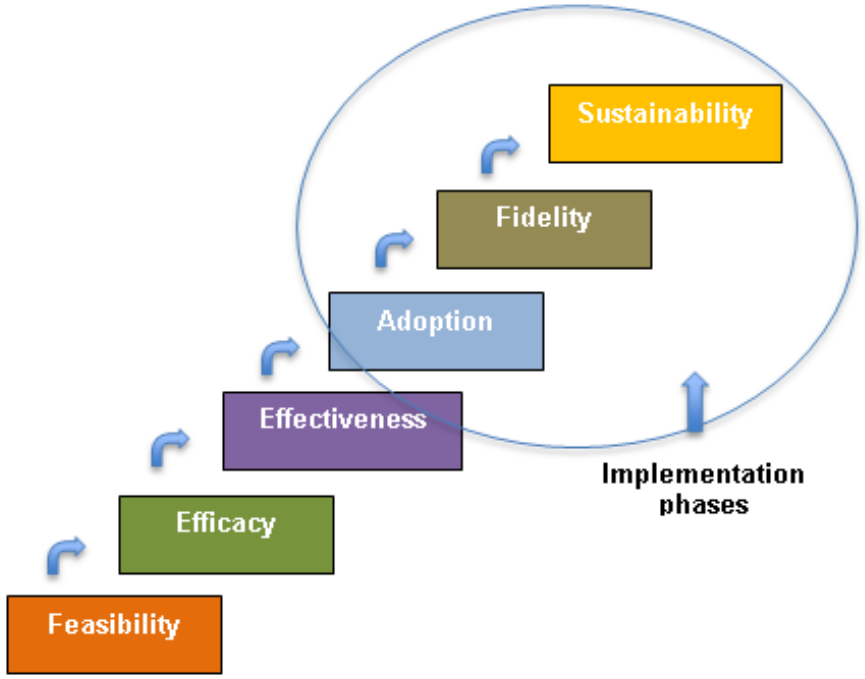
Phase 3: Implementation fieldwork

Factors influencing fieldwork approach in each setting:

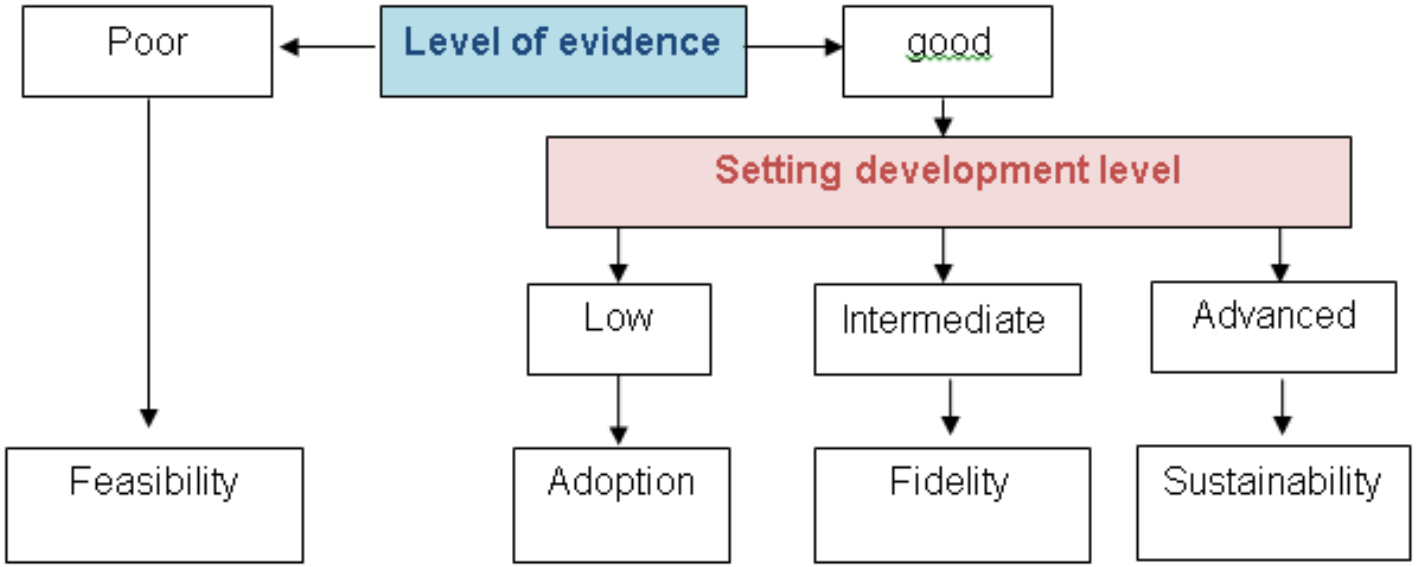
- Evidence for effectiveness of BI
- Maturity of existing BI

Fieldwork partner countries:

- Catalonia
- Czech Republic
- Portugal
- Italy
- Germany



Logic model for the tailored field-test concepts



Feasibility: testing the concept of BI in novel settings with poor evidence base by exploring feasibility and acceptability of future ASBI research;

Adoption: advocating improved BI provision in settings with good evidence base of effectiveness but low rates of adoption;

Fidelity: exploring methods to promote feasibility and acceptability of BI in settings with good evidence but mixed rates of adoption;

Sustainability: identifying means of sustaining BI activity in appropriate settings with both good evidence base and advanced adoption.

Interview and survey data collected

	Social Services	Emergency Departments	Workplace	Primary Healthcare
Italy	• 10 NGO managers / volunteers surveyed	• 46 Society of Emergencies member surveyed	• 2 policy makers interviewed • 15 professionals surveyed	• 602 physicians surveyed
Catalonia	• 5 policy makers and professionals interviewed • 42 social workers surveyed	• 10 professionals surveyed	• 4 policy makers and professionals interviewed • 35 OHP professionals surveyed • 55 professionals trained	• 6 professionals interviewed / 13 surveyed • 9 SWOT exercise participants
Portugal	• 9 professionals interviewed	• 10 professionals and policy makers interviewed	• 10 policy makers, professionals, psychologist & academic interviewed	• 9 physicians interviewed
Czech Rep	• 4 NGO professionals interviewed • 1 academic interviewed	• 7 professionals, policy makers, patient advocates & academic interviewed	• 4 professionals interviewed	

Attitudes, knowledge and awareness

- High awareness of the impact of risky drinking in social services / emergency departments; moderate awareness in workplace / primary health care
- Low levels of BI knowledge / skills due to lack of training
- Attitudes varied depending on interests / experience (SAAPPQ)
- Wide acceptance of BI but lack of tailored / structured protocols to support delivery

Short Alcohol and Alcohol Problems Perception Questionnaire

The questions in this section are designed to explore the attitudes of staff working with people with alcohol use disorders. There are no right or wrong answers. Please indicate the extent to which you agree or disagree with the following statements:

1 = Strongly agree
2 = Quite strongly agree
3 = Agree
4 = Neither agree or disagree
5 = Disagree
6 = Quite strongly disagree
7 = Strongly disagree

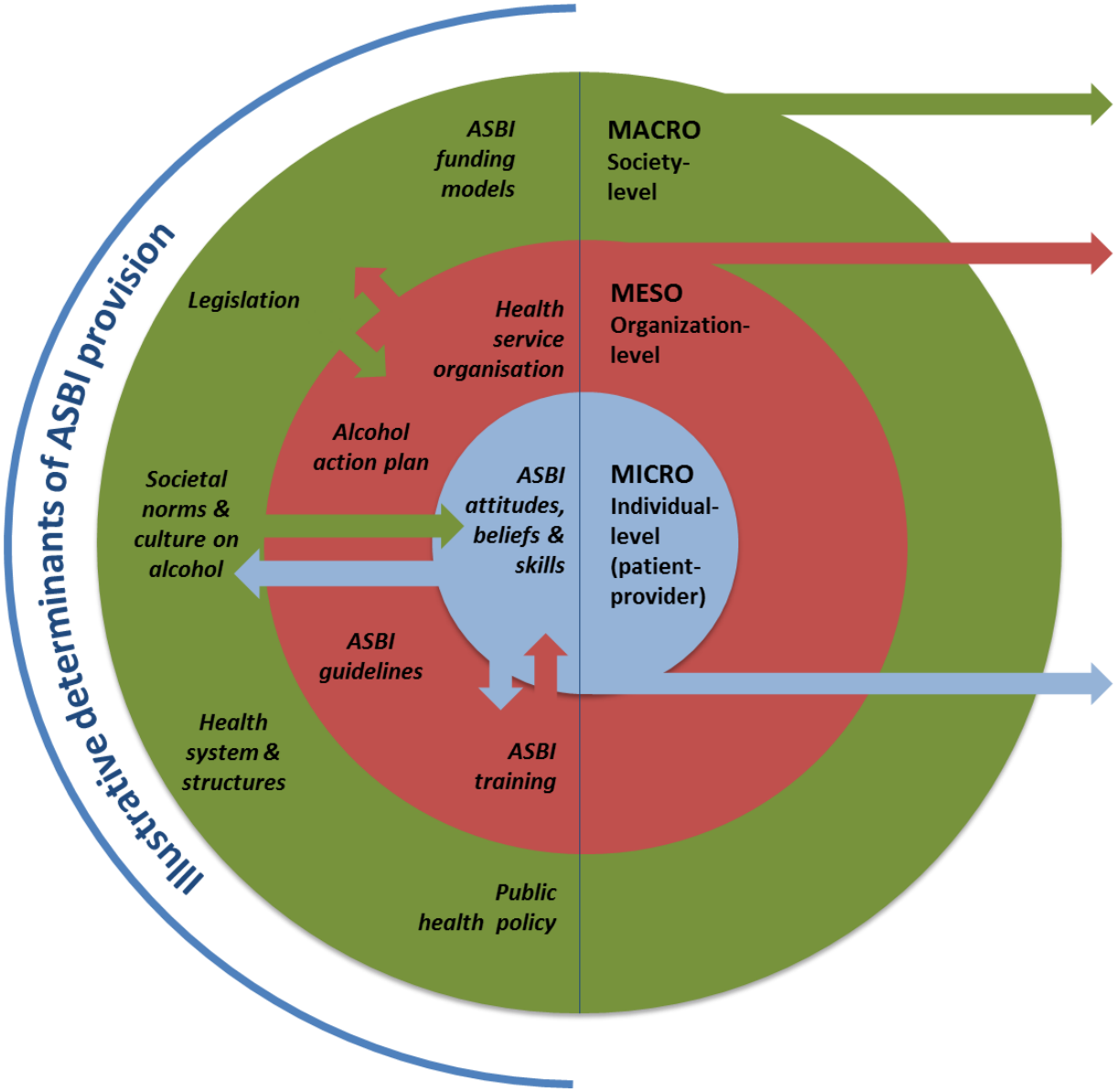
		Strongly agree	Quite strongly	Agree	Neither agree or	Disagree	Quite strongly	Strongly disagree
		1	2	3	4	5	6	7
1	I feel I know enough about causes of drinking problems to carry out my role when working with drinkers							
2	I feel I can appropriately advise my patients about drinking and its effects							
3	I feel I do not have much to be proud of when working with drinkers							
4	All in all I am inclined to feel I am a failure with drinkers							
5	I want to work with drinkers							
6	Pessimism is the most realistic attitude to take towards drinkers							
7	I feel I have the right to ask patients questions about their drinking when necessary							
8	I feel that my patients believe I have the right to ask them questions about drinking when necessary							
9	In general, it is rewarding to work with drinkers							
10	In general I like drinkers							

Thank you for taking the time to complete this survey

Barriers to alcohol SBI implementation

	Social services	Emergency Dept.	Workplace	Primary health care
Lack of available training	◆◆◆	◆◆◆	◆◆◆	◆◆
Time constraints	◆◆	◆◆◆◆	◆◆◆	◆◆
Lack of financial incentives and / or direct funding for alcohol BI	◆◆	◆◆◆	◆◆◆	◆
Lack of additional services and / or referral pathways	◆◆◆	◆◆	◆◆◆	◆◆
Professionals' knowledge, attitudes or skills	◆	◆	◆◆◆	◆◆
Risk of upsetting the patients	◆◆	◆◆	◆◆	◆
Lack of supporting materials / policies / protocols	◆◆		◆◆◆	◆

Factors facilitating ASBI implementation



- High prevalence of alcohol problems
- Support from government / relevant institutions
- Legal / contractual mandate

- Clear referral routes
- Availability of training
- Existence of a professional BI network
- Availability of tools / resources / materials

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

Recommendations: emergency departments

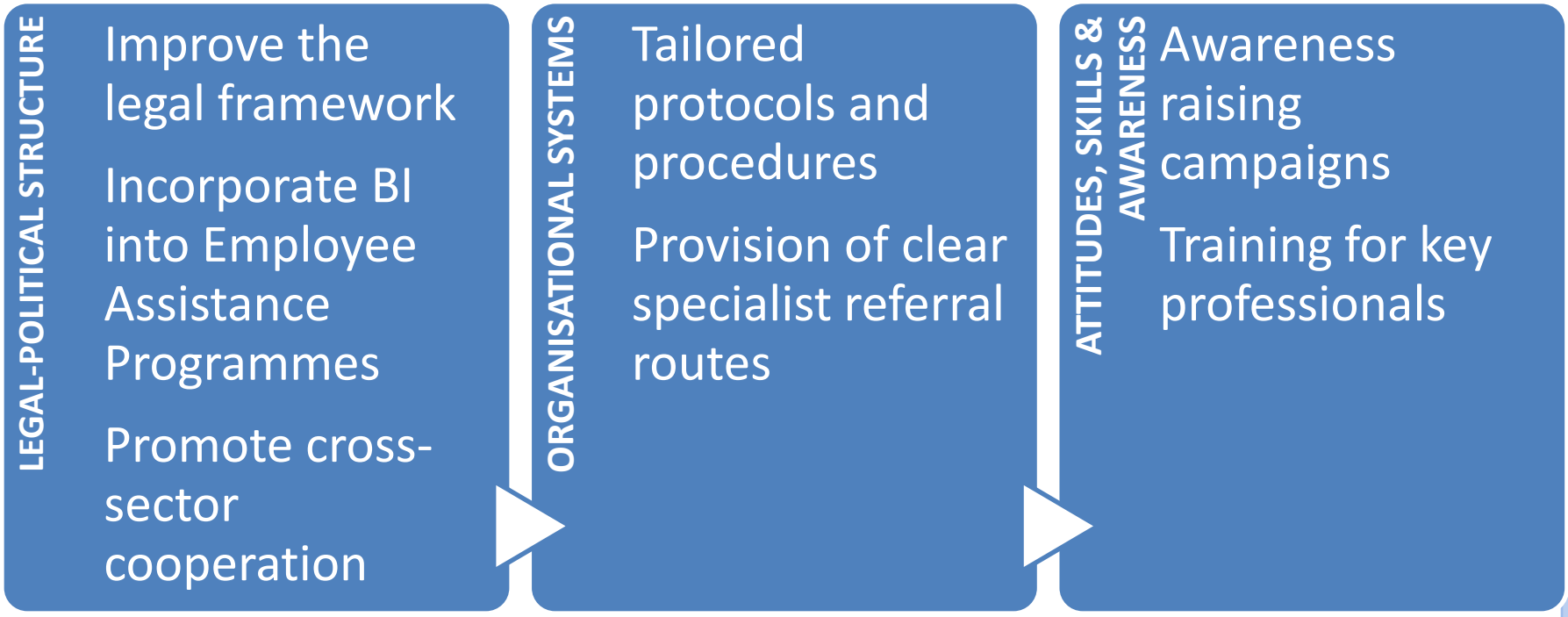
Promoting adoption

- Introduce national standard of core BI activities
- Provide tailored screening materials and tools
- Raise awareness of impact of alcohol
- Acceptance of payment for BI by health insurance firms

Improving delivery rates

- Introduce comprehensive alcohol care pathway
- Develop quick, simple, tools, customized to setting needs
- Focus training / awareness raising activities on young professionals and nurses

Recommendations: workplace and social service settings

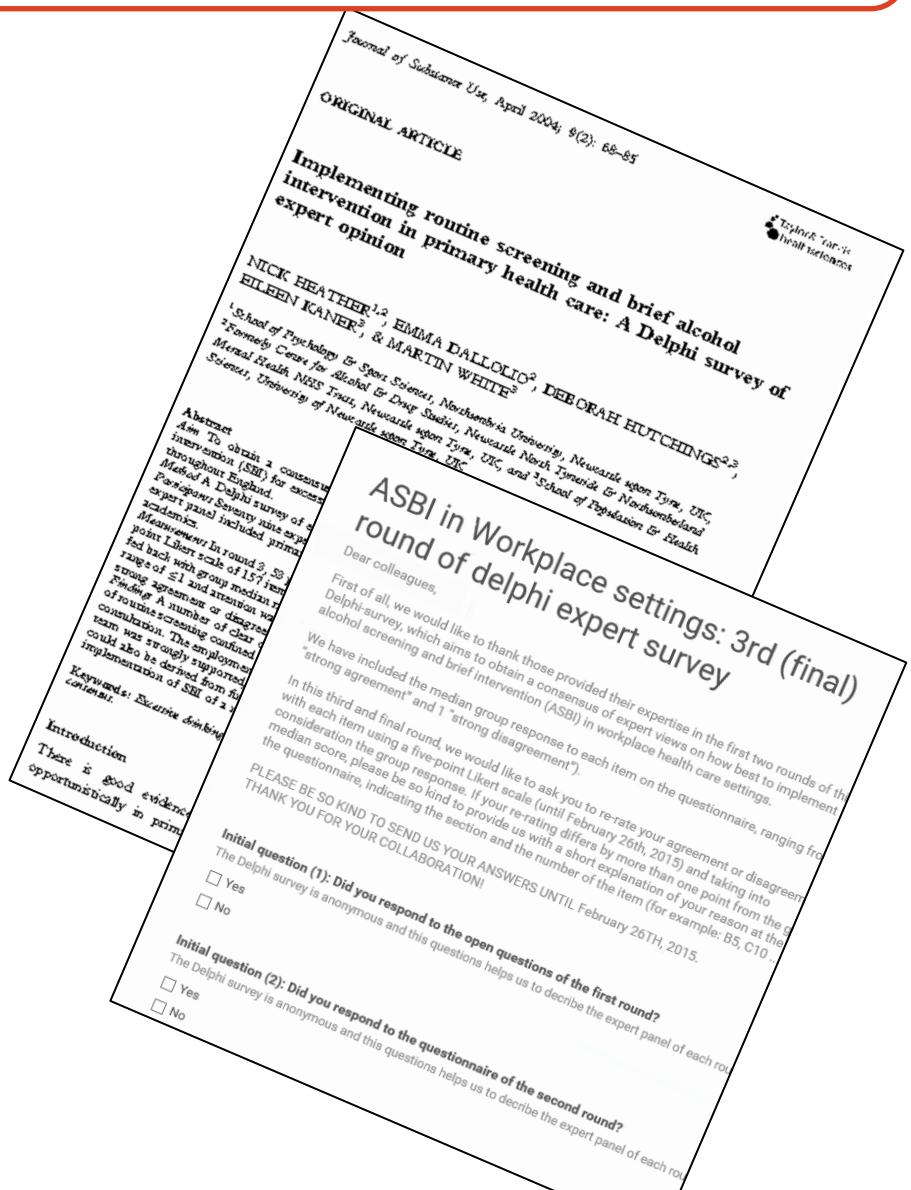


Phase 4: Developing tailored implementation guidance

Expert consensus building using the DELPHI approach:

- 2 round exercise for primary health care and emergency settings (Heather 2004)
- 3 round exercises for workplace and social service settings

Surveys now closed, analysis ongoing



Discussion topics

1) Given the lack of effectiveness evidence, should we be introducing IBA outside medical settings?
2) Is there anything we can reasonably take from primary care evidence base to accelerate implementation in novel settings?