

AMPHORA meeting in Stockholm October 2012 Brief Interventions Workshop

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Overview

- **Element 1 – Descriptive study of alcohol intervention systems across 6 European countries**
- **Element 2 – National survey of alcohol intervention service providers (GPs and EDs)**
- **Element 3 – Study of the prevalence of alcohol use disorders across Europe/estimate Gaps (level of access) in service provision**
- **Element 4 – Impact and cost effectiveness of interventions across Europe**

Element 1 - Context

- Alcohol screening and brief interventions for hazardous and harmful drinking and specialist treatment for alcohol dependence have a strong evidence base
- Yet these effective interventions are not widely implemented – limiting their public health impact
- This research aimed to estimate the extent of implementation of SBI and treatment across 6 European countries

Overview

- **Descriptive study of alcohol intervention systems across 6 European countries**
- **Study of the gap between prevalence of alcohol dependence and access to specialist treatment (comparative needs assessment)**

Methods

- Key informants identified in each country
- Semi-structured questionnaires
- Qualitative and quantitative data
 - Present and historical alcohol intervention provisions
 - Policy initiatives to increase implementation
 - Prevalence of AUD
 - Number receiving alcohol interventions
 - Materials and methods available to deliver interventions
 - Facilitators and barriers to implementation

Survey: Preliminary findings (1)

Headlines from the report

- Information availability and format vary greatly
- Systematic data collection (mapping and monitoring) not always available: decentralisation presents greater challenges
- Countries with longer stay, residential focus now moving towards shorter duration with stepped care model
- Only 50% have national strategy tackling alcohol consumption and harm (missing in A, DE, CH)
- All able to provide examples of policy initiatives, from few (CH) to many (IT)
- Evaluation: consists mainly of individual research studies of the efficacy of specific treatments rather than impact of strategies
- Patchy information on spending, often not separable from drugs
- Prevalence and numbers accessing care are recorded in differently
- Typical care pathways not always available, can vary by region, but usually clearer for dependent drinkers than those with hazardous/harmful
- More barriers than facilitators to successful implementation
- Lack of multi-country research

Survey: Preliminary findings (2)

Facilitators

- Research: sharing of service models
- Recognition of the value of monitoring
- Management/monitoring of alcohol related hospital admissions
- Improvement of training of medical students
- Media coverage and public awareness

Barriers

- Lack of public awareness
- Lack of training for health professionals
- Overprovision in inpatient sector
- Organisational fragmentation
- Lack of continuity of care
- Health insurance bureaucracy
- Lack of consistent support for GPs undertaking SBI
- Lack of impetus throughout health system
- Lack of evaluation of treatment and strategies

Element 2 – National surveys

- To obtain detailed information on the availability of alcohol interventions in a variety of health settings across Europe. GPs and EDs surveys.

GPs Survey

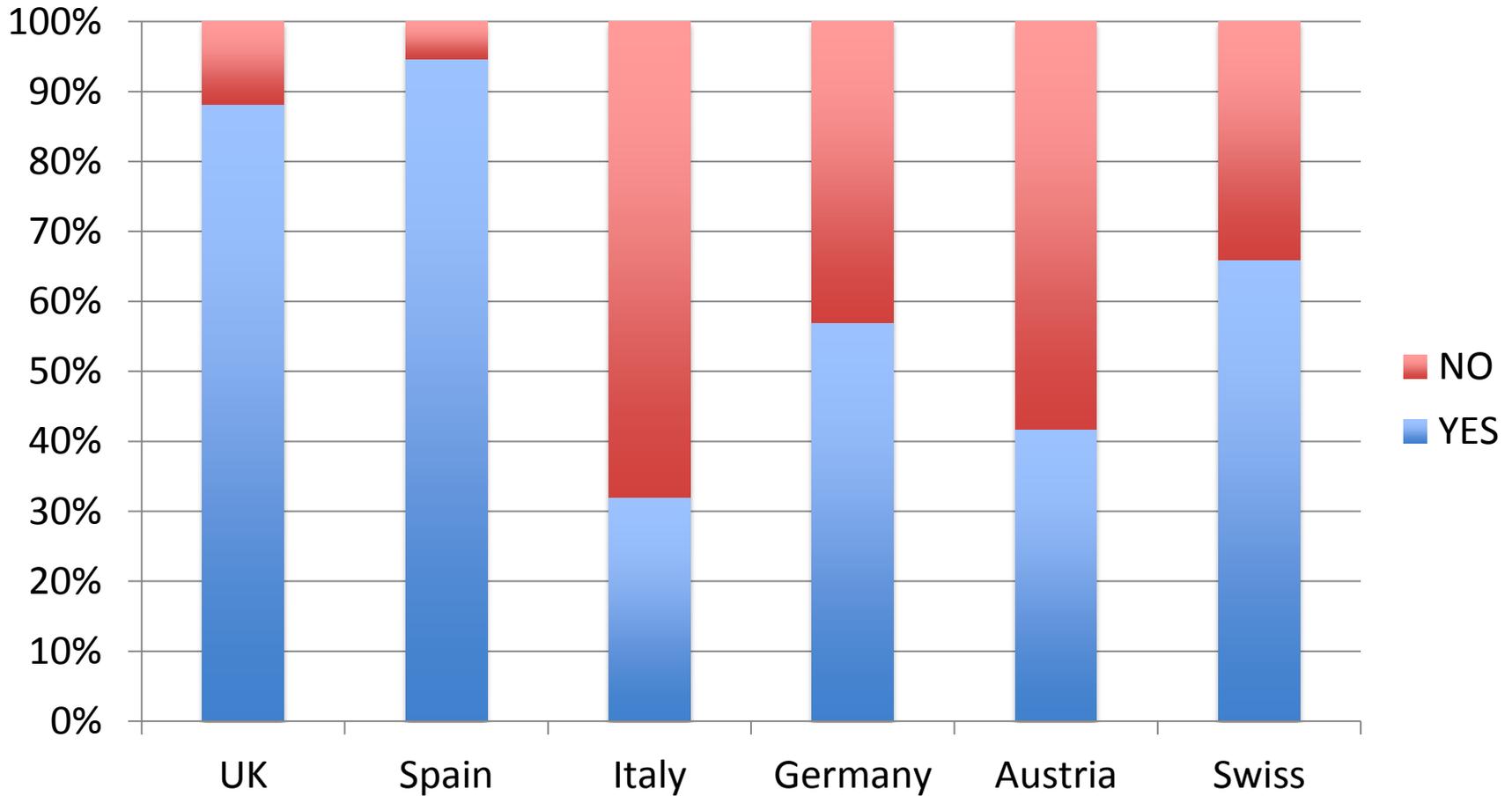
Country	Method/s	Sampling	Completed
Austria	Email/online	5,000	103
Germany	Letter (and email)	800	103
Italy	Online	1,300	198
Spain	Online	100 centres	74
Switzerland	Postal	500	102
UK (England)	Online/Phone	300 (from nat. dataset)	103
		Total	683

GPs survey demographics

Country	Gender (% males)	Age (Mean)	Patients/Week	Patients screen +/week (%)
Austria	46.5%	55.2	285	6.54 (2.5%)
Germany	53.4%	53.8	203	7.76 (3.8%)
Italy	74.2%	56.2	117	5.18 (4.4%)
Spain (Catalunia)	23.3%	47.3	149	4.14 (2.8%)
Switzerland	61.8%	52.5	98	4.40 (4.5%)
UK (England)	52.4%	46.5	110	3.87 (3.5%)
Total	56.3%	52.7	154	5.34 (3.5%)

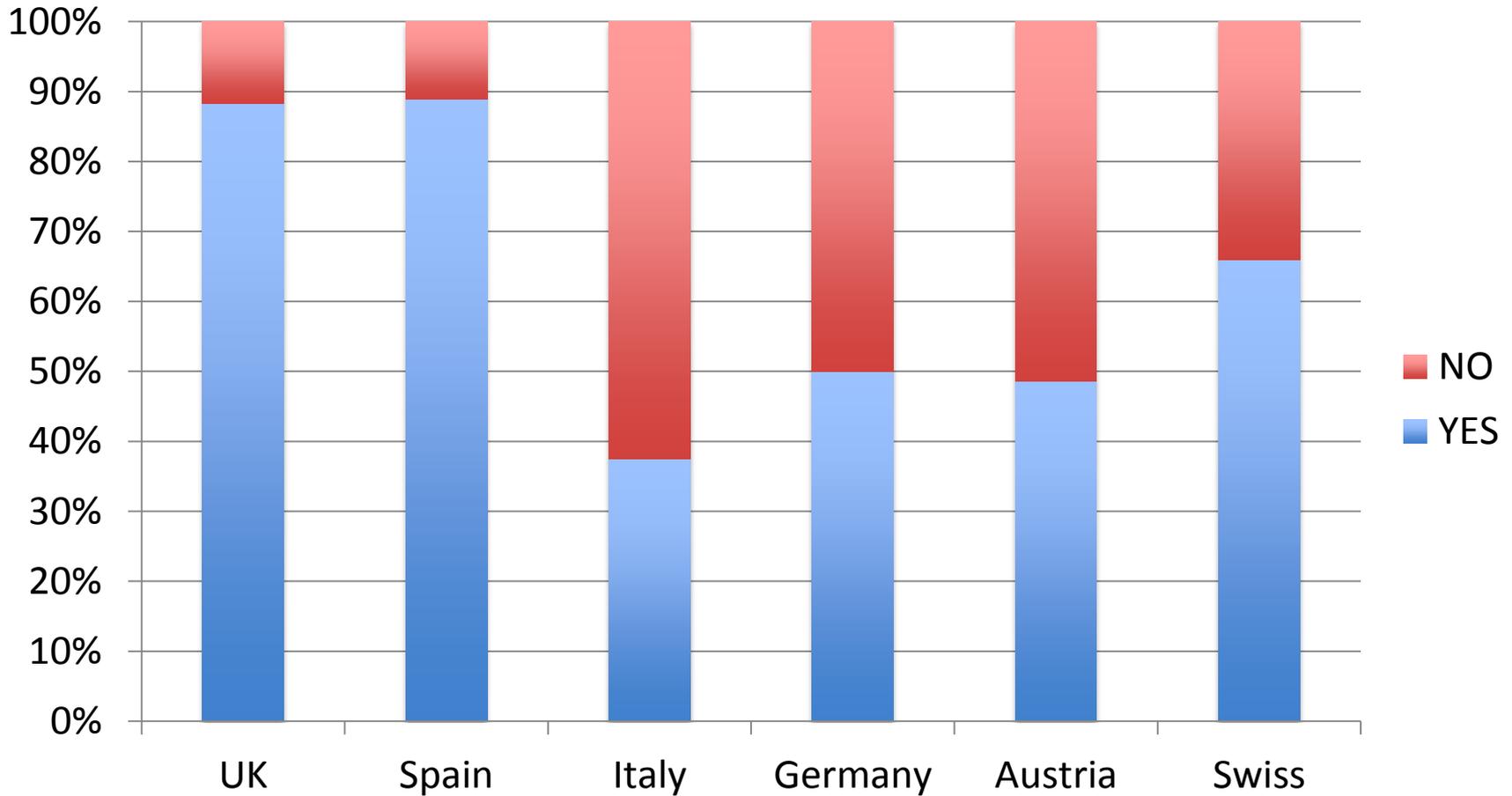
GPs survey SBI activities

Are GPs familiar with standardised alcohol screening tools?

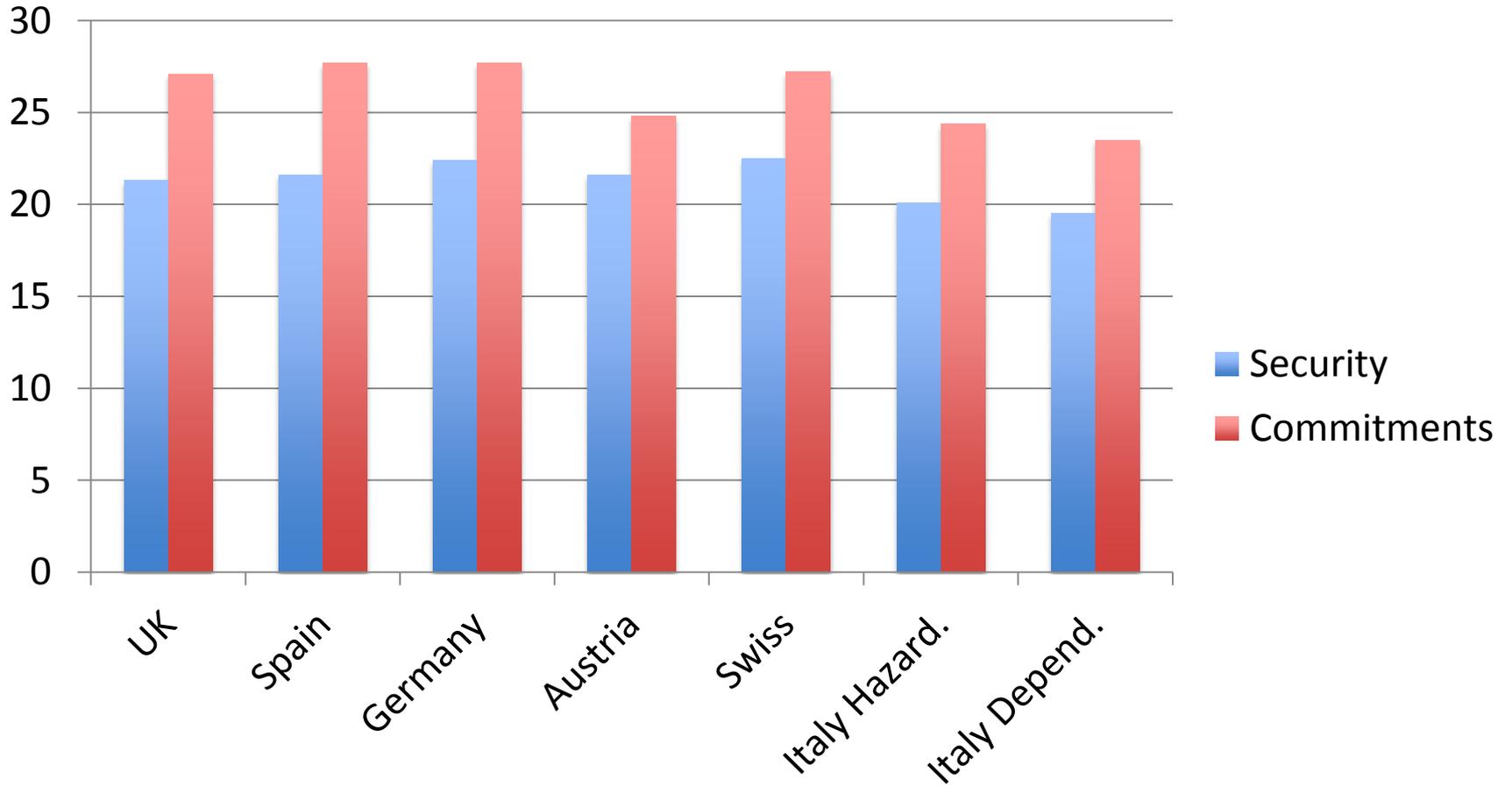


GPs survey SBI activities

Are GPs familiar with **brief interventions**?



GPs survey - SAAPPQ



Conclusions

- In summary, several points of interest emerged from the between country comparisons of attitudes and practices of primary care practitioners.
- There was considerable variation in the demographic characteristics and level of activity of practitioners across the countries.
- It is also interesting to note that there was considerable variation in knowledge of screening and intervention methods across countries, although attitudes towards working with alcohol misusers were remarkably similar.

Element 3 - Gap Analysis

Study of the gap between the need for and access to treatment for alcohol treatment for alcohol dependence

Objectives

- To identify available data on the prevalence of alcohol dependence in 6 European countries.
- To compare the gap between prevalence and service utilisation of people with alcohol dependence in 6 European countries (prevalence-service utilisation ratio).

Methods

- Prevalence of alcohol dependence and access to treatment from country survey (where available)
- Where data was unavailable, figures were taken from the European Alcohol Needs Assessment (Rehm et al., 2012)
- Where possible access to treatment figures were taken from the same year as the prevalence estimates
- Gap between **need** for alcohol interventions (number of people alcohol dependent in the general population) and **access** to specialist treatment services (including inpatient and outpatient services) was analysed to produce a prevalence-service user ratio (PSUR) for each country

Gap analysis of specialist treatment for alcohol dependence

	General population (full & aged 15yrs+) T-Total M- Male F- Female	Prevalence rate (% of population aged 15yrs+): M=male, F=female, T=Total population, if figure provided	Number of adults with AD (n) (aged 15yrs+, England 16yrs+)	Access to treatment (n) (aged 15yrs+, England 18yrs+)	PSUR (% of in need population accessing treatment)
Austria ¹	T: 8,363,040 M: 3,431,078 F: 3,679,527 = 7,110,605 (15yrs+)	M: 7.5% F: 2.5% T: 5%	357,000	39,983	8.9 (11.2%)
England ²	T: 53,012,500 43,640,400 (15yrs+)	M: 6.0% F: 2.0% T: 4%	1,745,616	111,381	14.4 (6.4%)
Germany ³	T: 81,902,000 70,770,700 (15yrs+)	T: 2.3%	1,600,000	57,259	28.0 (3.6%)
Italy ⁴	T: 60,045,068 M: 24,818,220 F: 26,798,140 = 51,616,360 (15yrs+)	M: 0.7% F: 0.4%	280,919	65,360	4.2 (23.3%)
Spain ⁵	T: 45,593,000 43,769,280 (15yrs+)	M: 1.2% F: 0.2%	271,200	49,036	5.5 (18.1%)
Switzerland ⁶	T: 7,593,500 6,021,646 (20yrs+)	M: 7.2% F: 1.4%	249,100	39,000 - 23,589	10.6 - 6.4 (9.4% - 15.6%)

Conclusions

- Findings must be interpreted with caution
- Prevalence estimates appear to vary greatly: Italy lowest male prevalence (0.7%) and Spain lowest female prevalence (0.2%) with Switzerland highest (7.2%)
- Estimated access figures showed more convergence
- Widely different methods used to achieve estimates of prevalence and access
- Large general household surveys probably more reliable than those based on hospital discharge diagnoses (not equivalent to specialist treatment access)
- Prospective treatment access data (e.g. NATMS) probably more reliable than retrospective

Recommendations

- Regular Europe-wide household survey to estimate comparative prevalence rates of AUD using the same time frame and survey instruments
- Harmonisation of European treatment and SBI implementation measures
- Prospective data collection on treatment access and SBI better than retrospective
- National and international overview of treatment implementation activity