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INEBRIA

International Network on Brief Interventions for Alcohol Problems.

▶ MEMBERS SECTION

Next conference:

8th Annual Conference of INEBRIA

September 21-23, 2011

Liberty Hotel, Boston, MA

September 21 - Screening and Brief Intervention (SBI) Implementation and Sustainability: Lessons from Large-Scale Efforts (Preconference)

September 22-23- New Frontiers: Translating Science to Enhance Health (INEBRIA Conference)

- Abstract, workshop and symposia submissions extended until **June 10th**
- Registration is now open! Please register. An "early bird" discounted rate is available until **July 15th.**
- Contact the conference organizers at info@inebriaboston.org

REMINDER: New Aim & Objectives Proposed.

After nearly 7 years in existence, INEBRIA is reviewing its aim and objectives. The co-ordinating committee have debated potential changes in detail and proposed new text, in line with what they believe to be the future role and functions of the organisation.

- **What do you think INEBRIA is for?**
- **What should INEBRIA aim to achieve?**

You can join the debate and see the committee's deliberations on the Google discussion forum, or request a copy of the proposed changes by email. The proposals will be finalised and voted on at the next AGM at the Boston conference in September 2012.

▶ NEWS

▶ HOT TOPIC: Terminology in the field of SBI

The recent discussions of INEBRIA's new aim and objectives on the Google group (see panel on left) raised some hot debate about appropriate terminology for various levels of alcohol consumption. It appears this topic is much discussed in many countries and has many facets to be considered. Some of these are discussed, along with some personal thoughts below.

Who is the target group for brief interventions?
Firstly, we need to agree what the target group is? There is good evidence to support the delivery of brief interventions in various settings to individuals whose drinking is either causing, or puts them at risk of problems in the future. It is clear that brief interventions can be effective in reducing consumption in these groups.

If 'brief interventions' include screening (rather than screening being seen as preceding the intervention), then there is a strong case for the target group to include individuals who may be dependent on alcohol, in order to identify them and either offer, or support them to access, treatment. It could be asked however, if identifying and offering treatment to dependent drinkers 'counts' as a brief intervention. Or is it something else?

In training, a clear message that brief interventions are NOT for dependent drinkers helps to re-assure frontline practitioners that this is a realistic and legitimate part of their role. But the question is often raised as to what to do if a dependent drinker is identified and there is no doubt that many of the skills inherent in motivating someone to reduce their consumption, can also be used in a similar brief intervention to motivate someone to access or begin treatment for dependence. And this is surely also part of a health professional's role. The key is clarity in how this is presented so as not to bore practitioners or decision-makers with the intricacies of the terminology or scare them away!

How can we best describe this target group (in a few words!)?
Previously, in the aims and objectives the terms **'hazardous and harmful drinking'** were used. 'Hazardous' is generally defined to include those who are drinking at a level that puts them at risk of harm, whereas 'harmful' drinking is drinking at a level where harm is already being experienced and is a defined diagnosis (ICD10). Neither term is normally defined to include dependent drinking. Therefore if we use hazardous and harmful drinking in our aims and objectives, we would be excluding dependent drinkers from the target group for brief interventions. The solution: use our own definition of 'harmful' drinking to include 'alcohol dependence'?

An alternative could be **'unhealthy alcohol consumption'**. This has the advantage that it could reasonably be interpreted to include drinking which causes risks to health or current harm as well as alcohol dependence. It also helpfully places alcohol consumption alongside other 'unhealthy' behaviours such as eating too much saturated fat, or not getting enough exercise which people can relate to, rather than in the realm of 'addiction' where most people do not place themselves.

A disadvantage of this term however is that it can be interpreted to imply that there is a level of alcohol consumption that is 'healthy'. The concept of 'healthy' alcohol consumption, though not impossible, is not particularly helpful from a public health perspective, in that it is easily wrongly misconstrued as supporting risky levels of consumption. In English, this may not be insurmountable, as the existence of unhealthy use, does not necessarily imply that there is healthy use, other use could

New Information Service: Message from the INEBRIA President.

INEBRIA has reached an agreement with Mike Ashton to distribute scientific publications of interest to members via the Google discussion group. Mike provides a service to people in the D&A field in the UK by circulating 'Effectiveness Bank alerts' on evaluation research with important practice implications http://findings.org.uk. Although selected with the needs of UK practitioners in mind, the articles are chosen from the international literature and have an international relevance.

In the first instance, the INEBRIA alerts will be confined to articles on brief interventions for alcohol and for other substances and to motivational interviewing. There will be two types of article: 1) those that are fully analysed and commented on by the Findings team, and 2) those whose quality and importance does not merit a full analysis but which may be of some interest. It will be possible to expand these categories in future if we wish and I would welcome views on this once the service has got going.

I believe this service will be very popular with INEBRIA members and I wish to thank Mike for providing it.

'Nick Heather' President, INEBRIA

Inebria google group

Already 44 members have registered in the google group. There have been already more than 36 topics discussed and more than 180 messages circulated. We would like to invite you all to join by searching for the group in the google group site. If you have questions or doubts on how to do so, do not hesitate to contact us.

Update of members' contact details

Please update your contact details using this form. Please also use the form if you would like us to remove your details from the INEBRIA website. Please do this before the end of June. If you do not provide

be neutral i.e. neither healthy nor unhealthy. However when translated, this problem of interpretation worsens. For example in Spanish, 'unhealthy use' becomes 'uso no saludable' which is literally 'not healthy use', which does appear to imply that a health level of consumption exists. Another question raised was whether using the term 'unhealthy' would distract attention from social and societal harms from alcohol, which though included in the WHO definition of health, may not consistently be associated with the term.

Are there any alternatives? Here is a flavor of the committee's discussion:

Excessive alcohol consumption: helpful in that it includes a whole range of levels of drinking and possible consequences; is it too subjective? Or are all terms subjective and require definition regardless?

Risky drinking: a useful term but probably cannot be said to include dependent drinking?

Conclusions:

- The terms we use are important.
- No term is perfect (or this problem would have been solved long ago).
- In choosing our term, we should consider our audience.
- Whatever term we agree to use, we must define it carefully.

What do you want from INEBRIA?
Let us know at the bulletin and we will report back.
Niamh Fitzgerald, Niamh@createconsultancy.com

► BRIEF INTERVENTIONS in COMMUNITY PHARMACIES:

Digest from 2010 Conference, Gothenburg & News.

Two workshop presentations at the last conference in Gothenburg discussed evidence and experience of delivering brief interventions in the pharmacy setting.

Janie Sheridan presented the views of pharmacists on the prospect of providing alcohol screening and brief interventions focusing particularly upon potential barriers and incentives to provision of these services. The study gathered their views through semi-structured interviews. This data has recently been published in the International Journal of Pharmacy Practice (Horsfield et al., 2011). Key findings include:

- Pharmacists considered there was a place for alcohol health promotion in community pharmacy.
- Some expressed concerns about offending or alienating customers.
- Other barriers included lack of experience and confidence, problems faced with other health promotion initiatives, time, privacy and remuneration.
- Facilitators included a public health campaign to raise awareness of problem drinking, having appropriate screening tools available and training for pharmacists.

You can read the full paper here:
http://onlinelibrary.wiley.com/doi/10.1111/j.2042-7174.2011.00112.x/abstract.

Ranjita Dhital presented preliminary findings from the Lambeth project, which rolled out alcohol brief interventions in community pharmacies in a deprived area in London. This project trained 29 pharmacists to provide alcohol brief interventions and found a high level of alcohol consumption in the pharmacy population. Ranjita's presentation, which you can view at the link below includes:

any information during this period, we will assume that your details have not changed and that you give us permission to publish them (first and last name, institution, country and e-mail address) as they appear on the website.

Rotation of the INEBRIA Coordinating Committee.

As announced in Gothenburg during the Annual General Meeting, at the time of the INEBRIA conference in Boston, 22nd and 23rd of September 2011, members of INEBRIA have the opportunity to elect members to the Coordinating Committee.

Change in 2012 conference plans

Unfortunately, despite the efforts made by our Thai colleagues, it is no longer possible for INEBRIA to hold the 2012 conference in Thailand. The coordinating committee is actively developing an alternative venue and will let you know the outcome as soon as possible.

Download in PDF format

- A summary of previous research in this field.
- An outline of how pharmacists were trained and supported.
- Preliminary figures on recruitment and screening results.
- Pharmacy customers' views on the service.

Read the full presentation at:
http://www.inebria.net/Du14/pdf/2010_thu_para_sym_3b4_ranjita_dhital.pdf

SBI in Pharmacy, Conference, London 7th April 2011

The Lambeth project is now almost complete and was the subject of a world-first conference on alcohol brief interventions in pharmacy on 7th April. Interest was high (almost 100 participants registered) and participants came from continental Europe and even the U.S. to discuss this topic. The findings from the Lambeth project will be published this year. Contact Ranjita Dhital for more information.

SBI in Pharmacy - Special Interest Group

Ranjita and Niamh Fitzgerald (also a pharmacist) wish to know of any INEBRIA members who would be interested in joining an INEBRIA Special Interest Group for alcohol brief interventions in pharmacy. Please email niamh@createconsultancy.com for more information.

SBI in Pharmacy, Call for Papers/Grey Literature:

Ranjita and Niamh are also collaborating with researchers in Aberdeen to support a review of the evidence in rapidly developing field which will be published by the Scottish Government. If you are aware of any reports or data on alcohol brief interventions in pharmacy, particularly outside of the UK, please get in touch.

This bulletin is co-edited by Niamh Fitzgerald and Lidia Segura under the supervision of the INEBRIA coordinating committee. Please contact the editors for any query, contribution or consultation on the contents.