eINEBRIA SIG pre-conference meeting

Santiago de Chile, 26th September 2018

Workshop leads: Heleen Riper, Leo Pas, Paul Wallace (Chair)

Participants: Andre Bedendo, Marcela Tiburcio, Michael P Schaub, Claire Garnett, Zarnie Khadjesari, Tassiane de Paula, Marcella Ferreira Gonçalves, Alejandro Sánchez, Tereza Barroso, Silke Diestelkamp, Maria Lucia Oliveira de Souza, Lindsay Schwartz, Luis Pichard, Nuria Pedrals, Abhijit Nadkarni, Urvita Bhatia, Sheina Paula Pereira Costa, Fabricio Landi, Nikolaos Boumparis, Nicolas Barticevic, Antoni Gual, Hugo López

Introduction

A short introduction was conducted by Paul Wallace (aim of the meeting, details of SIG eINEBRIA, etc.). Every participant introduced him/herself (name, country and position, background and experience on digital intervention field).

Topic 1 "adherence to digital interventions" (lead by Heleen Riper)

Topic 2 " implementation and tailoring of digital interventions" (lead by Leo Pas)

A lively discussion took place based on brief presentations of each topic by the the workshop leads. The following is a brief summary of the key points of discussion.

- *Replace vs complement:* One relevant debate whether digital should replace or complement face-to-face interventions ("let technologies and humans do those functions that each does best"). For example, technologies might focus on monitoring and assessment (wearables, oscillometer, etc.). Find a proper place for digital technologies might help to improve adherence.
- *Safety vs effectiveness:* Most of the digital tools are safe but relatively ineffective, so adherence is not guarantee of better outcomes
- *Research methods*: those that allow move quickly to implementation should help. Agreement about active components and how to evaluate them is required.
- *Selection bias*: There is a self-selection of those patients affected by more severe alcohol/drug use. Those who have mild/moderate problems do not tend to spontaneously access digital interventions (awareness problem?). Stigma is also a barrier for accessing digital interventions.
- *Co-design:* Two end users should be taken into account wherever possible when digital intervention is being designed: health professionals and patients. Co-creation is a step

beyond (but also includes) the usability and/or the use-friendly. Co-creation is really patient-centered approach.

- *Improving effectiveness*: There is no clear way how to advance in digital intervention for alcohol/drugs. And this a relevant difference with digital interventions for other conditions (e.g. depression)
- *Social and cultural contex*t: Digital interventions in low income countries might deliver improvements in the access to treatment gap. At the same time technology limitations in these countries should be also take into account: smartphone > website (even text message for non-smartphone terminals), family and relatives approach, etc.
- *Role of feedback:* Based on the experience in other fields, feedback is useful for adherence. Normative feedback is not always well accepted.
- *Wearables*: The role of wearables in adherence is also interesting and promising
- *Patient-centred vs scientific*. Combination of patient-centered approach and scientific-centered approach is also required, but are they compatible?
- *Guided interventions*: Majority for depression/anxiety but less frequent in alcohol field.
- *Privacy*: Privacy laws might impact on adherence.
- PHC professional identity is a barrier: "I don't prescribe apps"

Summary of topic 3 "Young researchers in digital interventions field" and topic 4 "roadmap collaboration"

There was a discussion about how to support the development of early researchers in the field of digital interventions for alcohol and other substance use. A number of recommendations resulted from the discussion – summarised below:

1. It was agreed that there could be considerable potential for secondary research by sharing research data among e-INEBRIA members. This would involve there being a lead to manage the repository and a group to establish mechanisms to grow the repository and manage appropriate access by young researchers and others

    Action: Michael P Schaub (lead), Heleen Riper

2. It was agreed to facilitate the exchange of PhD candidates and other young researchers

    Action: Nicolas Barticevic (lead), Nikolaos Boumparis and Sheina Paula Pereira Costa

3. It was agreed that we should update membership list person in charge

    Action: Hugo López

4. Other ideas:
    a. Google analytics
    b. Add information about funding and training in the website

c. Publish as a group
d. Delphi study to integrate public health, researchers and clinicians perspective
e. Incorporate as a members of e-INEBRIA: digital industry partners and technology professionals.

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