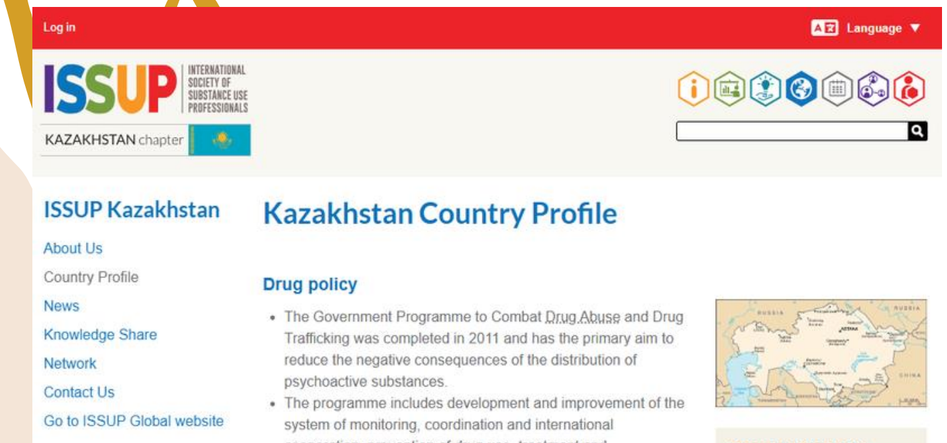
Measuring Risky Drinking: Results of the ISSUP Kazakhstan & Greece Joint AUDIT Survey

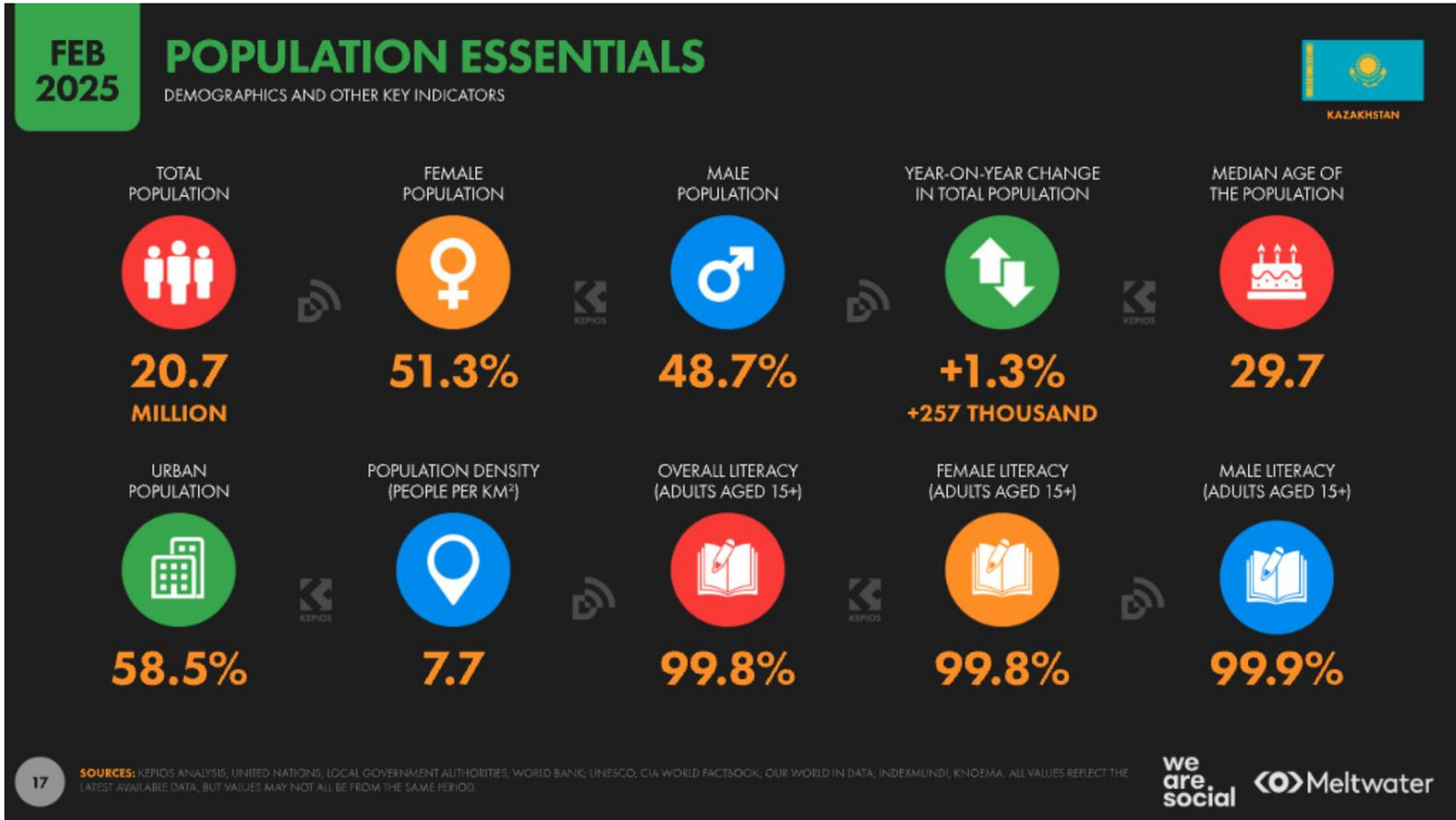
Nadezhda Cherchenko, PhD (c.), psychiatrist,
Republican Scientific and Practical Centre of Mental Health,
Coordinator of NC Kazakhstan

National Context and Epidemiological Overview

Kazakhstan is a transcontinental country, with the Ural River serving as a symbolic boundary between Europe and Asia.

Kazakhstan is the 9th largest country in the world! It covers over 2.7 million square kilometers, making it the largest landlocked country globally.





Total alcohol per capita (>= 15 years of age) consumption (litres of pure alcohol)

Total amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol. (SDG 3.5.2)

World Health Organization
Data

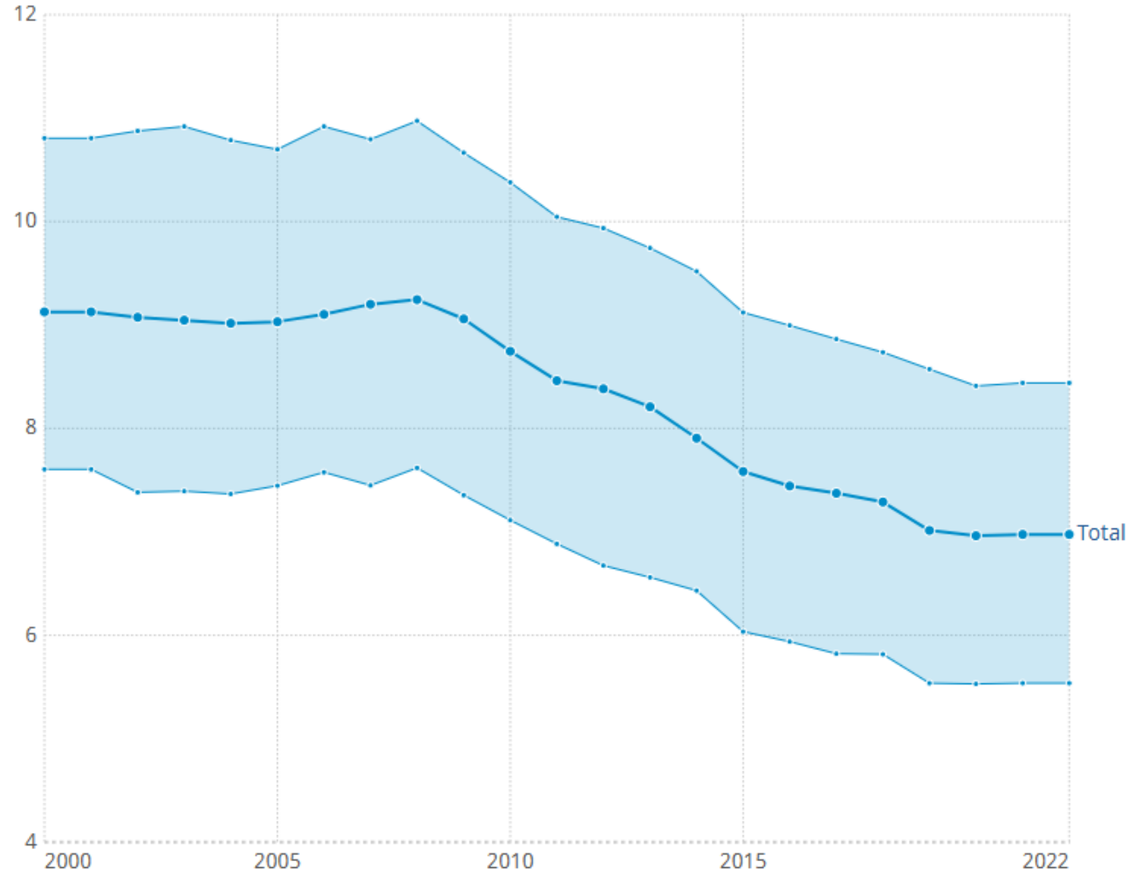
Total

Country: Greece

Year: 2022

Greece, Total

2000 – 2022



Countries

2022

Country	litres, 2022
Somalia	0
Yemen	0
Bangladesh	0
Show 121 more	
Bahamas	6.9
Greece	**7**
Dominica	7
Show 59 more	
Latvia	14.7
Georgia	15.5
Romania	17.1

Total alcohol per capita (>= 15 years of age) consumption (litres of pure alcohol)

Total amount of alcohol consumed per adult (15+ years) over a calendar year, in litres of pure alcohol. (SDG 3.5.2)

World Health Organization
Data

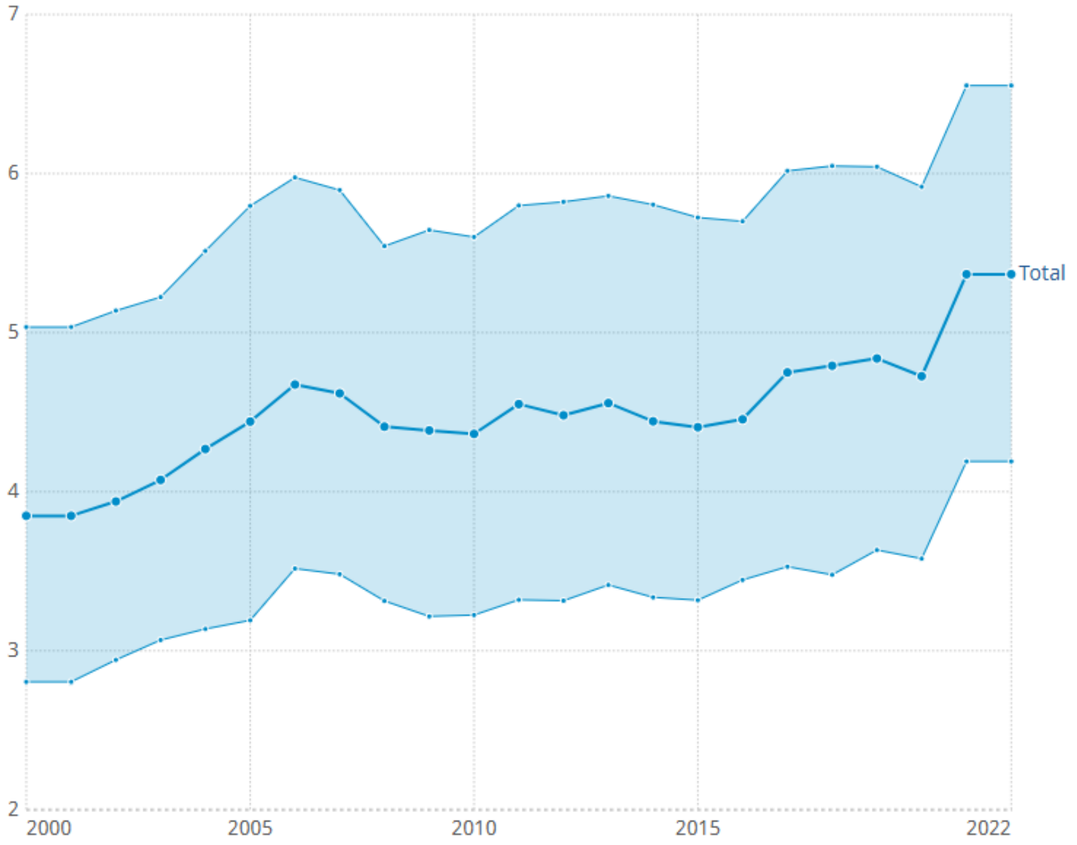
Total

Country: Kazakhstan

Year: 2022

Kazakhstan, Total

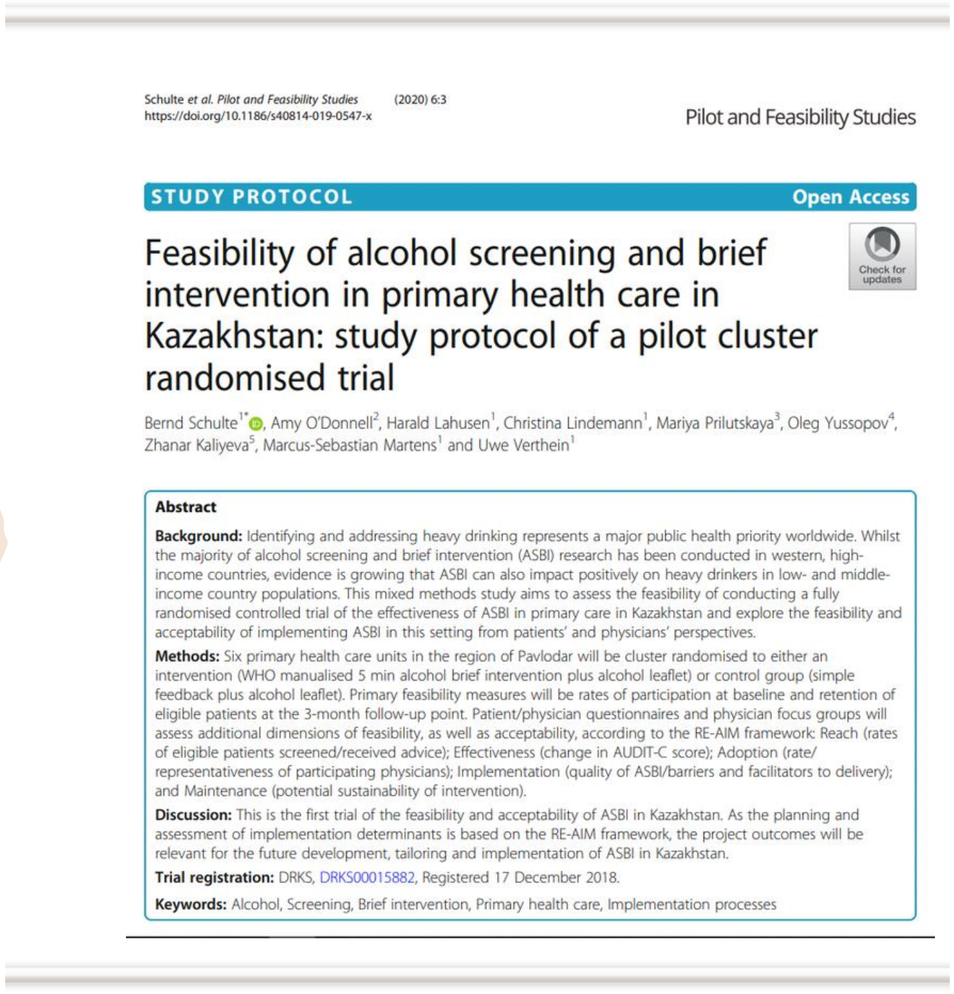
2000 – 2022



Countries

2022

Country	litres, 2022
Somalia	0
Yemen	0
Bangladesh	0
Show 97 more	
Guyana	5.3
Kazakhstan	**5.4**
Cambodia	5.4
Show 83 more	
Latvia	14.7
Georgia	15.5
Romania	17.1



Schulte *et al. Pilot and Feasibility Studies* (2020) 6:3
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Pilot and Feasibility Studies

STUDY PROTOCOL Open Access

Feasibility of alcohol screening and brief intervention in primary health care in Kazakhstan: study protocol of a pilot cluster randomised trial

Bernd Schulte[1*], Amy O'Donnell[2], Harald Lahusen[1], Christina Lindemann[1], Mariya Prilutskaya[3], Oleg Yussopov[4], Zhanar Kaliyeva[5], Marcus-Sebastian Martens[1] and Uwe Verthein[1]

Abstract

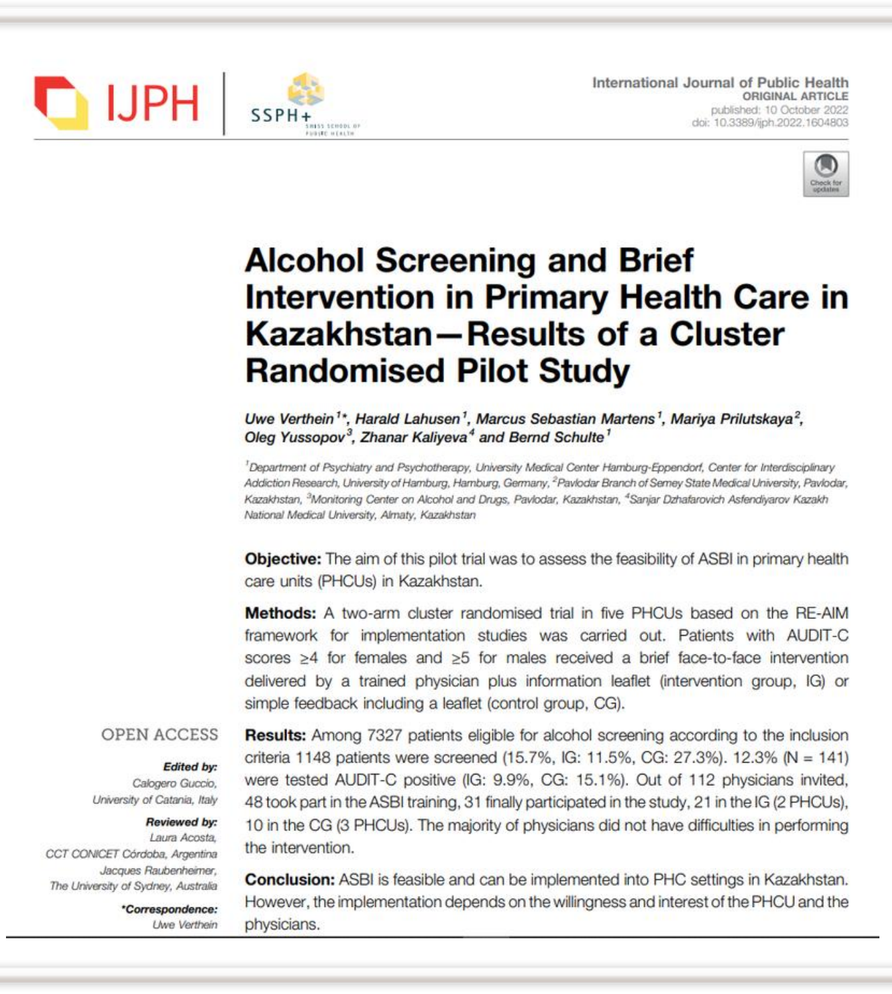
Background: Identifying and addressing heavy drinking represents a major public health priority worldwide. Whilst the majority of alcohol screening and brief intervention (ASBI) research has been conducted in western, high-income countries, evidence is growing that ASBI can also impact positively on heavy drinkers in low- and middle-income country populations. This mixed methods study aims to assess the feasibility of conducting a fully randomised controlled trial of the effectiveness of ASBI in primary care in Kazakhstan and explore the feasibility and acceptability of implementing ASBI in this setting from patients' and physicians' perspectives.

Methods: Six primary health care units in the region of Pavlodar will be cluster randomised to either an intervention (WHO manualised 5 min alcohol brief intervention plus alcohol leaflet) or control group (simple feedback plus alcohol leaflet). Primary feasibility measures will be rates of participation at baseline and retention of eligible patients at the 3-month follow-up point. Patient/physician questionnaires and physician focus groups will assess additional dimensions of feasibility, as well as acceptability, according to the RE-AIM framework: Reach (rates of eligible patients screened/received advice); Effectiveness (change in AUDIT-C score); Adoption (rate/representativeness of participating physicians); Implementation (quality of ASBI/barriers and facilitators to delivery); and Maintenance (potential sustainability of intervention).

Discussion: This is the first trial of the feasibility and acceptability of ASBI in Kazakhstan. As the planning and assessment of implementation determinants is based on the RE-AIM framework, the project outcomes will be relevant for the future development, tailoring and implementation of ASBI in Kazakhstan.

Trial registration: DRKS, DRKS00015882, Registered 17 December 2018.

Keywords: Alcohol, Screening, Brief intervention, Primary health care, Implementation processes



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Alcohol Screening and Brief Intervention in Primary Health Care in Kazakhstan—Results of a Cluster Randomised Pilot Study

Uwe Verthein[1], Harald Lahusen[1], Marcus Sebastian Martens[1], Mariya Prilutskaya[2], Oleg Yussopov[3], Zhanar Kaliyeva[4] and Bernd Schulte[1]*

[1]*Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Center for Interdisciplinary Addiction Research, University of Hamburg, Hamburg, Germany,* [2]*Pavlodar Branch of Semey State Medical University, Pavlodar, Kazakhstan,* [3]*Monitoring Center on Alcohol and Drugs, Pavlodar, Kazakhstan,* [4]*Sanjar Dzhafarovich Asfendiyarov Kazakh National Medical University, Almaty, Kazakhstan*

Objective: The aim of this pilot trial was to assess the feasibility of ASBI in primary health care units (PHCUs) in Kazakhstan.

Methods: A two-arm cluster randomised trial in five PHCUs based on the RE-AIM framework for implementation studies was carried out. Patients with AUDIT-C scores ≥4 for females and ≥5 for males received a brief face-to-face intervention delivered by a trained physician plus information leaflet (intervention group, IG) or simple feedback including a leaflet (control group, CG).

Results: Among 7327 patients eligible for alcohol screening according to the inclusion criteria 1148 patients were screened (15.7%, IG: 11.5%, CG: 27.3%). 12.3% (N = 141) were tested AUDIT-C positive (IG: 9.9%, CG: 15.1%). Out of 112 physicians invited, 48 took part in the ASBI training, 31 finally participated in the study, 21 in the IG (2 PHCUs), 10 in the CG (3 PHCUs). The majority of physicians did not have difficulties in performing the intervention.

Conclusion: ASBI is feasible and can be implemented into PHC settings in Kazakhstan. However, the implementation depends on the willingness and interest of the PHCU and the physicians.

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****Correspondence:***
Uwe Verthein

A Kazakhstan pilot study found that among adults aged 15+, about half displayed heavy episodic drinking behaviours in 2016

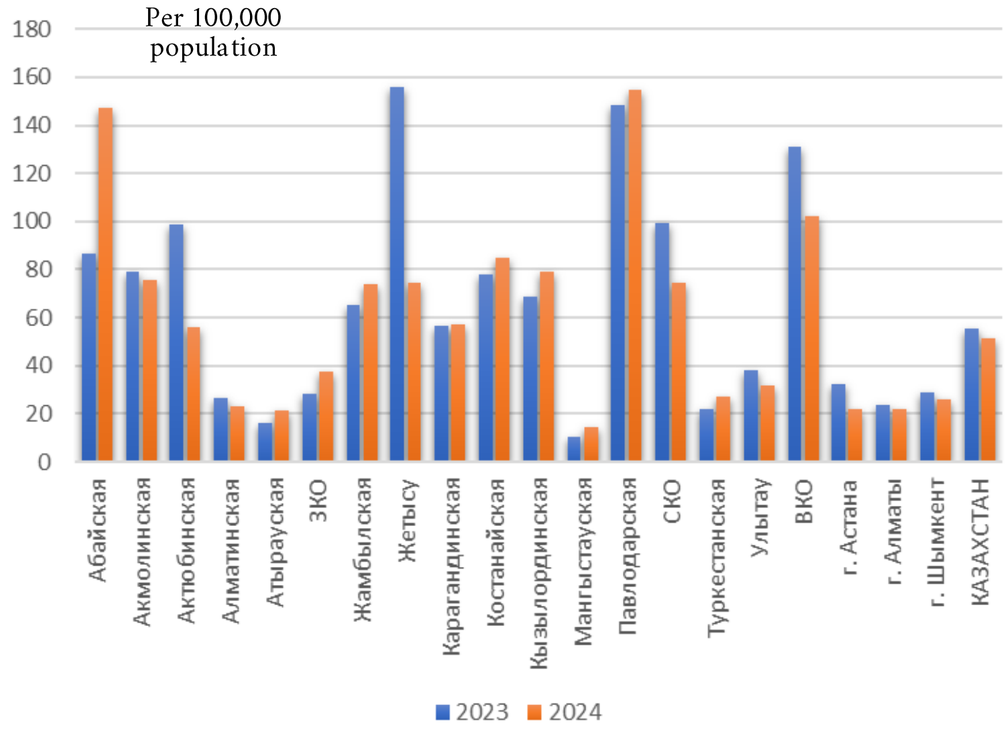
Verthein, U., Lahusen, H., Martens, M. S., Prilutskaya, M., Yussopov, O., Kaliyeva, Z., & Schulte, B. (2022). Alcohol Screening and Brief Intervention in Primary Health Care in Kazakhstan—Results of a Cluster Randomised Pilot Study. International Journal of Public Health, 67, 1604803. https://doi.org/10.3389/ijph.2022.1604803

National Statistics and Treatment System Overview

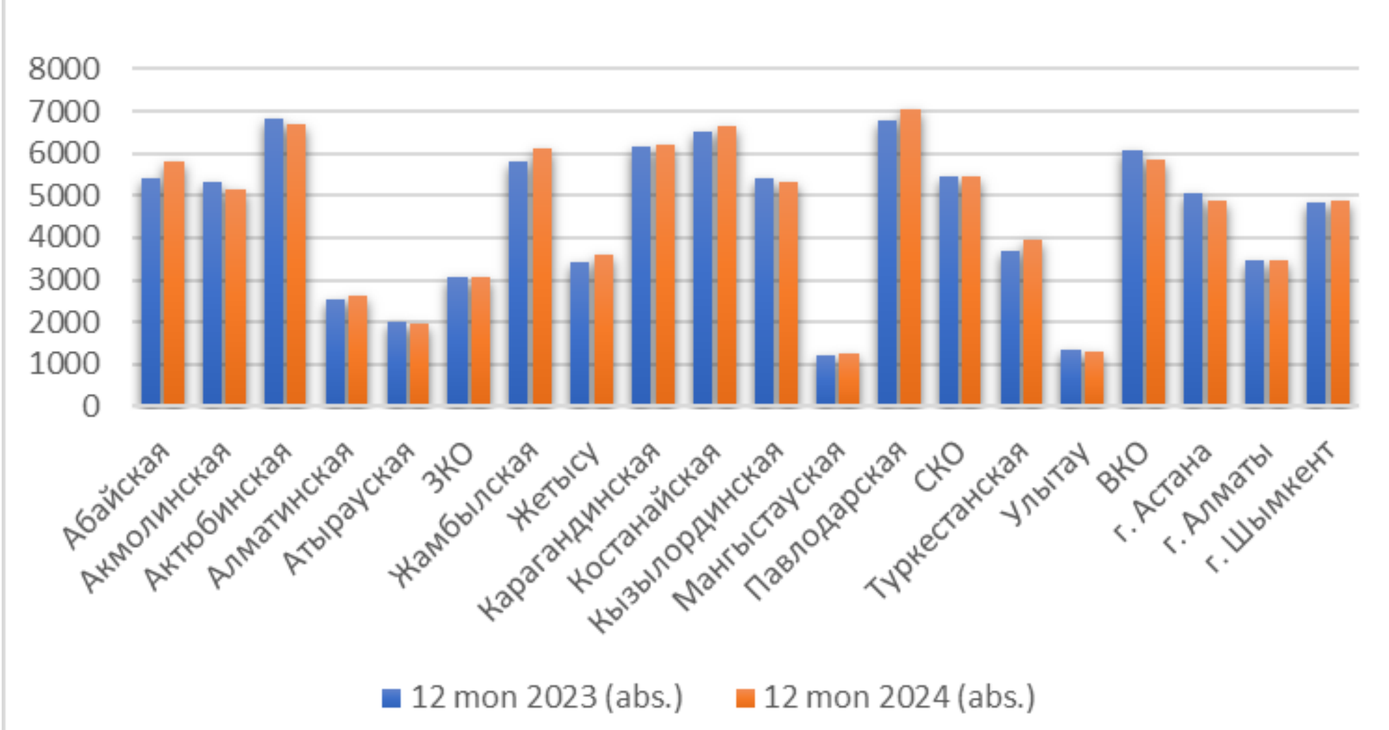
Kazakhstan maintains a **national registry** for individuals with alcohol or drug dependence.
It ensures access to free medical services, including treatment and follow-up.

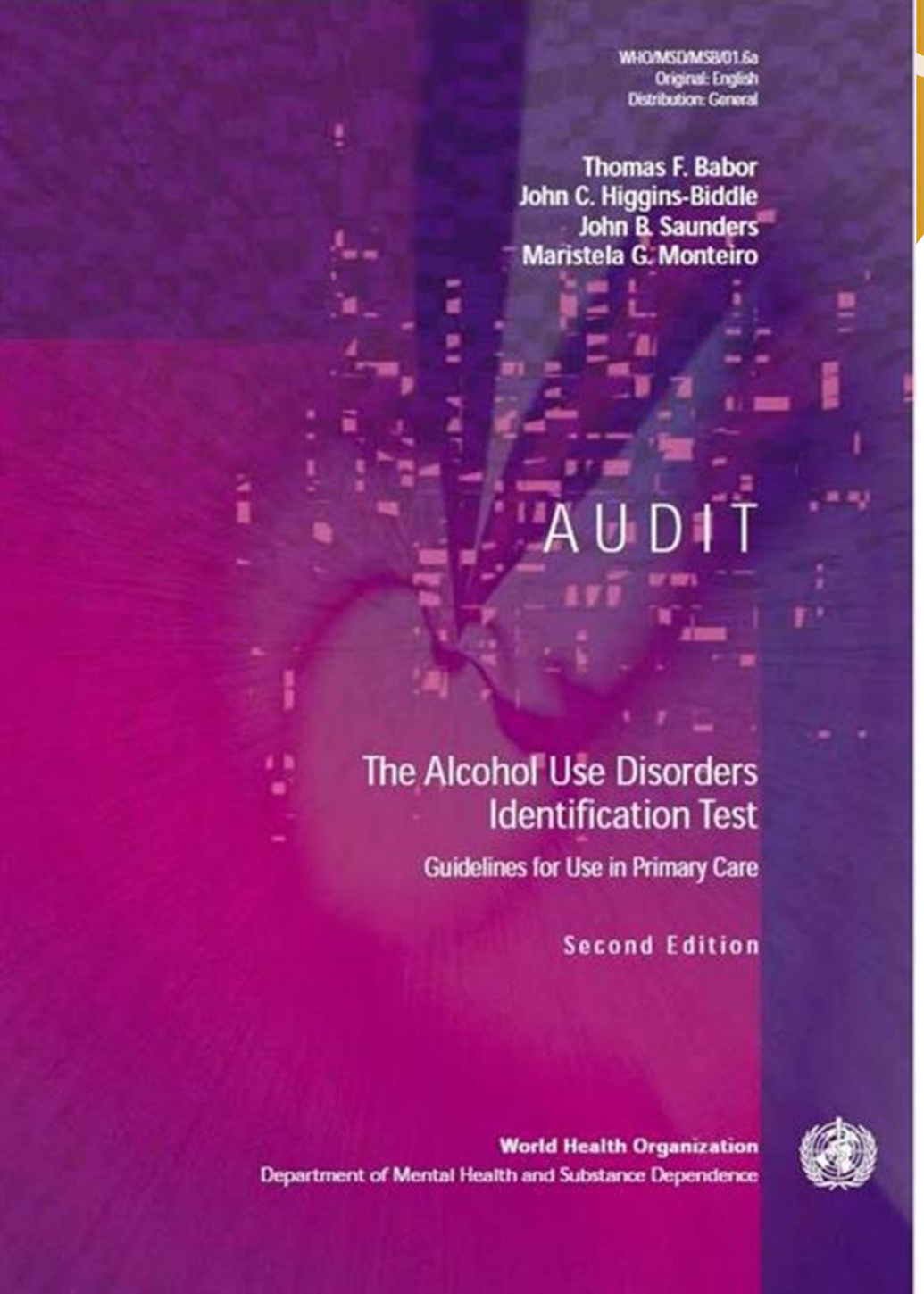
However, fear of registration often discourages people from seeking help, due to concerns about stigma, confidentiality, and potential social consequences.

Primary Incidence of Alcohol-Related Disorders



Alcohol-Induced MBD, Total Population 91,346 Patients





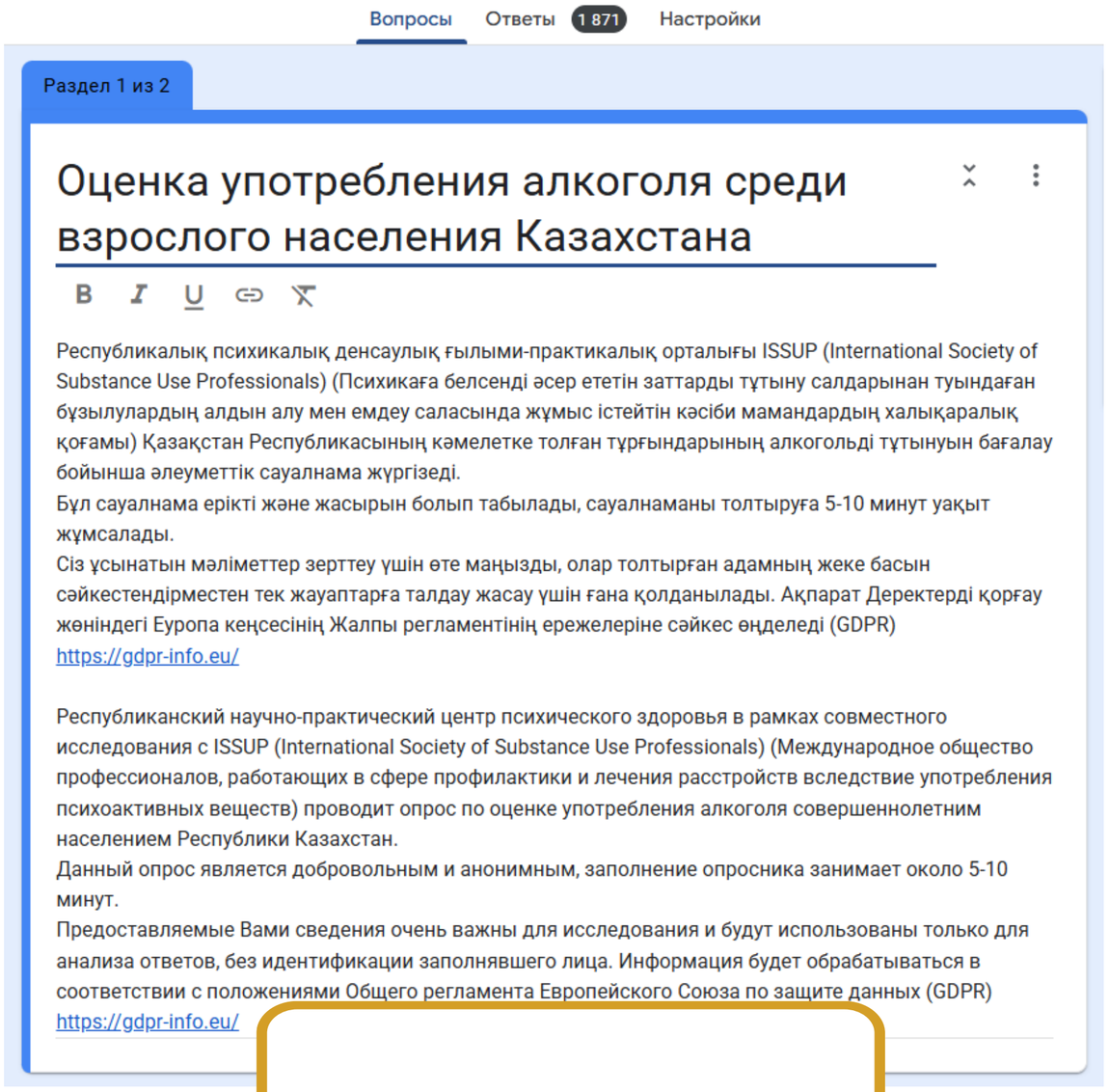
Research Methodology

- *Objective: to assess the prevalence of hazardous and harmful drinking using the AUDIT questionnaire.*
- *Sample: adults aged 18+ from diverse regions and socio-demographic backgrounds.*
- *Instrument: online full AUDIT.*
- *Collaboration ISSUP Kazakhstan & ISSUP Greece:*

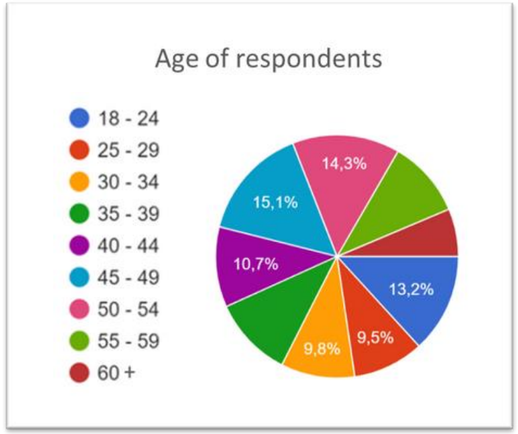
cultural adaptation of the questionnaire

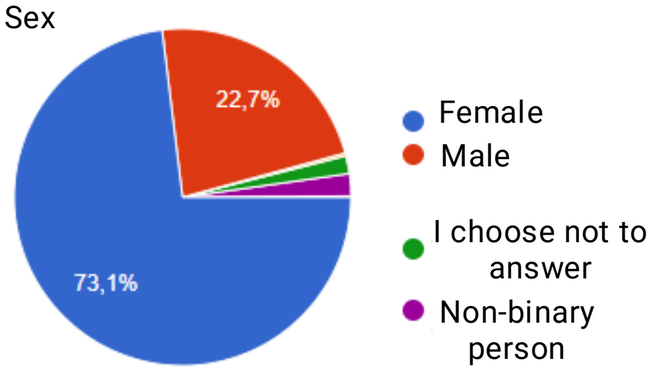
ethics committee approval

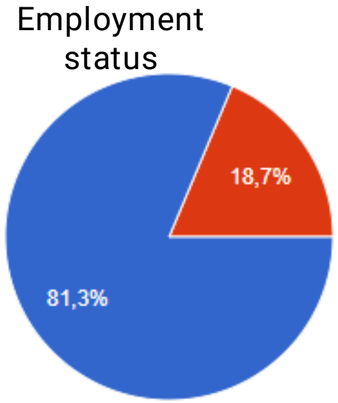
Participant Demographics: sex, age, education level, employment status, region of residence.

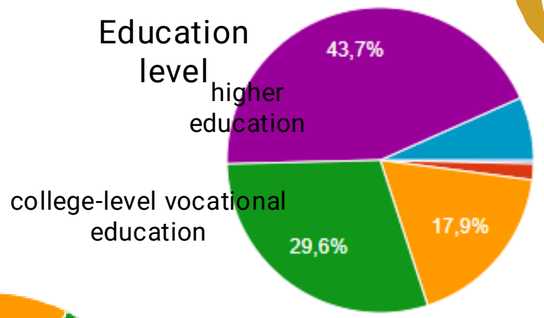


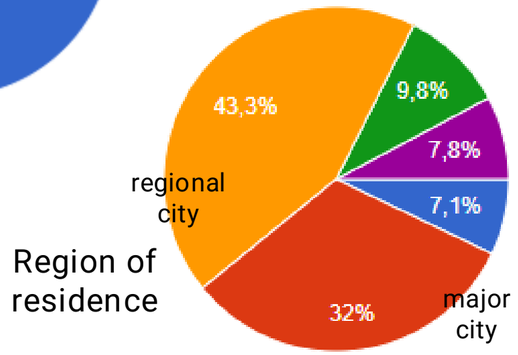
Data Based on 1,871 Completed AUDIT Forms











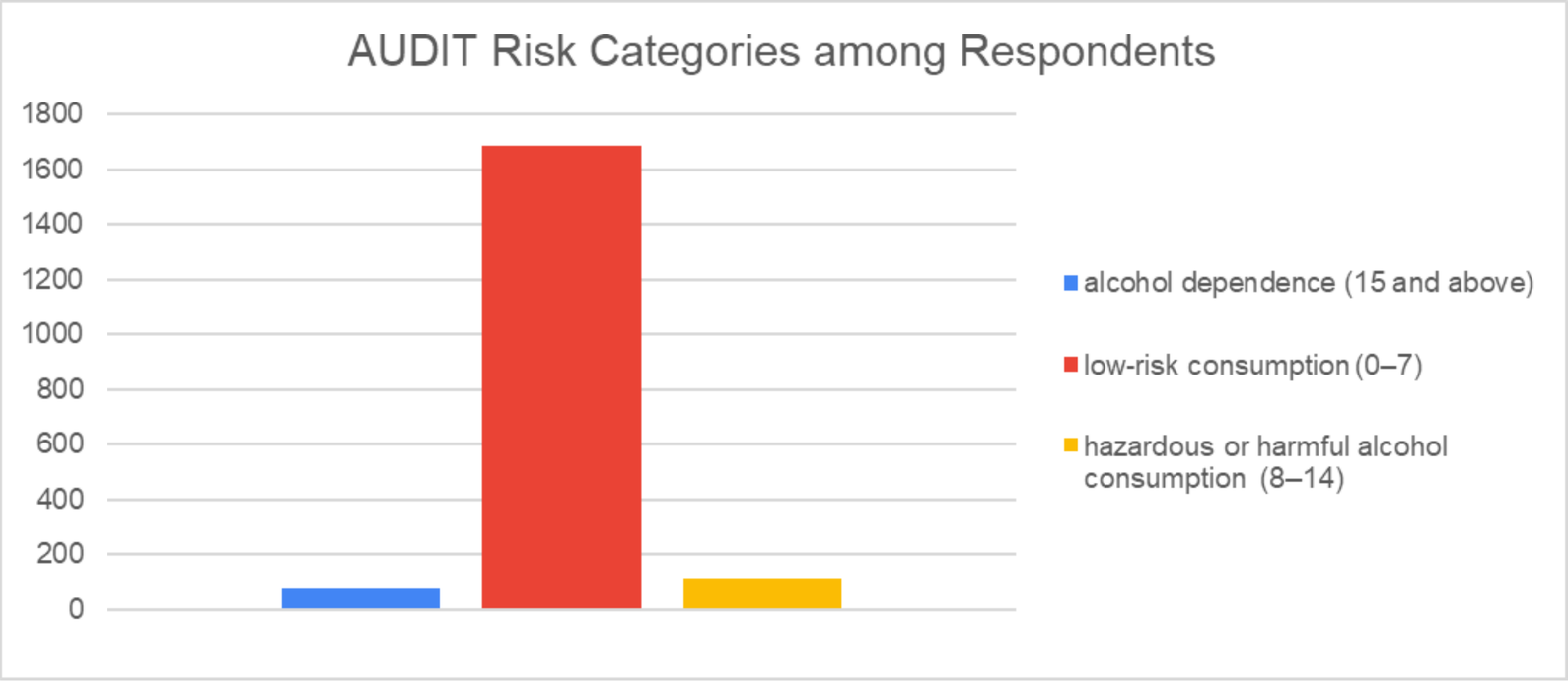
Scoring the AUDIT

The range of possible scores is from 0 to 40 where 0 indicates an abstainer who has never had any problems from alcohol.

A score of 1 to 7 suggests low-risk consumption according to World Health Organization (WHO) guidelines.

Scores from 8 to 14 suggest hazardous or harmful alcohol consumption.

Scores of 15 or more indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).



Sex and Alcohol Consumption

Variables	Correlation Coefficient	Interpretation
Sex ↔ Frequency of drinking	-0.27	Moderately strong negative correlation
Sex ↔ Alcohol units consumed	-0.28	Moderately strong negative correlation

Men tend to consume alcohol more frequently and in larger quantities than women. This association is one of the strongest observed in the dataset, and it aligns with international evidence on gender differences in alcohol use.

Education and income show a weak positive correlation with the frequency of alcohol consumption, which may indicate social acceptability within these groups.

Regional, age-related, and residential differences are weakly expressed.

Correlations related to the **volume** of alcohol consumed (alcohol units) are generally lower than those related to **frequency**.

Association Between Drinking Frequency and Consequences

Variables	Correlation Coefficient	Interpretation
Frequency ↔ Difficulty stopping	0.48	Moderate positive correlation
Frequency ↔ Neglecting usual duties	0.39	Weak to moderate positive correlation
Frequency ↔ Hangover	0.44	Moderate positive correlation
Frequency ↔ Guilt feelings	0.53	Moderate to strong positive correlation
Frequency ↔ Blackouts (memory lapses)	0.50	Moderate positive correlation
Frequency ↔ Injuries	0.33	Weak positive correlation
Frequency ↔ Concern from others	0.52	Moderate positive correlation

An increase in drinking **frequency** is associated with a rise in all types of negative consequences — both psychosocial (guilt, concern from others) and behavioral (blackouts, injuries).

The strongest associations are observed with:
Feelings of guilt
Concern from others
Loss of control over drinking

Association Between ≥6 Alcohol Units and Consequences

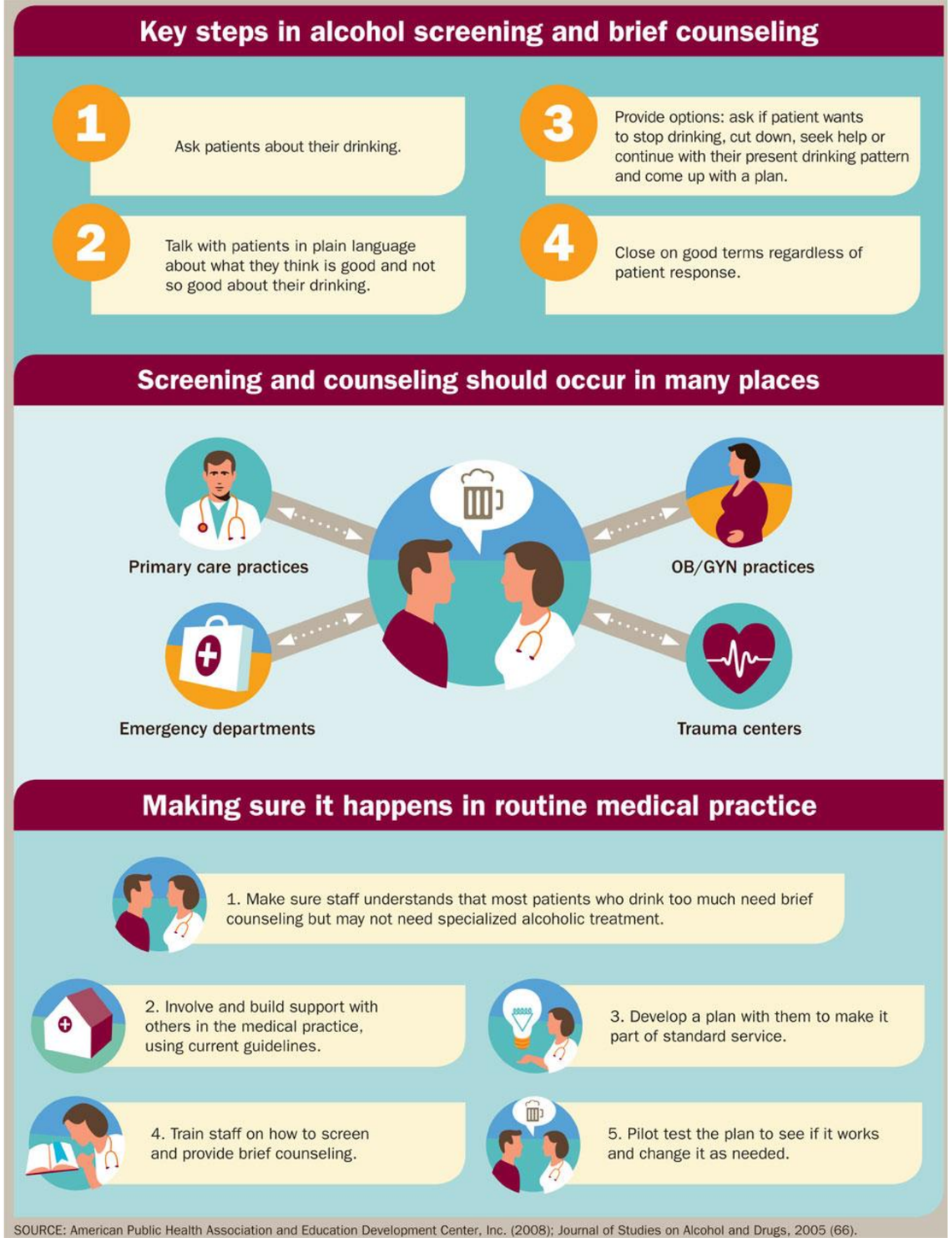
Variables	Correlation Coefficient	Interpretation
≥6 Units ↔ Difficulty stopping	0.51	Moderate correlation
≥6 Units ↔ Neglecting usual duties	0.43	Moderate
≥6 Units ↔ Hangover	0.44	Moderate
≥6 Units ↔ Guilt feelings	0.53	Moderately strong correlation
≥6 Units ↔ Blackouts (memory lapses)	0.53	Moderately strong correlation
≥6 Units ↔ Injuries	0.34	Weak correlation
≥6 Units ↔ Concern from others	0.51	Moderate correlation

Episodes of consuming **≥6 alcohol units** are a significant predictor of both social and behavioral consequences.

The strongest associations are observed with:
Feelings of guilt
Concern from others
Memory blackouts

Where to Seek Help in Kazakhstan

- Republican Scientific and Practical Centre of Mental Health (RSPCMH) – National coordinating body for addiction services– Provides evidence-based treatment and rehabilitation
- Regional Mental Health Centres – Available in all region centers and major cities– Free consultations and inpatient/outpatient treatment
- Primary Health Care Centres – Alcohol screening and brief interventions– Referral to specialized care when needed
- Anonymous Help Lines and Online Consultations– Support for those afraid of stigma or registration– Confidential initial guidance and motivation



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Substance Use and the Role of Families. Results of a Cross-Country Study in Pakistan, Kazakhstan, and Ukraine

LEE, J.[1], MYSHAKIVSKA, O.[2], FILIMONOVA, N.[3], PINCHUK, I.[4], YACHNIK, Y.[5], CHUMAK, S.[4], ALTYNBEKOV, K.[6], MUZAFAROV, R.[6], CHERCHENKO, N.[6], ASGHAR, S.[7], ALI, S. A.[8], ALYANA, S. I.[9]

1 | International Society of Substance Use Professionals, London, United Kingdom
2 | International Society of Substance Use Professionals, Kyiv, Ukraine
3 | Taras Shevchenko National University of Kyiv, Military Institute, Kyiv, Ukraine
4 | Taras Shevchenko National University of Kyiv, Institute of Psychiatry, Kyiv, Ukraine
5 | Taras Shevchenko National University of Kyiv, University Clinic, Kyiv, Ukraine
6 | Republican Scientific and Practical Centre of Mental Health, Almaty, Kazakhstan
7 | New Life Rehab Centre, Pakistan
8 | Poonch Medical College Rawalakot, Department of Psychiatry and Behavioural Sciences Azad, Kashmir, Pakistan
9 | Riphah International University, Faisalabad Campus, Department of Psychology, Pakistan

Citation | Lee, J., Myshakivska, O., Filimonova, N., Pinchuk, I., Yachnik, Y., Chumak, S., Altynbekov, K., Muzafarov, R., Cherchenko, N., Asghar, S., Ali, S. A., & Alyana, S. I. (2022). Substance use and the role of families. Results of a cross-country study in Pakistan, Kazakhstan, and Ukraine. *Adiktologie, 22* (2), 68–81. https://doi.org/10.35198/01-2022-002-0007

BACKGROUND: In many countries families have rarely been involved in addressing treatment and interventions for family members with substance use disorders (SUDs). The aims of this study were to measure the influence of substance use on users' family members and to evaluate what and if any interventions were conducted by and with family members in the three countries of Kazakhstan, Pakistan, and Ukraine. **METHODS:** A convenience sample approach was used to identify the involvement of families in the treatment and recovery process of relatives of a subject who used or uses substances and 1075 from subjects who use or used psychoactive substances. In total, 47% of the relatives indicated that they did not receive treatment interventions and 87% believed that treatment could be an effective option to address the use of substances. **CONCLUSIONS:** A significant majority of the relatives in Pakistan, Kazakhstan, and Ukraine did not receive any therapeutic or other support while living with a subject with an SUD. Unsurprisingly, family members often regarded the best way to treat SUDs as being to isolate

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