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Title	EIBI Inception Report for Discussion: Background information for ALC-subgroup
Submitted by	SIHLWA ALC-subgroup participants Theme 2
Summary / Note	This paper provides a draft for the plan for feasibility study on the use of Early Identification and Brief Intervention (EIBI) in the Leningrad region. Discussion on the EIBI project in a broader context.
Requested action	For information and basis for discussion in the ALC sub-group

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Feasibility of Hazardous & Harmful Use of Alcohol: Early Identification and Brief Intervention "EIBI" in Leningrad Region

NDPHS / SIHLWA
Northern Dimension Partnership in Public Health & social Wellbeing
Expert-group on "Social Inclusion, Healthy Lifestyles & Work-ability (SIHLWA)
Sub-group on Alcohol Prevention

Inception report and preliminary work plan for 2008

1. Introduction

The present project is a one-year feasibility assessment and planning project that will ***– if deemed feasible*** *– result in a well prepared and realistic plan for a pilot project to test with work-age patients of primary health services in the Leningrad Region and/or in St Petersburg the implementation of early identification and brief intervention (EIBI) for harmful and hazardous alcohol use.* The purpose of the possible three year pilot project is to adapt EIBI to the circumstances in Leningrad Region, to assess in practice the benefits of brief intervention and to disseminate the technique to other organisations and regions in The Russian Federation.

The idea for a pilot project on EIBI originated in the Alcohol Prevention Sub-group of the Northern Dimension Partnership Expert-group SIHLWA ("Social Inclusion, Healthy Lifestyles & Work-ability).[1] Common interests shared by different countries' representatives included a desire to foster the development of comprehensive alcohol policies to reduce alcohol-related harm, and to find ways to intensify measures to reduce heavy and hazardous drinking patterns, in particular using the EIBI approach. The Alcohol Sub-group will provide an additional source of expertise and support, and the Expert Group SIHLWA as a whole will provide a network that can facilitate the dissemination of the pilot project's results.

This inception report starts with an overview of the background and justification for introducing EIBI in Russian primary health services as an approach for alcohol problem prevention. The Russian three year pilot project to be planned will build on experiences, tools and materials produced in previous international EIBI projects, which are briefly described.

The inception report mainly focuses on the one-year feasibility and planning project. The participating organisations and an overall work plan and a tentative work schedule are presented. This inception report, drawn up with the participation of the Russian partners, represents an elaboration and a partial revision of the original project application.

2. Background, present situation

[1] The work of the SIHLWA Alcohol Sub-group is focussed on developing and implementing policies, programmes and activities to promote health, safety and well-being through reduced consumption of alcohol in general and harmful alcohol use in particular; exploring ways to prevent the further weakening of alcohol policies leading into increased consumption; developing a strong focus on holistic and comprehensive approaches to alcohol issues in national alcohol policy strategies and supporting the implementation of the alcohol policy framework for the WHO European Region.

2.1 Alcohol as a threat to public health and safety in the Russian Federation

Throughout Europe alcohol is a leading cause for premature death, and accounts for 10% of the total disease burden measured in DALYs (Disability Adjusted Life Years). Alcohol contributes to the disease burden, not just through intoxication, alcohol poisoning, alcoholism and related neuropsychiatric conditions, but also by being a major risk factor for chronic diseases, accidents, injuries and violence. For young people, alcohol is the leading risk factor for both disability and death throughout Europe.

The Russian Federation is among the countries with the highest per capita alcohol consumption in the world, the recorded consumption being around 10 litres of pure alcohol per year and the estimated total consumption 15 litres or more. About 12% of the decline in life expectancy that has occurred in the past 15 years, particularly among men of working age, has been attributed to directly alcohol-related mortality, not counting alcohol as a contributing factor in mortality from accidents, violence and suicide. Alcohol accounts for 15% of the total disease burden. Furthermore, it is a dominant risk factor for the leading causes of disease and death, such as cardiovascular diseases. In 2002, alcohol consumption was number one risk factor for the ten leading causes of disease burden for men, and the fifth important for women.

Consumption levels and habits as well as the magnitude and nature of the adverse effects of alcohol vary between the different regions of the Federation. Specific problems include early onset of drinking and drunkenness among adolescents, high prevalence of binge drinking (episodic heavy drinking), involvement of alcohol in road accidents and in acts of violence, and high mortality from alcohol poisoning, largely attributed to the poor quality of illegally produced or surrogate alcohol.

The adverse effects of alcohol go far beyond the individual, having a negative impact in the family and in the workplace. Parents' drinking problems are the main reason for the high number of "social orphans" in Russia - about 1,000 children living in institutions in the Republic of Karelia, and about 1,000 children living in streets in Petrozavodsk alone, for instance. In a recent survey 74% of Russian business leaders considered alcohol abuse among employees to have a negative impact on their business operations.

2.2 Need to switch emphasis towards prevention and early intervention

In Russia, the health and social services for people suffering from alcohol problems are mainly oriented to the treatment of dependence (alcoholism). Residential treatment is provided in specialised clinics or in psychiatric hospitals. Out-patient treatment and rehabilitation is mainly provided in psychiatric offices or health centres. The service system includes furthermore rehabilitation centres as well as social refuges and night shelters for homeless alcoholics.

Alcohol related problems are addressed basically first when the problems are already severe and difficult to treat. Secondary prevention, meaning interventions in earlier stages of drinking problems is virtually non-existent. A large number of heavy drinkers who are at risk of developing alcohol dependency in the future, are not targeted by health interventions. Although alcohol-related conditions are common among patients in primary health care services, patients' drinking habits or drinking problems are rarely addressed. Primary prevention programmes aimed at influencing knowledge and attitudes so as to prevent problems from arising in the first place are scattered among various actors and are typically directed to young people. Preventive measures affecting the public at large have mainly consisted in controls on the production and availability of alcoholic beverages.

Focussing on treatment alone will not reduce the burden of disease, disability and death caused by alcohol. To prevent drinking problems from arising or, when they do, to prevent them from developing into dependence, measures need to be targeted on the one hand to the drinking environment and the general population, and on the other to the people with risky patterns of alcohol use.

2.3 Early identification and brief intervention (EIBI) for hazardous and harmful alcohol use

A large and accumulating body of international research evidence shows that intervening in risky patterns of drinking in a constructive way before the negative effects become too severe is one of the most cost-effective ways to prevent drinking problems. Primary health services and occupational health services are opportune

settings for such interventions because large numbers of patients with a wide range of consumption patterns can be reached through them.

Early identification and brief intervention (EIBI) is a technique developed for primary health care providers (GPs and nurses) to identify and intervene with patients whose drinking presents a risk to their health. Brief interventions have been demonstrated to be effective – and highly cost-effective – in primary health care settings in reducing alcohol consumption amongst patients with hazardous or harmful alcohol consumption. *Harmful consumption* is a pattern of drinking that causes damage to physical or mental health but that does not meet the criteria of dependence. *Hazardous drinking* is a level or pattern (for instance episodic heavy drinking) of alcohol consumption that is likely to result in harm should present drinking habits persist.

EIBI consists in screening and identifying patients with hazardous or harmful alcohol consumption and in giving them feedback and brief motivational counselling on how to reduce drinking. The most widely used screening instrument is the AUDIT questionnaire (Alcohol Use Disorders Test) developed by the World Health Organization. The feedback focuses on the risks and effects of the patient's present drinking habits. The final step consists in giving advice for cutting down (possibly also printed self-help materials) and supporting the patient to set a short-term goal.

Brief intervention is not meant to replace treatment and rehabilitation for severe alcohol problems and addiction. Patients with a high score in the AUDIT test or otherwise showing symptoms of severe problems warrant further diagnosis and more intensive intervention.

EIBI can be used as a *secondary prevention approach* by limiting screening to high risk groups (for instance young to middle-aged men) or to specific conditions or situations (for instance hypertension treatment or trauma patients). It can also be used as a *primary prevention approach* if all adult patients are routinely screened (for instance as part of new patient registration or as part of periodic health check-ups). An alternative or supplement consists in screening all patients during certain time periods (for instance one month every year). A periodic screening operation can easily be combined with a supporting information-campaign directed to the general public. The AUDIT test can be administered either as a patient interview or as a self-report questionnaire; as a self-report questionnaire it can be distributed, along with other types of self-help materials, to the general public of to specific target groups through a number of channels.

The effectiveness of brief intervention stems from the fact that people who are not dependent on alcohol find it easier to reduce or stop their alcohol consumption, with appropriate assistance and effort, than those who already are dependent. Studies conducted in different settings and with different populations have shown that roughly ten patients need to be given advice on their drinking for one to benefit. The effectiveness of brief intervention in reducing alcohol consumption is maintained up to one year, possibly longer. Brief interventions appear to be equally effective for women and men, and for young and old. There is no evidence that brief interventions, if appropriately carried out, lead to adverse effects, such as discomfort or dissatisfaction among patients.

To achieve the desired effects, screening and brief intervention needs to be implemented in a planned and systematic fashion. This, in turn, requires motivation, training and support for health care providers implementing brief intervention. Since brief intervention is, in most cases, a novel concept for health care personnel, health authorities and patients alike, the logic, justification and purpose of brief intervention needs to be clarified and communicated also to the health service decision-makers and the wider public.

2. 4 Building on previous work to disseminate the implementation of EIBI

At present, EIBI is virtually non-existent in the Russian Federation. The aim of the possible future pilot project will be to introduce the EIBI model as a technique for secondary prevention of alcohol problems and as an approach to primary prevention in the Leningrad Region. *While the purpose of the present one-year project is to assess the feasibility of an EIBI pilot project. T*he purpose of the three year pilot project will be to implement EIBI and assess its benefits from both patients' and health care providers' perspectives. The experiences gathered and tools developed in the pilot project will form the basis for local decisions on possible continued implementation in the Leningrad Region and for dissemination of EIBI into other regions of North-West Russia.

The pilot project will essentially build on experiences and tools of Finnish and international projects. Extensive research and development work around EIBI has been carried out in international projects of the WHO (Collaborative Project on Identification and Management of Alcohol-related Problems in Primary Health Care I-IV, 1982-2006) and of the European Union Public Health Programme (Primary Health Care European Project on Alcohol PHEPA I-II, 2003-2008). While the WHO Collaborative Project was concerned with developing methods for screening and brief intervention and testing their effectiveness in controlled trials, the PHEPA project has developed practical tools, training programmes and approaches to disseminating and integrating EIBI into the routine work of health care providers. Further potentially useful experiences and tools are provided by the Finnish countrywide projects to train and support primary health care services (project VAMP 2002-2008) and occupational health services (OHS brief intervention project 2004-2007) in wide-scale implementation of brief intervention.

The Russian Federation was one of the partner countries involved in Phase IV of the WHO Collaborative Project on EIBI. The Russian sub-project (1999-2002) was carried out in St. Petersburg and the North-West Region by the Medical Academy of Postgraduate Studies, St. Petersburg. The work done included a survey of primary health care patients using the AUDIT test to establish levels of harmful and hazardous alcohol consumption, focus group and Delphi studies with health care professionals to determine readiness for and obstacles to implementing EIBI, as well as training and production of supporting materials for selected groups of professionals. Since the priority concern for project participants was excessive drinking by young people, special attention was given to early intervention with young people and the activities carried out in the project were aimed at strengthening capacity among those who work with young people.

Despite the youth focus, the information gathered and experiences gained in the WHO Collaborative project provide a good starting point for a pilot project primarily targeted to adult clients of primary health care. A survey carried out in 2000 among patients in three health centres in Kalininsky and Petrogradsky districts showed that while 11% of the male patients were alcohol dependent (according to ICD-10), 16% were harmful drinkers (showing alcohol-related harm) and 25% were hazardous drinkers. For female patients, the respective figures were 2%, 3%, 9%.

3. Commitment by local partners

The partners in the Leningrad region are:

3.1 V.M. Bekhterev Psychoneurological Research Institute, St. Petersburg

Founded in 1907, the Bektherev Institute was the first psychoneurological research institute in Russia and incorporates the country's first alcoholism research institute. The Institute is a multidiciplinary research centre, with specialised clinics and laboratories for practical research. The Institute offers a range of training programmes, including post-graduate programmes, residency and one-year internships for MDs, residency for clinical psychologists as well as continuing education programmes. Bekhterev Institute is a clinical base for the Department of Psychology of St.Petersburg State University and for the St.Petersburg Medical Academy of Post-Graduate Education. The Institute has wide international contacts and is the WHO Collaborating Centre in Russia for research and training in mental health.

3.2 Leningrad Regional Center of Addictions (LRCA)

LRCA is a hospital with 280 beds for detoxification and in-patient rehabilitation of alcoholics and drug addicts. After a 3-6 weeks' in-patient treatment period patients are referred to an out-patient psychiatric office of health center for follow-up treatment. LRCA supervises in Leningrad Region all district psychiatric offices and health centers involved in the treatment and rehabilitation of alcoholics and drug addicts.

LRCA's research department forms part of the St. Petersburg Regional Center for Research in Addiction and Psychopharmacology, associated with St.Petersburg Pavlov State Medical University. The main line of research consists in psychopharmacology of alcoholism and heroin addiction. The centre is conducting clinical trials on medication to prevent relapse in heroin addicts, to treat alcohol withdrawal and to control alcohol craving.

3.3 Medical Academy for Post graduate Studies (MAPS), St. Petersburg

Originally founded as the Emperor's Clinical Institute in 1885, MAPS is a leading institution for higher medical education, mainly financed by the federal state. The Academy includes six faculties (surgical, therapeutic, medicobiological, public health, dentistry, pediatric), a scientific research centre, an-inpatient clinic with 415 beds as well as three out-patient clinics. More than 25 000 health care professionals annually are trained at MAPS. The Academy offers training programmes of varying length, including degree and certification studies, residency and internship postgraduate training, refresher courses, specialist courses, and other forms of further training and professional skills development.
MAPS has been involved in a series of primary health care development projects funded by Finland's neighbouring area co-operation appropriations. Project activities have included the establishment of a the St. Petersburg School of Public Health within MAPS and development of a curriculum for the school in 2000-2003, developing the capacity of physicians and health administrators to promote public health through community-oriented primary health care in 2004-2006 and, most recently, developing a quality system for primary health care services in St. Petersburg. In 1999-2002 MAPS (Department of Adolescent Medicine) was the local partner in the Russian sub-project of the WHO Collaborative Project on Identification and Management of Alcohol-related Problems in Primary Health Care.

3.4 Information and Analysis Center for Social and Health NGOs (IAC NGO), St. Petersburg

IAC NGO has ten years' experience of co-operation with Finnish partners in joint projects and as the co-ordinating organisation for the Finnish-Russian NGO Network on Social Welfare and Health. The Center is currently involved in the project "Alcohol and drug prevention among young people in St. Petersburg" 2007-2008, originated and prepared within the Northern Dimension Partnership Expert-group SIHLWA. The project's activities consist in personnel training and method development in the school setting and in information activities targeted to the media and to decision-makers. The project is a continuation to previous Finnish-Russian projects focussed on alcohol prevention among children and young people in St. Petersburg.

Each of the organisations above will have a central role in the one-year feasibility assessment and planning project and in the – possibly resulting three year pilot project–according to their own interest and possibilities.

4. Overall Project Work Plan

4.1 Project objectives

The overall objective is to advance the introduction of early identification and brief intervention (EIBI) for harmful and hazardous alcohol consumption in Russian primary health care as a cost-effective approach to secondary prevention of alcohol-related problems that can also be extended to primary prevention.

4.2 Project purpose and results to be achieved

The purpose of the present project is to *assess the feasibility of an EIBI pilot project in the Leningrad Region and/or St Petersburg city* and, if deemed feasible, *to produce a well prepared and realistic three year pilot project plan.* The purpose of the pilot project, in turn, is to adapt EIBI to the circumstances in Leningrad region and/or St Petersburg city, to assess in practice the benefits of brief intervention and to disseminate the technique to other organisations and regions in the Russian Federation (see Annex).

Results of successful implementation of this *feasibility assessment and planning project* include:

- Key decision-makers in the health service sector have been provided with evidence based information about the cost-effectiveness of EIBI as a method for curbing harmful and hazardous alcohol use.

- The medical community and other professional groups have been informed about the benefits and conditions for successful implementation of EIBI.
- The viability of the EIBI approach in Russian primary health care has been assessed and a realistic detailed plan for a pilot project for testing EIBI in the Leningrad Region has been prepared.

A possible, though not preferred, outcome of the project may be that EIBI is not deemed suitable to the context of Russian primary health care, or that local partners' commitment to carrying through the pilot project cannot be secured at this time, which would then preclude embarking on an unrealistic effort.

Since analysis of the alcohol situation, acceptability of the EIBI approach, circumstances affecting the project, institutional resources, relevant resources of previous projects, and specific issues such as gender aspects will largely be done as part of the feasibility assessment, the resulting pilot project plan should be fairly concrete and detailed and ready for speedy implementation.

4.3 Main activities

The work to be done in the project consists of three main components (a-c) with partial overlap in the work schedule. The two latter components (b-c) are contingent on the results of the feasibility assessment.

a) Assessing the feasibility of introducing EIBI in Russian health care and developing a plan for a pilot project. Feasibility assessment and project planning will be carried out on the one hand by gathering and summarising information and by assessing tools and models of previous EIBI projects, and on the other, in the form of participatory seminars and workshops that enable the involvement of a wider range of stakeholders, including professionals and decision-makers in the health care sector.

b) If deemed feasible, drawing up a well prepared and realistic plan for a pilot project to test the implementation of EIBI with work-age patients of primary health services in the Leningrad Region.

c) Ensuring partners' commitment to carrying through the pilot project (preliminary agreement on investment in the project in terms of human, material and financial resources, amounting to about half of the total budget) and, providing that commitment exists, submitting a project application to potential funding agencies in autumn 2008.

To allow adequate time for preparation, the timing of the seminars/workshops has been revised from that included in the original project proposal. Seminars/workshops will be organised as follows:

Seminar I **May-June**

Purposes of the seminar include making contact with key stakeholders, presenting the background and justification for the EIBI approach and the project idea, and inviting input , on the one hand relating to the EIBI project and, on the other relating to specific problems and concerns in the Leningrad Region. Since only part of multifaceted alcohol-related problems can be addressed through the EIBI approach, it is important to place the approach within the wider context formed by other measures to prevent and reduce problems.

Relevant stakeholder groups include: health and social care provider groups for whom EIBI might be relevant as a working method, decision-makers and administrators of services in which EIBI might be introduced and groups that might play a role in facilitating dissemination and sustained implementation, such as associations of the medical professions and providers of professional training as well as health and social sector NGOs. Possibly interested donor agencies working in the region will also be invited.

The seminar will include presentations by local experts and a participatory workshop. Possible topics for presentations include: the situation regarding alcohol consumption and harm in Leningrad Region/North-West Russia/Russian Federation; specific problems and concerns in the Leningrad Region; relevance of the WHO strategy for the prevention of non-communicable diseases and of the WHO framework for alcohol policy in the European region; the situation

regarding major causes of disease and death and the underlying risk factors in Leningrad Region/ North-West Russia/Russian Federation; an overview of the EIBI approach, including evidence of effectiveness, previous projects and models of implementation.

The participatory workshop will focus on the one hand on the feasibility of introducing the EIBI approach in Russian primary health care and on aspects to take into account when planning a pilot project, and on the other – depending on the local partners' views - on such major alcohol-related problems or concerns that do not fit in the framework of the EIBI project (for instance drinking and drunkenness by young people or problems caused by illegally produced and surrogate alcohol). Participants will work in thematic groups according to their interests. The results will be summarised, included in the seminar report, provided as feedback to the participants if feasible, and used as material for EIBI project planning or conveyed to other actors as input for their work (e.g. SIHLWA and related projects).

Planning workshop June-August

Based on the background work and the results of the 1st seminar, an initial pilot project plan will be drafted by the Implementation team.

The purpose of the planning workshop is to get feedback and input from partners and other interested stakeholders (identified in conjunction of the 1st seminar) to assist in further development of the pilot project plan.

Experiences from Finnish brief intervention training and dissemination projects will be used as additional material for the planning process. Possible components for the workshop include demonstration of brief intervention training for GPs and nurses, different models of combining EIBI in primary health care with information activities targeted to a wider public, and assessment of EIBI-related materials, Russian materials included.

Seminar II September-October

The focus of the 2nd seminar is contingent on the result of the feasibility assessment. If a pilot project is deemed feasible, the project proposal will be presented in the seminar, along with any new information produced during the course of the project on the alcohol situation in Leningrad Region or North-West Russia. If the result of the feasibility assessment is negative, the seminar will focus on the grounds on which the assessment was made and on such changes in conditions and circumstances that might facilitate the introduction of the EIBI approach in the future.

If the result of the feasibility assessment is positive, the focus will be on presenting the possible future pilot project to stakeholders. Besides the stakeholders targeted in the 1st seminar, relevant groups might include beneficiaries of successful implementation of EIBI, such as family services and employers or occupational health services.

Feedback will be gathered from seminar/workshop participants and from other actively involved parties on their satisfaction regarding participation in the feasibility assessment and planning process.

The possible new project document for a pilot project will be submitted to financiers for independent external evaluation and possible funding.

The **NDPHS/SIHLWA Alcohol Sub-group** will follow the progress of the feasibility project, provide support as needed and facilitate/support the dissemination of the project's results.

Practical work in the one-year feasibility and planning project consists in organising participatory planning seminars/workshops and in carrying out practical feasibility assessment and drafting project plans. Co-ordination of the activities will be shared between MAPS and IAC NGO so that MAPS will have the overall responsibility for the coordination.

5. Risk Assessment

Risks to be taken into account in the planning and implementation of the project:

- Treatment of alcohol problems in Russia is focussed at advanced and difficult forms of dependency. In primary health care, GPs or nurses rarely pay attention to the drinking habits of their patients and in general do not consider screening for or responding to alcohol problems as a part of their responsibilities. It may be difficult for health care providers to adopt a new "early intervention "and "risk reduction" approach.
- Although the success rate of EIBI is around 10%, it needs to be implemented on a truly large scale and consistently over a longer period of time, for a reduction in alcohol use to become manifest at the population level. This requires investment in large scale training of health care providers in EIBI techniques and continuous support for implementation, for instance in the form of booster trainings. The slowness of return, coupled with unrealistic expectations of effectiveness may de-motivate both health care providers and decision-makers and thereby jeopardise sustained implementation.
- In general, men in Russia display more hazardous drinking patterns than women, characterized by frequent drinking, heavy drinking and binge drinking (heavy episodic drinking). Among women, frequent and heavy drinking patterns are the most common in the age group 18–35 years. Nevertheless, drinking problems are seen as predominantly a male problem and the risks involved in women's drinking tend to be ignored.

It is assumed that:

- Increasing health care providers' knowledge of drinking problems and of the techniques to motivate patients, and introducing the positive experiences from previous projects will help to remove some of the obstacles to the implementation of EIBI and contribute to realistic expectations of effectiveness.
- Government (federal, regional, local) has started to recognise the link between the extremely high level of alcohol use and the demographic crisis. International agencies (WHO, ILO, World Bank) strongly support interventions to reduce the negative consequences of alcohol use. This is seen to require a range of measures, including regulation of alcohol production and availability, development of capacity in health services and efforts to influence both individuals and their environment.
- The marked gender-related differences in alcohol use imply that special attention needs to be given to both Russian mens' and women's gender-specific drinking habits and problems in the assessment and development of EIBI-related training and materials.

6. Reporting

A **Project proposal** for a three year EIBI pilot project in the region will be prepared as an end result of this project if found feasible and if local commitment for joint funding can be agreed upon.