

ATTACHMENT 3

Report from Work Group 1;

Participants:

John Foster-UK
Antonio Gual –Spain
Peter Anderson
Ann Hope –Ireland
Ludwig Kraus-Germany

Examining Heavy Drinking, Binge Drinking, Drunkenness and other problems

Tasks-

1. Review of existing methodologies
2. Identification of methodologies most feasible and promising for a comparative survey
3. Further steps to be taken to elaborate or standardise survey instrument.

Brief Summary of Group Discussion.

There was some discussion as to how useful the concept of “drunkenness” was – i.e. it is highly subjective and culturally specific. Similar concerns were aired around binge drinking and it is likely that neither term will be used.

There will be cut-offs in due course and the team felt they should be linked to “relative risk.” Care will then be taken to decide upon less cultural and morally loaded terms.

It is likely that the final survey instrument will use existing measures (with some possible additions). Thus the team felt that the best method would be to establish individual consumption levels and then assign cut-off points post-hoc based upon relative risk (work of Jurgen Rehm)

We suggested the best way to do this would be

Frequency x Beverage Type. Over a time to be ascertained. However when an individual drinks over a certain threshold say 5 beers (the concept of standard drink is not helpful) then questions would be asked as to what was the maximum amount drunk on the last occasion over what time period and how frequent was this behaviour. (this would get a feel for how much is drunk in a typical heavy drinking episode) and thus try to get around the tendency towards under-reporting

Also the team felt it was important to take note and be informed by international initiatives such as WHO Global strategy.

Also should link to CIDI/DSM-V (No point in re-inventing the wheel)

It was noted when discussing alcohol-related problems/troubles that they would be comparatively rare when applying this measurement in the general population.

A template for problems could be

Chronic Health Problems

Acute Health Problems
Social Problems

The aim will be to get a list of problems that are common to all countries with scope for problems specific to one particular culture to be added to that country's tool i.e Core Problems.

Individual Tasks

During the afternoon coffee break the team allocated some specific areas for each member to take forward with a view to being conceptualised in the SMART tool (or not as the case may be). They should be seen as mini work packages for the Munich meeting:

Dependency-	Antonio
Relative Risk-	Peter
Drunkenness	Ludwig
Binge Drinking	Ann
Problems	John