

# INEBRIA

## 2016

# BRIVIA

**Service d'alcoologie**

**INEBRIA  
13<sup>th</sup> Congress**

**Lausanne University Hospital  
Switzerland**

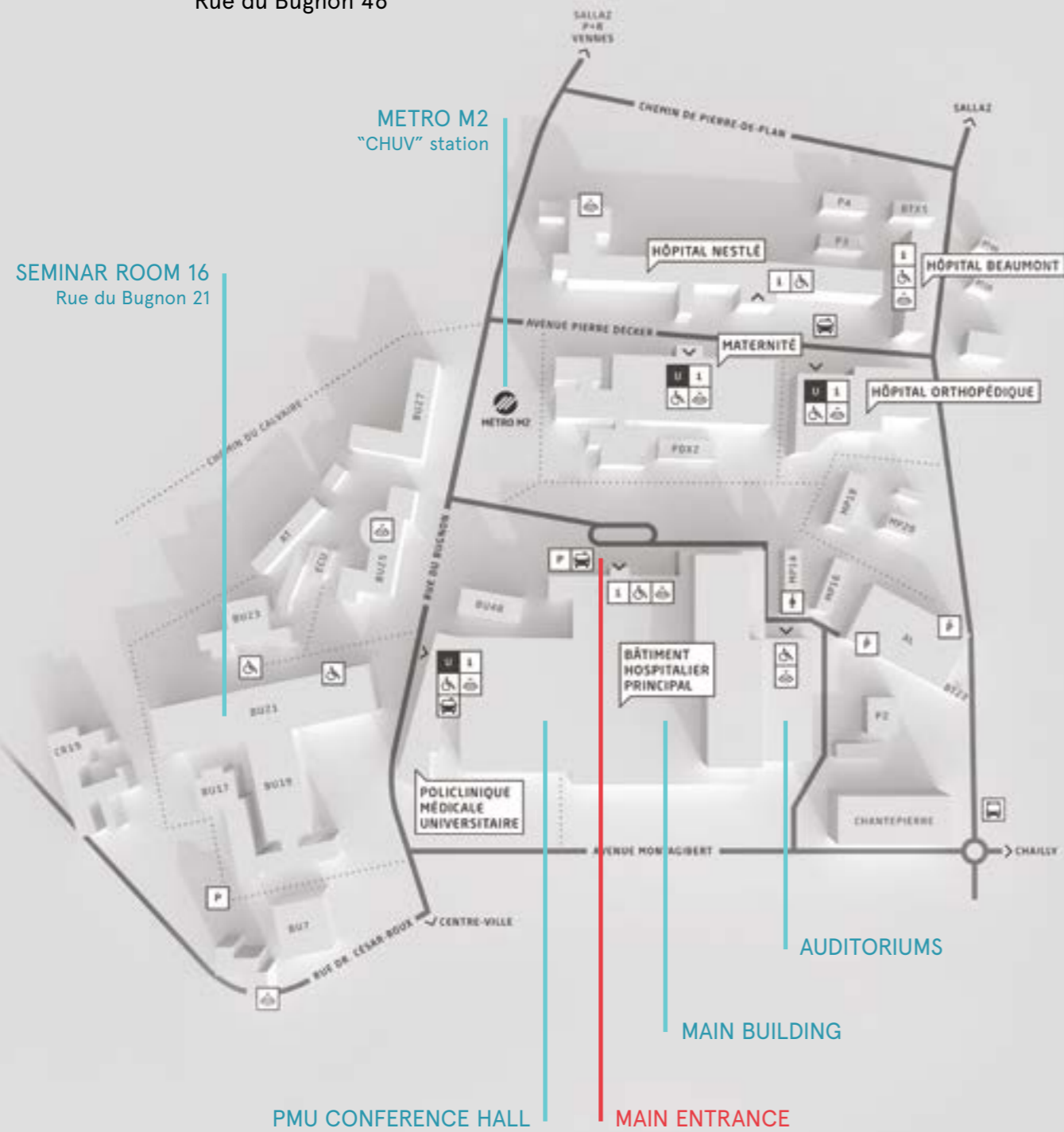


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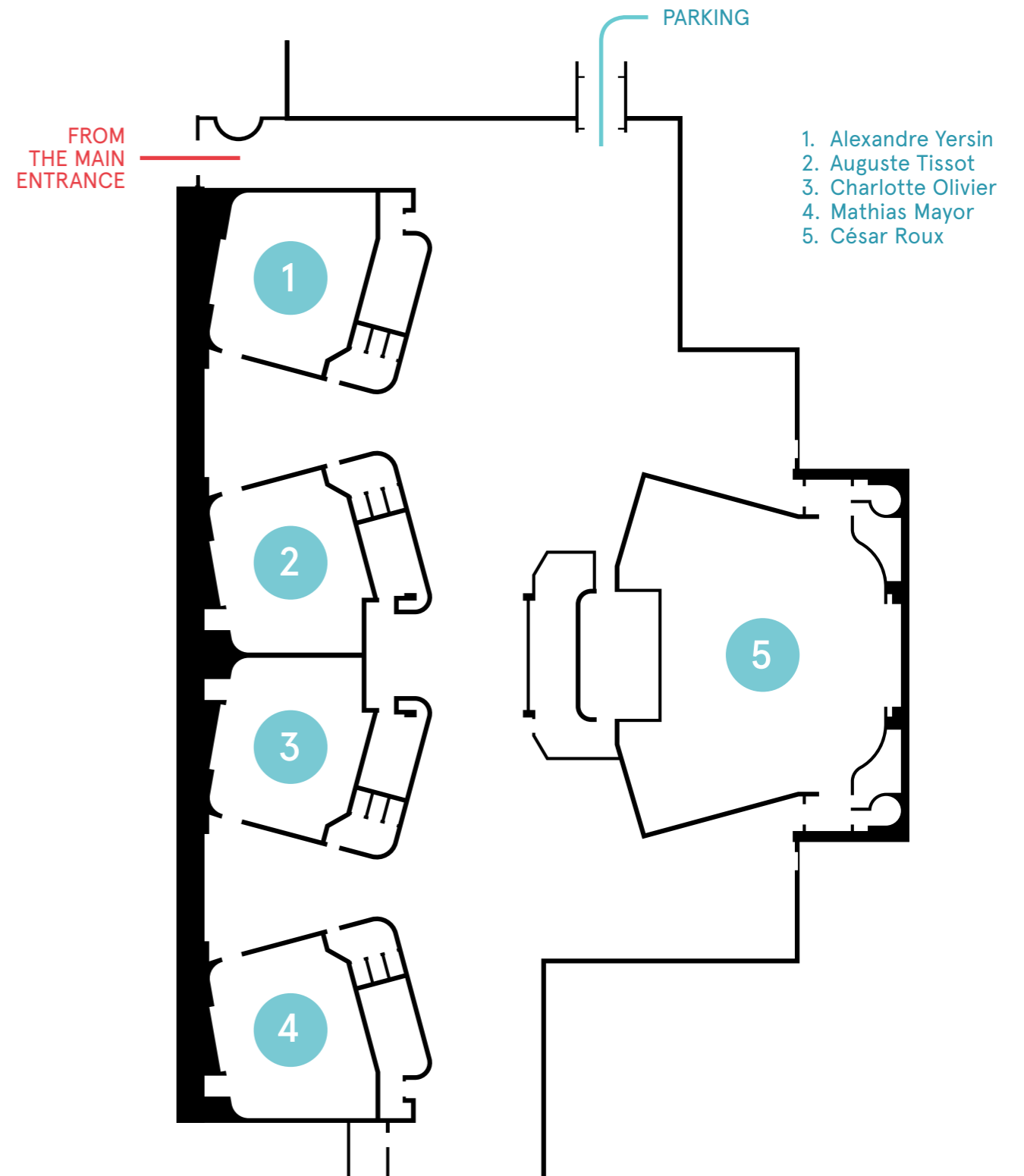
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# CHUV

Lausanne University Hospital  
Rue du Bugnon 46

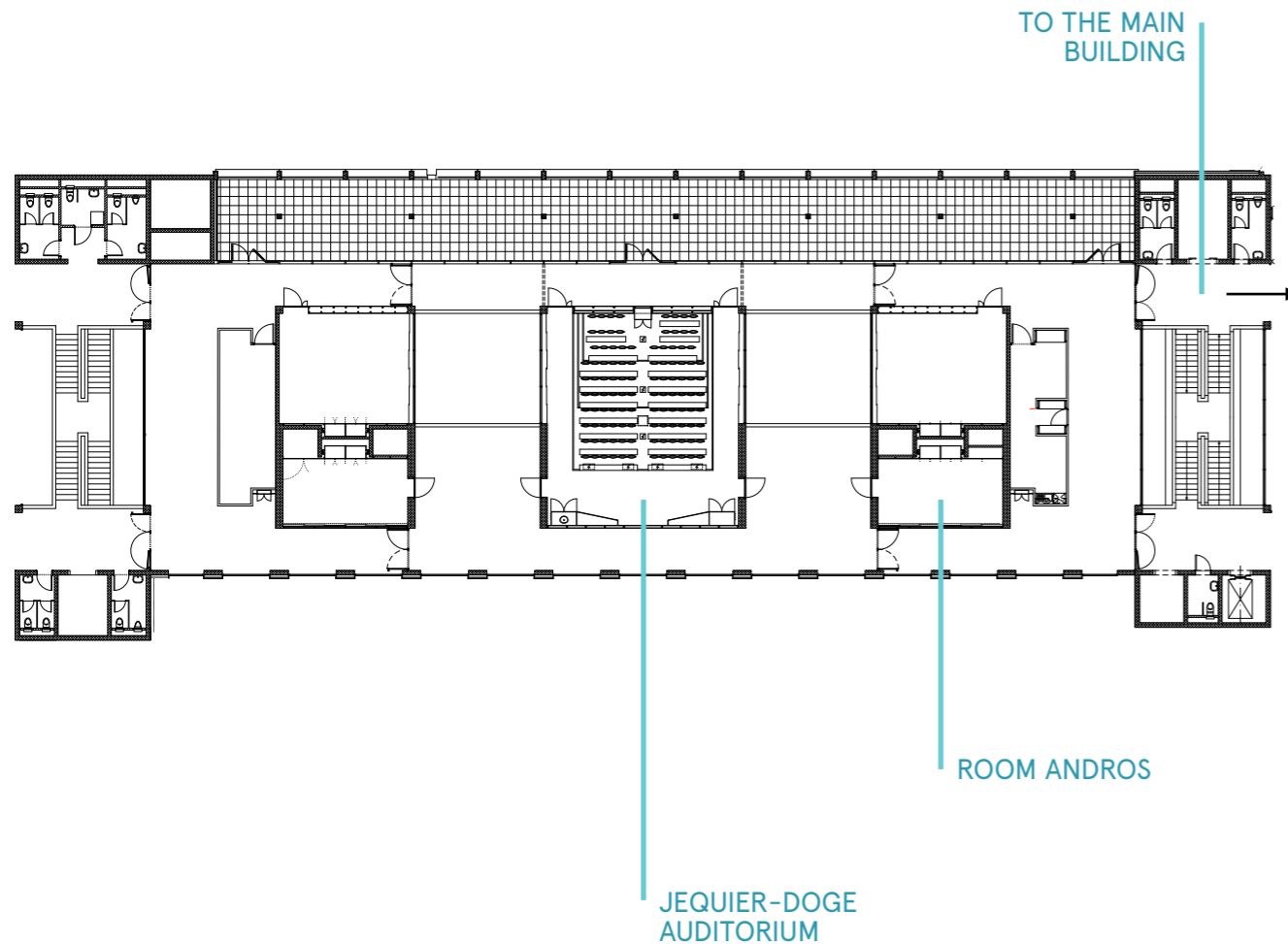


# Auditoriums



1. Alexandre Yersin
2. Auguste Tissot
3. Charlotte Olivier
4. Mathias Mayor
5. César Roux

## PMU conference hall



## Welcome to the 2016 INEBRIA conference!

On behalf of the organizing committee,  
I am very pleased to welcome you in Lausanne.

Alcohol and other drugs are an important public health problem associated with major health and social problems worldwide. For more than 10 years, the INEBRIA network has been working to address the difficult question of screening and brief interventions for unhealthy alcohol and more recently for drug use. The INEBRIA annual conference has become a very important gathering for researchers, clinicians and policy makers interested in screening and brief interventions to share experiences, knowledge, research findings, and sustain international collaborations. It is an important event to promote and encourage the best practices in the dissemination and implementation of brief interventions for alcohol and other drugs, as one of the measures to prevent and reduce substance-related harm. The annual meeting offers a stimulating environment for its participants with ample opportunities for networking, presenting original work and discovering the latest developments in the field.

A few words about Lausanne, the fourth largest city in Switzerland, and the reasons why I am particularly pleased to welcome you here for the 2016 meeting. Lausanne is located in the French speaking part of Switzerland, between two important wine-growing regions, Lavaux (to the east) and La Côte (to the west). Therefore, alcohol has been an important part of the local culture. Substance-related harms have also been at the forefront of the concerns of health care professionals in Switzerland for a long time, with the development, in the early 90s, of a national drug policy based on four "pillars": prevention, therapy, harm reduction, and law enforcement. Locally, the Lausanne University Hospital was the first Swiss University Hospital to create a professorial position in alcohol studies in 2008. It is therefore a perfect home for a meeting on early identification of substance-related harm.

I hope that you will not only enjoy the meeting, but also the cultural opportunities of our city, its museums, its cathedral (don't miss the opportunity to visit it on Thursday night before the gala dinner), the lake shore and the magnificent view of the Alps.

### **Nicolas Bertholet**

Associate physician  
Privat Docent, Senior lecturer

Chairman 2016 INEBRIA conference

## A word of the President

It gives me great pleasure to welcome you to Lausanne for INEBRIA's yearly conference 2016. INEBRIA is a network consisting of several hundred researchers, practitioners and policy makers around the world. The common denominator is an interest in early identification and brief intervention to reduce the damage caused by alcohol and other drugs in health care and other venues. The network aims to provide global leadership in this area. INEBRIA developed from a group of researchers who in the 1980s and 1990s, with the support of WHO, developed methods for early detection of alcohol problems and brief counseling.

INEBRIA has since its inception had its secretariat in Barcelona, where the Catalan Ministry of Health has provided premises and officials who assist the organization. The business consists mainly of arranging annual research meetings. These are conducted in collaboration with research institutions in different countries. Last year, 2015, it was held in Atlanta, USA; 2014 in Warsaw. During these conferences the annual meetings of the organization are also held.

This year's meeting is held at a time when early identification and brief intervention, EIBI, has gained considerable momentum in a number of countries, where governments and health authorities have been convinced by the research and invested serious money into this field. At the same time a number of concerns have emerged, where the evidence base has gradually demonstrated important failures to deliver expected outcomes. This calls for renewed efforts for researchers and practitioners to explore new solutions.

With this in mind, this year's conference theme "The challenge of complexity: updating models and practice" is indeed quite timely and provides excellent opportunities to examine our models and discuss alternate ways forward.

I want to thank Nicolas Bertholet, Ruth Borloz and Jean-Bernard Daeppen for working hard the past year to arrange two excellent conference days, as well as their institution Alcohol Treatment Center, Department of Community Medicine and Health, Lausanne University Hospital. Big thanks also to the scientific committee for their contributions to the program. And not least to our invited eminent speakers who have agreed to come and present their work. I'm sure this will be another great INEBRIA conference!

### **Sven Andreasson**

Professor  
Department of Public Health Sciences, Karolinska Institutet  
*Stockholm, Sweden*

President of INEBRIA

## Program summary 2016

### Wednesday 21 September

#### **Practical one-day workshop: Brief motivational interventions in health care**

##### **Trainer**

##### **Stephen Rollnick – PhD**

Honorary Distinguished Professor in the Cochrane Institute of Primary Care and Public Health  
School of Medicine, Cardiff University  
*Cardiff, UK*

##### **Co-trainers**

##### **Cristiana Fortini and Jean-Bernard Daeppen**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

#### **2-hour workshop for researchers: Studying brief interventions mechanisms. Moderation, mediation, and moderated mediation analyses**

##### **Trainer**

##### **Jacques Gaume – PhD**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

#### **Meeting of the INEBRIA coordinating committee and INEBRIA 2017 conference organizing committee**

#### **WHO – INEBRIA meeting**

##### **Preconference 1**

09:00 – 17:00

**Hôtel de la Paix**  
**Av Benjamin-Constant 5**

*Welcome and registration*  
08:00 – 09:00

##### **Preconference 2**

15:00 – 17:00

**Seminar room 16**  
**Rue du Bugnon 21**  
*6th floor*

##### **Meetings**

**PMU Conference hall**  
*Room Andros*

15:00 – 17:00

17:00 – 19:00

## Thursday 22 September

		Main hall	Alexandre Yersin	Charlotte Olivier	Mathias Mayor	Auguste Tissot	Seminar Room 4
08:15 - 9:00	<i>Welcome coffee</i>						
09:00 - 9:45	<b>Meet and greet</b> Introductory remarks						
09:45 - 10:45	<b>Plenary session</b> Eileen Kaner						
10:45 - 11:15	<i>Coffee break</i>						
11:15 - 12:15	<b>Plenary session</b> Stephen Rollnick						
12:15 - 13:00	<b>Best abstracts plenary</b>						
13:00 - 14:00	<i>Lunch</i>						
14:00 - 15:30	<b>Group sessions</b>						
15:30 - 16:30	<b>Poster session</b> <i>Coffee break</i>						
16:30 - 18:00	<b>Group sessions</b>						

18:30 - 19:30 **Guided visit of the Lausanne Cathedral**  
Meeting point: 18:20 in front of the cathedral's main entrance  
*Participation is free, but registration is mandatory*

19:15 onwards **Gala dinner**  
**Restaurant Tribeca**  
Place de la Riponne 4, Lausanne  
*Registration mandatory*

## Friday 23 September

		Main hall	Alexandre Yersin	Charlotte Olivier	Mathias Mayor	Auguste Tissot	Jéquier Doge	Seminar room 4
09:00 - 10:00	<b>Plenary session</b> John Cunningham							
10:00 - 11:00	<b>Plenary session</b> Gail D'Onofrio							
11:00 - 11:30	<i>Coffee break</i>							
11:30 - 11:50	<b>Best poster award</b>							
11:50 - 13:00	<b>Annual general meeting of INEBRIA</b>							
13:00 - 14:00	<i>Lunch</i>							Special interest group
14:00 - 15:30	<b>Group sessions</b>							
15:30 - 16:00	<i>Coffee break</i>							
16:00 - 17:30	<b>Group sessions</b>							
17:30 - 18:00	<b>Closing remarks</b>							

## Organizing committee

**Nicolas Bertholet – MD, MSc**

Chair  
Alcohol Treatment Center  
Lausanne University Hospital

**Jean-Bernard Daeppen – MD**

Head of the Alcohol Treatment Center  
Lausanne University Hospital

**Ruth Borloz – MA**

Coordination  
Alcohol Treatment Center  
Lausanne University Hospital

*Lausanne, Switzerland*

## Scientific committee

**Angéline Adam – MD**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

**Sven Andreasson – MD**

Department of Public Health Sciences  
Karolinska Institutet  
*Stockholm, Sweden*

**Preben Bendtsen – MD**

Department of Medical and Health Sciences  
Linköping University  
*Linköping, Sweden*

**Nicolas Bertholet – MD, MSc, Chair**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

**Barbara Broers – MD**

Dependencies Unit,  
Geneva University Hospitals  
*Geneva, Switzerland*

**John A. Cunningham – BSc, MA, PhD**

Center for Addiction and Mental Health  
*Toronto, Canada*

**Jean-Bernard Daeppen – MD**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

**Jacques Gaume – PhD**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

**Véronique Grazioli – PhD**

Alcohol Treatment Center  
Lausanne University Hospital  
*Lausanne, Switzerland*

**Antoni Gual – MD**

Addictions Unit,  
Clinic Hospital of Barcelona  
*Barcelona, Spain*

**Jim McCambridge – PhD, MSc**

Department of Health Sciences  
University of York  
*York, UK*

**Jennifer McNeely – MD, MS**

Department of Population Health  
New York University School of Medicine  
*New York, USA*

**Richard Saitz – MD, MPH**

Boston University Schools of Medicine  
and Public Health  
*Boston, USA*

**J. Paul Seale – MD**

Mercer University School of Medicine  
Medical Center Navicent Health  
*Macon, USA*

**Emily C. Williams – PhD**

Department of Health Sciences  
University of Washington  
*Washington, USA*

## INEBRIA coordinating committee

Sven Andreasson, *President*  
Antoni Gual, *Vice-President*  
Joan Colom, *Treasurer*  
Lidia Segura, *Secretary*  
Dag Rekve  
Maristela Monteiro  
Richard Saitz  
Niamh Fitzgerald  
Jean-Bernard Daeppen  
Gallus Bischof  
Emily Williams

*Additional*

**Conference Local Organizers**  
Nicolas Bertholet

**Inebria Latina**  
Marcela A. Tiburcio Sainz

WEDNESDAY 21  
Preconference 1

—  
09:00 – 17:00  
—

**Hôtel de la Paix**  
**Av Benjamin-Constant 5**

*Welcome and registration*  
08:00 – 09:00

## Program details

### Practical one-day workshop: Brief motivational interventions in health care

**Trainer**

**Stephen Rollnick – PhD**

*Honorary Distinguished Professor*  
Cochrane Institute of Primary Care and Public Health  
School of Medicine, Cardiff University  
Cardiff, UK

**Co-trainers**

**Cristiana Fortini** and **Jean-Bernard Daeppen**

Alcohol Treatment Center  
Lausanne University Hospital  
Lausanne, Switzerland



WEDNESDAY 21  
Preconference 2

15:00 – 17:00

Seminar room 16  
Rue du Bugnon 21  
6th floor

2-hour workshop for researchers:  
Studying brief interventions  
mechanisms. Moderation,  
mediation, and moderated  
mediation analyses

**Trainer**

**Jacques Gaume – PhD**  
Alcohol Treatment Center  
Lausanne University Hospital  
Lausanne, Switzerland

**Meeting**

15:00 – 17:00

Room Andros

Meeting of the INEBRIA  
coordinating committee  
and INEBRIA 2017 conference  
organizing committee

**Meeting**

17:00 – 19:00

Room Andros

WHO – INEBRIA meeting

THURSDAY 22  
Meet and greet

09:00

Alexandre Yersin  
auditorium

Meet and greet

**Introductory remarks**

**Professor Fred Paccaud**

Head of the Institute of Social and Preventive Medicine  
Head of the Department of Community Medicine and Health  
Lausanne University Hospital  
Lausanne, Switzerland

**Vladimir Poznyak – PhD**

World Health Organization (WHO)  
Department of Mental Health and Substance Abuse  
Geneva, Switzerland

**Professor Sven Andreasson**

Department of Public Health Sciences  
Karolinska Institutet  
Stockholm, Sweden  
President of INEBRIA

**Nicolas Bertholet**

Chair INEBRIA 2016  
Lausanne, Switzerland

## Screening and brief alcohol intervention in primary care – a perfect fit or a round peg in a square hole

### Introduction

**Professor Bernard Burnand**  
Institute of Social and Preventive Medicine  
Lausanne University Hospital  
Lausanne, Switzerland

### Presenter

**Professor Eileen Kaner**  
Chair of Public Health & Primary Care Research  
Institute of Health & Society  
Newcastle University  
Newcastle upon Tyne, UK

### Background

For over thirty years, evidence on the effectiveness of brief alcohol interventions has been accumulating. Previous systematic reviews and meta-analyses have reported that brief interventions delivered by practitioners in primary care are consistently effective at reducing alcohol consumption, albeit with small effect sizes that seem to have decreased over time. This talk will update the evidence synthesis of a previous Cochrane Collaboration systematic review focused on face-to-face delivery of brief interventions and consider the impact of this evidence on practice and alongside some new developments in the alcohol field.

### Methods

Using established Cochrane Collaboration methodology, we searched the Cochrane Drug and Alcohol Group specialised register (May 2012), electronic databases such as MEDLINE and PsychINFO (from 1966 to 2015) and carried out hand searching and reference list cross checks of included studies. The review sought randomised controlled trials (RCTs) focused on patients presenting to primary care not specifically for alcohol treatment and brief intervention of up to five sessions. Two authors independently abstracted data and assessed trial quality. Random effects meta-analyses, sub-group, sensitivity analyses, and meta-regression were conducted.

### Results

The review included 69 trials which randomised a total of 33,642 participants. Most of the trials recruited adults in general practice-based primary care; a minority of trials took place in emergency departments (n = 27). Three trials focused on adolescents or young adults and four focused on older adults. Mean baseline alcohol consumption was 236 grams/week (29.5 standard UK units) across those trials that reported it. Thirty four trials (15,197 participants) contributed data to the primary meta-analysis, which showed that participants receiving a brief intervention consumed less alcohol than controls after follow-up of one year

(mean difference: -20, 95%CI: -28 to -12 grams/week). There was substantial heterogeneity between trials (I<sup>2</sup> = 73%). Little evidence was found for an impact on frequency or intensity of consumption. More recent trials showed less impact of brief interventions on alcohol consumption at 12 months (mean difference: -9, 95%CI: -16 to -3 grams/week) compared with older trials (-40, 95%CI: -57 to -23 grams/week). Meta-regression showed little evidence of a greater reduction in alcohol consumption with longer intervention exposure. Extended intervention was associated with a non-significantly greater reduction in alcohol consumption compared to control groups (mean difference: -15, 95%CI: -39 to 8 grams/week, I<sup>2</sup> = 41%) but little difference compared to brief intervention groups (mean difference = 2, 95%CI: -42 to 45 grams/week).

### Conclusion

The literature has expanded steadily since 2007. Overall, brief interventions lowered alcohol consumption at one year following intervention – but effect sizes were relatively small. This may be, in part, due to lower levels of drinking in patients at enrolment in recent trials and increased control group content. Longer duration of counselling has little additional effect over shorter simpler forms of input. The final part of the talk will reflect on what these findings mean for clinical practice.

### Short bio

Eileen Kaner is a behavioural scientist and her research programme aims to improve health by promoting the use of evidence-based interventions to reduce lifestyle risk. A key strand of work is the development, evaluation and implementation of screening and brief alcohol interventions in a wide range of health and social care settings. Eileen Kaner is a founding member of Fuse – a UKCRC centre of excellence in translational public health research and a lead investigator in the NIHR School of Public Health Research and the NIHR School of Primary Care Research.

THURSDAY 22

Plenary 2

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11:15

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Alexandre Yersin  
auditorium

Introduction

Professor Sven Andreasson

Department of Public Health Sciences  
Karolinska Institutet  
Stockholm, Sweden

## The Nick Heather Lecture

### Brief Advice: Demonstration, reflection & discussion

**Presenter**

**Professor Stephen Rollnick**

Honorary Distinguished Professor  
Cochrane Institute of Primary Care & Public Health  
School of Medicine  
Cardiff University  
Cardiff, UK

**Summary**

Stephen Rollnick will honour the work of Nick Heather with this reflective lecture and demonstration, designed to answer questions like, "What does skillful advice-giving about drinking look like?", "Can this be replicated, studied and taught to practitioners?", "How close is this to motivational interviewing?"

A video of unskillful advice-giving will be used as a backdrop for a live, unrehearsed demonstration of advice-giving, as skillful as possible, with an actor, using a brief provided beforehand and revealed live to Rollnick by INEBRIA colleagues. After debriefing interviews, Dr. Rollnick will share the framework he used for conducting the consultation. Colleagues in the audience will be invited to share their assessment & reflections, and consider the implication for brief intervention theory, research and practice.

**Short bio**

Stephen Rollnick is Honorary Distinguished Professor in the Cochrane Institute of Primary Care and Public Health, School of Medicine, Cardiff University. He was a practicing psychologist in the UK National Health Service for 16 years, and then became a teacher and researcher in primary care on the subject of communication. He has written books on Motivational Interviewing and Health Behaviour Change and has a special interest in challenging consultations in hospital and primary care settings. He has published widely in scientific journals and has taught practitioners in many countries and continents.

Plenary 3

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12:15

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Alexandre Yersin  
auditorium

## Best abstract presentation

Two abstracts have been selected for plenary presentations:  
one best abstract and one runner-up.

The two awardees will present their abstract in a plenary session.

## Facilitated access to web-based tools for hazardous / harmful alcohol consumption and alcohol dependence. From evidence to future study directions

**Presenter**

**Hugo López-Pelayo**

Fundació Clínic per la Recerca Biomèdica  
Red de Trastornos Adictivos  
Grup de Recerca en Addiccions Clínic  
Barcelona, Spain

**Aim**

The workshop will be aimed at contextualizing what web based tools, and more concretely those with facilitated access component, bring to the reduction of the alcohol prevention and treatment gap, sharing the existing efficacy and effectiveness evidence and the results from the EFAR research studies undertaken to date (UK, Italy and Spain), specially the professionals' perception, training participants on the skills and practical issues related with its implementation and finally discussing future research directions having into account planned studies in UK and Sweden.

**Question(s) to be addressed**

- Are web based tools efficacious and effective in reducing alcohol consumption and alcohol problems?
- What does the EFAR studies show us?
- Are health professionals ready to facilitate access to alcohol web based tools?
- Where does research go in that area?

**Summary of the anticipated presentation**

The workshop will be interactive and organized in 4 10-min presentation and a final general discussion with participants. Individual presentations will be structured responding to key questions. First, Paul Wallace will present the evidence to date, second Antoni Gual will discuss the results of the different EFAR studies, third Hugo Lopez-Pelayo will present on practical issues and professionals' perceptions, fourth Sven Andreasson will discuss on future research questions and directions. The workshop will be closed promoting active interaction with the audience on the topics addressed.

**Conclusion**

Web-based technologies are here to stay but there is still to do to embed them in PHC consultation. Professionals' workload, targeted population (age, rural versus urban) and customization of website are main factors impacting facilitated access. Professionals' and population perception on alcohol problems must be taking into account, being stigma of "excessive drinking" a potential barrier. Future research must analyze the role of working alliance and the utility of digital technologies in the treatment of alcohol dependence.

## Combating the US prescription opiate epidemic: Applying principles of SBIRT to the prescribers of controlled drugs

**Presenter**

**Theodore Parran**

Case Western Reserve University  
School Of Medicine  
Internal Medicine  
Cleveland, USA

**Aim**

A novel application of SBIRT principals to the PRESCRIBERS of controlled drugs, using the new technologies of automated Prescription Monitoring Programs (PMPs) launched in each of the United States. Workshop format involving brief didactic presentations interspersed with large group brainstorming, small group problem solving exercises, and large group discussions. Theoretical/practical/ethical/and evaluation aspects will be addressed.

**Question(s) to be addressed**

- Can Substance Abuse Treatment Providers reverse the usual process of SBIRT, but apply the same principals to alter controlled drug prescribing to high risk patient populations?
- Can prescribers of controlled drugs be categorized similarly to substance using patients, i.e. low risk, risky, and harmful prescribing patterns?
- Can a system of screening for, and briefly intervening on clinicians who prescribe controlled drugs to substance abusing patients be implemented?

**Summary of the anticipated presentation**

The development of US Prescription Monitoring Programs has brought about the clinical expectation that Substance Abuse Treatment Programs (SATPs) will perform a PMP web-site search on all patients evaluated for problematic substance use. This new technology now provides SATPs for the first time with large amounts of information about their patient's sources of controlled drugs. What has not been common is a systematic approach to using this new data from PMP profiles. We propose a systematic SBIRT based approach involving: 1) SCREENING via PMP reports for the prescribers, 2) providing brief interventions to the prescribers via faxed notifications that are HIPPA compliant, 3) offering additional educational re: prudent prescribing with substance abusing patients, and 4) referring the rare prescriber with very high risk patterns to their licensing agency.

**Conclusions**

This workshop will explore through an interactive workshop format the application of SBIRT principals in a novel way to controlled drug prescriber behavior, facilitated by the integration of the newly developed technology of PMP programs.

## Using an implementation framework to plan and guide screening, brief intervention, and referral to treatment implementation in healthcare settings

**Presenter**

**Janice Pringle**  
University of Pittsburgh School of Pharmacy  
Pharmacy and Therapeutics  
Pittsburgh, USA

**Aim**

The goal of this workshop is to present a Systems Transformation Framework based upon complex adaptive systems theory that can be used to help individuals assess their organizations' capacity to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a way that will be effective and sustainable. Secondly, workshop attendees will learn how to use the Framework to assess any organization's capacity to successfully implement and use this information to effectively guide SBIRT implementation.

**Question(s) to be addressed**

- What is complex adaptive systems theory and why is it important to apply when implementing new practices within a healthcare system?
- What is the Systems Transformation Framework and how can it be used assess organizational health?  
What is organizational health and why is it important when implementing innovations like SBIRT?
- How can I use the Framework to assess my organization's health, and guide SBIRT implementation?
- What are some of the outcomes?

**Summary of the anticipated presentation**

An example of how the Framework was used to implement an emergency department (ED) SBIRT program that involved no additional funding or resources to the ED, resulted in over 26,000 patients being screened yearly, significantly reduced downstream healthcare costs (21%), and significantly reduced readmission rates will be presented. Examples of the program vision, organizational health assessments, performance measurement process, leadership development activities, quality improvement processes, and training used to support this program will be presented.

**Conclusions**

Workshop attendees will be able to critically identify how they can adopt some or all of the strategies based upon the Framework in their own work when implementing SBIRT now or in the future.

## Implementing and studying unhealthy alcohol and other substance use prevention and treatment in Emergency Departments

**Presenter**

**Ryan McCormack**  
New York University School of Medicine  
Emergency Medicine  
New York, USA

**Aim**

Despite the high prevalence of substance use among Emergency Department (ED) patients and the associated wide-ranging consequences, treatment is rarely initiated in the ED. Research to develop and practically implement effective interventions is even less common. As the regular source of care for many vulnerable individuals and the point of entry for opioid overdoses and critical events, the ED should have a central role in the prevention, care, and treatment of substance use-related morbidity and mortality. We will share our experience with implementing substance use interventions in the ED, which will include guidance on treatment initiation and discussion of critical components of practical and sustainable programs.

**Question(s) to be addressed**

- How do we translate efficacious interventions for substance use to models that are feasible, acceptable, and effective in the ED?
- What are practical means of initiating pharmacological and psychosocial treatment?
- Summary of the anticipated presentation: We will examine existing and emerging interventions and the state of practice pertaining to the care of ED patients who have substance use problems that span the spectrum of severity, including:
  - Brief intervention and psychosocial interventions
  - Opioid education and naloxone distribution
  - Pharmacological treatment initiation
  - Novel, multi-modal interventions for frequent users of the ED with severe dependence and co-occurring complex bio-psychosocial morbidity

**Summary of the anticipated presentation**

We will share our experience with programs that range from multidisciplinary quality improvement pilots to large government funded multi-center clinical trials. We will address barriers, personnel selection and training, screening and intervention fidelity, and the strategies to tailor intervention to patients' interests, needs, and illness severity.

**Conclusions**

To change ED culture and take advantage of these missed opportunities will require that we translate efficacious treatment approaches to interventions that are feasible, effective, and sustainable in the ED setting, as we've done with other chronic illnesses. Further, we advocate for the importance of initiating treatment in the ED in addition to providing referral.

## The role of digital approaches to alcohol screening and brief intervention

### Chair

#### Reid Hester

Checkup & Choices, LLC  
Research Division  
Albuquerque, USA

#### Paul Wallace

University College London  
Primary Care and Population Health  
London, UK

### Discussant

#### John A. Cunningham

Center for Addiction and Mental Health  
Toronto, Canada

### Description

To provide a forum for focused consideration of the role of digital approaches to SBI and to discuss the key areas for future research and development. The symposium will be introduced by the two chairs, Reid Hester and Paul Wallace, and will include a series of presentations on studies relating to the role of digital approaches to alcohol screening and brief intervention. The symposium will end with a panel discussion chaired by John Cunningham and a Q&A session for all present.

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### S1.1 The effects of extended internet based interventions designed to reduce alcohol problems – a systematic review

Presenter: **Magnus Johansson**  
Karolinska Institute  
Public Health Sciences  
Stockholm, Sweden

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### S1.2 Digital approaches in primary care: Early findings from the implementation of *www.checkupandchoices.com* web app

Presenter: **Reid Hester**  
Checkup & Choices, LLC  
Research Division  
Albuquerque, USA

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### S1.3 Digital approaches for people with alcohol problems

Presenter: **Maria Lucia Oliveira Souza Formigoni**  
Universidade Federal de Sao Paulo  
Escola Paulista de Medicina  
Sao Paulo, Brazil

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### S1.4 Guided and unguided internet-based cognitive behavioral therapy for problematic alcohol use

Presenter: **Anne Berman**  
Karolinska Institutet  
Clinical Neurosciences  
Stockholm, Sweden

## Information technology and SBI

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A1 Innovative support for the patient with alcohol dependence (SIDEAL): Pilot study of a mobile app for alcohol dependence

Presenter: **Pablo Barrio**  
Hospital Clínic  
Clinical Institute of Neuroscience  
*Barcelona, Spain*

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A2 Smartphone application for unhealthy alcohol use: A pilot study

Presenter: **Nicolas Bertholet**  
Lausanne University Hospital  
Alcohol Treatment Center  
*Lausanne, Switzerland*

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A3 Drowning in data: 7,500 responses to a text message intervention

Presenter: **Iain Crombie**  
University of Dundee  
Division of Population Health Sciences  
*Dundee, UK*

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A4 Development of a web-based deviance regulation intervention to increase protective behavioral strategies during spring break

Presenter: **Robert Dvorak**  
University of Central Florida  
Department of Psychology  
*Orlando, USA*

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A5 Making electronic interventions engaging: Development of a smartphone app targeting harmful drinking in young adults

Presenter: **Joanna Milward**  
Institute of Psychiatry  
Addictions Department  
*London, UK*

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A6 Alcohol use problem severity moderates the efficacy of in-person versus computer-based brief alcohol intervention at general hospitals

Presenter: **Sophie Baumann**  
University Medicine Greifswald  
Institute of Social Medicine and Prevention  
*Greifswald, Germany*  
German Centre for Cardiovascular Research  
Site Greifswald  
*Greifswald, Germany*

## Adolescents and young adults

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A7 Efficacy of a web - and text messaging-based intervention to reduce problem drinking in adolescents

Presenter: **Severin Haug**  
University of Zurich  
Swiss Research Institute for Public Health and Addiction  
Zurich, Switzerland

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A8 Adolescent SBIRT in pediatric primary care: Patient outcomes from a randomized trial in an integrated healthcare system

Presenter: **Stacy Sterling**  
Kaiser Permanente Northern California  
Division of Research  
Oakland, USA

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A9 Reliability and validity of past-12-month use frequency items as opening questions for the CRAFFT adolescent substance abuse screening system

Presenter: **Sion Harris**  
Harvard Medical School  
Pediatrics  
Boston, USA

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A10 A systematic review of alcohol screening and assessment measures for young people

Presenter: **Paul Toner**  
University of York  
Department of Health Sciences  
York, UK

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A11 Motivational interviewing for alcohol and other drug use prevention among young adults in the Ukraine: An international randomized control trial

Presenter: **Svitlana Polshkova**  
Ukrainian Scientific Research Institute of Social and Forensic Psychiatry and Drug Abuse  
Psychosomatic Medicine and Psychotherapy  
Kiev, Ukraine

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A12 Application of system dynamics to inform a model of adolescent SBIRT implementation in primary care settings

Presenter: **Shannon Mitchell**  
Friends Research Institute  
Baltimore, USA



## SBI in diverse settings

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A13 Service evaluation of alcohol identification and brief advice (IBA) direct to the public in a novel setting

Presenter: **Rod Watson**  
Health Innovation Network  
London, UK

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A14 Scoping review to develop a community pharmacy-based screening and brief intervention for unhealthy alcohol use in the UK

Presenter: **Noreen Mdege**  
University of York  
Health Sciences  
York, UK

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A15 Documented brief intervention not associated with resolution of unhealthy alcohol use at follow-up screening among VA Patients with HIV

Presenter: **Emily Williams**  
Department of Veterans Affairs and University of Washington  
Health Services Research & Development  
Seattle, USA

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A16 Screening, brief intervention and referral (SBIR) for distress, alcohol and tobacco in an oncology surgical unit: Qualitative analysis of implementation process and acceptability for patients over one year

Presenter: **Marion Barrault-Couchouron**  
Regional Cancer Center Institut Bergonié  
Humanities and Social Sciences Group  
Bordeaux, France

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A17 Approaches to alcohol screening and brief interventions in antenatal care: The conversation matters

Presenter: **Niamh Fitzgerald**  
University of Stirling  
Institute for Social Marketing, School of Health Sciences  
UK Centre for Tobacco and Alcohol Studies  
Stirling, UK

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A18 What do we know about alcohol use disorders and alcohol brief interventions (ABIs) in the criminal justice system?

Presenter: **Dorothy Newbury-Birch**  
Teesside University  
Health & Social Care Institute  
Middlesbrough, UK

## Harm reduction and specific patient populations

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A19 Qualitative evaluation of a brief harm-reduction intervention among socially marginalized substance users attending a drop-in center

Presenter: **Sophie Paroz**  
Lausanne University Hospital  
Alcohol Treatment Center  
*Lausanne, Switzerland*

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A20 Socially marginalized substance users attending a drop-in center allowing alcohol consumption and receiving a harm-reduction brief intervention onsite: Six-month substance use outcomes

Presenter: **Véronique Grazioli**  
Lausanne University Hospital  
Alcohol Treatment Center  
*Lausanne, Switzerland*

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A21 Access to harm-reduction interventions tailored to socially marginalized individuals with a history of substance use in a drop-in center

Presenter: **Caroline Graap**  
Lausanne University Hospital  
Alcohol Treatment Center  
*Lausanne, Switzerland*

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A22 Reducing alcohol consumption in obese men: A priority for action

Presenter: **Iain Crombie**  
University of Dundee  
Population Health Sciences  
*Dundee, UK*

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A23 Telling a story to change behavior: Evaluation of a narrative based intervention

Presenter: **Linda Irvine**  
University of Dundee  
Population Health Sciences  
*Dundee, UK*

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A24 Preliminary test of a brief intervention in promoting treatment initiation in middle-aged and older adults with markedly elevated AUDIT scores

Presenter: **Kenneth Conner**  
University of Rochester Medical Center  
Emergency Medicine  
*Rochester, USA*

FRIDAY 23

Plenary 1

09:00

Alexandre Yersin  
auditorium

## Electronic brief interventions for hazardous alcohol consumption

### Introduction

**Nicolas Bertholet**

Privat Docent, Senior lecturer  
Alcohol Treatment Center

Lausanne University Hospital  
Lausanne, Switzerland

### Presenter

**Professor John Cunningham**

Center for Addiction and Mental Health  
Toronto, Canada

### Summary

From their initial development nearly twenty years ago, electronic brief interventions (EBIs) have transformed from a novel curiosity into a main-stream component of the online and smartphone environment. The presenter's own research in this area will be summarized and used as means to discuss the limitations of the current evidence base, common challenges for conducting research in this area, and to outline potential future directions for exploration. The talk will aim to promote the discussion of opportunities to integrate EBIs within the larger health care system.

### Short bio

Professor John Cunningham works in the intersection between clinical and population health. His research is driven by the question, "how do people change from addictive behaviors?" To answer this question, John has combined population research methods with clinical and other research traditions. The findings from these studies have been translated into a series of brief interventions for people with hazardous alcohol use, or other addictions concerns, that can be applied in treatment or community settings.

Plenary 2

10:00

Alexandre Yersin  
auditorium

## Innovations in ED intervention for substance use disorders: Saving lives

### Introduction

**Professor Bertrand Yersin**

Head of the Emergency Department  
Lausanne University Hospital  
Lausanne, Switzerland

### Presenter

**Professor Gail D'Onofrio**

Chair of the Department of Emergency Medicine at Yale University  
and Physician-in Chief of the Emergency Department  
at Yale-New Haven Hospital  
New Haven, USA

### Summary

This session will focus on the ED setting as an opportunity for closing the gap between treatment need and services for patients with substance use and substance use disorders. Evidenced-based ED interventions for alcohol use and tobacco and opioid use disorders will be highlighted. Screening, ED-initiated treatment and referral for ongoing medical management represents a new paradigm that is consistent with current ED-initiated treatments for other chronic diseases such as hypertension and hyperglycemia. Methodological challenges and limitations of previous published negative intervention trials in ambulatory settings will be reviewed. Future directions for research will be discussed, emphasizing the need to focus on specific substances and patient phenotypes as opposed to a one strategy fits all approach.

### Short bio

Gail D'Onofrio, MD, MS is Professor and Chair of the Department of Emergency Medicine at Yale University and Physician-in Chief of the Emergency Department at Yale-New Haven Hospital. She has extensive experience as a leader, researcher, mentor and educator. She is internationally known for her work in alcohol and drug research and mentoring physician scientists in developing independent research careers. For the past 25 years she has developed and tested empirically interventions for alcohol and other drug abuse and dependence. She has served as PI on two RO1s from NIAAA and one from NIDA, all clinical trials for problem drinkers and/or opioid dependent ED patients, known as Project ED Health. Additionally, Dr. D'Onofrio was the PI and primary mentor on a large SAMHSA (UO1) training grant for screening, brief intervention and referral to treatment that involves junior investigators in all ambulatory specialties: Medicine, Primary Care, Pediatrics, OB/GYN, Psychiatry and Emergency Medicine, as well as training residents in these specialties at Yale New Haven Hospital. These programs have been integrate and are sustainable in all specialties. She was awarded a second SAMHSA UO1 to train medical professional students in SBIRT this year, which includes, medical, nursing, social work and psychology students. In addition to her own research portfolio, Dr. D'Onofrio has a

## Best poster award

The author of INEBRIA 2016 best poster will be awarded.

long track record of mentoring junior and senior faculty members inside and outside of Yale on several K awards and other federally funded grants. She currently serves as a formal NIH mentor (K awards) to EM physicians at the University of North Carolina and New York University. At Yale she is the PI of a NIDA K12 with Dr. Patrick O'Connor in Medicine establishing the Yale Drug Abuse, Addiction and HIV Research Scholars (Yale-DAHRS) program, a three-year post-doctoral, interdisciplinary, Mentored Career Development Program with focused training in prevention and treatment of drug abuse, addiction, and HIV in general medical settings. She has scholars in the disciplines of Medicine, Emergency Medicine, Pediatrics and Obstetrics and Gynecology. She is a founding Board member of the Board of Addiction Medicine which she as help to obtain formal ABMS recognition expected this coming academic year. Dr. D'Onofrio was also a senior investigator on an NHLBI funded grant studying sex differences in young patients with acute myocardial infarction. Through her leadership as the founding chair of Emergency Medicine, the department has grown substantially with experts in all areas, and become international known for its scholarship, education and clinical practice.

## Embedding quality into screening and brief intervention (SBI) services

### Presenter

Rod Watson

Health Innovation Network  
London, UK

### Aim

To explore factors related to the quality of commissioned SBI and discuss how these can be embedded into service design and system delivery.

### Question(s) to be addressed

- How can commissioners and providers of SBI services ensure a continuous high quality service?
- In which SBI delivery settings can the quality factors be adopted?
- What are some examples of quality indicators to assure and improve commissioning and delivery of SBI?
- What are some examples of measures that can be used to monitor quality indicators?

### Summary of the anticipated presentation

Facilitators will present information on issues related to the quality planning, quality control and quality improvement of SBI. An approach to embedding this trio of quality factors will be discussed in relation to SBI delivery across a variety of settings.

Throughout the commissioning, delivery and evaluation of SBI services, there are many interactions between providers and

- funders
- clients
- the tools used for screening
- data reporting mechanisms

These interfaces affect how the SBI pathway is enacted and the outcomes that are achieved. A simple framework on the connections between these components of the SBI process will be presented. This will be followed by teaching on core principles of a human factors approach and group discussion to explore how quality factors and measures can be integrated to change the effectiveness of SBI.

Small group exercises will be used to encourage sharing of knowledge and experiences among participants about how indicators and measures could be further incorporated into SBI services.

### Conclusions

The approach and learning is anticipated to have resonance in most settings within which SBI is commissioned and delivered. A link to an online resource containing a chapter on the workshop material, including examples of indicators and measures of SBI quality, will be provided to all participants upon completion of the workshop.

## A complex model combining alcohol screening and brief counseling intervention and peer support for trauma survivors

**Presenter**

**Elizabeth White**  
Wake Forest Baptist Health  
Surgery-Trauma  
Winston-Salem, USA

**Aim**

The aim of this presentation is to introduce outcomes associated with an innovative model combining alcohol screening and brief counseling intervention (ASBCI) with a U.S.-based model of peer support with survivors of acute physical trauma - Trauma Survivors Network (TSN).

**Question(s) to be addressed**

This presentation will address questions surrounding the peer programs included in the TSN support model, what is included in an ASBCI, and how this combined model is being implemented at a U.S. Level I Hospital Trauma Center.

**Summary of the anticipated presentation**

This presentation will describe how the Trauma Survivors Network (TSN), part of the American Trauma Society (ATS), is a U.S. nation-wide community of survivors (patients and families) of serious physical injury. Based in over 50 trauma centers across the U.S., TSN coordinators provide both inpatient and outpatient support programs for this community. The strength of these programs is in rapport building and providing connection with other survivors. The presentation will also explain outcomes when this population of trauma survivors has also received ASBCI for alcohol-related injuries.

Participants will describe the benefits of combining TSN with ASBCI, implications, and current outcomes of these interventions. They will also be able to cite benefits and challenges of this combination model. Powerpoint, handouts, live demonstration, and small group discussion will be used to achieve these objectives.

**Conclusions**

The benefit of the patient-provider relationship in the hospital and after hospital discharge allows a TSN coordinator and ASBCI counseling team a number of opportunities to begin and continue to provide ASBCI through different stages of physical and psychological recovery.

Preliminary outcome data at a U.S. Level 1 Hospital Trauma Center that provides both TSN support and ASBCI services suggest that providing one or both services for patients that screen appropriate for ASBCI reduces the recidivism of hospital and emergency department admissions.

## Defining brief interventions

**Aim**

This workshop is designed to examine whether we need a new approach to defining brief interventions for alcohol and drugs. Existing definitions tend to place limits on time, content or number of sessions, and perhaps unwittingly convey that brief interventions are a particular type of intervention, notwithstanding longstanding recognition by key thinkers of their heterogeneity.

**Question(s) to be addressed**

A different approach might be taken that is more readily conducive to the identification of important content distinctions. This could be particularly useful as awareness of the limitations of the effectiveness of simple advice grows, and also as the internet allows extensive intervention exposure. It is proposed that we should discuss redefining "brief intervention" as a new guiding principle that interventions should be as brief as is necessary to help someone avoid or reduce problems, rather than being defined by content, time, or number of sessions. This is arguably congruent with the development of research to address the full spectrum of unhealthy drinking or other drug use, including the targeting of dependence and the use of pharmacological as well as psychosocial content.

**Summary of the anticipated presentation**

The workshop will be highly interactive and attractive to both early career and more experienced researchers. All participants are requested to come to the workshop having thought about this issue and to bring questions or material that they would like to see discussed. This is not a workshop for simply listening to others talk and all will be encouraged to be active in small and whole group discussions.

**Conclusions**

A concluding discussion will consider whether and how to take forward the issues raised in this session in INEBRIA.

## Standardizing outcomes of brief interventions: The INEBRIA research measures standardization group

### Introduction

**Nick Heather**  
Emeritus Professor of  
Alcohol & Other Drug Studies  
Department of Psychology  
Northumbria University  
Newcastle upon Tyne, UK

### Chair

**Jeremy Bray**  
The University of North Carolina  
at Greensboro  
Economics  
Greensboro, USA

### Description

Following the 2014 INEBRIA conference in Warsaw, the INEBRIA Coordinating Committee approved the formation of a special interest group to standardize the measurement and reporting of outcomes in brief intervention research.

This group, called the INEBRIA Research Measures Standardization Group (IRMSG), will use the methodology established by the Core Outcome Measures in Effectiveness Trials (COMET) Initiative to develop a core outcome set for brief intervention research. To facilitate this work, the IRMSG is seeking funding from Alcohol Research UK. This symposium will update INEBRIA members on the progress of the IRMSG and solicit their input on key issues regarding the standardization of outcome measures in brief intervention research.

The first presentation will provide an introduction to the IRMSG history, structure, and objectives, and inform INEBRIA members on how they can contribute to the IRMSG.

The second presentation will provide an overview of the methodology the IRMSG proposes to use to develop a core outcome set. The remaining three presentations will describe measures and reporting for three specific outcome domains: alcohol outcomes; non-alcohol outcomes such as health and social functioning; and economic outcomes.

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### S2.1 Measuring change in alcohol brief intervention trials: How are consensus core outcome sets developed?

Presenter: **Gillian Shorter**  
Trinity College Dublin  
The University of Dublin  
Trinity Centre for Practice and Healthcare Innovation  
Dublin, UK

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### S2.2 Using the AUDIT, AUDIT-C and TLFB as outcome measures in intervention trials: A discussion of current challenges and benefits

Presenter: **Anne Berman**  
Karolinska Institutet  
Clinical Neurosciences  
Stockholm, Sweden

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### S2.3 Non-alcohol outcomes: What are the most relevant in the context of alcohol brief intervention trials?

Presenter: **Aisha Holloway**  
The University of Edinburgh  
School of Health in Social Science  
Edinburgh, UK

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### S2.4 Measuring economic outcomes in alcohol screening and brief intervention studies

Presenter: **Jeremy Bray**  
The University of North Carolina at Greensboro  
Economics  
Greensboro, USA

## Brief (and extended) interventions among HIV+ patients in the US

### Chair

#### Emily Williams

VA Puget Sound Health Care System and  
University of Washington Health Services  
Research and Development (HSR&D) at VA  
Department of Health Services at UW  
Seattle, USA

### Discussants

#### Richard Saitz

Boston University Schools of Medicine  
and Public Health  
Boston, USA

#### Matthias Cavassini

Infectious Diseases  
Lausanne University Hospital  
Lausanne, Switzerland

### Description

Unhealthy alcohol use is common among and particularly risky for patients with HIV due to its associations with reduced engagement across the HIV treatment cascade as well as its potential to further complicate common comorbid conditions. Although clinical guidelines recommend provision of brief intervention for patients with unhealthy alcohol use, as well as referral to specialty addictions treatment for those with alcohol use disorders, the extent to which patients with HIV receive this care relative to HIV-patients is unknown. Moreover, while brief intervention is efficacious for reducing drinking among primary care patients with unhealthy alcohol use identified by population-based screening, brief interventions tested among patients with HIV have largely not been associated with sustained decreases in drinking.

Due to multiple overlapping vulnerabilities, patients with HIV are a particularly complex patient population with whom to intervene. The proposed symposium includes four studies of HIV+ patients in the U.S. The first two describe and compare receipt of brief intervention and engagement in specialty addictions treatment across HIV status in the U.S. Veterans Health Administration (VA)—the largest provider of HIV care in the U.S. and the only large health care system to date to have implemented screening and brief intervention. The second two studies describe population characteristics, including HIV RNA levels, psychiatric symptoms and other substance use (e.g., tobacco and cannabis) and their relationship to drinking, of HIV+ patients enrolled in two randomized clinical trials evaluating innovative interventions, which include brief interventions.

Together these four studies indicate that improvement in the provision of recommended, evidence-based alcohol-related care for patients with HIV, who are particularly vulnerable to the adverse effects of alcohol use, is needed. Further, these studies indicate that this population is complex and may require intensive multi-faceted interventions.

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### S3.1 Among VA patients with unhealthy alcohol use, those with HIV are less likely than those without to receive brief intervention

Presenter: **Emily Williams**

VA Puget Sound Health Care System and University of Washington  
Health Services Research and Development (HSR&D) at VA  
and Department of Health Services at UW  
Seattle, USA

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### S3.2 Initiation, engagement, and retention in substance use disorder treatment in HIV infected and uninfected patients

Presenter: **Kevin L. Kraemer**

University of Pittsburgh, Medicine  
Pittsburgh, USA

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### S3.3 Alcohol use among HIV-positive patients in primary care: Psychiatric symptoms and other substance use associated with hazardous drinking

Presenter: **Derek D. Satre**

University of California  
San Francisco, USA

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### S3.4 Integrated stepped care for unhealthy alcohol use in HIV clinics

Presenter: **E. Jennifer Edelman**

Yale University of Medicine  
Internal Medicine  
New Haven, USA



## Brief interventions for adolescents in the emergency department – Recent findings and future perspectives

### Chair

**Peter M. Monti**  
Brown University  
Center for Alcohol and Addition Studies  
Providence, USA

### Description

Underage drinking is associated with a number of acute and long term health and developmental risks and early interventions for at-risk youth are often called for. The emergency department (ED) is a setting where at-risk alcohol consuming adolescents can be reached with a brief intervention (BI). However, recent reviews have yielded an inconclusive evidence base for this approach (Newton et al., 2013; Yuma-Guerrero et al., 2012; Diestelkamp et al., 2016). The goal of this symposium is to gather recent findings in this field of research and to discuss their implications for a possible improvement of BIs for this specific target population.

Findings from a study on underage drinking and health-related consequences in a sample of 5500 adolescent ED patients will provide new data on the prevalence of alcohol use and harmful consequences in this target population. Furthermore, moderation analyses of two randomized-controlled trials testing BI effectiveness for adolescent ED patients treated for an alcohol-related event and for acute alcohol intoxication, respectively, will be presented with the aim to identify factors which influence BI effectiveness in this setting. Finally, a review of mechanisms of action in BIs for adolescent ED patients will provide further data toward improving brief alcohol interventions for adolescent ED patients.

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### S4.1 Screening for alcohol consumption. Findings from the SIPS jr programme on early onset drinking and health-related consequences in adolescents

Presenter: **Paolo Deluca**  
Kings College  
Institute of Psychiatry, Psychology & Neuroscience  
Addictions  
London, UK

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### S4.2 Moderators of brief motivation – Enhancing treatments for alcohol – positive adolescents presenting to the ED

Presenter: **Lynn Hernandez**  
Brown University  
Center for Alcohol and Addition Studies  
Providence, USA

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### S4.3 Moderators of effectiveness in a brief motivational intervention for alcohol intoxicated adolescent ED patients

Presenter: **Silke Diestelkamp**  
University Clinic Hamburg Eppendorf  
German Center for Addiction Research in Childhood and Adolescence  
Hamburg, Germany

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### S4.4 A review of active ingredients and a qualitative design to develop a brief alcohol intervention for young adults intoxicated in the ED

Presenter: **Jacques Gaume**  
Lausanne University Hospital  
Alcohol Treatment Center  
Lausanne, Switzerland

## SBI and emergency departments – Attitudes towards substance use related problems and SBI

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A25 Alcohol interventions: A randomized study examining two brief counseling interventions

Presenter: **Laura Veach**  
Wake Forest School of Medicine  
General Surgery  
Winston-Salem, USA

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A26 Integrating opioid overdose prevention in the emergency department

Presenter: **Ryan McCormack**  
Bellevue Hospital & NYU School of Medicine  
Emergency Medicine  
New York, USA

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A27 Pilot unit for patients admitted with alcohol intoxication in a tertiary hospital:  
An opportunity to deliver brief intervention

Presenter: **Marianthi Deligianni**  
Lausanne University Hospital  
Alcohol Treatment Center  
Lausanne, Switzerland

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A28 Social workers' and their clients' attitudes toward alcohol-related problems

Presenter: **Elina Renko**  
University of Helsinki  
Department of Social Sciences  
Helsinki, Finland

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A29 PHC professionals' knowledge and attitudes towards EIBI on drugs. Results from a survey in Catalonia

Presenter: **Lidia Segura**  
Program of Substance Abuse  
Public Health Agency of Catalonia  
Barcelona, Spain

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A30 Do brief alcohol interventions improve self-reported health and mental well-being among general hospital inpatients? 2-year results from the randomized controlled trial PECO

Presenter: **Jennis Freyer-Adam**  
University Medicine Greifswald  
Institute of Social Medicine and Prevention  
Greifswald, Germany

## Primary care

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A31 Treatment of alcohol dependence: a randomised controlled trial comparing treatment in primary care with specialized addiction treatment

Presenter: **Sara Wallhed Finn**  
Karolinska Institutet  
Public Health Sciences  
Stockholm, Sweden

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A32 The role of primary care screening in ongoing care management of alcohol and drug problems

Presenter: **Constance Weisner**  
University of California  
San Francisco, USA

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A33 What predicts treatment entry in proactively recruited individuals with DSM-5 Alcohol Use Disorder?

Presenter: **Gallus Bischof**  
University of Luebeck  
Psychiatry  
Luebeck, Germany

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A34 ASSIST feasibility study in primary health care in Catalonia

Presenter: **Joan Colom Farran**  
Program of Substance Abuse  
Public Health Agency of Catalonia  
Health Department, Government of Catalonia  
Barcelona, Spain

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A35 Does documented brief intervention predict decreases in drinking among patients with risky drinking in routine primary care?

Presenter: **Kimberly Hepner**  
RAND Corporation  
Santa Monica, USA

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A36 Validation of the tobacco, alcohol, prescription medication, and other substance use (TAPS) tool for identification of problem use and substance use disorders in U.S. primary care patients

Presenter: **Jennifer McNeely**  
NYU School of Medicine  
Population Health  
New York, USA

## Varia: Processes, economics, education

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A37 Transitions to and from at-risk alcohol use  
in adults in the United States

Presenter: **Richard Saitz**  
Boston University  
Schools of Public Health and Medicine  
*Boston, USA*

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A38 Screening for alcohol use disorder:  
The problem of subthreshold problem drinkers in DSM-5

Presenter: **Stéphanie Baggio**  
University of Lausanne  
*Lausanne, Switzerland*

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A39 Motivation-based and skill-based: A framework for  
characterizing common factor processes in brief  
interventions for behavior change

Presenter: **Molly Magill**  
Brown University  
Center for Alcohol and Addiction Studies  
*Providence, USA*

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A40 An economic and health assessment of a brief  
intervention for adolescents with problematic  
substance use: 10 year outcomes

Presenter: **Robert Tait**  
Curtin University  
National Drug Research Institute  
*Perth, Australia*

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A41 Integrating substance use-related screening,  
brief intervention and referral to treatment  
in prelicensure nursing curricula

Presenter: **Deborah Finnell**  
Johns Hopkins University  
School of Nursing  
*Baltimore, USA*

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A42 Reported training in alcohol brief intervention trials:  
A systematic narrative synthesis

Presenter: **Niamh Fitzgerald**  
University of Stirling  
Institute for Social Marketing, School of Health Sciences  
UK Centre for Tobacco and Alcohol Studies  
*Stirling, UK*

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01 Development, implementation and evaluation of a training intervention for primary care providers on brief behaviour change counselling, and assessment of the provider's competency in delivering this counselling intervention

Presenter: **Malan Zelra**  
Stellenbosch University  
Division of Family Medicine and Primary Care  
Stellenbosch, South Africa

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02 The interactive effects of personality traits and peer influence on alcohol use: Which young men might benefit most from interventions targeting peer-influence?

Presenter: **Véronique Grazioli**  
Lausanne University Hospital  
Alcohol Treatment Center  
Lausanne, Switzerland

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03 Perceptions and attitudes to prenatal alcohol consumption and their influence on screening and brief interventions

Presenter: **Lawrence Doi**  
University of Edinburgh  
Centre for Population Health Sciences  
Edinburgh, UK

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04 SBIRT as a vital sign for behavioral health identification, diagnosis, and referral in community health care

Presenter: **Ronald Dwinnells**  
Ohio North East Health Systems, Inc.  
Youngstown, USA

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05 Barriers to alcohol treatment in medical intensive care unit survivors with alcohol misuse: A qualitative study

Presenter: **Brendan J. Clark**  
University of Colorado  
Division of Pulmonary Sciences and Critical Care Medicine  
Aurora, USA

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06 Efficacy of group SBI for alcohol use disorders versus individual SBI

Presenter: **Vanessa Luna**  
National University Of Mexico  
School of Psychology  
Mexico City, Mexico

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07 Typology of accidents and episodes of violence related to the alcohol consumption: Emergency department of the Central Hospital of Sao Tome and Principe

Presenter: **Teresa Barroso**  
Nursing School Coimbra  
Mental Health  
Coimbra, Portugal

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08 Substance use interventions in inpatient psychiatric settings: An opportunity missed?

Presenter: **Duncan Stewart**  
University of York  
Health Sciences  
York, UK

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- 09 Primary care-based facilitated access to a web based brief intervention to reduce alcohol consumption (EFAR – Spain): First data of the recruitment and the follow-up

Presenter: **Hugo López-Pelayo**  
Fundació Clínic per la Recerca Biomèdica  
Hospital Clínic de Barcelona  
Red de Trastornos Adictivos  
Grup de Recerca en Adiccions Clínic  
*Barcelona, Spain*

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- 10 Brief intervention for alcohol, tobacco and other drugs among users of primary care

Presenter: **Angela Maria Mendes Abreu**  
Universidade federal do Rio de Janeiro  
Departamento de Saúde Pública  
*Rio de Janeiro, Brazil*

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- 11 Alcohol and drug risk patterns of patients screened by advanced practice registered nursing (APRN) students

Presenter : **J. Paul Seale**  
Mercer University School of Medicine  
Family Medicine  
*Macon, USA*

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- 12 Effects of alcohol screening and brief intervention on drug users in treatment: Pre experimental study

Presenter: **Teresa Barroso**  
Nursing School Coimbra  
Mental Health  
*Coimbra, Portugal*

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- 13 Problematic and pathological Internet use - Development of a short screening questionnaire

Presenter: **Anja Bischof**  
University of Luebeck  
Department of Psychiatry and Psychotherapy  
*Luebeck, Germany*

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- 14 Establishing a standard joint unit

Presenter: **Cristina Casajuana**  
Hospital Clínic of Barcelona  
Addiction Unit  
*Barcelona, Spain*

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- 15 Primary care intervention to reduce recurrence of binge drinking in young people admitted to the emergency department for acute alcohol intoxication (FM-IB): A pilot study

Presenter: **Dagmar M. Haller**  
University of Geneva and Geneva University Hospitals  
Primary Care Unit, Faculty of Medicine & Adolescent and Young Adult Program, DEA & DMCPURU  
*Geneva, Switzerland*

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- 16 Acceptability of a SBI approach to reduce alcohol/drug use and risky sex during pregnancy

Presenter: **Golfo Tzilos**  
University of Michigan  
Family Medicine  
*Ann Arbor, USA*

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- 17 Alcohol and hypertension in primary health care

Presenter: **Pol Bruguera**  
Hospital Clínic de Barcelona  
Psychiatry  
*Barcelona, Spain*

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- 18 Developing an alcohol brief intervention (ABI) for male remand prisoners in the United Kingdom (PRISM-A): A case study of access, feasibility, ethics and recruitment

Presenter: **Aisha Holloway**  
The University of Edinburgh  
School of Health in Social Science  
*Edinburgh, UK*

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- 19 A multi-centre individual-randomized controlled trial of ASBI to prevent risky drinking in young people aged 14-15 in a high school setting (SIPS JR-HIGH)

Presenter: **Dorothy Newbury-Birch**  
Teesside University  
Health & Social Care Institute  
Middlesbrough, UK

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- 20 Brief interventions and health inequalities: Socioeconomic variations in delivery of brief interventions for smoking and excessive alcohol consumption in primary care in England

Presenter: **Colin Angus**  
University of Sheffield  
School of Health and Related Research  
Sheffield, UK

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- 21 Could the computer-assisted brief intervention be an alternative to face-to-face approach?

Presenter: **Hana Sovinova**  
National Institute of Public Health  
Coordination, Monitoring and Research on Alcohol and Tobacco  
Prague, Czech Republic

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- 22 The complexity of innovative alcohol screening and brief interventions with violently injured trauma patients

Presenter: **Leigh Dongre**  
Wake Forest School of Medicine  
General Surgery  
Winston-Salem, USA

- 
- 23 Developing and testing a brief intervention to reduce suicide risk

Presenter: **Mark Ilgen**  
University of Michigan  
Psychiatry  
Ann Arbor, USA

- 
- 24 Brief intervention in reducing the risk of consumer pattern and harmful alcohol use among employees/workers of a university

Presenter: **Riany Brites**  
Federal University of Rio de Janeiro  
Rio de Janeiro, Brazil

- 
- 25 Alcohol and tobacco internet interventions for cancer survivors

Presenter: **Matthijs Blankers**  
University of Amsterdam  
Academic Medical Centre  
Trimbos, Netherlands Institute of Mental Health and Addiction  
Arkin Mental Healthcare  
Amsterdam, The Netherlands

- 
- 26 Validation of an internet-based AUDIT-C in adults seeking help with their drinking online

Presenter: **Zarnie Khadjesari**  
University College London  
Department of Primary Care and Population Health  
London, UK

- 
- 27 Use of financial incentives to implement alcohol consumption recording in primary health care among adults with schizophrenia and other psychoses: A cross-sectional and retrospective cohort study

Presenter: **Zarnie Khadjesari**  
University College London  
Department of Primary Care and Population Health  
London, UK

## Social Event

### Guided visit of the Cathedral

The “Cathédrale Notre Dame” is a beautiful example of early Gothic architecture (12th – 13th century). Built on the hill of the city, it offers a nice view over the town and Lake Léman.

The interior holds the attention by its simple, clean lines, the harmonious proportions and the serenity that prevails. The visitor will find there one of the most important examples of polychromy. Some medieval paintwork is still visible in the Chapel of the Virgin, and also on the statues in the Painted Portal (Apostles Dorway, south portal). In the south transept is the beautiful rose window with 105 panels of 13th-century stained glass, exceptional for its polychromy and formal complexity.

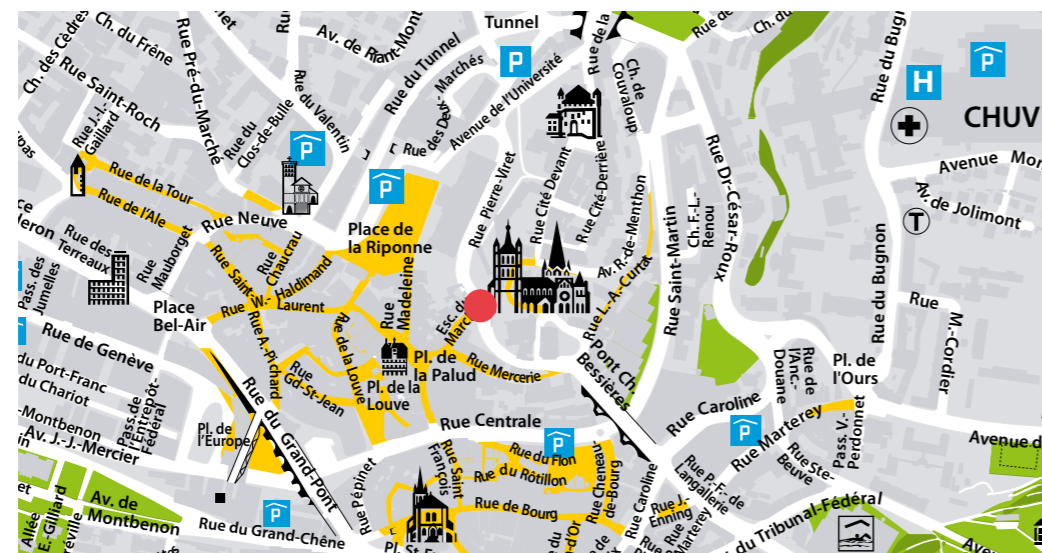
The new organs installed in 2003 are the only ones of their kind in the world, as much for their construction as for their musical characteristics (classical and French symphonic, baroque and romantic German), and by their dimensions (nearly 7,000 pipes, a weight of 40 tonnes, and 150,000 hours of work to create them).

Every night, from 10pm until 2am, a watchman calls out the hours from the 72-meter-high central tower, as one has been doing each night for more than six centuries.

#### Visit in English

**Meeting point: 18:20 in front of the cathedral's main entrance**

**The visit is free of charge, but registration is compulsory.**



## Gala Dinner

#### How to get there:

Take the **metro m2** and get off at “Riponne – Maurice Bégart”.

#### Arriving from the north (i.e. CHUV)

Walk out of the station, carry on a few meters and you will see the restaurant on your left.

#### Arriving from the south (i.e. Ouchy)

Take the exit “Rue de la Madeleine”, walk down the street a few meters and take the first small street on your right.

Here you are!

For those participating in the guided visit of the Cathedral, it will be a five-minute (accompanied) walk.



## Next Conference

2017 International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA) conference – Screening and brief intervention at the intersection of research, policy and practice:  
Advancing knowledge and meeting new challenges

**New York City**  
**September 14-15, 2017**

[www.med.nyu.edu/cme/Inebria](http://www.med.nyu.edu/cme/Inebria)

Hosted by New York University School of Medicine  
Department of Population Health

Contact for more information: [INEBRIA2017@nyumc.org](mailto:INEBRIA2017@nyumc.org)

## Declared funding and conflicts of interest

Authors were asked to report conflict of interests and funding received to conduct research projects. Reported funding and conflict of interest are listed below for each workshop/symposium/abstract/poster

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### W1. Hugo López-Pelayo

Instituto de Salud Carlos III y FEDER

Hugo López-Pelayo has received travel funds from Lundbeck, Janssen, Otsuka and Pfizer  
Antoni Gual has received honoraria, research grants and travel grants from Lundbeck  
Janssen, Pfizer, Lilly, Abbvie D&A Pharma, and Servier.

Sven Andreasson has received research grants from Systembolaget's (the Swedish state alcohol retail monopoly) Research Council for Alcohol Research.

Paul Wallace is Chief Medical Advisor for Drinkaware, a UK independent charity which benefits from funds donated by the alcohol industry ([www.drinkaware.co.uk](http://www.drinkaware.co.uk)). I have received no financial awards from an organization that represents an interest which may in any way be affected financially from the kinds of research described.

I have not been paid to serve as an expert witness on the subject of the presentation.

Piero Struzzo has intellectual property of the EFAR-Italy.

Sven Andreasson has served as a member of the board of Systembolaget 2007-2014.

---

### W3. Janice Pringle

Substance Abuse and Mental Health Services Administration grant number 5U79T1020263.  
Jewish Healthcare Foundation.  
Staunton Farm Foundation.

---

### W4. Ryan McCormack

National Institute on Alcohol Abuse and Alcoholism.

National Institute on Drug Abuse.  
Alkermes, Inc – I have an investigator initiative trial contract in which they provided medication for a study at no cost.

No funding is received.

---

### S1. Paul Wallace

I am the Chief Medical Advisor for Drinkaware, the UK independent charity which benefits from funds donated by the alcohol industry ([www.drinkaware.co.uk](http://www.drinkaware.co.uk)).

I have received no financial awards from an organization that represents an interest which may in any way be affected financially from the kinds of research described.

I hold no stocks or shares in an organization that may in any way be affected financially from the kinds of research described or the topic of the presentations.

I have not been paid to serve as an expert witness on the subject of the presentation.

---

### S1.2. Reid Hester

Internal funding.

Reid Hester is a co-founder of Checkup & Choices, LLC and William Campbell holds equity in the company that is disseminating [www.checkupandchoices.com](http://www.checkupandchoices.com).

---

### S1.3. Maria Lucia Oliveira Souza Formigoni

Associação Fundo de Incentivo a Pesquisa (AFIP), World Health Organization.

---

**S1.4. Anne Berman**

Swedish Research Council,  
grant number K2012-61X-22132-01-6.  
AFA Insurance, grant number 110248.

---

**S2.2. Anne Berman**

I am co-owner of a company, TeleCoach AB,  
for disseminating e-health interventions for  
alcohol problems; however, so far there has  
been no income to the company.

---

**S2.4. Jeremy Bray**

None, although funding is being sought from  
Alcohol Research UK.

---

**S3. Richard Saitz**

UpTo Date- Royalties and editing fees;  
Springer- Royalties for book; BMJ Consulting  
fee as editor; American Society of Addiction  
Medicine- Consulting fee as editor.  
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and has been principal investigator of grants  
awarded to Boston Medical Center and  
Boston University from the National Institutes  
of Health (including NIAAA and NIDA,  
and the Substance Abuse and Mental Health  
Services Administration) to study management  
of unhealthy substance use, including to test  
the accuracy of screening and efficacy  
of screening, brief intervention and referral  
to treatment. He has been paid to speak  
or had travel reimbursed to speak  
at numerous professional and scientific  
organizations, all non-profit organizations  
for a decade, such as the American Society  
of Addiction Medicine, the Research Society  
on Alcoholism, The BMJ the Institute for  
Research and Training in the Addictions,  
International Conference on Treatment  
of Addictive Behaviors, and the International  
Network on Brief Intervention for Alcohol  
and other Drugs (INEBRIA).

He is an author and editor for Springer,  
UpToDate, the American Society of Addiction  
Medicine, the BMJ, and the Massachusetts  
Medical Society (royalties and honoraria).  
He has been paid to serve as an expert  
witness in malpractice cases related to  
the management of alcohol and other  
drug disorders. He is employed by Boston  
University School of Public Health.

---

**S3.1. Emily Williams**

This study was funded by National Institute  
on Alcohol Abuse and Alcoholism  
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---

**S3.2. Kevin L. Kraemer**

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---

**S3.3. Derek Satre**

National Institute on Alcohol Abuse  
and Alcoholism (NIAAA U01AA021997).

---

**S3.4. E. Jennifer Edelman**

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---

**S4 Peter Monti**

National Institute of Alcohol Abuse  
and Alcoholism, USA.

---

**S4.1. Paolo Deluca**

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---

**S4.2. Lynn Hernandez**

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**S4.3. Silke Diestelkamp**

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---

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---

**A7. Severin Haug**

Swiss National Science Foundation SNF.

---

**A8. Stacy Sterling**

National Institute on Alcohol Abuse  
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---

**A9. Sion Harris**

U.S. National Institute of Alcohol Abuse  
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We hold the copyright on the CRAFFT  
screener.

---

**A10. Paul Toner**

The work is funded by a Society for the  
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The SSA is a registered charity promoting  
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---

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**A15. Emily Williams**

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**A16. Marion Barrault-Couchouron**

French National League Against Cancer. Regional Cancer Center Institut Bergonié.

---

**A17. Niamh Fitzgerald**

London Borough of Islington (local government).

---

**A19. Sophie Paroz**

Commission de promotion de la santé et de lutte contre les addictions (CPSLA), State of Vaud, Switzerland.

---

**A22. Iain Crombie**

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The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.

---

**A23. Linda Irvine**

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**A24. Kenneth Conner**

National Institute on Alcohol Abuse and Alcoholism.

---

**A25. Laura Veach**

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---

**A26. Ryan McCormack**

National Institute on Alcohol Abuse and Alcoholism.

---

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Sven Andreasson has received research grants from Systembolaget's (the Swedish state alcohol retail monopoly) Research Council for Alcohol Research. Sven Andreasson has served as a member of the board of Systembolaget 2007-2014.

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**A32. Constance Weisner**

National Institute on Drug Abuse.

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**A39. Molly Magill**

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---

**A41. Deborah Finnell**

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---

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---

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---

**P9. Hugo López-Pelayo**

Instituto de Salud Carlos III and FEDER Antoni Gual has received honoraria, research grants and travel grants from Lundbeck Janssen, Pfizer, Lilly, Abbvie D&A Pharma, and Servier.

Hugo López-Pelayo has received travel grants from Lundbeck, Otsuka, Lilly, Janssen, Pfizer, Rovi and Esteve and honoraria from Lundbeck and Janssen.

Lidia Segura has received travel grants from Lundbeck.

Paul Wallace has intellectual property rights for [www.downyourdrink.org.uk](http://www.downyourdrink.org.uk), is Principal Investigator in the EFAR and ODHIN studies, is Chief Medical Advisor to the UK charity Drinkaware and has provided private consultancy on the topic of screening and brief interventions to Lundbeck and other agencies.

Other authors have no conflicts of interest.

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**P11. Paul Seale**

Substance Abuse and Mental Health Services Administration.

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**P13. Anja Bischof**

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---

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All other authors declare no potential conflict of interest.

---

**P15. Dagmar Haller**

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**P16. Golfo Tzilos**

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---

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<http://ascjournal.biomedcentral.com/articles/supplements/volume-11-supplement-1>



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