Optimizing Delivery of Health Care Interventions
ODHIN (2011-2014)
Project no. 259268

THIRD PERIODIC REPORT
Period: 01/01/2014 – 31/12/2014

PROJECT PERIODIC REPORT

Grant Agreement number:	259268
Project acronym:	ODHIN
Project title:	Optimizing Delivery of Health Care Interventions
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Date of latest version of Annex I against which the assessment will be made:	2012-07-01
Periodic report:	3rd Periodic report
Period covered:	From 01/01/2014 to 31/12/2014
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DECLARATION BY THE SCIENTIFIC REPRESENTATIVE OF THE PROJECT COORDINATOR

I, as scientific representative of the coordinator of this project and in line with the obligations as stated in Article II.2.3 of the Grant Agreement declare that:

- The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;

- The project (tick as appropriate):
  - ☐ has fully achieved its objectives and technical goals for the period;
  - ☒ has achieved most of its objectives and technical goals for the period with relatively minor deviations.
  - ☐ has failed to achieve critical objectives and/or is not at all on schedule.

- The public website,
  - ☒ is up to date
  - ☐ is not up to date

- To my best knowledge, the financial statements which are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project (section 3.4) and if applicable with the certificate on financial statement.

- All beneficiaries, in particular non-profit public bodies, secondary and higher education establishments, research organisations and SMEs, have declared to have verified their legal status. Any changes have been reported under section 3.2.3 (Project Management) in accordance with Article II.3.f of the Grant Agreement.

Name of scientific representative of the Coordinator: Dr. Antoni Gual

Date: 17/03/2015

Signature:

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1. LIST OF BENEFICIARIES

Beneficiary number	Beneficiary short name	Beneficiary organisation name	Country
1	FCRB	FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA	Spain
2	RUNMC	STICHTING KATHOLIEKE UNIVERSITEIT	Netherlands
3	USFD	THE UNIVERSITY OF SHEFFIELD	United Kingdom
4	UoY	UNIVERSITY OF YORK	United Kingdom
5	Ceformed	AZIENDA PER I SERVIZI SANITARI n°2 ISONTINA	Italy
6	NU	UNIVERSITY OF NEWCASTLE UPON TYNE	United Kingdom
7	KCL	KING'S COLLEGE LONDON	United Kingdom
8	UGOT	GOETEBORGS UNIVERSITET	Sweden
9	LIU	LINKOPINGS UNIVERSITET	Sweden
10	GENCAT	DEPARTAMENT DE SALUT - GENERALITAT DE CATALUNYA	Spain
11	PARPA	PANSTWOWA AGENCJA ROZWIAZYWANIA PROBLEMOW ALKOHOLOWYCH	Poland
12	UCL	UNIVERSITY COLLEGE LONDON	United Kingdom
13	UL	UNIVERZA V LJUBLJANI	Slovenia
14 (UTRO) 14	IDT (UTRO) SICAD	INSTITUTO DA DROGA E DA TOXICODEPENDENCIA (UTRO) SERVICO DE INTERVENCAO NOS COMPORTAMENTOS ADITIVOS E NAS DEPENDENCIAS	Portugal
15	ISS	ISTITUTO SUPERIORE DI SANITA	Italy
16	UM	UNIVERSITEIT MAASTRICHT	Netherlands
17	SZU	STATNI ZDRAVOTNI USTAV	Czech Republic
18	PAM	POMORSKI UNIWERSYTET MEDYCZNY W SZCZECINIE	Poland
19	MUW	WARSZAWSKI UNIWERSYTET MEDYCZNY	Poland

2. PUBLISHABLE SUMMARY

2.1. SUMMARY DESCRIPTION OF THE PROJECT CONTEXT AND THE MAIN OBJECTIVES

The European Union is the region of the world with the highest levels of per-capita alcohol consumption. There are many drinkers who regularly consume amounts of alcohol that put their health at considerable risk; according to the latest estimates for Europe, this applies to some 15% of the adult population. A vast body of scientific research has found that brief advice in health care settings can reduce the prevalence of hazardous and harmful drinking and their associated problems by up to 20%. Such advice, if extensively delivered is an important tool, among others, in reducing the negative health impacts of alcohol at the population level.

ODHIN is using the implementation of identification and brief intervention programmes (IBI) for hazardous and harmful alcohol consumption (HHAC) in primary health care (PHC) as a case study to better understand how to translate the results of clinical research into every day practice. Systematic reviews investigating the impact of different behavioural, organisational and financial strategies in changing provider behaviour have been undertaken across a range of clinical lifestyle interventions; a baseline measurement of services for managing hazardous drinking in PHC available in European countries has been carried out; a cluster randomised controlled trial has been performed to test the incremental effect of a range of strategies to improve the delivery of screening and brief advice for HHAC in primary health settings; and ODHIN has developed an evidence-based database on effective and cost-effective IBI measures for use in PHC.

The general objective of the project is to improve the delivery of health care interventions by understanding how to better translate the results of clinical research into everyday practice. The ODHIN project aims to improve screening and brief interventions in primary health care to reduce hazardous drinking.

The **scientific objectives** of ODHIN include the study of a number of aspects relating to the effectiveness and cost-effect of identification and brief interventions for harmful and hazardous alcohol consumption:

- the impact of different behavioural, organizational and financial strategies in changing provider behaviour across a range of clinical lifestyle interventions, explored through a series of systematic reviews;
- potential barriers and facilitators to dissemination and implementation processes for identification and brief intervention programmes for hazardous and harmful alcohol consumption in primary health care within current organisational arrangements;
- modelling studies that test the impact of different identification and brief intervention approaches on changes in alcohol consumption and the resulting impacts on healthcare costs and health-related quality of life providing evidence for both methodologies and measures to investigate the dissemination and implementation processes;
- A stepped cluster randomised controlled trial methodology was used to test the incremental effect of strategies that raise awareness, insight, acceptance of and performance of IBI programmes, and that improve acceptance, change and maintenance of implementation with financial and organisational strategies, with the intent to spread knowledge and the associated evidence-based interventions, and the adoption and integration of evidence-based health interventions in primary health care settings; and
- the extent of current provision of clinical practice for IBI programmes for hazardous and harmful alcohol consumption in PHC settings has been assessed in order to measure the sustainability of effective dissemination and implementation processes.

2.2. DESCRIPTION OF THE WORK PERFORMED AND THE MAIN RESULTS ACHIEVED

WP1 – Coordination - was in charge of the coordination and management of ODHIN at administrative, financial and scientific levels. Efficient communication channels between the project participants were set up and used frequently, whereas partners met face-to-face in four plenary meetings and seven WP-specific face-to-face meetings.

WP2 – Knowledge base – The overall objective was to add to the knowledge base on how IBI approaches for lifestyle issues can be successfully disseminated and implemented in everyday routine PHC practice. This has been achieved through a 3-step review methodology, which has found that implementation strategies have a statistically significant effect on the provision of prevention and health promotion activities of care providers, although, only some implementation strategies have proven effects on changing patient lifestyles. Multi-component implementation strategies tailored at identified implementation barriers seem to have positive effects on the healthcare provider as well as on patients, whereas evidence indicates that professional education is effective, but the effect size varies per lifestyle topic. A clear knowledge gap exists concerning the effectiveness of financial oriented implementation strategies.

WP3 - Cost effectiveness – has adapted the Sheffield Alcohol Policy Model from the UK context, and modelled the cost-effectiveness of IBI in the Netherlands, Poland and Italy. These adaptations show that national programmes of IBI are estimated to be highly cost-effective in all three countries. A framework that generalizes these estimates across Europe has been prepared.

WP4 – Surveys – has assessed provider attitudes and the experience of implementation of IBI programmes in nine different European countries, based on the responses of 2,435 European physicians. The findings indicate that education on alcohol, a supportive working environment, and role security (influenced by education and a supportive work environment) were independently related to the number of patients managed for alcohol-related harm. The top two barriers for delivering IBI were lack of time and the lack of a specific training in counselling for reducing alcohol consumption.

WP5 – the five country cluster randomized factorial trial demonstrated that providing training and support to primary health care providers improved IBI rates, an effect still present at least six months after the training and support sessions. Providing financial reimbursement also improved IBI rates, but only for the duration of the financial reimbursement. A combination of training and support with financial reimbursement trebled IBI rates, a combination which, based on cost-effectiveness analyses, would lead to cost savings in all five countries over a 30 year time frame.

WP6 - Assessment tool –The assessment tool developed under the Primary Health Care European Project on Alcohol (PHEPA project) has been formalised, operationalised and tested, gathering information from 23 European countries in order to assess the extent of implementation of IBIs for hazardous and harmful alcohol consumption throughout PHC settings.

WP7 - From science to policy – Over 90 dissemination activities have been carried out, with a round of national policy dialogues in the first year and two dialogues with decision makers at the European and international levels presenting and discussing ODHIN findings in the final months of the project. 17 scientific papers have been published in peer-reviewed journals; and, another 17 are in preparation. An e-book publication which provides guidance for the future governance of IBI taking into account ODHIN findings and the most pressing challenges, in addition to 6 accessible factsheets and 2 concise e-manuals providing specific guidance for health care professionals, on one hand, and for commissioners and funders of primary health care, on the other, have been produced to be widespread amongst all relevant stakeholders.

2.3. FINAL RESULTS AND THEIR POTENTIAL IMPACTS AND USE

In a context where alcohol causes more than 200 diseases and conditions, most of which present in primary health care, and **where brief advice from a primary health care provider is both effective in reducing heavy drinking, and cost-effective or even cost-saving, the ODHIN study has found that IBI for heavy drinking is rarely delivered**. In the five European jurisdictions participating in ODHIN's trial, only 11 per thousand adult patients who consulted their primary health care doctor were given brief advice for heavy drinking, an estimated 1 in 30 of those who could have benefited from such advice.

Providing training and support to primary health care providers increases screening and brief advice rates. Primary health care physicians who report more education on alcohol report that they manage more patients with heavy drinking. A systematic review of 29 published studies found that education programmes increased the likelihood of delivering screening and brief advice programmes. The ODHIN study found that providers who received between two to four hours of education advised over two-thirds more patients than providers who did not receive training and support during the 12-week period in which the training and support programme was delivered. Six to seven months after the training programme, trained providers were still advising two-fifths more patients than non-trained providers.

Providing financial reimbursement to primary health care providers increases screening and brief advice rates. The ODHIN study found that providers who received modest financial reimbursement advised more than double the number of patients than providers who did not receive financial reimbursement, an effect that only lasted for the duration of the reimbursement. Combining training and support with financial reimbursement trebled the number of patients advised - although the effect did not last, once the financial reimbursement ceased.

A combination of training and support with financial reimbursement leads to net financial benefits in the long term. In Catalonia, England and Sweden, for example, the implementation of training and support with financial reimbursement saves the equivalent of some €20 for every adult over a 30 period.

The ODHIN project has both contributed significantly to **build capacity**, consolidating a critical mass of researchers in this area of expertise, whom have established a dynamic network including not only relevant scientists, but also health care practitioners, commissioners and funders of health care services and non-for-profit organisations. It has expanded the **knowledge base** on effective and cost-effectiveness of IBI measures, and translated these scientific findings into easily understandable conclusions and **guidance for the future implementation of IBI in primary health care settings**. ODHIN's findings support an uptake of IBI for heavy drinking in European countries, which, from a societal perspective, would contribute to optimising public health expenditure due to the proven cost-effectiveness of these programmes. Governments can support identification and brief advice programmes in primary health care settings by ensuring: that clinical guidelines for these interventions are widely available; that providers receive the training, the materials and the advice they need to set up such programmes; and that they are adequately reimbursed for the interventions. Primary health care providers find it easier to undertake these interventions when supported by specialist services, with the transition from primary to specialist care seamless. In the long term, the wider potential societal impacts would be an improvement in the health and well-being of European citizens, and a reduction of alcohol-related costs in society (avoidable mortality and disease, loss of productivity, damage to interpersonal relationships, etc.), thanks to an improvement in the delivery of alcohol-related health care interventions.

3. PROJECT OBJECTIVES, WORK PROGRESS AND ACHIEVEMENTS DURING THE PERIOD

WP2	**Knowledge base**
WP3	**Cost effectiveness**
WP4	**Surveys**
WP5	**Stepped cluster RCT**
WP6	**Assessment tool**
WP7	**From science to policy**

WP2 – KNOWLEDGE BASE

1. WP LEADER:

RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The overall objective is to bridge the gap between evidence base clinical research and everyday clinical practice by building a knowledge base on how identification and brief interventions (IBI) for lifestyle issues can be successfully disseminated and implemented in everyday routine practice. The focus of the application and this WP is on primary health care and on hazardous and harmful alcohol consumption, nonetheless the hypothesis is that this knowledge base can be translated to the dissemination and implementation of IBI for other lifestyle issues and in other healthcare settings. This overall aim is specified in the following two objectives:

1. To identify effective strategies to disseminate and implement IBI in primary care settings.
2. To identify factors that foster or limit dissemination and implementation IBI in primary care settings.

In months 1 to 18 we focused on objective 1 to identify (effective) strategies for disseminating and implementing IBI in primary care settings. The identification of factors was based on the extraction of studies and was primarily carried out in the next 18 months.

In months 19 to 36 we focused on completing objective 2 to identify (effective) strategies for disseminating and implementing IBI in primary care settings. The identification of factors was based on finalizing the extraction of and analysis of studies. Furthermore, the focus was on finalizing the deliverable report.

In months 37-48 we focused on further dissemination of our findings at conferences and scientific journals.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

It is important to note that WP2 is subdivided in three steps:

1. Firstly, the (cost-) effectiveness of professional educational and reimbursement strategies on lifestyle and prevention targeted at health professionals were reviewed (review of reviews) as well as the (cost-) effectiveness of e-health strategies on lifestyle and prevention targeted at patients/citizens.
2. Secondly, a review and meta-regression of trials on implementing screening and brief interventions for hazardous and harmful alcohol consumption in primary healthcare was completed.
3. Thirdly, results of the review of trials were compared with other reviews on lifestyle issues such as smoking, non-exercise and unhealthy diet.

The three steps have different tasks, which will shortly be mentioned below.

In months 1-18 we focused on steps 1 and 2, in months 18-36 we focused on steps 2 and 3. In months 37-48 we focused on dissemination of the results (task 8).

Task 1: Protocol
The protocol was completed in April 2011, and in June 2011 an amendment was incorporated (attached to the 1st periodic report).

Task 2: Searches
Searching computerized searches, clinical trial databases and reference list were finished for all three steps by December 2013, as described in the 2nd periodic report.

Task 3: Endnote X3
Identified references were entered into Endnote X3 and an Excel-file and finished for all three steps by month 35, as described in the 2nd periodic report.

Task 4: Identification of relevant papers
Relevant papers were identified through a consensus-based checklist and finished for all three steps by month 35, as described in the 2nd periodic report.

Task 5: Data collection
Data was extracted and finished for all three steps by month 35, as described in the 2nd periodic report.

Task 6: Data analysis
All data were entered in an electronic database. Data of step 2 were quantitatively analysed in a statistical programme. Data analysis for all three steps was finished by month 35, as described in the 2nd periodic report.

Task 7: Conference meeting
Results of all three steps were discussed at conference meetings as described in the 2nd periodic report.

Task 8: Writing a series of scientific papers
Between months 37-48, a scientific paper based on the step 2 review of trials was written and submitted, and results of step 1 review of reviews were published in an eReader (http://www.odhinproject.eu/images/Final-ODHIN_e-reader_ImplementationStrategiesForLifestylesIssues.pdf; see "OD_WP2_AP2_eReader"). Both are described in "PROJECT PUBLICATIONS MONTHS 37-48". Furthermore, results of the step 2 analyses were presented at a conference meeting, as described in "LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48".

Task 9: Writing a guide for dissemination and implementation
The report, which serves as a Deliverable, was delivered early January 2014, as described in the 2nd periodic report.

The present status of the Work Package is as follows:
Steps 1-7 and step 9 are completed. Results are written in the Deliverable report as described in the 2nd periodic report.

Months 37-48 were used for task 8, as described above. Currently we have submitted a manuscript to a peer reviewed journal and we have published an open access eReader, as described in "PROJECT PUBLICATIONS MONTHS 37-48".

- **COMPLIANCE WITH RELEVANT ETHICS REVIEW OR SCREENING REQUIREMENTS**

Ethics approval was not required for the research carried out in WP2, as this research has not been carried by the range of related research activities as specified by the Dutch law 'Medical Research Involving Human Subjects Act' (WMO).

5. SIGNIFICANT RESULTS ACHIEVED

The **Deliverable 2.1 report** *Knowledge base of successful implementation of screening and brief intervention for lifestyle issues in every day routine primary health care practice* has been completed and delivered, as described in the 2nd periodic report. It reports findings of 3 sets of reviews and describes the following recommendations for practice:

- Successfully changing professional behaviour with regard to SBI does not automatically result in a reduction of patients' alcohol consumption. Therefore we recommend the use of multi-component oriented implementation strategies including the patient level as well as the professional and/or organisation level.
- Involving professionals with various backgrounds in the professional oriented implementation strategy is likely to be more effective on screening behaviour than involvement of just one professional discipline.

The report described the following recommendations for further research:

- Evaluate effects on both the levels of provider screening and brief interventions as well as patients' alcohol consumption.
- It needs some time to firstly change healthcare provider behaviour and subsequently influencing patient behaviour. This requires long-term trials, measuring the effects on the short term, after 3 and 6 months and long-term after 12, 18 and even 24 months.
- Investigate effectiveness of financial oriented implementation strategies, as there is a clear knowledge gap in that field.
- Investigate to what extent other providers in primary healthcare besides GP's can be involved in, since many trials involve solely GPs.
- Cost-effectiveness of different implementation strategies should be further investigated.
- Determinants of effective implementation strategies should be further investigated. For example: what is the optimal intensity of an educational intervention aimed at nurses and GPs to stimulate screening and brief interventions for hazardous and harmful alcohol use; what is the optimal intensity of financially incentivising general practices in stimulating them to do screening and brief interventions; what factors of e-health strategies determine the effectiveness at patient level. In addition, applied implementation strategies in studies should be described in more detail.

Deliverable 2.1 was submitted via the ECAS participant portal, and is also available on the ODHIN website, currently for logged-in users only, as to not preclude scientific publications coming out of the ODHIN work (see Publication 1, below). However, it will be made publicly available and disseminated as soon as the related publication is published.

Milestones and working documents of WP2 were described and attached to the 1st and 2nd periodic reports:

- Milestones: MS1: Core group workshop on the search strategy for the series of scientific papers review has been achieved. Supporting documents of this milestone are:
  - Workshop 2011 presentation (attached to the 1st periodic report).
  - WP2 protocol (attached to the 1st periodic report).
    - This includes WP2 objectives, description of three-stepped approach, ODHIN WP2 participants, checklist for inclusion, search methods, selection of relevant papers, data extraction, methodological quality, data analyses, proposed search strategy, WP2 milestones, and WP2 deliverables.
  - WP2 protocol amendment (attached to the 1st periodic report). This includes revised in-/exclusion criteria and revised time schedule.

Other Working documents and tools produced the first 18 months and which were used and fine-tuned throughout months 19-36 are:

- Logs of step 1 and step 2 (attached to 2nd periodic report)
- Tools: Data extraction forms both from step 1 and step 2 (attached to 1st periodic report, not changed after delivering 1st periodic report).
- All data extracted from step 1 and step 2 were entered in an electronic Excel database (attached to 2nd periodic report)
- All data quantitatively analysed from step 2 was applied with MetaEasy and with SPSS. These datasets are available upon request, as reported in the 2nd periodic report.

During months 37-48 one dissemination activity was organised and attached as a supporting document:

- Presenting results from step 2 in a plenary session at the INEBRIA conference in Warsaw, Poland, September 18th 2014 (see "OD_WP2_AP3_WP2 presentation INEBRIA").

Furthermore, we submitted a paper to a scientific journal and published an eReader, as mentioned in "PROJECT PUBLICATIONS MONTHS 37-48".

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

Explained deviations already mentioned in 1st or 2nd periodic report:

- The WP2 research protocol was not written for the EPOC group, but written by EPOC criteria. We decided to aim at publications in peer-reviewed journals instead of focusing on the Cochrane Library, as described in the 1st periodic report.
- At the ODHIN kick-off meeting, it was decided to focus on the main literature databases (excluding Psychinfo, Alcohol Problems Science Database (ETOH), Special Register of EPOC and Cochrane Drug and Alcohol Group, and DARE), as described in the 1st periodic report.
- Hand-searching relevant specialised journals was not done, as described in the 1st periodic report.
- Identified references were not entered into Reference Manager, but were entered into Endnote X3, as described in the 1st periodic report.
- In the original Description of Work we described that it was expected to produce at least 6 scientific papers. We adjusted our expectation to 2 to 6 papers, as described in the 1st periodic report
- In the original Description of Work we described to use SPSS and/or Review Manager to quantitatively analyse step 2 data. SPSS was applied, but instead of Review Manager we used MetaEasy version 1.0.4. programme, as described in the 2nd periodic report.
- Available resources: we increased the number of man-months invested in this WP as described in the 1st and 2nd periodic report. The total amount of man-months is approximately consistent with the original scheduled 27 man-months for this WP, but a bit lower than the latest estimation of 31 man-months. These man-months were instead invested in WP5, due to difficulties in recruitment practices (See report WP5, 2nd periodic report).
- Planning: The completion of the reviews was expanded 12 months as explained in the 1st periodic report.

Deviations in month 37-48

- In the original Description of Work, it was described that we expected to write 3 to 6 scientific papers, as it was intended to write a scientific publication for every step out of three in total. Currently, there has been 1 scientific paper submitted that was based on results of the review of trials (step 2). Furthermore, we published an open access eReader for the project that include results of the review of reviews (step 1).
    - Detailed explanation for this deviation: The step 1 approach was set up in first instance to facilitate ODHIN WP5, the choice and development of the implementation strategies, and therefore we only focused on the current knowledge with regard to the three implementation strategies we intended to apply in ODHIN WP5 Randomized controlled trial.

The results of this WP2 step were presented during several ODHIN meetings. This preparing step for the (upcoming) ODHIN work was very relevant. Step 1 primarily facilitated ODHIN work and was not originally set up for scientific publication, this complicates successful publication. For a successful publication, it should be more to-the-point and it needs a more narrow research question. The current question is too extended for achieving appropriate answers to publish, so that the results cannot be exhaustive for all the different lifestyles. Besides, to be able to give an appropriate answer to the research question, papers will require the research team to search more databases besides Pubmed and CENTRAL. Furthermore, the search should be updated as it is already been out of date which implies a lot of work. Finally, step 1 was not included in the original protocol at all, but included at the first ODHIN meeting to facilitate the development of WP5 implementation strategies and already required a sufficient amount of time. So in conclusion, it required disproportionate time investment from the research team to bring it to a successful scientific publication and therefore it was decided to change publication of scientific paper into publication of an open access eReader instead, which were more feasible.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND/OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

- The delivery date of WP2 Knowledge Base was expanded 12 months as explained in the 1st periodic report.
- WP2 was expanded with an additional step, which comprised a review of reviews, as described in the 1st periodic report.
- Task 8 in the Description of Work was described as "*Writing of series of papers: The findings of these literature reviews will be reported in a series of scientific papers (expectation at least 3 to 6).*" As already described in "REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING", we decided to publish 1 paper concerning WP2 step 2 in a peer reviewed scientific journal and to publish remaining work in an open access eReader. Explanation of this decision was given in section 6 of this document. This decision had no impact on other tasks within WP2 or on the planning in WP2. The availability of resources was increased, as the eReader was published in open access format, while many peer reviewed scientific journals could not be openly accessed.

8. DESCRIPTION OF CORRECTIVE ACTION ALREADY UNDERTAKEN

As explained in "REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING" and "REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING", it was decided to publish 1 scientific paper. Because of feasibility reasons, it was decided to publish the remainder of the work in an open access eReader. In this way, results still get published and are easily accessible, and do not need to be revised into required format and content for peer reviewed scientific journals.

9. WP MEETINGS AND CALLS MONTHS 37-48

Concerning WP2 no meetings or calls occurred in months 37-48 of the project, as all important meeting and calls for completing the WP2 formulated tasks, were already done during periods corresponding to 1st and 2nd technical reports.

10. LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48

Activity 1

- Type of activity* (see note Activity types): Oral presentation to a wider public
- Main Leader*: RUNMC
- Title*: Enhancing management of heavy alcohol consumption in primary healthcare: what works? A systematic review, meta-analysis and meta-regression analysis
- Date*: 18-09-2014
- Place*: Warsaw, Poland
- Type of audience*: Scientific community (higher education, or Research); Industry; Policy makers
- Size of audience: 100
- Countries addressed*: All countries participating in the INEBRIA Meeting, mostly Europe + USA
- Link to online information about this activity (if available): http://www.ipin.edu.pl/ain/en/archive/2014/10/AiN-suppl1-Book%20of%20abstracts.pdf

11. PROJECT PUBLICATIONS MONTHS 37-48

As mentioned above, the following publication based on WP2 work has been submitted for publication to Addiction, but at the time of the formal project end, has still not been published, and therefore cannot be incorporated into the ECAS participant portal. A confidential copy has been attached to this report (OD_WP2_AP1_ WP2 step 2 submitted paper_confident) for consultation purposes (but not to be made public).

Publication 1: Peer-reviewed publication (upcoming)

- Publication type: Peer-reviewed publication
- Title*: Enhancing management of heavy alcohol consumption in primary healthcare: what works? A systematic review, meta-analysis and meta-regression analysis
- Author(s)*: Myrna Keurhorst, Irene van de Glind, Michaela Bitarello do Amaral-Sabadini, Peter Anderson, Eileen Kaner, Dorothy Newbury-Birch, Jozé Braspenning, Michel Wensing, Maud Heinen and Miranda Laurant
- Journal*: submitted to *Addiction*
- Volume/issue*: not applicable, as the current status is that the editor has to take a final decision concerning publication
- Date of publication*: not applicable, as the current status is that the editor has to take a final decision concerning publication
- Relevant pages*: not applicable, as the current status is that the editor has to take a final decision concerning publication
- Open access is/will be provided to this publication (yes/no): no

In addition to the publication above, WP2 has produced an open access eReader which was published on the ODHIN website in January 2015.

Publication 2: Edited eReader book

- Publication type: eReader book
- Title*: Knowledge base of successful implementation of screening and brief intervention for lifestyle issues in every day routine primary health care practice
- Author(s)*: Myrna Keurhorst, Michaela Bitarello, Maud Heinen, Michel Wensing, Miranda Laurant
- Title of the book (series)*: See 'title'
- Date of publication*: 30/01/2015

- Publisher: The ODHIN project
- URL: http://www.odhinproject.eu/images/Final-ODHIN_e-reader_ImplementationStrategiesForLifestylesIssues.pdf
- Relevant pages*: 1-36
- Open access is/will be provided to this publication (yes/no)*:Yes

12. APPENDICES

NAME FILE ATTACHED	TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	COMMENTS
OD_WP2_AP1_WP2 step 2 submitted paper_confident	Task		Submitted paper based on results of WP2 step 2. **For confidential use only**
OD_WP2_AP2_WP2 eReader	Task		Ebook based on results WP2 step 1
OD_WP2_AP3_WP2 presentation INEBRIA	Other: dissemination activity		Document to share results from step 2at INEBRIA conference 2014, Warsaw (Poland)
OD_WP2_AP4_WP2 minutes	Other: Working document		In this document notes of all face-to-face minutes were documented. Notes are in Dutch. Besides face-to-face discussions, a lot of discussions were done by e-mail. However, these are not described in this document (unfeasible).

13. STATEMENT ON THE USE OF RESOURCES – WP2

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

WP3 – COST EFFECTIVENESS

1. WP LEADER:

USFD (THE UNIVERSITY OF SHEFFIELD, UNITED KINGDOM)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)
UOY (UNIVERSITY OF YORK, UNITED KINGDOM)
CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)
PARPA (PANSTWOWA AGENCJA ROZWIAZYWANIA PROBLEMOW ALKOHOLOWYCH, POLAND)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The objectives of WP3 are threefold:

1. To adapt the Sheffield Alcohol Policy Model (SAPM) and its appraisal of the cost-effectiveness of screening and brief interventions (SBI) from its current context of England, to model the effectiveness of SBI in the Netherlands, Poland and Italy
2. To use the results of the modelling to consider generalizability of interventions across the EU
3. To investigate modelling long-term cost-effectiveness of dissemination approaches studied in RCTs in other WPs.

Objectives 1 and 2 were addressed in months 19-36 and reported in Deliverable D3.1 submitted with the period 2 technical report. Work in months 37-48 has been focused on objective 3 and the analysis of the WP5 trial results.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

The approach taken to meet objective 3 consisted of 3 main tasks:

1. Collect data within the WP5 trial of the costs associated with implementing each of the trialled strategies
2. Analyse the results from the WP5 trial to estimate the effectiveness of each of the trialled strategies on provider SBI behaviour
3. Combine this data with the existing cost-effectiveness models developed for objectives 1 and 2 in order to estimate the long-term effectiveness and cost-effectiveness of the trialled strategies.

Task 1 involved collecting data within each country involved in the WP5 trial (Catalonia, England, the Netherlands, Poland and Sweden) on the costs of delivering training to providers, the cost of the providers' time in attending training, the level and structure of the financial incentives offered to providers in the financial reimbursement arms of the trial and the cost of delivering the SBIs themselves (both in terms of provider's time and any materials given to patients). This was completed by the teams at FCRB, GENCAT, Newcastle, RUNMC, PARPA, PMU, Gothenburg and Linkoping. The resulting data was analysed by the team at UoY in order to standardise the data and estimate the overall annual cost of implementing each of the 8 trialled strategies at a national level for each of the 5 countries.

Task 2 was performed by Peter Anderson. The majority of this work took place as part of WP5, although a number of additional analyses were required in order to calculate the impact of each trialled strategy separately on screening rates (the proportion of eligible patients who were screened), screen positive rates (the proportion of patients screened who screened positive for hazardous drinking) and BI rates (the

proportion of patients screening positive who then received a BI) at both implementation and follow-up time periods.

Task 3 was performed by USFD. The results from tasks 1 and 2 were combined with existing cost-effectiveness models for each country. For England we used the original version of the Sheffield Alcohol Policy Model which formed the original template for the model adaptations of objective 1. For the Netherlands and Poland we used the models developed for objective 1. For Catalonia and Sweden we used the meta-model developed under objective 2. All models were harmonised to give results in a common currency to ensure comparability (2013 Euros). The model results give estimates of the long-term effectiveness and the cost-effectiveness of each of the modelled strategies, which are then compared to the appropriate national cost-effectiveness thresholds in order to determine the optimal strategy for each country.

A full explanation of the work undertaken for each of these tasks and the final results are presented in an addendum to the final model report, which was submitted via the ECAS portal together with the original Deliverable 3.1 on 15th January 2015. This deliverable addendum is also available on the ODHIN website, currently for logged-in users only, as to not preclude scientific publications coming out of the ODHIN work (see "Publications register", in WP1 section). However, it will be made publicly available and disseminated in Spring 2015, in the final ODHIN end-of-project communication action (see WP7 for further details).

In addition to this work towards objective 3, an additional systematic review was undertaken by USFD of international cost-effectiveness evidence in order to place the results of WP3 within the context of the existing international evidence base on the cost-effectiveness of SBIs in primary care.

During months 37-48 a number of dissemination activities have taken place:

- In order to improve awareness of the results of the Italian model adaptation from objective 1 amongst providers in Italy, an Italian language article has been published in Politiche Sanitarie (see publications)
- Results of the systematic review, which included the results from objective 1 (in the form of Deliverable D3.1) have been published in Frontiers in Psychiatry (see publications)
- Following sharing of our results and discussion of their practical implications for the Netherlands with the Dutch College of General Practitioners (NHG), these results (in the form of Deliverable D3.1) have been referenced in the recently published guidelines for the treatment of alcohol disorders (see publications)
- Results on the cost-effectiveness of SBI strategies across Europe (objective 2) and preliminary results from the cost-effectiveness analysis of the WP5 trial (objective 3) were presented at the 11th conference of the International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA) in Warsaw on the 17th-19th September 2014 (see dissemination activities for more details)
- An overview of the results from WP3, including results from the systematic review and all 3 objectives, was presented at the 6th European Alcohol Policy Conference (EAPC) in Brussels on the 27th-28th November 2014 (see dissemination activities for more details)
- A factsheet summarising the results of objectives 1 and 2 and their implications for policy makers has been produced for dissemination, with similar factsheets for other work packages, to decision makers across the EU (see WP7 From science to policy for further details).

Three additional scientific publications are currently being prepared based on the ODHIN WP3 results, and are expected to be published in 2015:

- *Effectiveness and cost-effectiveness of screening and brief interventions in primary care in the Netherlands*
- *The effectiveness and cost-effectiveness of SBI programmes across Europe: a novel meta-modelling study*

- *Modelled cost-effectiveness of strategies to increase delivery of SBIs in primary care: results from the ODHIN trial*

Overall the progress of this WP has been very successful, with all tasks completed and all deliverables submitted.

5. SIGNIFICANT RESULTS ACHIEVED

The principal scientific results achieved within the WP are:

1) The adaptation of the Sheffield Alcohol Policy Model to Italy, the Netherlands and Poland. These adaptations show that national programmes of Screening and Brief Interventions in primary care are estimated to be highly cost-effective in all three countries.
2) The development of a framework which allows these results to be generalised to estimate the costs and health benefits of such programmes in other EU countries. This 'meta-model' shows that national SBI programmes are likely to be cost-effective or even cost-saving in every EU member country.
3) The analysis of the WP5 trial results to estimate the long-term effectiveness and cost-effectiveness of the trialled strategies aimed at increasing delivery of SBIs in primary care. This analysis shows that Training and Support in combination with Financial Reimbursement is the most effective strategy across all 5 countries involved in the trial. This is also the most cost-effective strategy in 4 out of the 5 countries, with Training and Support alone being the optimal strategy in the Netherlands.

Full details of these results can be found in the resubmitted version of Deliverable D3.1, which includes the addendum covering this work.

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

As explained in the 2nd Technical report, the original description for task 8 proposed a 2 day joint workshop involving invited participants from all of the countries in the ODHIN consortium. Following discussions between Alan Brennan and Colin Angus as USFD with Peter Anderson it was decided that the logistical difficulty of arranging such a workshop, whilst ensuring attendance of key stakeholders from all ODHIN partner countries, meant that it was unclear that such a workshop was the best way to achieve objective2 of the WP. We believe that the creation of the meta-model framework described in the final model report (see "OD_WP3_AP1_D3.1-Cost Effectiveness Model Report") presents a clearer benefit to policy makers across Europe.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

Owing to a delay in the analysis of the WP5 trial data, the addendum to the final WP3 model report, detailing the results of objective 3, was submitted in January 2015, rather than month 46 (October 2014) as previously planned.

This delay has had no impact on any other tasks or objectives, nor any resource or planning issues.

8. PROPOSAL OF CORRECTIVE ACTION

Not applicable.

9. WP MEETINGS AND CALLS

No specific WP3 meetings have been held within this period (other than every day internal working meetings).

10. LIST OF DISSEMINATION ACTIVITIES

Activity 1

- Type of activity: Oral presentation to a scientific event
- Main Leader: USFD
- Title: New evidence on the cost-effectiveness of Brief Interventions in primary care – results from the ODHIN trial
- Date: 18/10/2014
- Place: INEBRIA annual conference, Warsaw, Poland
- Type of audience: Scientific community
- Size of audience: 40
- Countries addressed: International audience
- Link to online information about this activity: Not available

11. PROJECT PUBLICATIONS

Publication 1 (Not included in ECAS as Journal not available on 10/2/2015)

- Publication type: Peer-reviewed publication
- D.O.I: 10.1706/1567/17055
- Title: Lo screening e l'intervento breve in medicina generale: un modello di analisi economica sui bevitori a rischio
- Author(s): Struzzo, P , Angus, C, Scafato, E, Ghirini, S, Torbica, A, Ferre, F, Scafuri, F, Purshouse, R, Brennan, A
- Journal: Politiche Sanitarie
- Volume/issue: 15(2)
- Date of publication: 12/07/2014
- URL: http://www.politichesanitarie.it/articoli.php?archivio=yes&vol_id=1567&id=17055
- Relevant pages: 77-83
- Open access is/will be provided to this publication: no

Publication 2

- Publication type: Peer-reviewed publication
- D.O.I: 10.3389/fpsyt.2014.00114
- Title: What are the implications for policy makers? A systematic review of the cost-effectiveness of screening and brief interventions for alcohol misuse in primary care
- Author(s): Angus, C, Latimer, N, Preston, L, Li, J, Purshouse, R
- Journal: Frontiers in Psychiatry
- Volume/issue: 5
- Date of publication: 01/09/2014
- URL: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150206/
- Relevant pages: 114
- Open access is/will be provided to this publication: yes

Publication 3 (Not included in ECAS as Journal not available on 10/2/2015)

- Publication type: Peer-reviewed publication
- Title: NHG-Standaard Problematisch alcoholgebruik(Derde herziening)
- Author(s): Boomsma LJ, Drost IM, Larsen IM, Luijkx JJHM, Meerkerk GJ, Valken N, Verduijn M, Burgers JS, Van der Weele GM, Sijbom M
- Journal: Huisarts &Wetenschap
- Volume/issue: 57(12)
- Date of publication: 2014
- URL: https://www.nhg.org/standaarden/volledig/nhg-standaard-problematisch-alcoholgebruik
- Relevant pages: 638-46
- Open access is/will be provided to this publication: yes

Publication 4 (In preparation)

- Publication type: Peer-reviewed publication
- Provisional title: Effectiveness and cost-effectiveness of screening and brief interventions in primary care in the Netherlands
- Author(s): Colin Angus, Myrna Keurhorst, Miranda Laurant, Alan Brennan

Publication 5 (In preparation)

- Publication type: Peer-reviewed publication
- Provisional title: The effectiveness and cost-effectiveness of SBI programmes across Europe: a novel meta-modelling study
- Author(s): Colin Angus, Chloe Thomas, Peter Anderson, Petra Meier, Alan Brennan

Publication 6 (In preparation)

- Publication type: Peer-reviewed publication
- Provisional title: Modelled cost-effectiveness of strategies to increase delivery of SBIs in primary care: results from the ODHIN trial
- Author(s): Colin Angus, Jinshuo Li, Peter Anderson, Steve Parrott, Alan Brennan

12. APPENDICES

As milestones were achieved in previous reporting periods, and the Deliverable report and addendum has been previously submitted via ECAS, no files are appended to the WP3 report.

13. STATEMENT ON THE USE OF RESOURCES – WP3

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

WP4 – SURVEYS

1. WP LEADER:

MUW (MEDICAL UNIVERSITY OF WARSAW)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)
RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)
CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)
NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)
KCL (KING'S COLLEGE LONDON, LONDON, UNITED KINGDOM)
UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)
LIU (LINKOPING UNIVERSITY, SWEDEN)
GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)
UL (UNIVERZA V LJUBLJANI, SLOVENIA)
SICAD (SERVICO DE INTERVENCAO NOS COMPORTAMENTOS ADITIVOS E NAS DEPENDENCIAS, PORTUGAL) (UTRO IDT)
ISS (ISTITUTO SUPERIORE DI SANITA, ITALY)
UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)
SZU (STATNI ZDRAVOTNI USTAV, CZECH REPUBLIC)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The **Overall objectives** of Work Package 4 Surveys were:
1. To consolidate and update knowledge of potential barriers and facilitators for general practitioners to implement Identification and Brief Intervention (IBI) programmes;
2. To increase the understanding of factors that affect whether clinicians will use the IBI intervention;
3. To compare attitudes and experiences in delivering IBI in participating European countries with differing cultures, and organization and funding of Primary Health Care services;
4. To learn how information about health care interventions is created, packaged, transmitted, and interpreted among a variety of important stakeholder groups.

In the course of the project (1-48 months) objectives 1 – 3 have been addressed. The survey performed did not allow meeting objective 4 (see section 6).

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

Work Package 4 included several consecutive tasks undertaken mostly in the months 1-18: construction of the survey instrument, adaptation of the instrument, writing the protocol of the survey, implementation of the survey in 9 European countries, and collection of data.

Task 1. Construction of the survey instrument
The survey questionnaire (attached to the 1st periodic report) consisted of 28 questions with the possibility for each of the participating countries to add up to three further country-specific additional questions.

The questionnaire included questions on demographic information about doctors and practices, the attitudes of doctors working with patients who drink alcohol, their beliefs about their own activities in working with drinkers, extent of academic education and postgraduate training on alcohol received by

general practitioners, their views and attitudes towards management of alcohol problems, their diagnostic performance and their reported management of alcohol problems during the past year, including number of patients managed in the previous year, working environment and its impact on intervening for alcohol problems. Moreover, the Shortened Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ) was included to assess GPs' inclination towards intervening for alcohol problems; the instrument measures adequacy, task-specific self-esteem, motivation, legitimacy and satisfaction of physicians. The SAAPPQ items were used separately in respect of hazardous or harmful drinkers and dependent drinkers.

In the subsequent section, respondents indicate their agreement with 18 suggested barriers and 11 suggested incentives to early intervention for alcohol in general practice. In addition, to gauge the influence of policy change on attitudes and behaviour, GPs are expected to rate the effectiveness of 10 European public policies and 12 suggested policy measures in each country to tackle alcohol problems. At the end, an open-ended question was included to collect individual experiences or comments of the surveyed physicians.

The content of the questionnaire was discussed in detail at the partner meeting (ODHIN Kick-off Meeting, Barcelona, 21-23.02.2011) and the final version of the instrument was later approved by all the partners after a series of email exchange.

Task 2.1 Writing the survey protocol

The flow of the study and the assumptions for the protocol of the survey was discussed at the partner meeting (ODHIN Kick-off Meeting, Barcelona, 21-23.02.2011) and further developed by the WP4 leader in close consultation with the ODHIN project leaders. The final version of the protocol (attached to the 1st periodic report) was presented, discussed, and approved by all partners across a series of email communication and at the ODHIN Partner Meeting in Barcelona (14-15.02.2012).

Task 2.2 Adaptation of the instrument

The final English version of the questionnaire was translated in each country to the native language and the translation was later validated by back translation into English and confirmed by an English native speaker in terms of language accuracy and appropriateness for primary care (Peter Anderson validated the back-translations). Where available, a translated copy of the original WHO questionnaire from 1999 was used as a master in the process of translation. In such a case, only newly added questions were translated and back translated. All 9 national versions of the survey instrument were attached to the 1st periodic report (and are also annexed to the end of the WP's deliverable 4.1 and publicly available on the ODHIN website http://www.odhinproject.eu/project-structure/wp4.html).

Task 2.3 Ethical approval

Depending on country law and regional regulations, the ethical approval by the Bioethics Committees (Institutional Review Boards) was received before the study started in the UK, Poland, and Slovenia.

Task 2.4 Sampling

In each country, an accessible database of general practitioners was sought and used to draw a sample. In most of the countries, these databases were used to obtain the information on sex, age, address, type and location of practices. According to this data, a representative sample of minimum 250 physicians per country was drawn randomly where possible after stratification for sex, age, geographic location. If a group practice was drawn, only one GP per practice was selected. The sample size was adjusted accordingly to the response rate, so that the final number of returned questionnaires fit the minimum sample size of 250. Only in Sweden, due to problems with recruitment, only 90 GPs took part in the study, which cannot be considered a representative sample for the country.

Following this common sampling procedure, there were some variations between countries in the survey fieldwork:

- In Catalonia, the survey was done online, and email invitations were sent to all members of the Catalan Association of Family Physicians. In this case, measures were taken to ensure the representativeness by sex, age group and geographic location of the final sample obtained.
- In Slovenia the paper version was mailed along with the invitation letter to all GPs in the country.
- In Portugal, a representative sample of total family physicians registered in the Health System Central Administration was stratified by gender, age group and Health Region.
- In the Netherlands, a representative sample, concerning sex, age, situation and degree of urbanization, of 1,600 GPs from the whole country was drawn.
- In the UK, all PC practices were identified in 6 Primary Care Trusts. One GP randomly was sampled from each of 419 selected PC practices.
- In Italy, a database of Italian GPs with available telephone numbers and email addresses was used. From those physicians, 500 GPs were selected by regions.
- In Poland, two main associations of Primary care physicians were approached and selected members from several regions in the country were invited participate in the survey.
- In the Czech Republic the data set of all registered GPs in the country was used to randomly select 361 practitioners using quotas representative by region, gender and age.
- In Sweden, all approachable general practitioners working in 4 different counties were approached and surveyed.

The details of the sampling method and survey implementation are described in the Table 1 of the Final Report of the Survey (submitted via the ECAS portal on 5/3/2013 and resubmitted after minor corrections on 20/6/2014, and publicly available on the ODHIN website http://www.odhinproject.eu/resources/documents/doc_download/52-deliverable-4-1-survey-of-attitudes-and-managing-alcohol-problems-in-general-practice-in-europe.html).

Task 3. Implementation of the survey

The survey was carried out in all 9 countries (Catalonia, Czech Republic, Italy, Netherlands, Poland, Portugal, Slovenia, Sweden and UK) separately by the group of researchers or a survey company (see Table 2 of the Final Report of the Survey for data collection period). The questionnaires were mailed by post office (Slovenia, Netherlands, UK, partly Sweden), e-mailed or the questionnaire was made accessible online on a special website that GPs could access (Catalonia, Poland, Italy, Portugal, and partly in Sweden). In such cases, electronic mail was sent containing the relevant information about the study, encouragement and the link to this website with a login name and password. If the copy of questionnaire was mailed by post, the reply-paid envelope was included in the mail. In the Czech Republic, paper version was used and research assistants interviewed GPs face-to face.

To ensure an adequate response rate, in some cases additional techniques were utilised. In Italy, GPs were first contacted by telephone, the study was explained and an e-mail address requested. In Portugal, the list of selected doctors in each Group of Health Centres was sent to their Executive Director, jointly with a letter asking for support of the dissemination and encouragement of selected doctors to fill the questionnaire. In the Netherlands, one reminder with a new questionnaire including a reply-paid envelope was sent to non-responders. In Sweden the low participation rate led to a stepwise change in the procedure. At first, a postal invitation to four regions in different parts of the country was sent. This was followed by an e-mail invitation in most other regions of the country, and finally was followed by an invitation by postal mail in the rest of Sweden. In the last round, lottery tickets to enhance the response rate were offered. In Catalonia, an incentive was offered by raffling an Apple IPAD to those who completed the survey and a reminder was sent to participants on the 2nd of the 3- week survey period.

In the UK, two weeks prior to sending questionnaires, GPs were posted a pre-notification letter informing them about the study and alerting them to the forthcoming questionnaire. Questionnaires were mailed via first class recorded delivery. Enclosed with the questionnaire was an unconditional £10 voucher to compensate GPs for their time, a covering letter encouraging GPs to respond, and an addressed envelope for return of completed questionnaire. Non-responders were telephoned two weeks later to encourage them to respond. Two further reminder questionnaires were posted to non-responders at two weekly intervals, comprising revised letters further encouraging GPs to respond and an addressed return envelope. All letters were personalised, printed on university headed paper and individually signed by the practicing study GP.

After return of filled questionnaires, completeness of answers was checked, allowing no more than 5% of missing data. If there was more missing answers, the respective GP was re-contacted where possible with a request to supplement the answers.

In the first reporting period, 4 countries (UK, Slovenia, Catalonia, and Czech Republic) completed the survey fieldwork, whereas the rest of the countries completed the fieldwork and data collection within the second reporting period. The detailed data collection periods per country are available in Table 2 of the Final Report of the Survey.

Task 4.1 Data collection and analysis

The information from the questionnaires was put into the data collection form and then typed or transferred into the database. The template for the data set (MS Excel file; attached to the 1st periodic period) was designed and prepared in the leader centre (Medical University of Warsaw, Poland). Final statistical analysis and comparisons of combined data from all countries were conducted as the collection process was completed in the months 19-36.

For the main analyses several domains were selected:

The number of patients managed for alcohol problems in the previous year was classified on a self-reported ordinal scale, none, 1-6, 7-12, 13-24, 25-49 and 50 or more (Question 23 of the survey questionnaire). Following the method adopted by Anderson, general practitioners were grouped into those who managed seven or more patients in the previous year and those who managed less than seven patients in the previous year, including non-respondents.

Education and training was classified on a self-reported ordinal scale, none, less than 4 hours, 4-10 hours, 11-40 hours and more than 40 hours (Question 9 of the survey questionnaire). Following the method adopted by Anderson, general practitioners were grouped into those with four or more hours of education on alcohol and those with less than 4 hours, including non-respondents and those who indicated 'don't know'.

A supportive working environment was measured by four items that resulted from a factor analysis of 18 statements measuring views as to why general practitioners might spend very little or no time at all on early intervention for alcohol problems (Question 24 of the survey questionnaire). The factor analysis was undertaken with SPSS version 10, varimax rotation, and eigen value > 1.0. The four items measured the availability of suitable screening materials; the availability of suitable counselling materials; training in counselling; and the availability of help with handling difficult family and social problems (Cronbach's standardized item alpha0.76). Individual missing values for any of the items of the factor were assigned the mean value of the remaining items of the factor before being summed. Responses to the four statements comprising the factor were summed. General practitioners were grouped as those with a supportive working environment (the top half of the total possible score) and those with a non-supportive working environment (the bottom half of the total possible score).

Role security and therapeutic commitment were measured by responses to the short form of the Alcohol and Alcohol Problems Perception Questionnaire (see Question 20 of the survey instrument). The SAAPPQ included five domains, two of role security and three of therapeutic commitment. General practitioners were grouped into those with higher role security and therapeutic commitment (a score higher than the median value for each scale) and those with lower role security and therapeutic commitment (a score including and lower than the median value for each scale).

The whole dataset was combined and analysed at the level of the individual general practitioner. The basic statistical analyses included comparisons across countries. Mantel-Haenszel common odds ratio estimates were calculated.

Achieved Deliverable: D4.1 Survey Report - a report describing the findings of the surveys and giving guidance on the dissemination and implementation of screening and brief interventions based on the findings – was submitted to the European Commission in March 2013. However, after submission the authors produced an updated version of the document with minor corrections which was submitted via the ECAS portal on 20/06/2014 replacing the previous version. This report is publicly available on the ODHIN website and by February 2015 it had been downloaded over 660 times.

Achieved Milestone: MS3: Core group workshops on the design of the implementation methodology of the developed survey questionnaire took place during the consecutive ODHIN Partner Meetings in Barcelona (21-23-02-2011 and 14-15.02.2012), resulting in the final version of the survey protocol (Appendix file attached to the 1st periodic report).

Publications and dissemination:

1. One paper presenting results of the ODHIN WP4 has been published so far: Anderson P, Wojnar M, Jakubczyk A, Gual A, Reynolds J, Segura L, Sovinova H, Csemy L, Kaner E, Newbury-Birch D, Fornasin A, Struzzo P, Ronda G, van Steenkiste B, Keurhorst M, Laurant M, Ribeiro C, do Rosário F, Alves I, Scafato E, Gandin C, Kolsek M. Managing Alcohol Problems in General Practice in Europe: Results from the European ODHIN Survey of General Practitioners. Alcohol Alcohol. 2014;49(5):531-9 (confidential copy for consultation only attached to this report "OD_WP4_AP1_Paper_Alc_Alc"). Other publications have either been submitted by country partners and are currently under review prior to publication, or are in preparation and expected to be published in 2015 (see Publications).
2. Moreover, three paper presentations (1st and 2nd - attached to the previous reports, and 3rd - "OD_WP4_AP2_Abstract INEBRIA 2014" attached to this report) were presented at the 9th Conference of INEBRIA (27-28.09.2012, Barcelona, Spain), the 10th Conference of INEBRIA (18-20.09.2013, Rome, Italy), and the 11th Conference of INEBRIA (18-19.09.2014, Warsaw, Poland), respectively. Also available is the Book of abstracts if the 11th INEBRIA Conference (see OD_WP4_AP3_AiN_2014_INEBRIA-Suppl-Book of abstracts –final)
3. A presentation on the main results of WP4 was delivered by Cristina Ribeiro on behalf of Peter Anderson, Marcin Wojnar and other WP4 participants at the 19th WONCA (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) Europe Conference in Lisbon, Portugal (see OD_WP4_AP4_ODHIN WONCA 2014).
4. Other dissemination activities related to the Work Package 4 have been performed. All those that were done in the months 37-48 of the project are listed and described in below.

FUTURE WORK RELATED TO ODHIN WP4

Frederico Rosario from Portugal will incorporate the WP4 findings from this country to his PhD dissertation, which is under preparation. Based on the findings, he intends to develop and test a new training programme tailored to general practitioners' attitudes towards patients with alcohol problems.

5. SIGNIFICANT RESULTS ACHIEVED

With respect to the WP4 planned results:

1. **Survey Questionnaire** (Appendix 1 to the 1st periodic report) for family physicians was designed, translated and validated in 9 European countries (corresponding questionnaires may be found on the ODHIN website and annexed to the WP deliverable).
2. **Survey Methodology** for the study was elaborated (Appendix 2 to the 1st periodic report).
3. The master **Data Set** was prepared (Appendix 13 to the 1st periodic report).
4. The survey was completed in all 9 countries (Catalonia, Czech Republic, Italy, Netherlands, Poland, Portugal, Slovenia, Sweden and UK) reaching 2435 GPs who completed the questionnaire.
5. The detailed results of primary analyses are included in the "**Survey of attitudes and managing alcohol problems in general practice in Europe – Final Report" (publicly available on the ODHIN website** http://www.odhinproject.eu/resources/documents/doc_download/52-deliverable-4-1-survey-of-attitudes-and-managing-alcohol-problems-in-general-practice-in-europe.html **).**

As explained in the Deliverable report, three important conclusions for policy and future research derive from this survey:

1. Increased education seems to be related to increased role security, and each increase of education and role security was associated with a reported increase in patients managed for heavy drinking. This would suggest the importance of scaled-up education and training for managing heavy drinking patients in primary health care settings.
2. A belief in the importance of a disease model in reducing brief advice activity seemed to impair role security (but not therapeutic commitment) and management activity. This would suggest a disease-based approach linking alcohol to other physical comorbidities (such as high blood pressure) or the use of pharmacotherapies might be considered and studied. It would also be important to increase the understanding of a non-medical approach, e.g. a broader public health perspective including health promotion and preventive care.

A belief in individual patient responsibility seemed to impair management activity. This would suggest that patient owned identification and brief advice technologies that could be explored and developed might broaden the number of heavy drinkers exposed to actions to reduce their drinking.

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

1. We decided not to address **Objective 4** in the surveys. After construction and final approval of the survey questionnaire, since the survey covers only general practitioners, there was no way to gather and analyse information from different stakeholders groups. This decision did not impact the flow and the procedures in the other ODHIN work packages.
2. We decided not to include the question about **alcohol consumption of doctors** because some GPs might feel uncomfortable or insulted, potentially having a negative effect on the response rate and risking the completion of the survey.
3. Also, the **working environment** of GPs was covered only in some countries, as in some cases this issue appeared not to be relevant at all.
4. In some countries, where the survey was sent to all GPs in the country (Slovenia) or to all GPs from one organisation (Catalonia, Poland), it was not possible to select only one GP per practice or to stratify the sample by age, sex, etc. So, in these few countries the sample was designed and the survey was performed **without stratification**. (In Catalonia the representativeness of the responses was checked throughout and after the completion of the survey, and the final distribution by age, sex and location did not differ substantially from the real distribution).

5. **Ethical issues**: There was no need to obtain informed consent from the subjects participating in an anonymous survey, according to the ethical regulations in some countries. Only in a few countries (UK, Poland, Slovenia) ethical approval from the Bioethics Committees was sought and received, according to the regional tradition and regulations. See the Sampling and survey implementation by country (Table 1. in the Final Report).
6. All these changes were minor and did not impact the flow and the procedures in the other ODHIN work packages.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

1. In most of the participating countries there were problems in getting General Practitioners involved and recruited to participate in the survey. In some countries these problems were substantial, which led to low recruitment or response rates and to significant delays. Due to these difficulties in reaching the expected number of the GPs surveyed and questionnaires completed in some countries, the **timeline** had to be adjusted. Implementation of the survey was not completed by Month 12 as anticipated in ODHIN's Description of Work. The completion of the survey was delayed until **Month 21**. Data analyses were conducted afterwards, between **Months 21** and **24**.
2. Due to significant delays in some countries (as described above), the timeline was adjusted, and the main **DELIVERABLE** including the data analysis of all countries **(D4.1 Survey Report: see** http://www.odhinproject.eu/resources/documents/doc_download/52-deliverable-4-1-survey-of-attitudes-and-managing-alcohol-problems-in-general-practice-in-europe.html**)** was delayed until **March 2013**. This impacted the writing of scientific papers that started after **Month 30**, and has been completed by **Month 48**.

The delay in the survey implementation and preparing the survey report has not impacted the flow and the procedures in the other ODHIN work packages.

8. PROPOSAL OF CORRECTIVE ACTION

Not applicable.

9. WP MEETINGS AND CALLS

No specific WP4 meetings have taken place within this period.

10. LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48

Activity 1

- Type of activity*: Oral presentation to a wider public
- Main Leader*: SICAD and GENCAT
- Title*: The harmful use of alcohol and primary health care. Status quo and future priorities. The development of the European Projects
- Date: 04/07/2014
- Place*: 19th Europe WONCA Conference. Lisbon, Portugal
- Type of audience*: scientific community, civil society
- Size of audience: not available
- Countries addressed*: Europe
- Link to online information about this activity: http://www.woncaeurope2014.org/en/content/scientific-programme/final-progrmme/final-programme.html

Activity 2

- Type of activity*: oral presentation to a scientific event – INEBRIA 2013
- Main Leader*: SICAD
- Title*: Working with hazardous and harmful drinkers: derivation and validation of a model for predicting distinct general practitioners groups
- Date*: 19/09/2013
- Place*: Rome
- Type of audience*: Scientific community
- Size of audience: 25
- Countries addressed*: INEBRIA participants from all over the world

Activity 3

- Type of activity*: oral presentation to a scientific event – INEBRIA 2014
- Main Leader: SICAD
- Title*: Differences between general practitioners groups with different attitudes towards drinkers - a post-hoc study of the ODHIN WP4 project in Portugal
- Date)*: 19/09/2014
- Place*: Warsaw
- Type of audience*: Scientific community
- Size of audience: 20
- Countries addressed*: INEBRIA participants from all over the world

Activity 4

- Type of activity*: oral presentation to a scientific event – INEBRIA 2014
- Main Leader*: Marcin Wojnar, Medical University of Warsaw
- Title*: How European general practitioners face alcohol problems
- Date*: 18/09/2014
- Place*: Warsaw
- Type of audience*: Scientific community
- Size of audience: 100
- Countries addressed*: INEBRIA participants from all over the world

Activity 5

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 23.1.2014
- Place*: Ljubljana, Slovenia
- Type of audience*: young family doctors; civil society
- Size of audience: 28
- Countries addressed*: Slovenia

Activity 6

- Type of activity: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 22.4.2014

- Place*: Ljubljana, Slovenia
- Type of audience*: nurses, civil society
- Size of audience: 20
- Countries addressed*: Slovenia

Activity 7

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 24.4.2014
- Place*: Ljubljana, Slovenia
- Type of audience*: nurses, civil society
- Size of audience: 35
- Countries addressed*: Slovenia

Activity 8

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 15.5.2014
- Place*: Koper, Slovenia
- Type of audience*: physicians, nurses, social workers, civil society
- Size of audience (approx. number): 30
- Countries addressed*: Slovenia

Activity 9

- Type of activity*:Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 20.5.2014
- Place*: Nova Gorica, Slovenia
- Type of audience*:physicians, nurses, social workers, civil society
- Size of audience : 25
- Countries addressed*: Slovenia

Activity 10

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 22.5.2014
- Place*: Novo mesto, Slovenia
- Type of audience*:physicians, nurses, social workers, civil society
- Size of audience : 30
- Countries addressed*: Slovenia

Activity 11

- Type of activity*: Organisation of Workshops
- Main Leader *: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol

- Date*: 5.6.2014
- Place*: Murska Sobota, Slovenia
- Type of audience*: physicians, nurses, social workers, civil society
- Size of audience (approx. number): 34
- Countries addressed*: Slovenia

Activity 12

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 9.9.2014
- Place*: Maribor, Slovenia
- Type of audience* : physicians, nurses, social workers, civil society
- Size of audience: 40
- Countries addressed*: Slovenia

Activity 13

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 23.9.2014
- Place*: Celje, Slovenia
- Type of audience*: physicians, nurses, social workers, civil society
- Size of audience: 55
- Countries addressed*: Slovenia

Activity 14

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 25.9.2014
- Place*: Ravne, Slovenia
- Type of audience* : physicians, nurses, social workers, civil society
- Size of audience: 34
- Countries addressed*: Slovenia

Activity 15

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 30.9.2014
- Place*: Ljubljana, Slovenia
- Type of audience* : physicians, nurses, social workers, civil society
- Size of audience: 41
- Countries addressed*: Slovenia

Activity 16

- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ

- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 7.10.2014
- Place*: Kranj, Slovenia
- Type of audience*: physicians, nurses, social workers, civil society
- Size of audience (approx. number): 31
- Countries addressed*: Slovenia

Activity 17
- Type of activity*: Organisation of Workshops
- Main Leader*: Department of family medicine, MF UL and NIJZ
- Title*: Training course on early identification and brief interventions on hazardous and harmful alcohol
- Date*: 13.11.2014
- Place*: Ljubljana, Slovenia
- Type of audience* :nurses, civil society
- Size of audience (approx. number): 26
- Countries addressed*: Slovenia

Activity 18
- Type of activity*: Press releases
- Main Leader*: RUNMC
- Title*: Rolperceptie van huisartsen bij het bespreekbaar maken van overmatig alcoholgebruik
- Date*: 30/11/2014
- Place*:Nijmegen, the Netherlands
- Type of audience*: Scientific community (higher education and research), Industry, Policy makers
- Size of audience: 250
- Countries addressed*: the Netherlands
- Link to online information about this activity: http://enews.nieuwskiosk.nl/template/749/bDQgvgOblewHbaT1zUCzpg==.htm

11. PROJECT PUBLICATIONS

PEER-REVIEWED PUBLICATIONS

Publication 1
- Publication type: Peer-reviewed publication
- D.O.I: 10.1093/alcalc/agu043
- Title*: Managing Alcohol Problems in General Practice in Europe: Results from the European ODHIN Survey of General Practitioners
- Author(s)*: Peter Anderson, Marcin Wojnar, Andrzej Jakubczyk, Antoni Gual, Jillian Reynolds, Lidia Segura, Hana Sovinova, Ladislav Csemy, Eileen Kaner, Dorothy Newbury-Birch, Alessio Fornasin, Pierluigi Struzzo, Gaby Ronda, Ben van Steenkiste, Myrna Keurhorst, Miranda Laurant, Cristina Ribeiro, Frederico do Rosário, Isabel Alves, Emanuele Scafato, Claudia Gandin and Marko Kolsek
- Journal*: Alcohol and Alcoholism
- Volume/issue*: 2014, 49/5
- Date of publication*: 16/07/2014
- URL:
- Relevant pages*: 531–539
- Open access is/will be provided to this publication (yes/no): No

Publication 2 (submitted: not included in ECAS as this only allows entering published publications)

- Publication type: Peer-reviewed publication
- Title*: Alkohol v primární zdravotní péči: zkušenosti, názory a postoje českých praktických lékařů. [Alcohol in primary health care: experiences and attitudes of Czech general practitioners].
- Author(s)*: Csémy L., Sovinová H.
- Journal*: Praktický lékař

Publication 3 (submitted: not included in ECAS as this only allows entering published publications)

- Publication type: Peer-reviewed publication
- Title*: Performance characteristics of a model to identify family physicians groups regarding their attitudes towards drinkers
- Author(s)*: Frederico Rosário; Marcin Wojnar; Cristina Ribeiro
- Journal*: Journal of Continuing Education in the Health Professions
- Volume/issue*: submitted - under review
- Date of publication: submitted - under review
- Relevant pages*: submitted - under review

Publication 4

- Publication type: Peer-reviewed publication
- D.O.I: 10.1186/1940-0640-8-S1-A60
- Title: Working with hazardous and harmful drinkers: derivation and validation of a model for predicting distinct general practitioners groups
- Authors: Frederico Rosario , Cristina Ribeiro
- Journal: Addiction science & clinical practice
- Date of publication: 01/01/2013

Publication 5 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title: Attitudes of Slovenian family physicians on screening and brief interventions for hazardous and harmful drinking – data based on ODHIN WP4 results for Slovenia
- Lead author: Marko Kolsek

PAPER IN PROCEEDINGS OF A CONFERENCE/WORKSHOP

Publication 5

- Publication type: Paper in proceedings of a conference/workshop
- Title*: How European general practitioners face alcohol problems
- Author(s)*: Marcin Wojnar, Peter Anderson, Andrzej Jakubczyk, Antoni Gual, Lidia Segura, Hana Sovinova, Ladislav Csemy, Eileen Kaner, Dorothy Newbury-Birch, Alessio Fornasin, Pierluigi Struzzo, Gaby Ronda, Ben van Steenkiste, Myrna Keurhorst, Miranda Laurant, Cristina Ribeiro, Frederico do Rosário, Isabel Alves, Marko Kolsek
- Proceedings*: Alcoholism and Drug Abuse
- Date of publication*: 18/09/2014
- Start Date of conference/workshop*: 18/09/2014
- End Date of conference/workshop)*: 19/09/2014
- Publisher*: Institute of Psychiatry and Neurology
- Publisher location: Warsaw, Poland
- ISSN: 0867-4361
- Relevant pages: 27

- Open access is/will be provided to this publication (yes/no): YES

ARTICLE/SECTION IN AN EDITED BOOK OR BOOK SERIES

Publication 6

- Publication type: Article/section in an edited book or book series
- Title*: Praktičtí lékaři a alkohol [General practitioners and alcohol]
- Author(s)*: Sovinová H., Csémy L., Kernová V.
- Title of the book (series)*: Užívání tabáku a alkoholu v České republice: Zpráva o situaci za období posledních deseti let.
- Date of publication*: 31/12/2014
- Publisher: Státní zdravotní ústav
- Publisher location: Praha
- ISBN: 978-80-7071-335-8
- Relevant pages*: 58-60
- Open access is/will be provided to this publication (yes/no)*: no

12. APPENDICES

NAME FILE ATTACHED	TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	COMMENTS
OD_WP4_AP1_Paper_Alc_Alc	Other activity: dissemination	Paper published in the *Alcohol & Alcoholism* journal	Confidential copy of non-open access publication, for consultation purposes only
OD_WP4_AP2_Abstract INEBRIA 2014	Other activity: dissemination	Abstract of the conference presentation	
OD_WP4_AP3_AiN_2014_INEBRIA-Suppl-Book of abstracts -final	Other activity: dissemination	INEBRIA 2014 Conference Abstract Book	
OD_WP4_AP4_ODHIN WONCA 2014	Other activity: dissemination	Presentation at WONCA 19th Conference 2014	

13. STATEMENT ON THE USE OF RESOURCES – WP4

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

WP5 – STEPPED CLUSTER RCT

1. WP LEADER:

UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)
and
LIU (LINKOPING UNIVERSITY, SWEDEN)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)
RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)
NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)
KCL (KING'S COLLEGE LONDON, LONDON, UNITED KINGDOM)
GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)
PARPA (PANSTWOWA AGENCJA ROZWIAZYWANIA PROBLEMOW ALKOHOLOWYCH, POLAND)
UCL (UNIVERSITY COLLEGE LONDON) (TERMINATED 01-07-2012)
UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)
PAM (POMERANIAN MEDICAL UNIVERSITY IN SZCZECIN, POLAND)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The overall objective was to study a number of factors that might increase implementation of evidence based methods of identification and brief intervention for excessive alcohol consumption in routine primary health care. The study was a cluster RCT in 5 countries and the endpoint of the study was the number of interventions delivered during a certain time period.

More specifically, the WP examined:

1. The effect of training and support to PHC providers
1. The effect of financial reimbursement to PHC providers as a pay-for-performance of brief alcohol interventions
2. Whether an alternative internet based method of delivering brief intervention can increase the proportion of patients reached
3. If one implementation strategy will give an added value to one already enforced.

During the first 18 months of the ODHIN project time a number of planning meetings were held both as plenary face-to-face meetings with all partners together, and as conference calls with all partners and with individual partners. The main part of the RCT study was performed during months 19-35 with all partners having finalized the implementation period. However due to the study delay described in section 7, the last follow-up measurement were finished in May 2014 (England) and June 2014 (The Netherlands).

During the 3rd reporting period an analysis and publication plan was discussed and agreed amongst the partners. After this the collected data has been analysed and a series of scientific papers have been prepared or are under preparation. Also, the final deliverables *D5.2 Scientific report* and *D5.3 Implementation guide for policy makers* have been prepared and submitted via the ECAS participant portal.

In addition, a number of meetings have been held locally in all the five participating countries, (see below). The objectives of these meetings were to go through the collected data and discuss preliminary results and agree on conclusions from the study as well as putting forward suggestions for additional scientific papers. One specific WP5 face-to-face meeting was held in March 2014 in Barcelona as to discuss preliminary results

of the RCT (see OD_WP5_AP1_Agenda_WP5_18_March_2014), and the WP5 partners met at a later stage in the frame of the final ODHIN plenary meeting in Warsaw in September 2014, as to discuss the drafts of deliverables D5.2 and D5.3 and upcoming publications (see OD_WP5_AP2_Agenda_Plenary_17_Sep_2014).

WP5 additional qualitative study

A final preparation was done for a qualitative interview study, not originally planned as part of WP5, with participants in four of the participating jurisdictions (The Netherlands, Poland, Catalonia and Sweden). The data was collected and analysed during months 36-48 and a scientific paper describing the results is in progress. The objective of this additional study was to provide a more in depth understanding of hindrance and facilitating factors when implementing alcohol interventions in primary health care.

- **How and why it was decided to undertake this additional work in the frame of the ODHIN project:**
  Barriers for screening and brief intervention (SBI) delivery by primary care providers have been identified in previous research and primarily comprised lack of knowledge in health professionals; lack of adequate resources and support; and, time constrains in terms of perceived workload for SBI. In due course, considerable studies attempted to overcome the implementation gap, with very limited success however.

  The ODHIN study attempted to overcome the barriers for improvement by testing an innovative set of strategies in a cluster randomized factorial trial in five European countries. In more detail, with regard to knowledge, we adopted a training and support implementation program in which GPs' prior role security and therapeutic commitment were taken into account in order to address issues during training and support. With regard to lack of resources and support, there still are mixed results of effectiveness whether financial support for alcohol interventions might be effective. Lastly, the barrier workload was translated into an internet-based method of delivering advice (e-BI) to save primary care provider's time. The results showed those who received training and support, had 69% higher brief intervention rates compared to those that did not receive training and support. With regard to financial reimbursement there was a 125% difference of brief intervention rates. When financial reimbursement and training and support were combined, intervention rates increased up to 280% compared to those without these two strategies.

  Specific elements that made training and support as well as financial reimbursement singly and in combination successful, and e-BI unsuccessful, remain unknown. In order to give appropriate recommendations for future implementation strategies, the purpose of this qualitative study is to explore why, how, for whom and under what circumstances the implementation strategies (optimally) would be effective in increasing SBI. This is in consistence with the 'realist evaluation methodology'. This theory focuses on the causal processes by which the RCT achieved its outcomes, and has the starting point that it is not the intervention itself that directly change its participants; it is the participants' reaction to the opportunities provided by the program that triggers the change, in combination with external reinforcing or hindering factors. Combined with the theoretical perspective, the TICD checklist was used in applying framework analysis. The TICD framework was primarily developed for implementation of changes in prevention and chronic disease management in primary care, and is based on an integrative analysis of 14 previously published frameworks. The framework includes seven domains of implementation determinants: 1) guideline factors; 2) individual health professional factors; 3) patient factors; 4) professional interactions; 5) incentives and resources; 6) capacity for organizational change; 7) social, political and legal factors.

4. CONCISE DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

The WP formally started working in the first year of the project with all necessary preparatory work leading to the randomized controlled trial (RCT). As a result, the final protocol describing all aspects of the study procedure was agreed upon in June 2012 and submitted to the EC as *Deliverable 5.1 RCT protocol*. The RCT was performed in the five participating countries between September 2012 and December 2013. During 2014 the collected data set from each of the five partners was prepared and integrated into one data set. Then data analysis and writing of the final reports and scientific papers was carried out throughout 2014.

The specific tasks envisaged in the Description of work for WP5 were:

Task 1: To summarize the best evidence concerning continuous medical education (CME) and operationalize the findings in a structuralized manner in order to build a basic education package and CME to all participants in the RCT.
This task was completed within the 1st reporting period and the knowledge was incorporated in the study protocol, where a detailed outline of a training programme was agreed upon. All participants checked that the country education package and CME was fully compatible with the detailed common training programme agreed upon, and made slight adaptations when required. Pilot-testing of these education packages was not performed, as explained in the 1st technical report.

Task 2: Developing an interactive website to be used in the RCT, developed by the Catalonian team in cooperation with all participants.
This website was not created, since, as explained in the 1st technical report, it was decided that each country should use an appropriate existing website already implemented in their country, provided that it fulfilled certain criteria to be used in the study. Therefore, the project agreed upon a number of criteria for a local website to be used in the study. Within the 1st reporting period each country identified such a website, and revised its functionalities and contents, making adaptations and improvements if necessary to ensure it fulfils the project's criteria. The specific websites used in each country throughout the trial, are as follows:

- Catalonia: www.veuselquebeus.net ("do_you_see_what_you_drink"). This local website containing screening and brief advice contents for hazardous and harmful drinking was revised and adapted for use in the frame of the ODHIN RCT, adding functionalities such as a login page, so that patients handed a referral e-leaflet could use the unique codes provided on each leaflet to log into the web, thus enabling to track their log-in activity. The website was pilot-tested and fine-tuned to the particularities of the RCT. All providers allocated in conditions with e-BI referral were asked to become familiarised with the website and its contents before the implementation period started. The website was then available to be used by all patients handed a referral e-leaflet (see illustration 2) during the 12-weeeks implementation period, the six months rest period, and the four-week follow up measurement. Since the completion of the RCT, this website has now been discontinued. An alternative e-BI website for use in Catalonia, with evolved functionalities but based on the same SBI tools and methods as www.veuselquebeus.net, is now available and recommended for use: https://www.alcoholysalud.cat/ .

Illustration 1: Screenshots of www.veuselquebeus.net used in Catalonia for the ODHIN RCT e-BI referral (home page; page for registering using ODHIN e-leaflet codes).

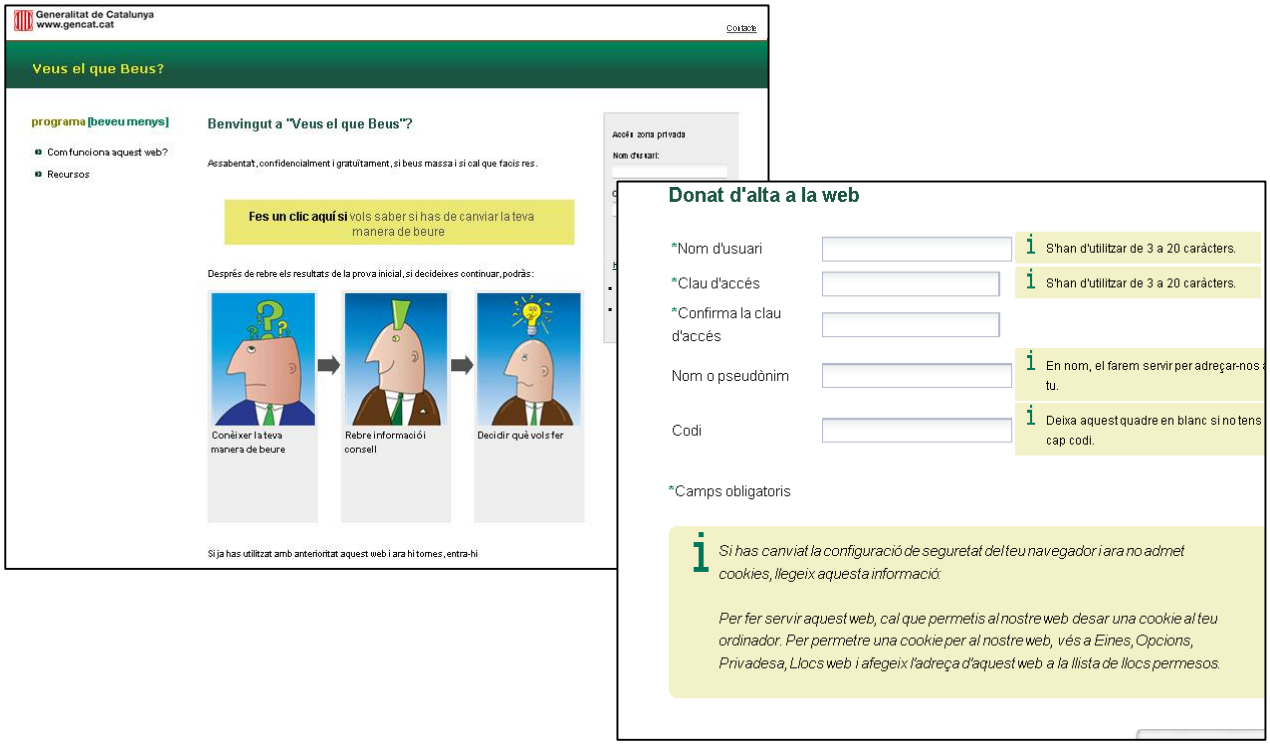
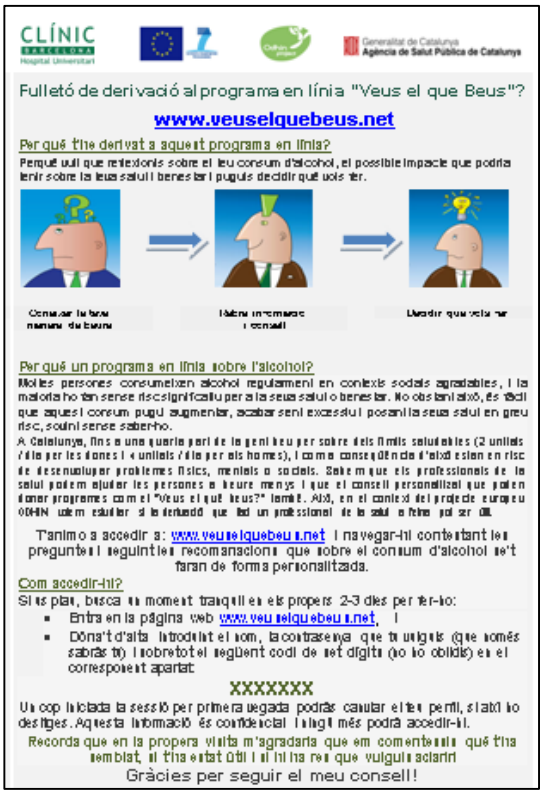
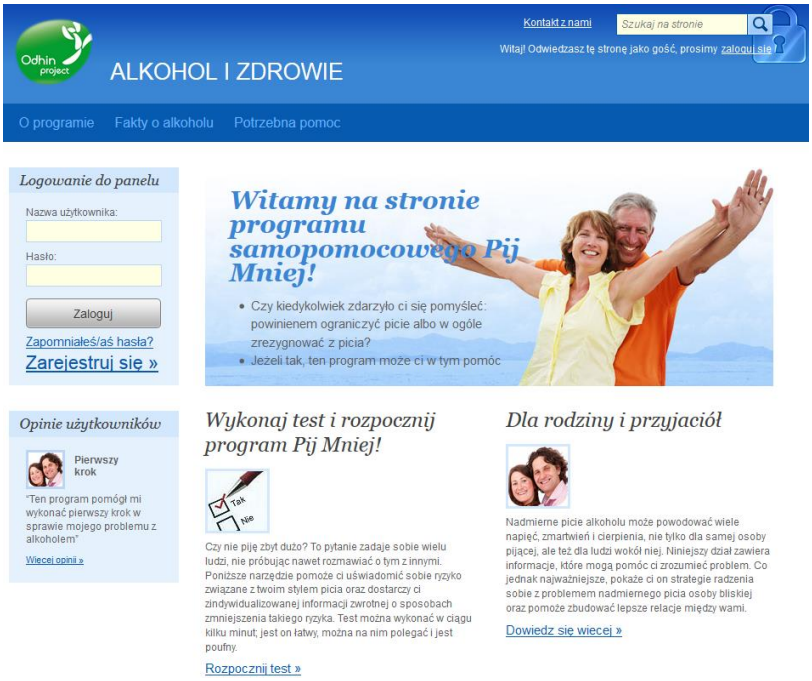


Illustration 2: Example of an e-BI referral e-leaflet handed out by providers to patients screening positive in their consultation (Catalonian example).



- England: www.healthierdrinkingchoices.org.uk. This eBI website used in England for the ODHIN RCT was based on the http://www.downyourdrink.org.uk/ website, modified to include fields for logging in with specific ODHIN referral codes. As the study has now been completed, the "healthierdrinkingchoices" website has been discontinued.
- Netherlands: the website used for e-BI referral in the Netherlands was www.minderdrinken.nl.
- Poland: the website used for e-BI referral in Poland, http://www.jakpije.pl/intervention .

Illustration 3: Screenshot of the homepage of http://www.jakpije.pl/intervention, used in the ODHIN RCT in Poland for e-BI referral.



- Sweden: The website used for e-BI referral in Sweden was www.odhin.se , but has been discontinued after the study. The same alcohol intervention can now be found on https://livsstilsanalys.alexit.se/. When you go to the site you have to click on a link to come to a new page where you can choose language. Then you click on another link to come to a menu where alcohol, amongst other lifestyles, is found.

Task 3: Designing the various elements of the RCT.

The RCT design was discussed and developed over the first months of the project, and in the frame of the ODHIN 2012 plenary meeting a workshop was held to finalize the WP5 protocol, which was agreed upon by all partners and submitted within the 1st reporting period. After this workshop, a round of country calls took place between the WP coordinators and the partners in each country, to further discuss and agree on the country specific RCT implementation issues. Therefore, the common RCT protocol was translated and adapted to country particularities were necessary, meeting Milestone 4 in the summer of 2013, with country adapted protocols for Catalonia, Poland, Sweden and England (in the Netherlands an English version was used) which was submitted in the 1st report.

Task 4: Identifying PHC providers in each of the 5 countries for inclusion in the RCT.
Recruitment of the 120 (24 per country) Primary Health Care Units started in spring 2012 and continued through the fall of 2012. For enrolment, different strategies have been used in the participating countries, ranging from random selection to snow-ball enrolment.

In general the recruitment was successfully completed, but some delay occurred (please see section 7). This delay did not jeopardize the results and final outcome.

However, the sampling procedure may have introduced some bias in the sense that the enrolled primary health care centres in some countries are more positive to carry out secondary prevention of alcohol problems than the average primary health care unit is.

Task 5: Randomization of PHC providers to the different arms in order to make a time table for each participant's inclusion into the RCT.
This task was started in September 2012 by the coordination centre in Barcelona.

Randomization procedure
The PHCU is the unit of randomization, and therefore each primary care unit included in the study constitutes a cluster and participating health care providers in the unit are allocated to the same condition. Each of the 5 countries recruited 24 PHCUs, with 3 PHCUs allocated randomly to one of the 8 arms of the study.

Between July 2012 and May 2013 the 5 country teams recruited the 24 PHCUs, holding a *first introduction meeting* at the PHCU premises inviting all eligible providers to attend. The RCT's aim and design was presented, and specific instructions were given concerning the use of the ODHIN tally sheet. At this same meeting, those providers who voluntarily agreed to participate in the study signed an informed consent form. The baseline measurement was then taken within 1-2 months of this first visit

In this frame, the randomization process went as follows:

1) Once the *first introduction meeting* was scheduled with each PHCU, they were then numbered 1 to 24 by the country research team. Numbers were appointed based on enrolment, in subsequent order.
2) Next, the country research team randomly gave each PHCU-number (1-24), an alphabetical letter from A up to and including X. Each letter represents the PHCU.
3) In parallel, the Coordinating team, on 10th November 2013, carried out the computerized randomization for all countries, randomly assigning each countries' A-X letters to one of the 8 conditions, but with equal numbers across the 8 conditions in each country. This was done once for each country, so the randomization would not be the same for all countries (unless by chance that randomly happened).
4) Throughout the baseline measurement, the country research teams contacted the Coordinating team after the baseline had started in each PHCU (one email per PHCU) informing the Coordination team which PHCU had started baseline measurement, giving the PHCU-letter and name of the PHCU. Within 1-2 days, the Coordinating team replied informing the country research team about the group allocation of these specific PHCU and not revealing the allocation of the other PHCU-letters (as they had not yet been visited and started the baseline).
5) Once the country research teams received the randomization of PHCUs and the baseline measurement was complete, they could contact PHCUs that were in the T&S conditions so

as to plan the T&S sessions. However, the T&S sessions were planned just with the PHCU contact person, and the PHCU contact person was told not to comment the allocation with any other active participants until the day of the Introduction to conditions session.

Therefore, although the PHCUs were randomly allocated by the Coordinating team before the baseline measurement, the research team in each of the countries was only informed of the allocation after the collection of the baseline measurement had started[1], whereas the PHCU providers were not informed until formal agreement to participate in the study had been collected and the baseline measurement was completed, to avoid bias as a result of group allocation. Once the baseline measurement was completed, an *Introduction to conditions session* was held at the PHCU premises, and from then onwards the PHCU providers were no longer blind to the group allocation.

Task 6: Organizing and delivering the initial training of participants in one of the arms of the RCT.
Initially all units were given a general overview of the ODHIN RCT in a *first introduction meeting.* Subsequent training sessions were given to the units randomly allocated to an arm with Training and Support (T&S), according to the research protocol. In the T&S groups there has been some cross-country differences concerning the number of face to face training sessions given (one or two); in case only one face-to-face meeting was held, the same information was given as with two sessions. Units also received a follow-up telephone call. There are also cross-country differences regarding who has delivered the training, e.g. researchers or hired free-lancers. We are not aware of this procedure causing any problems or any deviations from the protocol.

The training sessions started in September 2012 and were completed generally in January 2013. As a few units were recruited with a delay, the very last training session was held in June 2013 (see section 7).

Task 7: Data collection
For data collection no major problems have been reported. Data for the baseline measurement was submitted to the WP coordinators by early autumn 2013, and for the interventions period in early 2014. Due to the study delay described in section 7, the last follow-up measurement was first finished in May 2014 (England) and June 2014 (The Netherlands).

Task 8: Database management.
Once the RCT Protocol was completed, the Coordinating team, in consultation with the country partners, designed a common template database to be used by the country research teams to collect and incorporate all necessary variables for the RCT analysis. The database was split into two parts: a template "Providers file", containing variables as to describe the providers' profile, allocation, PHCU environment, SAAPPQ results, performance rates, etc. and a template "Patients file", containing the data collected by the (electronic) tally sheets concerning which patients were visited, screened and received BI in each of the measurement periods. In addition to a complete definition of each variable, the template included specific instructions on data coding and also a guide as to when and how the information should be collected. This ensured a common procedure and criteria for all participating countries.

Throughout the trial and the first half of the 3rd reporting period the country research teams progressively incorporated the data from the different measurement periods into the "Providers file"

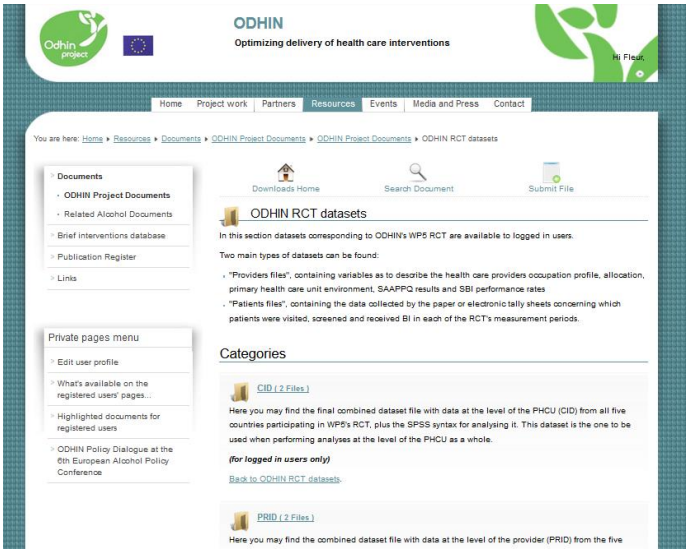
[1] It was not necessary to wait until the end of the baseline measurement to reveal the allocation to the country research team members, since there was to be no contact between the country teams and the PHCU until the completion of the baseline measurement, and therefore there was no way of biasing the baseline measurement.

and the “Patients file”. The last and final versions of these files (with the accumulated data from all 5 measurement periods) was delivered to the Coordinating team in June 2014, after the follow-up measurement was completed in each country. The 5 separate datasets have been merged into 1 by the Coordinating team. Data quality and coherence was checked both by the national teams and the coordinators.

The final SPSS datasets, as well as SPSS syntax files with the specific details for working with the datasets, were finally shared with all ODHIN WP5 members and placed on the ODHIN website for logged-in users, structured into the following sections:

1. Original country dataset files, containing the final “Providers files” and “Patients files” sent by country partners to the Coordinating team, once quality checked. Any Excel files were converted into SPSS dataset files.
2. Prepared country dataset files, containing the final “Providers files” and “Patients files” sent by country partners to the Coordinating team, once quality checked, and then adding the calculated role security and therapeutic commitment scores in the “Provider files” and the number of audit positives and number of BIs delivered in the “Patient files”. The SPSS syntax for calculating these variables is also included. The “Prepared country Patients files” of this section are those to be used when performing analyses at the level of the patient.
3. CID set-up, containing the SPSS syntax to set up one combined dataset file with data from all five countries at the level of the PHCU (CID).
4. PRID set-up, containing the SPSS syntax to set up one combined dataset file with data from all five countries at the level of the provider (PRID)
5. CID, containing the combined dataset file with data from all five countries at the level of the PHCU (CID), plus the SPSS syntax for analysing it. This dataset is the one to be used when performing analyses at the level of the PHCU as a whole.
6. PRID, containing the combined dataset file with data from all five countries at the level of the provider (PRID) plus the SPSS syntax for analysing it. This dataset is the one to be used when performing analyses at the level of the provider as an individual.

Illustration 4: Screenshot of ODHIN website section dedicated to the WP5 RCT files (logged-in users view)



Separate analysis of the baseline data, intervention period and follow-up has been performed and submitted to the EC as **Deliverable 5.2 Scientific Report and Deliverable 5.3 Implementation guide for policy makers.** All WP5 deliverables and other relevant documentation are accessible on the ODHIN WP5 section (see http://www.odhinproject.eu/project-structure/wp5.html).

Task 9: Writing a series of papers during the final stages of the project timeframe.

A study protocol was published January 2013 in Implementation Science. During the 3rd reporting period an analysis plan and a publication plan have been discussed and agreed amongst the partners. One scientific publication concerning baseline data (publication 2) has recently been accepted for publication, whereas the main paper on the 12-week implementation period (publication 1) has been submitted for publication (see Publications, below).

Additional WP5 papers under preparation, which expect to be submitted during 2015 are:

1) Led by Peter Anderson: "Is the improved delivery of brief interventions for heavy drinking in primary health care sustained over time?: Six month results of the ODHIN five country cluster randomized factorial trial". In preparation, and publication expected in 2015.

2) Led by partners in Poland: "Do country differences impact on the European primary health care implementation research results: experiences from the ODHIN project" In preparation, and publication expected in 2015.

3. Led by partners in the Netherlands: "The impact of primary healthcare provider's characteristics, role security and therapeutic commitment on implementing brief interventions in managing risky alcohol consumption: a cluster randomized factorial trial". In preparation, and publication expected in 2015.

4. Led by Peter Anderson**: "**The two-way flow of actions and attitudes in advising heavy drinkers in primary health care: findings from the ODHIN five country cluster randomized factorial trial". In preparation, and publication expected in 2015.

5. Led by Preben Bendtsen: "Implementing referral to an alcohol internet-based brief intervention (eBI) in Primary Health Care. Results from the ODHIN implementation trial". In preparation, and publication expected in 2015.

6. Led by Lidia Segura. "Improving screening and brief intervention activities in Primary Health care services: an assessment of quality of professional's performance during the ODHIN randomized controlled trial". In preparation, and publication expected in 2015

7. Led by Fredrik Spak. "Analysis of the AUDIT-C scores by gender, age and other relevant variables"**.** In preparation, and publication expected in 2015

WP5 additional qualitative study

In WP5, an RCT testing implementation strategies, as optimal implementation of SBI still is lacking. Therefore, it is important, besides quantitatively analyzing determinants of improvement, to explore qualitatively why, how and under what circumstances the ODHIN WP5 implementation strategies work. This can be assessed as a realist evaluation methodology, in which we seek to establish what works, for whom, in what circumstances, in what respects, to what extent, and why (Wong et al, 2012). This focuses on the causal processes by which the RCT achieved its outcomes, and has the starting point that it is not the intervention itself that directly change its participants; it is the participants' reaction to the opportunities provided by the program that triggers the change, in combination with external reinforcing or hindering factors. The work schedule adopted to perform this qualitative study is as follows:

- June-December 2013: finishing the qualitative research protocol, including topic list, which was agreed by all four participating countries (Catalonia, Poland, Sweden and the Netherlands). United Kingdom did not participate because of lack of financial resources.
- June-December 2013: ongoing conference calls discussing the research protocol
- January-June 2014: conducting interviews throughout four countries. In total, 70 interviews could be included in qualitative data-analyses
  January-June 2014: ongoing conference calls and e-mail contacts discussing interview proceedings
- January-August 2014: transcription of all interviews
  March 2014: face-to-face meeting alongside WP5 trial meeting
  January-August 2014: ongoing conference calls discussing transcription proceedings
- March-November 2014: ongoing discussion about the interview codebook
  September 2014: face-to-face meeting at the INEBRIA conference
  October 2014: face-to-face meeting to finalize the international codebook
  March-November 2014: ongoing conference calls and e-mail contacts discussing codebook proceedings
- November-December 2014: finalizing codebook analyses
- December-February 2014: writing scientific paper

Notes of these working meetings can be made available upon request to the ODHIN Coordinating team.

As to ensure the compliance with relevant ethics requirements, ethics approval for the qualitative study was obtained by each country partner from their local Ethics Committees

5. SIGNIFICANT RESULTS ACHIEVED

Deliverable 5.1 *Study Protocol* was delivered within the 1st reporting period, and a paper based on the protocol has been published in Implementation science (http://www.odhinproject.eu/resources/documents/odhin-project-documents/doc_download/48-implementing-training-and-support-financial-reimbursement-and-referral-to-an-internet-based.html). This paper has been downloaded over 1000 times from the ODHIN website, whereas it has been accessed 4.394 times (on 13-2-2015) directly within the journal's website (http://www.implementationscience.com/content/8/1/11/about#citations). The protocol was translated and adapted in the different countries, fulfilling Milestone 4.

Deliverable 5.2 *Scientific Report* was delivered within the 3rd reporting period. The RCT in the 5 jurisdictions managed to include 120 Primary health care units (PHCU) of which 15 were allocated to each of the eight implementation groups to be tested for effectiveness. The number of registered patients averaged 10,000 across the 120 PHCUs. There were 1500 adult (age 18+ years) consultations per PHCU during the 4-week baseline period, mean age 55 years (SD=7), of whom 53% were men. Thus, the PHCUs catered for a population of 1.2 million people, and saw about 180,000 adult patients during a 4-week period. In total 746 primary health care providers participated, 55% were physicians, 38% nurses and 7% practice assistants/social workers or psychologists. The mean age of the providers was 47 years (SD=5), and 26% were men.

The mean number of full or part-time providers (doctors, nurses and practice assistants) working per PHCU was 15.1 (SD=10.4), of which half were doctors, and two-fifths nurses; of these, 6.2 (SD=3.7) per PHCU (41%) participated in the study.

The main outcome was the brief intervention rate, calculated as the number of AUDIT-C positive patients that received one or more of oral advice, an advice leaflet, referral to the e-BI programme, or referral for advice to another provider in or outside the PHCU, divided by the total number of adult (age 18+ years) consultations per PHCU. Other outcomes were screening rates per adult consultation, AUDIT-C positive rates per screened patient and advice rates per positive screen per PHCU.

Results of D5.2: During the 4-week baseline measurement period, the mean intervention rate was 11.1 (95% CI 5.2-17.1) per 1,000 adult consultations per PHCU. Training and support was associated with a 69% (95% CI 30 to 119) higher intervention rate during the 12-week implementation period than no training and support, and financial reimbursement with a 125% (95% CI 73 to 193) higher rate. Referral to e-BI was not associated with a higher rate. A combination of training and support plus financial reimbursement was associated with a 280% (95% CI 162 to 451) higher intervention rate, higher than training and support and financial reimbursement alone. During the 4-week measurement period at six month follow-up, the mean intervention rate across all eight groups dropped to 8.2 (95%CI=4.3 to 12.2) per 1,000 adult consultations per PHCU. However, training and support was associated with a 41% (95% CI 3 to 93) higher intervention rate at follow-up than no training and support. Financial reimbursement provided during the 12-week implementation period and the opportunity of referral to e-BI were not associated with a higher rate in the follow up period.

Conclusions of D5.2: To increase brief advice activity in primary health care for heavy drinking, jurisdictions are recommended to provide specific training on dealing with heavy drinking for the primary health care professionals and are recommended to consider providing financial reimbursement to primary health care providers for delivering advice

Deliverable 5.3 *Implementation Guide For Policy Makers* was delivered within the 3rd reporting period. The key recommendations for service commissioners and policy makers are stated in this document as follows:

Increase training and support

Given the modesty of training and support (less than 4 hours face-to face training) and the finding that these increase implementation of screening and brief advice programmes, it would be expedient to offer training and support in screening and brief advice programmes for heavy drinking to all PHCU providers.

Further testing of financial reimbursement

Financial reimbursement programmes to increase the volume of screening and brief advice activity should be further tested and refined, given the impact on intervention rates registered in the ODHIN trial during the period when providers were paid-per-performance. The findings of ODHIN suggest that, if financial reimbursement is to be introduced, it should always be combined with training and support initiatives.

E-BI programmes directly to drinkers

The ODHIN results do not support offering e-BIs through primary health care providers. For the time being, it might be preferable to offer e-BI programmes directly to drinkers, whilst more studies are undertaken to explore how referral to e-BI could be better organized and implemented.

Also, Deliverable 5.3 contains three short compendiums with practical lessons learnt through the ODHIN trial focusing on: 1) Advice for implementing training and support on dealing with heavy drinking in primary health care settings; 2) Advice for implementing financial reimbursement for dealing heavy drinking in primary health care settings; and 3) Advice for implementing electronic screening and brief intervention heavy drinking in primary health care settings.

Deliverables 5.1, 5.2 and 5.3 were submitted via the ECAS participant portal, and are also available on the ODHIN website, currently for logged-in users only, as to not preclude scientific publications coming out of the ODHIN work (see Project publications Months 37-48, below). However, they are expected to be made publicly available and disseminated in Spring 2015, in the final ODHIN end-of-project communication action (see WP7 for further details).

WP5 additional qualitative study

Although there were no deliverables linked to this additional qualitative study, there were significant results achieved. Below a summary of the work achieved:

Background and aim: Screening and brief interventions (SBI) in primary care proved to be cost-effective in risky drinkers, however there is a large gap between those patients' in need of and actual provision of advice. The ODHIN trial attempted to overcome this gap by offering three types of implementation strategies. To identify specific elements that made training and support as well as financial reimbursement singly and in combination successful, and an internet-based method of delivering advice (e-BI) unsuccessful, this study aimed to explore why, how, for whom and under what circumstances the implementation strategies (optimally) would be effective in increasing SBI.

Methods: Semi-structured interviews and framework analysis was conducted with GPs and nurses in four European countries that participated in the ODHIN trial. The Realist Evaluation Theory, which seeks to establish what works, for whom, in what circumstances, in what respects, to what extent, and why, in combination with the TICD checklist for identification of implementation determinants, were used to develop the interview topic list. Interview components outlined barriers and facilitators for successful implementation strategies. Transcripts were analyzed thematically with the diagram affinity method, structured by TICD implementation determinant domains.

Results: Seventy interviews were conducted across the four countries. Why: Providers' main motive to participate in the trial was to get trained and supported. For some financial motives were important, whereas e-BI received little interest initially. How and for whom: receiving tools as basis, support and team based education caused providers to higher prioritize SBI. Continuous provision, sufficient time for learning intervention techniques and tailoring to individual experienced barriers, were important facilitators for effective training and support. Effectiveness of financial reimbursement in increasing SBI was related to country economic situations and related to reimbursement schemes and reimbursing organizations. E-BI was not perceived as a good alternative for providing face-to-face care, but was rather perceived as supplementary care. Under what circumstances: frequent exposure of this topic in media, guidelines, etc; facilitating information systems; and having SBI in protocol-led care were important facilitating and conditional circumstantial factors for implementing SBI.

Conclusion: Although training and support and financial reimbursement showed increased absolute SBI rates, these findings indicate how they could have worked more effectively in increasing SBI rates. As e-BI was not regarded as alternative to face-to-face delivered care, more research is needed for how to optimally design it as supplementary care. These findings give clear indications for further tailoring implementation strategies to efficiently increase SBI in primary care.

Working documents:

- A confidential copy of the Codebook used as a basis for the analyses can be made available for consultation upon request to the ODHIN Coordinating team.

Dissemination activities

- Presentation of preliminary results at the INEBRIA conference, Warsaw September 2014, (see OD_WP5_Add5_Inebria_2014_odhin qualitative).
- Expected March 2015: submission of a scientific paper (see publication 10).

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

Concerning task 2, the project agreed upon a number of criteria for a local website to be used in the study. Each country identified an appropriate existing website already implemented in each country, and revised its functionalities and contents, making adaptations and improvements if necessary to ensure that the programs fulfilled the project's criteria.

Concerning task 7, the data collection was initially supposed to be finalized in the end of 2013 but due to unforeseen circumstances with recruitment of the last PHCU in England and The Netherlands the last 6-month follow-up was delayed until June 2014. However, this did not delay the scientific writing of the baseline and 12-week implementation papers, both of which had been submitted in the end of 2014. Also, deliverables 5.2 and 5.3 have also been submitted as planned.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The RCT was originally intended to start spring 2012 but was postponed to the autumn of 2012 since we calculated that this would affect the data collection less than if we had started the study in the spring, due to problem with data collection during the summer months. These adjustments did not cause any changes on the total study performance since we still finished all data-collection except the follow-up measurement by end of 2013.

The recruitment of practices caused some troubles, particularly in The Netherlands and in UK. This meant that some practices had to start a couple of months later than planned. However, each country recruited all intended 24 units, and started T&S, reimbursement and e-BI interventions according to the original plan. This meant that the last follow-up measurement in the project finally was completed by June 2014.

Concerning task 6, in each country the trainers met with all participating units, made contact with the locally appointed contact person, held training meetings, supplied the units with necessary materials for providing information to patients and staff, distributed tally sheets to the providers for them to assess the alcohol consumption of patients, and collected the produced tally sheets (except in Catalonia in the last two cases, since the alcohol consumption is assessed using an electronic tally sheet, and data is retrieved through the central IT service of the Catalan Health Institute, with prior informed consent of the providers). Only minor problems have been reported for these undertakings.

As the data collection proceeds over a time span that is about 11 months, some providers change in the units, with the result that some providers do not participate over the whole period. This was expected to happen as a usual event of RCTs. However, one primary health care unit in Sweden unexpectedly, and with only one week's notice, closed 6 months into the trial. The Swedish research team has attempted to retrieve data concerning the activity of the providers of that unit after that point, but in some cases this was not possible. This unexpected event was accounted for in the final dataset and analysis.

Concerning task 8 – database management. Data quality checks, including the late arrival of the follow-up data from two jurisdictions, were carried out concerning all data delivered by the country teams to the coordinating team.

Thus, all the tasks for WP5 have been met and we have submitted deliverables D5.2 and D5.3, as well as two main scientific papers for publications.

Since the data obtained from the RCT in WP5 was a key input for fulfilling Objective 3 of WP3 Cost effectiveness, the WP3 colleagues submitted a first version of D3.1 within the original deadline of December 2013 (see chapter for WP3) and then submitted a second version incorporating an addendum to D3.1 covering WP3's Objective 3 in the final month of the project (see WP3 for further detail).

Resources
These became short in several countries due to problems encountered in the enrolment of many units: more difficult procedures in the recruitment, as well as delaying the RCT, meant a higher need of person-months to meet the aim of 24 PHCUs per country.

8. DESCRIPTION OF CORRECTIVE ACTION ALREADY UNDERTAKEN

As to meet the delivery deadlines of D5.2 and D5.3, the work on the analysis and writing was intensified in the last 6 months of the 3rd period.

As mentioned above, to not delay the submission of Deliverable 3.1 (submitted December 2013), an addendum was produced by the WP3 colleagues based on the WP5 RCT data and submitted in a second version of D3.1 to the EC.

In addition to the submission of the two deliverables and the two main scientific articles, the ODHIN project has generated a large data set that will give rise to a number of scientific articles during 2015, in line with the ODHIN objectives as outlined in section 3.

9. WP MEETINGS AND CALLS MONTHS 37-48

During the last 12-month period of the ODHIN project two face-to-face meetings with all partners together (see "OD_WP5_AP1_Agenda_WP5_18_March_2014" and OD_WP5_AP2_Agenda_Plenary_17_Sep_2014). In addition, a number of planning meetings have been held locally in all five participating countries.

The main objectives of these meetings were to discuss the analysis plan and scientific writing of papers. Also, parts of the period were devoted to scrutinizing the data collected during baseline, implementation period and follow-up.

The following table includes a (non-exhaustive) list of meetings that have taken place throughout the third reporting period:

DATE (DD/MM/YYYY)	TYPE (FACE TO FACE MEETING OR CONFERENCE CALL)	LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY)	AIM OF THE MEETING	ATTENDEES
Meetings in Sweden				
21/01-22/01 2014	Face-to-Face meeting	Mullsjö Conference Center, Sweden	Finalising Swedish dataset and preparation of qualitative interview study	Fredrik Spak, Preben Bendtsen, Ulrika Müssener, Catharina Linderoth, Frida Silversparre, Agneta Ronstad, Britt-Marie Finbom, Christina Andersson
Meetings in Catalonia				
10/02/2014	Face-to-Face	FundacióClínic per a la RecercaBiomédica (FCRB), Barcelona, Spain	Polish baseline results report and summary of key findings.	Peter Anderson, Antoni Gual, Artur Mierzecki
Meetings in UK				
07/05/14	Conference Call	Not applicable	UK team meeting	Eileen Kaner (Ncl), Dorothy Newbury-Birch (Ncl), Kathryn Parkinson (Ncl), Colin Drummond (KCL), Paolo Deluca (KCL), Amy Wolstenholme (KCL), Catherine Elzerbi (KCL), Paul Wallace (UCL),
08/09/14	Conference Call	Not applicable	UK team meeting	Eileen Kaner (Ncl), Dorothy Newbury-Birch (Ncl), Kathryn Parkinson (Ncl), Colin Drummond (KCL), Paolo Deluca (KCL), Amy Wolstenholme (KCL), Catherine Elzerbi (KCL), Paul Wallace (UCL),
Coordination calls and meetings				
18/3/2014	WP5 Face-to-Face meetings with all partners	Barcelona	Discussion of analysis and publication plan	Peter Anderson, Begoña Baena, Laura Barrallo, Preben Bendtsen, Nicolai Braun, Joan Colom, Toni Gual, Myrna Keurhorst, Miranda Laurant, Kasia Okulicz, Jorge Palacio, Kathryn Parkinson, Jillian Reynolds, Lidia Segura, Luiza Slodownik, Fredrik Spak & Marcin Wojnar
17/9/2014	Plenary Face-to-Face meetings with all partners	Warsaw	Discussion about deliverables D5.2 and 5.3	Peter Anderson, Colin Angus, Preben Bendtsen, Alan Brennan, Kryzstof Brzózka, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Antoni Gual, Myrna Keurhorst, Karolina Kloda, Marko Kolsek, Miranda Laurant, Silvia Matrai, Artur Mierzecki, Kathryn Parkinson, Jillian Reynolds, Federico Rosario, Lidia Segura, Luiza Slodownik, Hana Sovinova, Fredrik Spak, Pier-Luigi Struzzo, Paul Wallace,

DATE (DD/MM/YYYY)	TYPE (FACE TO FACE MEETING OR CONFERENCE CALL)	LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY)	AIM OF THE MEETING	ATTENDEES
				Marcin Wojnar
WP5 qualitative study meetings				
10/03/2014	Conference call	Not applicable	Interview proceedings	Lidia Segura, Myrna Keurhorst
12/03/2014	Conference call	Not applicable	Interview proceedings	Catharina Linderoth, Frida Silversparre, Ulrike Mussener, Myrna Keurhorst
18/03/2014	Face to face meeting	Fundació Clínic per a la Recerca Biomèdica (FCRB), Barcelona, Spain	Discussing qualitative study protocol	Fredrik Spak, Preben Bendtsen, Katarzyna Okulicz, Luiza Slodownik, Lidia Segura, Jorge Palaciov, Miranda Laurant, Myrna Keurhorst
07/05/2014	Conference call	Not applicable	Interview proceedings	Catharina Linderoth, Frida Silversparre, Katarzyna Okulicz, Luiza Slodownik, Lidia Segura, Jorge Palaciov, Myrna Keurhorst
03/07/2014	Conference call	-	Discussing study proceedings in each country	Katarzyna Okulicz-Kozaryn, Luiza Słodownik, Lidia Segura, Jorge Palaciov, Catharina Linderoth, Frida Silfversparre, Myrna Keurhorst
19/09/2014	Face to face meeting	Library & Information Center (CBI), Medical University of Warsaw, Warsaw, Poland	Interview codebook discussion	Catharina Linderoth, Frida Silversparre, Katarzyna Okulicz, Luiza Slodownik, Lidia Segura, Miranda Laurant, Myrna Keurhorst
06/10/2014	Face to face	Park Plaza Amsterdam Airport, Amsterdam, the Netherlands	Finalizing codebook and thematic analyses	Katarzyna Okulicz-Kozaryn, Luiza Słodownik, Lidia Segura, Catharina Linderoth, Frida Silfversparre, Maud Heinen, Miranda Laurant, Myrna Keurhorst
13/10/2014	Conference call	Not applicable	Interview codebook discussion	Catharina Linderoth, Frida Silversparre, Lidia Segura, Myrna Keurhorst
20/10/2014	Conference call	Not applicable	Interview codebook discussion	Catharina Linderoth, Frida Silversparre, Luiza Slodownik, Lidia Segura, Maud Heinen, Myrna Keurhorst
06/11/2014	Conference call	Not applicable	Interview codebook discussion	Catharina Linderoth, Frida Silversparre, Katarzyna Okulicz, Luiza Slodownik, Lidia Segura, Myrna Keurhorst
13/11/2014	Conference call	Not applicable	Interview codebook discussion	Catharina Linderoth, Frida Silversparre, Katarzyna Okulicz, Luiza Slodownik, Lidia Segura, Myrna Keurhorst

10. LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48

Activity 1

- Type of activity*: Oral presentation to a wider public
- Main Leader (AR partner institution)*: RUNMC
- Title*: Lessons learnt from ODHIN, a qualitative analysis of the WP5-RCT
- Date*: 18/09/2014
- Place*: Warsaw, Poland

- Type of audience*: Scientific community (higher education, or Research); Industry; Policy makers
- Size of audience (approx. number): 100
- Countries addressed*: All countries participating in the INEBRIA Meeting, mostly Europe + USA
- Link to online information about this activity (if available): http://www.ipin.edu.pl/ain/en/archive/2014/10/AiN-suppl1-Book%20of%20abstracts.pdf

Activity 2

- Type of activity*: Oral presentation to a wider public
- Main Leader *: RUNMC
- Title*: Methods of ODHIN cluster randomized factorial trial
- Date*: 18/09/2014
- Place*: Warsaw, Poland
- Type of audience*: Scientific community (higher education, or Research); Industry; Policy makers
- Size of audience (approx. number): 100
- Countries addressed*: All countries participating in the INEBRIA Meeting, mostly Europe + USA
- Link to online information about this activity (if available): http://www.ipin.edu.pl/ain/en/archive/2014/10/AiN-suppl1-Book%20of%20abstracts.pdf

Activity 3

- Type of activity*: Oral presentation to a scientific event.
- Main Leader*: Pomeranian Medical University in Szczecin (Kłoda K).
- Title*: Initial results of the ODHIN project – what gives the motivation to work with hazardous and harmful drinking patient?
- Date*: 30/05/2014
- Place*: Zakopane, Poland.
- Type of audience*: Scientific community.
- Size of audience: 1300 participants
- Countries addressed*: Poland.
- Link to online information about this activity (if available): http://www.kongresmedycynyrodzinnej.pl/kongres2014/public/files/program_naukowy.pdf

Activity 4

- Type of activity*: Oral presentation to a scientific event.
- Main Leader*: Pomeranian Medical University in Szczecin (Mierzecki A).
- Title*: ODHIN study baseline results of screening and brief interventions for alcohol - are there country differences?
- Date*: 19/09/2014
- Place*: Warsaw, Poland.
- Type of audience*: Scientific community.
- Size of audience: 114 participants
- Countries addressed*: Poland.
- Link to online information about this activity (if available): http://www.inebria.net/Du14/html/en/dir1338/doc17994.html

Activity 5

- Type of activity*: Oral presentation to a scientific event.
- Main Leader*: Linköping University, Sweden (Preben Bendtsen)
- Title*: ODHIN study baseline results
- Date*: 19/09/2014
- Place*: Warsaw, Poland.
- Type of audience*: Scientific community.
- Size of audience: 100 participants
- Countries addressed*: Poland.
- Link to online information about this activity (if available): http://www.inebria.net/Du14/html/en/dir1338/doc17994.html

Activity 6

- Type of activity*: Poster
- Main Leader*: GENCAT
- Title*: Optimización de la implementación del cribado y la intervención breve en el consumo de riesgo y perjudicial de alcohol en Cataluña. Proyecto ODHIN
- Date*: 03/04/2014
- Place*: XLI Annual conference of Socidrogalcohol, Sevilla
- Type of audience*: Scientific community, Civil society
- Size of audience: 1000 participants
- Countries addressed*: Spain

11. PROJECT PUBLICATIONS MONTHS 37-48

PEER-REVIEWED PUBLICATIONS

Publication 1 (submitted)

- Publication type: Peer-reviewed publication
- Title*: Improving the delivery of brief interventions for heavy drinking in primary health care: outcome results of the ODHIN five country cluster randomized factorial trial'
- Author(s)*: Peter Anderson, Preben Bendtsen, Fredrik Spak, Jillian Reynolds, Colin Drummond, Lidia Segura, Myrna Keurhorst, Jorge Palacio Vieira, Marcin Wojnar, Kathryn Parkinson, Joan Colom, Karolina Kloda, Paolo Deluca, Begoña Baena, Dorothy Newbury-Birch, Paul Wallace, Maud Heinen, Amy Wolstenholme, Ben van Steenkiste, Artur Mierzecki, Katarzyna Okulicz-Kozaryn, Gaby Ronda, Eileen Kaner, Miranda Laurant , Toni Gual
- Journal*: PLOS ONE
- Volume/issue*: 2015
- Date of publication*: Submitted January 2015
- Open access is/will be provided to this publication (yes/no): yes

Publication 2 (accepted)

- Publication type: Peer-reviewed publication
- Title*: Professional´s attitudes do not influence screening and brief interventions rates for hazardous and harmful drinkers: results from ODHIN study.
- Author(s)*: Preben Bendtsen, Peter Anderson, Marcin Wojnar, Dorothy Newbury-Birch, Ulrika Müssener, Joan Colom, Nadine Karlsson, Krzysztof Brzózka, Fredrik Spak, Paolo

Deluca, Colin Drummond, Eileen Kaner, Karolina Kłoda, Artur Mierzecki, Katarzyna Okulicz-Kozaryn, Kathryn Parkinson, Jillian Reynolds, Gaby Ronda, Lidia Segura, Jorge Palacio, Begoña Baena, Luiza Slodownik, Ben van Steenkiste, Amy Wolstenholme, Paul Wallace, Myrna N Keurhorst, Miranda GH Laurant, Antoni Gual.

- Journal*: Alcohol&Alcoholism
- Volume/issue*: 2015
- Date of publication*: Submitted November 2014
- Open access is/will be provided to this publication (yes/no): yes

Publication 3 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: Is the improved delivery of brief interventions for heavy drinking in primary health care sustained over time?: Six month results of the ODHIN five country cluster randomized factorial trial
- Lead author*: Peter Anderson

Publication 4 (in preparation)

- Publication type: Peer-reviewed publication
- Title*: Do country differences impact on the European primary health care implementation research results: experiences from the ODHIN project
- Author(s)*: Kłoda Karolina, Parkinson Kathryn, Keurhorst Myrna, Mierzecki Artur, Jillian Reynolds, Bendtsen Preben, Newbury-Birch Dorothy, Kaner Eileen, Deluca Paolo, Colin Drummond, Colom Joan, Segura Lidia , Palacio Jorge , Baena Begoña , Laurant Miranda, Okulicz-Kozaryn Katarzyna, Wojnar Marcin, Spak Fredrik, Gual Antoni, Anderson Peter
- Journal*: Implementation Science or BMC Family Medicine

Publication 5 (in preparation)

- Publication type: Peer-reviewed publication
- Title*: The impact of primary healthcare provider's characteristics, role security and therapeutic commitment on implementing brief interventions in managing risky alcohol consumption: a cluster randomized factorial trial
- Author(s)*: Myrna Keurhorst, Peter Anderson, Maud Heinen, Preben Bendtsen Begoña Baena, Krzysztof Brzózka, Joan Colom, Paolo Deluca, Colin Drummond, Eileen Kaner, Karolina Kłoda, Artur Mierzecki, Dorothy Newbury-Birch, Katarzyna Okulicz-Kozaryn, Jorge Palacio-Vieira , Kathryn Parkinson, Jillian Reynolds, Gaby Ronda, Lidia Segura, Luiza Slodownik, Fredrik Spak, Ben van Steenkiste, Paul Wallace, Amy Wolstenholme, Marcin Wojnar, Antoni Gual, Miranda Laurant, Michel Wensing
- Intended Journal*: BMC Family Practice

Publication 6 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: The two-way flow of actions and attitudes in advising heavy drinkers in primary health care: findings from the ODHIN five country cluster randomized factorial trial
- Lead author*: Peter Anderson

Publication 7 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: Implementing referral to an alcohol internet-based brief intervention (eBI) in Primary Health Care. Results from the ODHIN implementation trial

- Lead author*: Preben Bendtsen

Publication 8 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: Improving screening and brief intervention activities in Primary Health care services: an assessment of quality of professional's performance during the ODHIN randomized controlled trial
- Lead author: Lidia Segura

Publication 9 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: Analysis of the AUDITC scores by gender, age and other relevant variables
- Lead author*: Fredrik Spak

Publication 10 (in preparation)

- Publication type: Peer-reviewed publication
- Provisional title*: Implementation hindrance and facilitators perceived by participating staff in the WP5 RCT
- Lead author*: Myrna Keurhorst
- Date of publication: Planned to submit March 2015

PAPER IN PROCEEDINGS OF A CONFERENCE/WORKSHOP

Publication 1

- Publication type: Paper in proceedings of a conference/workshop
- Title*: Initial results of the ODHIN project – what gives the motivation to work with hazardous and harmful drinking patient?
- Author(s)*: Karolina Kłoda, Artur Mierzecki, Maciek Godycki-Ćwirko.
- Proceedings*: Problemy Medycyny Rodzinnej (Family Medicine Topics)
- Date of publication*: 06/2014
- Start Date of conference/workshop*:29/05/2014
- End Date of conference/workshop*:01/06/2014
- Publisher*: Aktis
- Publisher location: Łódź.
- ISSN: 1507-5222
- URL:
- Relevant pages: 23.
- Open access is/will be provided to this publication (yes/no): no

Publication 2

- Publication type: Paper in proceedings of a conference/workshop
- Title*: ODHIN study baseline results of screening and brief interventions for alcohol - are there country differences?
- Author(s)*: Artur Mierzecki, Karolina Kłoda, Peter Anderson, Jillian Reynolds, Kathryn Parkinson, Myrna Keurhorst, Miranda Laurant, Preben Bendtsen, Fredrik Spak, Dorothy Newbury-Birch, Eileen Kaner, Paolo Deluca, Lidia Segura, Marcin Wojnar, Katarzyna Okulicz-Kozaryn, Antoni Gual.

- Proceedings*: Alcoholism & Drug Addiction
- Date of publication*: 18/09/2014
- Start Date of conference/workshop*:18/09/2014
- End Date of conference/workshop*:19/09/2014
- Publisher*: Institute of Psychiatry and Neurology
- Publisher location: Warsaw.
- ISSN: 0867-4361
- Relevant pages: 58.
- Open access is/will be provided to this publication (yes/no): no

12. APPENDICES

NAME FILE ATTACHED	TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	COMMENTS
OD_WP5_AP1_Agenda_WP5_18_March_2014	Other: project meeting agenda	..	
OD_WP5_AP2_Agenda_Plenary_17_Sep_2014	Other: project meeting agenda	..	
OD_WP5_AP3_Add5_Inebria_2014_odhin qualitative	Other: dissemination activity	Additional qualitative study	Presentation at the INEBRIA conference, September 2014, Warsaw, Poland

13. STATEMENT ON THE USE OF RESOURCES – WP5

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

WP6 – ASSESSMENT TOOL

1. WP LEADER

ISS (ISTITUTO SUPERIORE DI SANITA', ITALY)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA –HCPB, SPAIN)
RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)
CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)
NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)
KCL (KING'S COLLEGE LONDON, LONDON, UNITED KINGDOM)
UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)
LIU (LINKOPING UNIVERSITY, SWEDEN)
GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)
PARPA (POLISH STATE AGENCY FOR PREVENTION OF ALCOHOL-RELATED PROBLEMS, POLAND)
UL (UNIVERZA V LJUBLJANI, SLOVENIA)
SICAD (SERVICO DE INTERVENCAO NOS COMPORTAMENTOS ADITIVOS E NAS DEPENDENCIAS, PORTUGAL) (UTRO IDT)
UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)
SZU (STATNI ZDRAVOTNI USTAV, CZECH REPUBLIC)
PAM (POMERANIAN MEDICAL UNIVERSITY IN SZCZECIN, POLAND)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The objectives of the ODHIN WP6 were to formalize, to operationalize and to adapt the assessment tool originally developed by the PHEPA project (Primary Health Care European Project on Alcohol, European Commission) in order to produce an instrument to be used by countries to test the implementation and the extent of early identification and brief interventions (EIBI) for hazardous and harmful alcohol consumption (HHAC) throughout Primary Health Care (PHC) settings.

The ODHIN WP6 "assessment tool" is an instrument for the identification of the state of the art, gaps and areas in the country that need further work and strengthening; to monitor the adequacy of brief intervention programmes for HHAC in order to provide recommendations to improve and optimize delivery of health care interventions.

Particularly, the ODHIN WP6 "assessment tool" collects elements that enable to:

- provide a baseline measurement of services for managing HHAC (current status), identifying areas where services require development or strengthening (limitations or barriers in the main health care system domains);
- provide a mechanism for monitoring service provision over time;
- allow sharing of information and examples of practice between countries and regions;
- provide a mechanism for coalitions or partnerships to discuss and have a shared view on services for managing HHAC (if not available).

The main activities of the WP6 ODHIN assessment tool have been carried out from January 2011 to December 2013.

From January 2014 to December 2014 the WP6 activities have been mainly concentrated on disseminating and publishing the results obtained so far, and on collaboration with other ODHIN WPs activities.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

The main activities of ODHIN WP6 research group have been the following:

A. First period (months 1-18, *January 2011-June 2012)*:

- the revision of the PHEPA questionnaire and the description of the final ODHIN assessment tool from consensus building involving all ODHIN WP6 partners;
- the translation of the questionnaire (where judged appropriate);
- the identification of key informants and stakeholders.

B. Second period (months 19-36, *July 2012-December 2013*):

- workshop to identify the variables providing an estimate of the implementation and extent of EIBI's (Milestones MS5);
- data collection;
- data analysis;
- ODHIN Assessment tool final report (Deliverable D6.1).

C. Third period (months 37-48, *January-December 2014*):

- revision of the ODHIN assessment tool final report, Deliverable D6.1, submission and e-publication in the ODHIN website;
- production and e-publication of the ODHIN assessment tool WP6 factsheet;
- production and e-publication of the ODHIN assessment tool WP6 factsheet into Italian language;
- WP6 ODHIN activities feeding into the ODHIN policy dialogue symposium at the Eurocare conference (27 November 2014, Brussels);
- linked activities with the joint action RARHA – Reducing Alcohol related Harm, European Commission.

A. During the first period of the ODHIN project (months 1-18, *January 2011-June 2012)*, the following activities were carried out for WP6 (as stated in the Description of work-DoW):

- Revision of the Assessment Tool PHEPA questionnaire (M6)
- Description of the final tool (M12)
- Milestone (MS5) "Workshop to identify the variables providing an estimate of the implementation and extent of IBI's " (M12)
- Translation of the questionnaire (M15)
- Identification of key informants and stakeholders (M15)

All the planned activities were carried out as stated in the DoW and summarized in previous reporting periods. Milestone (MS5) *"Workshop to identify the variables providing an estimate of the implementation and extent of IBI's -M12",* was postponed to M21 being the workshop aimed at

identifying the variables providing an estimate of the implementation and extent of IBI's to optimize and increase the value of the preliminary data collection activities.

The final version of the assessment tool questionnaire was approved by all partners (and submitted in previous reporting periods). The assessment tool was translated into the native language of the partners, where judged appropriate: it has been translated by Czech Republic, Slovenia and Portugal (submitted in previous reporting periods).

The ODHIN WP6 Assessment Tool is a semi-structured questionnaire. The collection of information in the ODHIN WP6 "assessment tool" includes all the elements that are required for effective dissemination of brief interventions within a health care systems' perspective, including the domains of organization of health care, support for providing brief interventions, availability of brief interventions, provision of effective brief interventions by health care providers and uptake of effective brief interventions by the general population. It analyses 24 questions distributed across 7 key sections, covering the following topics:

1. Presence of a country coalition or partnership.
2. Community action and media education.
3. Health care services and infrastructure for harmful / hazardous alcohol use management.
4. Support for treatment provision (screening and quality assessment systems, protocols and guidelines, reimbursement for health care providers).
5. Intervention and treatment (availability and accessibility).
6. Health care providers (clinical accountability and treatment provision).
7. Health care users (knowledge and help seeking behaviour).

Within the participating ODHIN partners, up to 10 key informants were selected for the activities of this task (the collection of data at national level and the fulfillment of the questionnaire), based on their expertise in the alcohol field, covering a large range of perspective (the list of key informants was submitted in previous reporting periods).

During the first 18 months of ODHIN project, the revision of PHEPA questionnaire, the description of the final tool and the translation of the questionnaire took less time than expected, also thanks to the ongoing complementary activities of the AMPHORA (Alcohol Public Health Research Alliance) project, and also since the completion of the list of key informants was facilitated by already available lists of European projects, such as AMPHORA and VINTAGE-Good Health into older age. This enabled anticipating the data collection, whereas Milestone MS5, a workshop aimed at identifying the variables providing an estimate of the implementation and extent of IBI's, was postponed to optimize and increase the value of the data collection activities from M12 to M21.

During this period, contact was activated with the project leaders of selected EU Projects and Networks on alcohol such as AMPHORA, PHEPA II, VINTAGE and with WHO in order to involve other European countries, and contribute to improve the results of the ODHIN partners collection.

B. During the second period (months 19-36, *July 2012-December 2013*), the following activities were carried out for ODHIN WP6:

- Milestone (MS5): Workshop to identify the variables providing an estimate of the implementation and extent of IBI's (M21)
- Data collection (M27)
- Data analysis (M30)
- Deliverable (D6.1): Assessment tool final report (M36)

The Workshop to identify the variables providing an estimate of the implementation and extent of IBI's (Milestone MS5) was held in Barcelona on September 26th, 2012. During the workshop an overview of the completed activities was presented, including data collection of additional countries and data analysis by means of a brainstorming consensus. The MS5 agenda and PPT presentation were submitted in previous reporting periods.

Regarding data collection, the ODHIN "assessment tool" team is composed of 15 European scientific partners from 9 countries (Catalonia-Spain, Czech Republic, Italy, Portugal, Slovenia, England-UK, Poland, Sweden and the Netherlands) and nearby 25 scientists. Furthermore, we invited another 36 European countries to share their national qualified experience with the ODHIN collaborating countries sending them the ODHIN assessment tool by email using in part the mailing list of WHO national counterparts and/or the contact details of national experts of the CNAPA meetings (Committee on National Alcohol Policy and Action). By the deadline for completing data collection, March 2013 (M27), 14 out of 36 countries had completed the questionnaire, involving some other 20 scientists. Therefore, the 23 European countries included in the ODHIN assessment tool analysis are the following:

- 9 ODHIN partners (Catalonia-Spain, The Netherlands, Italy, England-United Kingdom, Sweden, Poland, Slovenia, Portugal, Czech Republic);
- 14 European additional countries (Belgium, Cyprus, Croatia, Estonia, Germany, Latvia, Malta, Switzerland, Greece, Finland, Ireland, Iceland, Romania, and FYROM -Ex Macedonia).

After the data collection, all obtained information was introduced into SPSS at the ISS. At the same time the preparation of the final WP6 assessment tool report (D6.1) started. The ODHIN members agreed to write the report following the structure of the previous PHEPA report, as much as possible. An extensive correspondence via email between the WP6 leaders and the participants was also carried out as to review and check the collected conflicting data, and also to recover, whenever possible, missing data. The information was also reported qualitatively with comments from the partners, included in the final report. A preliminary complete analysis of the collected data was presented in the ODHIN plenary meeting on the 1st and 2nd of October 2013 and two drafts of the WP6 final report circulated among all the participants requesting their feedback, the last one in December 2013.

C. During the third period (months 37-48, *January 2014-December 2014*), the following activities were carried out:

- Revision of the ODHIN assessment tool final report, Deliverable D6.1, submission and e-publication in the ODHIN website (M38);
- Production and e-publication of the ODHIN assessment tool WP6 factsheet;
- Production and e-publication of the ODHIN assessment tool WP6 factsheet into Italian language.
- WP6 ODHIN activities feeding into the ODHIN policy dialogue symposium at the Eurocare conference (27 November 2014, Brussels);

The ODHIN Assessment tool final report, D6.1, was delivered via the ECAS participant portal in M38 (instead of M36) due to the revision process incorporating all relevant feedback and comments received by the WP6 partners.

The deliverable has been made publicly available on the ODHIN website, and has been downloaded over 300 times (by 17th February 2015). See: http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents/6-technical-reports-and-deliverables.html

The e-publication of the WP6 factsheet has been carried out under the frame of ODHIN WP7 *"From Science to Policy".* It summarizes the results from WP6 (see WP7 for further details). Furthermore, WP6 has contributed to providing country own-language materials for the ODHIN website, by translating the ODHIN WP6 Factsheet into Italian. Both factsheets are available at: http://www.odhinproject.eu/project-structure/wp6.html .

During the Eurocare conference in Brussels (27 November 2014), ODHIN WP6 activities fed into the 2nd ODHIN dialogue with decision makers. During this session, a summary of the results of the WP6 assessment tool were presented and discussed with the audience (see WP7 for further details).

During this last period, from February to November 2014, contact has been activated with the activities of the joint action RARHA – Reducing Alcohol related Harm of the European Commission. Particularly, some linked activities have been activated: parts of the ODHIN assessment tool results on drinking guidelines in the context of early identification and brief interventions have been used as sources of the RARHA WP5 "Good practice principles in the use of drinking guidelines to reduce alcohol related harm" which activated an ad hoc survey.

5. SIGNIFICANT RESULTS ACHIEVED

A. The main result achieved during the first 18 months of ODHIN project (months 1-18, *January 2011-June 2012)* was the final version of the **questionnaire ODHIN WP6 Assessment Too**l and the methods of the study, submitted in previous reporting periods.

B. During the second reporting period (months 19-36, *July 2012-December 2013*), many results have been achieved, included in the **Deliverable D6.1** -ODHIN assessment tool report: a description of the available services for the management of hazardous and harmful alcohol consumption. The final report consists of 60 pages plus annexes. It has been submitted via the ECAS participant portal and also made available on the ODHIN website, with over 300 downloads (February 2015).

C. During the third reporting period (months 37-48, *January 2014-December 2014*) the WP6 activities have been mainly concentrated to the submission, dissemination and publication of the results obtained so far. The final submission of D6.1 was in M38 instead of M36 due to the revision process incorporating all relevant feedback and comments received by the WP6 partners.

The main results of the WP6 assessment tool (see http://www.odhinproject.eu/resources/documents/doc_download/70-deliverable-6-1-assessment-tool-report.html) are the following:

1. PRESENCE OF A COUNTRY/REGIONAL COALITION OR PARTNERSHIP
    - In 2012 most of the countries (78.3%) have a country and/or regional coalition for the management of hazardous or harmful alcohol consumption (HHAC).

2. COMMUNITY ACTION MEDIA AND EDUCATION
    - Implemented media education campaigns on alcohol consumption are not widely available, or not reported. The most common available education campaigns are

reported on the website followed by newspaper/magazines and radio, and they are generally fully publicly funded and implemented at country level.

3. HEALTH CARE INFRASTRUCTURES

Integrated health care system

- According to personal opinions, in most of the countries the integration of the management of HHAC in PHC is quite low with great differences between countries. Only 47.8% of the countries (11 out of 23) pointed the integration of the management of HHAC in the PHC system over the average of 5.4 points (in a scale from 0- no integrated, to 10- fully integrated).

Structures for quality of care

- Most of the countries have formal governmental organizations in charge for monitoring health outcomes at the population level from HHAC (78.3%), for reviewing the safety of pharmacological treatments for managing alcohol dependence (68.2%) and for providing information on managing HHAC to health care providers (63.6%). About half of the countries have structures in charge for the monitoring of the quality of care provided for managing HHAC (57.1%) and for preparing clinical guidelines (56.5%). The structures for reviewing the cost effectiveness of interventions for managing HHAC are available in England, Finland, Portugal, Sweden and The Netherlands (22.7%).

Research and knowledge for health

- Nearby half of the countries have a formal research programme for managing HHAC with specifically allocated funding (43.5%) during the last 10 years, at least in part, from governmental organizations.
- There is a lack of formal education on managing HHAC for health care professionals in all the educational levels (particularly for pharmacists and dentists), with great differences among countries. There is a tendency for most of the professionals (but not for dentists, obstetricians and pharmacists) to have more formal education on the managing of HHAC in the curriculum of postgraduate and continuing professional training compared to the undergraduate curriculum.

Health care policies and strategies for dissemination and implementation of the management of HHAC

- In 2012, an official written policy on managing HHAC is reported in 82.6% of the countries, mostly as a part of a more general alcohol policy strategy. In the countries where such a policy exists, an intensive support for managing alcohol dependence in specialised treatment facilities is included in all countries, a strategy on training for health professionals in 73.7%, a strategy to support interventions in primary care in 68.4%, while a national funded research strategy is included only in nearby half of the policies.
- In most of the countries (82.6%) there is government funding for services for the management of HHAC, usually reviewed from time to time.
- In almost none of the countries (but not for Switzerland) a proportion of alcohol taxes is specifically earmarked or allocated to fund the costs of services for managing HHAC.

4. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

- In 56.5% of the countries screening instruments to identify risky drinkers are considered available and pointed over the average of 6.4 points (in a scale from 0 to 10), while only in 30.4% a follow up system for monitoring and advice patients is considered available and pointed over the average of 4.1 points.

Protocols and guidelines

- Nearby three out of four of the countries have already developed, or are developing, multidisciplinary guidelines for managing HHAC (73.9%). The majority are stand alone guidelines as opposed to a part of other clinical guidelines. However, there is a great lack of studies about their adherence and implementation.

Reimbursement for health care providers

- The most common practice is reimbursement as a part of their normal salary as opposed to "within terms of service".

Protocol, policies and training for professionals

- In most of the countries there are specialized guidelines or protocols for managing HHAC for addiction specialists (81.8%), general practitioners (65.2%), psychiatrists (59.1%), doctors in hospital (55.0%) and psychologists (50.0%).
- Training for managing HHAC within professional vocational training is available in most of the countries and for different professionals (still uncommon for obstetricians, pharmacists and dentists). The availability of training for managing HHAC within accredited continuing medical education is inferior to the training for managing HHAC within professional vocational training for the majority of the professionals.

5. INTERVENTION AND TREATMENT

Availability and accessibility

- Patients help for HHAC is considered accessible mainly in addition services, followed by specialist clinics, in general/family practice, in hospital clinics and to a lesser extent, with the lowest percentage, in pharmacies.

6. HEALTH CARE PROVIDERS

Clinical accountability

- Participants considered that addiction specialists and psychiatrists consider advices for HHAC part of their routine clinical practice, but not pharmacists and dentists.

Treatment provision

- Regarding treatment provision in PHC, there are many studies on patients screened about alcohol consumption (in 73.9% of the countries) followed by studies on the use of AUDIT questionnaire, on the attitudes of health care providers to managing HHAC, and on patients with HHAC are given advice and on (52.4%, 50.0% and 50% respectively), on increasing the involvement of health care providers in managing HHAC (45%), on the effectiveness of interventions for HHAC (36.8%) and on practice protocols and guidelines followed (27.8%). Few studies, survey or publications have been carried out on advice meets quality criteria (15.8%) and on cost-effectiveness of interventions for HHAC (10.5%).

7. HEALTH CARE USERS

Knowledge and Help seeking behaviour

- Studies on people knowledge that HHAC can be dangerous to their health are referred in 38.1% of the countries, while on people knowledge about effective methods to reduce HHAC are not available.

Thus, the following are WP6 ODHIN conclusions for Policy and Research. The aim of the assessment tool was to develop and test a comprehensive standard format to be used for the evaluation of the availability of services devoted to the management of HHAC at the country and/or regional level.

The tool has demonstrated to be useful in contributing to:

- providing a baseline description of available services and infrastructures for managing HHAC, identifying areas where services may require development or strengthening;
- providing a general view on the existing gaps/areas that need further work and strengthening.
- providing a mechanism for future monitoring services provision over time;
- solicit sharing of information and examples of practice;
- solicit partnerships and/or national/regional coalition to reach a consensus on a shared view on services for managing HHAC.

The ODHIN assessment tool was an excellent example of networking by sharing and collaborating into the alcohol field between countries and within each country at territorial level; the activity was successful in involving additional scientists to voluntarily contribute to the report and participate in the consensus building around the assessment tool other than the 9 originally involved in the ODHIN project.
The ODHIN assessment tool shows that, in 2012, EIBI is still not the norm in daily consultation in PHC and that more resources are needed to overcome the main obstacles.
Particularly, the results and evaluation ask for some priorities to be integrated in the national and regional systems for HHAC management:

- the presence of a formal partnership or coalition at the national/regional level contributing to the availability and management of HHAC;
- the integration of the management of HHAC in the health care system assuring that treatment is offered to those that need it, hopefully widening the availability of existing treatments;
- the implementation of a communication and information strategy about health and social alcohol impact, including a major effort to provide a formal, mandatory continuing training and medical education aimed at integrating EIBI in the daily practice of health professionals in the PHC settings with public allocated funding;
- formal educational programs on managing HHAC for health care professionals, being the training levels low in most of the countries and not available for some professionals;
- the availability of a well identified national health plan on alcohol aimed at prevention of alcohol use disorders and alcohol dependence and of a research funded strategy and/or formal research programs on HHAC with targeted allocated funded activities included in a written policies;
- the availability of guidelines and protocols for health professionals for different target groups and settings;
- studies on the adherence and implementation of the clinical guidelines for managing HHAC;
- tools and structures for reviewing the cost effectiveness of interventions for managing HHAC mainly focused in monitoring health care users needs and what health care providers are delivering;
- specific studies to check the quality of the advice and the cost-effectiveness of interventions for HHAC integrated by yearly evaluation surveys and reports on the activities by health care providers aimed at collecting information about the management of HHAC and on the evaluation of the health professionals who receive specific training on HHAC management;
- dissemination of available sources of knowledge, research results and information to health care providers together with the provision of materials and incentive measures aimed at ensuring that prevention, EIBI is implemented in PHC and supported by

specialist services according to a real networking of the available services and competencies.

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The reason for postponing the workshop Milestone (MS5) "*Workshop to identify the variables providing an estimate of the implementation and extent of IBI's"* from M12 to M21 has been already discussed in the previous reporting periods.

No deviations for the 3rd period.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

All planned objectives have been achieved. However, there was a slight delay in the final submission of D6.1 (delivered M38 instead of M36) due to the revision process incorporating all relevant feedback and comments received by the WP6 partners.

8. CORRECTIVE ACTIONS ALREADY UNDERTAKEN

Not applicable.

9. WP MEETINGS AND CALLS

There have been no WP6-specific meetings over this period, although WP6 members have attended the ODHIN Final Plenary meeting in Warsaw (September 2014), and also the ODHIN 2nd decision makers dialogue held in Brussels in November 2014.

10. LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48

Activity 1

- Type of activity*: Workshop
- Main Leader*: FCRB, Antoni Gual, Catalonia (Spain)
- Title*: Workshop "ODHIN Project"
- Date*: 26.11.2014
- Place*: Brussels (Belgium)
- Type of audience*: scientific community, policy makers
- Countries addressed*: Europe

Activity 2

- Type of activity*: Workshop
- Main Leader*: FCRB, Antoni Gual, Catalonia (Spain)
- Title*: "Joint Action on Reducing Alcohol Related Harm (RARHA) Satellite Event- Evidence from the ODHIN project"
- Date*: 26.11.2014
- Place*: Brussels (Belgium)
- Type of audience* : scientific community, policy makers

- Countries addressed*: Europe

Activity 3

- Type of activity*: Workshop
- Main Leader *: FCRB, Antoni Gual, Catalonia (Spain)
- Title*: Joint Action RARHA – WP5 Work Meeting. Links with the ODHIN project
- Date*: 5.11.2014
- Place*: Rome, Italy
- Type of audience*: scientific community, policy makers
- Countries addressed*: Europe

Activity 4

- Type of activity*: Workshop
- Main Leader*: ISS
- Title*: Joint Action RARHA – European Expert Meeting "Low risk drinking guidelines and standard drink definitions. Science Underpinnings and public health policy implications for alcohol related harm reduction". Evidence from ODHIN WP6, organized by ISS Istituto Superiore di Sanità
- Date*: 4.11.2014
- Place*: Rome, Italy
- Type of audience* : scientific community, policy makers
- Countries addressed*: Europe

Activity 5

- Type of activity*: Workshop
- Main Leader*: ISS
- Title*: 5th Roundtable on an Integrated Approach to Addressing Alcohol-Related Harm
- Date*: 04.7.2014
- Place*: Brussels, Belgium
- Type of audience*: Scientific community
- Countries addressed*: Europe

Activity 6

- Type of activity*: Oral presentation to a wider public
- Main Leader*: ISS
- Title*: Convegno "Identificazione precoce del rischio alcol-correlato nei contesti di assistenza sanitaria. Favorire la formazione per garantire prevenzione", organized by the professional register of Medical Doctor of Rome and Province
- Date*: 14.6.2014
- Place*:Rome, Italy
- Type of audience*: Scientific community
- Countries addressed*: Italy

Activity 7

- Type of activity*: Oral presentation to a wider public
- Main Leader*:ISS
- Title*: Convegno "Alcohol Prevention Day", organized by ISS, Istituto Superiore di Sanità
- Date*: 9.4.2014

- Place*:Rome, Italy
- Type of audience*: Scientific community, media, civil society
- Countries addressed*: Italy

11. PROJECT PUBLICATIONS

No publications other than the main Deliverable 6.1 (publicly available on the ODHIN website) have been produced by WP6 in this reporting period.

12. APPENDICES

No appendix files are attached, although dissemination documents related to WP6 (factsheets, presentations) can be found under WP7 *From science to policy*.

13. STATEMENT ON THE USE OF RESOURCES – WP6

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

WP7 – FROM SCIENCE TO POLICY

1. WP LEADER:

GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA –HCPB, SPAIN)
NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

3. DESCRIPTION OF WP OBJECTIVES (OVERALL AND FOR MONTHS 37-48)

The aim of ODHIN as a whole is to contribute to the body of knowledge of how to optimize the delivery of identification and brief interventions (IBI) for hazardous and harmful alcohol consumption in Primary Health Care (PHC). In this framework, the overall objective of WP7 is to bring about a better understanding of how to translate the results of clinical research in everyday practice in PHC settings supported by evidence-based policy, using two tools: a publication, 'future challenges guidance', and decision maker dialogues, leading to the development of a strategy and tool kit on effective approaches to adopting IBI into daily practice and making them available to the general population.

To achieve this, the following objectives were defined:

1. To disseminate the findings amongst the scientific community
2. To form a critical mass of IBI implementation researchers (network)
3. To update and expand the clinical evidence-based database on effective and cost-effective IBI measures for use in PHC
4. To translate science into easily understandable conclusions and recommendations for PHC professionals, policy makers and the public

Throughout the 3nd reporting period, WP7 has focused on the following activities:

- The continued development of a project website for dissemination of findings, SBI tools and materials (contributing to objectives 1 and 2 above)
- Ongoing communication throughout the network of IBI implementation researchers, including a final end of project "wrap up" communication (objectives 1 and 2)
- The review of the clinical evidence-based database on effective and cost-effective IBI measures for use in PHC (objective 3)
- Elaboration of fact sheets for the dissemination of findings (contributing to objectives 1 and 4).
- Elaboration of two guidance e-manuals, one targeted at primary health care providers, and one targeted at primary health care commissioners and funders (contributing to objective 4)
- Celebration of the 2nd ODHIN decision makers dialogue (objectives 1 and 4)
- Elaboration of the final report (D7.1) and publication (e-Reader) on the overall findings of the ODHIN project, and guidance for the future implementation of screening and brief intervention programmes (contributing to objective 4)
- Promoting and registering ODHIN scientific publications (both published, submitted and in preparation) as second line deliverables of the project (contributing to objective 1)

- Preparing a final “end-of-project” communication action (contributing to objectives 1, 2 and 4).

4. CONCISE DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES AND SIGNIFICANT RESULTS ACHIEVED

A) The ODHIN website

The ODHIN permanent website (www.odhinproject.eu) (DoW Task 1) was launched in December 2011, and developments and updates have continued throughout the whole project, with the features and materials added to both the public and private-access only parts of the website, including:

- WP pages: outputs and own-language sections

Each ODHIN WP has its own page, with a short description of the aims and tasks to be performed, and a list of all relevant working documents, scientific publications, project deliverables and factsheets. In addition, when available, own-language materials have been included as to facilitate a wider dissemination of the projects findings.

Illustration 1. Screenshot of a WP page

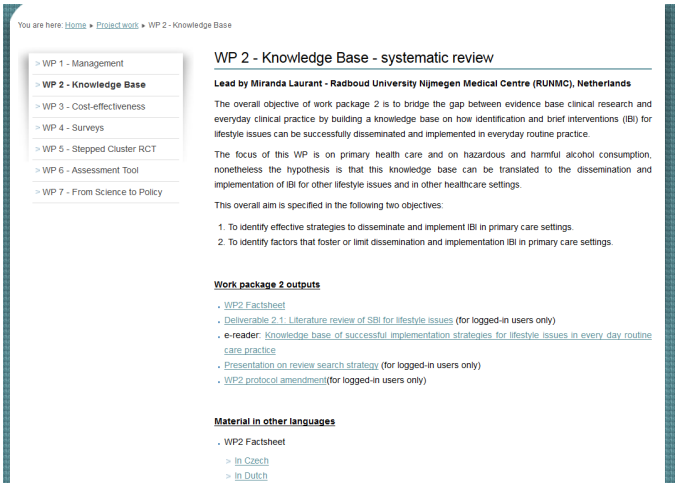
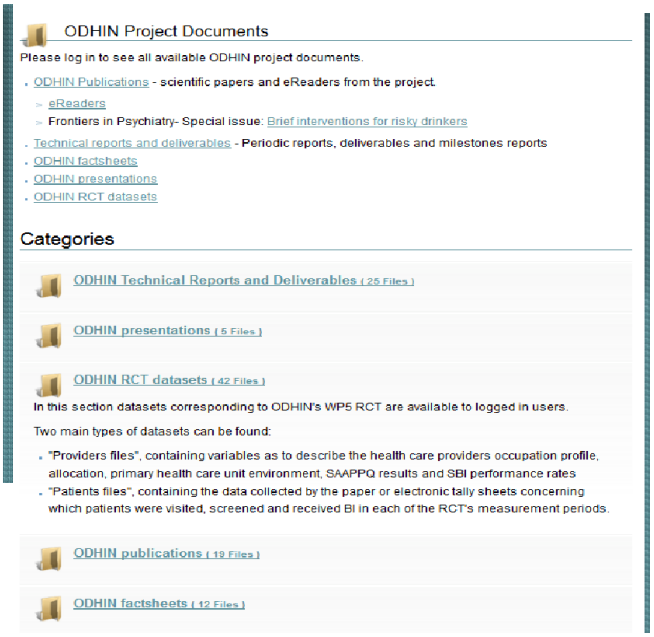


Illustration 2: Screenshot of Documents section



- ODHIN project documents section

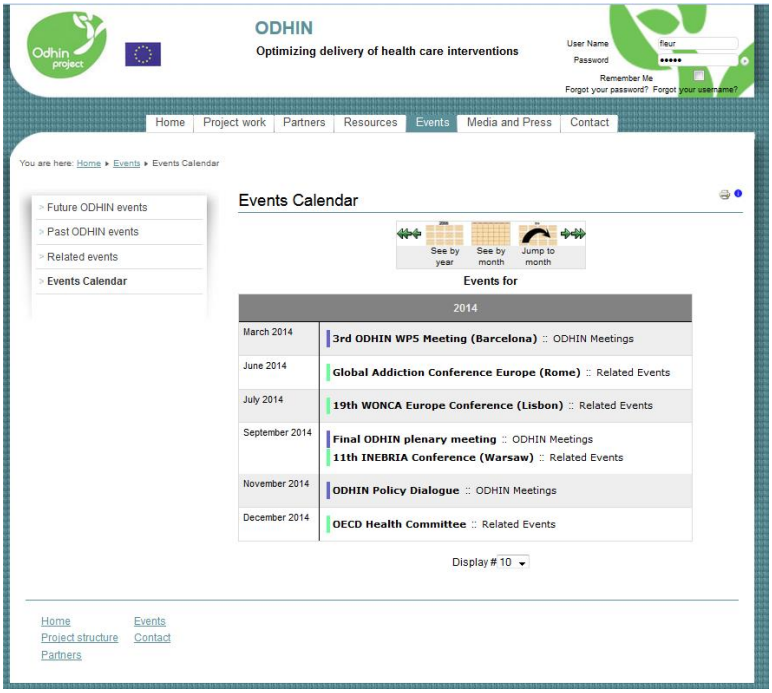
This section is contains all ODHIN publications, technical reports and deliverables, factsheets, presentations used to disseminate the ODHIN project and findings, and the datasets from the WP5 trial (see Illustration 2)

- Events calendar

All ODHIN events (meetings, workshops, dialogues) were publicised through this event calendar, which also contains information about related events in which project partners are involved. In addition to the calendar, full details and documentation (i.e agenda, notes, presentations,

background material) for each event is provided both for past and upcoming events, in the corresponding “Past” or “Future” events pages.

Illustration 3. Screenshot of ODHIN Events calendar



- Highlights section incorporated into the homepage

A specific section of the homepage was used to highlight the latest ODHIN news or output.

- Media and press tab

A specific tab was created to include press materials and contact details of the ODHIN communication officers, as to enable a quick contact for any interested media.

- Online Brief Interventions database (see section C. below)
- Factsheets summarising key results of the project Work Packages (see section D. below)

The project website has been fully functional since December 2011 and has been used as an internal communication tool between project partners since then, using the private-access parts for document exchange and storage. Conceived also as a communication tool with the general public, it has been regularly updated with news, events, project outputs, etc. All submitted project deliverables are also available in the relevant WP pages and are highlighted when published.

The ODHIN website has had a large amount of traffic during the whole project, with almost 2600 hits to the most visited sites (partner information, project structure and information on the different WPs). The five documents that have been downloaded the most times are the following:

1. Deliverable 3.1 – Cost-Effectiveness Model Report: 1141 downloads (as of 19/1/15)
2. Open access scientific paper: *Implementing training and support, financial reimbursement, and referral to an internet-based brief advice program to improve the early identification of hazardous and harmful alcohol consumption in primary care*

(ODHIN): study protocol for a cluster randomized factorial trial: 1019 downloads (as of 19/1/15)

3. ODHIN Publication Guidelines: 841 downloads (as of 19/1/15)
4. ODHIN Presentation at Inebria: 618 downloads (as of 19/1/15)
5. Deliverable 4.1 – Survey of attitudes and managing alcohol problems in general practice in Europe (574 downloads as of 19/1/15)

B) Ongoing communication of relevant findings and events throughout a Network of IBI implementation researchers

ODHIN researchers are in close touch with relevant researchers in the field of identification and brief interventions for harmful and hazardous alcohol consumption, being involved in the activities of PHEPA, INEBRIA, ESBRA, the Kettyl Bruun society for social and epidemiological research on alcohol, APN and WONCA, amongst others. This enables the dissemination of the project's findings and other relevant news throughout a regular network of researchers and other stakeholders in the area of alcohol policy and treatment (DoW Task 2).

During the 3rd reporting period ODHIN members were invited to give oral presentations based on ODHIN's aim and findings in the frame of the following events, thus strengthening bonds with other experts in the area:

- XLI Annual conference of Socidrogalcohol (http://www.socidrogalcohol.org/), in Seville, Spain (April 2014)
- The Impact of Addiction in Society – Global Addiction Conference in Rome, Italy (June 2014)
- 19th WONCA Europe Conference in Lisbon, Portugal (July 2014)
- 12th INEBRIA Conference in Warsaw, Poland (September 2014)
- 6th European Alcohol Policy Conference in Brussels, Belgium (November 2014)

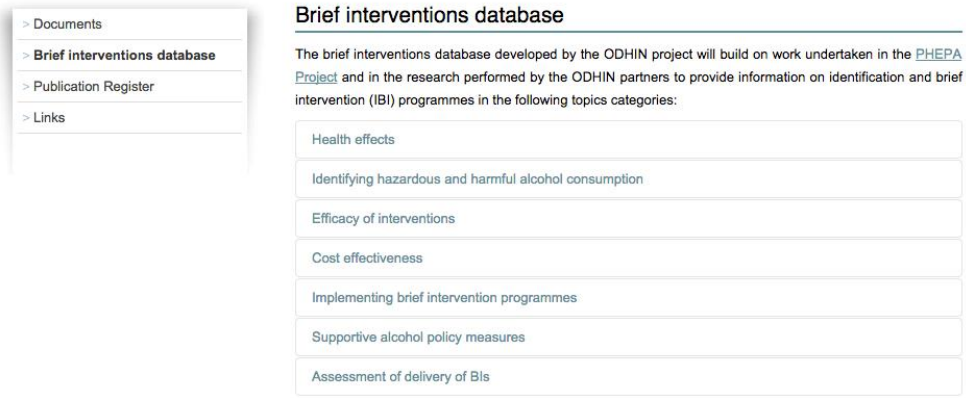
A final communication action for the ODHIN project is currently being prepared (see section K. below) as to widespread the projects findings and outputs. By means of the established network, it is expected that all ODHIN products will be marketed to the relevant end users (health care professionals, commissioners and funders of primary health care, academia, non-for profit organizations) on a European scale, as well as made available through the ODHIN website to the general public.

C) Review of the evidence-based database on effective and cost-effective IBI measures for use in PHC

As specified in the DoW, ODHIN members have taken over the existing evidence-based database of effective practice (DoW task 3) generated by the PHEPA project, which has now been incorporated into the ODHIN website.

Throughout the 3rd reporting period, the contents of this database have been updated and enriched also including one section on assessment of delivery of briefs interventions for hazardous and harmful alcohol consumption. At present, all new relevant evidence is included and available to scientists and policy makers.

Illustration 4: Screenshot of the ODHIN website's section including the Brief Interventions database



D) Elaboration of 6 factsheets summarising the results of the project

A series of 6 concise and clearly written factsheets (DoW Task 4) have been prepared on ODHIN research findings, following a common template already agreed upon. Titles of the factsheets are listed below:

1. Process and policy implications in enhancing screening and brief interventions delivery for unhealthy lifestyles: results from 3 literature reviews (WP2) (see OD_WP7_AP1_Factsheet WP2).
2. Cost-effectiveness evidence – comparative results from Italy, Netherlands and Poland and implications for the wider EU (WP3) (see OD_WP7_AP2_Factsheet WP3).
3. Attitudes and managing alcohol problems in general practice in Europe (WP4) (see OD_WP7_AP3_Factsheet WP4).
4. Improving the delivery of brief advice for heavy drinking in primary health care – summary and implication of findings (WP5) (see OD_WP7_AP4_Factsheet WP5).
5. Managing alcohol problems in general practice in Europe: results from the European ODHIN survey of general practitioner views (WP6) (see OD_WP7_AP5_Factsheet WP6).
6. ODHIN - highlights (WP7) (see OD_WP7_AP6_Factsheet WP7).

These factsheets are e-published (and give information for policy advisors, programme managers and financers of health services on the implementation of screening and brief intervention for heavy drinking in everyday practice. They have also been used as input for the elaboration of WP7's final deliverable "D7.1 Future challenges guidance" (see below). All factsheets are available in an *ad hoc* section of the ODHIN website (http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents/9-odhin-factsheets.html), and in addition they are linked to from the specific Work Package pages, as to enhance their visibility.

Up to date, the factsheets made public have been downloaded on average over 200 times, proving to be useful synthesis documents disseminating the project findings. Two factsheets are currently for private access only (that of WP5 and WP7) as to not preclude scientific publications coming out of the ODHIN work (see "Publications register", below), but will be made publicly available and disseminated in Spring 2015, in the Final ODHIN end-of-project communication action (see section K. below).

E) Elaboration of 2 guidance e-manuals

Two Guidance e-manuals translating science into policy (DoW) have been elaborated based on all the factsheets and additional deliverables from ODHIN work-packages. The e-manuals have been developed in close collaboration among all the partners, with them aim of providing easy access and understanding of the projects findings most relevant for the two target audiences these are designed for: commissioners and funders of primary health care (see OD_WP7_AP7_e-Guidance1), and primary health care providers (see OD_WP7_AP8_e-Guidance2), and then offering specific guidance for managing and implementing screening and brief intervention programmes for heavy drinking, tailored to the needs of each of these end users.

These guidance e-manuals are available on the ODHIN website, currently for logged-in users only as to not preclude imminent scientific publications, but they will be made public and marketed to relevant audiences in the frame of ODHIN's end-of-project communication action (see section K. below).

F) Policy makers' dialogues

A first round of policy makers' dialogues (DoW task 6) took place on a national basis in all participating countries. This resulted in the establishment of a forum for on-going discussion around policy to support effective and evidence-based IBIs in PHC settings for hazardous and harmful alcohol consumption.

During the 3rd reporting period the second policy dialogue took place in the frame of two different events, in order to maximise the reach of ODHIN results and the interaction with decision makers. Therefore, the second policy dialogue, scheduled at the end of the project as to share and discuss final project results, was split into two different sessions:

- In Brussels on 27th November 2014, under the frame of the 6th European Alcohol Policy Conference organised by EUROCARE: This Conference brought together over 300 participants from 36 countries concerned with alcohol related-harm (policy and decision makers, scientists, alcohol and health experts, industry members…) with the intention to strengthen networks, build capacity and stimulate action to prevent and reduce alcohol related problems at all levels. The aim of this conference was to create a tool to serve as a timely catalyst for action on alcohol policy in Europe. It therefore was an ideal setting for ODHIN scientists to discuss the results from the ODHIN project. Therefore, an "ODHIN Open Dialogue: Implementation, Cost-effectiveness, and Assessment of BI's programs" session was chaired by Antoni Gual with the input of three key scientists Myrna Keurhorst, Colin Angus and Emanuele Scafato representing the ODHIN Consortium. (see relevant pages of the conference program "OD_WP7_AP9_2nddialogueEAPCprogram").The session was designed in a way to promote exchange between the ODHIN scientists and the stakeholders attending, so that once a summary of key results was presented in order to set the scene, speakers each took the opportunity to pose questions to the decision makers, as to trigger the discussion (see OD_WP7_AP10_2nddialogueEAPCpresentation). This led to an interesting discussion on the present situation of screening and brief intervention programmes for heavy drinking in primary health care in Europe and on the main challenges for further implementation of this health promotion intervention.
- Within the Health Committee of the OECD that took place 8th-9th December in Paris: A special session on alcohol was organized there, in line with the new (report) that the OECD will launch early 2015. The aim of the meeting was to discuss on the evidence base for diverse alcohol policies, both at a population level and targeting high-risk groups.

Dr Gual presented the ODHIN project results within the frame of Brief Interventions as a strategy to target high-risk drinkers in PHC settings (see the program of the session in OD_WP7_AP11_2nddialogueOECDProgram). Results of the WP 5 (implementation trial) and WP 3 (Cost-effectiveness studies) were presented and discussed with the audience. The country representatives in the Health Committee of the OECD, as well as representatives of the WHO and the EU, attended the meeting. The presentation was followed by a debate were various country representatives asked questions and shared the ongoing initiatives in their respective countries. Overall there was a general agreement to consider IBIs high in the agenda as a cost-effective policy, and this is how it will be reflected in the upcoming OECD publication.

A full report on the two sessions that formed the 2nd Decision makers dialogue was produced and made publicly available on the ODHIN website (see OD_WP7_AP12_Report_2nd_Dialogue).

G) Deliverable 7.1 Future challenges guidance

Deliverable 7.1 has been elaborated in collaboration with all the partners of the consortium using the results of the different work packages summarized in the factsheets elaborated for dissemination. It is a report of the overall findings of the project giving guidance on the future governance of delivering screening and brief intervention programmes for hazardous and harmful alcohol consumption. The Deliverable was submitted via the ECAS participant portal, and is also available on the ODHIN website, currently for logged-in users only, as to not preclude scientific publications coming out of the ODHIN work (see "Publications register", in WP1 section). However, it will be made publicly available and disseminated in Spring 2015, in the final ODHIN end-of-project communication action (see section K. below).

H) E-Book publication

An **e-Book** titled *Guidance for the future governance of delivering screening and brief intervention programmes for heavy drinking in primary health care, based on the findings of the ODHIN Project* has been produced based on the content of Deliverable 7.1 (see OD_WP7_AP13_e-reader_GuidanceforfutureofSBIforheavydrinkinginPHC). This e-book draws together the scientific findings of the ODHIN project as to inform relevant stakeholders in strengthened practice to optimise the delivery of health care to European citizens. We chose to produce an e-reader book as this will be open-accessible directly from the ODHIN website, enabling to widely distribute the e-Reader to all publics free of charge in a fast and independent way, as the ODHIN Consortium itself is the publisher. Likewise to Deliverable 7.1, the e-book has not yet been made publicly available as to not preclude upcoming scientific publications, but especially to make its public launch coincide with the final ODHIN end-of-project communication, in Spring 2015, as the e-Book will be one of the highlights of this dissemination action.

I) Scientific publications, including special edition of Frontiers in Psychiatry

One of the key elements of ODHIN's dissemination strategy are scientific papers deriving from the work packages. Throughout the project, as second line deliverables, these have been produced as and when new scientific results were obtained from the project work, and submitted for publication in peer-reviewed journals. As can be seen in the ODHIN Publications Register (see WP1), by February 2015 over 20 scientific publications had been published, in journals such as BMC Family Practice, Alcohol and alcoholism, or Implementation Science, whereas over 10 other publications have either been submitted for publication or are in draft form and expected to be published in 2015.

The research performed by the ODHIN partners contributed towards a special issue in the journal Frontiers in Psychiatry (http://www.frontiersin.org/Psychiatry) on the research topic **Brief interventions for risky drinkers**. Resulting articles are referenced on the ODHIN website and can also been seen below, in Publications.

J) Web-based self-help/intervention programme

Moreover, as part of the strategy to promote the adoption of screening and brief interventions into daily practice and making them available to the general population, the ODHIN project has identified and improved local websites offering e-SBI in the five countries participating in WP5 (see WP5 for further details on each of these websites). The ODHIN website provides access to these local websites, available in English, Catalan, Dutch, Polish and Swedish, contributing not only to raise awareness among general population about the risks of hazardous and harmful alcohol consumption but also to deliver information and effective intervention to any individual in need.

K) Other dissemination activities, and the end-of-project communication action

ODHIN partners have dedicated special attention to the dissemination of the project's aim and results throughout the entire project, through a wide range of tools. As reported via the ECAS portal, in total over 90 dissemination activities have been carried out (see "OD_WP7_AP14_summarydisseminationactivities"). For instance:

- **Press launch of ODHIN:**
  Within the 1st year of the project, ODHIN was launched to the local and national press in Spain, resulting in 21 articles, release by 3 news agencies, 3 radio interviews and 1 television interview. The press release was also included in the international press release portal 'Eureka' and the blog spots of IDIBAPS and Hospital Clinic, which have international readership.

- **Oral presentations at scientific events and to wider audiences:**
  Over 40 presentations have been given over the project life, at events such as The European WONCA Conference, the European Alcohol Policy Conference, the INEBRIA Conference, or the Kettil Bruun Society annual conference.

- **Workshops**
  In addition to oral presentations, over 20 workshops have been organised by ODHIN partners, not only aimed at the scientific community, but also at the civil society, in particular involving health care professionals.

End-of-project communication action

In order to obtain the widest distribution and uptake of all the ODHIN findings and specific communication outputs listed above, a final ODHIN communication action is being prepared for Spring 2015. This will, de facto, constitute the final "formal" ODHIN activity, delivering results to all potential end users through the network of IBI experts, summarizing the projects major achievements, and marketing specific outputs to specific end user profiles. This action was initially planned for the final month of the project, but has been postponed as to not preclude the publication of imminent scientific publications due to be published early 2015. Nevertheless, this slight delay will not have a major impact on the dissemination of project results.

Moreover, as to complement this final dissemination activity, during the final months of the ODHIN project, partners were encouraged to translate key ODHIN outputs into their country language, in order to make them more accessible and closer to policy-makers, and practitioners from each of the countries involved in the project. As a result, materials such as the ODHIN factsheets have been translated to Czech, Dutch and Italian, with some 90 downloads each on average (see http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents/9-odhin-factsheets/11-factsheets-in-other-languages.html?start=5). They are also currently being translated to Catalan, together with the two guidance e-manuals. In addition the WP5 webpage has been translated to Catalan adding specific materials and details of the Catalan country team (see http://www.odhinproject.eu/project-structure/wp5/43-catalunya.html).

5. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

As explained in the 1st periodic report, given the difficulty of convening a large EU-level policy decision makers' dialogue meeting in a short time (within the 1st year of the project), and the importance of ensuring the attendance of key decision makers with the appropriate expertise and authority to comment on the work plan and research, it was decided that a more effective approach would be to ask ODHIN partners to arrange small meetings with regional or national policy makers to raise awareness of the project aims and the field of research, gather feedback on the methodology proposed and prime them in preparation for participating in a single larger meeting at a later date where results could be presented. These meetings took place within the first reporting period.

During the 3rd reporting period the second policy dialogue was convened. The consortium decided to split it in 2 different events – the 6th European Alcohol Policy Conference organised by EUROCARE and a special session on alcohol organized within the Health Committee of the OECD – in order to achieve greater impact giving that these events were attended by either counterparts for the World Health Organization's European networks related to alcohol or of the Commission's relevant Committees on national policy and action, and relevant scientific and professional organizations.

The Description of Work planned for the series of 6 factsheets to be e-published from the second year of the project onwards. However, since the ODHIN project was able to achieve a high level of visibility through parallel ongoing dissemination activities, the ODHIN partners decided to concentrate the production of the factsheets in the last year of the ODHIN project, as this was considered the most cost-effective dissemination strategy: the factsheets then include the most relevant and up-to-date findings across all work packages, instead of preliminary or partial results.

6. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The delivery of D7.1 was 1.5 months later than expected as the document underwent a final revision and quality check from all the ODHIN scientists, and the timeframe for this process was expanded in order to allow taking into account feedback from all ODHIN partners.

As mentioned above, the final ODHIN end-of-project communication was intended to take place within the last month of the project (December 2014). However, this additional dissemination action (not originally foreseen in the DoW) will take place in Spring 2015, in order to not preclude upcoming scientific publications deriving from the ODHIN work.

7. PROPOSAL OF CORRECTIVE ACTION

Not applicable.

8. WP MEETINGS AND CALLS

During the 3rd reporting period the second policy dialogue took place in the frame of two different events as detailed in the following table. No more specific WP7 meetings took place, as dissemination issues have been dealt with transversally throughout the project, i.e. through email exchange with WP leaders as relevant findings arise, using general communication tools to all ODHIN partners to inform of relevant news or events in the IBI area, publishing relevant information on the project's website, and also dedicating space for the discussion of dissemination strategies in the ODHIN plenary meetings.

DATE (DD/MM/YYYY)	TYPE (FACE TO FACE MEETING OR CONFERENCE CALL)	LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY)	AIM OF THE MEETING	ATTENDEES
27/11/2014	Face to face	Brussels/Belgium	2nd Policy Dialogue	On behalf of ODHIN: Toni Gual, Emanuele Scafato, Colin Angus, Myrna Keurhorst, Joan Colom, Lidia Segura, Jinshuo Li, Federico Rosario, Claudia Gandin, Ladislav Csemy
09/12/2014	Face to face	OECD Conference Centre/ Paris/France	2nd Policy Dialogue	On behalf of ODHIN: Toni Gual

9. LIST OF DISSEMINATION ACTIVITIES MONTHS 37-48

Activity 1

- Type of activity*: Oral presentation to a scientific event
- Main Leader *: Toni Gual (FCRB)
- Title*: Early interventions in alcohol problems – a European perspective in primary healthcare
- Date*: 30/09/2014
- Place*: Charité Campus Virchow-Klinikum, Berlin, Germany
- Type of audience*: Scientific community (research)
- Countries addressed*: Europe
- Link to online information about this activity (if available): www.sucht-zeitschrift.com

Activity 2

- Type of activity*: Oral presentation to a scientific event
- Main Leader*: Toni Gual (FCRB)
- Title*: WP4 and WP6 ODHIN results
- Date*: 30/10/2014
- Place*: Hospital Clínic, Barcelona, Spain
- Type of audience*: Scientific community (research)
- Size of audience: 25
- Countries addressed*: Spain

Activity 3

- Type of activity*: Oral presentation to a scientific event
- Main Leader*: Toni Gual (FCRB)
- Title*: Brief intervention
- Date*: 29/11/2014
- Place*: The Hotel Brussels, Brussels, Belgium
- Type of audience*: Scientific community (research)
- Countries addressed*: International
- Link to online information about this activity (if available): http://mpsevents.be/takenByTheDrink/fr

Activity 4

- Type of activity*: Newsletter
- Main Leader*: Myrna Keurhorst (RUNMC)
- Title*: Rolperceptie van huisartsen bij het bespreekbaar maken van overmatig alcoholgebruik
- Date*: 11/2014
- Place*: Online distribution - Netherlands
- Type of audience*: Stakeholders at national level
- Countries addressed*: Netherlands
- Link to online information about this activity (if available): http://enews.nieuwskiosk.nl/template/749/bDQgvgObIewHbaT1zUCzpg==.htm

10. PROJECT PUBLICATIONS MONTHS 37-48

Publication 1: Edited eReader book (To be made publicly available in Spring 2015)

- Publication type: eReader book
- Title*: *Guidance for the future governance of delivering screening and brief intervention programmes for heavy drinking in primary health care, based on the findings of the ODHIN Project*
- Author(s)*: The ODHIN Consortium
- Title of the book (series)*: See 'title'
- Date of publication*: expected Spring 2015
- Publisher: The ODHIN Consortium
- URL: http://www.odhinproject.eu/resources/documents/odhin-project-documents/doc_download/166-ereader-odhin-guidance-for-future-sbi.html
- Relevant pages*: 1-52
- Open access is/will be provided to this publication (yes/no)*:Yes

Publication 2

- Publication type: Peer-reviewed publication
- D.O.I: 10.3389/fpsyt.2014.00113
- Title*: From efficacy to effectiveness and beyond: What next for brief interventions in primary care?
- Author(s)*: Amy O'Donell, Paul Wallace and Eileen Kaner
- Journal*: Frontiers in Psychiatry
- Volume/issue*: 5
- Date of publication*: 12/08/2014
- URL: http://journal.frontiersin.org/Journal/10.3389/fpsyt.2014.00113/abstract
- Relevant pages*: 8
- Open access is/will be provided to this publication (yes/no): yes

Publication 3

- Publication type: Peer-reviewed publication
- D.O.I: 10.3389/fpsyt.2014.00151
- Title*: Internet applications for screening and brief interventions for alcohol in primary care settings-implementation and sustainability.
- Author(s)*: Paul Wallace and Preben Bendtsen
- Journal*: Frontiers Psychiatry
- Volume/issue*: 5
- Date of publication*: 30/10/2014
- URL: http://journal.frontiersin.org/Journal/10.3389/fpsyt.2014.00151/abstract
- Relevant pages*: 7
- Open access is/will be provided to this publication (yes/no): yes

Publication 4

- Publication type: Peer-reviewed publication
- D.O.I: 10.3389/fpsyt.2014.00161
- Title*: Brief interventions implementation on alcohol from the European health systems perspective.
- Author(s)*: Joan Colom, Emanuele Scafato, Lidia Segura, Claudia Gandin and Pierluigi Struzzo.
- Journal*: Frontiers in Psychiatry
- Volume/issue*: 5
- Date of publication*: 11/11/2014
- URL: http://journal.frontiersin.org/Journal/10.3389/fpsyt.2014.00161/abstract

- Relevant pages*: 12
- Open access is/will be provided to this publication (yes/no): yes

Publication 5 (also reported under WP3)

- Publication type: Peer-reviewed publication
- D.O.I: 10.3389/fpsyt.2014.00114
- Title: What are the implications for policy makers? A systematic review of the cost-effectiveness of screening and brief interventions for alcohol misuse in primary care
- Author(s): Angus, C, Latimer, N, Preston, L, Li, J, Purshouse, R
- Journal: Frontiers in Psychiatry
- Volume/issue: 5
- Date of publication: 01/09/2014
- URL: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150206/
- Relevant pages: 114
- Open access is/will be provided to this publication: yes

11. APPENDICES

NAME FILE ATTACHED	TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	COMMENTS
OD_WP7_AP1_Factsheet WP2	Task	Task 4: Factsheets	..
OD_WP7_AP2_Factsheet WP3	Task	Task 4: Factsheets	..
OD_WP7_AP3_Factsheet WP4	Task	Task 4: Factsheets	..
OD_WP7_AP4_Factsheet WP5	Task	Task 4: Factsheets	Not yet made publicly available. To be used confidentially until launched publicly on project website in Spring 2015
OD_WP7_AP5_Factsheet WP6	Task	Task 4: Factsheets	..
OD_WP7_AP6_Factsheet WP7	Task	Task 4: Factsheets	Not yet made publicly available. To be used confidentially until launched publicly on project website in Spring 2015
OD_WP7_AP7_e-Guidance1	Task	Task 5: Guidance e-manuals	Not yet made publicly available. To be used confidentially until launched publicly on project website in Spring 2015
OD_WP7_AP8_e-Guidance2	Task	Task 5: Guidance e-manuals	Not yet made publicly available. To be used confidentially until launched publicly on project website in Spring 2015
OD_WP7_AP9_2nddialogueEAPCprogram	Task	Task 6: decision makers dialogue. Relevant pages of the EAPC program	
OD_WP7_AP10_2nddialoguepresentation	Task	Task 6: decision makers dialogue. Presentation used at the 2nd decision makers dialogue to trigger discussion	..
OD_WP7_AP11_2nddialogueOECDprogram	Task	Task 6: decision makers dialogue. OECD meeting program	..

OD_WP7_AP12_Report_2nd_Dialogue	Task	Task 6: decision makers dialogue. Rapport	..
OD_WP7_AP13_e-reader_GuidanceforfutureofSBIforheavydrinkinginPHC	Other	E-book publication	Not yet made publicly available. To be used confidentially until launched publicly on project website in Spring 2015
OD_WP7_AP14_summarydisseminationactivities	Other	List of ODHIN dissemination activities as reported in ECAS	..

12. STATEMENT ON THE USE OF RESOURCES – WP7

See 4.*7. Summary on the use of resources per work package and per beneficiary* (below).

4. PROJECT MANAGEMENT DURING THE PERIOD

WP1 – COORDINATION

4.1. WP LEADER:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

4.2. OTHER PARTNER INSTITUTIONS INVOLVED

All

4.3. CONSORTIUM MANAGEMENT TASKS AND ACHIEVEMENTS

WP1 is in charge of the coordination and management of ODHIN both at administrative, financial and scientific level. During the first 18 months of the project, efficient communication channels between the project participants were created, enabling both collaboration and exchange of ideas between the different scientists involved in the project's seven work packages, and also continuous support and follow-up of the different tasks foreseen in each work package. The project participants have continued using these communication channels throughout the 2nd and 3rd reporting periods:

- **Regular e-mail exchange** with the participants in each work package has taken place to discuss both technical and organisational matters.
- A **database** with all participants valid e-mail addresses[2], and mailing lists, enabling e-mail thread discussions both on general and work package specific issues. This has proved to be a most helpful tool both in preparatory and completion phases of the project's events and outputs, enabling transparency and equal opportunities to all scientists to contribute to the discussions, and ensuring regular communication between the project's participants.
- **Rounds of conference calls** between the coordination team and the work package leaders took place at two key moments of the first reporting period: calls per work packages at the midpoint of the reporting period (Autumn 2011), and calls per country in Spring 2012. During the second reporting period a third round of conference calls took place (between February and April 2013), organised by work packages as to go through the status of all expected tasks, tackle any difficulties and plan out future actions, in particular taking into account the writing of WP deliverables. In the third reporting period, this round did not take place since deliverables had already been completed in all work packages except WP5 and WP7, and specific face to face meetings were held to discuss the final deliverables and pending work of these two WPs (WP5 meeting in March 2014; plenary meeting in September 2014). Further work on WPs 2-3-4-6 was dealt with via email exchange.
- **Plenary meetings**: During the first reporting period two plenary meetings took place: the ODHIN Kick Off meeting was held on 21-23rd February 2011, whereas the second plenary meeting took place on 14-15th February 2012. In the second reporting period a third plenary meeting was held in Barcelona on 1-2nd October 2013, presenting and discussing the main scientific findings of the different work packages. In the 3rd reporting period, the final ODHIN plenary meeting was held in Warsaw on 17th September 2014, and focused on discussing draft versions of the final deliverables of WP5 and WP7 (see OD_WP1_AP1_AgendaPlenaryWarsaw).

[2] This password-protected Microsoft Access database contains relevant contact and institutional details of the scientific contact persons, scientific collaborators and administrative and financial contact persons of each partner institution.

- By early 2012 the **password-protected members' area of the ODHIN website** (www.odhinproject.eu; see section *3-WP7 From Science to Policy* for a full description of the development of the website) was fully functional, and has been updated incorporating all relevant project-related documents and used regularly by the partners since.
- Concerning publications, the Coordinating team established **Publication Guidelines** for the ODHIN project, which was sent to all participants and is available on the project website. Amongst others, authors are enhanced to seek open access, agreed acknowledgement, and reminded to inform the ODHIN coordinating team when papers are submitted or published, also sending a copy to all participants.
- The ODHIN partners continue to use an **ODHIN Publications Register**, by means of which publication ideas are proposed, discussed and agreed upon. This file has been updated regularly and shared with ODHIN partners via the ODHIN website (available for logged-in users only), in addition to registering ODHIN publications once published in the ECAS participant portal and in the corresponding section of the ODHIN website. The status of all ODHIN publications as of end February 2015 is presented in OD_WP1_AP2_PublicationregisterFeb2015. As explained in WP7, over 20 scientific publications have been published, in journals such as BMC Family Practice, Alcohol and alcoholism, or Implementation Science, whereas 10+ other publications have either been submitted for publication or are in draft form and expected to be published in 2015.

Changes in the consortium

Termination of beneficiary 12-UCL – University College of London

Prof. Paul Wallace, principal investigator, stated as *Person in charge of scientific and technical/ technological aspects* for 12-UCL in the original Grant Agreement Preparation Forms, retired from UCL in March 2012. UCL informed the Coordinator that they wish to terminate their participation in the project. As UCL's work on the project is located in the United Kingdom, the optimal solution was to transfer their activities and, consequently, their remaining EU contribution to another existing beneficiary in the same country. Beneficiary 6-NU – University of Newcastle worked in close collaboration with 12-UCL on the project; their researchers are familiar with the remaining UCL activities to carry out, and are able to deliver the work at the same high standards as UCL. In addition, Prof. Paul Wallace will continue to give support and advice to 6-NU on a non-remunerated basis.

The termination and transfer of activities entered took effect on 01/07/2012, and were duly requested in Amendment Nr1. approved on 06/12/2013.

Universal transfer of rights and obligations beneficiary 14-IDT Instituto da Droga e da Toxicodependencia

Beneficiary 14-IDT underwent a universal transfer of rights and obligations on 01/02/2012, and currently operates as SICAD (PIC: 951070451) under FP7. To the Coordinator's knowledge, the approval of this change was a long administrative process that concluded in November 2013.

Based on Article 6.2 of the amendment guidelines, the Coordinator confirmed with EC legal officer in charge of the project that, in case of a UTRO of a partner, there is no need for amendment and an information letter will be issued.

Project funding management

The **pre-financing** of the financial contribution of the European Commission to the ODHIN project was received at the Coordinator's bank account on 17th January 2011, and was distributed to most partners by 18th March 2011, except for beneficiaries 4-UoY, 11-PARPA, and 18-PAM who received the payment by 10th

June 2011, and 14-IDT by 1st August 2011. The delay in transferring the pre-financing to the aforementioned four beneficiaries was due to their late providing of bank details to the Coordinator.

The pre-financing generated an **interest** of 1,946.94 euro at the Coordinator's bank account, which has duly been declared in the financial statement (Form C) of beneficiary 1-FCRB.

The **payment of the EU contribution for period 1** was received at the Coordinator's bank account on 05/04/2013; the payment letter was dated 09/04/2013. The payment was distributed to all beneficiaries through bank transfer dated 07/05/2013. In accordance with the Commission's policy to retain 10% plus a guarantee fund of 5% of the maximum EU contribution, and applying the usual practice of the Coordinator in its coordinated EU-funded research projects, the Coordinator transfers funds to beneficiaries according to the costs approved in the payment letters up to the 85% of the total maximum EU contribution of each beneficiary before the final payment.

The **payment of the EU contribution for period 2** was received at the Coordinator's bank account on 24/07/2014. Payment was transferred on 28/08/2014 to those partners who had received less than 85% of their maximum EU contribution (i.e. pre-financing plus EU contribution for period 1) according to the amended Grant Agreement Preparation Forms dated 2013-10-29, i.e. beneficiaries 3-USFD, 4-UoY, 6-NU, 7-KCL, 8-UGOT, 9-LiU, 10-GENCAT, 11-PARPA, 15-ISS, 16-UM, and 18-PAM. All beneficiaries were duly informed on their approved costs in periods 1 and 2, and the payments received for pre-financing and EU contribution for periods 1 and 2.

For the final report, two beneficiaries are required to provide a certificate on their financial statements for a total EU contribution >EUR 375,000: 1-FCRB and 6-NU.

The table below shows the breakdown of total costs and incomes of beneficiary 2-RUNMC related to the ODHIN project.

2-RUNMC	
Period1	149.307,74 €
Period2	191.592,04 €
Period3	134.324,39 €
Total costs claimed (Periods1+2+3)	475.224,17 €
Third party funding declared as receipt in Period1	-117.887,00 €
EU contribution	**357.337,17 €**

Amendment request Nr. 1

According to the amendment request Nr. 1 submitted in 23/10/2013 and approved as detailed in the EC's amendment letter dated 06/12/2013, the revised Part A and B of Annex I dated 01/07/2012 replaces any former version.

4.4. PROJECT MEETINGS, PLANNING AND STATUS

Project meetings

In the period 01/01/2011 to 31/12/2014, the following ***overall project meetings*** were held:

- Kick-off meeting: 21-23 February 2011, Barcelona
- Annual plenary meeting: 14-15 February 2012, Barcelona
- 1st round call meetings: 13 December 2011 (WP2), 3 October 2011 (WP4), 14 October 2011 (WP5), 17 October 2011 (WP6)
- 2nd round country specific call meetings: 2 May 2012 (Sweden), 7 May 2012 (Catalonia), 8 May 2012 (UK), 24 May 2012 (Netherlands), 4 June 2012 (Poland)

- 3rd round call meetings: 21 February 2013 (WP4), 22 February 2013 (WP6), 12 March 2013 (WP2 & WP3), 16 April 2013 (WP5)
- Annual plenary meeting: 1-2 October 2013, Barcelona
- Final plenary meeting: 17th September 2014, Warsaw.

In the same period, the following ***work package-specific meetings*** were held[3]:

WP2

- 21-23 February 2011, Barcelona
- 15 June 2011, Barcelona
- 13 December 2011, call meeting
- 14-15 February 2012, Barcelona
- 8 May 2012, call meeting
- 24 April 2013, call meeting
- 20 September 2013, call meeting

WP3

- 21-23 February 2011, Barcelona
- 29 September 2011, call meeting
- 15 October 2011, call meeting
- 20 October 2011, call meeting
- 14-15 February 2012, Barcelona

WP4

- 21-23 February 2011, Barcelona
- 3 October 2011, call meeting
- 1 December 2011, Warsaw
- 17 January 2012, Barcelona
- 14-15 February 2012, Barcelona
- 22 March 2012, Barcelona

WP5

- 18 January 2011, call meeting
- 21-23 February 2011, Barcelona
- 2 March 2011, call meeting
- 4 April 2011, call meeting
- 14 April 2011, call meeting
- 27 April 2011, Göteborg
- 18 May 2011, call meeting
- 15-16 June 2011, Barcelona
- 6-7 July 2011, Warsaw
- 28 July 2011, Barcelona
- 24 August 2011, call meeting

[3] See section *3. Project objectives, work progress and achievements during the period* for further details on work package meetings

- 29 September 2011, Barcelona
- 2 October 2011, call meeting
- 6 October 2011, Göteborg
- 14 October 2011, call meeting
- 4 November 2011, call meeting
- 10 November 2011, call meeting
- 16 November 2011, call meeting
- 24 November 2011, Barcelona
- 20 December 2011, Barcelona
- 17 January 2012, Barcelona
- 7 February 2012, Newcastle
- 9 February 2012, Barcelona
- 14-15 February 2012, Barcelona
- 22 February 2012, Barcelona
- 23 February 2012, call meeting
- 28 February 2012, Newcastle
- 7 March 2012, Göteborg
- 9 March 2012, Barcelona
- 14 March 2012, call meeting
- 20 March 2012, Utrecht
- 20 March 2012, Poznan
- 27 March 2012, call meeting
- 2 April 2012, Newcastle
- 3 April 2012, Barcelona
- 18 April 2012, Newcastle
- 24 April 2012, Barcelona
- 2 May 2012, call meeting
- 7 May 2012, call meeting
- 8 May 2012, call meeting
- 25 May 2012, call meeting
- 4 June 2012, call meeting
- 8 June 2012, Barcelona
- 14 June 2012, call meeting
- 27 June 2012, call meeting
- 9 July 2012, Barcelona
- 24 July 2012, call meeting
- 13 September 2012, call meeting
- 19 September 2012, Barcelona
- 19 September 2012, call meeting
- 26 September 2012, WP5 coordination meeting, Barcelona
- 11 October 2012, call meeting
- 24 October 2012, call meeting
- 29 October 2012, Barcelona
- 7 November 2012, call meeting
- 13 November 2012, call meeting
- 28 November 2012, Barcelona
- 3 December 2012, Nijmegen
- 5 December 2012, call meeting
- 6 December 2012, call meeting

- 10 December 2012, Barcelona
- 8-9 January 2013, Mullsjö, Sweden
- 9 January 2013, call meeting
- 21 January 2013, Barcelona
- 14 February 2013, call meeting
- 19 February 2013, call meeting
- 25 February 2013, Barcelona
- 20 March 2013, Barcelona
- 26 March 2013, Maastricht
- 26 March 2013, call meeting
- 26 April 2013, Barcelona
- 7 & 8 May 2013, WP5 coordination meeting, Barcelona
- 17 May 2013, call meeting
- 30 May 2013, call meeting
- 3 June 2013, Barcelona
- 28 June 2013, Barcelona
- 10 July 2013, call meeting
- 29 August 2013, call meeting
- 4 September 2013, call meeting
- 15 October 2013, Nijmegen
- 6 November 2013, call meeting
- 29 November 2013, Barcelona
- 21-22 January 2014, Mullsjö
- 10 February 2014, Barcelona
- 10 March 2014, call meeting
- 12 March 2014, call meeting
- 18 March 2014, Barcelona
- 7 May 2014, call meeting
- 3 July 2014, call meeting
- 8 September 2014, call meeting
- 17 September 2014, Warsaw
- 19 September 2014, Warsaw
- 6 October 2014, Amsterdam
- 13 October 2014, call meeting
- 20 October 2014, call meeting
- 6 November 2014, call meeting
- 13 November 2014, call meeting

WP6

- 22 February 2011, Barcelona
- 17 October 2011, call meeting
- 14-15 February 2011, Barcelona
- 26 September 2012, WP6 workshop, Barcelona

WP7

- 22 February 2011, Barcelona
- 7 October 2011, Barcelona
- 20 October 2011, Lisbon

- 23 November 2011, Lisbon
- 24 November 2011, Barcelona
- 29 November 2011, Stockholm
- 9 January 2012, Barcelona
- 7 February 2012, Prague
- 14-15 March 2012, Barcelona
- 22 February 2012, Barcelona
- 9 March 2012, Utrecht
- 20 March 2012, Lisbon
- 25 June 2012, Warsaw
- 27 November 2014, Brussels
- 9 December 2014, Paris

Project planning and status

Deliverables:

Within the first 18 months of the project, 2 deliverables were due to be achieved:

- D4.1 Survey Report, expected in month 18, was rescheduled to month 24, after finding difficulties in some countries to complete the survey fieldwork reaching the expected number of GP replies.
- D5.1 Protocol was achieved in June 2012.

In the second reporting period all due deliverables were achieved and submitted:

- Submission of D4.1 Survey report (March 2013)
- Submission of D2.1 Knowledge base science (January 2014)
- Submission of D3.1 Model report (December 2013)
- Submission of D6.1 Assessment tool report (February 2014)

In the third reporting period all due deliverables were achieved and submitted, together with the resubmission of Deliverable 4.1 as to include minor revisions, and the delivery of the Addendum report to Deliverable 3.1:

- Resubmission of D4.1 Survey report, with minor revisions (June 2014)
- Submission of D5.2 Implementation science report (December 2014)
- Submission of D5.3 Implementation guide for policy makers (December 2014)
- Submission of the addendum report to Deliverable 3.1 (January 2015)
- Submission of D7.1 Future challenges guidance (February 2015)

Milestones:

Concerning the milestones, of the five due in the first reporting period (MS1, MS2, MS3, MS5, MS6), all were achieved except MS5, as the workshop for WP6 was adjourned until September 2012. In the second reporting period the remaining two milestones (MS5 and MS4) were achieved.

At present the ODHIN project has accomplished all work foreseen, with very minor deviations (as explained in work package sections of this report). One final communication activity is currently being prepared and is expected to be carried out in Spring 2015, as to distribute the projects main outputs to all relevant stakeholders. In addition, over 10 scientific publications presenting ODHIN work are expected to be published during 2015.

4.5. APPENDICES

NAME FILE ATTACHED	TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK	COMMENTS
OD_WP1_AP1_AgendaPlenaryWarsaw	Other activity	..	
OD_WP1_AP2_PublicationregisterFeb2015	Other activity	..	

4.6. STATEMENT ON THE USE OF RESOURCES – WP1

See section 4.*7. Summary on the use of resources per work package and per beneficiary* of (below).

4.7. SUMMARY ON THE USE OF RESOURCES PER WORK PACKAGE AND PER BENEFICIARY

Beneficiary		WP1					WP2					WP3					WP4					WP5					WP6					WP7					Total per Beneficiary	
		Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	P1	P2	P3	Total	Amend	Reported
1	FCRB	36	11,76	19,65	6,06	37,47											5	1,02	4,12	0,00	5,14	25	5,16	4,98	19,11	29,25	3	0,34	2,53	0,15	3,02	11	1,35	8,30	2,52	12,17	80	87,05
2	RUNMC						28	10,24	14,08	0,00	24,32	3	3,11	0,18	0,00	3,29	2	1,77	0,18	0,00	1,95	39	7,98	15,53	21,84	45,35	1	0,97	0,18	0,00	1,15						73	76,06
3	USFD											44	7,03	50,31	35,14	92,48																					44	92,48
4	UoY											3	0,50	1,04	1,29	2,83																					3	2,83
5	Ceformed											6	4,80	0,50	0,00	5,30	2	1,50	0,50	0,00	2,00						2	1,50	0,50	0,00	2,00						10	9,30
6	NU	0	0,00	0,00	0,10	0,10	3	0,39	0,24	0,28	0,91	0	0,00	0,00	0,10	0,10	5	2,78	0,50	0,28	3,56	18	5,68	7,05	19,92	32,65	5	2,33	0,50	0,38	3,21	18	1,00	0,00	0,95	1,95	49	42,48
7	KCL																2	0,00	0,00	0,00	0,00	6	0,73	13,01	4,44	18,18	2	0,00	0,00	0,00	0,00						10	18,18
8	UGOT																2	0,00	2,00	0,00	2,00	15	0,00	8,83	10,42	19,25	2	0,00	2,00	0,00	2,00						19	23,25
9	LIU																2	0,00	0,00	0,00	0,00	15	0,00	13,29	6,87	20,16	2	0,00	0,00	0,00	0,00						19	20,16
10	GENCAT																2	1,90	0,11	0,06	2,07	15	7,22	11,47	6,12	24,81	2	1,07	0,72	0,06	1,85	6	1,76	1,55	0,22	3,53	25	32,26
11	PARPA											2	0,44	0,60	0,00	1,04						18	0,76	11,97	6,89	19,62	2	0,06	0,20	0,00	0,26						22	20,92
12	UCL																					2	1,916	0,00	0,00	1,92											2	1,92
13	UL																4	2,20	1,20	1,20	4,60						4	2,20	1,90	0,00	4,10						8	8,70
14	SICAD																4	2,00	2,48	1,66	6,14						4	2,00	1,20	0,00	3,20	0	0,00	0,00	0,80	0,80	8	10,14
15	ISS																5	3,50	0,10	2,01	5,61						8	7,69	0,21	1,18	9,08						13	14,69
16	UM																2	2,36	2,39	0,00	4,75	18	0,368	5,12	0,68	6,17	2	0,832	1,17	0,68	2,68						22	13,60
17	SZU																4	4,47	0,08	0,00	4,55						4	2,63	0,07	0,39	3,09						8	7,63
18	PAM																					18	3,00	4,50	8,10	15,60	2	0,50	1,00	1,00	2,50						20	18,10
19	MUW																6	3,80	1,00	0,80	5,60																6	5,60
	TOTAL	36	11,76	19,65	6,16	37,57	31	10,63	14,32	0,28	25,23	58	15,88	52,63	36,53	105,04	47	27,30	14,66	6,01	47,97	189	32,814	95,75	104,39	232,95	45	22,122	12,18	3,84	38,14	35	4,11	9,85	4,49	18,45	441	505,35

Adjusted in 2nd period
Adjusted in 3rd report

5. DELIVERABLES AND MILESTONES TABLES

1. TABLE OF DELIVERABLES

DELIVERA-BLE NO.	DELIVERA-BLE NAME	VERSION	NAME FILE ATTACHED	WP	LEAD BENEFI-CIARY	NATURE*	DISSEMINA-TION LEVEL**	DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH)	ACTUAL / FORECAST DELIVERY DATE	STATUS (NOT SUBMITTED/ SUBMITTED)	CON-TRAC-TUAL (YES/NO)	COMMENTS
D2.1	Knowledge base science	1	Submitted in previous reporting periods and via ECAS portal	2	RUNMC	R	PU	24→Revised to 36	13/01/2014	Submitted	Yes	..
D3.1	Model report	1	..	3	USFD	R	PU	36	20/12/2013	Submitted	Yes	..
D3.1	Model report + Addendum to model report	2	Previously submitted via ECAS	3	USFD	R	PU	46	15/01/2015	Submitted	Yes	Deliverable 3.1 plus the Addendum to D3.1 including analysis of the results from the WP5 trial representing the fulfilment of objective 3.
D4.1	Survey report	1	..	4	MUW	R	PU	18	05/03/2013	REJECTED: REPLACED BY VERSION 2	Yes	Due to difficulties in completing the survey fieldwork and data collection the delivery was delayed until March 2013
D4.1	Survey report	2	..	4	MUW	R	PU	18	27/03/2014	SUBMITTED	Yes	Updated version replacing previous one

DELIVERA-BLE NO.	DELIVERA-BLE NAME	VERSION	NAME FILE ATTACHED	WP	LEAD BENEFI-CIARY	NATURE*	DISSEMINA-TION LEVEL**	DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH)	ACTUAL / FORECAST DELIVERY DATE	STATUS (NOT SUBMITTED/ SUBMITTED)	CON-TRAC-TUAL (YES/NO)	COMMENTS
D4.1	Survey report	3	..	4	MUW	R	PU	8	20/06/2014	SUBMITTED	Yes	Updated version replacing previous one
D5.1	RCT protocol	..	Submitted in the first reporting period	5	UGOT, LIU	R	PU	12	15/06/2012	SUBMITTED	Yes	..
D5.2	Implementation science	..	Submitted via the ECAS portal	5	UGOT, LIU	R	PU	48	29/12/2014	SUBMITTED	Yes	..
D5.3	Implementation guide for policy makers	..	Submitted via the ECAS portal	5	UGOT, LIU	R	PU	48	29/12/2014	SUBMITTED	Yes	..
D6.1	Assessment tool report	Final	..	6	ISS	R	PU	36	24.02.2014 (M38)	SUBMITTED	Yes	..
D7.1	Future challenges guidance	1	..	7	GENCAT	O	PU	48	13/02/2015	SUBMITTED	Yes	Delivery of D7.1 was 1,5 months later than expected as the document underwent a final revision and quality check from all the ODHIN scientists

2. TABLE OF MILESTONES

MILESTONE NO.	MILESTONE NAME	WP	LEAD BENEFICIARY	DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH)	ACHIEVED YES/NO	ACTUAL / FORECAST ACHIEVEMENT DATE (DD/MM/YYYY)	DOCUMENTATION PROVING ACHIEVEMENT	NAME FILE ATTACHED	COMMENTS
MS1	Core group workshop on the search strategy for the series of scientific papers review	2	RUNMC	2	Yes	22/02/2011	Provided together with the 1st Periodic report	Provided together with the 1st Periodic report	..
MS2	Core group workshop on the country-specific adaptation of the policy model	3	USFD	7	Yes	20/10/2011	DATA AVAILABILITY DOCUMENT attached to the 1st Periodic Report	Provided together with the 1st Periodic report	Achieved in the 1st reporting period
MS3	Core group workshop on the design of the implementation methodology of the developed assessment tool	4	MUW	10	Yes	21-23/02/2011 and 14-15/02/2012	1. Survey Questionnaire 2. Survey Protocol	Both attached to the 1st periodic report	..

MILESTONE NO.	MILESTONE NAME	WP	LEAD BENEFICIARY	DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH)	ACHIEVED YES/NO	ACTUAL / FORECAST ACHIEVEMENT DATE (DD/MM/YYYY)	DOCUMENTATION PROVING ACHIEVEMENT	NAME FILE ATTACHED	COMMENTS
MS4	Pilot testing of the evidence-based education package proposal and suggested CME in each country	5	UGOT, LIU	19	Yes	15/07/2013	Translated and adapted country protocols	Submitted together with the 2nd Periodic Report.	The Netherlands used the protocol in English
MS5	Workshop to identify the variables providing an estimate of the implementation and extent of IBI's	6	ISS	12	YES	26/09/2012	Submitted together with the 2nd technical report	Submitted together with the 2nd technical report	The workshop was originally planned at M12; it was postponed at M21 because the ODHIN team felt that having the preliminary results from data collection would be an added value to the workshop, allowing participants to better finalize the workshop outcomes. The workshop was held in Barcelona during the 9th INEBRIA Conference 27-28.09.2012.
MS6	Decision makers dialogues: 1-to discuss research direction of project; 2- to share project findings	7	GENCAT	12&48	Yes	1st: 30/08/12 2nd:27/11/2014 & 09/12/2014	1st decision makers dialogues achieved in previous reporting period. 2nd dialogue: programs of the two events where the dialogue took place, presentation and Rapport	OD_WP7_AP9_2nddialogueEAPCprogram; OD_WP7_AP10_2nddialoguepresentation; OD_WP7_AP11_2nddialogueOECDprogram OD_WP7_AP12_Rapport2nddialogue	..