



MEMBERS SECTION

GENERAL INFORMATION

During the last [Annual General meeting](#) which took place in Gothenburg, on 10th September, the topics discussed and agreed were:

Agreement to rephrase and improve the aims and objectives and that members will be invited to provide input on relevance and prioritization of this process. Final approval by the AGM will be needed.

INEBRIA contribution to the WHO Global Alcohol Strategy with the production by the end of this year of two booklets on best practice in BI, one for clinicians (developed by Eileen Kaner and Nick Heather) and one for policy makers (developed by Peter Anderson).

Agreement to try to publish proceedings of annual conferences regularly every year in a peer-reviewed scientific journal.

Agreement to test the possibilities and experiment with Google group with a view to opening it to members if useful by the beginning of next year.

Agreement to open conversations with all members in order to discuss the expansion of the network to other drugs and behaviours.

Please take a look at the [minutes of the AGM](#) for more information.

NEWS

Past conference:

90 participants from 18 different countries gathered together in Gothenburg during the 7th conference. Presentations and additional information have been uploaded in the [conference site](#) (see the [digest section in this bulletin](#)).

Next conference:

8th Annual Conference of INEBRIA
September 21-23, 2011
Liberty Hotel, Boston, MA

September 21st; 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)

HOT TOPIC: What do you know about INEBRIA?

INEBRIA is in the process of reviewing its aims and objectives and so Niamh Fitzgerald spoke with INEBRIA's current president Prof. Nick Heather, to find out more about the history of and original vision for the network. Here's what she found out!

Where did INEBRIA come from? 'INeBrIA' was established as Phase IV of the [WHO collaborative project on alcohol brief interventions](#) came to an end in 2003. Key contributors at that time were Dr. Maristela Monteiro who came up with the catchy name of the network and Dr. Joan Colom who offered secretarial support from the health department of the Government of Catalonia which still continues today. Importantly, the WHO Department of Mental Health & Substance Abuse were supportive from the start and still allow INEBRIA to use the WHO logo for conferences. The history of the network is described further in the recent issue (LINK to be added) of Drug and Alcohol Review dedicated to INEBRIA's 2009 conference.

Why was INEBRIA established? Over and above the contributions of the Phase IV project to evidence and implementation of brief interventions, it was recognised that the coming together of researchers and practitioners with a common interest in this approach had additional benefits including:

- Exchange of learning and current research.
- Allowing time and space for consideration of key questions on brief interventions between key interested individuals (who may be working in relative isolation in their own countries).

The establishment of collaborative working relationships and long-standing friendships

What now for INEBRIA? In looking at the aims and objectives, it may be worth thinking about how important these factors are for INEBRIA going forward. How can new members be supported to achieve the above benefits? INEBRIA is a friendly organisation, but what more can be done to build relationships in between annual conferences? This question will become more important as conferences are held all over the world, making it less likely that members will be able to attend every year.

What do you want from INEBRIA? Let us know at the bulletin and we will report back.

Niamh Fitzgerald, niamh@createconsultancy.com

2010 CONFERENCE DIGEST: IMPLEMENTATION OF BRIEF INTERVENTIONS

At the 2010 INEBRIA conference, key themes discussed were implementation of brief interventions and BI research in criminal justice, pharmacy and antenatal settings as well as internet-based. In this issue of the news bulletin we are highlighting aspects of three plenary presentations on implementation and will cover other aspects in later issues.

Siw Carljford discussed **the science of implementation** generally which is an increasing field. She reminded us that good ideas can take a long time to be implemented. Her own adapted theoretical model of the

The [Conference Website](#) is already working. You can find the most updated information on the [agenda](#) and other issues there and in the [flyer](#).

Please note that the [call for abstracts](#) and [registration](#) will open in the spring of 2011.



What do you want from this news bulletin?

Did you enjoy this? Please let us know. If not, please also let us know! What would make the news bulletin more interesting/useful for you? You can also:

- Vote for future hot topics: How do you define a brief intervention? / Brief interventions in non-health settings: key questions / Advice versus motivation: does it matter?
- Make suggestions for INEBRIA activities (e.g. meetings in between conferences?)
- Ask for help from INEBRIA members with your work.

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.

factors affecting how successfully an innovation will be implemented consists of four factors:

1. The Innovation itself;
2. The Adopters (who are expected to change what they do);
3. The Context (or environment) and
4. The Implementation Activities.

[See her full presentation.](#)

Sven Andreasson presented his thoughts on **how brief interventions could be 'institutionalised'** or mainstreamed into routine practice. He presented an interesting scale for determining the level of 'institutionalisation' of an innovation and emphasised 4 points he felt to be important:

1. Shift focus of implementation activities from health professionals to managers.
2. Shift focus from doctors to nurses.
3. Get serious about screening.
4. Support treatment of all but severe dependence in primary care.

[See his full presentation.](#)

Antoni Gual presented the Catalan '**Beveu Menys**' (Drink Less) project and the strategies used in the project for implementation across primary healthcare in Catalonia. Key learning points about implementation were:

- Take a motivational approach to changing the practice of professionals, authorities etc. (not just changing the drinking behaviour of patients). Implementation strategies can be inspired by the core values of motivational interviewing.
- Both a top down (dissemination via training) and bottom up (networking interested professionals who then spread the word) approach are important for institutionalisation.

[See his full presentation.](#)

INEBRIA promises to use your details solely in order to provide this service, and not to divulge them to third parties. At any moment you can cancel the subscription or modify the details. If you have any doubts, or want more information, please contact us. Tel: +34 93 551 36 10, inebria@gencat.cat