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Introduction
Risk Factors - Western Europe 2010

### Introduction

#### Harm to others

**Harm Caused by Drugs**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Harm to others</th>
<th>Harm to users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Heroin</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Crack Cocaine</td>
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<td>10</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Cocaine</td>
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</tr>
<tr>
<td>Tobacco</td>
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<td>56</td>
</tr>
<tr>
<td>Amphetamine</td>
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<td>10</td>
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<tr>
<td>Cannabis</td>
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<tr>
<td>GHB</td>
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<tr>
<td>Benzodiazepines</td>
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<tr>
<td>Ketamine</td>
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<tr>
<td>Methadone</td>
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<tr>
<td>Mephedrone</td>
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<td>10</td>
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<tr>
<td>Butano</td>
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<tr>
<td>Qat/Khat</td>
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<td>Anabolic Steroids</td>
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<td>Ecstasy</td>
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<tr>
<td>Buprenorphine</td>
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<td>10</td>
</tr>
<tr>
<td>Mushrooms</td>
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</tbody>
</table>

Source: [https://en.wikipedia.org/wiki/File:HarmCausedByDrugsTable.svg](https://en.wikipedia.org/wiki/File:HarmCausedByDrugsTable.svg)

Assessing alcohol consumption with a (brief) screening tool followed by clinical assessment as needed

Advising patients to reduce alcohol consumption

Agreeing on individual goals for reducing alcohol consumption or abstinence (if indicated)

Assisting patients with acquiring the motivation, self-help skills or support needed for behaviour change

Arranging follow-up support and repeat sessions, including referring dependent drinkers for specialty treatment.

Early intervention – Main elements

Early identification (EI)
Is an approach to detecting an actual or potential alcohol problem through clinical judgement or by screening tools (e.g. AUDIT, AUDIT-C, FAST), comprising between one and ten questions that can be answered in a few minutes.

Should lead to a brief intervention or to specialized treatment if necessary.

The earlier people with alcohol-related problems are identified, the easier it will be to help them.

Brief interventions (BI)
Brief interventions are short advisory or educational sessions and psychological counseling provided in primary health care settings.

Brief alcohol interventions are typically delivered by physicians, nurses or health workers to hazardous and harmful drinkers identified by opportunistic screening in the context of routine primary care.
**EIBI efficacy**

Brief intervention vs control at 12 months

- **34 trials** (ordered chronologically (1988 to 2014) - oldest at the top and most recent at the bottom)
- **15,197 participants**
- **Mean difference = -20 g/week [95% CI -28 to -12]**  
  $I^2 = 73\%$


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**EIBI effectiveness**

- **Primary health care services:**  
  Good evidence. Reduction in the quantity, frequency and intensity of drinking, and alcohol-related problems

- **Emergency care:**  
  Some evidence. Effectiveness in accident and emergency departments

- **Workplace settings:**  
  Limited evidence. Some pilots in Sweden, Finland, Belgium, Scotland, Ireland, Poland and Catalonia (Spain). EIBI should be implemented as part of well-being at work initiatives and comprehensive alcohol prevention programme.

- **Social services settings:**  
  Limited evidence. Acceptability and feasibility pilots being undertaken. Importance of the adaptation to the specific social service setting.

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**Computerized or electronic EIBI:**

- Growing evidence. Web-based information and self-help guidance can produce similar outcomes to clinician-delivered brief intervention, particularly among women, young people and at-risk users.

**Cost-effectiveness:**

- Good evidence. UK studies suggest that brief interventions would yield savings of around £2,000 per life year.
Double "Gap"

100 patients attended PHC

9 patients met criteria for AUD

5 patients diagnosed

1 patient receives treatment

PHC = Primary Health Care
AUD = Alcohol Use Disorders

Rehm et al. BMC Fam Pract 2010;16(1):90

Drink-less “Beveu Menys”
Multicomponent programme

PROFESSIONALS
Training and support
Materials
Web support

IMPLEMENTATION

GENERAL POPULATION
Materials
Web
Awareness week

ORGANIZATION
Acreditation
Contractual objective
CATSalut
Medical records improvement
**Drink Less Implementation. An iteration process**

2002-2005

Customized Training program

Training the trainers

Customized intervention materials

DISSEMINATION

376 PHC

9000 Professionals PHC

2006-2016

Creación XaROH

IMPLEMENTACIÓN

Customized Training program

Training the trainers

Grupo de Trabajo Alcohol CAMFIC-AFICC

Customized intervention materials

**Drink-less “Beveu Menys” Model**

SBIRT (EUA and Catalonia)

SBI (Europa)

Referral to treatment

Early Identification / screening

Intervention brief

Specialized addiction centers
Drink-less “Beveu Menys”
Alcohol continuum

ALCOHOL USE
- Abstinence
- Low risk
- Risk

ALCOHOL-RELATED PROBLEMS
- Absent
- Slight
- Moderate
- Substantial
- Serious

RECOMMENDED TREATMENT
- Primary prevention
- Brief intervention
- Specialised treatment

Drink-less “Beveu Menys”
Standard Drink equivalences

A standard drink contains, on average, 10 g of alcohol

- One glass of wine or cava
- One beer
- One shot of spirits

- One glass of brandy
- One whisky
- One spirit-soft drink mixture

1 SD

2 SD
Drink-less "Beveu Menys"

Early identification

Also: ANY CONSUMPTION by persons who drive or carry out dangerous activities (working at a certain height, mechanics, etc.), infants and children under 16, women who are pregnant or breastfeeding, persons suffering an illness or following drug treatments in which alcohol consumption is contraindicated.

Drink-less "Beveu Menys"

Brief (motivational) interventions

Communicate empathy

Promote self-efficacy

Feedback on health risks
Assessing awareness
Giving advice with permission
Negotiate goals and strategies
Monitor progress

Emphasize responsibility

Source: adapted d’Etheridge RM i Sullivan E. <http://www.alcoholcme.com>
Drink-less “Beveu Menys”
Results - Coverage

10 Years- Drink Less programme implementation in primary health care

Professionals at the alcohol referrals network (XaROH)

Drink-less “Beveu Menys”
Results – Screening taxes

Increased alcohol screening in Catalonia in 2015: 74%
Conclusions

- Tackling of alcohol related problems represents a challenge for the health system.
- Early identification strategies, mainly EIBI in primary healthcare, are effective and helpful in reducing alcohol related problems.
- Changes are rather slowly and need iteration, a multicomponent approach and ongoing support.
- Strategies for early identification and brief intervention should be extrapolated to other health settings such as emergency departments and occupational health services.
International Network on Brief Interventions for Alcohol & Other Drugs

International professional network that groups people interested in promoting research in brief interventions for alcohol and other drugs worldwide.

Conference 2017
14 - 15 September
NEW YORK, USA

www.inebria.net
650 members from 35 countries
13 annual conferences
Barcelona 2004
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Lisboa 2006
Brussels 2007
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Newcastle 2009
Göteborg 2010
Boston 2011
Barcelona 2012
Roma 2013
Varsovia 2014
Atlanta 2015
Lausanne 2016

Become a member
(free)
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Strategic planning

2004-2007
2007-10
2010-15
2016
2002-2005
2005-10
2011-15
2006-
2008-
2009-12
2013-16
2002-05
2006-16

Government plan
Health plan
Public Health Reform
Plan for Mental Health and Addictions
Action Plan on Drugs

Deployment Tools

Programa Beveu Menys

Services offered and contracts suppliers

Herramientas estratégicas

White Paper on Prevention

Public Health Reform