

Alcoholism and Drug Addiction

**11th Conference
International Network on Brief Interventions
for Alcohol & Other Drugs (INEBRIA)**

Organised by INEBRIA, the State Agency
for Prevention of Alcohol Related Problems,
and the Medical University of Warsaw

**18–19 September 2014
Warsaw, Poland**

BOOK OF ABSTRACTS

The content and form of abstracts presented
in this Supplement are solely the responsibility of the authors
and organisers of the conference

Warsaw 2014, Vol. 27, Supplement No. 1

Institute of Psychiatry and Neurology

The quarterly "Alkoholizm i Narkomania" / "Alcoholism and Drug Addiction" is targeting research community in the field of psychoactive substances, practitioners working in this field and all interested in alcohol and drug problems. It has an interdisciplinary character and publishes articles on alcohol and other drug related problems, examined from the variety of perspectives, as basic research, clinical, epidemiological and social aspects.

The aim of the journal is to disseminate scientific findings of the Polish and international research, to strengthen and integrate the scientific community on the one hand, and to build bridges between science and practice, on the other. The journal acts as a forum for exchange of experiences between different professional worlds.

Editorial Staff

Jacek Moskalewicz – Editor-in-Chief
Marcin Wojnar – Editor for biomedical research
Barbara Gawrońska – Linguistic editor
Grażyna Herczyńska – Editorial assistant

Editorial Advisory Board

Czesław Czabała (Warszawa)	Mikko Lagerspetz (Turku/Tallin)
Cheryl J. Cherpitel (Berkeley)	Jerzy Mellibruda (Warszawa)
Irmgard Eisenbach-Stangl (Wien)	Esa Österberg (Helsinki)
Zsuzsanna Elekes (Budapest)	Adam Płaźnik (Warszawa)
Vito Flaker (Ljubljana)	Vladimir Poznyak (Geneva)
Kazimierz Frieske (Warszawa)	Jürgen Rehm (Toronto)
Janusz Ł. Grzelak (Warszawa)	Robin Room (Melbourne)
Bogusław Habrat (Warszawa)	Jerzy Samochowiec (Szczecin)
Joanna Hauser (Poznań)	Sławomir Sidorowicz (Wrocław)
Janusz Heitzman (Warszawa)	Janusz Sierosławski (Warszawa)
Piotr Jabłoński (Warszawa)	Grażyna Świątkiewicz (Warszawa)
Harald Klingemann (Bern)	Ilze Trapenciere (Riga)
Dirk J.Korf (Amsterdam)	Jacek Wciórka (Warszawa)
Wojciech Kostowski (Warszawa)	Bogdan Wojtyniak (Warszawa)
Krzysztof Krajewski (Kraków)	Maria Załuska (Warszawa)
Jerzy Kwaśniewski (Warszawa)	Marcin Ziółkowski (Bydgoszcz)

Editorial Office Address: Department of Studies on Alcoholism
and Drug Dependence
Institute of Psychiatry and Neurology
Sobieskiego 9, 02-957 Warsaw, POLAND
tel. (48 22) 45 82 542, 642 75 01; fax (48 22) 651 65 61
e-mail: ain@ipin.edu.pl

Home page: <http://ain.ipin.edu.pl>

The original (reference) version of the journal “Alkoholizm i Narkomania” / “Alcoholism and Drug Addiction” is its printed version

© Copyright Institute of Psychiatry and Neurology

ISSN 0867-4361

The quarterly is indexed in the “Polish Medical Bibliography”

The State Agency for Prevention of Alcohol Related Problems is co-funding publishing and subscription of the journal in 2014

The journal is co-founded as a part of the “Index Plus” Programme of the Ministry of Science and Higher Education of Republic of Poland

The State Agency for Prevention of Alcohol Related Problems is funding the Supplement no.1

Typeset:

Zakład Wydawniczy Letter Quality

tel. (22) 115 38 10, 607 217 879

e-mail: roma.walendzewicz@gmail.com

Printing: MATRIX, Piaseczno

Number of copies: 250

2014 Subscription prices

Poland

Personal – 100 PLN per annum (4 issues)

Institutional – 180 PLN per annum (4 issues)

Overseas

Personal – 100 EUROS per annum (4 issues)

Institutional – 180 EUROS per annum (4 issues)

Payment should be made by bank transfer to:

Instytut Psychiatrii i Neurologii

Al. Sobieskiego 9, 02-957 Warszawa, POLAND

Account No / IBAN code: PL 24 1140 1010 0000 5280 8400 1002

Swift code: BREXPLPW

Please specify that your payment is for “Alkoholizm i Narkomania” and send a copy of the transfer document to the following e-mail address: ain@ipin.edu.pl

Information: tel. (48 22) 45 82 542, e-mail: ain@ipin.edu.pl

CONTENTS

PROGRAMME	9
POSTER SESSION	15
ABSTRACTS	17
Plenary sessions	17
Symposia	22
Oral sessions	33
Workshops	60
Poster session	64
FIRST AUTHOR INDEX	84
Guidelines for authors	85

PROGRAMME

Thursday, 18th September 2014

PLENARY LECTURE 1

Nick Heather: The interpretation of null findings from trials of alcohol brief interventions: problems and solutions

SESSION 1. SYMPOSIUM 1. Screening and Brief Intervention across Settings, Patient Populations, and Providers

Chair: Robert Huebner

Robert Huebner: Screening and Brief Intervention across Settings, Patient Populations, and Providers

Stacy Sterling: Adolescent SBIRT Implementation in Paediatric Primary Care: Results from a Randomized Trial in an Integrated Health Care Delivery System

Felicia Chi: Effectiveness of Screening and Brief Intervention in Reducing Risky Drinking: Results from an Implementation Study in Primary Care Setting

Derek Satre: Motivational interviewing to reduce alcohol and drug use among adults in treatment for depression: 6 month outcomes

Constance Weisner: Effectiveness of Nurse-Practitioner-Delivered Brief Motivational Intervention for Young Adult Alcohol and Drug Use in Primary Care in South Africa: a Randomized Clinical Trial

SESSION 2. Efficacy of Screening and Brief Intervention in different settings

Chair: Cheryl Cherpitel

Cheryl Cherpitel: Screening and Brief Intervention (SBI) in the Emergency Department among Mexican-Origin Young Adults: 12 Month Outcomes of a Randomized Controlled Clinical Trial

Gallus Bischof: Efficacy of the Community Reinforcement and family training for treatment-resistant individuals with alcohol use disorders: a randomized controlled trial

Teresa Barroso: Alcohol Brief intervention in patients in methadone maintenance programs: an experience in Portugal

Ranjita Dhital: Randomised trial of effectiveness of brief alcohol interventions delivered by community pharmacists

SESSION 3. WORKSHOP 1. Developing evidence-based recommendations for practice: Methodological considerations from the BISTAIRS project

Chair: Emanuele Scafato

SESSION 4. SYMPOSIUM 2. The need to optimize the delivery of Brief Interventions: results and conclusions from the Odhin project

Chair: Antoni Gual

Antoni Gual: Introduction

Myrna Keurhorst: Implementation determinants for managing hazardous and harmful alcohol consumption in primary healthcare. A systematic review and meta-regression analysis of trials

Marcin Wojnar: How European general practitioners face alcohol problems

*Joan Colom,
Lidia Segura:* Beyond evidence. Lessons learnt from the ODHIN RCT

Colin Angus: New evidence on the cost-effectiveness of Brief Interventions in primary care: results from the ODHIN trial

Peter Anderson: So what? Policy implications of the ODHIN findings

SESSION 5. Efficacy of E-Brief Intervention

Chair: Frederic Blow

Nicolas Bertholet: Internet-based brief intervention for young men with unhealthy alcohol use: a randomized trial in a general population sample

Frederic Blow: Efficacy of Computer vs. Therapist Brief Interventions for Drug Users

*Kateryna Kuzubova,
Sion K. Harris:* Computer-Facilitated Screening and Physician Brief Advice: Effects on Heavy Episodic Drinking Among Adolescents

Sion K. Harris: Validity of computer vs. clinician screening of adolescents in primary care

SESSION 6. Screening and brief intervention tools and guidelines

Chair: Gallus Bischof

Agnieszka Baklazec: Screening for adverse childhood experiences among health professionals assessed for substance use and mental health disorders

Gallus Bischof: The German S-3 Guidelines for Brief Interventions in the alcohol field

Carolyn Swenson: Beating the Odds: A Physician's Success Story on True Integration

Amy O'Donnell: Developing and delivering tailored ASBI implementation strategies in primary healthcare and beyond: Preliminary findings from the BISTAIRS research project

PLENARY LECTURE 2

THE NICK HEATHER ANNUAL LECTURE

Chair: Jim McCambridge

Mary Larimer: Screening and Brief Intervention for college student drinking: successes, challenges, and the road ahead

SESSION 7. SYMPOSIUM 3. ODHIN cluster randomized factorial trial to increase screening and brief advice rates for heavy drinking
Chair: Peter Anderson

Antoni Gual: Introduction

Myrna Keurhorst: Methods of ODHIN cluster randomized factorial trial

Miranda Laurant,

Preben Bendtsen: Baseline results of ODHIN cluster randomized factorial trial to increase screening and brief advice rates for heavy drinking

Peter Anderson: Implementation results of ODHIN cluster randomized factorial trial to increase screening and brief advice rates for heavy drinking

SESSION 8. Efficacy of Screening and Brief Intervention in Primary Care
Chair: Pierluigi Struzzo

Sawitri Assanangkorchai: Cost and cost-effectiveness of the ASSIST-linked brief intervention for alcohol and illicit substance abuse in primary care in Thailand

Antoinette Krupski: Brief Intervention for Problem Drug Use in Public Hospital-Based Primary Care Settings: A Randomized Clinical Trial

Pierluigi Struzzo: The EFAR Italy RCT Study on an alcohol reduction website: the three months follow-up results.

SESSION 9. WORKSHOP 2. Brief advice or brief motivational intervention? Discussion about optimal efficacy according to patient profile, intervention and setting
Chair: Jean-Bernard Daepfen

Friday, 19th September 2014

PLENARY DEBATE 1
Chair: Joan Colom

Sven Andréasson,

Preben Bendtsen: Internet alcohol interventions – can they stand alone or do they need to be integrated with a personal contact?

SESSION 10. Screening tools

Chair: Lidia Segura

Anja Bischof: Pilot study iPin – intervening in Problematic Internet use – Brief intervention for risk groups

Jennifer McNeely: Validation of a computer self-administered Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in primary care patients

Carolyn Swenson: Adolescent Screening and Brief Intervention for Marijuana Prevention in Colorado

Judith Hahn: Comparing trends in unhealthy alcohol use measured by a phosphatidylethanol and self-report in persons with HIV in rural Uganda

SESSION 11. WORKSHOP 3. The design and conduct of randomised controlled trials of brief interventions for alcohol and drugs

Chair: Jim McCambridge

SESSION 12. Brief interventions in adolescents

Chair: Marcin Wojnar

Emily Tanner-Smith: Brief Alcohol Interventions for Adolescents and Young Adults: a Systematic Review and Meta-analysis

Niamh Fitzgerald: Alcohol Brief Interventions in Youth Settings Outside Formal Education: Feasibility, Acceptability, Evaluability

Shannon Mitchell: Adolescent SBIRT Implementation in an Urban Federally Qualified Health Center: The First Year

Elissa Weitzman: Screening for Alcohol Use among Adolescents with Chronic Medical Conditions

PLENARY DEBATE 2. How does Brief Intervention work?

Chair: Jean-Bernard Daepfen

Molly Magill: Brief intervention mechanisms: What does current research on Motivational Interviewing process have to offer?

Jacques Gaume: What do we know about mechanisms of action of brief alcohol interventions?

SESSION 13. Implementation of Screening and Brief Intervention (SBI)

Chair: Niamh Fitzgerald

Amy O'Donnell: Measuring the impact of financial incentives on the implementation of screening and brief alcohol interventions in UK primary care

Manu Singh: Barriers and Facilitators to Delivery of Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

Harmony Otete: Are there early opportunities to provide brief interventions in Primary and Secondary Healthcare settings in the UK?

Niamh Fitzgerald: Implementation of Alcohol Brief Interventions in A&E and Antenatal Settings in Scotland: A Qualitative Interview Study

SESSION 14. Screening and Brief Intervention (SBI) Programs in different countries

Chair: Maristela Monteiro

Frederico Rosário: Differences between general practitioners groups with different attitudes towards drinkers: a post-hoc study of the ODHIN WP4 project in Portugal

Kristina Sinadinovic: Associations between attrition and baseline wellbeing for participants in two randomized trials investigating Internet-based interventions for reducing substance use

Artur Mierzecki: ODHIN Study baseline results of screening and brief interventions for alcohol – are there country differences?

Amy Bohnert: A brief intervention to prevent opioid overdose and improve overdose bystander response among patients in the emergency department

SESSION 15. WORKSHOP 4. Strategies for integrating Screening and Brief Intervention into health policy

Chair: Deborah Finnell

POSTER SESSION

1. Heloisa Garcia Claro, Márcia Aparecida Ferreira de Oliveira, Janet Titus, Rosana Ribeiro Tarifa, Paula Hayasi Pinho: The Global Appraisal of Individual Needs – Short Screener: Portuguese adaptation and validation for use in Brazil
2. Sara Wallhed Finn, Swen Andréasson: Treatment of alcohol dependence: a randomised controlled trial comparing treatment in primary care with specialised addiction treatment
3. James Morris: Assessing the impact of regional initiatives in London to increase SBI activity
4. Jorge Barroso Dias, P. Aguiar: SBI training – a strategy for addressing Alcohol related problems on workplace in Portugal
5. Joseph Hyde, Matthew French, Beth Johnson, Michele Tilotta, Mary Beveridge: SBIRT Implementation in the US Army National Guard
6. Nopporn Tantirangsee, Sawitri Assanangkornchai: The key successful factors associated with substance cessation in schizophrenic patients with substance-related problems: A qualitative study
7. Lee Craig: ABI's for young people in the context of a multi-component Community Alcohol Campaign in Glasgow, Scotland
8. Nataly Queiroz, Angela Maria Mendes Abreu, Luciana Fernandes Portella: Protection factor and ally the religiosity standard alcohol consumption and tobacco users in the family health strategy
9. Katarzyna Steinka-Fry, Emily E. Tanner-Smith, Sean P. Grant: Effects of 21st Birthday Brief Alcohol Interventions on College Student Celebratory Drinking: A Meta-Analytic Review
10. Deborah Finnell, Ângela Maria Mendes de Abreu, R.T. Jomar, M. H. Souza, Nataly Queiroz, D.B. Fernands, Christine L. Savage: Using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Among Primary Care Patients in Brazil
11. Abigail Rodden: Factors influencing effective implementation of Alcohol Screenings and Brief Interventions (SBIs) with young people: A frontline perspective
12. Kanittha Thaikla, Sawitri Assanangkornchai: Enhancing Prevention with the Substance Abuse and Alcohol Prevention (SAP) Games
13. Laura Crombie, Jackie Barbour: Alcohol Brief Interventions, young people and the streets: Experiences from Fife, Scotland
14. Andre Andrade, Roseli Boerngen de Lacerda, Henrique Pinto Gomide, Telmo Mota Ronzani, Laisa Marcondes Marconela, Maria Lucia Oliveira Souza-Formigoni: Effectiveness of a six-week web-based intervention (Bebermenos/Drink less Brazilian site) in the reduction of alcohol related problems

15. Niamh Fitzgerald: The Strengths and Risks of Using Diagrams to Conceptualise and Describe Brief Motivational Interventions
16. Carlos Soler-González, Hugo López-Pelayo, Pablo Barrio-Jiménez, Antoni Gual: SIDEAL. An mHealth solution for the alcohol-dependent patients
17. Serena Ferguson, Morag Treanor, Ruth Jepson, John McAteer, Garth Reid: Evaluation of Alcohol Brief Interventions delivered as part of the Keep Well health check in Easter Ross, Scotland
18. Emily Williams, Gwen Lapham, Amy Lee, Julie Richards, Douglas Berger, Evette Ludman, Katharine Bradley: Readiness to change, confidence in ability to change, and severity of unhealthy alcohol use among primary care patients
19. Hanna Reinholdz, Fredrik Spak: What are the health care staff's thoughts and experiences on working with early identification of risky drinking? A qualitative study of staff in PHCs in Sweden during implementation of early identification and brief intervention methods
20. Anne H. Berman, Gabriele Biguet, Carina Bois, Anneliese Lilienthal, Lars Uhlin, Cormac McGrath, Nabil Zary, Sakari Suominen: KIBEHMEDX. An example of a massive online open course in behavioral medicine
21. Hugo López-Pelayo, Paul Wallace, Lidia Segura, Estela Díaz, Begoña Baena, Jorge Palacio, Cristina Casajuana, Joan Colom, Antoni Gual: Randomised controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website in Catalonia (Spain)
22. Lidia Segura, B. Garmyn, N. Ibañez, C. Bruguera, M.C. Rodriguez, Joan Colom: Do brief interventions help improving the impact of workplace alcohol prevention interventions?
23. Silke Diestelkamp, L. Kriston, N. Arnaud, L. Wartberg, R. Thomasius: At-risk alcohol consumption patterns of alcohol intoxicated adolescents in the emergency department: a latent class analysis
24. Riany Moura Rocha Brites, Ângela Maria Mendes de Abreu: Alcohol use among workers: an intervention in occupational health
25. Dana Mrozowicz-Gaudyn, José Luis Carballo: Hazardous drinking profile among Spaniards
26. Maria Falcón, R.M. García, M.D. González, C. Manzano, F. Torres, L. Roman, M. Hernández, A. Villalbí, O. García-Algar, S. Pichini, A. Luna: Screening of drugs of abuse and brief intervention in a paediatric emergency department

ABSTRACTS*

Plenary sessions

Plenary Lecture 1

THE INTERPRETATION OF NULL FINDINGS FROM TRIALS OF ALCOHOL BRIEF INTERVENTIONS: PROBLEMS AND SOLUTIONS

Nick Heather

Department of Psychology, Faculty of Health & Life Sciences, Northumbria University,
Newcastle upon Tyne, UK

The effectiveness of alcohol brief intervention (ABI) has been established by meta-analyses but, because the effects of ABI are small, null findings from randomized controlled trials are often reported and can lead to scepticism regarding the benefits of ABI in routine practice. This presentation first explains why null findings are likely to occur under null hypothesis significance testing (NHST) due to the phenomenon known as ‘the dance of the p-values’. This leads to the conclusion that, to avoid misleading interpretations of null findings, NHST should be abandoned. A number of misunderstandings about null findings are then described, using as an example the way in which the results of the primary care arm of a recent cluster randomized trial of ABI in England (the SIPS project) have been misunderstood. These misinterpretations include the fallacy of ‘proving the null hypothesis’ that lack of a significant difference between the means of sample groups can be taken as evidence of no difference between their population means, and the possible effects of this and related misunderstandings of the SIPS findings are examined. The mistaken inference that reductions in alcohol consumption seen in control groups from baseline to follow-up are evidence of real effects of control group procedures is then discussed and other possible reasons for such reductions, including regression to the mean, research participation effects, historical trends, and assessment reactivity, are described. From the standpoint of scientific progress, the chief problem about null findings under the conventional NHST approach is that it is not possible to distinguish ‘evidence of absence’ from ‘absence of evidence’. By contrast, under a Bayesian approach, such a distinction is possible and it is explained how this approach could classify ABIs in particular settings or among particular populations as either truly ineffective or as of unknown effectiveness, thus accelerating progress in the field of ABI research.

* Please note that institutional affiliation in most abstracts refers to the first author

Plenary Lecture 2. The Nick Heather Annual Lecture

Throughout his career Nick Heather has made major contributions to both furthering understanding of the nature of alcohol problems and to the evidence-base on how to respond effectively to them. In the 1980s he provided ground-breaking articulations of the emerging scientific consensus on the limitations of the disease model of alcoholism and the need to develop a public health perspective. He was an early pioneer of brief interventions, and has continued in the subsequent decades as a leader in the development of research and practice in this area. He was active in fostering internationally important collaborations and was the founding president of INEBRIA.

The Nick Heather Lecturer has been selected by the INEBRIA Coordinating Committee in advance of the annual conference.

SCREENING AND BRIEF INTERVENTION FOR COLLEGE STUDENT DRINKING: SUCCESSES, CHALLENGES, AND THE ROAD AHEAD

Mary Larimer

Center for the Study of Health & Risk Behaviors, Department of Psychiatry,
University of Washington, Seattle, WA, USA

Alcohol misuse by young adults and college students is a public health problem of international concern, related to consequences including intoxication and hangover symptoms, injuries, academic or work problems, unsafe or unwanted sexual activity, and premature death. Over the past 3 decades, considerable resources have been directed toward addressing this problem, with a particular focus on development of effective brief interventions to reduce harmful and hazardous drinking in this population. Approaches such as Brief Alcohol Screening and Intervention for College Students (BASICS) have been identified by the US National Institute on Alcohol Abuse and Alcoholism as Tier I strategies for addressing alcohol misuse by college students, however many questions remain regarding how to optimize impact of these brief intervention approaches. The current presentation will review research on efficacy of screening and brief intervention in college populations, and address issues of content, implementation format, and target audience related to their impact. In addition, a variety of challenges to the success of this approach will be reviewed, including small effect sizes, inconsistent impacts on different indicators of harmful and hazardous drinking and across different follow-up periods, and challenges bringing these approaches to scale to produce population-level benefits. Suggestions for research and translational approaches to address limitations and enhance benefit of SBI in college settings will be discussed.

Plenary debate 1**INTERNET ALCOHOL INTERVENTIONS – CAN THEY STAND ALONE OR DO THEY NEED TO BE INTEGRATED WITH A PERSONAL CONTACT?****Sven Andréasson, Preben Bendtsen**

Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

Screening and brief intervention (SBI) for hazardous and harmful drinking have shown to be effective when delivered by a health care professional. Most studies have been performed in primary health care whereas studies from other settings are fewer and more inclusive. Still, a substantial proportion of hazardous and harmful drinkers are not reached by the primary health care. A number of barriers have been identified for a larger uptake of SBI in primary health care and includes: lack of time and training, limited resources, lack of trust in the methods and fear of offending patients by discussing alcohol.

From a public health perspective it has been suggested that an expansion of the availability of SBI beyond the primary care sector could overcome the gap between the high number of people in need and the limited number receiving SBI. One obvious way to do this is to develop and implement effective self-help Internet-based interventions. These interventions could both be a freely available utility in the community but also used a professional guided intervention.

The two plenary speakers will present their views on the benefits and limitations of Internet alcohol interventions versus face-to-face intervention. Focus will be on the relation between various forms for Internet interventions and the pros and cons of combining these with health care professional as facilitators of referral to the interventions. Implementation aspects of the various models will also be covered in the presentation. This presentation will be followed by an open discussion with all participants followed by some closing remarks from the two presenters.

Plenary debate 2. How does Brief Intervention Work?**BRIEF INTERVENTION MECHANISMS: WHAT DOES CURRENT RESEARCH ON MOTIVATIONAL INTERVIEWING PROCESS HAVE TO OFFER?****Molly Magill**

Department of Behavioral and Social Sciences, Brown University School of Public Health, USA

Psychotherapy process research is concerned with the nature of activities occurring within therapy sessions. Most often, the goal is to identify specific therapeutic strategies, interventions, or interactive processes predictive of later changes in client

behavior. In the addictions, Motivational Interviewing (MI) has established a strong tradition of psychotherapy process research. The goal of this presentation is to review the state of research on causal process in MI, and to consider these findings in relation to current knowledge needs regarding implementation and training in Brief Alcohol Interventions (BAIs). The MI theoretical literature proposes three features of causal process – Technical, Relational, and Conflict Resolution. While individual studies have supported the full causal chain proposed by the MI Technical Hypothesis, recent meta-analytic research suggests some of the proposed pathways have more empirical consistency than others. Specifically, the MI-Consistent micro skills of the therapist are associated with client statements in favour of behaviour change (or Change talk), but these statements are not consistent predictors of follow-up outcome. MI consistency is also associated with lower client resistance (or Sustain Talk) and client resistance is associated with poor follow-up outcome. Relational predictors, such as therapist Empathy or MI Spirit, have received relatively less attention to date, and the current presentation argues these variables may best be conceived as conditions that specify the MI technical model. Finally, Conflict Resolution processes suffer from a paucity of research, which is surprising given the central role of client ambivalence in the MI theoretical literature. There are three key discussion questions that arise from the current presentation. 1. What are the core, empirically-supported MI processes for targeted dissemination to BAI trainers and implementers? 2. How can MI process research inform BAI implementers on the minimum conditions for intervention efficacy (e.g., very brief interventions)? 3. Is the MI process literature sufficiently mature to inform BAI implementation, or are further studies on conditional process models (i.e., MI skills and mechanisms operate differently under key client of contextual conditions) needed?

WHAT DO WE KNOW ABOUT MECHANISMS OF ACTION OF BRIEF ALCOHOL INTERVENTIONS?

Jacques Gaume

Alcohol Treatment Centre, Department of Community Health and Medicine
Lausanne University Hospital, Switzerland

A growing body of evidence has shown efficacy of brief intervention (BI) for hazardous and harmful alcohol use in primary health care settings. Evidence for efficacy in other settings, and effectiveness when implemented at larger scale is more contrasted. Indeed, BI comprises varying content, and exploring BI content and mechanisms of action may be a promising way to enhance efficacy and effectiveness.

This presentation will present a review of the current evidence on active ingredients (or components, or mechanisms) of face-to-face BIs (and its subtypes, including brief advice and brief motivational interviewing [BMI]) for alcohol.

Overall, BI active ingredients have been scarcely investigated, almost only within BMI, and mostly among Emergency Room patients, young adults, and US college students. This body of research has shown that personalized feedback may be an effective component; decisional balance and specific MI techniques showed mixed findings; while change plan exercises, advice to reduce or stop drinking, presenting alternative change options, and moderation strategies are promising but need further study.

Client change talk is a potential mediator of BMI effects; change in norm perceptions and enhanced discrepancy between individual's current behavior and broader life goals and values have received preliminary support; readiness to change was only partially supported as a mediator; while enhanced awareness of drinking, perceived risks/benefits of alcohol use, alcohol treatment seeking, and self-efficacy were seldom studied but have as yet found no significant support as mediators.

The current scarcity of research on BI mechanisms will be discussed. We will also highlight the need for further research to understand the inconsistencies observed in trials, to refine BI components and strategies, and potentially to enhance its effects.

Symposia

**SESSION 1. SYMPOSIUM 1. Screening and Brief Intervention across Settings, Patient Populations, and Providers
Chair: Robert Huebner**

SCREENING AND BRIEF INTERVENTION ACROSS SETTINGS, PATIENT POPULATIONS, AND PROVIDERS

Robert Huebner, Stacy Sterling, Felicia Chi, Derek Satre, Constance Weisner

National Institute of Alcohol Abuse and Alcoholism, USA

The widespread adoption of screening and brief intervention (SBI) across settings, patients, and providers in the U.S. as well as internationally is cause for both great excitement and some concern. Broader SBI implementation has the potential to bolster the public health impact of SBI; however, simultaneously, there are instances where the implementation of SBI is ahead of the evidence. This aim of this symposium is to address the effectiveness and implementation of SBI in different settings, target populations, and provider groups in the U.S. and in South Africa. The symposium will be chaired by Robert Huebner (NIAAA). He will set the stage for the session by summarizing current knowledge on SBI across settings, patients, and providers. Next, Stacy Sterling (Kaiser Permanente) will present findings from a study focused on adolescents in primary care entitled Adolescent SBIRT Implementation in Pediatric Primary Care: Results from a Randomized Trial in an Integrated Health Care Delivery System. Following Dr. Sterling, Felicia Chi (Kaiser Permanente) will present results from a clustered, randomized controlled trial of the implementation of SBI. Her analysis addresses whether documented SBI and referral to treatment was associated with downstream drinking outcomes. Then, Derek Satre (UCSF) will provide findings from a study of SBI in psychiatric settings in a paper entitled Motivational Interviewing to Reduce Alcohol and Drug Use among Adults in Treatment for Depression: 6 Month Outcomes. The final speaker, Constance Weisner (UCSF) will present a paper entitled Effectiveness of Nurse-practitioner Delivered Brief Motivational Interventions for Young Adult Alcohol and Drug Use in Primary Care in South Africa: A Randomized Clinical Trial which was conducted with collaborators from the University of Cape Town. Implications of SBI delivery by this group of providers in the context of primary care in Western Cape of South Africa will be discussed.

ADOLESCENT SBIRT IMPLEMENTATION IN PAEDIATRIC PRIMARY CARE: RESULTS FROM A RANDOMIZED TRIAL IN AN INTEGRATED HEALTH CARE DELIVERY SYSTEM

Stacy Sterling, Andrea Kline-Simon, Constance Weisner, Ashley Jones, Derek Satre, Anna Wong

Kaiser Permanente Northern California, USA

Introduction. We describe implementation findings from a trial of different modalities of SBIRT for adolescents during primary care well-visits.

Methods. We randomized pediatricians ($n = 52$) in an integrated health system clinic to three arms: PCP, where pediatricians were trained to deliver SBIRT; BMS, where adolescents endorsing AOD use or mood symptoms were referred to a behavioral clinician for SBIRT; and Usual Care, where providers had access to assessment tools in the electronic health record (EHR), and referral resources, but were not trained. We used EHR data to examine screening, BI and referral rates. Interventions could focus on AODs, mental health (MH), or both.

Results. During the study period there were 8,981 well visits. Screening rates differed significantly across the arms ($p < 0.001$). A higher percentage of patients endorsed mood symptoms in the PCP arm (16.4%, BMS = 12.6%, UC = 13.7%; $p < 0.001$); endorsement of AOD use did not significantly differ. Approximately one third of teens in each arm were candidates for assessment, having endorsed at least 1 of the 5 AOD or mood items (ns). The percentage of patients endorsing mood symptoms who were assessed per the protocol, was significantly higher in the BMS than in the PCP arm ($p < 0.001$); assessment among those with AOD use was significantly higher in the PCP arm ($p < 0.001$). Among those eligible, 26.5% in the BMS, 16.7% in the PCP, and 2.2% in the UC arm received a BI ($p < 0.05$). The intervention arms did not differ significantly in the percent of BIs delivered with any AOD content; the BMS arm delivered more BIs with any MH focus ($p < .001$). **Conclusions.** The two intervention arms showed better implementation of different facets of SBIRT. Findings illustrate the challenges inherent in the different models.

EFFECTIVENESS OF SCREENING AND BRIEF INTERVENTION IN REDUCING RISKY DRINKING: RESULTS FROM AN IMPLEMENTATION STUDY IN PRIMARY CARE SETTING

Felicia Chi, Constance Weisner, Jennifer Mertens, Stacy Sterling, Derek Satre, Thekla B. Ross, Wendy Lu

Kaiser Permanente Northern California, USA

Introduction. Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) in adult primary care is efficacious and recommended by national guidelines, but has not been widely adopted. The ADVISE study is a cluster, randomized

controlled trial (54 clinics, 639 613 patients) to examine SBIRT implementation by non-physician providers in a large private, integrated health care delivery system. Findings suggested that rates of screening were the highest in the non-physician provider (NPP) arm, while rates of brief intervention or referral to treatment (BI/RT) were higher in the primary care provider (PCP) arm. This study evaluated whether documented BI/RT was associated with subsequent drinking outcomes.

Methods. This observational, prospective cohort study examined electronic health records (EHR) data during a two-year follow-up on 19 821, adult primary care patients who screened positive for past-year risky drinking at baseline, 4416 of them had a follow-up screening 13–24 months later (22%). We conducted logistic regression analyses to examine associations between subsequent drinking outcomes and documented BI/RT, while adjusting for treatment arm, demographics, baseline severity, comorbidity, time between intervention and follow-up, facility and clinics.

Results. Out of the 4416, 265 (6%) had documented BI/RT within 45 days after being screened positive for past-year risky drinking at baseline; 1290 (29%) reported risky drinking when being screened in the following 13–24 months. Patients in the NPP arm were more likely to have follow-up screening than those in PCP and Control arms (25% vs. 12% and 17%, respectively; $p < 0.0001$). Neither treatment arm nor documented BI/RT was significantly associated with risky drinking after adjusting for other covariates. However, frequency of screening was associated with lower odds of risky drinking during 13–36 months follow-up (OR = 0.84, $p < 0.0001$).

Conclusions. Although we did not find associations between documented BI/RT and subsequent drinking outcomes, findings provide initial evidence that more frequent screening might be beneficial.

MOTIVATIONAL INTERVIEWING TO REDUCE ALCOHOL AND DRUG USE AMONG ADULTS IN TREATMENT FOR DEPRESSION: 6 MONTH OUTCOMES

Derek Satre, Stacy A. Sterling, Amy Leibowitz, Wendy Lu, Constance Weisner

University of California, San Francisco, USA

Objective. Hazardous drinking can adversely impact individuals with depression. This randomized trial examined the effectiveness of Motivational Interviewing (MI) to reduce hazardous drinking among patients in treatment for depression.

Methods. The sample consisted of 307 participants ages 18 and over in depression treatment in Kaiser Permanente outpatient psychiatry who reported hazardous drinking, illegal drug use or misuse of prescription drugs in the prior 30 days, and who scored ≥ 5 on the Patient Health Questionnaire (PHQ-9) depression scale. Participants were randomized to receive either 3 sessions of MI or printed literature about alcohol and drug use risks, as an adjunct to usual outpatient depression care.

Results. Telephone follow up interviews were conducted at 3 and 6 months, with over 96% of the sample interviewed at each time point. Both groups showed reduction in hazardous drinking, cannabis use and depression score over time. At 6 months, rate of any prior-30-day hazardous drinking days (4+ for women or 5+ for men) was 29% in the MI group vs. 40% in the literature group ($p=0.060$), and cannabis use was 25% in the MI group vs. 36% in the literature group ($p=0.036$).

Discussion. This study examined outcome data regarding the efficacy of MI versus printed literature on alcohol use risks among depression patients in a clinical setting as a supplement to usual care in psychiatry. Findings indicate that both groups reduced hazardous drinking and drug use over time. Further analyses will examine patterns of use over time, outcomes among subgroups based on drinking level, drug and alcohol dependence symptoms, and psychiatric severity, predictors of hazardous drinking and cannabis use reduction, initiation with specialty alcohol and drug treatment for participants with higher severity, and cost effectiveness.

EFFECTIVENESS OF NURSE-PRACTITIONER-DELIVERED BRIEF MOTIVATIONAL INTERVENTION FOR YOUNG ADULT ALCOHOL AND DRUG USE IN PRIMARY CARE IN SOUTH AFRICA: A RANDOMIZED CLINICAL TRIAL

**Constance Weisner, Catherine Ward, Graham Bresick,
Tina Broder, Jennifer Mertens**

University of California, San Francisco, USA

Introduction. Excessive alcohol use and other drug use is of high prevalence in young adults and is linked to higher risk of HIV-risk behaviors. Randomized effectiveness studies on brief motivation intervention for alcohol and drug use in young adult primary care patients is lacking, particularly among low income populations and countries.

Objectives. To examine the effectiveness of a nurse-practitioner-delivered motivational intervention for young adults with alcohol and drug use in primary care.

Methods. We conducted a randomized controlled trial in a public-sector clinic in Delft, a township in the Western Cape, South Africa. A total of 403 patients were randomized to either single-session, nurse practitioner-delivered Brief Motivational Intervention plus referral list or minimally enhanced usual care (usual care plus referral list) and followed-up by telephone at three months. Changes in ASSIST scores from baseline to follow-up were assessed using two-way repeated-measures analysis of variance, controlling for gender, race, religion, and employment status. We used chi-square tests and logistic regression analyses to compare the proportion of “at risk” use between the study arms. Mixed models examined change in the alcohol ASSIST score.

Results. Although rates of at-risk alcohol use and drug use (cannabis and methamphetamine) did not differ by treatment arm at follow-up, patients assigned to the Brief

Motivational Intervention had significantly reduced ASSIST scores for alcohol-the most prevalent substance (effect size for reduction 38% than usual care (effect size for reduction 21%, percent decrease/mean effect size of $F = 4.79$, $p = 0.029$).

Conclusion. Brief Motivational Intervention may be effective at reducing at-risk alcohol use in the short term among low-income young adult primary care patients; additional research is needed to examine long-term outcomes.

SESSION 4. SYMPOSIUM 2. The need to optimize the delivery of Brief Interventions: results and conclusions from the Odhin project
Chair: Antoni Gual

SUMMARY OF SYMPOSIUM AND GOALS

ODHIN (Optimizing delivery of health care interventions) is a four-year project involving research institutions from nine European countries funded under the 7th Framework Programme and that comes to an end in 2014.

The general aim of the project is to improve the delivery of health care interventions by understanding how better to translate the results of clinical research into everyday clinical practice. The research focuses on the implementation of identification and brief intervention (IBI) programmes for hazardous and harmful alcohol consumption (HHAC) in primary health care (PHC), with the aim to produce evidence that might be useful in other health conditions. This symposium will present an update on the most relevant findings of the whole project except the randomized controlled trial (RCT). This includes a presentation on the systematic reviews concerning brief interventions for alcohol and other lifestyles, a qualitative analysis of the RCT obtained through in-depth interviews with the GPs enrolled in the trial, the analysis of the results of a survey performed with more than 2400 GPs from 9 different EU countries, the cost-effectiveness studies performed in different EU countries, and finally a reflection on the policy implications of the ODHIN findings.

IMPLEMENTATION DETERMINANTS FOR MANAGING HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION IN PRIMARY HEALTHCARE. A SYSTEMATIC REVIEW AND META-REGRESSION ANALYSIS OF RANDOMISED TRIALS

Myrna Keurhorst, Irene van de Glind, Michaela Bitarello do Amaral-Sabadini, Peter Anderson, Eileen Kaner, Dorothy Newbury-Birch, Jozé Braspenning, Michel Wensing, Maud Heinen, Miranda Laurant

Radboud University Medical Center, Netherlands

Introduction. Successful implementation strategies for reducing harmful drinking in primary healthcare are poorly understood.

Objective. To identify determinants of implementation strategies which have impact on decreasing harmful alcohol consumption in primary healthcare.

Methods. MEDLINE, EMBASE, Cinahl and CENTRAL were searched for studies published between 1966 and May 2013. We selected randomised trials of implementation strategies in primary care to reduce hazardous and harmful alcohol consumption. Two reviewers independently screened and extracted data on screening and brief intervention procedures, implementation strategies, participants, setting, methods, primary outcome (alcohol consumption), process measures (screening, brief intervention, costs) and methodological quality.

Results. 25 RCT's and 4 CCT's were included. Studies showed moderate quality due to lacking concealment of allocation (28%); differences between study groups (28%), or likelihood of contamination between groups (38%). The meta-regression analysis included 24 of the 29 identified studies. Implementation strategies had non-significant positive impact on patients' alcohol consumption (standardized effect 0.07;95%-CI -0.02-0.16), although they effectively improved screening (standardized effect 0.53;95%-CI 0.28-0.78) and brief interventions (standardized effect 0.64;95%-CI 0.27-1.02). Regarding patients' alcohol consumption, combining strategies targeted at different groups, i.e. professional and/or organisational and/or patient oriented strategies, showed strongest effects. Combining professional with patient oriented implementation strategies resulted in highest increase of the screening and brief interventions applications. Involving nurses besides physicians also was beneficial, particularly for screening. Applying multiple components of any implementation category was especially effective for increasing the use of brief interventions.

Discussion. In order to have more impact on decreasing harmful alcohol consumption, patient, professional and organizational implementation strategies could be combined. Effective elements of screening and brief interventions as well as the fidelity of delivery should be explored.

HOW EUROPEAN GENERAL PRACTITIONERS FACE ALCOHOL PROBLEMS

Marcin Wojnar, Peter Anderson, Andrzej Jakubczyk, Antoni Gual, Lidia Segura, Hana Sovinova, Ladislav Csemy, Eileen Kaner, Dorothy Newbury-Birch, Alessio Fornasin, Pierluigi Struzzo, Gaby Ronda, Ben van Steenkiste, Myrna Keurhorst, Miranda Laurant, Cristina Ribeiro, Frederico do Rosário, Isabel Alves, Marko Kolsek

Medical University of Warsaw, Poland

Introduction. General practitioners are the first-line physicians that should recognize alcohol problems in their patients presenting with somatic disorders and to initiate alcohol-aimed intervention in primary care. The aim of the ODHIN survey was to evaluate attitudes and views of general practitioners from eight European countries

to alcohol and alcohol problems and how these attitudes and views are associated with self-reported activity in managing patients with alcohol and alcohol problems.

Methods. A total of 2345 general practitioners (GPs) from Catalonia, Czech Republic, England, Italy, the Netherlands, Poland, Portugal, and Slovenia were surveyed. The questionnaire included questions on the GP's demographics, reported education and training on alcohol, attitudes and views towards managing alcohol and alcohol problems, and self-reported estimates of numbers of patients managed for alcohol and alcohol problems during the previous year.

Results. The estimated mean number of patients managed for alcohol and alcohol problems during the previous year ranged from 5 to 21 across the eight countries (average, 11). GPs who reported higher levels of education for alcohol and alcohol problems and GPs who felt more secure in managing patients with such problems reported managing a higher number of patients. GPs who reported that doctors tended to have a disease model of alcohol problems and those who felt that drinking was a personal rather than a medical responsibility reported managing a lower number of patients.

Conclusion. The extent of alcohol education and general practitioners' attitudes and views towards alcohol were associated with the reported number of patients managed. Thus, it is worth exploring the extent to which improved education, using pharmacotherapy in primary health care (disease model) and a shift to personalized health care in which individual patients are facilitated to undertake their own assessment and management (individual responsibility) might increase the number of heavy drinkers who receive feedback on their drinking and support to reduce their drinking.

BEYOND EVIDENCE. LESSONS LEARNT FROM THE ODHIN RCT

Joan Colom, Lidia Segura

Generalitat de Catalunya, Spain

Introduction. Despite of the substantial body of evidence which shows SBIs in primary care to be an effective and cost-effective policy option for tackling many of the problems associated with alcohol, the determinants of implementation effectiveness are not yet well known. In the context of ODHIN WP5 RCT, an additional evaluation study is being undertaken to explore qualitatively why, how and under what circumstances the implementation strategies work.

Methods. Differences between GPs and nurses with successful implementation rates (upper quartiles) compared to those that reported lower ones (lower quartiles) after the intervention period (purposeful sampling) will be studied. Participants will be recruited in the Netherlands, Catalonia, Poland and Sweden. Interviews, either by telephone or face to face, will be conducted after the follow-up measurements, in order to prevent any contamination. A 30-minute semi-structured interview with

a flexible topic list is used. The sample is saturated at three levels (level of profession, type of implementation and level of SBI implementation) providing a minimum of 8 different professional profiles. We expect that a maximum of 24 interviews will be required to achieve saturation. Interviews will be recorded, kept anonymous and transcribed verbatim. The data will be structurally analyzed in terms of encoding, within- and across case comparisons with Atlas.ti.

Results. Preliminary results of the thematic analysis will be presented. Special attention will be paid to explaining differences within countries and to analyze the results against the 7-domain TICD framework: 1) guideline factors; 2) individual health professional factors; 3) patient factors; 4) professional interactions; 5) incentives and resources; 6) capacity for organizational change; 7) social, political and legal factors.

Discussion. We expect that the results obtained will help us to establish what worked, for whom, in what circumstances, in what respects, to what extent, and why.

NEW EVIDENCE ON THE COST-EFFECTIVENESS OF BRIEF INTERVENTIONS IN PRIMARY CARE: RESULTS FROM THE ODHIN TRIAL

Colin Angus, Jinshuo Li, Alan Brennan

University of Sheffield, UK

Introduction. There is a substantial body of evidence which shows Screening and Brief Interventions (SBIs) in primary care to be an effective and cost-effective policy option for tackling many of the problems associated with alcohol misuse. However; the implications of this evidence for policy makers is less clear, with important issues around implementation decisions, such how best to improve uptake rates amongst practitioners, remaining unanswered.

Methods. The ODHIN project incorporated a multi-centre cluster-randomised factorial trial across 5 EU countries which examined the impact on SBI delivery rates of a number of alternative strategies – training and support for practitioners, financial incentives and the use of an internet-based intervention. Data on the costs and effectiveness of each strategy will be combined with evidence from the Sheffield Alcohol Policy Model in order to estimate the long-term cost-effectiveness of the trialled strategies.

Results. The results, to be produced ahead of the conference, will provide estimates of the total cost of implementing each strategy on a national level, the change in population coverage of a national SBI programme as a result and the long-term impact on alcohol related health conditions. Cost-effectiveness estimates will be presented as the cost per Quality-Adjusted Life Year (QALY) gained.

Discussion. These results will provide important evidence on the most cost-effective approaches to implementing national programmes of SBI in primary care. This will allow public health policy makers across the European Union to make more informed decisions and help to reduce barriers to implementing SBI policies.

The research leading to these results or outcomes has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 259268 – Optimizing delivery of health care intervention (ODHIN). Participant organisations in ODHIN can be seen at: www.odhinproject.eu

**SESSION 7. SYMPOSIUM 3. ODHIN cluster randomized factorial trial to increase screening and brief advice rates for heavy drinking
Chair: Peter Anderson**

METHODS OF ODHIN CLUSTER RANDOMIZED FACTORIAL TRIAL

Myrna Keurhorst

Radboud University Nijmegen, Netherlands

Introduction. The European level of alcohol consumption, and the subsequent burden of disease, is high compared to the rest of the world. While screening and brief interventions in primary healthcare are cost-effective, in most countries they have hardly been implemented in routine primary healthcare.

Objective. To describe the methodology of a study which aimed to examine the effectiveness and efficiency of three implementation interventions that have been chosen to address key barriers for improvement: training and support (T&S) to address lack of knowledge and motivation in healthcare providers; financial reimbursement (FR) to compensate the time investment; and internet-based counselling (eBI) to reduce workload for primary care providers.

Methods. A description of the methodology and an explanation of factorial design.

Results. In a cluster randomized factorial trial, data from Catalan, English, Netherlands, Polish, and Swedish primary healthcare units was collected on screening and brief advice rates for hazardous and harmful alcohol consumption. The three implementation strategies were provided separately and in combination in a total of seven intervention groups, with an eighth treatment as usual control group. Screening and brief intervention activities were measured at baseline, during 12 weeks and after six months. Factorial design was chosen because the effect of T&S instead of no T&S can not only be estimated from T&S vs control, but also from T&S + FR vs FR, T&S + eBI vs eBI. Obviously, this additional effect of T&S provided is similar between T&S vs control, T&S + FR vs FR, and T&S + eBI vs eBI. In time, a consensus for factorial designs has grown to code each factor (T&S, FR, eBI) as $(-1,1)$; the regression coefficients in $(-1,1)$ coding are half the effects.

Discussion. The main advantage of the factorial design is that smaller sample sizes are needed to obtain adequate power.

BASELINE RESULTS OF ODHIN CLUSTER RANDOMIZED FACTORIAL TRIAL TO INCREASE SCREENING AND BRIEF ADVICE RATES FOR HEAVY DRINKING

Miranda Laurant, Preben Bendtsen

Radboud University Nijmegen, Netherlands

Introduction. While screening and brief advice for heavy drinking primary health-care is cost-effective, in most countries they are poorly implemented in routine primary healthcare. **Objective.** To document the screening and brief advice rates for hazardous and harmful alcohol consumption in primary health care practices from Catalonia, England, Netherlands, Poland and Sweden during the four week baseline period of a study which aimed to examine the effectiveness of interventions to increase such rates.

Methods. Twenty four practices were recruited from each country, 120 in all. PHCUs were asked to screen all patients aged 18 years and over who attended the PHCU with AUDIT-C. Practices were invited to offer brief advice to reduce consumption to all screen positives, who were defined as those who scored > 5 for men or >4 for women on AUDIT-C. The screening rate was calculated as the number of completed screens divided by the total number of consultations of all patients eligible for screening times 100. The brief advice rate was calculated as the number of brief advices delivered divided by the total number of screen positives times 100.

Results. The number of registered patients averaged 10,000 across the 120 practices, with 1500 eligible consultations per practice during the four week baseline period. The practices catered for a population of 1.2 million people, and saw about 180,000 eligible patients during the four week period. The number of patients screened was 10,620, 5.9% of eligible patients. Of these 10,620 patients screened, 3,728 (35.1%) were AUDIT-C screen positives. Of these, 3,728 AUDIT-C screen positives, 3370 (90.4%) were given brief advice to reduce their alcohol consumption.

Discussion. The challenge is to increase screening rates for heavy drinking in primary health care.

IMPLEMENTATION RESULTS OF ODHIN CLUSTER RANDOMIZED FACTORIAL TRIAL TO INCREASE SCREENING AND BRIEF ADVICE RATES FOR HEAVY DRINKING

Peter Anderson

Newcastle University, UK

Introduction. We describe implementation findings from a trial of different modalities of SBIRT for adolescents during primary care well-visits.

Methods. We randomized pediatricians ($n = 52$) in an integrated health system clinic to three arms: PCP, where pediatricians were trained to deliver SBIRT; BMS, where adolescents endorsing AOD use or mood symptoms were referred to a behavioral clinician for SBIRT; and Usual Care, where providers had access to assessment tools in the electronic health record (EHR), and referral resources, but were not trained. We used EHR data to examine screening, BI and referral rates. Interventions could focus on AODs, mental health (MH), or both.

Results. During the study period there were 8,981 well visits. Screening rates differed significantly across the arms ($p < 0.001$). A higher percentage of patients endorsed mood symptoms in the PCP arm (16.4%, BMS = 12.6%, UC = 13.7%; $p < 0.001$); endorsement of AOD use did not significantly differ. Approximately one third of teens in each arm were candidates for assessment, having endorsed at least 1 of the 5 AOD or mood items (ns). The percentage of patients endorsing mood symptoms who were assessed per the protocol, was significantly higher in the BMS than in the PCP arm ($p < 0.001$); assessment among those with AOD use was significantly higher in the PCP arm ($p < 0.001$). Among those eligible, 26.5% in the BMS, 16.7% in the PCP, and 2.2% in the UC arm received a BI ($p < 0.05$). The intervention arms did not differ significantly in the percent of BIs delivered with any AOD content; the BMS arm delivered more BIs with any MH focus ($p < 0.001$).

Conclusions. The two intervention arms showed better implementation of different facets of SBIRT. Findings illustrate the challenges inherent in the different models.

Oral sessions

SESSION 2. Efficacy of Screening and Brief Intervention in different settings Chair: Cheryl Cherpitel

SCREENING AND BRIEF INTERVENTION (SBI) IN THE EMERGENCY DEPARTMENT AMONG MEXICAN-ORIGIN YOUNG ADULTS: 12 MONTH OUTCOMES OF A RANDOMIZED CONTROLLED CLINICAL TRIAL

**Cheryl Cherpitel, Yu Ye, Jason Bond, Robert Woolard, Ed Bernstein,
Judith Bernstein, Susanna Villalobos, Rebeca Ramos**

Alcohol Research Group, USA

Background. Given the rapid growth of the Mexican-origin population in the U.S., high rates of emergency department (ED) utilization as a primary source of health care and high prevalence of heavy drinking, a randomized controlled trial of screening and brief intervention (SBI), using peer health promotion advocates (*promotores*), was conducted to test primary outcomes of a reduction in at-risk drinking and RAPS4 scores, and secondary outcomes of drinking days per week, drinks per drinking day, maximum drinks in a day, and negative consequences of drinking, among at-risk and dependent Mexican-origin young adults, aged 18–30, in an ED at the U.S.–Mexico border.

Methods. Data collection over 17 months resulted in 698 patients recruited and randomized to one of 3 conditions: screened only ($n=78$), assessed ($n=310$), and intervention ($n=310$). Patients in the assessed and intervention groups were blindly assessed at 3- and 12-months via telephone.

Results. No significant difference was found in baseline demographic or drinking characteristics among the three groups. At both follow-ups the intervention condition showed significantly lower values or trends on all outcome variables compared to the assessed condition, with the exception of the RAPS4 score. Using random effects modeling controlling for gender, age, nativity, and baseline values, reductions in alcohol consumption were significantly greater for the intervention condition at 3-months only for maximum drinks on an occasion, while at 12-months the intervention condition showed significantly greater improvement in all consumption measures, but not in measures of alcohol problems (RAPS4 and SIPs +6). Improvements in outcomes were significantly more evident in some subgroups; non-injured patients, those reporting drinking prior to the event, and those lower on risk taking disposition.

Conclusions. This study demonstrates the efficacy of brief intervention delivered by *promotores* to Mexican-origin young adults in the ED.

EFFICACY OF THE COMMUNITY REINFORCEMENT AND FAMILY TRAINING FOR TREATMENT-RESISTANT INDIVIDUALS WITH ALCOHOL USE DISORDERS: A RANDOMIZED CONTROLLED TRIAL

Gallus Bischof, J. Iwen, Jennis Freyer-Adam, Hans-Juergen Rumpf

University of Luebeck, Germany

Background. Concerned significant others (CSOs) of individuals with alcohol use disorders show elevated rates of psychosocial impairment. In addition, the majority of subjects with alcohol dependence (AD) refuse to be engaged in treatment. Community Reinforcement and Family Training (CRAFT) is a promising approach for engaging treatment refusing patients in alcohol treatment and to improve the functioning of the CSO. However, only two randomized controlled trials from the US are available yet. This study analyzes for the first time the efficacy of CRAFT in a European sample of CSOs in a randomized controlled trial.

Methods. Participants were recruited through the treatment system (general practitioners, psychotherapists, addiction counselling services) and through media solicitation. After a brief screening, 107 CSOs were included in the study and were randomly allocated to an immediate intervention condition (IG) or a three-month waiting list (WL). Among these, 89 CSOs participated in the intervention programme (IG N = 52; WL N = 37) and provided data for the follow-up assessments at 3 and 6 months. In addition, a follow-up assessment (f-u) was conducted after 12 months (Response rate 92%).

Results: At the 3-month f-u, IG revealed significant higher IP engagement rates compared to WL; after WL received the CRAFT intervention, engagement rates did not differ between both groups at 6- and 12-month f-u. CSOs in both groups reported significant improvements in terms of mental health and family cohesion after having received the intervention.

Conclusion. Data show that CRAFT is an effective approach for treating CSOs of individuals suffering from AD.

ALCOHOL BRIEF INTERVENTION IN PATIENTS IN METHADONE MAINTENANCE PROGRAMS: AN EXPERIENCE IN PORTUGAL

Teresa Barroso, Nidia Rosa

Nursing School of Coimbra, Portugal

Introduction. Harmful alcohol use is a worldwide threat to public health and the cause of approximately 60 types of diseases and 2.5 million deaths each year. Patients with alcohol dependence in methadone maintenance programs have different problems (psychiatric morbidity, increased criminal activity, higher risk of suicide and

poor social support), thus compromising adherence to treatment. It is essential to guide efforts to develop, evaluate and treat alcohol consumption problems in addicts.

Objective. To evaluate the effect of Brief Interventions in reducing excessive alcohol consumption on drug users with alcohol abuse problems in methadone maintenance treatments.

Methods. A single group pre-post quasi-experimental design was used. The sample consisted of 24 patients (18 males and 6 females) with a mean age of 37.24 years (SD = 6.74). The data collection method was a structured interview using a questionnaire, including the AUDIT to evaluate the level of risk in relation to alcohol consumption. Interventions were made by previous protocol based on the level of risk identified, for data analysis resorting to the Wilcoxon test.

Results. At baseline: 16 subjects were in risk zone I, 6 in risk zone II and 2 in risk zone III. In follow-up five months after the brief interventions, 19 subjects were in risk zone I and 5 were in risk zone II. There was a positive effect on the progress of participants in respect to the levels of risk, with statistical significance ($p = 0.031$).

Discussion. Brief Interventions took effect in lowering and stabilizing the risk levels of alcohol consumption, reinforcing the importance of integration of Brief Interventions in other health care settings.

RANDOMISED TRIAL OF EFFECTIVENESS OF BRIEF ALCOHOL INTERVENTIONS DELIVERED BY COMMUNITY PHARMACISTS

Ranjita Dhital, Cate Whittlesea, Ian J. Norman, Trevor Murrells, Jim McCambridge

King's College London, UK

Introduction. The UK Department of Health wants to involve community pharmacists in the delivery of alcohol brief intervention (BI). This is the first presentation of outcomes from the first randomised trial worldwide in this setting.

Objective. The trial was designed to assess the effectiveness of BI delivered by community pharmacists in London.

Methods. Eligible and consenting customers in 16 community pharmacies were randomised to either BI delivered by 17 community pharmacists or a non-intervention control condition. The evaluated intervention was a brief motivational discussion of approximately 10 minutes duration, for which pharmacists received a half-day training in delivery. At 3-month follow up, alcohol consumption and related problems were assessed using the AUDIT administered by telephone.

Results. Of 2361 pharmacy customers approached, 541 (23%) met preliminary study inclusion criteria by screening positive on a single alcohol screening question. Subsequently 134 were excluded as ineligible in the second stage of screening (having AUDIT scores 7 or less. The remaining 407 were randomised (205 to intervention,

202 to control). At 3 months 325 (82% intervention, 78% control) participants were followed up. There were no statistically significant differences in total AUDIT and subscale scores or in the proportions becoming non-hazardous drinkers at follow-up. Data identified patterns of change over time, and evidence of moderation in reductions in dependence.

Discussion. This highly naturalistic study found no evidence of effectiveness of community pharmacist delivery of BI. As this setting remains promising for this type of work, future studies could consider redesigning BI content, extending training, and different means of targeting pharmacy customers for whom BI could be effective. This could be an efficacy trial.

SESSION 5. Efficacy of E-Brief Intervention

Chair: Frederic Blow

INTERNET-BASED BRIEF INTERVENTION FOR YOUNG MEN WITH UNHEALTHY ALCOHOL USE: A RANDOMIZED TRIAL IN A GENERAL POPULATION SAMPLE

Nicolas Bertholet, John A. Cunningham, Mohamed Faouzi, Jacques Gaume, Gerhard Gmel, Bernard Burnand, Jean-Bernard Daeppen

Alcohol Treatment Center, Lausanne University Hospital, Switzerland

Introduction. Unhealthy alcohol use is a major health concern among young men.

Objective. To assess the effectiveness of an Internet-based alcohol brief intervention (IBI) targeting young men with unhealthy alcohol use.

Methods. Of the 436 519 year old men attending the Swiss mandatory army recruitment process invited to participate, 1633 (37%) did so: 737 reported unhealthy alcohol use (>6 drinks/occasion at least monthly or >14 drinks/week or Alcohol Use Disorders Identification Test (AUDIT) score >8) and were included. Intervention group (IG) participants (n = 367) completed an assessment on alcohol use and received the IBI. Control group (CG) participants (n = 370) completed the assessment only. Follow-up took place at 1 and 6 months. Primary outcomes were: binge drinking prevalence and number of drinks/week at 1 and 6 months. AUDIT score and number of alcohol related consequences at 6 months were secondary outcomes. The intervention effectiveness was assessed using: 1. random-effects logit model (binge drinking prevalence), 2. random-effects negative binomial model (drinks/week), 3. negative binomial regression model (AUDIT, consequences).

Results. The follow-up rate was 92% and 91% at 1 and 6 months. Over time, there was a significant decrease in binge drinking prevalence [IG: 85.6% (baseline), 69.8% (6mo); CG: 84.3%, 71.1%], mean (SD) number of drinks/week [IG: 10.1(7.9),

8.5(8.5); CG: 9.5(7.8), 9.1(8.9)] and mean AUDIT (SD) score [IG: 10.7(4.3), 8.8(4.3); CG: 10.5(4.0), 9.3(4.5)]. There was no intervention effect on binge drinking at 1 and 6 months and on drinks/week at 1 month. There was a beneficial intervention effect on the number of drinks/week at 6 months ($p=0.03$) and on AUDIT score at 6 months ($p=0.01$). There was no effect on consequences.

Discussion. We found no intervention effect on binge drinking prevalence but effects on the number of drinks/week and AUDIT score at 6 months, following an IBI among young men in the general population.

EFFICACY OF COMPUTER VS. THERAPIST BRIEF INTERVENTIONS FOR DRUG USERS

Frederic Blow, Kristen Barry, Maureen Walton, Rebecca Cunningham, Amy Bohnert, Mark Ilgen

University of Michigan, USA

Introduction. Few people who use illicit drugs and who might benefit from screening, brief interventions, and referral to treatment (SBIRT) actually receive these interventions. However, the effectiveness of SBIRT strategies for illegal drug users in the Emergency Department (ED) have been largely untested.

Methods. This study used computerized screening and tested two motivational brief intervention strategies, either a computer-delivered brief intervention (CBI) or a intervener-delivered brief intervention (IBI), compared to an enhanced usual care control condition, to reduce the use of illegal drugs among patients seeking care in the Emergency Department. In order to enhance the interventions delivered in the ED, individuals were subsequently randomized to one of two follow-up conditions that took place 2 months post-ED visit. Hence, the study methods used a fully-crossed, two-factorial randomized controlled design (3 intervention conditions [CBI, TBI, Control] \times 2 follow-up conditions [adapted motivational enhancement therapy-AMET; or enhanced usual care-EUC]).

Outcome measures included in the preliminary analysis are ASSIST scores and number of days used for each of the drugs (cocaine, hallucinogen, inhalants, meth-amphetamines, prescription opioids, prescription sedatives, prescription stimulants, marijuana, and street opioids) over time for each of the six interventions (CBI, IBI, Control, CBI+AMET, IBI+AMET, Control+AMET) and follow-up periods (3-month, 6-month, and 12-month). We used Poisson regression models with generalized estimating equations (GEE) to evaluate the significance of the intervention effects over time.

Results. A total of 4,572 ED patients were screened and 780 individuals meeting criteria for drug use in the prior 3 months were randomized to conditions. Results of the Poisson regression model for ASSIST score – cocaine show that the effect of CBI

vs. Control is significant ($z = -2.4$, $p = 0.0164$), controlling for baseline ASSIST score – cocaine and follow-up periods. Similarly, the effect of CBI vs. Control is also significant ($z = -2.33$, $p = 0.0197$) for number of days used – cocaine, controlling for number of days used at baseline and follow-up. Significant intervention effects were also found for IBI+AMET vs. Control for no. of days used – marijuana ($z = -3.24$, $p = 0.0012$), controlling for number of days used marijuana at baseline and follow-up periods.

Discussion. Results suggest that both computerized and intervener-delivered motivational brief interventions can be effective in reducing drug use among patients seeking ED care.

Research supported by the U.S. National Institute on Drug Abuse, #DA026029.

COMPUTER-FACILITATED SCREENING AND PHYSICIAN BRIEF ADVICE: EFFECTS ON HEAVY EPISODIC DRINKING AMONG ADOLESCENTS

Kateryna Kuzubova, John R. Knight, Ladislav Csemy, Lon Sherritt, Sion K. Harris

Boston Children's Hospital, Harvard Medical School, USA

Background. Heavy episodic drinking (HED) (≥ 5 drinks for males; ≥ 4 for females on an occasion) is a common pattern of alcohol consumption among adolescents worldwide which is associated with increased risk for developmental, legal, and health problems. A computer-facilitated Screening and clinician Brief Advice (cSBA) intervention was previously shown to reduce drinking rates among US adolescents, but not among youth in the Czech Republic, where adolescent drinking is more normative. However, cSBA may help to reduce hazardous drinking patterns such as HED.

Objective. To determine the effect of cSBA on HED rates among adolescent primary care patients in the US and Czech Republic (CZR).

Methods. Quasi-experimental, asynchronous design: 12- to 18-yr-olds at 9 New England ($N = 2096$) and 10 Prague ($N = 589$) clinics completed measurements only during an 18-month Treatment As Usual (TAU) phase. We then conducted 1-hour clinician trainings, initiated the cSBA protocol, and recruited patients during the subsequent 18-month cSBA phase. Before seeing the clinician, cSBA participants completed a computerized CRAFFT screen and then viewed screening results, scientific information, and true-life stories illustrating the harmful effects of substance use. Clinicians received screening results and “talking points” designed to prompt 2–3 minutes of brief advice. We used GEE logistic regression to analyze the intervention effect at follow-up, controlling for baseline HED, demographics, peer/family substance use, site/provider/visit characteristics, and multi-site sampling.

Results. Participation, 3- and 12-month retention rates were: US 87%, 72%, 74%; CZR 100%, 91%, 90%. Baseline past-90-day HED rates were 11% in the US and 28% in CZR. Compared to TAU, cSBA showed reduced past-90-day HED prevalence at

3 months in the CZR (adjusted Relative Risk Ratio [aRRR], 95%CI: 0.57, 0.39–0.84), but the effect had dissipated by 12 months (0.92, 0.71–1.19). The US sample showed a marginally significant 3-month effect (0.68, 0.45–1.03), and no effect at 12 months (1.09, 0.77–1.56).

Conclusion. Computer-facilitated screening with physician brief advice shows promise for reducing adolescent HED rates. Strategies for extending the effect are needed.

VALIDITY OF COMPUTER VS. CLINICIAN SCREENING OF ADOLESCENTS IN PRIMARY CARE

Sion K. Harris, John R. Knight, Shari Van Hook, Lon Sherritt, Traci Brooks, John Kulig, Christina Nordt, Richard Saitz

Boston Children's Hospital, Harvard Medical School, USA

Background. The CRAFFT screening protocol has been shown to be valid and reliable among adolescent medical office patients when asked by a trained interviewer. However, computer self-administration may provide a more time-efficient way for busy clinicians to screen all patients, if proven to yield valid responses.

Objective. To compare the validity of computer self-administered vs. clinician-interview screening.

Design/Method. 12- to 17-year-old participants coming for routine care at 3 primary care clinics (8 clinicians) in the Northeast U.S. were screened by both computer and clinician during their visit. To account for order effects, we randomly assigned participants to complete the self-administered screen either before (prior to seeing the clinician) or after the clinician interview (immediately after visit). Both screens were conducted using an iPad and included identical items (any past-12-month use of tobacco, alcohol, drugs; past-90-day frequency of each; and six CRAFFT questions). Criterion measures for use frequency and severity were Timeline Follow-Back Calendar (TLFB) and Adolescent Diagnostic Interview, conducted by confidential research assistant-interview after the visit.

Results. Among 136 participants (98% participation rate), mean age was 15.0 + 1.5 yrs, 54% were girls, 53% were Black or Hispanic, and 67% had ≥ 3 prior visits with their clinician. Twenty-seven percent reported any past-12-month substance use (including tobacco), and 7% met criteria for a substance use disorder. Validity was moderate to high for detecting past-12-month use (sensitivity/specificity range 62–82%/96–100% across substances). The past-12-month any-use items had the highest sensitivities for predicting a disorder (range 83–100%), while past-90-day monthly use had the highest specificities (range 94–100%). Validity estimates did not differ between computer and clinician. Mean completion time was 49 seconds (95%CI 44–54) for computer and 74 seconds (95%CI 68–87) for clinician (paired comparison $p < 0.001$).

Conclusion. Substance use screening by computer self-entry appears to be a valid and time-efficient alternative to clinician interview for adolescents.

SESSION 6. Screening and Brief Intervention tools and guidelines
Chair: Gallus Bischof

SCREENING FOR ADVERSE CHILDHOOD EXPERIENCES AMONG
HEALTH PROFESSIONALS ASSESSED FOR SUBSTANCE USE
AND MENTAL HEALTH DISORDERS

Agnieszka Baklazec, Elizabeth Pace, Leigh Fischer, Brie Reimann

Peer Assistance Services, Inc., USA

Introduction. Research demonstrates Adverse Childhood Experiences (ACE) are a predictor to health conditions, including substance use and mental health disorders. The ACE Study, a collaborative research project conducted by Kaiser Permanente and Center for Disease Control and Prevention, links ACE to health and social consequences. The ACE questionnaire is a screening instrument that assigns one point for each category of exposure to an ACE, including categories such as parental divorce, child abuse, and parental incarceration. Points are added for a score of 0 to 10 and a higher score indicates an increased risk for adulthood health conditions. Peer Assistance Services, Inc., a Colorado nonprofit organization, implements statutorily created Peer Health Assistance Programs (PHAP), for licensed healthcare professionals with substance use and/or mental health conditions affecting public safety. These professionals have work related issues and/or legal involvement due to substance use and mental health conditions.

Objective. PHAP is examining the prevalence of substance use and mental health disorders among health professionals with an ACE score of 4 or higher, and hypothesized that individuals with higher ACE scores would be more likely to have a substance use or mental health diagnosis.

Methods. The ACE questionnaire is administered to health professionals at intake.

Results. Preliminary data gathered from 111 intakes indicate 19% of individuals have an ACE score of 4 or higher. Intake data will be collected through July 31 and presented at INEBRIA.

Discussion. The percentage of individuals with an ACE score of 4 or higher demonstrated in this initial sample is lower than anticipated. These individuals have been required to be assessed by the PHAP by their professional licensing agency. This circumstance may demonstrate what could be underreporting due to fear of professional consequences.

THE GERMAN S3-GUIDELINES FOR BRIEF INTERVENTIONS IN THE ALCOHOL FIELD

**Gallus Bischof, Hans-Juergen Rumpf, Ralf Demmel, Jennis Freyer-Adam,
Georg Kremer, Tim Neumann, Nadja Wirth, Eva Hoch**

University of Luebeck, Germany

Background. Brief interventions are an important measure to reduce alcohol-related harm in individuals with unhealthy alcohol consumption. A proactive approach focusing on motivational enhancement is essential, however, evidence for BI is mixed according to specific subpopulations and settings. A German expert group has developed S-3 guidelines on Brief Intervention that are expected to be published in Fall 2014.

Methods. Recommendations of the working group for the S3-Guidelines are based on 1. published international guidelines on BI, 2. Meta-Analyses, 3. Systematic Searches of the literature (for binge drinking and alcohol dependence) and 4. Clinical Consensus. In a following step, recommendations were consented. Evaluation of needs for implementation were based on experiences in other countries.

Results. General efficacy of BI, especially for individuals with at-risk drinking, could be confirmed on grounds of other international guidelines (Recommendation Level A). For individuals with heavy episodic drinking, Recommendation Level was B and for individuals with alcohol dependence, Recommendation Level was 0 due to mixed evidence. Further Level-A Recommendations were derived for general efficacy in the primary care setting and for male as well as for female individuals. Based on clinical consensus, efficacy is proven for the elderly, for individuals with comorbid conditions and for the setting “workplace” as well. In Germany, no systematic efforts have been undertaken yet to implement Screening and Brief Intervention in primary care. Based on experiences in Finland and Catalonia, the working group has developed recommendations for sustainable implementation.

Conclusions. The newly developed guidelines give clear evidence and recommendations for the use of BI. Implementation is possible and promising. Implementation of BI in Germany might be fostered by experiences from other countries.

BEATING THE ODDS: A PHYSICIAN’S SUCCESS STORY ON TRUE INTEGRATION

Brie Reimann, Glenn Kotz, Candice Talkington, Alison Leifert

Peer Assistance Services, Inc., USA

Routinely screening patients for alcohol use and providing brief interventions in primary care settings is often faced with challenges including limited time, resources, and education on how to intervene for substance use. In the United States, at least

38 million adults drink too much, yet only 1 in 6 ever talk with a health care professional about their drinking. A Family Physician from MidValley Family Practice (MVFP) in Colorado, understands the value of screening patients for alcohol, depression, and adverse childhood experiences, as these are critical components of one's health. MVFP received grant funding from Peer Assistance Services to implement routine screening and brief intervention for substance use and the Adverse Childhood Events tool into practice.

The aim of this presentation is to summarize MVFP's work to integrate screening and intervention for alcohol use, depression and adverse childhood experiences into routine care. The question to be addressed is how can the success of one rural primary care clinic help to influence integration of behavioral health and physical health on a broader level?

The presentation will describe the study conducted with MVFP, and the twofold purpose 1) to gather qualitative information through a focus group with clinic staff to identify implementation successes and challenges; and, 2) to explore the correlation between behavioral health issues and health outcomes within the patient population.

MVFP is comprised of dedicated and passionate health care providers that are committed to the successful integration of behavioral health screening into their practice. The practice has participated in many transformative innovations to support true integration including CMS's Comprehensive Primary Care Initiative, CMS/SAMHSA's Meaningful Use Measurement Testing for Alcohol Use, and NCQA PCMH Level III Certification. How can the lessons learned from this clinic and physician outlier be used to influence practice beyond the walls of this practice setting?

DEVELOPING AND DELIVERING TAILORED ASBI IMPLEMENTATION STRATEGIES IN PRIMARY HEALTHCARE AND BEYOND: PRELIMINARY FINDINGS FROM THE BISTAIRS RESEARCH PROJECT

Amy O'Donnell, Bernd Schulte, Lidia Segura, Jens Reimer, Antoni Gual

Newcastle University, UK

Introduction. The EU financed BISTAIRS project has sought to accelerate the implementation of screening and brief alcohol interventions (ASBI) in primary health care and other relevant settings by identifying, systematising and extending good practice across the European Union. This presentation will outline some early stage results from the final phase of BISTAIRS: tailored implementation field-tests in primary healthcare, emergency care, workplace and social service settings conducted in Spain, Italy, Portugal, and the Czech Republic

Methods. Drawing on the findings from four systematic literature reviews of the evidence for ASBI effectiveness in primary healthcare, emergency care, workplace and social services, and a synthesis of available good practice guidance in each of

these delivery contexts, BISTAIRS developed a series of tailored, country and setting-specific field-test strategies based on both the strength of available evidence and the level of ASBI maturity in different delivery settings and partner states.

Results. Preliminary findings from the implementation field-tests carried out in Spain, Italy, Portugal and the Czech Republic will be presented, highlighting any notable barriers and facilitators to delivery, alongside key lessons learned. The risks and benefits involved in the future implementation of ASBI across Europe will be considered, particularly in novel settings outside primary healthcare.

Conclusion. The session will close with consideration of how researchers, practitioners and policy-makers can best use these findings to accelerate rate of implementation in medical and non-medical settings.

SESSION 8. Efficacy of Screening and Brief Intervention in Primary Care **Chair: Pierluigi Struzzo**

COST AND COST-EFFECTIVENESS OF THE ASSIST-LINKED BRIEF INTERVENTION FOR ALCOHOL AND ILLICIT SUBSTANCE ABUSE IN PRIMARY CARE IN THAILAND

Sawitri Assanangkornchai, Patimoh Nima

Prince of Songkla University, Thailand

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is a screening questionnaire for identifying a broad spectrum of alcohol and substance misuse. The ASSIST screening and linked brief intervention (BI) has been demonstrated to be feasible to implement in primary care in Thailand and help reducing illicit substance use and related risks however cost is seen as a key impediment to widespread implementation.

Objective. To examine the costs, effectiveness and cost-effectiveness of administering ASSIST and BI, compared to ASSIST and simple advice (SA) among primary care patients, based on the providers' perspective.

Methods. A randomized controlled trial was conducted among 236 patients (BI: 120; SA: 116) aged 16–65 years who scored at the moderate-risk range of the ASSIST in primary care clinics of southern Thailand. Primary outcome measure was the proportion of patients whose ASSIST scores changed from moderate-risk to low-risk level at six-month follow-up period. Cost data for BI and SA were classified as labour cost of nursing personnel, material costs including costs of self-help manual and questionnaire, and capital costs including building, furniture, and utility of office.

Results. Altogether, 147 patients (BI: 72; SA: 75) completed six-month follow-up. The proportions of patients converted into the low-risk category were 83.3% and

76.0% at 6 months for the BI and SA groups, respectively. The unit costs of screening with ASSIST, providing BI and SA were 5.6 USD (95%CI= 5.3, 5.9), 9.2 (8.8, 9.7) and 8.3 (8.0, 8.7), respectively. To obtain an additional low-risk alcohol user and an additional low-risk illicit substance user, BI compared to SA costs 16.2 USD and 9.2 USD at six months.

Conclusion. The additional cost of implementing the ASSIST-linked brief intervention is relatively small so it should be considered an important additional component of a healthcare service for substance abusers.

BRIEF INTERVENTION FOR PROBLEM DRUG USE IN PUBLIC HOSPITAL-BASED PRIMARY CARE SETTINGS: A RANDOMIZED CLINICAL TRIAL

Antoinette Krupski, Kristin Bumgardner, Chris Dunn, Richard Ries, Dennis Donovan, Imara I. West, Charles Maynard, David C. Atkins, Meredith Cook, Jutta M. Joesch, Gary A. Zarkin, Peter Roy-Byrne

University of Washington at Harborview Medical Center, USA

Introduction. Although few studies have examined the impact of brief interventions (BI) on problem drug use, dissemination of BI for drug problems has been implemented in multiple USA states. Problem use is particularly prevalent among disadvantaged populations.

Objective. To examine the impact of BI on problem drug use in a primary care setting serving disadvantaged public patients in order to inform public policy, future dissemination efforts, and future research efforts.

Methods. A randomized clinical trial with blinded assessments at baseline, 3, 6, 9, and 12 months conducted in 7 public hospital-based primary care clinics. Of 1,621 eligible patients reporting any problem drug use in the past 90 days, 868 people consented and were randomized between April 2009 and September 2012. Follow-up participation was over 87% at all time points. Participants received a single BI utilizing motivational interviewing and an attempted 10-minute telephone booster within two weeks. The primary outcome was self-reported days of problem drug use in the past 30 days and Addiction Severity Index-Lite (ASI) drug use composite score. Secondary outcomes were admission to chemical dependency (CD) treatment; ASI medical, psychiatric, social, and legal composite scores; emergency department (ED) and inpatient hospital admissions, arrests, mortality, and HIV risk behavior.

Results. BI had no effect on primary or secondary outcomes. Exploratory subgroup analyses suggested that BI was associated with increased CD treatment admissions and reduced ED use among individuals with the most severe drug use as measured by the Drug Abuse Screening Test-10 (score 6–10).

Discussion. The absence of a BI effect on subsequent drug use in disadvantaged patients suggest future BI dissemination for drug problems be approached with caution. At the same time, exploratory analyses suggest future research focusing on impact of BI on subgroups such as individuals with the highest level of drug use severity may be promising.

THE EFAR ITALY RCT STUDY ON AN ALCOHOL REDUCTION WEBSITE: THE THREE MONTHS FOLLOW-UP RESULTS

**Pierluigi Struzzo, Paul Wallace, R. Della Vedova, F. Scafuri, C. Tersar,
H. Ligydaki, Emanuele Scafato**

Centre for the Training in Primary Care, Italy

Introduction. There is a strong body of evidence demonstrating effectiveness of brief interventions by primary care professionals for risky drinkers but implementation levels remain low. Facilitated access to an alcohol reduction website constitutes an innovative approach to brief intervention, offering a time-saving alternative to face to face intervention, but it is not known whether it is as effective.

Objective. To determine whether facilitated access by GPs to an alcohol reduction website is equivalent to face to face intervention.

Methods. Randomised controlled non-inferiority trial for risky drinkers comparing facilitated access by GP to a dedicated website with face to face brief intervention conducted in primary care settings in the Region of Friuli Venezia-Giulia, Italy. Adult patients are given a leaflet inviting them to log on to a website to complete the AUDIT-C alcohol screening questionnaire. Screen positives are requested to complete an online trial module including consent, baseline assessment and randomisation to either standard intervention by the practitioner or facilitated access to an alcohol reduction website. Follow up assessment of risky drinking is undertaken online at month 3 and year 1 using the full AUDIT questionnaire. Proportions of risky drinkers in each group will be calculated and non-inferiority assessed against a specified margin of 10%. The main trial started in January 2014 and recruitment will end on June the 30th.

Results. At the time of writing, the 42 participating general practitioners have distributed brochures to 5385 patients of whom 2712 have logged on and completed the AUDIT C baseline questionnaire. 481 were identified as risky drinkers and 439 were randomized either to the intervention or control group. Three month follow up started in March and will end in September 2014. The final recruitment figures and 3 month follow-up data will be presented, together with the rates of delivery of brief intervention via the website and face to face.

SESSION 10. Screening tools

Chair: Lidia Segura

PILOT STUDY IPIN – INTERVENING IN PROBLEMATIC INTERNET USE – BRIEF INTERVENTION FOR RISK GROUPS

**Anja Bischof, Gallus Bischof, Bettina Besser, Sonja Glorius, Jennis Freyer-Adam,
Sabina Ulbricht, Christian Meyer, Hans-Juergen Rumpf**

University of Luebeck, Germany

Introduction. Although the utilization of professional treatment for problematic Internet use is increasing, treatment reaches only a minority of affected individuals. To date, no early intervention approaches exist for individuals at risk. Especially unemployed individuals are a vulnerable group to develop an Internet addiction. Aim of the pilot study was to develop a pro-active intervention and test the feasibility.

Methods. In five job centers in Luebeck (Northern Germany) individuals aged 16 to 64 were screened consecutively with the Compulsive Internet Use Scale (CIUS) for problematic internet use. Other measures for health behavior were the Alcohol Use Disorders Test (AUDIT-C) and the Fagerström Test for Nicotine Dependence (FTND). Screening positives were included in the study when fulfilling at least 3 DSM-5 criteria for the Internet Use Disorder in an in-depth telephone diagnostic. Study participants were allocated randomly to an intervention and a control group. The intervention group received a personal counselling session and up to three telephone counsellings based on Motivational Interviewing. After two months, a preliminary follow-up assessment was conducted. The control group received a letter with established information- and self-help websites and the 2 month follow-up.

Results. Altogether, 1,679 individuals were proactively screened. The prevalence of problematic internet use was 8%. The AUDIT sum score was significantly increased in participants with problematic internet use. 40 individuals were identified as problematic or pathological internet users. Of them, 36 were allocated randomly to the intervention and the control group. Preliminary data suggest that the intervention was effective.

Conclusions. The setting is adequate for recruitment of individuals with addictive behaviors. In general, health behavior as alcohol use, smoking, and healthy diet is deficient. The rate of recruitment is doubled compared to the prevalence of Internet Use Disorders in the general population. The pilot study provides evidence for the feasibility of the approach.

VALIDATION OF A COMPUTER SELF-ADMINISTERED ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST) IN PRIMARY CARE PATIENTS

Jennifer McNeely, Shiela Strauss, John Rotrosen, Arianne Ramautar, Marc N. Gourevitch

NYU School of Medicine, USA

Introduction. The “Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)” is a validated screening and assessment instrument for tobacco, alcohol, and drug use. Though developed for medical settings, the time required to administer the ASSIST as an in-person interview has made it difficult to implement in practice.

Objective. To address this barrier, we adapted the interviewer-administered (IA) ASSIST to an audio-guided computer assisted self interview (ACASI) format, delivered on touchscreen tablet computers, that could be administered prior to the medical visit. This study sought to validate the ACASI version by comparison to the IA ASSIST.

Methods. English-speaking adult patients were consecutively recruited in the waiting area of an urban safety-net primary care clinic. Participants were randomly assigned to complete either the ACASI ASSIST or IA ASSIST first; all participants completed both versions. We compared global and substance specific scores on the ACASI versus IA ASSIST, using standard cutoffs.

Results. Among the 393 participants, prevalence of moderate-high risk use was 39% for tobacco, 18% for alcohol, and 31% for drugs. We observed no significant differences between the ACASI and IA ASSIST in identifying moderate-high risk use, based on McNemar’s tests, for tobacco and alcohol, but the ACASI ASSIST did record higher levels of illicit drug use ($P = 0.02$). Correlation was high (ICC 0.73–0.94) for the ASSIST global score and for substance specific scores. The median time required to complete the ACASI ASSIST was 3.7 minutes (range 0.7–15.4), and 53 (13.5%) participants required assistance using one or both tools. 85% of participants said they either preferred the computer to an interviewer, or had no preference.

Discussion. The ACASI ASSIST appears to be a valid alternative to the traditional IA ASSIST for identifying moderate-high risk substance use. This approach could ease barriers to implementation of substance use screening and assessment in medical settings.

ADOLESCENT SCREENING AND BRIEF INTERVENTION FOR MARIJUANA PREVENTION IN COLORADO

Carolyn Swenson, Holen Hirsh, Sharon Liu, Deb Hutson, Chris Knoepke, Leigh Fischer

Peer Assistance Services, USA

Introduction. Colorado is one of two states in the United States that has legalized recreational marijuana and one of 21 states plus the District of Columbia that has

legalized medical marijuana. There is concern that legalization will increase access and use among adolescents, and decrease perception of harm. In the 2009–2010 National Survey on Drug Use and Health, Colorado ranked in the top five states on several indicators of adolescent marijuana use, and had the highest prevalence of first-time use. The Colorado Prevention Partnership for Success (CPPS) initiative successfully worked with communities in four Colorado counties to reduce underage binge alcohol consumption and is currently testing screening and brief intervention (SBI) using the CRAFFT in schools, clinics and juvenile probation settings in those same counties. Objectives: Implement adolescent SBI in diverse settings, describe patterns of reported substance use, and improve early intervention and prevention for substance use.

Methods. Screening is implemented using a three-question pre-screen, followed by the CAR question for youth with a negative pre-screen and the full CRAFFT for youth with a positive pre-screen. For each CRAFFT question endorsed, information is collected on specific substances used.

Results. Preliminary results are presented here; additional results will be included in the presentation. Prior to the CRAFFT training almost 70% of staff trained were screening for marijuana use, but more than 60% reported that they did not have tools to effectively screen and intervene for substance use. Among 71 adolescents 34% screened positive for at-risk substance use. Among those who reported using a substance in the past year, 47% reported alcohol and 95% reported marijuana.

Discussion. Preliminary results suggest that substance use is a significant concern among adolescents in Colorado, and marijuana is commonly reported. Furthermore, health professionals in Colorado feel they need tools to effectively address adolescent substance use.

COMPARING TRENDS IN UNHEALTHY ALCOHOL USE MEASURED BY A PHOSPHATIDYLETHANOL AND SELF-REPORT IN PERSONS WITH HIV IN RURAL UGANDA

Judith Hahn, Nneka I. Emenyonu, Robin Fatch, Winnie Muyindike, Allen Kekibiina, Sarah Woolf-King, Adam Carrico

University of California, San Francisco, USA

Background. Alcohol consumption is associated with decreased ART adherence, risk for HIV transmission, and increased comorbidities that affect the course of HIV. We have observed sharp declines in self-reported alcohol consumption in persons with HIV. However, HIV patients are counselled to quit alcohol consumption and therefore socially desirable reporting of alcohol use is likely. Phosphatidylethanol (PEth) is an abnormal phospholipid formed only in the presence of alcohol, and is a sensitive and specific biomarker reflecting alcohol intake in the prior 3 weeks.

Methods. We conducted a prospective cohort study of 208 persons entering HIV care who reported any prior year alcohol in rural southwest Uganda. Structured interviews, specimen collection, and breathalyser testing were conducted quarterly for one year. We compared trends in self-reported unhealthy alcohol consumption with a positive PEth test, using ≥ 50 ng/mL as a conservative cutoff.

Results. The sample was 66% male, median age was 30 (IQR 25–38). The mixed model that adjusted for sex and prior unhealthy drinking showed a statistically significant increase in self-reported drinking over time (AOR per month: 0.92, 95% CI: 0.87–0.77) while the model of PEth showed a significant increase in PEth positivity over time (AOR per month: 1.08, 95% CI: 1.01–1.16).

Conclusions. Using an objective biomarker to augment self-report, we found that unhealthy alcohol consumption increased over time. These results highlight the need for more interventions to reduce drinking in persons with HIV in sub-Saharan Africa, and suggest the broad need for objective measurement of alcohol use, particularly among persons being counselled to quit drinking in clinical and/or intervention settings.

SESSION 12. Brief interventions in adolescents

Chair: Marcin Wojnar

BRIEF ALCOHOL INTERVENTIONS FOR ADOLESCENTS AND YOUNG ADULTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Emily Tanner-Smith, Mark W. Lipsey, Katarzyna T. Steinka-Fry

Vanderbilt University, USA

Introduction. This study reports findings from a systematic review and meta-analysis summarizing the effectiveness of brief alcohol interventions for adolescents (age 11–18) and young adults (age 19–30). Specifically, we examined: 1) the overall effects of brief alcohol interventions on adolescent and young adults' alcohol consumption and alcohol-related problems, 2) the variation in effects associated with various intervention and participant characteristics, and 3) the persistence of the effects of brief alcohol interventions.

Methods. We identified studies using a comprehensive literature search of electronic databases, grey literature registers, websites, conference proceedings, hand-searches of key journals, reviewing reference lists, forward citation searching, and contact with experts. This search yielded 7,593 identified reports. Using pre-specified eligibility criteria, a total of 313 reports for 185 independent study samples were eligible for inclusion in the final review and meta-analysis. We used random-effects

meta-analysis with robust standard errors to synthesize effect sizes indexing post-intervention effects in alcohol-consumption and alcohol-related problem outcomes.

Results. Overall, brief alcohol interventions led to significant reductions in alcohol consumption and alcohol-related problems among adolescents ($g = 0.27$, 95% CI [0.16, 0.38]; $g = 0.19$, 95% CI [0.06, 0.31] respectively) and young adults ($g = 0.17$, 95% CI [0.13, 0.20]; $g = 0.11$, 95% CI [0.08, 0.14] respectively). These effects persisted for up to one year after the brief interventions and did not vary consistently across participant demographics, intervention length, or intervention format. However, certain intervention modalities (e.g., motivational enhancement therapy) and components (e.g., decisional balance, goal-setting exercises) were associated with larger effects.

Conclusions. We conclude that brief alcohol interventions yield modest beneficial effects on alcohol-related outcomes for adolescents and young adults and therefore offer one promising approach for dealing with hazardous drinking in those populations.

ALCOHOL BRIEF INTERVENTIONS IN YOUTH SETTINGS OUTSIDE FORMAL EDUCATION: FEASIBILITY, ACCEPTABILITY, EVALUABILITY

Niamh Fitzgerald, Martine Stead, Douglas Eadie, Jennifer McKell, Linda Bauld, Tessa Parkes, Avril Nicoll, Sarah Wilson, Cheryl Burgess, Garth Reid, John McAteer, Ruth Jepson

Institute for Social Marketing, UK Centre for Tobacco and Alcohol Studies
University of Stirling, UK

Introduction. Few studies have previously considered alcohol brief intervention delivery in youth settings outside of formal education.

Objective. This study aimed to explore the feasibility and acceptability of ABIs delivered to young people and if/how the efficacy or effectiveness of ABIs in youth settings outside of formal education could be studied.

Method. The study explored the set-up and delivery of ABIs and staff/young people's views on the research questions. Fieldwork consisted of qualitative interviews with 22 staff and other adults from 9 youth projects/services and individual, paired and group interviews with 61 young people from 8 of those projects.

Results. The projects were highly diverse in approaches to working with young people and delivering ABIs. ABIs were driven by an ethos of harm reduction rather than reductions in consumption per se and appeared to be more acceptable to staff when conceived as fitting within the broader ethos of youth work, focusing on building a positive relationship with young people and being non-judgemental. Overly rigid or health-focused conceptualisations of ABIs tended to be seen as problematic, as in some cases were screening for alcohol problems and recording and monitoring

ABI delivery in practice. Young people were amenable to the possibility of conversations about alcohol within the context of a valued relationship with workers who were seen as credible sources of advice/support, but were also reticent about form filling in some cases. This was one of many challenges to conducting effectiveness research in this area including issues with recruitment follow up and fidelity.

Discussion. The findings in relation to feasibility, acceptability and evaluability of ABIs in youth settings outside of education echo some but not all of those identified in health settings. Many of the issues identified reflect challenges apparent in demonstrating an impact from informal youth work more generally.

ADOLESCENT SBIRT IMPLEMENTATION IN AN URBAN FEDERALLY QUALIFIED HEALTH CENTER: THE FIRST YEAR

**Shannon Mitchell, Robert P. Schwartz, Barry S. Brown,
Carolina Barbosa, Laura J. Dunlap, Jan Gryczynski,
Kristi Dusek, Arethusa S. Kirk, Marla Oros, Colleen Hosler,
David W. Lounsbury, Kevin E. O'Grady**

Friends Research Institute, USA

Introduction. Little is known about how best to implement SBIRT services in pediatric health care settings. Understanding strategies for achieving optimal integration of on-site behavioral health is a particular concern.

Objective. To present findings from the first year of a cluster randomized trial examining implementation of adolescent SBIRT services for substance use within an urban federally qualified healthcare system in the US. Two different implementation models for conducting brief interventions (BIs) were compared using randomization at the clinic level to either: the Generalist Model (BI provided by primary care provider) or the Specialist Model (BI provided by behavioral health specialist).

Methods. Prior to completing training in either the Generalist or Specialist Models, health care staff and administrative personnel completed baseline surveys assessing acceptability and feasibility of providing adolescent SBIRT services. Following implementation of the models, data were extracted monthly from electronic medical records to determine penetration rates of and adherence to the service delivery model. Follow-up surveys and qualitative interviews were conducted 1 year post-implementation.

Results. The perceived benefits of screening and providing brief interventions for adolescent substance use were rated as high by all health personnel. Lack of time was perceived as the greatest barrier to providing brief interventions. In the first year of implementation, screening rates across both conditions increased from approximately 25% in month 1, to 68% in month 12. Rates of counseling to continue abstinence

from substance use were comparable across conditions; however, counseling to stop/reduce alcohol and/or illicit drug use was less consistently provided in the Specialist than the Generalist sites.

Conclusions. Perceived need and support for adolescent SBIRT services were high but barriers remain, particularly when integrating behavioral health personnel into the BI delivery process. Screening rates and counseling to reinforce abstinence increased substantially within the first 12 months of implementation in both conditions.

SCREENING FOR ALCOHOL USE AMONG ADOLESCENTS WITH CHRONIC MEDICAL CONDITIONS

Elissa R. Weitzman, Sharon Levy

Boston Children's Hospital, USA

Introduction. At least 12% of youth globally and 20% of U.S. youth have a chronic medical condition (CMC). Screening and addressing alcohol use with this group is rare though vital because alcohol can interact with medications, invalidate diagnostic tests, undermine treatment adherence and self-care.

Objective. Test an alcohol screening tool for adolescents with CMC and assess their understanding of alcohol's impacts on health to advance tailored screening and brief interventions with this population.

Methods. Cross-sectional assessment of a consented convenience sample of adolescents ages 9–18 years receiving specialty care for asthma, Type 1 diabetes, a rheumatic, or gastroenterological condition or attention deficit hyperactivity disorder, using a self-administered online tool adapted from the NIAAA youth alcohol screen.

Results. Of 217 participants, 53% were female, mean age was 14.97 years (+2.35 years). Nearly one third (29%) reported past year alcohol consumption; of these, 33.9% reported past 4-week use. Some 42.6% of past 3-month drinkers reported binge drinking. Older age was associated with past-year consumption ($p < 0.00153$ youth in grade 9 or higher, 57% report their friends drink—a risk factor for personal use—34% report their friends binge drink. When asked if alcohol could interfere with their medications, 56.8% of all participants answered “no” (incorrect) or “I don't know”; 60.2% answered thus when asked if alcohol could interfere with their lab tests. In all, 48.8% reported their care team asked in the past year about their alcohol use. Being asked about alcohol use was not associated with past year consumption.

Discussion. Alcohol use is prevalent among adolescents with a CMC. Knowledge about possible negative interactions between alcohol consumption, medications and lab tests is poor. Screening in specialty care is inconsistent and not reflective of use patterns. Establishing a practical protocol that addresses the needs of these youth is warranted.

SESSION 13. Implementation of Screening and Brief Intervention
Chair: Niamh Fitzgerald**MEASURING THE IMPACT OF FINANCIAL INCENTIVES
ON THE IMPLEMENTATION OF SCREENING
AND BRIEF ALCOHOL INTERVENTIONS IN UK PRIMARY CARE****Amy O'Donnell, Katie Houghton, David Chappel, Colin Shevills,
Eileen Kaner**

Newcastle University, UK

Introduction. UK health policy has sought to encourage alcohol screening and brief intervention (ASBI) delivery in primary care via pay-for-performance (P4P) schemes. To measure their impact, a range of data exist, including General Practitioner (GP) Read codes, which record all clinical activity, offering a cost-effective, relatively unobtrusive information source. However, previous studies have highlighted the deficiencies of such data for evaluation purposes, with particular concerns around the distorting effect of P4P on healthcare recording.

Objective. To determine whether Read code data can be used to measure the impact of P4P on ASBI implementation in UK primary care.

Methods. Mixed-methods study comprising comparative analysis of ASBI Read code data extracted from 16 general practices in North East England and 14 semi-structured GP interviews to explore which factors shape ASBI recording.

Results. Practices associated with higher recorded ASBI rates were signed up to P4P schemes. For example, recorded rates of alcohol screening test delivery (AUDIT-C/FAST) were highest in P4P practices (males 3.58% (95% CI: 3.29–3.90)/females 4.24% (95% CI: 3.93–4.58) and lowest in non-P4P practices (males 0.097% (95% CI: 0.06–0.16)/females 0.01% (95% CI: 0.00–0.03)). The difference between these groups was significant (males $p < 0.001$ /females $p < 0.001$). However, whilst nurse-administered ASBI appeared coded and delivered consistently, GPs described their own practices as unsystematic and adaptive, with low awareness of correct alcohol-Read codes, widespread aversion to coding templates and limited belief in Read codes as a meaningful measure of care. Further, although financial incentives were generally viewed as key influencers of clinical and coding practice, their impact on GPs' ASBI delivery and recording seemed more ambiguous.

Discussion. Whilst Read code data may provide a valid indicator of more successfully embedded ASBI activity in UK primary care following the Introduction. of P4P, measuring the impact at GP-level remains challenging due to inconsistent and heterogeneous coding practices.

BARRIERS AND FACILITATORS TO DELIVERY OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) SERVICES

Manu Singh, Erika Tait, Amanda Gmyrek, Radha Gholkar, Georgia Karuntzos, Susan Hayashi

JBS International, Inc., USA

Real-world service settings present unique challenges for SBIRT implementation and to date limited research has been conducted on the factors that influence this. Analysis of qualitative data collected from 170 in-depth interviews with providers, administrators, local program evaluators, and key program stakeholders from SBIRT programs in four states across the US resulted in 18 themes important for successful SBIRT implementation and service delivery, across five categories. The first category is endorsement of SBIRT demonstrated through buy-in at all levels of the program, effective leadership/champions, and a demonstration of the impact of SBIRT services. Second, service delivery elements, including the themes of appropriate instruments, tools, and community treatment resources, were considered necessary to execute the full continuum of SBIRT components and integrate SBIRT into the existing service setting.

Third, infrastructure to support SBIRT programs, including themes of adequate funding, information technology, private physical space, and supportive regulations and policies, was identified. Fourth, staffing issues related to SBIRT service delivery including themes of recruitment, credentialing, training, supervision, effective communication, staffing levels, and workload. Lastly, themes related to patient population and perceived patient attitudes converged on the importance of patient acceptance and engagement, particularly in rural settings and among special populations (e.g., homeless, low-income, low literacy).

Results suggest that as SBIRT continues to be implemented into real-world settings in response to U.S. policies, new programs should focus on cultivation of positive attitudes toward SBIRT, operational concerns such as integration with the medical community, infrastructure to support SBIRT implementation and delivery, selection of SBIRT staff suited for working in challenging medical settings, and acceptability to patients from local cultures and special patient populations. Results from this study may inform the eventual development of implementation guidelines and other materials to help prepare future SBIRT programs operating in real-world settings.

ARE THERE EARLY OPPORTUNITIES TO PROVIDE BRIEF INTERVENTIONS IN PRIMARY AND SECONDARY HEALTHCARE SETTINGS IN THE UK?

Harmony Otete, Elizabeth Orton, Joe West, Kate M. Fleming

University of Nottingham, UK

Introduction. Few studies have assessed prior patterns of healthcare use among patients who develop alcohol related disorders although this is important to understand whether there are in fact early opportunities to provide patients with brief interventions.

Objective. To investigate whether there are early opportunities to provide brief interventions to patients at risk of alcohol related disorders in UK

Method. We conducted a retrospective study on 2,479 Patients with alcoholic cirrhosis and 24,790 frequency matched controls without alcoholic cirrhosis using data from the linked UK Clinical Practice Research Datalink (CPRD) and Hospital Episodes Statistics (HES) Database for the period between 1990 and 2011. We calculated rates of primary care consultation and hospital admissions of cases during the period before alcoholic cirrhosis diagnosis in comparison to that of controls. We further explored the extent to which cases were asked about their alcohol use and offered any alcohol intervention prior to disease diagnosis.

Results. In the 10years leading to diagnosis, the overall rate of primary care consultations was 52% higher in cases as in controls (IRR 1.52, 95% CI (1.51 to 1.53)), with an average excess of 6.6 consultations per person year. The overall rate of hospital admission was also over two times higher for cases than controls (IRR 2.49, 95% CI (2.42 to 2.54)), with an average excess of 3 admissions per 10 person years. 77.5% of cases had a record of alcohol use but only around a quarter (n = 408) had records of an offer of an alcohol intervention.

Conclusions. People who misuse alcohol and are at risk of alcoholic cirrhosis frequently visit primary and secondary care even as far back as 10 years before their diagnosis. Such contacts represent potential opportunities that could be used to improve upon the extent of alcohol screening and brief intervention delivery in primary care.

IMPLEMENTATION OF ALCOHOL BRIEF INTERVENTIONS IN A&E AND ANTENATAL SETTINGS IN SCOTLAND: A QUALITATIVE INTERVIEW STUDY

Niamh Fitzgerald, Jim McCambridge, Lucy Platt, Susie Heywood

Institute for Social Marketing, UK Centre for Tobacco and Alcohol Studies, University of Stirling, UK

Introduction. Over 400,000 alcohol brief interventions (ABIs) have been delivered in Scotland in various health and other settings since 2007. This delivery was reported under a high-profile national health service target introduced by the government

with additional funding and other resources. Few studies have considered how best to achieve large-scale, national implementation of ABIs with a view to sustainable delivery in routine practice.

Objective. This study sought to explore helpful implementation strategies identified by professionals responsible for leading the Scottish national programme of ABI delivery in antenatal, and accident and emergency settings.

Method. 14 semi-structured telephone interviews were conducted with implementation leaders recorded with informed consent, coded and analysed using a framework approach informed by the Consolidated Framework for Implementation Research.

Results. The process of seeking routine implementation of ABIs in antenatal and accident and emergency settings proved challenging for all involved. Interviewees reported extensive learning, identifying five main strategies as helpful: (1) Having a target for intervention delivery with clarity about whose responsibility it was to implement; (2) Gaining support from senior staff from the start; (3) Adapting the intervention using a pragmatic, collaborative approach, to fit with current practice; (4) Establishing practical and robust recording, monitoring and reporting systems for intervention delivery prior to widespread implementation; and (5) Establishing close working relationships with frontline staff including flexible approaches to training and support at the point and place of intervention delivery.

Discussion. This qualitative study suggests that even with significant national support, funding and a specific delivery target, ABI implementation in new settings is not straightforward. Those responsible for planning similar initiatives should consider the relevance of the five implementation strategies identified, preferably in advance of delivery being expected.

**SESSION 14. Screening and Brief Intervention Programs
in different countries
Chair: Maristela Monteiro**

**DIFFERENCES BETWEEN GENERAL PRACTITIONERS GROUPS
WITH DIFFERENT ATTITUDES TOWARDS DRINKERS:
A POST-HOC STUDY OF THE ODHIN WP4 PROJECT IN PORTUGAL**

Frederico Rosário, Cristina Ribeiro

Faculty of Medicine, Portugal

Introduction. We have recently shown that General Practitioners' (GPs) attitudes, measured with the Shortened Alcohol and Alcohol Problems Perception Questionnaire, provide evidence of the existence of two distinct groups towards working with patients with hazardous and harmful drinking.

Objective. To compare the two groups' regarding demographics, views on alcohol policy issues, barriers and facilitators to working with drinkers, education on alcohol and self-reported number of drinkers managed.

Methods. Subjects consisted of a randomly selected and representative sample of 234 Portuguese GPs. They were part of the European Union's ODHIN Project – optimizing Delivery of Health Care Interventions – and anonymously completed the Work Package 4 questionnaire that included questions on demographics, education on alcohol, self-reported number of drinkers managed in the last year, facilitators and barriers to working with drinkers, and views on public policies.

Results. GP's group with higher attitude scores were younger (-3.4 ± 1.2 years, $p=0.005$) less experienced (-2.7 ± 1.3 years, $p=0.038$), with higher male proportion (45.7% vs. 29.3%, $p=0.01$). This group had more hours of post graduate training ($p=0.001$); felt more prepared to counsel drinkers ($p<0.001$); felt more counselling efficacy ($p<0.001$); and considered that training would improve their skills more than the group with lower attitude scores ($p=0.002$). More GPs in the group with lower attitudes considered that doctors have disease model training ($p=0.021$); felt awkward asking patients about alcohol ($p=0.018$); cannot identify drinkers without symptoms ($p=0.004$); believe counselling is difficult ($p=0.011$); and don't believe patients will take their advice ($p=0.008$).

Conclusions. The group with higher attitude scores had more education and was associated with facilitators to working with drinkers. The group with lower attitude scores was associated with barriers to manage these patients. These differences should be taken into account in the design of training programs.

Funding: none

ASSOCIATIONS BETWEEN ATTRITION AND BASELINE WELLBEING FOR PARTICIPANTS IN TWO RANDOMIZED TRIALS INVESTIGATING INTERNET-BASED INTERVENTIONS FOR REDUCING SUBSTANCE USE

Kristina Sinadinovic, Peter Wennberg, Anne H. Berman

Karolinska Institutet, Sweden

Introduction. High attrition rates are a well-known problem in trials investigating the effects of Internet-based interventions for reducing problematic substance use among adults in general population. Substance use and socio-demographic variables are often investigated as a source of bias in such trials. However, very few studies have investigated mental wellbeing as a source of bias despite its clear connection to problematic substance use.

Method. Secondary analyses were conducted for two trials investigating the effects of Internet-based interventions, one including 633 problematic alcohol users (Alcohol-RCT) and the second including 202 users of illicit drugs (Drug-RCT). Baseline characteristics, including gender, age, substance use and 20 variables measuring

mental wellbeing, were compared for participants who submitted data in at least one follow-up of each trial (“completers”) and participants who did not submit any follow-up data (“non-completers”)

Results. No differences between completers and non-completers were found regarding gender, age and substance use and very few differences between the groups were found regarding wellbeing. In the Alcohol-RCT, a larger proportion of non-completers reported feeling stressed and having a poor sense of humor at baseline than completers. In the Drug-RCT, a larger proportion of non-completers reported a poor sense of humor at baseline as well as feeling lower self-confidence to a large extent during the last two weeks, compared to completers.

Conclusions. Mental wellbeing among study participants does not seem to be a significant source of bias in these trials investigating the effects of Internet-based interventions for reducing substance use.

ODHIN STUDY BASELINE RESULTS OF SCREENING AND BRIEF INTERVENTIONS FOR ALCOHOL – ARE THERE COUNTRY DIFFERENCES?

Artur Mierzecki, Karolina Kłoda, Peter Anderson, Jillian Reynolds, Kathryn Parkinson, Myrna Keurhorst, Miranda Laurant, Preben Bendtsen, Fredrik Spak, Dorothy Newbury-Birch, Eileen Kaner, Paolo Deluca, Lidia Segura, Marcin Wojnar, Katarzyna Okulicz-Kozaryn, Antony Gual

Pomeranian Medical University, Poland

Introduction. Primary health care (PHC) studies based on international projects are designed by many partners. Scientific cooperation can be complicated because of country differences and many threats to science and project cohesion. A 5-country cluster randomized controlled trial (RCT) within the European Union 7th Framework Programme Optimizing Delivery of Health care INterventions (ODHIN) Project is an example of European PHC implementation study. ODHIN is studying the effectiveness of three support methods targeted singly or in combination to primary health care units (PHCUs), on increasing screening and brief intervention (SBI) rates for hazardous and harmful alcohol use, compared to no implementation strategies. The aim of this work was to analyse the importance of country differences in health-service based implementation research and their influence on the results.

Methods. The ODHIN Project RCT enrolled 120 PHCUs, of a size of 5,000–20,000 registered patients equally distributed between Catalonia, England, the Netherlands, Poland and Sweden. Data collection of SBI activities was performed during the baseline period.

Results. Baseline screening rates per PHCU ranged from 2% in Poland to 10.6% in Sweden, with a mean per PHCU across the five jurisdictions of 5.9%. AUDIT-C positive rates per PHCU ranged from 5.0% in Catalonia to 48.9% in England (mean per PHCU – 33.7%). Brief advice rates per PHCU ranged from 58% in Catalonia to

96% in Poland (mean per PHCU – 75.9%). Brief advice rates per PHCU ranged from 2.5 per 1,000 eligible consultations in Catalonia to 18.7 per 1,000 eligible consultations in Sweden, with a mean per PHCU across the five jurisdictions of 18.7 per 1,000 eligible consultations. All these results were statistically significant.

Conclusions. ODHIN Study baseline SBI results reflect the participating countries differences.

A BRIEF INTERVENTION TO PREVENT OPIOID OVERDOSE AND IMPROVE OVERDOSE BYSTANDER RESPONSE AMONG PATIENTS IN THE EMERGENCY DEPARTMENT

Amy Bohnert, Maureen Walton, Rebecca Cunningham, Mark Ilgen, Frederic Blow

University of Michigan, USA

Objective. Prescription opioid overdoses have increased dramatically in the United States. Existing opioid overdose prevention strategies have been based on research on bystander response of heroin users, due to the social nature of heroin use. This study sought to develop and conduct a pilot randomized controlled trial of a brief intervention to reduce overdose risk behaviour, improve overdose bystander response, and encourage peer outreach to others at risk for overdose.

Methods. Adult patients (n = 205) were approached for recruitment while waiting for care in an emergency department during March of 2013 through April of 2014. Eligible participants were those that reported past three month non-medical use of prescription opioids; the sample was enriched by oversampling patients who had previously experienced an overdose. Participants who provided informed consent were randomized to receive either the brief overdose prevention intervention or an enhanced usual care condition (educational pamphlets). The intervention was computer-aided to enhance fidelity. Participants were re-assessed six months later to examine differences between groups in overdose risk behaviour, witnessed overdose response, and peer outreach.

Results. Participants randomised to the intervention condition reported that discussing witnessed overdose response was helpful (95%) more often than they reported that discussing ways to reduce their own overdose risk behaviour was helpful (83%), although the intervention was generally rated as helpful overall. Both groups had an increase in behavioural intentions related to overdose risk and response, based on a 5 item scale (mean increase 1.6, SD = 7.7, not statistically different between groups). Six month follow-up will be completed in September 2014.

Conclusions. Brief interventions delivered in the emergency department to prevent overdose and improve overdose bystander response are feasible and highly acceptable to patients who are at risk for overdose.

Workshops

SESSION 3. WORKSHOP 1.

Chair: Emanuele Scafato

DEVELOPING EVIDENCE-BASED RECOMMENDATIONS FOR PRACTICE: METHODOLOGICAL CONSIDERATIONS FROM THE BISTAIRS PROJECT

Emanuele Scafato, Bernd Schulte, Lidia Segura, Peter Anderson

Istituto Superiore Di Sanità (ISS), Italy

Learning Objectives: The aim of this workshop is to present the steps undertaken to translate evidence on ASBI for different settings into practice and to discuss how to develop respective good practice recommendations.

Workshop Description: BISTAIRS has sought to accelerate the implementation of screening and brief alcohol interventions (ASBI) in primary health care and other relevant settings by identifying, systematising and extending good practice across the European Union. For this, BISTAIRS has used a stepwise approach for the translation of evidence into practice, consisting of a summarization of evidence (work package 4), the development of good practice guidance for ASBI in different settings (work package 5), and its translation into implementation strategies (work package 6). First, the workshop will present the evidence base findings for ASBI effectiveness in different settings (primary health care, emergency departments, the workplace and social services), before moving on to describe the challenges involved in the development of good practice guidance in the absence of a sufficient evidence-base. Next, the key methodological steps for development of the evidence-based field-test strategies will be presented, describing how BISTAIRS turned guidance into tailored, setting-specific ASBI field-tests in order to meet national, regional, and local delivery requirements. Finally, drawing on the presented outcomes, the workshop will discuss the theoretical and practical implications for the development of guidelines for the implementation of the ASBI in relevant settings in the future.

Funding Declarations: This work is supported by the health programme of the European Union as part of the BISTAIRS research project (Agreement number 2011_1204). For further information, visit the project website at www.bistairs.eu.

SESSION 9. WORKSHOP 2.**Chair: Jean-Bernard Daeppen**

BRIEF ADVICE OR BRIEF MOTIVATIONAL INTERVENTION?
DISCUSSION ABOUT OPTIMAL EFFICACY ACCORDING
TO PATIENT PROFILE, INTERVENTION AND SETTING

Jean-Bernard Daeppen, Jim McCambridge, Jacques Gaume

Alcohol Treatment Center, Switzerland

This workshop is designed to examine issues regarding a recent debate in the July 2014 issue of *Addiction* related to the paper “Should brief interventions in primary care address alcohol problems more strongly?” published by McCambridge and Rollnick and the related commentaries by Heather, Kavanagh and colleagues, and Saitz.

This discussion highlights the numerous gaps in evidence that large scale implementation of brief advice and brief motivational intervention in clinical practice must contend with, limitations that are not only related to insufficient data about efficacy and effectiveness but also to other critical issues:

- What are the ingredients of efficacy of brief advice and brief motivational interventions?
- Do these two approaches only differ by their intensity?
- Is brief advice in a motivational style possible? What does it look like?
- Which patient should benefit from which approach?
- Are we talking about improving public health by reducing alcohol use at the societal level or caring for single patients to help them achieve low risk drinking?
- What is the place of web based intervention?
- And what about addressing single vs. multiple behaviours?
- How much do settings matter?

After brief introductory presentations, and sorting through issues that are better dealt with in plenary, small groups will be formed to work in depth on shared concerns. Small groups will be assisted by a team of experienced facilitators with expertise in trials evaluating brief interventions and by clinicians experienced in the practice of brief advice and motivational interviewing.

This workshop is designed to help all participants to have critically analyse gaps in knowledge in brief intervention research that should influence their future research, teaching and clinical care.

SESSION 11. WORKSHOP 3.

Chair: Jim McCambridge

**THE DESIGN AND CONDUCT OF RANDOMISED CONTROLLED TRIALS
OF BRIEF INTERVENTIONS FOR ALCOHOL AND DRUGS**

Jim McCambridge, Jean-Bernard Daeppen

London School of Hygiene and Tropical Medicine, UK

Learning objectives, methods and content

This workshop is designed to examine issues that arise in the design and conduct of randomised controlled trials of brief interventions for alcohol and drugs, with a view to the development of practical strategies that will minimise a range of biases. It will be particularly attractive to early career researchers, though will provide useful content for researchers with varying levels of experience of these types of studies, and will benefit from the presence of more experienced researchers. All participants are requested to bring questions or issues that they would like to work on, as this is not a workshop for simply listening to others talk, and all will be encouraged to be active in small group discussions.

After brief introductory presentations, and sorting through issues that are better dealt with in plenary, small groups will be formed to work in depth on shared concerns. These will be assisted by a team of experienced facilitators with expertise in basic trial design, trials evaluating brief interventions for both alcohol and drugs, and research participation effects. Brainstorming and problem solving methods will be used to address issues in these discussions. Groups will feedback to each other and similarities and differences in the nature of the challenges faced, and how they may be overcome, will be discussed. This workshop is designed to help all participants be better equipped to design, and to contribute to the design and conduct of trials of brief interventions. A concluding discussion will consider how distinct these issues are from those that arise in the conduct of behavioural intervention trials more broadly.

SESSION 15. WORKSHOP 4. Strategies for integrating Screening and Brief Intervention into health policy**Chair: Deborah Finnell****TAKING THE BULL BY THE HORNS: PUTTING SBI INTO ROUTINE NURSING PRACTICE****Deborah Finnell, Carolyn Swenson, Christine L. Savage, Lauren M. Broyles, Annie Biers, J. Paul Seale**

Johns Hopkins University, USA

“Screening for alcohol problems should become a routine part of nursing assessment and the medical history so that advice can be given before irreversible physical or psychosocial problems have developed.” This statement was made by Chick and colleagues nearly three decades ago. For years, nurses have been lamenting about the lack of substance use content and skill development in undergraduate and graduate nursing curricula, leaving the nursing workforce poorly equipped to respond to patients’ alcohol and drug use. However, there have been few cohesive and sustained initiatives to rectify the problem.

Aim. The aim of this presentation is to disseminate the work currently being undertaken by nurse leaders across the United States. The question to be addressed is “what is being done to simultaneously increase the knowledge and competence of the current and future nursing workforce to address the needs of patients with alcohol and drug use?”

Summary of the presentation. This presentation will describe the work being undertaken by the National Consortium of SBIRT in Nursing, a collective of more than 22 nurse leaders representing Schools of Nursing, health care, and specialty nursing organizations across the United States. The vision, mission, and strategic plan for the consortium will be presented. Exemplars of SBIRT education for nursing students and for nurses in the workplace will be provided. The examples will showcase the initiatives been undertaken to both disseminate and sustain the requisite knowledge and competence of nurses to address the global burden of disease.

Conclusions. The goal of the consortium is to create synergy by bringing together like-minded nurse leaders who are equipping the current and future nursing workforce to conduct evidence-based screening and brief interventions across the continuum of substance use. As a collective we can do more than any single individual, and we are energized by each other to continue to take the bull by the horns and lead change in nursing and health care.

Poster session

THE GLOBAL APPRAISAL OF INDIVIDUAL NEEDS – SHORT SCREENER: PORTUGUESE ADAPTATION AND VALIDATION FOR USE IN BRAZIL

**Heloisa Garcia Claro, Márcia Aparecida Ferreira de Oliveira, Janet Titus,
Rosana Ribeiro Tarifa, Paula Hayasi Pinho**

University of São Paulo, Brazil

Worldwide, alcohol results in the deaths of 2.5 million people each year and causes 60 different types of diseases. 125 million people are affected by alcohol and other drugs. One in five Brazilians who use drugs meet criteria for dependence. Data from 2011 show that 31.8% of the Brazilian population drinks alcohol regularly compared with 16.9% in the U.S.

WHO data estimate that 151 million people around the world suffer from depression and 26 million people from schizophrenia. About 844,000 people die by suicide each year. In low-income countries, depression is almost as big a problem as malaria (3.2% versus 4.0% of the total burden of disease).

Despite these known problems, there are few tools to comprehensively assess individuals across multiple problem areas. This results in the need to conduct several assessments on the same person – one for mental state, another to classify their drug use, and a third for involvement in criminal and judicial issues, and so on.

The Global Appraisal of Individual Needs – Short Screener (GAIN-SS) is a brief 5 to 10-minute instrument designed to quickly and accurately screen adults and adolescents for possible internalizing or externalizing psychiatric disorders, substance use disorders, or crime and violence problems. The assessment uses an online application (GAIN-ABS) that creates a clinical report based on the client's self-reported responses to items and scales. This report is an effective tool for use with brief interventions.

The purpose of this study is to describe the translation, cultural adaptation and psychometrics of the Portuguese version of the (GAIN-SS) for use in Brazil.

TREATMENT OF ALCOHOL DEPENDENCE: A RANDOMISED CONTROLLED TRIAL COMPARING TREATMENT IN PRIMARY CARE WITH SPECIALISED ADDICTION TREATMENT

Sara Wallhed Finn, Sven Andréasson

Karolinska Institutet, Sweden

Introduction. Most people with alcohol dependence do not seek treatment. There are several reasons for this, among the most important is the stigma attached to drinking problems and treatment seeking. As a result, only those with severe alcohol

problems are in treatment, which in turns makes it less appealing for patients with less severe problems. An alternative approach involves a greater role for primary care in the treatment of alcohol dependence. Seeking treatment in primary care will reduce some of the stigma attached to treatment for alcohol problems. Furthermore, there are a number of treatment methods that can be applied by general practitioners (GP's) in primary care.

Objective. To evaluate whether a new form of treatment for alcohol dependence in primary care is equally effective as specialist treatment.

Methods. 300 patients are recruited through media advertisements, and then randomly assigned to treatment either at a specialised addiction clinic or at a primary health center (PHC). GPs at 12 PHC:s have been trained in a brief treatment program, the 15-method. In this program, patients are in the first session offered feedback on their baseline assessment and advice. Patients requesting more treatment are offered pharmacological treatment together with three brief advice sessions. Primary outcome in this study is alcohol consumption, measured with the Time Line Follow Back instrument at baseline, 6 months and 12 months follow-up. Secondary outcomes include heavy drinking days, severity of dependence, consequences of drinking, levels of anxiety and depression, quality of life and biomarkers. 50% of the patients have now, in May 2014, been recruited and randomised; recruitment will be complete in November 2014.

Funding. ALF-medicine, the regional agreement on medical training and clinical research, Stockholm County Council (20120273) and FAS, the Swedish Council for Working Life and Social Research (2012-0567).

ASSESSING THE IMPACT OF REGIONAL INITIATIVES IN LONDON TO INCREASE SBI ACTIVITY

James Morris

The Alcohol Academy, UK

Introduction. A number of strategic activities have been instigated in London at a regional level to increase the delivery and quality of SBI delivery across a number of settings. However significant challenges have been apparent raising questions over the impact of this activity.

Methods. A review of strategic activity across London from 2010–2014, including a small sample of stakeholder interviews

Results. Strategic activities to increase SBI activity across London since 2011 have included: a strategic working group with a number of workstrands, a 'leadership summit' to raise awareness and buy-in of SBI by senior roles and commissioners, a 'network' to support front line roles in delivery, and production of London level guidance and resources.

Conclusions. Although there is no evidence that any of the activities have directly resulted in any increase in SBI activity or quality. However many of the outputs show increased engagement from some roles and organisations involved in SBI activity. However significant challenges, including resources, buy-in and monitoring remain, providing lessons for strategic attempts to increase SBI activity.

SBI TRAINING – A STRATEGY FOR ADDRESSING ALCOHOL RELATED PROBLEMS ON WORKPLACE IN PORTUGAL

Jorge Barroso Dias, P. Aguiar

Portuguese Society of Occupational Medicine, Portugal

This is an exploratory study for a major research, in Portugal, for adequate screening and brief interventions (SBI) training of Occupational Health (OH) professionals.

Previous studies in Primary Health Care point to an increase in early SBI in patients with Problems Linked to Alcohol (PLA) after appropriate training of health professionals.

Towards a Portuguese strategy to PLA in the workplace, the object of the study shifted from workers to OH professionals considering that their changing attitudes have exponential effects in their SBI on workers.

Methods. Quasi-experimental study. OH professionals were assessed with a questionnaire pre and post SBI training.

Independent variable: training in SBI. Dependent variable: physicians attitudes. Socio-demographic variables in the Occupational Health Professional: sex; age; years of professional activity; exclusivity in Occupational Health.

Variables related skills to SBI: Previous training in Alcoholism and SBI; Usefulness for clinical practice; need for better training in SBI; importance given to the PLA; Workers who attends weekly with PLA; Chance of Occupational Health services must give the appropriate responses to patients with PLA; Need to implement new types of approach of PLA; Major difficulties dealing with patients with PLA; instrumental variables: AUDIT-C, SAAPPQ.

Results. This study indicates that SBI training increase mainly adequacy and self-esteem, has short effect on legitimacy and satisfaction, and poor effect on motivation.

The main difficulties dealing with clients with PLA (alcohol problems) were: lack of training (77,1%), lack of incentives (61,4%), frustrating consultations (58,5%), lack of time (52,4%) and difficulty in making diagnosis (40,9%). Other findings related attitudes with personal consumptions of doctors.

SBIRT IMPLEMENTATION IN THE US ARMY NATIONAL GUARD

Joseph Hyde, Matthew French, Beth Johnson, Michele Tilotta, Mary Beveridge

JBS International, Inc., USA

In the past, service members of the US Army National Guard were often viewed as having a different status than other uniformed services. In the era after 9/11, as National Guard service members have stood shoulder to shoulder with other branches of service in combat zones, regard for National Guard service members has changed. In support for the behavioral health of National Guard soldiers, the Substance Abuse and Mental Health Services Administration (SAMHSA) demonstrated its support via cooperative agreements with several States to implement screening, brief intervention, and referral to treatment (SBIRT) for unhealthy substance use by State National Guard members. To date, these SBIRT programs have served more than 8,000 service members, providing evidence-based brief intervention, brief treatment and facilitating referrals to specialty care. In this presentation, critical decisions addressing military policy, program implementation and key partnerships between the National Guard, State Substance Abuse Authorities and community behavioral health will be described including the growing body of evidence regarding the successful adoption of SBIRT in this setting. Recognizing the success of these programs, SAMHSA commissioned development of an implementation guide for SBIRT within State Army National Guard programs.

THE KEY SUCCESSFUL FACTORS ASSOCIATED WITH SUBSTANCE CESSATION IN SCHIZOPHRENIC PATIENTS WITH SUBSTANCE-RELATED PROBLEMS: A QUALITATIVE STUDY

Nopporn Tantirangsee, Sawitri Assanangkornchai

Songkhla Rajanagarindra Psychiatric Hospital, Thailand

Background. Co-occurring substance use adds complexity and moderates clinical outcomes of psychosis. This study aims to identify factors associated with substance cessation in schizophrenic patients with substance use disorders in the participants' and their families' perspectives.

Methods. The qualitative study was done in April 2012 at Songkhla Rajanagarindra Psychiatric Hospital, Songkhla, Thailand. Semi-structured in-depth interview was used to obtain information from 20 schizophrenic patients who had stopped using their substance for at least three months and their relatives. Thematic analysis was used to interpret the data.

Results. The key successful factor can be extract into five subthemes including 1) the consideration of their reasons for change (physical, mental, relational and occupational problems), 2) their ways to change (stopping completely or cutting down), 3) their relapse prevention strategies (avoid high risk situations, denial skill,

ways to cope with craving and set the self-discipline), 4) their spiritual strategies (self-efficacy and religious help) and 5) their supporting systems (family, friend and health services). Both participants and their relatives reported that the family support is their most important key successful factor such as the importance of good communication between family members, problem solving techniques in the family and support the patient to reduce or quit substance use with confidence.

Conclusion. Family has a positive influence in dual diagnosis patients to stop using substance. The development of the intervention focusing on substance in patients with psychosis would have particular benefit for cultural contexts if the family members' role was included in a context.

ALCOHOL BRIEF INTERVENTIONS (ABI'S) FOR YOUNG PEOPLE IN THE CONTEXT OF A MULTI-COMPONENT COMMUNITY ALCOHOL CAMPAIGN IN GLASGOW, SCOTLAND

Lee Craig

NHS Greater Glasgow & Clyde, Scotland

Aim. Incorporate CRAFFT screenings and ABI's into a multi-component Community Alcohol Campaign.

Summary. The CRAFFT screening tool was incorporated into a multi-component and multi-agency Community Alcohol Campaign. Like cogs in a mechanism, the various components and partners worked together to achieve an overarching aim – reducing alcohol consumption and related anti-social behaviour amongst young people. The partnership approach included work with the licensed trade to reduce access to alcohol, community safety and reassurance, a youth diversionary activity programme (named 'Y dnt U'), social marketing and health education.

Screening was built into the 'Y dnt U' registration process. Youth workers trained to use CRAFFT gave alcohol literature and brief information in the context of agreeing a physical activity plan. For a positive screen, a voluntary sector alcohol organisation was notified to engage with the young person when appropriate. Additional screenings were carried out by the alcohol organisation on a health drop-in bus and at community events. There were a small number of positive scores, all received an ABI and were given relevant alcohol information to take away with no need for further action or referral. The data collected provided a snapshot of self-reported drinking behaviour of the high Roma population in the area.

Conclusion. Screening and ABI's for young people are an important part of a multi-component Community Alcohol Campaign. Youth workers are ideally placed to carry out screenings but require additional support from other partners with more specialised alcohol knowledge. The low level of positive screening scores may be attributable to the various components and partners working together to achieve a reduction in alcohol consumption and related anti-social behaviour amongst young people.

PROTECTION FACTOR AND ALLY THE RELIGIOSITY STANDARD ALCOHOL CONSUMPTION AND TOBACCO USERS IN THE FAMILY HEALTH STRATEGY

Nataly Queiroz, Angela Maria Mendes de Abreu, Luciana Fernandes Portella

Escola de Enfermagem Anna Nery, Brasil

The present study aimed to identify the association between religiosity, alcohol consumption and tobacco, in an area covered in the Family Health Strategy in a community in the municipality of Rio de Janeiro – RJ. To this end, was performed a cross-sectional quantitative study with 363 individuals enrolled residents in the Mining Family Clinic team of Sergio Vieira de Mello area, located in Catumbi, RJ, Brazil. The individuals answered a questionnaire that contained, besides the Duke Religiosity Scale – DUREL and the questionnaire Alcohol, Smoking and Substance Involvement Screening Test, variables of sociodemographic characterization. In SPSS software version 19.0 bivariate analyzes were performed to verify the association between the religion variable and the frequency of alcohol consumption and smoking, adopting a significance level of 0.05. Logistic regression was used as a multivariate analysis procedure to control the possible confounding variables in those with p – value < 0.10 . Of the 363 (100%) individuals interviewed, 86.0% were low-risk consumption of alcohol and 14.0%, were moderate / high risk consumption. Tobacco, 81.3% were low-risk drinking for tobacco and 18.7% were moderate / high risk consumption. Higher chances of problematic alcohol consumption in females were identified. The ones that don't have white skin had a lower chance to tobacco consumption. Not attending church showed 3 times more likely to have a problematic use of alcohol and tobacco. Believing in a higher power proved to be a protective factor for problematic use of these substances. It is important to emphasize the actions of health promotion with an emphasis on reducing alcohol consumption and tobacco use among groups that were more likely to show a pattern of problematic use, to avoid maintenance of such standard as well as its evolution for dependency cases.

EFFECTS OF 21ST BIRTHDAY BRIEF ALCOHOL INTERVENTIONS ON COLLEGE STUDENT CELEBRATORY DRINKING: A META-ANALYTIC REVIEW

Katarzyna Steinka-Fry, Emily E. Tanner-Smith, Sean P. Grant

Peabody Research Institute, Vanderbilt University, USA

Consumption of extreme amounts of alcohol among U.S. college students celebrating their 21st birthday has been a serious public health issue and concern to many college and university administrators. Given the detrimental and even potentially

lethal consequences associated with heavy alcohol use there is a clear need for effective preventive efforts on college campuses that can reduce the risk of acute alcohol intoxication during students' birthday celebrations. The objective of this study was to determine whether birthday-focused brief alcohol interventions reduce college students' 21st birthday celebratory drinking.

A comprehensive systematic review of international literature was conducted to synthesize the available research on brief interventions targeting college students' 21st birthday alcohol consumption. The search yielded 7,593 reports of which 9 randomized evaluations with 10 interventions were included in the review. Quantity of alcohol consumed and blood alcohol concentration (BAC) were measured. Random-effects meta-analysis was used to summarize the effects of the interventions.

The analytic sample included 1,513 undergraduate students from nine randomized studies conducted in the U.S. and published between 2005 and 2012. There was no evidence that brief birthday-focused alcohol interventions reduced quantities of alcohol consumed during birthday celebrations = 0.05, 95% CI [-0.03, 0.13], $\tau^2 = 0.001$, $Q = 8.62$, $I^2 = 7.2\%$). The interventions were associated with significant reductions in BAC levels, but this effect was small in absolute terms = 0.20, 95% CI [0.07, 0.33], $\tau^2 = 0.00$, $Q = 3.69$, $I^2 = 0$).

In conclusion, results from this systematic review and meta-analysis provided no evidence that birthday-focused brief alcohol interventions reduce the quantity of alcohol consumed by college students during 21st birthday celebrations, although these interventions may yield small beneficial effects on BAC. More research is needed to explore the most promising strategies for reducing students' hazardous 21st birthday celebratory drinking.

USING THE ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST) AMONG PRIMARY CARE PATIENTS IN BRAZIL

Deborah Finnell, Ângela Maria Mendes de Abreu, R.T. Jomar, M.H. Souza, Nataly Queiroz, D. B. Fernands, Christine L. Savage

Johns Hopkins University, USA

Introduction. Substance use impacts the health of individuals, families and communities, as well as their social and economic well-being. In Brazil, primary health care is the most effective way to provide greater access to health care services. The Family Health Strategy was put in place in 1994, prioritizing health protection and promotion for families within the community in which they reside. Screening and intervention for alcohol, tobacco, and other drugs is an essential part of health care.

Objective. This study describes the proportion of primary care patients who screened positive for alcohol, tobacco and other drug use and the proportion of

those who needed either a brief intervention (BI) or referral to treatment (RT) for more intensive treatment.

Methods. Nursing students underwent a 20-hour training course to administer the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST V3.0) and how to provide a BI and RT. After obtaining informed consent, the nursing students administered the ASSIST to 1031 adults in two Brazilian urban primary health care units. Specific substance involvement scores were calculated and used to determine the appropriate intervention. When indicated, the nursing students provided a BI or RT.

Results. The majority of participants were between 18 and 34 years of age (46%), female (77%), and had not finished primary education (36%). Sixty-nine percent (n=709) had a substance involvement ASSIST score that was below the threshold for intervention. Of the remaining 322 participants, a brief intervention (BI) was indicated for 89% (n=288) and referral to treatment (RT) was indicated for 11% (n=34). The highest to lowest proportions of substances for which a BI was indicated were tobacco (35%), opioids (30%), hypnotics (30%), cocaine (21%), marijuana (15%), inhalants (11%), alcohol (11%), and amphetamines (9%). The highest to lowest proportions of substances for which RT was indicated was opioids (10%), hypnotics (6%), cocaine (5%), amphetamines (4%), tobacco (4%), and marijuana (1%).

Discussion. With specialty education focusing on specific skills related to the ASSIST, nursing students provided targeted interventions to primary care patients at risk because of substance use. Use of the ASSIST as an essential part of standard care and nursing practice is consistent with the Family Health Strategy's priorities for health protection and promotion.

FACTORS INFLUENCING EFFECTIVE IMPLEMENTATION OF ALCOHOL SCREENINGS AND BRIEF INTERVENTIONS (SBIS) WITH YOUNG PEOPLE: A FRONTLINE PERSPECTIVE

Abigail Rodden

Glasgow Council on Alcohol, Scotland

Aim. In order to further the evidence base on the effectiveness of Alcohol Screenings and Brief Interventions (SBI) with young people in the UK, this presentation focuses on identifying the mechanism by which these interventions work, based upon the frontline experience of specialist voluntary sector staff.

Question. What factors may influence effective delivery of Alcohol SBIs with young people?

Summary. This presentation will display a frontline perspective that indicates that staff and setting may be key factors to consider when delivering Alcohol SBIs with young people.

All interventions were purposely delivered in diverse settings tailored to young people, with staff bringing the intervention to the young people, rather than a model

where young people were expected to travel to the intervention. Local mobile resources and local events were utilised to do this. The interventions were delivered at times when alcohol consumption and youth disorder had been identified as an issue, thus responding to local need.

Specialist Voluntary Sector staff were part of a multiagency approach towards reducing alcohol related harm in the community, and were responsible for delivering Alcohol SBI's to young people and providing training to local youth workers. All staff were experienced and skilled in applying an informal and friendly approach, as well as being flexible and adapting to the needs of the population. Prior knowledge of working with the particular target group was gained through partnership work with local youth workers and previous engagement in the area.

Conclusion. As indicated in previous literature, the need for a multi-faceted approach is pivotal. Implications for practice include community consultation to ensure intervention is targeted to local community and delivered in the right setting, as well as investing in experienced and skilled staff, to ensure the intervention has maximum impact.

ENHANCING PREVENTION WITH THE SUBSTANCE ABUSE AND ALCOHOL PREVENTION (SAP) GAMES

Kanittha Thaikla, Sawitri Assanangkornchai

Research Institute for Health Sciences, Thailand

Introduction. In 2012, a database for monitoring the risk of drug use was developed for offenders in prisons in Chiang Mai and Lamphun Provinces by using the Alcohol, Smoking and Substance Involvement Screening Test. Among 1,796 new offenders, 65% were at risk of consuming alcoholic beverages, 16.2% were at high risk of using amphetamine stimulants. Due to personnel limitation, an educational activity in the form of game was developed to build the capacity of prison staff in caring for drug-using offenders to understand the procedures for assessing the risk of drug use and providing counseling.

Methods. This action-based research merged the ASSIST assessment form, short-term therapy, the Narcotics Act, the Alcoholic Beverages Act, and the effects of drug use with the board game of Monopoly and created the educational activity called the Substance Abuse and Alcohol Prevention (SAP) game.

Results. The board game enables the player to know: 1) Categories of drugs; 2) Methods for risk assessment using ASSIST v.3.1 and laws related to alcohol and narcotics; 3) Calculate the level of risk and short-term therapy for each risk level.

Conclusions. The SAP game created a form of educational activity that every person could enjoy and be educated on risk assessment methods, ASSIST-based short-term therapy, the laws, dangers, and impact of drug use, and could share the knowledge with others.

ALCOHOL BRIEF INTERVENTIONS, YOUNG PEOPLE AND THE STREETS: EXPERIENCES FROM FIFE, SCOTLAND

Laura Crombie, Jackie Barbour

Clued Up Project, Scotland

Aim. To deliver CRAFFT assessment and alcohol brief interventions to young people under 18 on a Friday evening on the streets in Fife

Summary. The Mobile Alcohol Intervention Team (MAIT) are a multi-disciplinary group of professionals, including a nurse, police officer, detached youth worker and substance misuse workers. MAIT aims to reduce health risks and antisocial behaviour and to influence the choices a young person makes in relation to alcohol consumption. The team provide CRAFFT assessment and alcohol brief interventions using a custom built mobile unit, bringing advice and support on alcohol and related issues to young people under 18 within their own community. The team also provide referral to services, liaise with parents of those needing collected/returned home and use police caution or arrest if required. Service evaluation indicates that MAIT has had a positive impact upon young people. Young people have told us: "I stopped drinking completely as a direct result of MAIT."; "After speaking with MAIT staff, I now think before I act. I used to drink just to get smashed and was a bit mad; but now have control."; "The ABI made me think about my drinking habits and I don't drink as much now."; "MAIT works for young people; it's as simple as that. Without MAIT, there'd be more problems on the street with crime and anti-social behaviour".

Conclusion. There is some evidence to suggest that MAIT impacts positively in relation to alcohol use and related issues amongst young people. This work demonstrates the value of partnership working to deliver ABIs in wider settings and reduce alcohol use amongst young people.

EFFECTIVENESS OF A SIX-WEEK WEB-BASED INTERVENTION (BEBERMENOS/DRINKING LESS BRAZILIAN SITE) IN THE REDUCTION OF ALCOHOL RELATED PROBLEMS

**Andre Andrade, Roseli Boerngen de Lacerda, Henrique Pinto Gomide,
Telmo Mota Ronzani, Laisa Marcondes Marconela,
Maria Lucia Oliveira Souza-Formigoni**

Universidade Federal de Sao Paulo, Brazil

Introduction. As a response to the need of comprehensive strategies to deal with alcohol-related problems, a group of researchers from Belarus, Brazil, India and Mexico, supported by the WHO Department of Mental Health and Substance Abuse in collaboration with Trimbos Institute in the Netherlands, developed an e-health

screening and intervention directed to alcohol risk users. Four similar sites were developed in those countries.

Objective. To analyze the effectiveness of the Brazilian six-week e-intervention directed to alcohol risk users, considering the influence of the initial level of problems.

Method. We collected data from October 21st, 2013 to March 11th, 2014. From those people who accessed the Portal, 7,199 filled the Short Audit, 1,798 people enrolled and accepted to participate in the study and 736 filled the full Audit. We excluded 49 registrations of individuals who entered the site with the purpose of testing. We analyzed 687 users classified into three groups, based on AUDIT scores: Hazardous Use (16–19), Harmful Use (20–40) and Suggestive of Alcohol Dependence (20 or more). To evaluate the effectiveness of the intervention, we analyzed data from 81 users who filled out the evaluation form 6 weeks after the beginning of the intervention.

Results. Males presented significant higher AUDIT scores than females ($t = -19.9$, $p < 0.05$), and also a higher proportion (70% vs 60%) at the higher AUDIT range. The effectiveness of the intervention (defined as a significant reduction of the AUDIT scores after the 6 week period) was significant ($F(1,76) = 8.92$; $p < 0.01$) and influenced by baseline scores range ($F(2,76) = 7.35$; $p < 0.01$).

Discussion. These preliminary results suggest the e-intervention was effective, mainly among users classified in the higher range (Suggestive of Alcohol Dependence).

THE STRENGTHS AND RISKS OF USING DIAGRAMS TO CONCEPTUALISE AND DESCRIBE BRIEF MOTIVATIONAL INTERVENTIONS

Niamh Fitzgerald

Institute for Social Marketing, UK Centre for Tobacco and Alcohol Studies, University of Stirling, UK

Introduction. There is good evidence for the effectiveness of brief interventions (BIs), for example, in reducing alcohol consumption in primary care however BIs are heterogeneous and vary widely including in the extent to which they are grounded in motivational interviewing (MI). The duration of training provided to practitioners for BI delivery is also very variable and there is a need for further study of optimal training approaches.

Objective. To present, and discuss the use of, diagrams for visually representing the core concepts and processes in various brief interventions and critically analyse the strengths and limitations of such diagrams.

Method. 6 diagrams of models of brief intervention developed by the author from 2008 to 2013 will be presented and analysed at face value including for consistency with MI spirit, core skills, processes and flexibility. The models vary in terms of behaviours (alcohol, alcohol/drugs, multiple lifestyle); practitioners; and client groups targeted. A diagram modelling the latest (simpler) iteration of motivational interviewing is also presented.

Results. Diagrammatic representations of BI and MI provided a means of quickly describing key concepts and processes and acted as helpful teaching/learning aids. The models of BI analysed varied in their consistency with MI concepts and literature but included many elements considered central to MI.

Discussion. Such diagrams risk oversimplification, misrepresentation, and/or the suggestion of an inappropriately restrictive structure or formula for conversations about behaviour change. On the other hand, they offer an alternate teaching tool that will be helpful for individuals who learn better with such visual aids. If using such diagrams, the risks ought to be explicitly considered, acknowledged and explored with learners in order to mitigate them.

SIDEAL. An mHEALTH SOLUTION FOR THE ALCOHOL-DEPENDENT PATIENTS

Carlos Soler-González, Hugo López-Pelayo, Pablo Barrio-Jiménez, Antoni Gual

Hospital Clínic Universitari de Barcelona, Spain

Aim. Alcohol dependence (AD) is a chronic and relapsing illness with huge socio-economic costs. Information and communication technology (ICT) is key in the paradigm shift that is driving healthcare systems towards patients empowerment in order to improve their quality of life and help curbing costs. Smartphones are protagonists in this process (widespread, portable, user-friendly).

There are thousands of alcohol-related smartphone apps. Most of them actually encourage drinking. A minority offers support to people with alcohol-related problems, but very few are validated, which redounds in a lack of evidence in this field.

Brief project description. A group of stakeholders (Catalan Drug Addiction Department, Addictions Unit from Hospital Clínic i Universitari de Barcelona, Pulso Ediciones and Lundbeck España S.A.) joined in a public-private initiative to create the SIDEAL project (Suport Innovador al pacient amb Dependència Alcohòlica or Innovative Support for the Alcohol-Dependent). The goal was to help AD patients to control their condition with an eHealth solution based on design simplicity and expert validation.

SIDEAL is a web-app system. The App allows patients to monitor their alcohol consumption and treatment compliance on the go, have an agenda with appointments, access relevant information and answer to periodic surveys. Physicians can easily track their patients' progress via web.

A pilot study to test usability will be conducted imminently. Once validated, SIDEAL will integrate into the Catalan eHealth ecosystem. Further developments are being considered. We think SIDEAL will offer an optimal platform for screening and delivering Brief Interventions to the general population.

Conclusions. The project aims to help patients with AD in keeping control of their condition, and to potentiate patient-doctor interaction, thus increasing opportunities

for timely interventions that can improve outcomes and reduce costs. In this era of exponential growth of health-related ICT applications, it is very important to share experiences in order to identify the key success factors.

EVALUATION OF ALCOHOL BRIEF INTERVENTIONS DELIVERED AS PART OF THE KEEP WELL HEALTH CHECK IN EASTER ROSS, SCOTLAND

Serena Ferguson, Morag Treanor, Ruth Jepson, John McAteer, Garth Reid

NHS Highland, UK

Aim. To evaluate the effectiveness of ABIs delivered as part of Keep Well – a national programme in Scotland delivering free targeted health checks to people aged between 40 and 64 years who are identified as being at greatest risk of preventable ill health.

Methods. ABIs were delivered to people aged 34–64 who self-presented to drop in clinics for a Keep Well health check. A follow up contact was made later (8–26 weeks) to discuss the impact of the ABI and to ascertain whether there were changes in number of alcohol units consumed. In this evaluation, 80 out of 86 recipients were followed up in the Easter Ross area.

Results. Of the 80 responses, 32 (approximately 2/5) were female and 54 (just over 3/5) were male; mean age for women was 46 years old and for men was 48 years old. Two thirds of respondents reported that they had reduced (or stopped) their alcohol consumption with a third reporting no change. No one reported that they had increased their alcohol consumption. Women were more likely than men to have reduced their alcohol consumption (81% of women compared with 53% of men).

Conclusion. In conclusion, the data shows that the ABIs undertaken in Easter Ross by NHS Highland as part of the Keep Well health checks have successfully reduced alcohol consumption in the majority of participants, with the possible exception of older men. This would suggest that older men need some other impetus or additional support to make positive changes as regards their alcohol consumption

READINESS TO CHANGE, CONFIDENCE IN ABILITY TO CHANGE, AND SEVERITY OF UNHEALTHY ALCOHOL USE AMONG PRIMARY CARE PATIENTS RECRUITED TO A TRIAL OF COLLABORATIVE CARE FOR ALCOHOL USE DISORDERS

Emily Williams, Gwen Lapham, Amy Lee, Julie Richards, Douglas Berger, Evette Ludman, Katharine Bradley

Veterans Affairs (VA) Puget Sound, USA

Introduction. Readiness to change drinking has been associated with greater severity of unhealthy alcohol use, but not with later reductions in drinking, while confidence in ability to change has been associated with less severity and increased likelihood of later drinking reductions.

Objective. We describe these two dimensions of readiness and their association with DSM-5 alcohol use disorder (AUD) severity in a sample of primary care patients with unhealthy alcohol use who consented to participate in a trial of alcohol-related collaborative care.

Methods. Participants > 21 years were recruited from 3 primary care clinics of one VA medical center if they reported unhealthy alcohol use (AUDIT-C > 3 women; > 4 men) and frequent heavy drinking (≥ 4 drinks/day women; ≥ 5 drinks/day men) and were not in treatment. Scaled baseline measures of readiness and confidence were dichotomized (any versus no readiness and confidence, respectively). Chi-square tests compared any readiness and any confidence across DSM-5 AUD severity categories (none, mild, moderate, and severe, corresponding to 0, 2–3, 4–5, and > 6 of the 11 criteria, respectively).

Results. Among 210 participants, 151 (72%) reported any readiness and 168 (80%) reported any confidence. The prevalence of DSM-5 AUD was 88% ($n=185$), with 12%, 31%, 27%, and 30% reporting none, mild, moderate, and severe symptoms, respectively. The prevalence of readiness increased across groups based on severity: 40%, 62%, 82%, and 86% among patients with none, mild, moderate, and severe AUD, respectively (trend $p < 0.001$), while the prevalence of confidence decreased across groups: 96%, 83%, 81% and 70%, respectively (trend $p = 0.005$).

Conclusions. In this population, readiness to change drinking and confidence in ability to change were common and associated with severity of AUD. Consistent with previous research, readiness increased but confidence decreased as severity increased. Research is needed to assess whether readiness and confidence predict changes in drinking in these patients.

WHAT ARE THE HEALTH CARE STAFF'S THOUGHTS AND EXPERIENCES ON WORKING WITH EARLY IDENTIFICATION OF RISKY DRINKING? A QUALITATIVE STUDY OF STAFF IN PHCS IN SWEDEN DURING IMPLEMENTATION OF EARLY IDENTIFICATION AND BRIEF INTERVENTION METHODS

Hanna Reinholdz, Fredrik Spak

Gothenburg University, Sweden

Introduction. In PHC physicians and other staff meets many patients with a wide range of problems, and can thus be one of the foremost arenas to address alcohol problems. In Sweden implementation of early identification and brief interventions (EIBI) has not been satisfactory. Many patients are not asked about their alcohol habits and staff regard alcohol as the most difficult lifestyle topic to discuss.

Objective. To analyze how staff in PHCs experiences working with EIBI and how these experiences change during an implementation process. We aim to understand

how secure the staff is regarding talking about alcohol with their patients and when they ask/don't ask about alcohol and why.

Material and Methods. Our material is the SPIRA-study that was performed in Sweden during 2010–2012 in 16 different PHCs. The study is based on 60 focus group interviews performed with staff at four different points during the implementation process of EIBI. The interviews are analysed using qualitative content analysis.

Preliminary results. Preliminary analyses from the baseline interviews show that the staff consider alcohol to be an important issue to bring up in PHC since it is closely connected to a several health issues. The staff think that it is important to ask about alcohol to make the patients more aware of their own drinking habits, that there can be a connection to their health and to show that the health care consider the alcohol issue important. Further we have found that the staff feels insecure about asking about alcohol and about what response to give if they find risky drinking. They want more knowledge about the issue to be able to work properly with it.

Discussion. These preliminary findings are both interesting and important and can contribute to the understanding of the implementation process.

KIBEHMEDX. AN EXAMPLE OF A MASSIVE ONLINE OPEN COURSE IN BEHAVIORAL MEDICINE

Anne H. Berman, Gabriele Biguet, Carina Bois, Anneliese Lilienthal, Lars Uhlin, Cormac McGrath, Nabil Zary, Sakari Suominen

Karolinska Institutet, Sweden

Background. Today, universities offer massive open online courses (MOOCs) which extend over a number weeks, often without any cost to students. The courses are accessible worldwide via the internet. For students, MOOCs offer concise packaging of educational content, self-paced learning and interactivity. Teachers engage in the challenge of reframing their pedagogical focus in an innovative way. For universities, MOOCs are a means of disseminating up-to-date scientific knowledge to members of the global society.

Method. A behavioral medicine (BehMed) MOOC was designed with a focus on health behaviors, inspired by prior courses, Applied BehMed and Basic Concepts in BehMed. The MOOC was designed as a five-week course with no prerequisite knowledge for students, and an investment of 5–8 hours of study per week. Pedagogical design included short video films, learning activities, virtual patients in thematic weekly learning sequences, concluding with an assignment to be shared on the course interactive discussion forum. The course will be evaluated for possible continuation on edX.org after October 2014.

Results. KIBEHMEDX is being offered on <https://www.edx.org/course/kix/kix-kibehmedx-behavioral-medicine-key-1527>, September 9-October 13, 2014. It is built upon 60 short films with interspersed learning activities. By May 15, 2014, 8000 participants had registered for the course. Each week covers basic concepts of behavioral

medicine and associated interventions, exemplifying with virtual patients. Week 1 focuses on work health with motivational interviewing as the intervention and risky alcohol use as virtual patient's problem; Weeks 2–4 focus on stress problems, sleep problem and physical activity. In Week 5, the focus is unhealthy behaviors such as risky alcohol use that increase the risk of infection.

Conclusions. KIBEHMEDX brings BehMed to a huge global audience. The MOOC format could offer a method for wide dissemination of knowledge about Screening and Brief Intervention (SBI) for problematic alcohol use.

RANDOMISED CONTROLLED NON-INFERIORITY TRIAL OF PRIMARY CARE-BASED FACILITATED ACCESS TO AN ALCOHOL REDUCTION WEBSITE IN CATALONIA (SPAIN)

Hugo López-Pelayo, Paul Wallace, Lidia Segura, Estela Díaz, Begoña Baena, Jorge Palacio, Cristina Casajuana, Joan Colom, Antoni Gual

Hospital Clinic, Spain

Alcohol is the third leading cause of disease and disability worldwide. 20% of PHC patients are risky drinkers. To reduce their alcohol consumption SBI has shown to be cost-effective. Less than 10% of risky drinkers benefit from SBI. SBI facilitated access (e-SBI), which showed feasibility and acceptability in other cultures, could improve it but there is not enough evidence about its effectiveness in the Mediterranean one.

Objectives. We will evaluate the non-inferiority of a web-based SBI with facilitated access for risky drinkers against a face-to-face BI delivered by PHC professionals. Protocol design, recruitment and implementation strategy and customization process will be presented.

Methods. A randomised controlled non-inferiority trial comparing both interventions will be carried out in Catalonia embedded in the usual SBI implementation. Up to 60 professionals will be recruited. Patients will be invited (500 required per group) to access the web for on-line assessment and those screening positive (AUDIT-C) will be randomized. 3 & 12 month-follow-up assessment will be conducted.

Alcohol experts will confirm adjustment to local standards. Recruited professionals and PHC users will test its usability.

Expected Results. Recruitment of professionals, training and customization will be done this year. Implementation will start in 2015. We expect that the reduction in the proportion of risky drinkers and improvement in quality of life in the EG will be not lower than in the CG, at month three, these will be maintained at month twelve. Implementation will be significantly higher for the EG.

Expected Conclusions. Facilitated web-based SBI tools will improve implementation of SBI on alcohol in PHC. Framing the study in the context of the wide SBI implementation will facilitate recruitment. How to embed this tool in the so-called citizen health file to ensure its sustainability after the study will have to be analysed.

DO BRIEF INTERVENTIONS HELP IMPROVING THE IMPACT OF WORKPLACE ALCOHOL PREVENTION INTERVENTIONS?

Lidia Segura, B. Garmyn, N. Ibañez, C. Bruguera, M. C. Rodriguez, Joan Colom

Generalitat de Catalunya, Spain

Introduction. Alcohol consumption can have a detrimental effect on productivity in the workplace and on the health of workers. There is some evidence on the positive impact of alcohol preventive interventions in reducing absenteeism. The European Workplace and Alcohol (EWA) project explored in 55 different pilots the impact of different type of interventions on workers alcohol-related awareness, attitudes, policies and behaviour. The present study explores the impact of preventive interventions with BI against those with no BI.

Methods. Before and after evaluation study in 55 companies across 11 countries in Europe was carried out between 2012 and 2013. Bivariate analysis (BI – non-BI) of self-reported measures (5,623 questionnaires at baseline and 3,810 at follow up) of awareness, attitude, consumption and behaviour at workplace were carried out using SPSS version 18.0 for Windows.

Results. 29 companies out 55 (52.7%) included BI in their interventions. The percentage of workers reporting less consumption after the pilots was significantly higher in those companies delivering BI (29%, N = 478) than in those that did not (15.5%, N = 228). In addition, professional help was sought more often in those companies where BI was delivered (4% (N = 70) vs 1.3% (N = 18)).

Conclusions. Workers and companies benefit from alcohol preventive interventions. BI by occupational health workers are still not widely used in the context of workplace alcohol related prevention strategies. BI as part of these interventions can be used to decrease the amount of alcohol consumed by workers as well as to increase the number of workers seeking professional help.

AT-RISK ALCOHOL CONSUMPTION PATTERNS OF ALCOHOL INTOXICATED ADOLESCENTS IN THE EMERGENCY DEPARTMENT: A LATENT CLASS ANALYSIS

Silke Diestelkamp, L. Kriston, N. Arnaud, L. Wartberg, R. Thomasius

University Medical Center Hamburg-Eppendorf, Germany

Introduction. Increasing numbers of children and adolescents in need of emergency medical treatment following acute alcohol intoxication have been a public health concern in many European countries in recent years. If the rise in minors diagnosed with alcohol intoxication actually reflects an increase in underage at-risk

alcohol consumption or if it reflects a change in public awareness and clinicians diagnosis behaviours has been the topic of much debate. Underlying this debate is the question what percentages of minors treated for alcohol intoxication are generally showing at-risk alcohol consumption patterns as opposed to those e.g. who did not consume alcohol prior to the intoxication.

Objective. Because isolated one-dimensional measures fail to describe problem drinking with its various facets in adolescent at-risk populations, the aim of this study is to identify subgroups of drinkers with distinct patterns of at-risk alcohol consumption and variables characterizing these subgroups with respect to alcohol-related risk factors, psychosocial risk factors and sociodemographics.

Method. Latent class analysis is used to identify subgroups with distinct patterns of at-risk alcohol consumption among a sample of under 18 year-olds taking part in the programme “HaLT-Hamburg”, which provides brief interventions to adolescents treated in emergency departments following acute alcohol intoxication. Subgroup characteristics are analysed using analysis of variance.

Results. N = 316 adolescents aged 12–17 years were assessed in 6 participating emergency departments across the City of Hamburg, Germany, in the years 2011–2014. Mean age is 15.8 years and 48% of the sample are female. Class solutions representing adolescents with varying at-risk drinking patterns are presented.

Discussion. Practical implications of findings will be discussed with a focus on the potential of individualising brief interventions and improving referral to treatment.

ALCOHOL USE AMONG WORKERS: AN INTERVENTION IN OCCUPATIONAL HEALTH

Riany Moura Rocha Brites, Ângela Maria Mendes de Abreu

Federal University of Rio de Janeiro, Brazil

The study aimed to identify the work's profile socioeconomic and occupational; estimate the pattern of alcohol consumption; analyze the association between the pattern of alcohol consumption and socioeconomic and occupational characteristics; discuss this alliance looking for the applicability of Brief Intervention in alcohol consumption. For all, we performed a descriptive study through interviews with 322 servers, treated at the Worker's Health Service of a public university in the city of Rio de Janeiro. The bases were collected through the questionnaire AUDIT, added socioeconomic and occupational profile. After collection, the bases were processed and analyzed, using the EPI – Info software (version 3.5.1). The not white, married, male, over 36 years of age, with a higher education, with a per capita income of more than 2 minimum salaries and non-Catholics servers were those with the highest percentage of the consumption patterns of risk, harmful and probable dependence. According to the occupational profile, the highest was for technical support and

intermediary, with over 10 years of service and less time working in the section, and the diarists. Of the respondents, 87.3% had low-risk drinking and 12.7% had risk consumption, harmful and probable dependence. The episodic heavy drinking was 32.5% and 5.3% have caused problems to themselves or others, and 10.9% had someone been concerned about your drinking. Therefore, we found that most workers did not consume alcohol in the past 12 months, but those who did consumed in quantity and high frequency. Thus, it is important to implement the Brief Intervention as a strategy to reduce alcohol consumption among servers in an integrated way with the Worker's Health Service.

HAZARDOUS DRINKING PROFILE AMONG SPANIARDS

Dana Mrozowicz-Gaudyn, José Luis Carballo

Center of Applied Psychology, Miguel Hernández University of Elche, Spain

Introduction. European Monitoring Centre for Drugs and Drug Addiction has reported that alcohol users under 35 years old show higher hazardous drinking levels and more negative consequences related to their alcohol use than older users.

Objective. To compare hazardous drinking profiles between subjects under and over 35 years of age.

Methods. A total of 1562 subjects participated in this study. The 42.1% ($n = 658$) meet hazardous drinking criteria (AUDIT Score > 7). The problem drinkers mean age was 28.1 (SD = 8.1; range: 18–70) and 59% were men. Participants responded anonymously to an Internet-based survey visiting the website <http://mca.umh.es>, where they fill in the AUDIT. They were also asked about their intention to change their alcohol use and their intention to seek help with dichotomous items (Yes/No). Participants were classified in two groups according to their age: problem drinkers ≤ 35 (PDU35 = 82.1%, $n = 540$) and problem drinkers > 35 (PDO35 = 17.9%, $n = 118$).

Results. Statistically significant differences ($p < 0.05$) were found between the two groups in 5 of the 10 AUDIT items; PDO35 group reported a higher number of drinking days but a lower number of drinks per drinking day. PDO35 group also have less blackouts and reported more concerns expressed by others about their alcohol use. Statistically significant differences were no found between the two groups in the intention to change item (PDU35 = 23.0% vs. PDO35 = 28.8%) and in the intention to seek help item (PDU35 = 2.0% vs. PDO35 = 4.2%).

Discussion. PDU35 appear to have more intensive drinking pattern than PDO35, because they drink less often but they report more drinks per drinking day and more blackouts. However, a small percentage of problem drinkers have reported intention to change their drinking behaviour or to seek help in both groups. Brief interventions planning should address these different patterns.

X Screening tools and approaches to screening in various settings

- Efficacy of brief interventions (RCTs only)
- Utilizing Information Technology to conduct SBI
- SBI outside general health settings (e.g. criminal justice, employee assistance)
- SBI education and training programs
- Strategies for integrating SBI into health policy
- Implementation research
- Results of other original SBI research (not implementation research or RCTs)

**SCREENING OF DRUGS OF ABUSE AND BRIEF INTERVENTION
IN A PAEDIATRIC EMERGENCY DEPARTMENT**

**Maria Falcón, R. M. García, M.D. González, C. Manzano, F. Torres,
L. Roman, M. Hernández, A. Villalbí, O. García-Algar, S. Pichini, A. Luna**

Department of Legal Medicine, Universidad de Murcia. Spain

Passive prenatal exposure to drugs of abuse was identified in 10% of children from low socioeconomic environments in a Mediterranean city, but it is not clear whether exposure continues during childhood. The preliminary results after implementing a screening and brief intervention protocol for alcohol and other substances in children attending the emergency department at the Hospital del Mar in Barcelona are presented. The results obtained by biomarkers in an alternative matrix (hair) were compared with those obtained using the CRAFFT screening tool. Methods. Patients 10 to 14 years old attending an urban paediatric emergency department without signs or symptoms of exposure were screened using the CRAFFT substances use tool. Intervention was developed based on brief advice and motivational interview for both children and parents. We also analysed the presence of drugs of abuse (not including alcohol or nicotine) in hair samples by liquid chromatography-mass spectrometry.

Results. Of a total of 114 cases, 16 children reported alcohol consumption and 2 alcohol and cannabis use, and only these two cases scored positively using the CRAFFT cut-off point of 2. Fifteen hair samples were positive for drugs of abuse: 5 (4.38%) for cocaine (concentration range 0.8–3.97 ng/mg of hair), 8 (7%) for cannabis (0.10–1.11 ng/mg of hair), 1 (0.8%) for MDMA (0.66 ng/mg of hair) and 1 (0.8%) for amphetamines (1.10 ng/mg of hair).

Conclusion. The most important finding of this investigation is the continued and unsuspected high prevalence of paediatric exposure to drugs of abuse in children from low socioeconomic environments for more than a decade. This situation needs to be studied in different socioeconomic scenarios, although the figures justify the implementation of bioanalytical screening protocols and other interventions, including preventive strategies, in children from environments considered to be risky.

Funding for this study was provided by the Spanish government, Plan Nacional sobre Drogas PNSD.

FIRST AUTHOR INDEX

A

Anderson Peter 31
Andrade Andre 73
Andréasson Sven 19
Angus Colin 29
Assanangkorchai Sawitri 43

B

Baklazec Agnieszka 40
Barroso Dias Jorge 66
Barroso Teresa 34
Berman Anne H. 78
Bertholet Nicolas 36
Bischof Anja 46
Bischof Gallus 34, 41
Blow Frederic 37
Bohnert Amy 59

C

Cherpitel Cheryl 33
Chi Felicia 23
Colom Joan 28
Craig Lee 68
Crombie Laura 73

D

Daepfen Jean-Bernard 61
Dhital Ranjita 35
Diestelkamp Silke 80

F

Falcón Maria 83
Ferguson Serena 76

Finnel Deborah 63, 70
Fitzgerald Niamh 50, 55, 74

G

Garcia Claro Heloisa 64
Gaume Jacques 20

H

Hahn Judith 48
Harris Sion K. 39
Heather Nick 17
Huebner Robert 22
Hyde Joseph 67

K

Keurhorst Myrna 26, 30
Krupski Antoinette 44
Kuzubova Kateryna 38

L

Larimer Mary 18
Laurant Miranda 31
López-Pelayo Hugo 79

M

Magill Molly 19
McCambridge Jim 62
McNeely Jennifer 47
Mierzecki Artur 58
Mitchell Shannon 51
Morris James 65
Moura Rocha Brites Riany 81
Mrozowicz-Gaudyn Dana 82

O

O'Donnell Amy 42, 53
Otete Harmony 55
Queiroz Nataly 69

R

Reimann Brie 41
Reinholdz Hanna 77
Rodden Abigail 71
Rosário Frederico 56

S

Satre Derek 24
Scafato Emanuele 60
Segura Lidia 80
Sinadinovic Kristina 57
Singh Manu 54
Soler-González Carlos 75
Steinka-Fry Katarzyna 69
Sterling Stacy 23
Struzzo Pierluigi 45
Swenson Carolyn 47

T

Tanner-Smith Emily 49
Tantirangsee Nopporn 67
Thaikla Kanittha 72

W

Wallhed Finn Sara 64
Weisner Constance 25
Weitzman Elissa 52
Williams Emily 76
Wojnar Marcin 27

GUIDELINES FOR AUTHORS

The quarterly “Alcoholism and Drug Addiction” is an interdisciplinary journal that publishes research-based papers dealing with alcohol- and drug-related problems. The journal publishes:

- original articles,
- review articles,
- monographic articles,
- short communications,
- book reviews,
- scientific conference reports,
- polemics,
- letters.

The manuscript must be submitted electronically: ain@ipin.edu.pl

Any submitted article must contain:

- a declaration that the article has never been published, either partially or wholly, by a different journal or publication, also that the article is not under consideration for publication elsewhere,
- a declaration with regard to conflict of interest,
- declaration of no *ghostwriting* and *guest authorship* in publication.

GENERAL REMARKS

Ethical principles

The contents of the submitted article ought to be in accordance with

- the principles of the Declaration of Helsinki
<http://www.wma.net/en/30publications/10policies/b3/index.html>
- the requirements of biomedical journals <http://www.icmje.org>
- the ethical principles defined in the Farmington Consensus of 1997 (*Addiction*, 1997, 92 (12), 1617–1618) <http://onlinelibrary.wiley.com/doi/10.1080/09652149736332/pdf>

Conflict of interest

Authors must declare the existence of any conflict of interest, be it financial, personal, and organizational or with any company that may have any influence on the article submitted. A potential conflict of interest may occur in the case of employment, consultation, share-holding, commission, provision of remunerated expertise, application for or registration of patents, grants or other projects related to financing.

In the case of no conflict of interest, authors are also requested to submit a declaration.

Rights of examined persons

Research work must respect the rights of examined persons to privacy and confidentiality. They ought to express conscious consent to their participation in any research.

Authors of medical research must adhere to the principles of the Helsinki Declaration.

Copyright and author's rights

Submission of an article for publication implies the transfer of the copyright from the author to the publisher upon acceptance. Accepted papers become a permanent property of the Institute of Psychiatry and Neurology.

It is unacceptable to claim authorship of papers of which one is not the author and to make use of papers without correct reference to source. In the case of the detection of plagiarism, the matter will be raised in the next edition of the journal.

Countering *ghostwriting* and *guest authorship*

Ghostwriting and *guest authorship* are contrary to scientific ethics. In the case of *ghostwriting*, the author of the publication is not declared as part of the official team of authors and the text is not written by the named author. As for *guest authorship*, a person is included among the publication authors or co-authors even though they did not take part in work on the publication or their input was very minor.

On submitting an article for publication, a declaration that the work is free from *ghostwriting* or *guest authorship* is required. If discovered, cases of this kind of procedure shall be revealed and the institutions employing the authors in question informed, together any scientific associations or associations of scientific publishers etc.

Sources of financing

Authors are requested to provide lists of institutions/persons that have provided financial support for research carried out and/or the preparation of the article. If the author has not taken advantage of any financing, such information must also be provided in the paper.

REVIEW PROCESS

Articles are evaluated according to their content with specific consideration for methodology and conclusions, presentation of research results and originality.

Incomplete documentation or articles that fail to fulfil the standards presented in the instructions for authors will be sent back to the authors prior to the review process for correction.

Received articles undergo initial editorial assessment, and those deemed incompatible with the journal profile or unsuitable in terms of content standards are rejected at this stage. All research, review and monographic articles are anonymously evaluated by two independent referees. The journal encourages authors to suggest the names of possible reviewers (full name and email address), though it reserves the right of final selection.

Submitted papers will not be sent to reviewers from the same institution as that of the author or to persons deemed likely to be in conflict of interest with the authors. Reviewers are not permitted to use their knowledge on the given article subject matter prior to the publication of said article.

The author receives the review together with requests from referees to correct or shorten the text. The article then qualifies for publication once it has been returned together with the changes suggested by the reviewers and provided that it fulfils all qualitative and formal requirements. The final decision to accept an article for publication lies with the Editor in Chief. The journal reserves the right to introduce stylistic corrections and to shorten the text, including changes in the article title. The author receives a corrected version of the text before its publication.

FORM OF MANUSCRIPT

The original and review versions of the article should not exceed 21 pages, that is around 40,000 characters with spaces including tables, figures, references and abstract. The required font is Times Roman 12 points. This ought to be unformatted, without paragraph indentation and word-breaks. Footnotes should be avoided.

First page

- title as accurately and concisely representing the content of the article (no use of abbreviations),
- full author's name or names (not initials),
- name and address of the institution that employs the author. If the author runs a private practice or is unemployed the town (or country) of residence, telephone number, email or fax should be provided. In the case of a collective work, a contact author's address details should be given,
- sources of financing 1. complete (or partial) financing by ... (name of institution, grant number); 2. clinic/hospital/college funds refers to research financed by the mother clinic/hospital/college; 3) author's own financing.

Abstracts

Abstract of maximum 200-250 words. Original papers must be structured with following paragraphs: introduction, method, results, discussion and conclusions.

Key words

From 3 to 6 words, if possible not the same words as in the title. The journal suggests the use of terms in accordance with Index Medicus (Medical Subject Headings) <http://www.nlm.nih.gov/mesh/meshhome.html> for medical articles.

Manuscript structure

Submitted original papers should be prepared in accordance with the accepted scheme for scientific articles (with the minimum of additional subtitles) and contain the following elements: introduction, material and method, results, discussion, conclusion and acknowledgments, appendix and a glossary of non-standard abbreviations (if necessary).

Other kinds of paper ought to contain appropriate subtitles with a clear hierarchy of importance.

Introduction. An explanation for undertaking the research (a review of work conducted in the subject area, the significance of the subject matter) and a formulation of the aim of the article/research.

Material and method. A detailed description of the material and research methods allowing repetition by other researchers.

Results. These must be presented in sufficient detail to allow critical assessment of value by readers.

Discussion/Description of results. Results in the context of hitherto scientific research as well as remarks concerning the limitations of conducted research and suggestions as to future research.

Conclusion. Main research results.

Acknowledgements. Ought to be treated as a form of recognition for institutions or persons that allowed the research to take place or provided other kinds of help but cannot be treated as co-authors of the paper.

Appendix. May contain additional detailed descriptions of diagnostic or therapeutic techniques not contained in “Materials and methods”, questionnaires, scales or other research tools.

Abbreviations. A list of non-standard abbreviations used in the paper. Every abbreviation ought to be explained when first used, whether in the abstract or in the main text, e.g. „Instytut Psychiatrii i Neurologii (IPiN)”.

References

References should be numbered in the order in which they are first mentioned in the text and numbered accordingly (Arabic numerals). The numbers of the cited papers appear in round brackets and the description of each citation should have a separate paragraph. If citations are quoted, page numbers should appear thus: (3: 52).

Every reference (written on a new line) ought to contain the author/authors' surnames, the first letters of the first names, year in brackets and paper title. All authors ought to be listed in joint papers. In the case of a book, the place of publication and publisher should be given, in the case of a journal article, the name, number and page.

Please note, the newspaper is named in full, not as an abbreviation.

Examples of references

- **book** Goodman LS, Gilman A (1996) *Goodman and Gilman's the Pharmacological Basis of Therapeutics*, 9 ed. New York: McGraw-Hill.
- **edited books** Cacioppo JT, Tassinary LG (eds) (1990) *Principles of Psychophysiology: physical, social and inferential elements*. New York: Cambridge University Press.
- **cited passages from edited books** Drummond DC, Tiffany ST, Glautier S, Remington B (1995) Cue exposure in understanding and treating addictive behaviour. In: Drummond DC, Tiffany ST, Glautier S, Remington B (eds) *Addictive Behaviours: Cue Exposure Theory and Practice*. London: John Wiley & Sons, 1–17.
- **journal** Carrol ME, Comer SD (1996) Animal models of relapse. *Experimental and Clinical Psychopharmacology*, 4, 11–18.

Illustration material

Numeration of tables, charts, figures and other illustrations ought to be included on separate pages at the end of the paper. Charts: black lines on a white (not grey!) background. Photographs also black and white, focused and with good contrast. Additionally, once the paper has been accepted for publication, all original charts, drawings and illustrations in black and white must be provided.

Illustrative material should be referred to and described in the text (e.g. “as show in tab. 1 ...” or in brackets: “see tab. 1, figure 1”).

It is the author's own responsibility to obtain permission to reproduce materials from other publications (e.g. tables, charts, figures and photographs).