

ICT in alcohol abuse prevention and treatment

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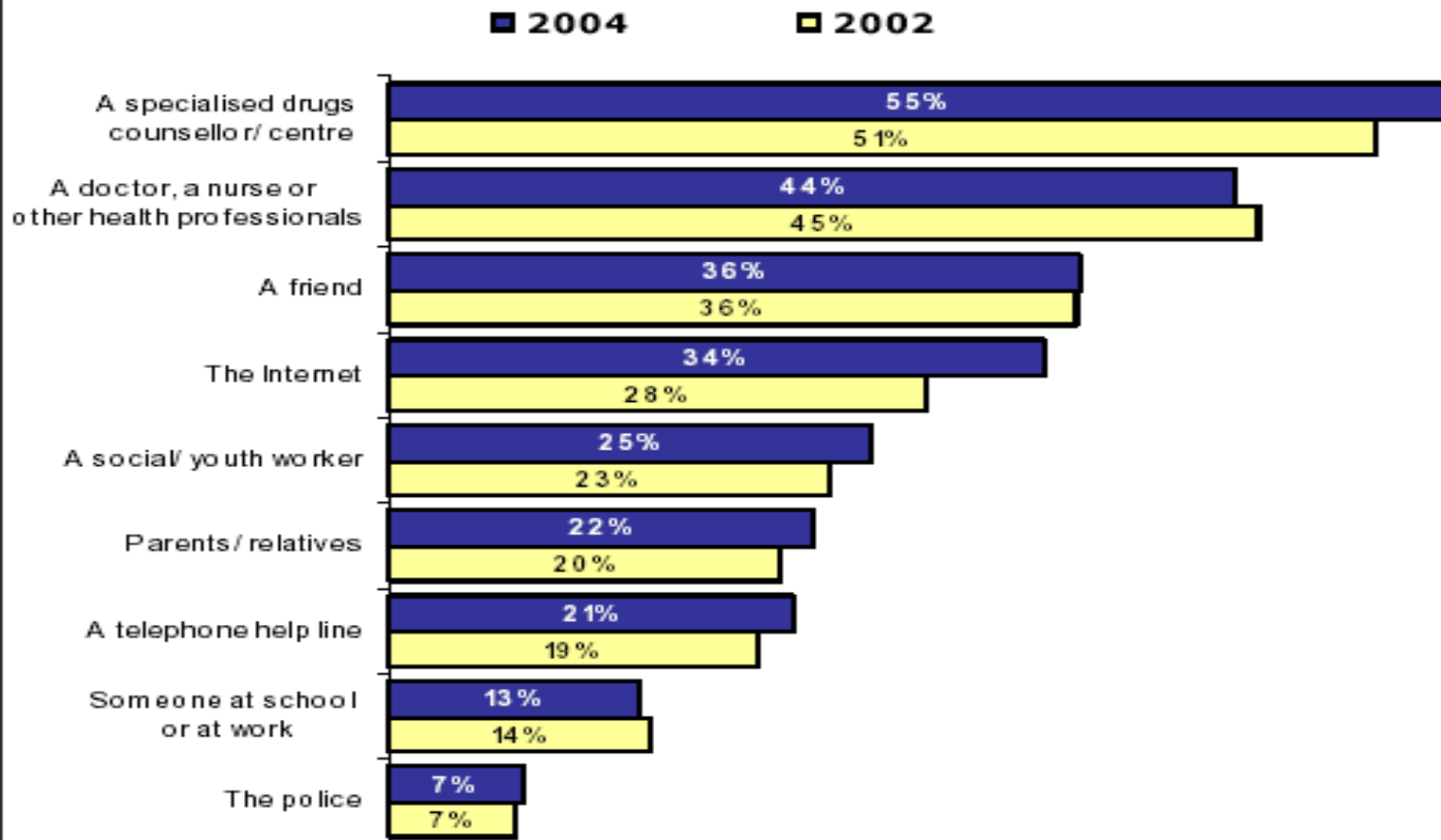


Public utilization of internet as an information source about health

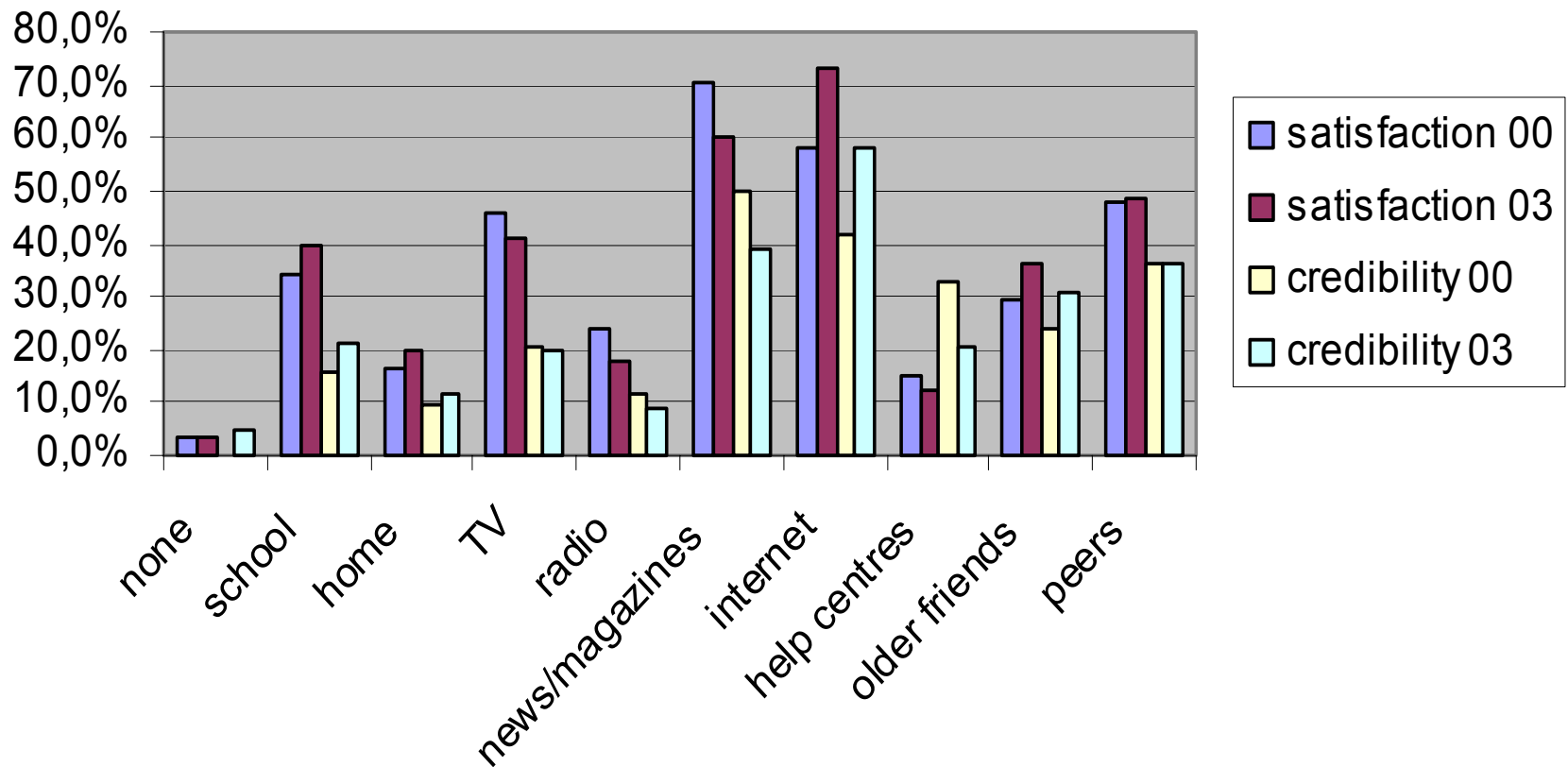
- **using 23,1% of population**
 - Danmark 41,4 %, the Netherlands 38,7, Sweden 33,5 %
 - France 15,3 %, Portugal 14 %, Spain 13,5 %, Greece 11,7 %
- **41,5 % of population think that internet is a good way to get information about health**
 - Great Britain 51,1 %, Luxembourg 54,9 %, the Netherlands 60,7 %, Danmark 62,3 %
- **15,9 % have opposite opinion**
- **15,9 % think that it depends on the information**
- **26,7 % do not know**
- **Positive attitude about internet have frequently:**
 - young people (55,7 % 15-24 years **X** 26 % 55 and more years)
 - people with better education (52,5 % with 20 and more years **X** 25,9 % with 15 and less years)
 - men (men 42,8 % **X** women 40,3 %)

Preference of information sources on drugs between European youngsters aged 15-24 years

Q.5. If you wanted to know more about drugs, who would you turn to?
Please choose the three that come closest to your own opinion. % EU 15



Information sources about drugs: self-satisfaction and credibility for recreational drug users

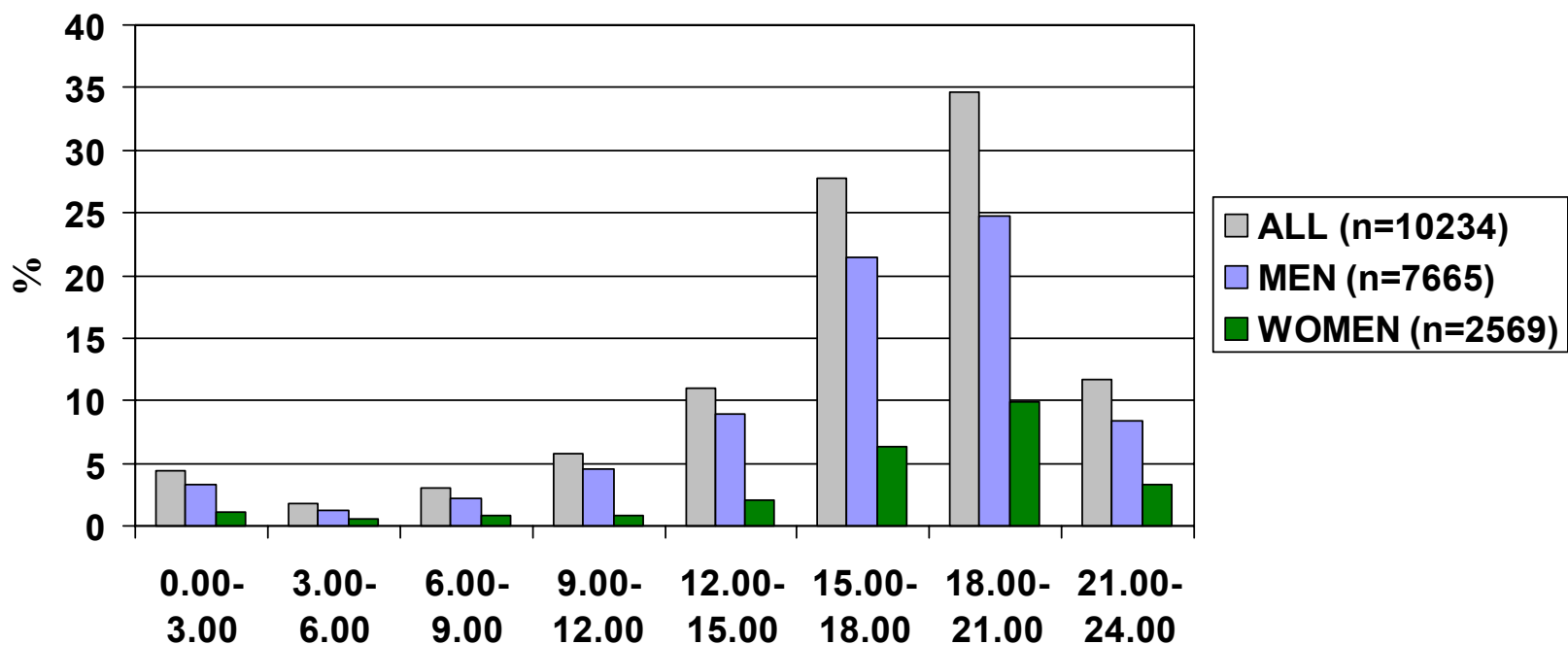


ICT in alcohol abuse prevention

- Professional chat rooms/emailing groups
- Primary prevention
 - **Drugs and brain (alcohol module)*** – interactive tool for education how does alcohol influence brain functions
- Secondary prevention
 - **Promille*** - application for estimating BAC using JAVA protocol or SMS communication
 - **Comprehensive test on alcohol use*** – self-evaluation test for alcohol drinkers
 - **ICT based brief intervention** – BI using ICT for screening (AUDIT) and intervention (written behavioral contract)

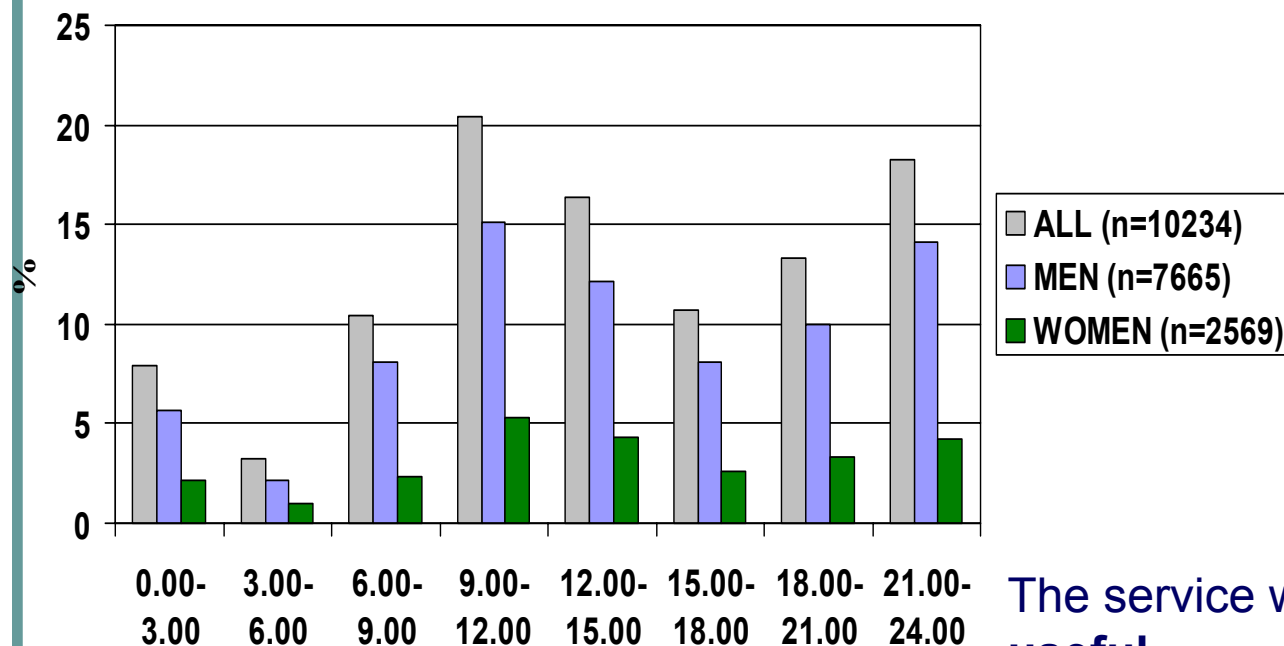
Promille SMS user statistic

When people who use the service start drinking?



Promille SMS user statistic

What time the service is mostly used?



The service was considered to be:
useful

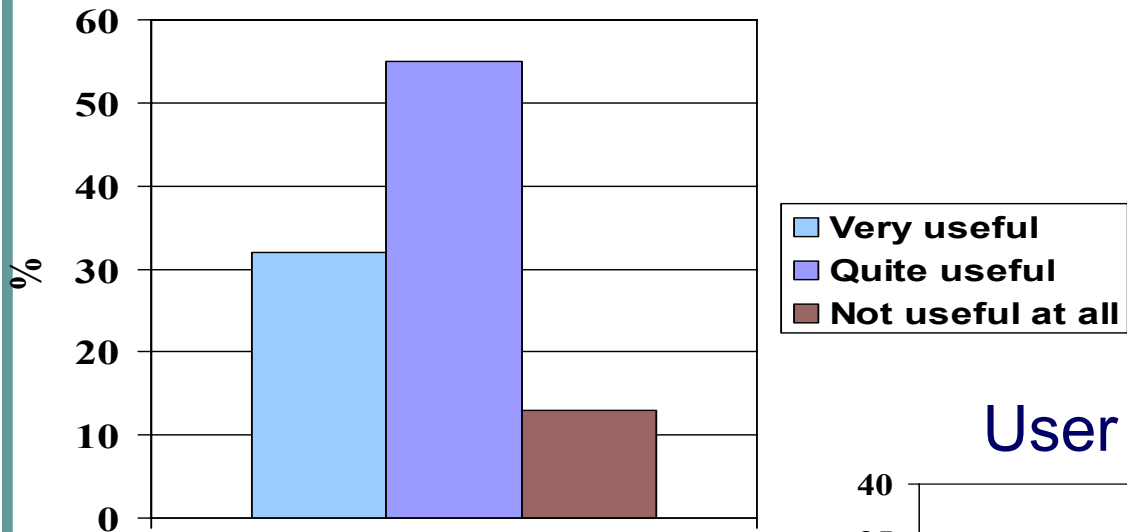
interesting

not well known

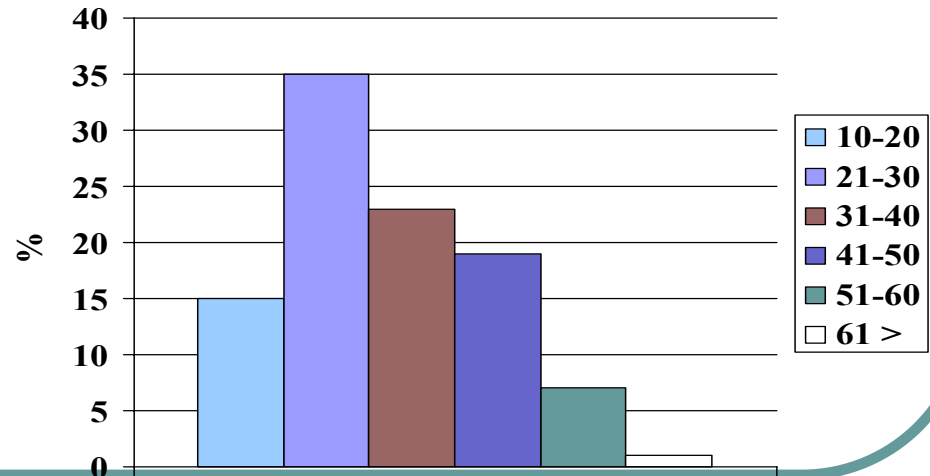
not totally reliable

Comprehensive test on Alcohol use - user statistic

How useful was the test



User age groups



Comprehensive test on Alcohol use - user statistic

Average AUDIT points by sex and age

User age groups	20 and younger	21-25	26-30	31-40	41-50	51 and older
women	15,1	11,9	13,1	10,9	10,8	10,2
men	16,1	17,1	16,4	15,9	15,7	14,6

How many portions did you drink last time?

User age groups	20 and younger	21-25	26-30	31-40	41-50	51 and older
women	7,6	6,3	6,4	4,7	4,8	4,0
men	11,3	10,3	9,7	8,9	8,4	6,3

Comprehensive test on Alcohol use - user statistic

Age	Total		20 and younger		21-25		26-30		31-40		41-50		51 and older	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
How often do you drink alcohol? (%)														
Never	0,9	1,2	1,5	3,6	0,3	0,3	0,5	0,4	1,2	1,6	0,4	0,0	1,5	0,0
Once a month or less often	13,8	6,4	19,5	12,3	14,0	4,7	11,6	5,9	9,6	6,2	12,2	1,6	8,1	2,8
2-4 times a month	44,2	39,8	52,2	53,2	58,0	43,2	44,2	34,8	39,2	37,3	29,5	32,4	22,1	22,2
2-3 times a week	28,4	32,6	22,9	21,3	25,7	38,1	31,1	41,1	30,4	32,8	29,5	34,1	43,4	29,9
4 times or more often in a week	12,7	19,9	3,9	9,5	2,0	13,5	12,6	17,8	19,6	22,1	28,3	31,9	25,0	45,1

ICT in brief intervention

- Using ICT during brief intervention enhance the capability of primary medical care system to provide services for increasing number of problem drinkers with existing treatment system capacity.
- ICT-based intervention for problem drinkers are:
 - acceptable both to patients and physicians
 - feasible in busy primary care practice
 - have effect size comparable to those of physicians-based interventions.

ICT in alcohol abuse treatment

- Professional chat rooms/emailing groups
- Internet recovery services*
 - Individual email or instant messaging systems
 - Group email lists (newsgroups)
 - Email announcement lists (newsletters)
 - WWW based message or bulletin boards
 - Real-time text based or voice chat rooms and video conferencing

Efficacy of ICT in health improvement

- Interactive Health Communication Applications (IHCAs) „web-based health information packages for patients that combine information with at least one activity“:
 - social support
 - decision support
 - behaviour change support.
- The number and range of IHCAs is increasing rapidly X shortage of high quality evaluative data.
- IHCAs were found to have a positive effect on knowledge and on social support
- IHCAs were found to have no effect on self-efficacy or behavioural outcomes
- IHCAs had a negative effect on clinical outcomes

IHCA negative effect on clinical outcomes

- There are at least three possible explanations for this finding:
 - The first is that IHCA's may paradoxically reduce motivation amongst users for improved clinical outcomes by providing reassurance.
 - Secondly, users may know what they ought to do to achieve the desired clinical outcomes, but feel unable to do so.
 - Alternatively, users may become well informed about their illness, and decide to prioritise different outcomes to those preferred by clinicians; for example, users may prioritise short term well-being or role functioning over glycaemic control.
- The findings on self-efficacy would help distinguish between the latter two alternatives: if self-efficacy goes up, the second alternative is less likely.

Conclusions

- **Internet is becoming the major public information source about health with highest self-satisfaction and credibility among young people.**
- **Service users assessment of ICT prevention projects is useful and interesting.**
- **ICT enhance the capability of primary medical care system to provide services for increasing number of drinkers with existing treatment system capacity and with effect size comparable to those of physicians-based interventions.**
- **IHCAs have a positive effect on patients knowledge and on social support.**
- **Further research is needed to determine the reason for negative effect of IHCA on clinical outcomes:**
 - whether an optimal IHCA can achieve behaviour change and improved health outcomes
 - what are the essential features of such an IHCA
 - to which extent they differ according to patient group or condition.