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Oral Presentations

Identification and treatment of alcohol use disorder with the 15-method in primary care

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Background: Practitioners in primary care need simple but effective tools to overcome barriers to prevention and treatment of alcohol use disorders (AUD). More than one implementation strategy might be required to address multiple barriers. This study aimed to investigate the extent to which the combination of two implementation strategies, 1) a new policy making alcohol interventions mandatory in primary care and 2) training in the 15-method, a structured method for targeted screening and treatment of AUD, impacted on alcohol-related clinical activities in primary care. In this prospective, longitudinal register-based study, 129 publicly funded primary care clinics in Region Stockholm participated. In February, 2021 the new health care policy was introduced, and 10 months later a brief digital training for primary care professions in the management of AUD was launched.

Materials and methods: Data from the primary care electronic case files were collected for a time-period of 30 days at six time points; at three months before the new policy was launched; at three and nine months after the new policy was launched, but before training was available; and at six, 12 and 18 months after training was available. Seven measures that reflect alcohol-related activities were obtained from the case files register: (1) Frequency of structured documentation of alcohol habits; (2) Use of the AUDIT instrument; (3) Ordering of blood tests for biomarkers of heavy drinking; (4) Prescription of drugs for the treatment of harmful alcohol use and dependence; (5) Registered alcohol related diagnoses; (6) Completed advice regarding AUD; and (7) Referrals to specialized addiction care.

Results: At baseline, i.e., before the new policy was implemented, low levels of alcohol-related activities were found in primary care. After the new policy came into force, a modest, non-significant, increase in frequency of structured documentation on alcohol habits, ordering of blood tests, and registered alcohol related diagnoses were seen. The digital training in the 15 method, was not associated with an additional increase in alcohol-related activities up to 18 months follow-up.

Conclusions: Small increases in alcohol-related activities were registered. While policy making alcohol interventions mandatory, combined with a training program, has strong support from implementation science, more targeted implementation strategies seem necessary in order to impact clinicians in primary care to increase AUD related clinical

activities. Follow-ups on new policies and incentives for practitioners and local stakeholders to increase training might be a way to increase alcohol interventions and establish primary care as the base of treatment for AUD.

Primary care team perspectives on the expansion of OUD treatment via the Collaborative Care Model

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Background: Effective medication for opioid use disorder (MOUD) is available and recommended for delivery in primary care (PC). However, routine delivery of MOUD in PC is uncommon, and multiple barriers to delivery exist. The collaborative care model (CoCM) is an evidence-based approach to behavioral health care delivery within PC settings that has been widely implemented in the U.S. and could be extended to address co-occurring disorders (e.g., mental health and substance use disorders). In a mixed methods evaluation of a national hybrid effectiveness-implementation trial testing a CoCM model to address mental health and opioid use disorder (OUD), we explored PC team perspectives on CoCM implementation and assessed the reach and adoption of MOUD post implementation.

Methods: PC clinics (n=9) were assigned an external practice facilitator, received 3-6 months of training and preparation support, and were asked to implement CoCM for both study participants and non-participants delivery alongside population-based screening for OUD. We conducted qualitative interviews with individual clinical and administrative staff during site visits approximately one year into implementation. We also administered structured surveys to clinical staff at the end of the implementation period. Interviews were audio recorded, professionally transcribed, and double-coded by a team of trained qualitative analysts using Rapid Assessment Process. Survey data were analyzed descriptively. Qualitative and quantitative data were triangulated to understand the reach (any receipt of

care) and adoption (monthly provision) of MOUD alongside PC team perspectives on MOUD delivery via CoCM.

Results: Interview respondents (n=35) included behavioral health care managers (BHCM) (31%), PC providers (PCP) (31%), psychiatric consulting providers (CPP) (20%) and administrative or other roles (17%). Survey respondents (n=31) included BHCMs (29%), PCPs (48%), CPPs (16%), and other clinical support roles (6%). Thirty-nine percent of all providers had not provided OUD treatment before participating in the study. By the end of the implementation, 80% of PCPs (n=12) had initiated MOUD for at least one patient (reach), and 53% (n=8) had "adopted" MOUD, prescribing to ≥11 patients in the past year (~ 1+ patients/month). Participants expressed that the largest barrier to getting patients into CoCM was patient lack of interest in MOUD (32%) followed by their lack of interest in behavioral health treatment (23%). Ninety percent of participants agreed or strongly agreed that delivering MOUD via CoCM can be done successfully in PC settings and 84% expressed that it was a routine part of their practice. Most prescribing providers indicated an intention to maintain (50%) or increase (45%) MOUD delivery in the next year. Participants also recommended expanding CoCM to other populations, such as patients with alcohol use (74%), methamphetamine use (71%), and cannabis use (62%) disorders. Qualitative data confirmed and elaborated on these findings, highlighting the critical role of provider communication about the benefits of CoCM when trying to engage patients in care, and the need to increase provider confidence in MOUD prescribing.

Discussion: The implementation of CoCM increased the reach and adoption of MOUD by providers and was found to be acceptable and effective by PC teams. However PC teams' experiences of low patient engagement warrant further exploration and may require more patient-facing interventions. CoCM may offer a promising model for expanding MOUD in primary care services for patients with co-occurring mental health and opioid use disorders.

Reducing Risky Alcohol Use via Smartphone App Skills Training Among Adult Internet Help-Seekers: A Double-Blinded Randomized Controlled Trial

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Background: Digital interventions, both brief and extended, have shown positive effects in contributing to reductions in problematic use. Specific research on smartphone apps is still sparse and the few studies published indicate effects ranging from negative or null to small or moderate. TeleCoach™, a web-based skills training smartphone app, showed positive effects in non-treatment-seeking university students with excessive drinking. This trial evaluates app effects in a sample of adult internet help-seekers from the general population in Sweden, compared to a control group. Specific hypotheses were formulated based on prior research.

Materials and methods: This was a two-armed, double-blinded randomized controlled trial, with follow-ups at 6, 12, and 26 weeks. Participants were randomized to either the intervention app, TeleCoach™, or a control app, which offered a reduced version of TeleCoach with modules for quick assessment and educational information about excessive alcohol consumption. The primary hypothesis was that the mean number of past week standard drinks according to the Timeline Followback (TLFB) would be lower in the intervention group than in the control group at 12- and 26-week follow-ups. Secondary hypotheses concerned a) the role of baseline motivation levels in relation to changes in drinking over time; b) comparison of excessive drinking proportions in the intervention group and the control group at all follow-ups (according to both prior and current national drinking level recommendations); and c) an exploratory analysis concerning the existence of a group with a frequent-heavy drinking pattern identified in a previous study.

Results: The analyzed sample included 576 participants, 191 men and 385 women, who drank a mean number of 27.61 (SD=17.4) drinks per week at baseline, with an AUDIT score of 19.98 (SD=5.88). Drinking levels according to the TLFB did not differ over time between groups, although drinking declined in both groups over the first six weeks (d=1.33). Baseline motivation, divided into very high (8.5-10 on the Readiness Ruler; RR) or lower (0 to 8.49 on the RR) showed that very highly motivated participants drank less across all follow-ups compared to lower-motivated individuals. The proportion of excessive drinkers declined in both groups from 100% at baseline to under 40% at the 26-week follow-up. We also identified a small group of frequent-heavy drinkers (N=38) in addition to 13 other drinking patterns in the sample.

Conclusions: Adult internet-help seekers using a brief intervention app as well as its control version reduced their drinking over time. Very high motivation was associated with higher levels of drinking reduction than lower motivation, suggesting that brief digital interventions support very highly motivated drinkers to change. Such interventions might be regarded as safe and trustworthy companions to individuals who have decided to embark on the process of reducing their alcohol intake. Future digital intervention research should focus on a motivational interviewing-based approach to respond to the needs of individuals with lower motivation, as well as on scaling up brief digital interventions for widespread availability in public health contexts.

Association of AUDIT-C Scores and Risk of Liver Desease in US outpatients

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Background: The AUDIT-C alcohol screen (0-12 points) has five risk zones corresponding to no alcohol use, low level use, unhealthy alcohol use, high-risk alcohol use and very high-risk alcohol use. Prior research has shown that changes in AUDIT-C zones are associated with changes in health outcomes (e.g., depressive symptoms and risk of all-cause hospitalization). No study to our knowledge has evaluated the association of zones on the AUDIT-C and laboratory tests reflecting liver damage. The objective of this study was to evaluate 1) the association of AUDIT-C zones with the prevalence of elevated aspartate aminotransferase (AST) tests indicating damage to the liver, and 2) the association of changes in AUDIT-C zones with changes in the prevalence of elevated AST tests.

Materials and methods: The sample included US adult primary care patients from Kaiser Permanente Washington, a large integrated health system in Washington State who completed the AUDIT-C on 2 occasions at least 11 months apart as part of routine care and had a blood test for AST measured as part of routine care within ±90 days of each AUDIT-C (October 2017-March 2023). AUDIT-Cs completed during pregnancy were not included, and when patients had multiple pairs of eligible AUDIT-Cs, the pair with the AUDIT-Cs closest to one year apart was selected. AUDIT-C zones established in prior research were scores of 0 points (zone 1), 1-2 points women or 1-3 men (zone 2), 3-6 points women or 4-6 men (zone 3); 7-8 points (zone 4) and 9-12 points (zone 5). Descriptive unadjusted analyses estimated: (1) the prevalence of elevated AST (>35 U/L) across all AUDIT-C scores and across zones at Time 1; and (2) the absolute change from Time 1 to Time 2 in the percent prevalence of elevated AST in patients who increased and decreased AUDIT-C from one zone to another.

Results: Among 67,719 eligible patients (60% women; 1% American Indian/Alaskan Native, 8% Asian, 4% Black, 6% Hispanic, 74% white, and 7% additional race or ethnic groups), the prevalence of elevated AST across AUDIT-C scores ranged from 7% (95% CI: 7-8%) for 24,813 patients with AUDIT-C scores of 0 points, to 59% (50-69%) among 133333333333333333333333333333333 patients with AUDIT-C scores of 12 points. Across AUDIT-C zones 1 to 5, the prevalence of elevated AST were: 7%; 7%; 10%; 23%; and 35% respectively. Among patients who were in zones 4 or 5 at Time 1, and decreased to zone 1 at Time 2, the absolute decrease in the prevalence of elevated AST at Time 2 was 18% and 24% respectively. Among patients in zones 1-3 at Time 1, who increased to zones 4-5 at Time 2, the absolute increase in the prevalence of elevated AST was 4-16%.

Conclusions: AUDIT-C scores of 7-12 are associated with increasing probability of liver damage as reflected by AST testing. Changes in AUDIT-C scores are associated with changes in the prevalence of elevated AST. Findings add to the growing body of literature supporting the clinical utility of AUDIT-C alcohol screening for assessing alcohol-related risk and monitoring changes in risk over time in routine primary care.

Piloting a strategy to prevent and manage alcohol-related problems in underage population at risk in health services

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Background: Adolescence represents an important period in the drinking onset, estimated to be on average at 13.9 years old in Catalonia. In the context of the Drink less program – a region scale screening and brief intervention (SBI) program for alcohol in primary healthcare (PHC)- we have piloted a strategy to prevent and manage alcohol-related problems in underage population based in improving attention in adults and paediatric PHC, hospital emergency departments (HES) and emergency medical service (EMS). The pilot has been deployed in all health centres of a rural region -9 PHC centres, 4 HED and EMS - in Catalonia for seven months. The strategy includes: 1) SBI to population from 12 to 17 years old during PHC visits and 2) BI and referral to PHC for follow up of minors attended in due to alcohol intoxication in HED or EMS. Implementation components include: 1) organizational actions such as inclusion of screening tools in the medical records 2) actions at professional level such as protocols and training and 3) actions at population level such as informational leaflets.

Materials and methods: A mixed methods evaluation was conducted. Data on the penetration of screening (N = 360 patient visits) were abstracted from the electronic health

records for the 7 months pilot. The impact on professionals was assessed with pre-post online questionnaires, an online focus groups (N=10) and 4 online semi-structured interviews.

Results: 44 PHC professionals engaged with the screening activity from the 55 professionals who were recruited initially. During the pilot 360 patients were screened (3.6% of the eligible population). The majority of patients were abstainers (75.4%) while 24.6% screened positive for some level of risk -3.2% were at low risk, 17% moderate risk and 4.4% high risk. 4 Cases of intoxication were registered but could not be followed up in PHC for several reasons –lack of coordination between services (N=2), participant rejection (N=1) and loss to follow up (N=1). Paediatric services and nurses were more active but almost all professionals (90%) reported considering the intervention important. Improvements suggested focused on organisational aspects such as referral pathways, training and incentives.

Conclusions: Mobilization of a health region towards the implementation of an integrated strategy to prevent and manage alcohol-related problems in underage population is difficult and organizational aspects such as electronic health records, referral patways and trainings are essential to achieve it.

"SumaSalut": Integrating early detection of NCD risk factors into primary health care in Catalonia

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Background: Non-communicable diseases (NCDs) account for 71% of global deaths. Prevention and promotion (P&P) strategies in Primary Health Care (PHC) have proven to be effective and cost-efficient in improving people's health and reducing the disease burden. For 20 years, Catalonia has implemented P&P programs to foster early detection and integrated advice in PHC: Physical Activity and Health (PAFS), Smoke-free PHC (PAPSF), and Drink Less (BM). In 2017, a ceiling effect was reached in key indicators due to overload in PHC, high professional turnover, and in 2020 by COVID19. With the intention of facilitating professionals' work, promoting synergies, and increasing the intervention's efficiency with a more comprehensive approach to boost P&P, it was decided to integrate the three programs into one initiative: SumaSalut.

Materials and methods: After identifying the elements to unify and establishing the objectives, the components of this integration are being implemented, including: a single platform of referents, unified training for referents and PHC teams, joint administration, and integrated communication strategies. Additionally, a qualitative diagnosis of the areas for improvement in implementing this initiative is currently underway with the participation of

PHC referents through a co-creation process on 4 key themes over 9 sessions distributed throughout the territory: implementation in PHC teams, training, world days, and relations with territorial agents.

Results: SumaSalut currently has 1007 referents and a coverage of 87.7% of centers in PHC. More than 300 PHC professionals (70.1% nursing professionals, 12.6% medical professionals) have participated in the co-creation process. Preliminary results indicate that referents see the need to think about digitalization strategies to enhance P&P, although they warn about the importance of not forgetting population groups with specific needs. The importance of the referent's role in networking and having support at all levels is also emphasized. Regarding World Days, it is highlighted that network collaboration and community participation are key elements for carrying out a successful campaign. In addition, more proposals for inclusive activities for specific groups are requested, and it is recommended to maintain and expand healthy routes.

Conclusions: P&P are key to reducing NCDs, and SumaSalut works to provide professionals with tools to enhance early detection and counselling. Organizational and structural measures are necessary to improve the implementation of such programs.

Presentation of the Brief Guide for screening and brief intervention in risky and harmful alcohol consumption SBI in Primary Care (Spanish Society of Family and Community Medicine semFYC)

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Background: The Spanish Society of Family and Community Medicine is the main scientific society in number of members in Spain with more than 22,000 members. In 2022, semFYC published the Brief Guide for screening and brief intervention in risky and harmful alcohol consumption in Primary Care with the support of the National Drug Plan PNSD of the Spanish Ministry of Health. The new Brief Guide is an update of a previous semFYC guide and aims to be a useful instrument for Primary Care health professionals in SBI of alcohol consumption. The objectives of the guide are to provide a simple way to identify people whose alcohol consumption may represent a risk to their health, and those who have already experienced alcohol-related problems, to provide information to healthcare professionals so that they know how to develop an intervention plan and provide patients with personalized advice that can be used to motivate them to change their alcohol consumption. Available in https://drive.google.com/file/d/1kYfFW8NeIMfm7MwqIG5pS947Enebl8M2/view (Spanish).

The objective of this communication is to highlight the main characteristics of the Guide and the most relevant developments.

Materials and methods: After a review of existing international Brief Guides on screening and brief intervention in risky and harmful alcohol consumption, the new guide has been prepared with the elements that we have considered most useful.

Results: The new guide introduces a definition of terms used on concepts related to alcohol consumption, an algorithm on how to screen and carry out a brief intervention, and elements to discuss with the patient according to their alcohol consumption. The guide uses the FRAMES framework for brief intervention in drinkers with increasing risk and pays special attention to communication skills and person-centered care, along with information on problem-solving steps. The guide ends with resources to refer to specialized services when necessary. The guide has been presented in two webinars aimed at semFYC member and in the National Drug Plan and is available free of charge for downloads.

Conclusions: The new guideline developed by practical clinical family physicians with experience in SBI of alcohol consumption may make it more feasible for the guideline to be implemented. The introduction of clear algorithms and mention of communications skills can also help.

Implementation of the AUDIT-C in the Spanish digital medical records of Primary Care PC, availability of brochures and intervention guides in SBI, and campaigns on alcohol consumption.

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Background: The Spanish national health system is decentralized, and the regional health authorities are competent regarding operational planning, resource allocation and service procurement and provision decisions. Each regional health service designs its electronic Primary Care Clinical Record, prepares its intervention guides for its health professionals and brochures, and has its own health campaigns aimed at patients. The Spanish Ministry of Health, together with the autonomous communities, agreed in 2015 on the document “Consejo Integral en Estilo de Vida en Atención Primaria, vinculado con recursos comunitarios en población adulta” (Comprehensive Council on Lifestyle linked to community resources in the adult population), which established the AUDIT-C as the most appropriate test for screening for risky consumption and harmful alcohol in PC.
The objective of this communication is to evaluate the use of the AUDIT-C, the availability of intervention guides on SBI and brochures, and campaigns on alcohol consumption, in the 17 regional health services in Spain.

Materials and methods: A survey was carried out with 17 key informants, one for each regional health services in Spain, family doctors with healthcare work.

Results: In 13 of the 17 Spanish autonomous communities, the AUDIT-C is used to screen for risky alcohol consumption, and 14 have a quantifier of alcohol consumption in grams integrated into the digital electronic medical record. Only 8 have their own training program in risky and harmful alcohol consumption and 7 have their own Screening Intervention Guide for Brief Intervention in risky and harmful alcohol consumption. 9 do not have a brochure to give to the patient if risky or harmful alcohol consumption is detected integrated into the electronic medical record. Half of regional health services have carried out a campaign on alcohol consumption in the last 5 years. 5 do not have a web page providing information to citizens about alcohol consumption. Regarding the degree of knowledge of professionals about SBI, 70% of the informants consider it to be low.

Conclusions: The use of the AUDIT-C is not implemented as screening in all Spanish autonomous communities despite the recommendation of the Ministry of Health. The lack of interest of the health services of the autonomous communities in SBI is reflected in the fact that few autonomous communities have a training program, a brochure integrated into electronic medical records and an intervention guide on SBI. The lack of interest in addressing the problems caused by alcohol consumption is also reflected in the fact that not all autonomous communities have specific campaigns aimed at the population. This lack of interest justifies that the degree of knowledge of professionals about SBI is low.

Portuguese Validated Versions of the Alcohol Use Disorders Identification Test: Identification Test: A Systematic Review

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Background: Alcohol consumption ranks among the top ten risk factors contributing to the global disease burden. The Alcohol Use Disorders Identification Test is one of the most recommended tools to screen for at-risk drinkers. However, a fully validated Portuguese version of this test is lacking. The aim of this study was to systematically review validated versions of the Alcohol Use Disorders Identification Test in the Portuguese language, the documented problems and solutions in its application and proposed cut-offs to identify at-risk drinkers.

Materials and methods: A systematic search was performed in Ovid MEDLINE, CINAHL, PsycINFO, ÍndexRMP, LILACS, African Journals Online and Scielo databases, along with grey literature searches, to identify validation studies of the AUDIT in Portuguese. Two authors independently extracted data and assessed the studies' methodological quality, using the QUADAS-2 checklist.

Results: Seven studies were selected for this review. Six of the studies were conducted in Brazil, while the remaining one was conducted in Portugal. Three studies performed a translation and back-translation process while the others employed a previous version of the AUDIT that used this methodology. No studies performed dimensional analysis on the AUDIT. Studies reported acceptable to good internal consistency of the AUDIT (Cronbach α = 0.72-0,86) and moderate to excellent inter-rater reliability (K = 0.75-0.99). Five studies reported the test-retest reliability of the tool with most reporting good to excellent figures (K = 0.75-0.93). None of the studies reported on parallel forms reliability. No studies reported on responsiveness. Sensitivity ranged from 52.2% to 100% and specificity from 64% to 98.9%. No study reported on all performance characteristics and psychometric properties and none of these measurements was assessed in all seven studies.

Conclusions: This review could not identify any studies rigorously validating the AUDIT in Portuguese, which could bring the AUDIT's validity as a screening tool in Portugal and other Portuguese-speaking countries into question. This is especially evident due to the fact that most articles that were selected for review were captured only due to the grey literature search. The lack of a validated tool for alcohol screening is of particular concern in Portugal since the country's per capita consumption is one of the highest worldwide. The necessity for adaptation of the language terms of the AUDIT to Portuguese, which varies between versions, and the inconsistency regarding cut-off scores also cast some doubt regarding the existing AUDIT versions' efficacy, but can be used as guidance for a future rigorous validation of the AUDIT in Portugal, taking the findings of this review into consideration. This review emphasises the lack of psychometric properties and performance characteristics reported on the Portuguese AUDIT. The absence of a thorough validation and the report of all its measures may compromise the accuracy and utility of the AUDIT itself, negatively impacting the quality of care provided to its responders as a result. Therefore, this review intends to serve as the first step towards a thorough validation of the AUDIT to be conducted in Portugal on a national scale, aiming towards an increase in the confidence of healthcare providers regarding the use of the AUDIT and, possibly, in the future, as a template to the broader Portuguese speaking community.

Alcohol brief interventions for older adults with cognitive decline: A systematic review

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Background: People with cognitive impairment who consume above low risk levels of alcohol are at higher risk of further cognitive decline and other alcohol-related harms. This is likely to be a common and growing problem: in England, 36% men and 17% women aged 65-74 drink at greater than low risk levels and 6-12% people aged 60+ have objective evidence of cognitive impairment. While alcohol screening and brief interventions are recommended in all clinical settings, how these should be adapted for people with cognitive impairment is not clear. We aimed to review the literature to understand the content and effectiveness of alcohol screening and brief interventions modified for people with cognitive decline.

Materials and methods: We carried out a systematic review (protocol registered on the PROSPERO register: CRD42022378827). Papers were included if they involved people aged 50+ with cognitive decline and examined alcohol screening or brief interventions modified for this group. Study selection was completed by two researchers, with a third resolving disagreements. A narrative synthesis was conducted.

Results: Searches identified 10,526 papers of which 328 were retrieved for full text screening. Eight studies were included in the review. Three studies explored alcohol screening tools, although only one assessed sensitivity and specificity. Suggested modifications included providing recall aids and interactive delivery. One study described screening and brief intervention for a general population of older adults (not just those with cognitive impairment) that asked about memory problems and provided a forgetfulness tip sheet but did not assess effectiveness in people with cognitive decline. Two studies explored modifications to alcohol interventions, but did not evaluate effectiveness. Suggested modifications included staff training, information on the link between alcohol and cognition, simplified and multi-format materials, and using prompts. Two studies reported subgroup analyses of trials of computer-based alcohol interventions; these performed equally well in people with and without cognitive impairment.

Conclusions: We found no evidence of effectiveness of alcohol screening or brief interventions modified for people with cognitive decline. Several studies described modifications, which could be used to guide development of modified screening tools or interventions that should be tested rigorously.

Brief intervention protocol delivered by nurses by phone to patients with harmful alcohol use: a feasibility trial

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Background: Despite the results obtained for nurses performing BIs, nurses are still a little-explored resource to deliver BI, both in person and remotely. There are few studies that address BI performed in primary health centers (PHCs) by nurses with the use of information and communication technologies, especially with Brazilian population with risky and harmful alcohol use. Considering that the Brief Intervention is an efficient intervention for people who have problems related to alcohol use in PHC settings, the important role of nurses on caring people with alcohol risky and harmful patterns and the scarcity of Brazilian studies that include a BI performed by nurses, this study aims to examine the feasibility of a brief intervention protocol performed by nurses by telephone for people who seek care in primary health care services and make risky and/or harmful alcohol use.

Materials and methods: A nonrandomized single-arm feasibility study was performed. The proposed intervention of this study is the Brief Intervention carried out by the nurse delivered by telephone, synchronously with alcohol users. The brief intervention is a motivational approach based on the FRAMES model, with its components being: Feedback, Responsibility, Advice, Menu of options, Empathy and Self-efficacy. To assess the feasibility of the protocol, we evaluated the procedure for enrolling participants, the acceptability of the protocol to participants, the satisfaction of the participants, convenience and treatment continuity. The quantitative data analysis was carried out in the R software, using descriptive statistics, categorical variables were reported by frequencies and percentages. For continuous variables, medians, means, standard deviations and range values were computed.

Results: We followed the participants (n=165) from baseline (T0) until 3 months (T1) and 6 months (T2) after the brief intervention. The partial effect suggests a reduction in alcohol consumption, and statistically significant differences were observed from baseline before the BI, with a decrease of 0.66 points in AUDIT scores at T1. Among the patients who completed the 3-month follow-up, 48% reported a positive experience of receiving the brief intervention by the nurses, and 44% reported a decrease in alcohol consumption. We observed that in our study, participants began with a mean AUDIT-C score of 4.98 (SD = 1.59) and ended with a score of 4.48 (SD = 2.79). For a difference of this magnitude to be detectable with type I and II errors of 5% in a paired t test, it will be necessary to observe at least 308 subjects. If the expected reduction is from 5 to 4 points with the same standard deviations and other parameters, then the minimum sample required is 79 subjects.

Conclusions: This study showed that people were willing to enroll and participate. Nurses' intervention was considered acceptable by the participants, and they perceived improvement in alcohol consumption patterns after receiving the BI delivered by nurses. They also thought the BI was appropriate and felt comfortable talking about their alcohol consumption over the phone with the nurses. This study shows that nurses are in an

important position, are capable of assessing and intervening in alcohol risk and harmful patterns and are well received and perceived by people.

Nurse's perception when delivering Brief Intervention by telephone for people with risky or harmful alcohol use

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Background: Even though nurses are in a privileged position to identify health issues related to alcohol use and to deliver Brief Intervention (BI), there are still few researches that highlight the valuable role that nurses play in caring for individuals with risky and harmful alcohol use, and the perception of these professionals about delivering and implementing BI in their care. This study aims to analyze the perception of nurses when delivering Brief Intervention by telephone to people with risky and harmful alcohol use.

Materials and methods: Qualitative study, an exploratory-descriptive nature that used the focus group technique to collect data. Nurses who are part of a research group focused on nursing in addictions and mental health participated in this study. The focus group was carried out online. The data was analyzed using the Interface de R pour les Analyzes Multidimensiononnelles de Textes et de Questionnaires.

Results: They identified the following as strengths when conducting the Brief Intervention: establishing therapeutic communication, promoting qualified listening to what users brought and sensitizing users to changing behavior in relation to alcohol consumption. As challenges, the interventionists brought up the issue of stigma regarding alcohol consumption and the failure to motivate users. Nurses pointed out the importance of trainning as a way to be more qualified to deliver the Brief Intervention. They suggested that training be more frequent, as a way to expand their knowledge and strengthen themselves to perform BI in a safer way for themselves and the patient.

Conclusions: Nurses have a positive perception of the BI by telephone that expands and facilitates access to users who consume harmful alcohol and is a safe setting for listening and reflection that contributes to behavior change. Nurses point out the need for a better training to deliver BI and strengthen their role as providers of care for at-risk alcohol users.

Individualised treatment effects of a digital alcohol intervention and their associations with characteristics and engagement

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Background: Conditional average treatment effects are often reported in intervention studies, in which assumptions are made regarding how effects are similar across a heterogeneous sample. Nonetheless, differing factors such as genetics, age, and sex can impact an intervention's effect on outcomes. The study aimed to estimate the individualised effects of a digital alcohol intervention among individuals looking online to reduce their drinking.

Materials and methods: We used data from a randomised controlled trial (RCT) including 2129 adults from the Swedish general population. The RCT concerned a text message-based alcohol intervention that sought to engender change through increasing knowledge on how to change and instilling confidence in changing behaviour. Outcomes were total weekly alcohol consumption and monthly heavy episodic drinking (HED). Individualised treatment effects were modelled using baseline characteristics (age, gender, alcohol consumption, and psychosocial variables) and engagement with the intervention content.

Results: We found evidence that the effects of the digital alcohol intervention were heterogeneous concerning participants' age, baseline alcohol consumption, confidence, and importance. For HED, there was evidence that effects were heterogeneous concerning age, sex, and baseline alcohol consumption. Overall, women, older individuals, and heavier drinkers benefitted more from the intervention in terms of effect size. In addition, participants who engaged more with the goal-setting and screening content reported better outcomes.

Conclusions: The results highlight how different individuals respond differently to a digital alcohol intervention. This allows insight into who benefits the most and least from the intervention and highlights the potential merit of designing interventions adapted to different individuals' needs.

Does the inclusion of synchronous human-led online guidance enhance adherence and effectiveness of digital intervention for alcohol consumption reduction?

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Background: Digital brief interventions may be effective in reducing alcohol consumption, but adherence to these programs is relatively low, diminishing reducing their effectiveness.

Materials and methods: In a randomized controlled study, we are comparing the adherence and effectiveness of the virtual program "DrinkLess 2.0" in individuals who were provided with three 15-minute orientation sessions on program usage (non-orientation group), versus those who utilized the program without such orientation (orientation group). Participants aged 18 or older, exhibiting risky or suggestive alcohol dependence (score of 8 or more on the Alcohol Use Disorders Identification Test), not engaged in other treatments, nor abstinent from alcohol for more than one month, are being included.

Results: To date, 44 participants have completed the proposed 6-week activity period, with 20 in the non-orientation group and 24 in the orientation group. The majority were male (59%), with a median age of 40 y.o., 57% living with a spouse, 61% white, 73% having completed higher education, 61% with probable alcohol dependence, and 74% in the contemplation stage (Readiness for Change Questionnaire - RCQ). Throughout the six-week program, the orientation group accessed the program more frequently and completed more activities than the non-orientation group: RCQ (75% vs 45%), Pros and Cons (71% vs 20%), Drinking Situations Inventory (71% vs 20%)). In the evaluation conducted at the sixth week, 5% of participants in the non-orientation group and 33% in the orientation group completed the AUDIT related to the 6-week period. In the orientation group, we observed significant reduction in AUDIT scores (3.6 points) compared to baseline levels and in days without drinking (14.6).

Conclusions: The final analysis will also allow for the individual examination of the usability and utility of each tool included in the program. (Financial support: grants: FAPESP 2024/00844-9, CAPES Print 88881.310787/2018-01, AFIP 041/2019).

Investigating spill-over effects of computer-based and in-person brief alcohol interventions on other behavioral health risk factors

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Background: About 90% of general hospital patients with at-risk alcohol use report at least one other behavioral health risk factor (HRF), namely tobacco smoking, insufficient physical activity and/ or overweight as indicator of unhealthy diet. Little is known about potential spill-over effects of behavior change interventions on other non-targeted behavioral HRFs. The aim was to investigate whether computer-based and in-person brief alcohol interventions may reduce behavioral HRFs among general hospital patients with at-risk alcohol use.

Materials and methods: Through systematic screening, 961 18-64 year old patients with non-dependent at-risk alcohol use were identified (75% male, 53% tobacco smokers); and allocated to three study groups: 1) computer-based written feedback, 2) in-person motivational interviewing based counseling and 3) treatment as usual. Both alcohol interventions were tailored to the individual motivational stage of change and delivered directly on the ward; and 1 and 3 months later. Secondary outcomes were self-reported tobacco smoking, physical activity, servings of vegetable and fruit, and body mass index after 6, 12, 18 and 24 months. Adjusted latent growth models were calculated.

Results: After 2 years, and compared to assessment only, the in-person alcohol intervention resulted in beneficial effects on body mass index ($p<0.05$), and by trend on physical activity ($p=0.05$). The computer-based intervention resulted in reduced smoking among smokers after 6 months ($p<0.05$) and by trend in lower gain of body mass index after 24 months ($p=0.05$).

Conclusions: Proactive, theory-driven, highly individualized in-person and computer-based brief alcohol interventions may also reduce other behavioral HRFs. For long-term and more comprehensive health risk related behavior change, interventions addressing all co-occurring health risk behaviors may still be needed.

The attitudes to alcohol and alcohol risks of general practitioners according to the WHO alcohol brief intervention training manual for primary care: the case study of the Local Health Unit 2 of Chieti, Vasto, Lanciano of the Abruzzo Region

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Background: “The management of addictions in the general medicine practice” – “La gestione delle dipendenze in Medicina Generale” on the Early Identification and Brief Intervention for alcohol use disorders is the mandatory training project for general practitioners and pediatricians for the year 2024/2025.

Materials and methods: It is the result of an agreement, requested by the ASL 2 Chieti-Vasto-Lanciano, between the Abruzzo Region and the regional permanent committee for general medicine (Comitato permanente regionale per la medicina generale) with the aim of sharing the training objectives envisaged by the Prevention Plan of the Abruzzo Region 2021-2025 interconnected to the enhancement of skills of healthcare personnel in the area of Addiction Program PP04 - Early Identification and Brief Intervention on alcohol and other addictions.The project started in 2023 and is still ongoing, in collaboration with the ASL 2 Chieti-Vasto-Lanciano, the regional secretariat of the Italian Federation of General Practitioners (FIMMG) and the General Practitioner Tutor Trainers.

Results: The program is carried out in collaboration with the National Alcohol Observatory of the National Center for Addiction and Doping of the Istituto Superiore di Sanità (ONA-ISS). Since 2024, the EIBI training course has been mandatory for general practitioners and continuity of care doctors. Results on attitudes towards alcohol and alcohol-related risks will be presented according to the WHO alcohol brief intervention training manual for primary care from 120 general practitioners who participated in the training programme.

Conclusions: Since training of health professionals changes their attitudes and opinions towards alcohol, making training mandatory will improve the EIBI knowledge and facilitate the EIBI introduction into daily practice. Next step (starting from june 2024) will be to implement an advanced training course and an implementation plan at local level taking into account the Deep Seas implementation plan as standard.

Providing information and advice in brief motivational interventions- A quantitative process analysis

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Background: Providing information and advice is a core feature of brief motivational interventions (BMI), but providing them without jeopardizing acceptance, collaboration, and participant's autonomy can be challenging. In a process analysis of alcohol BMI, we tested whether providing information was related with participants' engagement in session and whether the context interacts with this effect.

Materials and methods: N=136 BMI among young adults presenting to the Emergency Department with alcohol intoxication were audio-recorded and coded using a validated psycholinguistic instrument. Each participant utterance was categorized as change talk (CT, i.e., inclination toward changing alcohol-related behaviors), sustain talk (ST, against changing), or Follow/Neutral (FN, i.e., no inclination toward/against change). Each clinician utterance was categorized as Giving Information (GI), Motivation interviewing (MI) consistent behavior (MICO, i.e., prescribed in MI theory), or other. Sequential analyses were conducted using generalized estimating equations (GEE) for clustering in BMI session.

Results: Among 20'276 clinician utterances, there were 1257 GI and 12'322 MICO. Among 24'014 participants utterances, there were 5110 CT, 2322 ST, and 16'582 FN. GI was significantly more likely to be immediately followed by FN (OR[95%CI]=2.34[1.98-2.77]) and less likely to be followed by CT (0.54[0.46-0.65]) and ST (0.29[0.19-0.42]). Using interactions and conditional effects analysis, findings showed that GI was significantly less likely to be followed by CT only when there was a low proportion of MICO among the preceding 10 utterances. When also considering the following clinician utterance, GI was significantly less likely to be followed by CT only when there were low proportion of MICO before and no MICO immediately after. GI was significantly more likely to be followed by FN only when the next clinician utterance was not MICO.

Conclusions: Providing information was related to lower engagement in BMI (i.e., lower CT and higher FN). However, these effects were cancelled when information was provided in an MI-consistent context.

Overlap of Cannabis Use with Depression and Anxiety Disorders among Primary Care Patients in a Large Health System in Los Angeles, California

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Background: Few large studies have examined cannabis use (CU) characteristics among primary care patients with depression and anxiety disorders. This study examines how past three month CU differs by depressive and anxiety disorder diagnosis among adult primary care patients in Los Angeles, CA, noting differences in motivations for CU and risk of cannabis use disorder (CUD).

Materials and methods: Electronic health records were pulled from 170,032 patients who completed the universal online Tobacco and Cannabis Questionnaire (TCQ) pre-visit screener (January 2021 - June 2023). CU patterns and prevalence of scoring at moderate-high risk of CUD (WHO ASSIST) were described. Logistic regression models assessed the interaction of depression/anxiety diagnoses on screening at higher risk for CUD, and if receiving a prescription for anxiety/depression was associated with CU and CUD outcomes.

Results: Among respondents, 3.0% had depressive diagnoses (among whom CU = 22.6%), 17.9% had anxiety diagnoses (CU = 21.7%), and 6.1% had both (CU = 27.4%). Depressive (aOR = 1.99, 95% CI 1.78, 2.23) and anxiety (aOR = 1.6, 95% CI 1.51, 1.69) diagnoses alone and together (aOR = 2.58, 95% CI 2.34, 2.83) were associated with increased adjusted odds of higher CUD risk compared to patients with neither diagnosis. More patients with depression/anxiety diagnoses who use cannabis reported medical CU (50.5-57.4% versus 39.0%) and managing more symptoms with cannabis than patients with neither diagnosis. Among patients with depressive/anxiety diagnoses, patients given prescriptions for mental health medications (suggesting higher symptom burden) had higher adjusted odds of moderate-high CUD risk (aOR = 1.31, 95% CI 1.22, 1.40) and managing mental health symptoms with cannabis (aOR = 1.24, 95% CI 1.17, 1.32).

Conclusions: Approximately one-quarter of patients with depression/anxiety diagnoses reported recent CU and face elevated CUD risk. Symptom management was a significant component of CU and should be considered in primary care CU interventions.

Effectiveness of Digital Alcohol Screening and Brief Interventions for Alcohol Misuse Among College Students in India a Cluster RCT

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Background: Alcohol misuse among college students is a prevalent issue globally, including in India. Digital screening and brief interventions (d-SBI) have shown promise in addressing this concern. This study evaluates the effectiveness of d-SBI in a state-wide cluster randomized trial among college students.

Materials and methods: We enrolled 548 participants (274 in each d-SBI and digital screening and advice- d-SA) from 40 colleges across ten districts of Punjab, a north Indian state. The districts and colleges were selected through a two-stage cluster random sampling. Colleges were allocated to either group via a permuted block randomization. Students with an Alcohol Use Disorder Identification Test (AUDIT) score between 8 and 15 were included via the digital platform based on their institutional affiliations. d-SBI received alcohol harm info, personalized feedback, decisional balance, and options menu; d-SA got normative feedback and harm info. Participants were followed up at three and six months. The primary outcome was the reduction in the AUDIT scores; the secondary outcomes were frequency of drinking, drinks per drinking day, and frequency of heavy episodic drinking (HED).

Results: 37.6 percent of the participants were women. 513/548 and 483/548 were followed up at three and six months. The attrition rate did not differ between groups. The AUDIT score reduced significantly in both groups at three and six months (Time $F=1870.11$, $p<.001$, partial $\eta 2$ 0.77). There were no Group X Time effects ($F=0.160$, $p= .85$). The results were not different between men and women. Results did not differ between the intention-to-treat and per-protocol analyses. The frequency of HED and drinks per drinking day also reduced significantly in both groups, without any between-group differences. Drinking frequency reduced significantly over time in the DSBI than in the DSA group ($F= 4.137$, $p=.017$, partial $\eta 2$ 0.2).

Conclusions: Brief digital interventions as a proactive measure to address alcohol misuse among college students could be an effective indicated prevention strategy in resource-limited settings.

Self-reported Readiness to Change Alcohol Use in Emergency Department Patients with Alcohol Use Disorder Predicts Successful Linkage to Treatment

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Background: To guide an educational intervention focused on enhancing patient readiness to change among Emergency Department (ED) clinicians, we sought to identify the relationship between ED patient self-reported readiness to change alcohol use and treatment engagement within 30 days among ED patients receiving a Brief Intervention. Project ASSERT is a long-standing ED-based screening, brief intervention, and referral to treatment program for unhealthy alcohol and other drug use in this tertiary academic hospital.

Materials and methods: We conducted a retrospective cross-sectional study evaluating all ED patients evaluated by Project ASSERT for moderate/severe alcohol use disorder (AUD) during 2022 and 2023. Descriptive statistics and ANOVA were used to evaluate readiness to change alcohol use (1 to 10 scale), direct (same day) versus indirect (treatment program information) referral for formal addiction treatment and treatment engagement within 30 days. Binary logistic regression adjusting for age, gender, race, ethnicity and insurance was used to evaluate the relationship between self-reported readiness to change and successful linkage to treatment linkage within 30 days.

Results: During 2022 and 2023, a total of 2,648 ED patient visits included a Brief Intervention by Project ASSERT, with 2,389 (90.2%) receiving either a direct (1,103; 42.4%) or indirect (1,376; 57.6%) referral. The mean readiness to change alcohol use score was highest among those who received a direct (M=8.32,SD=2.03) versus indirect referral (M=6.50,SD=3.17) and lowest among those who refused referral (M=5.14,SD=2.73; $p<0.001$). The odds of successful treatment linkage within 30 days increased by 15.7% for every single point increase on the readiness to change scale (AOR 1.157, 95% CI 1.093-1.22) when controlling for demographics and insurance status.

Conclusions: In this sample of ED patients with moderate/severe alcohol use disorder, self-reported readiness to change alcohol use is a strong predictor of successful linkage to treatment within 30 days. Strategies to increase ED patient readiness to change alcohol use should be widely disseminated.

Predicting non-response and low adherence in online treatment for alcohol problems using Natural Language Processing and supervised machine learning

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Background: Digital interventions for Alcohol Use Disorders (AUD) have demonstrated efficacy in helping users reduce their alcohol consumption and alcohol-related problems. Such interventions are becoming more and more available, both within healthcare and as anonymous services on the internet. However, despite large group-level effects, not all users benefit from these interventions. Predicting who will benefit and who will not, as early as possible, remains a top research priority, yet previous attempts using structured data have thus far not been able to demonstrate high enough accuracy.

Materials and methods: In the current study, we test the predictive power of n=514 free-text answers to an open-ended question about motivation to change, included in the first module of an internet intervention for AUD. Latent semantic analysis, a type of Natural Language Processing, was used to create three semantic models of preprocessed free-text answers to a question on motivation to change: one data-driven model, one theory-driven – based on motivational interviewing and change-utterances (want, need, reasons, taking steps etc), and one hybrid. Next, model-derived features (semantic topics) were used for machine learning prediction of intervention non-response.

Results:Preliminay results show that regardless of semantic model used, prediction accuracies were above chance but on par with accuracies achievable with structured baseline data.

Conclusions:Natural Language Processing of free-text data from internet interventions is a promising approach to increasing the accuracy in predicting clinically pertinent outcomes of digital interventions for AUD, yet careful considerations are necessary in designing included written tasks to ensure that the free-text answers capture the presumed construct.

Development of a decision aid for alcohol use disorders (AUD) to be tested in a pragmatic trial of shared decision-making for AUD in primary care

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Background: Alcohol use disorders (AUD) are common and most people with AUD never receive treatment. The Options Study developed a patient decision aid (DA) to enhance shared decision-making about AUD in primary care using methods consistent with International Patient Decision Aid Standards. This presentation reports on beta-testing of the DA in dyads of primary care patients with AUD and their primary care providers, as well as how the DA will support in a pragmatic trial to improve outcomes for patients with AUD.

Materials and methods: The Options Study, conducted in Kaiser Permanente Washington, had 4 phases. Phase 1-3 included: (1) semi-structured interviews and focus groups with 42 patients with current or past diagnosed AUD or high-risk drinking (AUDIT-C ≥9), and focus groups with 8 friends and family of people with AUD as well as 10 primary care providers and behavioral health clinicians; (2) development of the DA prototype to meet the needs of patients and provider and overcome stigma; and (3) cognitive testing with 11 patients to refine the DA. Phases 1-3 resulted in a 30-page DA booklet including stories to overcome stigma, prompts to help people consider whether or not they might want to change their drinking, information on 5 types of options to reduce or stop drinking, including a grid with key characteristics of each option, and a 1-page worksheet to share with their primary care provider. Phase 4—the focus of this presentation—tested the DA in dyads of primary care patients with alcohol-related diagnoses and their providers. Patients and their providers were invited to review the DA in advance of an audio-taped in-person appointment mimicking a primary care visit, with prior informed consent. Immediately after the visits, patients and providers were debriefed separately (semi-structured interviews) about their experiences of using the DA. Rapid qualitative analysis allowed iterative changes to the DA and was used to summarize themes from the dyad visits and debriefs.

Results:Five primary care patients (3 women, 2 men, ages 35-67) and their providers participated in dyad testing. Patient debriefs indicated the DA was engaging, increased their knowledge of options to change drinking, and made alcohol-related conversations easier. Providers reported the DA helped them align with patients' motivations, made discussions of treatment options more comfortable and efficient, and increased optimism that they could help patients change. Four patients made plans for treatment or other changes to their drinking: One opted for naltrexone and counseling, one chose counseling through an employee assistance program, and two set goals to drink less on their with primary care provider follow up (one with support from a family member).

Conclusions:Beta-testing indicated the DA supported primary care patients decisions about alcohol use. Specifically, the DA appeared to help center discussions about changes to alcohol use on patients' motivations , increase provider knowledge of treatment options and make alcohol counseling more comfortable and optimistic. This work will support the Options Trial, recently funded by the US National Institute on Alcohol Abuse and Alcoholism. The pragmatic trial will test two approaches to systematically offering shared decision-making with the DA to primary care patients with moderate to severe AUD symptoms: 1) implementation in primary care with shared decision-making offered by primary care providers and 2) implementation by a centralized behavioral health clinician who will outreach to all eligible patients. The trial will measure whether, compared to usual care, either or both interventions increases AUD treatment (implementation outcome) or decrease alcohol use based on repeat alcohol screening (effectiveness outcome), over 12 months follow-up.

Alcohol Telemedicine Consultation (ATC): Primary Care Provider Perspectives

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Background: The public health burden of unhealthy alcohol use has led to increased efforts to identify feasible, effective ways of integrating evidence-based alcohol treatment, including pharmacotherapy, into primary care. One such effort was the Addiction Telemedicine Consult study (ATC), which examined a centralized, pharmacist-delivered, primary care telehealth intervention for unhealthy alcohol use. This qualitative component of the ATC study examines factors associated with provider utilization of the service, uptake of pharmacotherapy, and acceptability to patients. It also highlights provider suggestions for future implementation.

Materials and methods: Qualitative data consists of observations from the implementation process and interviews with primary care providers in the intervention arm of the ATC study. Primary Care Providers (n=19, 45% response rate) participated in semi-structured qualitative interviews via recorded video call. We interviewed at least one provider from each of the 8 clinics that had access to the ATC service, and efforts were made to interview providers with varying levels of service utilization (range of referrals to the service = 0-20). Interview domains included training/support, service/utilization, patient acceptability, intervention components, pharmacotherapy, and future directions. Using the rapid turnaround method, interview transcripts were summarized and contents in each domain compared across interviewees.

Results: Training: Providers noted the importance of frequent, brief reminders about ATC and about pharmacotherapies, especially naltrexone, via multiple modes of communication. Service utilization: Providers shared that they utilized the service not only for prescribing, but also for connecting patients with psychoeducation, resources and emotional support. Providers perceived the service to be less stigmatizing and a good fit for patients who did not necessarily need intensive specialty treatment. Barriers to utilization included time limitations, “SBIRT fatigue,” and patients’ lack of problem recognition. Patient acceptability: Providers noted that many patients found ATC more congruent with their treatment goals and readiness for change, less intimidating and stigmatizing, and easier to access than specialty treatment. Some noted the importance of a primary care-based service for decreasing health disparities for populations with a history of medical trauma. Intervention components: Providers valued the opportunity to improve patient care without adding to their already heavy workload, the speed and reliability of pharmacists’ responsiveness, availability of pharmacists for follow-up appointments, and receiving feedback from the pharmacists about patient outcomes. Suggested improvements included making the service permanent and incorporating alcohol treatment into existing primary care pharmacist roles. Pharmacotherapy: Most providers indicated that their familiarity and comfort with pharmacotherapy for alcohol use increased during the trial. Facilitators included information from addiction medicine colleagues, repeat communication about naltrexone safety and efficacy, easy access to prescribing and monitoring guidelines, and

increasing awareness of other naltrexone indications such as weight loss. Suggestions included extending the service to high-risk populations and expanding it to include medications for cannabis use and stimulant use. Concerns included availability of funding and ability to demonstrate cost effectiveness.

Conclusions: Our findings contribute to understanding the utility and acceptability of different aspects of the ATC intervention and suggest lessons for future research and implementation efforts. Given the findings of the parent study that a pharmacist-delivered primary care telehealth intervention holds promise for increasing access to treatment for unhealthy alcohol use, providers' feedback provides perspective on what features were valued most and what could be improved. Overarching lessons include the benefits of a package of services, versus prescribing alone; the importance of the primary care setting and team-based care for destigmatizing treatment and centering patient goals; and the potential for a team-based approach to increase primary care providers' familiarity and comfort with first-line medications for alcohol. Directions for future work may include examining cost effectiveness, evaluating impact on health disparities, and exploring the feasibility and implications of expanding the population or substances of focus.

Optimizing Brief intervention delivery: A new proposal to PHC

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Background: Brief intervention using the FRAMES model has been shown to be effective in reducing alcohol consumption. It has been applied and evaluated in several ways, including groups, in digital format, by telephone, without losing its effectiveness. A study previously carried out applying the IB by telephone, indicated that professionals had difficulties in applying two of the components of the IB, responsibility and menu of options, also associating this with abandonment by the participants. On this way, our objective was to evaluate the feasibility of a new brief intervention model applied by telephone in the reduction of alcohol consumption in primary health care users.

Materials and methods: Non-randomized feasibility study that evaluated the demand, acceptance of the intervention, its practicality and adaptation, and the preliminary effect of the intervention in 77 participants in primary care units in the city of São Paulo (Brazil). Which received the new proposed IB model (FAES) (without responsability and menu of options), during the period from June to December 2021. Alcohol use was evaluated using the AUDIT – C instrument, before the intervention, 90 and 180 days later.

Results: 27 participants responded to questions about satisfaction, of which 37% indicated that the intervention helped them rethink their alcohol consumption, 54% indicated that alcohol consumption decreased after receiving guidance from nurses over the phone, and 85% stated that it would not change anything related to the format of the intervention

received. Regarding the preliminary effect, there was a decrease of two points in the mean AUDIT-C score 90 days after the intervention, which remained stable until 180 days after the intervention.

Conclusions: The brief intervention in the FAES model delivered by telephone showed to be feasible, with good acceptance among nurses and users and with preliminary evidence of effectiveness in reducing the pattern of alcohol consumption in primary health care users, becoming an alternative for facilitate the application of these strategies among health professionals.

Changes in 5A's Smoking Cessation Services Following the Implementation of a Health System Project (ISCI-SEC): A Pre-Post Study

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Background: Admission to a smoke-free hospital presents an opportunity to promote smoking cessation. However, smokers often do not receive adequate cessation interventions. The ISCI_SEC project is an organizational health system initiative that integrates various implementation strategies (such as online training, protocols, in situ workshops, etc.) to introduce and sustain smoking cessation services. This study aims to assess the changes in smoking cessation services provided to smokers before and after project implementation.

Materials and methods: A pre-post study was conducted in four hospitals in Barcelona. Smokers were surveyed during their hospital stay and one month after discharge to ascertain whether they received any of the 5A's components of the smoking cessation model (Ask, Advise, Assess, Assist, and Arrange). Pre-assessment was performed before project implementation, and post-assessment was conducted six months later. Prevalence ratios (PR) and their 95% confidence intervals (CI) were calculated to assess significance.

Results: Following the intervention, all 5A's components increased, except for Advise. 65% of patients were Asked, and 70% were Arranged to access smoking cessation services. The likelihood of receiving Ask and Arrange significantly increased [PR 1.54, 95% CI (1.08; 2.19) and PR 1.63, 95% CI (1.15; 2.32), respectively].

Conclusions: The findings suggest that after the implementation of the health system project, smokers were more likely to receive assistance in their cessation efforts. It was observed that general providers tended to Ask and Arrange smokers to specialized

professionals/services. The very brief model, consisting of Ask, Advice, and Arrange, appears to be feasible in hospital settings.

A systematic review of the effectiveness of brief interventions for reducing illicit substance use in various settings.

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Background: In 2021, drug poisoning in England and Wales rose by 6.2%, resulting in 4,859 deaths. Financially, the cost reached £10.7bn, encompassing deaths, crimes, and NHS expenses due to illicit drug use. Brief substance-use interventions emerge as a valuable secondary prevention method, particularly for non-dependent individuals open to behavioural changes. Widely deployed in social, criminal justice, and healthcare contexts, these interventions aim to detect and address drug issues early. This systematic review, guided by TIDieR guidelines, seeks to identify, and evaluate tools/interventions used in these settings, paving the way for a future pilot study.

Materials and methods: A search of six electronic databases produced 17,270 papers, which after screening resulted in 46 included papers. Papers were included if they used quantitative methods to explore the properties of brief interventions targeting substance abuse across three settings (health, social care, and criminal justice). Included papers were critically appraised and the findings were analysed.

Results:Thirty-six studies conducted a brief intervention in healthcare settings; three in criminal justice settings; three in university settings; and four in general settings. Mixed results were found. Various tools and outcomes were used throughout the studies which meant meta-analysis wasn't possible. There is a need for a core outcome set to be developed for illicit drugs and brief interventions.

Conclusions: Brief drug use interventions have demonstrated efficacy in health, social care, and criminal justice contexts, serving as valuable tools for increasing awareness and fostering behavioral change related to illicit drug use. However, success is dependent on individual motivation and intervention quality. There is a need for a core outcome set for drug brief interventions.

12 years of a national program of brief interventions on alcohol and other drugs.

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Background: The national program of brief interventions on alcohol and drugs in Chile began in 2011 with 25 communes (municipal territorial units) in the metropolitan area of the country and has been sustained over the years to currently reach the entire country and most of the communes with the largest population in Chile, incorporating screening and brief interventions into regular primary care practices. The program includes an administrative and financial structure that determines management and budget conditions for the implementation of interventions in the communal health networks, as well as defines annual compliance goals. An aim of this work is to analyze the coverage and access results of the national program of brief interventions on alcohol and other drugs in Chile, between 2012-2023, as well as some of the administrative and financial conditions in its implementation. The question to be addressed is what lessons can be learned from the 12-year experience of a national brief intervention program, based on the analysis of its coverage and access results, for the setting up and implementation of similar large-scale programs?

Materials and methods: Twelve years of annual statistical records of program implementation, between 2012 and 2023, are analyzed. Records includes sociodemographic characteristics of the population that has been screened (sex, age range, commune/region, type of health facility), as well as the main categories of the screening results (low-risk consumption, risk consumption, high-risk consumption) and the corresponding intervention (minimal intervention, brief intervention, assisted referral). The results of the AUDIT, the main instrument of the brief intervention model in Chile, are also available for the same period of years, based on biannual national epidemiological studies, with national and regional statistical representativeness, which provides a context of analysis for the scope of coverage and access to the program.

Results: The coverage of the brief intervention program, specifically the scope of screening, exceeded all previously defined goals over the years. However, the coverage of interventions has progressively decreased and shows that not all health actions include an intervention appropriate to the level of risk detected. The results of screening, in the context of the brief intervention program in primary health care, are strikingly similar, with regularity, to the results of the risk levels of alcohol consumption in the general population, according to epidemiological studies (between 10-11% of risk consumption). The analysis of the characteristics of the involved population, in the primary health care setting, shows a much higher coverage in women than in men (58%/42%), as well as in the population over 45 years of age (56%) than in the population of adolescents and young people, between 15 and 44 years (40%). The population most reached by the program is the one with the lowest risk consumption, according to epidemiological studies. There is a gap in the scope of the program that needs to be addressed.

Conclusions: The national brief intervention program has achieved nationwide coverage and the important achievement of remaining in place for more than a decade and incorporating brief interventions into regular primary health care practices. Analysis of its coverage shows, however, that it is not reaching the most at-risk population. The access of the male and adolescent population to primary health care actions is a challenge. Possible solutions may involve adjustments to the administrative design of the programs.

Acute care utilization after peer recovery coach-delivered brief intervention in hospital emergency departments: Evaluation of the Reverse the Cycle program

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Background: Emergency departments (EDs) operate at the forefront of the substance use disorder (SUD) and overdose crisis in the US. The Mosaic Group's Reverse the Cycle (RTC) program is a large-scale initiative to expand SUD service capacity through novel strategies including the integration of Peer Recovery Coaches (PRCs) within the ED. PRCs meet with patients who screen positive for at-risk substance use in the ED to provide a brief intervention, make referrals to treatment, and provide post-discharge follow-up in the community. The evaluation will describe engagement in different service levels within the RTC program and examine the association of exposure to RTC intervention and subsequent inpatient and ED utilization.

Materials and methods: The evaluation cohort consists of ED patients who received RTC services from January through December 2022 in 8 hospitals across Maryland, US. Intervention data will be linked with state-wide hospitalization data for (1) all cause and (2) overdose-related hospital events (ED visits and inpatient admissions) 6-months prior to and 6-months after the participant's first encounter with the RTC service in 2022. Descriptive statistics will be used to examine receipt of the various intervention services (e.g., screening, brief interventions, referrals). Analyses will examine overdose-related and all-cause hospital utilization over time as a function of exposure to RTC services.

Results: In 2022, RTC trained staff completed 115,509 substance use screenings across the 8 participating sites. Approximately 17% of patients screened positive for substance use (n=20,371). Of those who screened positive, 37% received a brief intervention related to their substance use and 9% received a referral to community-based treatment. Of those referred (n=1,824), approximately 46% were successfully linked to SUD treatment services (n=837). Work is currently underway to link RTC service records with data on inpatient admissions and ED visits at all area hospitals via a regional health information exchange, with planned completion in Spring 2024.

Conclusions: Nearly one fifth of ED patients across several hospitals in Maryland screened positive for substance use and could benefit from brief intervention. Emergency departments remain critical touchpoints during which clinicians can assess and initiate substance use treatment.

Contextual factors associated with successful alcohol screening and brief intervention implementation and sustainment in adult primary care

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Background: Hazardous drinking is a significant public health problem affecting approximately 20% of U.S. adult primary care patients, resulting in a public health burden far more significant than that of alcohol use disorder. Clinical trials have documented the efficacy and effectiveness of Alcohol Screening and Brief Intervention (ASBI) at reducing hazardous use, and it is highly rated by the U.S. Preventive Services Task Force. Yet widespread implementation remains elusive, and alcohol screening and intervention rates are far from ideal. Researchers have begun to study ASBI implementation, but questions remain regarding optimal strategies for implementation and sustainment. Kaiser Permanente Northern California (KPNC) implemented systematic ASBI in adult primary care in 61 facilities in 2014. Guided by the PRISM (Practical, Robust Implementation and Sustainability Model) research implementation framework domains (Intervention, External Environment, Implementation Infrastructure, and Recipients), we used 8 years of electronic health record (EHR) data, combined with primary care provider surveys to characterize ASBI implementation and sustainment and test whether, what and how various factors are associated with screening and brief intervention rates.

Materials and methods: Using Electronic Health Record data, we calculated yearly screening rates of adults with a primary care visit, and brief intervention rates among those with a positive hazardous drinking screen, (reporting alcohol consumption exceeding the age and gender specific daily and weekly low-risk National Institute on Alcohol Abuse and Alcoholism guidelines (≤3 per day and ≤7 per week for women and older men; ≤4 per day and ≤ per week for men 18-65)), for each of 61 KPNC medical facilities from 2014 to 2021. We collected web-based survey data, informed by the PRISM domains, from primary care providers (n=740) to assess perspectives on ASBI implementation and sustainability, and generated PRISM domain summary scores for each facility.

Results: As of 12/31/2021, there were 15,364,074 screenings of 4,575,927 unique patients (overall rate of 91%), and 1,148,533 brief interventions delivered to 457,296 unique patients (a cumulative brief intervention rate of 59%). After adjusting for patient panel characteristics (size, age, sex, race/ethnicity and socio-economic status), we found that facilities with higher “Implementation Infrastructure” scores, indicating more robust facility-level implementation capacity, had higher screening and brief intervention rates; and facilities with higher “Recipients” scores, indicating greater perceived facility-level patient and

clinician/staff needs, had higher brief intervention rates. We found significant variations in associations between “Infrastructure/Capacity” scores and ASBI rates across years.

Conclusions: Organizational capacity, and structures and processes which support implementation, along with the perceived needs of clinical staff and patients, were both associated with more robust implementation and/or sustainability. Somewhat to our surprise, factors associated with the characteristics of the ASBI intervention itself, and external environmental factors, were not related to either screening or brief intervention performance. Results provide concrete information on factors which facilitate successful ASBI implementation and sustainability and could inform future ASBI implementation efforts in healthcare system settings. In particular, efforts toward bolstering an organization’s implementation infrastructure capacity, prior to embarking on implementation of a systematic ASBI program, could potentially help pave the way for successful implementation.

Expanding the impact and reach of SBI in primary care to address a broader range of patients needing care - Symposium Summary

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Background: There is a growing evidence base of Screening and Brief Intervention (SBI), as well as treatment for unhealthy alcohol and other substance use. Findings from randomized clinical trials and effectiveness studies, as well as causal inference studies of observational data from real-world implementation of SBI and treatment models, suggest that it can be efficacious and effective at reducing alcohol use and problems among people with unhealthy alcohol use. While outcomes for other substances are less definitive, it may also help those engaged in unhealthy use of other drugs. As a result of this accumulating evidence, healthcare systems have begun implementing models of SBI and treatment in primary care. Healthcare systems and clinicians face a number of key questions, however, as they move towards implementation, such: How can patients with alcohol and other drug use disorders who need more than a simple brief intervention be best served in primary care? What are the key barriers and facilitators to implementing a more comprehensive approach to care for alcohol and other drug use disorders in primary care? Are there innovative interventions that meet the needs of both patients and providers? How to effectively connect patients who need it to specialty care, i.e., how to put the “RT” back into SBIRT? This session presents four studies which try to answer some of these questions and raise others. We will hear about: the development of a decision aid for alcohol use

disorders (AUD) to be tested in a pragmatic trial of shared decision-making for AUD in primary care; primary care team perspectives on expanding medications for opioid use disorder (OUD) via the Collaborative Care Model; and two studies from a trial of an innovative alcohol telemedicine consultation intervention – its effectiveness on naltrexone prescribing and referral to specialty care, and a qualitative study of primary care providers' perspectives on the intervention. Together these studies can expand the vision for integrating evidence-based care for alcohol and drug use disorders into primary care.

Materials and methods: see above.

Results: see above.

Conclusions: see above.

Alcohol compsumtion in patients with hypertension in primary care - a comparison of Phosphatidylethanol and AUDIT

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Background: Alcohol raises blood pressure and increases the risk of developing hypertension and most of these patients are treated in primary care. Even though the prevalence of hazardous alcohol use in patients with hypertension is not clear, life-style interventions including alcohol reduction is a common treatment. The aim was to compare the prevalence of hazardous alcohol use in 270 patients with hypertension with two methods: self-report and an alcohol biomarker.

Materials and methods: In this observational cross-sectional study patients with hypertension from primary care in Sweden, were recruited. All patients with hypertension from two primary health care centres were extracted with the computer programme Medrave4. After randomisation (with function RAND in Excel) and stratification in three different groups of hypertension (controlled <140/<90, uncontrolled ≥140/≥90, and treatment resistant hypertension ≥140/≥90 with at least three antihypertensive drugs regardless of class) a total of 180 patients with hypertension (ICD- code I10.9) were included. We excluded patients with other diagnoses of hypertension, not able to participate (e.g. language, severe sickness), annual control of hypertension within 9 months, protected

ID, or blocked journal. In connection with clinical control of hypertension we collected data of alcohol consumption by use of the questionnaire AUDIT and the alcohol biomarker Phosphatidylethanol. AUDIT ≥ 8 points and PEth ≥ 0.087 µmol/l were defined as hazardous alcohol use. Descriptive statistical analyses were done with IBM SPSS statistics (Version 26). Data collection is ongoing. We have recruited and analysed data from 2/3 of the estimated number of study patients.

Results: The study sample included 156 patients with a mean age of 66 years (range 30-85 years, SD ± 11) and 66 % were men. The overall prevalence of hazardous alcohol use among all patients with hypertension measured by AUDIT was 17 % (women 8 % and men 21 %). When using PEth the prevalence of hazardous alcohol use was 28 % (women 22 % and men 31 %). The result on hazardous alcohol use with both methods is consistent in 80 % of cases. The overall prevalence of hazardous alcohol use among patients with controlled hypertension differed between AUDIT and PEth (16 % vs. 20 %), with uncontrolled hypertension (14 % vs. 31 %), and in treatment resistant hypertension (22 % vs. 34 %).

Conclusions: The prevalence of hazardous alcohol use in primary care patients with hypertension is 17% when measured with AUDIT and 28 % when measured with PEth. Regardless of method of measurement, hazardous alcohol use is more prevalent among men. The results highlight the need to identify hazardous alcohol in treatment of hypertension and indicate that PEth add valuable information about alcohol consumption.

Increased adherence to an online intervention to reduce alcohol consumption in Mexico and Brazil

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Background: Beber Menos, a free digital intervention, is a cognitive-behavioral strategy to reduce or stop drinking, track progress, and manage relapses. It's a collaborative effort by the WHO and researchers from Brazil, Mexico, India, and Belarus. The RCT findings indicated changes in the AUDIT score and weekly drink consumption, with a greater reduction in the experimental group. However, adherence was relatively low (Schaub et al., 2021). This study's crucial objective is to assess the impact of orientation sessions on platform usage, aiming to boost adherence to Beber Menos in Mexico and Brazil.

Materials and methods: Two-arm randomized clinical trial in Mexico and Brazil; The experimental group (BM+O) receives the digital intervention Beber Menos and three counseling sessions (telephone or videoconference) of up to 15 min in duration provided by previously trained personnel. The first session occurs on days 7 to 9 after the initial registration, the second between days 21 and 23, and the third between days 35 and 37. The control group will only receive the digital intervention (BM). Participants: In each country, 200 individuals over 18 years of age, with internet access and a minimum score of 4 AUDIT-C, will be recruited. Instruments. AUDIT-C, AUDIT, Retrospective Baseline, Readiness to Change Questionnaire (RCQ), Program Satisfaction Questionnaire, Adverse Effects Questionnaire. Procedure: An informative site will be widely disseminated where the general public can take the AUDIT-C screening test. People scoring four or higher in this screening test will be invited and redirected to the web portal Beber Menos, which provides more information about the study and presents informed consent for participation. Those who consent will begin registration, baseline assessment, and randomization. The evaluation instruments are administered at baseline, at finalizing the intervention, with follow-ups at 3 and 6 months.

Results: The modified version of Beber Menos was developed in Brazil and translated into Spanish for use in Mexico. Functionality tests have been conducted to ensure optimal performance. Additionally, a training course has been developed for professionals who will serve as counselors for the experimental group. The recruitment of participants in Brazil has been progressing satisfactorily, indicating the feasibility of the strategy.

Conclusions: The inclusion of 3 sessions of counseling is expected to be related to increased adherence to Beber Menos in Mexico and Brazil. (Financial support: grants in Brazil: FAPESP 2024/00844-9, CAPES Print 88881.310787/2018-01, AFIP 041/2019)

Simulating long-term outcomes of a digital alcohol intervention

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Background: Brief alcohol interventions have demonstrated promising outcomes in influencing behaviour across diverse populations. In recent years, digital brief alcohol interventions have gained popularity as a promising approach to reach further into the community by virtue of their ability to scale to larger populations at low cost. However, a review of the literature showed that there is a lack of long-term health economic evaluations of digital interventions. Consequently, it remains uncertain whether they can deliver health benefits over the long term in a cost-effective manner. A more thorough understanding of their long-term impact is imperative for resource allocation and determining which interventions to disseminate.

Materials and methods: We have developed a proof-of-concept individual-level simulation model which can contrast the life course of virtual cohorts differentially exposed to

interventions. We have used this model to simulate the long-term outcomes associated with a digital brief alcohol intervention for which effects were recently estimated in a randomized controlled trial.

Results: Our findings elucidate on the expected reduction of the incidence of several alcohol-related diseases (including cancers and liver diseases); improvements in quality-adjusted life years; and reductions of health care costs.

Conclusions: Leveraging data analysis and modeling techniques rooted in health-economic research enabled us to explore and advance our understanding of long-term outcomes from interventions beyond the time horizon of typical trials of interventions.

Effects of a waiting list control design on alcohol consumption among online help-seekers: a randomised controlled trial

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Background: Digital brief alcohol interventions can be contrasted through trials employing a waitlist control design. Nevertheless, it's essential to recognize that utilizing a waiting list control designs in behavioural research might lead to unintended consequences. Therefore, it's imperative to thoroughly understand the extent to which the waiting list influence the estimated effectiveness of interventions. The aim of this study was to estimate the effects of a waiting list design on alcohol consumption among individuals who had looked online for help.

Materials and methods: A two-arm, parallel-groups, randomised controlled trial was employed online. Participants were randomly assigned either to an intervention group or to a waiting list control group. The intervention group was informed that they belonged to the intervention group and would receive immediate access to a brief digital alcohol intervention. In contrast, the waiting list control group was informed that they belonged to the group that had to wait four weeks to be given access to the intervention and that they in the meantime would be given a summary of their drinking. However, both groups received immediate access to the same brief digital alcohol intervention; the experimental contrast was thus between being told to wait or not.

Results: We randomised 3388 participants (intervention: 1692, waiting list: 1696). Outcome data were available for 954 participants at 1-month follow-up. We found no strong evidence that alcohol consumption differed between groups at follow-up, but the available evidence pointed towards the intervention group reporting lowering overall weekly alcohol

consumption (one of two primary outcomes) compared to the group who were told that they had to wait (incidence rate ratio = 0.95, 95% CI = 0.83; 1.08, probability of effect = 78.8%). Findings from analyses with imputed data were similar as those with available data for both outcomes.

Conclusions: We found no strong evidence that being informed that access to an online intervention would be delayed produced differential self-reported alcohol consumption compared to being informed that access would be immediate. We did find a difference in engagement with the intervention materials, indicating that the experimental manipulation was successful. The study is limited by high and differential attrition, the latter confirming that being placed on a waiting list creates expectations of receiving additional support in the future.

Technology transfer in Mexico: the successful case of the PIBA.

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Background: Technology transfer is the bridge to bring scientific knowledge to society and translate it into benefits. It is an extremely complex process that requires, among others, the multidisciplinary work of the various actors, evaluating and overcoming the barriers of communication and organization between the different institutions. In this sense, this work describes the achievement of the transfer of the PIBA, where three institutions that have been key participate: the National Center for the Prevention and Control of Addictions, the Ramón de la Fuente National Institute of Psychiatry and the Faculty of Psychology UNAM.

Materials and methods: It is important to mention that technology transfer processes have been carried out through three main strategies: First, based on the support of health policies, considering that brief interventions are the main care strategy for users who begin problematic consumption. of drugs. Second, through the publication of procedural manuals on the PIBA. Third, with the creation of Nueva Vida centers and the training of their therapists in brief intervention programs.

Results: The PIBA has been disseminated in Mexico, in Primary Addiction Care Centers, with the training of more than 800 therapists, with the support of the National Center for the Control of Addictions of Mexico, and substantial changes have also been made in program components and formats to adjust to the demands of adolescents across different generations, this with the support of researchers from the National Institute of Psychiatry of Mexico.

Conclusions: The challenge now is to prepare a procedural proposal on how to successfully conclude the technology transfer of the PIBA. Finally, it is important to point out that the success of any technology transfer process implies the support of financing entities that provide budget for said process. Likewise, and no less relevant, it is framed with a correspondence between scientific activity and scientific policies in the area of addiction treatment.

Reimagining Global Mental Health - The Alcohol Use Behavioral Phenotyping in Global Populations

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Background: Alcohol use disorders (AUD) are a significant public health concern with around 100.4 million cases and 81.26 years of life lost per 100,00. In low- and middle-income countries (LMICs), AUD and Substance use disorders (SUD) pose a significant public health challenge due to inadequate diagnosis and treatment. Although AUD and SUD are highly prevalent globally, most clinical diagnostic tools for these disorders originate from high-income countries such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), and Alcohol Use Identification Test (AUDIT), leading to many challenges in effectively adapting these tools to LMIC contexts. To address the growing burden of AUD and SUD and the paucity of locally developed tools, we developed an adaptive risk assessment tool based on the Research Domain Criteria (RDoC) framework, the Alcohol Use Behavioral Phenotyping Test (AUBPT).

Materials and methods: We guided app development and the creation of digital behavioral tasks through the RDoC framework. This framework provides a novel way to evaluate mental health conditions through a comprehensive, behavioral, and dimensional approach compared to using symptomatology (DSM-5) and self-report measures (AUDIT scale).

Results: The AUBPT app combines digital behavioral tasks to assess AUD, identify phenotypes (severity and groups) of behaviors that put someone at risk for developing AUD, and reduce self-reporting bias. We leveraged the RDoC framework for AUD assessment by integrating mental health and cognition transdiagnostic domains of reward valuation, impulse control, and risk aversion through digital behavioral tasks. The app has been built

and pilot testing in Brazil, India, Kenya, Tanzania, and the United States will begin this quarter. The goal of pilot testing is to ensure psychometric validation of the tool compared to DSM-5 and AUDIT gold standards.

Conclusions: By leveraging the RDoC framework and the rise of digital healthcare tools, the creation and implementation of AUBPT will address the multiple cultural adaptation challenges of current screening tools to increase access to AUD and SU screening and diagnosis globally.

Alcohol use disorders among healthcare professionals: A call for action

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Background: Alcohol consumption, notably heavy drinking, contributes substantially to global disease burden, resulting in around 3 million deaths yearly. Healthcare workers face elevated risks of alcohol use disorders due to their demanding work environment, which can impair their productivity and performance. This review aims to gather evidence on the prevalence and risk factors of alcohol use and alcohol use disorders among healthcare professionals to address this concerning issue.

Materials and methods: The review protocol was registered in PROSPERO (CRD42022380625), and a thorough literature search was conducted from databases including PUBMED, CINAHL, SCOPUS, Africa Wide Information, and Web of Science up to November 2023. Eligible studies were assessed for quality using the Joanna Briggs Institute (JBI) checklist, and between-study heterogeneity was evaluated using I2. Meta-analysis results were synthesized using proportions for each outcome (alcohol use and alcohol use disorders), while a narrative synthesis was conducted for factors associated with both alcohol use and alcohol use disorders.

Results: The pooled prevalence of alcohol use among HCWs was found to be 67.5%, with heavy episodic drinking reported at a rate of 29.2%. Notably, the prevalence of AUD varied depending on the screening tool utilized. The prevalence rates were 15.1% (AUDIT), 28.3% (AUDIT-C), 29.5% (CAGE), and 3% for both DUDIT and DSM-IV tools. During the pre-COVID and COVID-19 pandemic periods, the prevalence of AUD showed a significant increase, rising from 11.7% to 35.4% when assessed with the AUDIT tool. The meta-weighted prevalence of AUD for the doctors and other HCWs was 13.1% and 20.2% respectively. Risk factors contributing to alcohol use and AUD among HCWs included demographic variables such as sex, age, marital status, education level, race, and religious affiliation. Additionally, occupational factors like years of practice, specialty, work-related stress, burnout, and working hours were identified as significant contributors.

Conclusions: Alcohol use and alcohol use disorders are prevalent among healthcare workers. Urgent interventions and support systems are imperative. In addition, more research needs to be conducted in low-and-middle-income countries.

Implementation of alcohol screening and brief interventions in cardiology services in Sweden – the role of stigma

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Background: Cardiovascular disease (CVD) is the leading contributor to disability-adjusted life years and mortality. Secondary prevention strategies in cardiology often address behavioral risk factors such as physical inactivity and tobacco use, yet there has been comparatively little focus on alcohol prevention. Worldwide, alcohol use disorder is reported as highly stigmatized, including from healthcare staff. However, it is unknown whether stigma is plays a role in implementation alcohol prevention in cardiology. The aim of this study is to explore the role of stigma in implementing alcohol screening and brief interventions (SBI) in cardiology services.

Materials and methods: This study uses a mixed method sequential exploratory design. In the initial qualitative phase, data was collected via individual interviews with cardiology staff (n=32 including doctors, nurses and assistant nurses) in three regions in Sweden. Data was analyzed with reflexive thematic analysis. In the second phase, an online quantitative cross-sectional survey was developed based on the results of the qualitative phase. The online survey was distributed to cardiology staff (n=298) in Sweden. Data was analyzed with t-test and linear regression using StataMP.

Results: The qualitative analyses showed that alcohol was perceived as a more sensitive topic compared to smoking, physical activity, and diet. Staff reported avoiding discussing alcohol due to feeling uneasy, perceived social undesirability and label avoidance. Trustworthiness of self-reported alcohol use was questioned, both as alcohol was seen as difficult to quantify and conscious underreporting from patients due to stigma. Preliminary

analyses of the quantitative data confirm the qualitative findings. Staff rated feeling most comfortable discussing smoking and physical activity, while alcohol use was rated least comfortable to discuss of the four behavioral risk factors (p=0.000). Trustworthiness of self-reported data was perceived highest for smoking, followed by physical activity and diet. Trustworthiness of self-reported alcohol use was rated lowest (p=0.000). No differences were found between professions, i.e. doctors, nurses and assistant nurses, or years of experience in cardiology.

Conclusions: Stigma is a barrier to implementing alcohol SBI in cardiology. Interventions to address and reduce stigma will be important in future implementation efforts. Addressing trustworthiness of self-report might be one key aspect.

Evaluation & Aspects more valuated in the alcohol sbirt ON-LINE TRAINING COURSE FOR phc "Mójate con el alcohol"

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Background: “Mojate con el alcohol” is an accredited 30-hour online training course on SBI in alcohol consumption aimed at Primary Care professionals. This is a multi-device course (PC, tablet, smartphone) available for completion online, 24 hours a day, through a website. Sponsored by the Ministry of Health of the Government of Spain within its Health Promotion and Prevention Strategy in the National Health System (SNS), within the framework of addressing chronicity. The objective of the course is to train health professionals in addressing risky and harmful alcohol consumption in Primary Care. The course consists of 3 modules: 1- Introduction (epidemiology and health consequences of alcohol consumption), 2.-How to address alcohol consumption in primary care, and 3.- Communication skills needed by healthcare professionals. The methodology is based on the participant's self-study, which is always supported by scientific support, a facilitator, and a technical user service. The course is offered to health professionals through the regional health service in which they work without tuition costs. There are not online training courses available in Spanish in SBI on alcohol consumption.The objective of the communication is to evaluate the three editions of the course carried out in 2017 (2) and 2023-2024 (update contents in 2023 and completed in March 2024).

Materials and methods: The course participation data and the quality survey carried out at the end of the course have been analyzed.

Results: A total of 3.991 professionals from 16 Spanish autonomous communities (all except Catalonia, which has a specific training program) have enrolled in the course in its three editions. We have completion data and quality surveys from 3.245 professionals who

enrolled in the three editions of the course. 54% were nurses, 26% were medical doctors, and the rest were other professionals such as psychologists or social workers. Of those enrolled, 83% completed the course. The overall level of satisfaction with the course was 8.5 out of 10, and 96 % of those surveyed thought that the course had helped to improve their clinical practice. We highlight the large number of professionals who have enrolled in the three editions of the course and the high completion and satisfaction rate with it. Training in brief intervention in risky alcohol consumption can improve clinical practice and could improve the health of the population served by SBI-trained professionals.

Conclusions: Online training in SBI in risky and harmful alcohol consumption can be useful to reach the greatest number of health professionals trained in this field. “Mojate con el alcohol” has a high acceptance, completion rate and satisfaction with the training. Future research should be directed at whether health professionals put the content learned in the course into practice.

Effectiveness of web personalised feedback interventions for reducing alcohol use among university students: a meta-analysis

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Background: University students are a particularly high-risk group with high alcohol consumption levels and binge drinking rates. Computer-based Personalised Feedback Interventions (PFIs) are one of the most promising approaches for this population. No systematic reviews have focused solely on standalone web-based PFIs delivered remotely. This meta-analysis estimates the effect of this intervention for reducing university student alcohol consumption. Subgroup analyses by gender-focus, type-of-content, and accessibility were conducted. Characteristics of the sample, the intervention and study quality were examined as moderator factors.

Materials and methods: Ten databases were searched for published and unpublished studies from January 2000 to May 2023. Eligible articles involved only randomised controlled trials. Random-effects meta-analysis was conducted to calculate the effect size on weekly alcohol consumption comparing web-PFIs and non-active controls. The Risk-of-Bias 2 tool was used.

Results: Thirty-one studies were included in the narrative synthesis, 25 of which were meta-analysed. Results found significant effect size difference on weekly alcohol consumption in favour of the intervention group in the short- (SMD=0.11, 95%CI 0.06, 0.15) and long-term period (SMD=0.09, 95%CI 0.02, 0.15). Subgroup analyses identified web-PFI gender-specific, multi-component, and with unlimited access have higher effect sizes, although were very similar with the comparative groups. Moderator analyses showed that times feedback is accessed significantly contributes to the effectiveness of the intervention. Effects diminished over time, although they remained significant.

Conclusions: The results offer empirical evidence that supports the significant, although small, effect of standalone web-PFI delivered remotely in the university. Future research should focus on increasing their impact by introducing booster sessions, and content components based on students' preferences.

Using National Policy and a Partnership Approach to reorientate Community-based Alcohol Services to Provide EBI in Primary Care Settings Promoting Early Identification

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Background: There has been a 'shift left' of Irish Drug Policy under a national programme of change for the health service (HSE), Sláintecare, with a focus on early intervention to circumvent onset or slow the progression of chronic disease. Current service provision in the community meets the needs of those whose drinking behaviours present at low and increasing risk (via brief intervention) and those who present as dependent (via specialist services). Can local and national, operational and strategic, services work together in partnership to develop and implement a pilot extended brief intervention service to bridge the gap in service provision for the cohort of people whose drinking behaviours present as

higher or high risk? ie; those who may require more support than a brief intervention but who do not need to (or do not want to) access specialist services.

Materials and methods: The presentation will outline evidence of alcohol-related harm in Ireland, the current policy context in Ireland and how this pilot EBI has been developed in line with changing policy and addressing a gap in service provision in the community. The presentation will give an overview of the partnership approach, community engagement, and service provider engagement to progress the development and implementation of the pilot. Also addressed will be the development of: the SAOR EBI Guide for Practice; communications; integrated referral pathway across the continuum of care to include primary care; implementation guidelines; training programme and mentoring; key performance indicators and framework for evaluation.

Results: The pilot has commenced with SAOR EBI Workers having received 5 days of training, planned mentoring dates scheduled, and the first service users seen in their local primary care centres. Evaluation will commence shortly, the pilot will run for one year. The work for the Implementation Group continues to steer the pilot, support the roll out of the evaluation and development of the service beyond the pilot stage and embed provision of quality evidence-informed service provision to reduce the harms of alcohol use across all of the pilot area.

Conclusions: The importance of the partnership approach to the development of the pilot will be highlighted alongside the key element of developing an evaluation framework including key performance indicators and the value of a robust training and mentoring programme which led to the successful development of the pilot EBI service.

The intersection of race and ethnicity and residential rurality in treatment for alcohol use disorder

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Background: The COVID-19 pandemic exacerbated excessive alcohol consumption in the United States, leading to increased development of alcohol use disorder (AUD). Despite efforts to improve access to AUD treatment, through the adoption of telehealth and increased alcohol counseling and medication for AUD, disparities remain. We examined disparities in access to AUD treatment by race/ethnicity and rurality in 2022.

Materials and methods: We used individual-level, cross-sectional data from the 2022 National Survey on Drug Use and Health (NSDUH), the US premier source for substance use and mental health among the civilian, non-institutionalized population. Our sample consisted of adult respondents aged 18 and above who had past-year AUD, based on the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) criteria. We identified 5,950 adult respondents with AUD among 47,076 total adult respondents. Our primary outcome was any past-year treatment for AUD, including medication, telehealth, in-person outpatient, institution-based (e.g., inpatient, residential/rehabilitation), and peer support services. We estimated logistic regression models to examine the association between the interaction of race/ethnicity and rurality and the predicted probability of receiving any past-year AUD treatment. Models were adjusted for predisposing (sex, age, education level, marital status), need (past-year major depressive episode, other substance use disorders), and enabling factors (family income, employment status, health insurance), as well as sampling weight and complex survey design elements in the NSDUH.

Results: Overall, 9.23% of US adults with AUD received AUD treatment in 2022. 2.10%, 3.53%, 4.91%, 0.50%, and 5.08% used medication, telehealth, in-person outpatient, institution-based, and peer support services, respectively. In large metropolitan areas, Hispanic/Latinx adults with AUD had the lowest probability (5.64%, 95% CI: 2.99%, 8.29%) of receiving any treatment for AUD across all racial/ethnic groups. The difference was statistically significant whencompared to Non-Hispanic White counterparts (10.22%, 95% CI: 7.73%, 12.72%, p=0.016). In non-metropolitan, rural areas, Non-Hispanic Black/African American adults with AUD had the lowest likelihood (1.22%, 95% CI: -0.38%, 3.83%) of receiving AUD treatment, which was significantly lower when compared to Non-Hispanic White counterparts (12.63%, 95% CI: 6.87%, 18.38%, p<0.001). No significant racial/ethnic difference was found in small metropolitan areas. The racial/ethnic variations in access to AUD treatment in large metropolitan and non-metropolitan areas were primarily driven by telehealth, in-person outpatient, and peer support services.

Conclusions: We found significant variation in access to AUD treatment among different race/ethnicities and locations. Our study highlights the need for policies targeting Hispanic/Latinx populations in metropolitan areas and Non-Hispanic Black/African American populations in rural areas to identify potential resources and address treatment gaps.

Adaptation of a SBIRT training session on tobacco use to e-learning format

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Background: The prevalence of smoking is still very high in France despite all the public health actions led during past years: 25% of people aged between 18 and 75 years old were daily smokers in 2022. One action taken in France is to encourage and support hospitals and health services in becoming tobacco-free. In order for the tobacco-free hospitals and health services strategy to be efficient, healthcare professionals must be trained to screen smokers and support them quitting. Thus, the French addiction prevention network, RESPADD, which is the national coordinator of this strategy, has implemented training sessions to quickly disseminate knowledge and know-how.

Materials and methods: When conducted in person, this dissemination training session lasts one day and allows twenty people to be trained in the meantime. The aims are to learn the main information about tobacco use and tobacco cessation and to be able to use SBIRT. The satisfaction rate for participants is 98%. Even if this training is very popular, some barriers have been identified. Indeed, many healthcare professionals are lacking time to be trained on various topics and hospitals' budget are not enough to broadly train all professionals who need to be aware of SBIRT use.

Results: To allow more participants, with smaller costs for hospitals, and to offer shorter training courses that are more adaptable to professionals' schedules, the training session about SBIRT for tobacco use has been adapted to e-learning format. This e-learning SBIRT training lasts around three hours and is divided into three independent modules dealing with tobacco information, nicotine replacement therapy and SBIRT. The online platform allows 500 professionals connected simultaneously.

Conclusions: To conclude, the e-learning format allows to achieve the same goals as the in-person training but in a shorter and more adaptable time, with lower costs for hospitals. Thus, it guarantees the dissemination of knowledge and know-how easily.

Assessing If motives-based vignettes influence plans for drinking and alcohol cues.

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Background: Alcohol consumption is prevalent in Sweden and the UK, despite policy measures aimed at reducing consumption, including public health guidelines regarding alcohol. Individual-level means of behaviour change that focus on an individual's personal dimensions of behaviour, such as drinking motives, are warranted. The current study aims to test if motives-based materials are effective in impacting plans for future drinking and reactivity to alcohol-related cues. A secondary aim is to assess individuals' perceptions of risky drinking as outlined by health authorities.

Materials and methods: The study is a 3-arm, parallel groups, randomised controlled trial. Vignettes will be used to present health information, framed in terms of gains from limiting drinking and losses from excess drinking. Control vignettes will present general health information framed in terms of gains or losses. Proxies for behaviour (intentions and self-efficacy) will be assessed with questionnaire items. A Stroop task will be used to assess reactivity to alcohol cues, and an open-ended item will be used to record perceptions of risky drinking. Outcomes will be contrasted with regression models and estimated using Bayesian inference, whilst qualitative data will be analysed using Thematic analysis within a Framework analysis.

Results: We predict that those assigned to the intervention arms will report greater intentions and higher self-efficacy for reducing consumption in comparison to the control groups. In addition we predict reactivity to alcohol-cues will be lower for the intervention groups in comparison to the controls.

Conclusions: Through this study we aim to set the groundwork for tailoring a digital alcohol intervention using drinking motives. If such an intervention is to be successful in reducing consumption then individuals should understand how their motives inform their drinking behaviour and be motivated to change. The study will enable an assessment of how effective motives-based content is in achieving this. Secondly exploring how risky alcohol use is conceptualised and if/how motives are related to these perceptions will help inform the design of the tailored intervention.

Use of Electronic Nicotine Delivery Systems Among Primary Care Patients in a Large Urban Health System: Polytobacco Product Use and Cannabis Co-use Patterns

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Background: Polytobacco product use is common among people who use electronic nicotine delivery systems (ENDS), however, few studies have examined co-use with cannabis. We describe the prevalence of co-use of tobacco products and cannabis among ENDS users among a clinical population with universal tobacco and cannabis screening.

Materials and methods: We used electronic health record (EHR) data from adult patient's receiving care in one of ninety primary care clinics in a university-based health system in Los Angeles, CA between January 2021-June 2023 (n=177,184). Current cannabis and tobacco use was assessed using an EHR-based, automated, self-administered, validated screening tool (WHO-ASSIST) during new and annual wellness visits.

Results: We used electronic health record (EHR) data from adult patient's receiving care in one of ninety primary care clinics in a university-based health system in Los Angeles, CA between January 2021-June 2023 (n=177,184). Current cannabis and tobacco use was assessed using an EHR-based, automated, self-administered, validated screening tool (WHO-ASSIST) during new and annual wellness visits.

Conclusions: Among this clinical population, the majority of ENDS users reported co-use of other tobacco products or cannabis. Understanding the sociodemographic patterns of polytobacco use and co-use of cannabis can help identify ENDS users who may benefit from tailored primary care delivered brief intervention as well as future research to assess health outcomes.

Acceptability and Applicability of the “TrIE-AD” app in the screening of Brazilian youths’ substance use followed by guided Brief Intervention.

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Background: Stigma, lack of professional training, and inadequate tools to screen substance use associated disorders are barriers for early detection and effective interventions. Objectives: To assess the acceptability and usability of a combined screening instrument and guided brief intervention available in the Brazilian smartphone application (app) “TrIE-AD” (Screening, Brief Intervention, and Referral to treatment (SBIRT) in Portuguese).

Materials and methods: We developed a cross-cultural adaptation of the screening instrument DUDIT-E (Drug Use Disorders Inventory Test – Expanded) and inserted it and a guided Brief Intervention in the app TrIE-AD, to be used by health professionals to apply SBIRT to youth. In the pilot phase, seven healthcare professionals were trained and used the app with 26 adolescents and young adults. The professionals participated in focus groups to evaluate the usability and effectiveness of the app.

Results: The TrIE-AD app was used in public university health services, psychosocial care centers and temporary shelter centers. The participants were predominantly young adult males, aged between 15 and 24 years, with complete high school and diverse substance use patterns, from regular marijuana use to dependence on tobacco. Application time varied from 30 to 60 minutes, depending on the complexity of responses and interventions conducted. The professionals reported initial resistance from some participants, suggested wording some questions more clearly and increasing response options. Usability evaluation highlighted the ease of use and navigation in the application, as well as its attractiveness and design. The professionals considered as limitations the dependence on access to Internet and the incompatibility with Os System. They emphasized the ease of handling the app during screening and intervention and the good understanding and acceptance of the intervention by most participants.

Conclusions: The app may facilitate SBIRT targeted to young people, increasing professionals’ skills, contributing to reduce drug-related harm and improving service quality. (Financial support: grants: FAPESP 2021/00926-7, CAPES Print 88881.310787/2018-01, AFIP 041/2019).

Quality of the therapeutic relationship and synchrony in therapist´s and patient´s vocally encoded arousal

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Background: Relational factors (e.g., empathy, collaboration, etc.) are essential skills in motivational interviewing and brief motivational interventions (bMIs). Behavioral coding is the current gold standard to capture relational factors but is highly time-consuming. The mean fundamental frequency of the voice (mean $f0$) is widely interpreted as a measure of vocally encoded emotional arousal (i.e., high = excited, angry, or nervous; low = bored, calm, or content). Synchrony in therapist's and patient's mean $f0$ has been proposed as a cost-effective alternative for measuring relational factors, but empirical evidence to support this approach has been scarce.

Materials and methods: We used 140 audio-recorded bMIs from a trial among young adults presenting to the emergency department with alcohol intoxication. Therapists' and patients' mean $f0$ were extracted over full bMI sessions at 0.25-second intervals using a speech signal processing software. BMIs also were coded by trained raters then categorized into high and low levels of therapist empathy, collaboration, working alliance, and patient's appreciation of bMI. Synchrony in therapist's and patient's mean $f0$ was computed at session- and minute-levels using a Bayesian multilevel multivariate model and sessions with high versus low levels of relational factors were compared.

Results: High-empathy and high-alliance sessions showed medium to large correlations between therapist's and patient's mean $f0$ (r=.36 [95% highest posterior density interval .16 to .56]; r=.48 [.14 to .71], respectively), while low-rated sessions showed lower, non-significant correlations (r=.17 [-.11 to .42]); r=.04 [-.28 to .40], respectively). Differences between correlations from high- and low-rated sessions demonstrated potentially large but non-significant effects (empathy: r=.25 [-.13 to .53]; alliance: r=.41 [-.08 to .80]). We found no significant results for therapists' collaboration and patients' appreciation of bMI at session-level and results at minute-level were non-significant for all measures.

Conclusions: The present findings provide partial support for the use of automatically extracted paralinguistic features to measure therapist's relational skills in bMI. While this new method may improve the study of bMI mechanisms as well as therapists training, further replication among clinical samples are needed.