

INEBRIA

International Network on
Brief Interventions for Alcohol
Problems.



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

September 21st

Implementing and Sustaining Alcohol and Other Drug Screening and Brief Intervention (AOD-SBI) Meeting: Lessons from Large Scale Efforts

September 22nd & 23rd

New Frontiers: Translating Science to Enhance Health (INEBRIA Conference)



www.inebriaboston.org
www.bumc.bu.edu/care/inebria

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8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)
Tuesday September 20th	6:00-8:00pm	3 rd floor Rotunda	Registration and sign-in	n/a
<i>Implementing and Sustaining Alcohol and Other Drug Screening and Brief Intervention (AOD-SBI) Meeting: Lessons from Large Scale Efforts</i>				
Wednesday September 21st	7:00-8:00am	Liberty Ballroom Foyer	<ul style="list-style-type: none"> Registration and sign-in (<i>on-going throughout day</i>) Light Continental Breakfast 	n/a
	8:00-9:00am	Liberty Ballroom	<ul style="list-style-type: none"> Welcome to meeting Opening Keynote: <i>Screening and brief intervention for illicit drugs: research directions</i> 	P. Seale, MD W. Compton, MD, MPE
	9:00-10:30am		Plenary: <i>Implementing SBIRT in various settings: challenges, lessons learned</i>	P. Seale, MD J. Mertens, PhD R. Brown, MD, MPH N. Wetterau, MD
	10:30-10:45am	BREAK		
	10:45-11:45am	5 breakouts: Walnut, Acorn, Chestnut, West Cedar, Esplanade	<ul style="list-style-type: none"> Oral Abstract Presentations (AOD1-01A—AOD-04C) Workshop AOD5-W1: <i>Adolescent SBIRT: practical skills to screen and manage adolescent substance use in office practice (Esplanade)</i> 	Multiple (see "9.21 AOD-SBI" tab) S. Harris, MD
	11:45am-1:10pm	BUFFET LUNCH on the 3rd, 4th and 5th floor Rotundas		

8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)	
Wednesday September 21st	1:10-2:10pm	5 breakouts: Liberty Ballroom, Walnut, Acorn, Chestnut, West Cedar	<ul style="list-style-type: none"> • Large Group Session: <i>Implementation Science (Liberty Ballroom)</i> • Research Concept Paper Discussions • Group Discussion: <i>Methodological challenges in SBI research</i> 	D. Fixsen, PhD Multiple (see "9.21 AOD-SBI" tab)	
	2:15-3:30pm	Liberty Ballroom	Plenary panel presentation and discussion: <i>Massachusetts screening, brief intervention, referral and treatment (SBIRT)</i>	M. Botticelli, MEd D. Alford, MD, MPH E. Bernstein, MD	
	3:30-4:30pm		Plenary: <i>SBI in world health strategy</i>	P. Anderson, MPH, MD, PhD, FRCP	
	4:30-4:35pm		AOD-SBI Meeting wrap-up	P. Seale, MD	
	8th Annual INEBRIA Conference <i>New Frontiers: Translating Science to Enhance Health</i> If you are registered to attend the 8 th Annual INEBRIA Conference, your presence is requested in the Liberty Ballroom promptly at 5:30pm for a welcome from Massachusetts Secretary of Health and Human Services, Dr. JudyAnn Bigby.				
	5:30-6:00pm	Liberty Ballroom	<ul style="list-style-type: none"> • Welcome to Massachusetts • Welcome to INEBRIA 	JA Bigby, MD N. Heather, PhD, INEBRIA President	
	5:30-8:00pm		INEBRIA Welcome Reception <i>(Hors d'oeuvres, cash bar)</i>	n/a	
6:15-7:30pm	Acorn room	INEBRIA Coordinating Committee Meeting <i>(Committee members and invitees only)</i>	n/a		

8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)
Thursday September 22nd	8th Annual INEBRIA Conference <i>New Frontiers: Translating Science to Enhance Health</i>			
	7:00-8:00am	Liberty Ballroom Foyer	<ul style="list-style-type: none"> • Registration and sign-in <i>(on-going throughout day)</i> • Light Continental Breakfast 	n/a
	8:00-9:15am	Liberty Ballroom	Welcome and Opening Keynote: <i>Can widespread screening and brief interventions lead to population-level reductions in alcohol-related harm?</i>	N. Heather, PhD
	9:15-10:30am		Plenary and audience debate: <i>What we know and don't know about BI effectiveness</i>	R. Saitz, MD, MPH, FACP, FASAM
	10:30-10:45am	BREAK		
	10:45-11:45am	Liberty Ballroom	Best Abstract Plenary Presentations	1 st : S. Sterling, MSW, MPH 2 nd : Professor J. Chick 3 rd : J. Cunningham, PhD
	11:45am-1:00pm	BUFFET LUNCH on the 3rd, 4th and 5th floor Rotundas		

8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)
Thursday September 22nd	1:00-2:30pm	5 breakouts: Walnut, Acorn, Chestnut, West Cedar, Liberty Ballroom	Oral Abstract, Workshop and Symposium Presentations <i>orals: 1-O1A—2-O2F</i> <i>workshops: 3-W1 and 4-W2</i> <i>symposium: 5S1</i>	Multiple (see "9.22 INEBRIA" tab)
	2:30-2:45pm	BREAK		
	2:45-4:15pm	Liberty Ballroom	Plenary: <i>Implementation of SBI in a Nationwide Integrated US Healthcare System: successes, limitations, and lessons learned</i>	K. Bradley, PhD
	4:15-5:30pm	5 th floor Rotunda and Esplanade Room	Poster Presentation Session and selection of best poster award recipient (<i>with refreshments</i>)	Multiple (see "9.22 INEBRIA" tab)
	6:30-10:30pm	<p>INEBRIA Conference Dinner</p> <p>Museum of Science, Boston</p> <p><i>Conference Dinner Program</i></p> <p>6:30-7:15pm Reception/Welcoming Remarks 7:15-7:45pm Theatre of Electricity Demonstration 7:45-10:30pm Buffet Dinner, live entertainment by the Sylvie Bourban Quartet</p> <p><i>(Pre-registration required. For more information, see "9.22 INEBRIA" tab.</i></p>		

8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)
Friday September 23rd	7:00-8:00am	Liberty Ballroom Foyer	Light Continental Breakfast	n/a
	8:00-9:15am	Liberty Ballroom	<i>Plenary: Self-change: findings and implications for the treatment of addictive behaviors</i>	L. Sobell, PhD
	9:15-10:45am	6 breakouts: Walnut, Acorn, Chestnut, West Cedar, Esplanade, Liberty Ballroom	Oral Abstract, Workshop and Symposium Presentations <i>orals: 6-O3A—7-O4F</i> <i>workshops: 8-W3 and 9-W4</i> <i>symposia: 10-S2 and 11-S3</i>	Multiple (see "9.23 INEBRIA" tab)
	10:45-11:00am	BREAK		
	11:00am-12:15pm	Liberty Ballroom	Annual General Meeting of the INEBRIA Network <i>(all are invited to attend)</i>	N. Heather, PhD
	12:15pm-1:45pm	BUFFET LUNCH on the 3rd, 4th and 5th floor Rotundas		

8th Annual INEBRIA Conference and AOD-SBI Meeting Detailed Agenda

DAY, DATE	TIME	LOCATION	SESSION	PRESENTER(S)
Friday September 23rd	1:45-2:45pm	Liberty Ballroom	Plenary: <i>Electronic forms of alcohol screening and brief intervention</i>	K. Kypri, PhD
	2:45-4:15pm	6 breakouts: Walnut, Acorn, Chestnut, West Cedar, Esplanade, Liberty Ballroom	Oral Abstract, Workshop and Symposium Presentations <i>orals: 12-O5A—13-O6E</i> <i>workshops: 14-W5—16-W7</i> <i>symposium: 17-S4</i>	Multiple (see "9.23 INEBRIA" tab)
	4:15-4:45pm	Liberty Ballroom	<ul style="list-style-type: none"> • INEBRIA Conference Closing Ceremony • Adjourn 	N. Heather, PhD R. Saitz, MD, MPH



Richard Saitz, MD, MPH, FACP,
FASAM
Chair, 8th INEBRIA Conference
Executive Committee

Welcome to the INEBRIA 2011 Conference and to Boston!

On behalf of the local organizing committee, I welcome you to the 8th annual conference of the International Network on Brief Interventions for Alcohol Problems (INEBRIA). Welcome to Boston!

Although firmly in the “New World,” Boston is one of the oldest cities in the United States of America (US) (1630; 9 years after Gothenburg, the last INEBRIA venue) and as such has some buildings almost 400 years old and some streets that curve and twist like the cow paths that they were originally (though drivers have no excuse for their behavior on the more modern streets that also exist).

Boston’s main industries include higher education, healthcare, tourism, fresh seafood, and financial services. Our conference is held at the Liberty Hotel, whose name reflects Boston’s history as a place where liberty was fought for, but it is also the site of the former Charles Street jail, that opened in 1851 and closed in 1990. The current Alibi bar was the “drunk tank,” a pejorative description of a place where those arrested who were intoxicated waited as they became sober. And near the hotel (jail then), at the Massachusetts General Hospital emergency room, the first randomized trial of alcohol brief intervention was done—Morris Chafetz reported that patients with alcoholism given brief advice by a psychiatrist were more likely to report to an alcohol clinic (42% vs. 1%)(Q J Stud Alcohol 1961:22:325).

This combination—a connection to history and the “Old World” and history relevant to alcohol brief intervention (BI), along with a great deal of current BI clinical and research activity (in a very pro-active Department of Public Health, and at Harvard University, Boston University and Boston Medical Center [the former Boston City Hospital]) make INEBRIA and Boston a good fit.

It has been a treat for me to meet and learn from colleagues in the UK, Europe, Australia, Brazil and other countries at INEBRIA meetings in recent years, all of which have been held on “the [other] continent[s].” In the US, there has been an explosion of activity in the area of screening and BI (SBI), first with research, and in the past decade with large federal government investments for clinical service delivery and training. Having seen both (activity outside and in the US), it looks to me like it has happened in parallel. It is a terrific time now for those interested in SBI from around the globe to get together and share ideas because of the major SBI activities underway worldwide, and because of health reforms in the US and elsewhere making integration of medical care and care for alcohol and other drug issues possible; it feels like we are at a tipping point for dissemination and implementation, and there is a new level of sophistication around these topics.

It has come to the attention of many that alcohol is but one drug. As such, the INEBRIA conference this year has a full day meeting that includes addressing research and implementation of SBI for drugs (including alcohol, not excluding other drugs). How/whether/when to do that will be a major focus of discussion these next few days.

I believe these three days will be remembered in the annals of SBI for having brought together SBI-interested parties from around the world for discovery and new collaborations, for addressing other drugs in addition to alcohol, and hopefully for an enjoyable time visiting Boston. And although it is very parochial, I would be remiss if I didn’t add...Go Red Sox!! (for further information see www.redsox.com because I cannot write anything here about how well they may or may not be doing as that would jinx them...)

Enjoy your time here in these next few days!

Richard Saitz, Chair, Conference Executive Committee and Local Organizing Committee

8th Annual INEBRIA Conference and AOD-SBI Meeting Committees

The 8th Annual INEBRIA Conference would not have been possible without the hard work of, and contributions from, the following individuals:

INEBRIA Governing/Coordinating Committee

- *INEBRIA President:* Nick Heather, Northumbria University, Newcastle, UK
- *Vice-President:* Antoni Gaul, Neurosciences Institute, Hospital Clinic, Barcelona, Spain
- *Treasurer:* Joan Colom, Program on Substance Abuse, Government of Catalonia, Spain
- *Secretary:* Lidia Segura-Garcia, Program on Substance Abuse, Government of Catalonia, Spain
- Preben Bendtsen, Linköping University, Linköping, Sweden
- Erikson Furtado, University of São Paulo, School of Medicine of Ribeirão Preto, Brazil
- Jim McCambridge, The London School of Hygiene & Tropical Medicine, University of London, UK
- Maristela Monteiro, Pan American Health Organization
- Dag Revke, World Health Organization

Boston Conference Executive Committee

- Richard Saitz, Boston Medical Center (BMC), Boston University Medical Campus (BUMC), Boston, MA
- J. Paul Seale, Mercer University Medical Center (MUMC), Macon, GA
- Daniel Hungerford, US Centers for Disease Control and Prevention (CDC), Atlanta, GA

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- Dan Alford, BMC, BUMC
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- Carol Girard, DPH-BSAS
- Seville Meli, BMC
- Tim Naimi, BMC, BUMC
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- David Rosenbloom, BUMC
- Jeffrey Samet, BMC, BUMC
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- Richard Brown, University of Wisconsin School of Medicine & Public Health, Madison, WI
- Reed Forman, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD
- Carol Girard, DPH-BSAS
- Anne Herron, SAMHSA
- Daniel Hungerford, CDC
- Jennifer Mertens, Kaiser Permanente Division of Research, Oakland, CA
- Stephen O'Neil, Division of Addictive Diseases, Atlanta, GA

8th Annual INEBRIA Conference and AOD-SBI Meeting Committees

INEBRIA Conference Scientific Committee

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- Judith Bernstein, BMC, BUMC
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- Jeffrey Samet, BMC, BUMC
- J. Paul Seale, MUMC
- Lidia Segura-Garcia, Program on Substance Abuse, Government of Catalonia, Spain
- Kaija Seppa, University of Tampere, Finland

Acknowledgements

We would especially like to thank Brian DiSanto (BMC), Debra Paarz (BUMC), and JBS International for their on-going dedication and support in helping us prepare this conference.

We would also like to acknowledge the administrative support of Marlene Alcorn (BMC) and Sarah Brunt (BMC) in helping to prepare the conference program.

INEBRIA

International Network on
Brief Interventions for Alcohol
Problems.



INEBRIA (International Network on Brief Interventions for Alcohol Problems) was created by group of researchers interested in promoting alcohol screening and brief interventions across the world and its secretariat is based in Catalonia, Spain.

INEBRIA's overall aim is to promote the implementation of brief interventions in a variety of settings for hazardous and harmful alcohol consumption at local, national and international levels.

Membership to the INEBRIA Network is open to any individual with a bona fide and active interest in conducting research on or implementing in practice alcohol brief interventions. **Membership is free**, and includes:

- A biannual e-bulletin containing the latest information in the field of Screening and Brief Intervention (SBI) and Early Identification Brief Intervention (EIBI).
- Access to a network of experts in the field for collaboration opportunities.
- Access to an extensive bibliographic database.
- Early notification of a special journal issue dedicated to the annual INEBRIA conference.
- The opportunity to join the INEBRIA Google Group to receive regular updates and information on SBI and EIBI around the world.

Peer-reviewed articles based on abstracts presented at the 8th annual INEBRIA Conference in Boston will be featured (full text, free access) in *Addiction Science and Clinical Practice* (www.ascjournal.org).

The 9th annual INEBRIA Conference will take place in Barcelona, Spain, September 27-28th, 2012.

***Join INEBRIA by signing up during the conference or visit:
<http://www.inebria.net/>***



Clinical Addiction Research and Education (CARE) Unit

The CARE Unit is an academic unit in the Section of General Internal Medicine at Boston University School of Medicine/Boston Medical Center.

The CARE Unit conducts research, educates health professionals, provides health care, and informs clinical and public health practice and policy to improve the lives of people with unhealthy alcohol and other drug use.

Faculty

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Judith Tsui, MD, MPH

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Research Studies

The CARE Unit conducts addiction research through national and international studies funded by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Centers for Disease Control and Prevention.

Clinical Programs

The CARE Unit provides health care through multiple clinical programs funded from various sources, including SAMHSA, the Boston Public Health Commission, and the Bureau of Substance Abuse Services of the Massachusetts Department of Public Health.

Education and Training Programs

The CARE Unit educates health professionals through various programs funded by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. Two key programs are:

The **CRIT Program** is a four-day immersion training for incoming chief residents and their faculty mentors on state-of-the-art methods to identify, diagnose, manage, and teach about substance use disorders.

Alcohol, Other Drugs, and Health: Current Evidence is a free online newsletter that summarizes the latest clinically relevant research on alcohol, illicit drugs, and health.

For more information, please go to:
<http://www.bumc.bu.edu/care/>



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Addiction Science & Clinical Practice (ASCP) was founded in 2002 by the National Institute on Drug Abuse (NIDA) as a journal for both researchers and clinicians. ASCP will become an open access journal published by BioMed Central* in August 2011.

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Boston, MA USA

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ASCP provides a forum for clinically relevant research and perspectives that contribute to improving the quality of care for people with unhealthy alcohol, tobacco, or other drug use and addictive behaviors across a spectrum of clinical settings. The journal accepts a wide variety of submissions, in particular the following article types:

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Case Studies ♦ Case Reports

**For more information or to submit manuscripts online, visit www.ascpjournal.org
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Thank you for your support!

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To all of our screening and
brief intervention partners
from around the world...

Welcome to Massachusetts!

Benvenuti in Massachusetts!

Bienvenue dans le Massachusetts !

¡Bienvenidos a Massachusetts!

ようこそ！マサチューセッツ州へ

Welkom in Massachusetts!

歡迎來到麻省！

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Implementing and Sustaining Alcohol and Other Drug Screening and Brief Intervention (AOD-SBI) Meeting: *Lessons from Large Scale Efforts*

Wednesday, September 21

Agenda at a Glance

7:00 – 8:00am (Liberty Ballroom foyer)

- Registration and Sign-in
- Continental Breakfast

8:00 – 9:00am (Liberty Ballroom)

- Welcome
- Opening Keynote: *Screening and brief intervention for illicit drugs: research directions*

9:00 – 10:30am (Liberty Ballroom)

- Plenary: *Implementing SBIRT in various settings: challenges, lessons learned*

10:30 – 10:45am BREAK

10:45 – 11:45am (5 breakouts – Walnut, West Cedar, Chestnut, Acorn, Esplanade)

- Oral Abstract Presentations: *sessions AOD1-O1A—AOD4-O4C*
- Workshop (session AOD5-W1): *Adolescent SBIRT: practical skills to screen and manage adolescent substance use in office practice (Esplanade)*

11:45am – 1:10pm LUNCH (3rd, 4th and 5th floor Rotunda)

1:10 – 2:10pm (5 breakouts –Walnut, West Cedar, Chestnut, Acorn, Ballroom)

- Large Group Session: *Implementation science (Ballroom)*
- Small Group Discussion: *Methodological challenges in SBI research*
- Small Group Research Concept Paper Sessions

2:15 – 3:30pm (Liberty Ballroom)

- Plenary panel presentation and discussion: *Massachusetts screening, brief intervention, referral and treatment (SBIRT)*

3:30 – 4:30pm (Liberty Ballroom)

- Plenary: *SBI in world health strategy*

4:30– 4:35pm (Liberty Ballroom)

- AOD-SBI Meeting Wrap Up

AOD-SBI Meeting Keynote and Plenary Speakers

Wednesday, September 21

Welcome and Introduction: *J. Paul Seale, MD*



Dr. Seale, a graduate of Baylor College of Medicine, completed his residency in Family Medicine at the Medical Center of Central Georgia (Macon). He is Professor and Director of Research in the Department of Family Medicine at Mercer University School of Medicine and is certified by the American Board of Family Medicine and the American Society of Addiction Medicine. From 2004-2006 he served as principal investigator of an NIH-funded study entitled "The Georgia-Texas Improving Brief Intervention Project," training faculty and residents in 8 residency programs in alcohol screening and brief intervention. He currently serves as co-medical director for Georgia BASICS, Georgia's SAMHSA-funded state SBIRT program, and as principal investigator of the Southeast Consortium on Substance Abuse Training, an SBIRT initiative providing residency training in Georgia, North Carolina and South Carolina. Dr. Seale is also the chair of the AOD-SBI Meeting.

Keynote Address: Screening and brief intervention for illicit drugs: research directions. *Wilson Compton, MD, MPE*



Dr. Compton is Director of the Division of Epidemiology, Services and Prevention Research at the National Institute on Drug Abuse (NIDA) of the National Institutes of Health. In this position, he manages a complex research program of national and international scope. Prior to joining NIDA, Dr. Compton was Associate Professor of Psychiatry and Director of the Master in Psychiatric Epidemiology Program at Washington University in Saint Louis as well as Medical Director of Addiction Services at the Barnes-Jewish Hospital in Saint Louis. Dr. Compton received his undergraduate education from Amherst College. He attended medical school and completed his residency training in psychiatry at Washington University. He is a member of the Alpha Omega Alpha honor society as well as numerous professional organizations. He has been the principal or co-principal investigator of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug use disorders. In these areas of research, Dr. Compton has authored over 100 articles and chapters, and multiple diagnostic interviews.

Large Group Discussion: Future directions for SBIRT implementation research. *Dean Fixsen, PhD*



Dr. Fixsen is a senior scientist at the Frank Porter Graham Child Development Institute at the University of North Carolina. With Karen Blase he co-directs the National Implementation Research Network and State Implementation and Scaling up Evidence-based Practices (SISEP) Center for the US Office of Special Education Programs (OSEP). His research interest is in the implementation and development of evidence-based programs. His insights into the critical dimensions associated with national implementation of evidence-based programs resulted in him leading a major review and synthesis of the implementation literature.

AOD-SBI Meeting Keynote and Plenary Speakers

Wednesday, September 21

Plenary: Implementing SBIRT in various settings: challenges, lessons learned.

Panelists: *Richard Brown, MD, MPH, Jennifer Mertens, PhD, J. Paul Seale, MD* (see previous page), and *Norman Wetterau, MD*



Richard L. Brown, MD, MPH

Dr. Brown is a tenured professor of family medicine at the University of Wisconsin School of Medicine and Public Health. Dr. Brown is a past president of the Association for Medical Education and Research in Substance Abuse (AMERSA) and a winner of AMERSA's McGovern Award for excellence in medical education. With funding from the National Institute on Drug Abuse, he directed the development of the Two-Item Conjoint Screen for alcohol and drug use. He directed Project Mainstream, which resulted in enhanced substance abuse education for over 10,000 trainees across the United States. He is clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles, which has conducted 110,000 alcohol and drug screens, delivered 25,000 interventions, garnered high patient satisfaction, and elicited substantial reductions in risky drinking, and drug use. He is CEO and Chief Medical Officer of Wellsys, LLC, which delivers behavioral screening and intervention services in workplaces and healthcare settings.



Jennifer Mertens, PhD

Dr. Mertens is a research scientist in the Drug and Alcohol Research Team at the Kaiser Permanente Northern California Division of Research. She is currently the principal investigator of NIH-funded studies on screening and brief intervention for alcohol and drug problems in primary care and life course trajectories of alcohol and drug patients. Her primary research interests include screening and interventions for alcohol and drug problems in medical settings, health and cost consequences of alcohol and drug problems, use of technological approaches to alcohol and drug interventions, and life course trajectories of alcohol and drug problems. She has conducted health services studies in both California and South Africa. She has collaborated with many Kaiser Permanente clinicians on studies of medical comorbidities of alcohol and drug problems, alcohol and drug treatment outcomes, and screening and interventions in primary care for hazardous drinking and drug use.



Norman Wetterau, MD

Dr. Wetterau is a rural family physician in upstate New York. He is part of a 5 office primary care rural health group where half his practice is now addiction medicine. Ten years ago he helped develop a program to teach primary care physicians in the Rochester, New York area how to do SBIRT. The program included working with practices. He also works with his own group in the areas of alcohol screening, adolescent screening and proper opioid prescribing. He is president of the the New York Society of Addiction Medicine, head of the ASAM family practice workgroup, liaison from ASAM to AAFP and to PCPCC. He is clinical assistant professor of family medicine, University of Rochester School of Medicine.

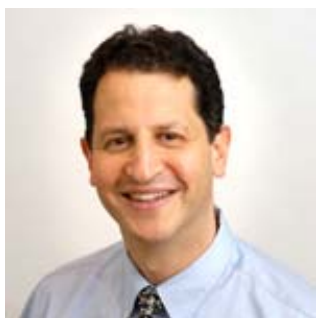
AOD-SBI Meeting Keynote and Plenary Speakers

Wednesday, September 21

Plenary: Massachusetts screening, brief intervention, referral and treatment (SBIRT).

Panelists: *Daniel Alford, MD, MPH, Edward Bernstein, MD, MPH, Michael Botticelli, M.Ed*

Daniel Alford, MD, MPH



Dr. Alford is an Associate Professor of Medicine at Boston University School of Medicine. He is certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM). He serves as the medical director of the Substance Abuse and Mental Health Services Administration (SAMHSA) funded Massachusetts Screening, Brief Intervention, Referral and Treatment (MASBIRT) program and is the medical director of the BMC Office-based Opioid Treatment (OBOT) program. He serves as a national mentor for the SAMHSA Physician Clinical Support Systems (PCSS) for buprenorphine and clinical expert for the PCSS for methadone in the treatment of pain and opioid addiction. He co-chairs the ASAM committees on Opioid Agonist Treatment and Buprenorphine Training. He directs the NIDA funded Chief Resident Immersion Training Program – Addiction Medicine: Improving Clinical and Teaching Skills for Generalists. He is the Program Coordinator for the Society of General Internal Medicine (SGIM) Pain Medicine Interest Group and is on the executive board of the Association of Medical Education in Research in Substance Abuse (AMERSA).

Edward Bernstein MD, MPH



Dr. Bernstein is Professor and Vice Chair for Academic Affairs in the Department of Emergency Medicine at Boston University School of Medicine and Medical Director of Project ASSERT. He is also Professor of Community Health Sciences in the B.U. School of Public Health and Co-Directs the BNI-ART Institute. For the past twenty years, he has collaborated with Dr. Judith Bernstein on studies to test the efficacy of screening, brief intervention and referral to treatment in clinical practice.

Michael P. Botticelli, M.Ed



Mr. Botticelli is the Director of Substance Abuse Services, Massachusetts Department of Health, Boston, MA. His major duties include providing policy, programmatic, and regulatory guidance; ensuring the quality of substance abuse services through the licensure of all treatment programs; and purchasing an array of community-based substance abuse prevention and treatment services for individuals and families to support sustained recovery. Prior to his current position, he was Chief of Staff for the Massachusetts Department of Public Health Commissioner's Office, where he advised the Commissioner on all matters pertaining to the functions and operations of the department. Mr. Botticelli has also served as an assistant director of policy and planning for the Massachusetts Department of Public Health, Bureau for HIV/AIDS. Over the years, he has written several articles on substance abuse treatment.

AOD-SBI Meeting Keynote and Plenary Speakers

Wednesday, September 21

Plenary: SBI in world health strategy. *Peter Anderson MD, MPH, PhD, FRCP*



Dr Anderson is a Professor at the Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands and a Professorial Fellow, Institute of Health and Society, Newcastle University, England. He is trained as a general practitioner and a specialist in public health medicine at the University of Oxford and the London School of Hygiene and Tropical Medicine. His PhD thesis was on what family doctors can do to reduce the risk of alcohol. From 1992 to 2000, he worked as the regional advisor for both alcohol and tobacco with the European Office of the World Health Organization, where he prepared and implemented the European Charter on Alcohol, created the European Partnership project to reduce tobacco dependence, and became acting director of the department of public health. Since 2001, he has worked as a consultant in public health and has been an adviser in the field of alcohol and addictions to the European Commission, the World Health Organization and several Ministries of Health around the world. He coordinates several major international research and policy projects for alcohol, addictions and mental health for the European Commission and the World Health Organization. He has over 120 publications in international peer reviewed journals and is the author or editor of some 15 books. He has authored several recent monographs on alcohol for the European Commission and the World Health Organization. He is the co-chair of the World Economic Forum's Global Agenda Council on chronic diseases and well being.

AOD-SBI Meeting Oral Abstract & Workshop Presentations

September 21, 10:45-11:45am

Session Key

AOD = AOD-SBI Meeting

O = Oral presentation

W = Workshop

1st number = Concurrent session #

2nd number = Presentation session #

Ex: AOD1-O1A = AOD-SBI Meeting, Concurrent session 1, Oral session number 1, Abstract A

Concurrent Session AOD-1 Oral Presentation Session 1 Location: Acorn

AOD1-O1A.

How do Health Professionals Learn their Communication Skills? Lessons for SBI Implementation.

Presenting author: Niamh Fitzgerald BScPharm, PhD

Co-authors: n/a

AOD1-O1B.

Educational intervention to improve secondhand smoke awareness, competency, and screening among health professions students

Presenting author: Lisa Merlo, PhD

Co-authors: Noni Graham, Mark Gold

AOD1-O1C.

Alcohol and Drug Co-morbidity Among Survivors of Physical Injuries Receiving Mandated Screening and Brief Intervention at a Level I Trauma Center

Presenting author: Douglas Zatzick, MD

Co-authors: Dennis Donovan, Gregory Jurkovich, Frederick Rivara, Chris Dunn, Rick Reis, Larry Gentilelo

AOD1-O1D.

The Evolution of American College of Surgeons Alcohol Screening and Brief Intervention Mandates

Presenting author: Douglas Zatzick, MD

Co-authors: Larry Gentilelo, Gregory Jurkovich, Dennis Donovan, Chris Dunn, Rick Reis, Frederick Rivara, Daniel Hungerford

Concurrent Session AOD-2 Oral Presentation Session 2 Location: Chestnut

AOD2-O2A.

The Integration of Mental Health and Substance Abuse SBIRT among SAMHSA Grantees

Presenting author: Manu Singh, PhD

Co-authors: Jennifer Kasten, Susan Hayashi, Raphael Gaeta, Rossen Tsanov, Erin Schmeider

AOD-SBI Meeting Oral Abstract & Workshop Presentations

September 21, 10:45-11:45am

Concurrent session AOD-2 continued

AOD2-O2B.

Self-reported drug use six months after a Brief Intervention: Do changes in reported use vary by mental health status?

Presenting author: Antoinette Krupski, PhD

Co-authors: Jeanne M. Sears, Jutta M. Joesch, Sharon Estee, Lijian He, Alice Huber, Chris Dunn, Peter Roy-Byrne, Richard Reis

AOD2-O2C.

Can patients screen themselves? Pilot study of an audio guided computer assisted self interview (ACASI) approach to screening for substance use in primary care

Presenting author: Jennifer McNeely, MD, MS

Co-authors: Brian Gilberti, Rubina Khan, John Rotrosen, Sheila Strauss, Marc Gourevitch

Concurrent Session AOD-3

Oral Presentation Session 3

Location: Walnut

AOD3-O3A.

Fidelity to Motivational Interviewing and subsequent cannabis cessation among adolescents 3 months after brief intervention

Presenting author: Jim McCambridge, PhD

Co-authors: Maria Day, Bonnita Thomas, John Strang,

AOD3-O3B.

Benzodiazepine misuse among women: Elements for Brief Intervention

Presenting author: Ana Regina Noto

Co-author: Ana Rosa Lins de Souza

AOD3-O3C.

Effect of Screening and Brief Intervention for Illegal Drug Use in Southern California

Presenting author: John Clapp, PhD

Co-author: Susan I. Woodruff

AOD3-O3D.

SBIRT for risky stimulant use in a Skid Row community health center

Presenting author: Lillian Gelberg, MD, MSPH

Co-authors: Ronald M. Andersen, Lisa Arangua, Henry Teaford, Niree Hindoyan, Sareen Malikian, Jose C. Muniz Castro, Hugo Yopez, Mani Vahidi

**AOD-SBI Meeting
Oral Abstract & Workshop Presentations**

September 21, 10:45-11:45am

**Concurrent Session AOD-4
Oral Presentation Session 4
Location: West Cedar**

AOD4-O4A.

Enhancing brief intervention with motivational interviewing in primary care settings

Presenting author: Christopher Dunn, PhD

Co-authors: Sarah Geiss Trusz, Kristin Bumgardner, Peter Roy-Byrne

AOD4-O4B.

SBI delivered simultaneously in multiple settings: it is cost-effective but can it influence community-level outcomes?

Presenting author: Anthony Shakeshaft

Co-authors: n/a

AOD4-O4C.

Abstract title: Universal screening for drug use in urban primary care

Presenting author: Richard Saitz, MD, MPH

Co-authors: Daniel Alford, Julie Witas, Donald Allensworth-Davies, Tibor Palfai, Debbie Cheng, Judith Bernstein, Jeffrey Samet

**Concurrent Session AOD-5
Workshop Presentation 1
Location: Esplanade**

AOD5-W1.

Adolescent SBIRT: Practical skills to screen and manage adolescent substance use in the office practice

Presenting author: Sion Harris, PhD

Co-authors: Janet Williams, Sharon Levy

For a detailed description of this workshop, please see "Abstracts" tab, page 8.

AOD-SBI Meeting
Concurrent Group Discussion Sessions
September 21, 1:15-2:15pm

Large Group Session: *Future directions for SBIRT implementation research*
Location: Liberty Ballroom

Discussant: Dean Fixsen, PhD

Small Group Session
Open Group Discussion: *Methodological challenges in SBI research*
Location: West Cedar

Topic: The screening and brief intervention (SBI) methodology session is an opportunity for conference participants to meet with colleagues to discuss difficult methodological challenges that arise when designing and implementing studies of SBI. This session does not have assigned speakers or discussants. It is an unstructured small group learning session. The idea is to learn from the richness, expertise and experience of a unique international gathering of researchers. Participants are invited to bring questions, comments and ideas for a discussion on SBI research methodology.

Small Group Sessions
Research Concept Paper Discussions
Location: Acorn, Walnut, and Chestnut

Topic: As part of the conference registration process, all registrants were invited to bring a Research Concept Paper (RCP), which includes relevant background for and significance of the issue to be studied, the main aim(s) and hypothesis/hypotheses of the study, the design/methods of the study, and how, where and by whom it would be implemented (750 word limit).

The RCP sessions are structured small group brainstorming and discussion, with feedback and questions and answers, for conference participants who are interested in getting input on novel project ideas or proposals.

Examples of RCP proposals include ideas for new studies, response to funding opportunities, manuscripts, or analysis of existing data. The session could also be an opportunity for individuals to present ideas to generate interest from potential collaborators.

One of INEBRIA's key goals is to foster international collaborations in the field, so the RCP sessions are an opportunity to open new doors in that regard. All conference participants, regardless of whether or not they bring a paper, are invited to attend the RCP sessions to provide support and feedback to colleagues, foster collaborations, and learn about innovative work being done in the field of SBI.

8th Annual INEBRIA Conference
New Frontiers: Translating Science to Enhance Health

Welcome and Introductions

Wednesday, September 21, 2011

Welcome to Massachusetts: *Secretary JudyAnn Bigby, MD*



Massachusetts Secretary of Health and Human Services, Dr. JudyAnn Bigby, oversees 17 state agencies and serves in the Cabinet of Governor Deval Patrick. Her broad range of experience — as a primary care physician, professor, researcher and health policy expert — gives her unique insights into how the state can best serve the people of the Commonwealth.

One of Secretary Bigby's top priorities is ensuring the state delivers high-quality and accessible services to Massachusetts residents. Some of the program areas she oversees include health care including the state's Medicaid program; child welfare; public health; disabilities; veterans affairs; and elder affairs. Since her appointment, Secretary Bigby has successfully implemented many aspects of Massachusetts' highly successful health care reform law. The state has adopted its first Olmstead Plan to address the long term needs of elders and persons with disabilities in community settings and she championed the creation of the Office of the Child Advocate to improve the state's child welfare system.

Until her appointment, Dr. Bigby was the Medical Director of Community Health Programs at Brigham & Women's Hospital. She was also Associate Professor of Medicine at Harvard Medical School and Director of the school's Center of Excellence in Women's Health.

Prior to her appointment she served on many boards and expert panels including the Boston Public Health Commission, the Institute of Medicine's Committee on Assuring the Health of the Public in the 21st Century, and the Minority Women's Health Panel of Experts for the US Department of Health and Human Services. She was President of the Society of General Internal Medicine, the only national organization representing primary care internal medicine doctors, from 2003 to 2004.

Welcome to the INEBRIA Conference: *Nick Heather, PhD, INEBRIA President*



Dr. Heather is the President of INEBRIA. After working for ten years as a clinical psychologist in the UK National Health Service, in 1979 Nick Heather developed and led the Addictive Behaviours Research Group at the University of Dundee. In 1987 he became founding Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Australia. He returned to the UK at the beginning of 1994 to take up a post as Consultant Clinical Psychologist at the Newcastle City Health NHS Trust and as Director of the Centre for Alcohol and Drug Studies in Newcastle. Nick retired from salaried work in 2003 and is now Emeritus Professor of Alcohol and Other Drug Studies in the Division of Psychology at Northumbria University. He has published many scientific articles, books, book chapters and other publications, mostly in the area of addictions and with an emphasis on the treatment of alcohol problems. Nick has been President of INEBRIA since 2009.

8th Annual INEBRIA Conference
New Frontiers: Translating Science to Enhance Health

Thursday, September 22

Agenda at a Glance

7:00 – 8:00am (*Liberty Ballroom foyer*)

- Registration and Sign-in (ongoing throughout the day)
- Continental Breakfast

8:00 – 9:15am (*Liberty Ballroom*)

- Welcome and Opening Keynote: *What is a BI, where did it come from, and where is it going?*

9:15 – 10:30am (*Liberty Ballroom*)

- Plenary and audience debate: *What we know and don't know about BI effectiveness*

10:30 – 10:45am BREAK

10:45 – 11:45am Best Abstract Plenary Presentation (*Liberty Ballroom*)

- Stacy Sterling: *Screening for adolescent alcohol and drug use in Pediatrics: Predictors and implications for practice and policy*
- Jonathan Chick: *Paying primary care practitioners to deliver alcohol brief interventions: The Scottish experience*
- John Cunningham: *Ultra-brief intervention for problem drinkers: Three-month follow-up results from a randomized controlled trial*

11:45am – 1:00pm LUNCH (3rd, 4th and 5th floor Rotundas)

1:00 – 2:30pm (5 breakouts – *Walnut, West Cedar, Chestnut, Acorn, Liberty Ballroom*)

- Oral Abstract, Workshop, and Symposium Presentations: *orals 1-O1A—2-O2F, workshops 3-W1 and 4-W2, symposium 5S1*

2:30 – 2:45pm BREAK

2:45 – 4:15pm (*Liberty Ballroom*)

- Plenary: *Implementation of SBI in a nationwide integrated US healthcare system: successes, limitations, and lessons learned*

4:15 – 5:30pm (5th floor Rotunda and Esplanade)

- Poster Session and selection of best poster award recipients

6:30 – 10:30pm Conference Dinner at the Museum of Science*

- 6:30 – 7:15pm Reception/Welcoming Remarks
- 7:15 – 7:45pm Theatre of Electricity show with live demonstration
- 7:45 – 10:30pm Buffet Dinner, live entertainment by the Sylvie Bourbon Quartet

*Pre-registration is required for the Conference Dinner. If you are not yet registered and would like to attend, please see INEBRIA conference staff.

8th Annual INEBRIA Conference Keynote and Plenary Speakers

Thursday, September 22, 2011

Opening Keynote and Plenary: Can widespread screening and brief interventions lead to population-level reductions in alcohol-related harm? *Nick Heather, PhD*



Dr. Heather is the President of INEBRIA. After working for ten years as a clinical psychologist in the UK National Health Service, in 1979 Nick Heather developed and led the Addictive Behaviours Research Group at the University of Dundee. In 1987 he became founding Director of the National Drug and Alcohol Research Centre at the University of New South Wales, Australia. He returned to the UK at the beginning of 1994 to take up a post as Consultant Clinical Psychologist at the Newcastle City Health NHS Trust and as Director of the Centre for Alcohol and Drug Studies in Newcastle. Nick retired from salaried work in 2003 and is now Emeritus Professor of Alcohol and Other Drug Studies in the Division of Psychology at Northumbria University. He has published many scientific articles, books, book chapters and other publications, mostly in the area of addictions and with an emphasis on the treatment of alcohol problems. Nick has been President of INEBRIA since 2009.

Plenary and audience debate: What we know and don't know about BI effectiveness.

Richard Saitz, MD, MPH



Dr. Saitz is a primary care internist and health services researcher. He is the Director of the Clinical Addiction Research and Education (CARE) Unit at Boston University and Boston Medical Center, and directs the Division of Clinical Research Resources for the BUMC Clinical Translational Sciences Institute. His primary areas of expertise and research are screening and brief intervention for unhealthy alcohol and drug use, integrating substance-related and general health care (e.g., chronic disease/care management), and improving the quality of care for people with addictions across the spectrum of use particularly in general medical care settings. He is the author of over 100 peer-reviewed publications, editor of a book on screening and brief intervention and a leading addiction medicine textbook, and editor of *Alcohol, Other Drugs and Health* (www.aodhealth.org) and the journal *Addiction Science & Clinical Practice*. He is past President of the Association for Medical Education and Research in Substance Abuse and former Chairman of the BUMC Institutional Review Board. He is a member of the International Motivational Interviewing Network of Trainers. His research has been supported by NIH, the Robert Wood Johnson Foundation and the SAMHSA CSAP and CSAT. Dr. Saitz also is chair of the INEBRIA Boston Conference Executive Committee.

Plenary: Implementation of SBI in the US Department of Veterans Affairs Health Care System: Lessons Learned. *Katharine Bradley, MD, MPH*



Dr. Bradley is a Senior Investigator at the Group Health Research Institute, in Seattle Washington. She is a primary care general internist and health services researcher with 20 years of experience conducting research related to screening and brief intervention (SBI) for unhealthy alcohol use in medical settings in VA and at University of Washington. Dr. Bradley's research team has: validated the brief AUDIT-C questionnaire in diverse patient populations; developed computerized decision support to integrate alcohol screening and brief intervention into care in the VA; collaborated with VA quality improvement leaders to develop performance measure of SBI; and evaluated the quality of SBI after implementation. She will be presenting on lessons learned and her vision of how SBI can be feasibly integrated in a sustainable manner into evolving concepts of primary care (i.e. "patient centered medical homes").

8th Annual INEBRIA Conference Best Abstract Award Plenary

September 22, 10:45-11:45am, Liberty Ballroom

First Place Best Abstract Award Winner

Lead Author: Stacy Sterling, MPH, MSW

Co-Authors: Andres Hessel, Charles Wibbelsman

Institution/Organization: Kaiser Permanente Northern California

City, State, Country: Oakland, CA, USA

Email: stacy.a.sterling@kp.org

BA-1.

Abstract title: Screening for adolescent alcohol and drug use in pediatrics: Predictors and implications for practice and policy

Introduction: We describe findings from a web survey of pediatric primary care providers (PCPs), and a pilot study of a Screening, Brief Intervention and Referral to Treatment (SBIRT) model of primary care-based adolescent behavioral healthcare.

Methods: The survey (N=437) examined PCP attitudes and knowledge, patient characteristics, and environmental influences, (e.g., mental health parity and medical marijuana laws), and from electronic medical records (EMR), patient demographics, comorbidity, and services utilization. We examined how PCP, panel, and organizational characteristics influence screening practices. The pilot examined whether SBIRT versus usual care increased problem identification and specialty treatment rates, and the feasibility of SBIRT in Pediatrics.

Results: PCPs were less concerned about alcohol than other drug use, rated alcohol use as more difficult to discuss (19% v s 15%) or diagnose (56% vs. 70%) than depression, and were more comfortable discussing sexual practices than alcohol (32% vs. 22%). They were more likely to screen boys than girls, with male PCPs even more likely: 23% vs. 6% ($p < .0001$). Self-reported screening rates were far higher than actual (EMR-documented) rates for all substances. Experience, specialty, and recent AOD training (all $p < .05$) predicted self-reported rates; only patient age predicted actual rates. Organizational approaches (e.g., EMR tools and workflow) may matter more than PCP or patient characteristics in determining screening. SBIRT proved highly feasible. PCPs said that it improved care; more (77) teens were identified and referred for further assessment, and specialty treatment initiation increased from 8.73% to 12% ($p < .0001$).

Conclusions: Organizational factors, lack of training, and discomfort with screening may impact adolescent screening and intervention. We discuss the development of integrated models of care for adolescent behavioral healthcare.

**8th Annual INEBRIA Conference
Best Abstract Award Plenary**

September 22, 10:45-11:45am, Liberty Ballroom

Second Place Best Abstract Award Winner

Lead Author: Professor Jonathan Chick

Co-Authors: n/a

Institution/Organization: Queen Margaret University

City, Country: Edinburgh, Scotland

Email: jonathan.chick@gmail.com

BA-2.

Abstract title: Paying primary care practitioners to deliver alcohol brief interventions: The Scottish experience

Introduction: HEAT stands for Health improvement, Efficiency, Access to services and Treatment in the Scottish health service (NHS) management system that includes a target to reduce health harms due to alcohol. The Government set NHS Scotland a HEAT target of delivering 149,449 alcohol brief interventions between 2008 and 2011. National guidance was offered on delivery models in a range of settings. Targeted, rather than universal, screening was recommended.

Methods: Funds were made available to regions proportionate to the estimated number of harmful and hazardous drinkers in each region. In the region of Lothian a 'Locally Enhanced Service Contract' was agreed the key components of which were: adequate funding; centrally provisioned software allowing easy data entry, payment and audit; training and support for staff undertaking screening and delivery of Alcohol Brief Interventions. Software allowed a choice of screening tool, or none. A minimum of documentation was required.

Results: From October 2008 to mid 2010, 115 of the 126 practices in Lothian had contracted to provide this Enhanced Service. In Lothian, 1236 staff have been trained. For its adult population of 800,000, it was estimated that 32% of females and 39% of males drink in excess of the sensible levels of 2-3 units daily for female and 3-4 units daily for males with 2 alcohol free days per week, the highest of any Scottish health region. Therefore the cumulative target number of alcohol brief interventions to be achieved by NHS Lothian by 31st March 2011 was 23,594

Conclusions: It is likely that this will be reached. One outcome has been a national rise in referrals to secondary services, one that was anticipated by some extra funding. A fall in national consumption appears to be occurring, and possibly hospital admission rates, but economic recession is an additional explanation.

**8th Annual INEBRIA Conference
Best Abstract Award Plenary**

September 22, 10:45-11:45am, Liberty Ballroom

Third Place Best Abstract Award Winner

Lead Author: Professor John Cunningham, PhD

Co-Authors: n/a

Institution/Organization: Centre for Addiction and Mental Health

City, Country: Toronto, Ontario, Canada

Email: john_cunningham@camh.net

BA-3.

Abstract title: Ultra-brief intervention for problem drinkers: Three-month follow-up results from a randomized controlled trial

Introduction: Helping the large number of problem drinkers who will never seek treatment is a challenging issue. Public health initiatives employing educational materials or mass media campaigns have met with mixed success. However, clinical research has developed effective brief interventions to help problem drinkers. This project employed an intervention that has been validated in clinical settings and then modified into an ultra-brief format suitable for use as a public health intervention. The current study comprised of a randomized controlled trial to establish the effectiveness of an ultra-brief, personalized feedback intervention for problem drinkers.

Methods: Problem drinkers (N = 1824) recruited on a baseline population telephone survey were randomized to one of three conditions – a personalized feedback pamphlet condition, a control pamphlet condition, or a no intervention control condition. In the week after the baseline survey, households in the two pamphlet conditions were sent their respective pamphlets by unaddressed mail. Changes in drinking were assessed post intervention at three-month and six-month follow-ups (3-month data available at this time).

Results: The three-month follow-up rate was 83% (n = 1529 participants). Preliminary analyses indicate that there was no significant impact ($p > .05$) of receiving the intervention pamphlet.

Discussion: The ultra-brief intervention had demonstrated promising results in two earlier pilot trials. However, results from the current trial failed to find any impact of this personalized feedback intervention for problem drinkers when it had been delivered to households rather than directly to individuals. Combined with the results from the earlier trials, it is concluded that this intervention may have an impact among recipients who voice an interest in receiving such materials but that it is ineffective as an unsolicited public health intervention.

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 22, 1:00-2:30pm

Session Key

O = Oral presentation

S = Symposium

W = Workshop

1st number = Concurrent session #

2nd number = Presentation session #

Ex: 2-O2F = Concurrent session 2, Oral session number 2, Abstract F

Concurrent Session 1

Oral Presentation Session 1

Location: Acorn

1-O1A.

The Role of Drug Use in Brief Alcohol Interventions: A Multi-Ethnic/Racial Analysis

Presenting author: Craig Field, PhD, MPH

Co-authors: Gerald Cochran, Raul Caetano

1-O1B.

Screening and Brief Intervention for Patients with Tobacco and At-risk Alcohol Use in a Dental Setting

Presenting author: Bonnie McRee, PhD, MPH

Co-authors: Thomas Babor, Frances Del Boca, Janice Vendetti, Cheryl Oncken, Howard Bailit, Joseph Burleson

1-O1C.

Screening and brief interventions for alcohol use in surgical oncology unit: framework, educational program and qualitative analysis of the implementation process

Presenting author: Marion Barrault

Co-authors: Marianne Saint Jacques, Gilliard Jérôme, Grados Clarisse, Garguil Véronique, Anne Boyer, Lakdja Fabrice, Bussieres Emmanuel

1-O1D.

The development of pharmacy brief intervention practice: overview of a research programme

Presenting author: Ranjita Dhital, BSc, MSc

Co-authors: Ian J. Norman, Natasha S. Khan, Jim McCambridge, Peter Milligan

1-O1E.

A pilot study of alcohol Screening and Brief Interventions (SBIs) in Community Pharmacy

Presenting author: Niamh Fitzgerald, BScPharm, PhD

Co-authors: D. Stewart, M. Jaffray, J. Inch, E. Duncan, E. Afolabi, A. Ludbrook

1-O1F.

Alcohol Brief Intervention (BI) Delivered in UK Community Pharmacies: Customers' Experiences

Presenting author: Cate Whittlesea, PhD, MSc Econ, BScPharm

Co-authors: Ranjita Dhital, Ian Norman

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 22, 1:00-2:30pm

Concurrent Session 2
Oral Presentation Session 2
Location: Walnut

2-O2A.

Back to the Future: A very brief history of brief interventions

Presenting author: Jim McCambridge, PhD

Co-authors: John Cunningham, Kypros Kypri

2-O2B.

How does brief motivational intervention works? A mediation analysis

Presenting author: Jacques Gaume, MA, PhD

Co-authors: Nicolas Bertholet, Mohamed Faouzi, Gerhard Gmel, Jean-Bernard Daeppen

Concurrent Session 2 continued

Location: Walnut

2-O2C.

Do research assessments make college students more reactive to alcohol events?

Presenting author: Molly Magill, PhD

Co-authors: Christopher Kahler, Peter Monti, Nancy Barnett

2-O2D.

Alcohol screening, Brief Interventions and Stepped Care with Older Alcohol Users.

Presenting author: Ruth McGovern, BA Hons Social Studies, DipSW, PG Dip Counselling, MA Counselling, PhD Sociology

Co-authors: Simon Coulton, Jude Watson, Martin Bland, Colin Drummond, Eileen Kaner, Christine Godfrey, Alan Hassey, Dorothy Newbury-Birch

2-O2E.

Predictive Value of Readiness, Importance, and Confidence in Ability to Change Drinking and Smoking

Presenting author: Nicolas Bertholet, MD, MSc

Co-authors: Jacques Gaume, Mohamed Faouzi, Jean-Bernard Daeppen, Gerhard Gmel

2-O2F.

Relatively drunk: subjective intoxication and estimated health consequences of alcohol consumption are conditional on the presence of less intoxicated individuals, not level of intoxication

Presenting author: Simon Moore, BSc, PhD

Co-authors: Alex Wood, Gordon Brown, Jonathan Shepherd

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 22, 1:00-2:30pm

Concurrent Session 3
Workshop Presentation 1
Location: West Cedar

3-W1.
Implementing SBI in School-Based Health Centers
Presenting author: Enid Watson, MDiv
Co-authors: Carol D. Girard, Adam Stoler

For a detailed description of this workshop, please see "Abstracts" tab, page 27.

Concurrent Session 4
Workshop Presentation 2
Location: Chestnut

4-W2.
NIDA Clinical Trials Network (CTN) Electronic Health Records Project: Public Opportunity for Input into Standardized Common Data Elements for Drug Abuse Treatment
Facilitator: Udi Ghitza, PhD
Co-authors: Betty Tai, Thomas McLellan, Robert Lindblad, Robert Gore-Langton, Steven Sparenborg, Richard Saitz

For a detailed description of this workshop, please see "Abstracts" tab, page 27.

Concurrent Session 5
Symposium Presentation 1
Location: Ballroom

5-S1.
SBI implementation strategies in 4 Mediterranean Countries (Italy, Portugal and Slovenia and Catalonia): Key elements, commonalities, lessons learnt and the way forward
Discussant: Joan Colom, MD

5-S1A.
Early detection and brief intervention for hazardous and harmful drinkers in PHC in Italy: Evaluation of the strategies, activities and experiences of the Istituto Superiore di Sanità
Presenting author: Emanuele Scafato
Co-authors: S. Ghirini, A. Rossi, L. Galuzzo, S. Martire, L. Di Pasquale, Claudia Gandin

5-S1B.
Alcohol-related problems and primary care in Portugal: The state of the art
Presenting author: Cristina Ribeiro
Co-authors: n/a

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 22, 1:00-2:30pm

Concurrent session 5 continued

5-S1C.

Brief interventions for drink driver offenders in Slovenia

Presenting author: Marko Kolsek

Co-authors: n/a

5-S1D.

Facilitators and obstacles in the institutionalization of EIBI in Catalonia

Presenting author: Lídia Segura

Co-authors: Estela Diaz, Jorge Palacio, Rosa Freixedas, Nuria Bastida, Eulalia Duran, Antoni Gual, Joan Colom

INEBRIA Poster Session

September 22, 4:15-5:30pm, 5th Floor Rotunda and Esplanade

P1

Acute alcohol consumption and motivation to reduce drinking among injured patients in a Swedish emergency department

Presenting author: Anna Trinks, Master of Social Science in Public Health

Co-authors: Karin Festin, Preben Bendtsen, Per Nilsen

P2

Project A.R.T.-E.D.: Alcohol Reduction and HIV Testing in the Emergency Department

Presenting author: E. Jennifer Edelman, MD

Co-authors: An Dinh, Radu Radulescu, Bonnie Lurie, Jeanette Tetrault, Gail D'Onofrio, David Fiellin, Lynn Fiellin (Sullivan)

P3

Delphi study to develop a multidisciplinary SBIRT strategy for risky drinking in Flemish Community

Presenting author: Leo Pas, MD

Co-authors: Evi Bruyninckx, Hilde de Neyer, Tom Defillet

P4

Alcohol-related expectations and risky drinking in young adult Czechs

Presenting author: Hana Sovinova, MD

Co-authors: Ladislav Csemy, Bohumir Prochazka

P5

EI/BI for risky drinkers: An experience with GPs in Florence

Presenting author: Allaman Allamani, MSc

Co-authors: Manuele Falcone

P6

Alcohol consumption and the use of marijuana in young adults

Presenting author: Ladislav Csemy, PhD

Co-authors: Hana Sovinova, Bohumir Prochazka

P7

Social workers' and their customers' attitudes concerning early identification of alcohol related problems

Presenting author: Elina Renko

Co-authors: n/a

P8

Cultural considerations: Alcohol screening & brief interventions in a southern U.S. level 1 trauma center

Presenting author: Laura Veach, PhD, LCAS, LPC

Co-authors: Regina Moro

P9

Who is at risk for alcohol related negative consequences?

Presenting author: Paola Pedrelli, PhD

Co-authors: Charlotte Brill, Fava Maurizio

INEBRIA Poster Session

September 22, 4:15-5:30pm, 5th Floor Rotunda and Esplanade

P10

The relationship between self-stigma and sociodemographic variables

Presenting author: Pollyanna Silveira, MPsy

Co-authors: Gabriela Ferreira, Rhaisa Soares, Flaviane Felicissimo, Fabricia Nery, Ana Luísa Casela, Érika Monteiro, Telmo Ronzani, Ana Regina Noto

P11

The pros of drinking: How the drive for social group membership precipitates alcohol use among young adults

Presenting author: Cydney Dupree, BA

Co-authors: Molly Magill, Timothy Apodaca

P12

Reducing co-occurring alcohol-related consequences and depressive symptoms among university students

Presenting author: Tibor Palfai, PhD

Co-authors: Timothy Ralston, Leslie Wright, Timothy Brown

P13

Implicit cognition as a moderator of brief motivational interventions for alcohol

Presenting author: Tibor Palfai, PhD

Co-authors: Brian Ostafin

P14

Gender differences in alcohol misuse and estimated blood alcohol levels among emergency department patients: implications for brief interventions

Presenting author: Alexis Trillo

Co-authors: Roland Merchant, Janette Baird, Tao Liu, Ted Nirenberg

P15

Importance of routine alcohol screening and brief intervention in women

Presenting author: Aruna Chhabria, MD

Co-authors: J. Paul Seale

P16

Systematic review of the efficacy of brief intervention in reducing alcohol use in women

Presenting author: Carla Gebara

Co-authors: Fernanda Bhona, Aline Vaz, Mayla Diniz, Lelio Lourenço, Ana Regina Noto

P17

Mobile phone text-message-based drinking brief interventions for young adults discharged from the emergency department

Presenting author: Brian Suffoletto, MD

Co-authors: n/a

INEBRIA Poster Session

September 22, 4:15-5:30pm, 5th Floor Rotunda and Esplanade

P18

Website for unhealthy alcohol use: How to make it visible and for whom?

Presenting author: Nicolas Bertholet, MD, MSc

Co-authors: Myriam Rege-Walther, Bernard Burnand, Jean-Bernard Daepfen

P19

A practical example: How alcohol screening and brief intervention can work in a real-life New Zealand primary care environment

Presenting author: Susan Paton, MEd

Co-authors: John McMenamin, Kristen Maynard

P20

Factors that facilitate the implementation of prevention strategies to alcohol risk use in primary health care

Presenting author: Erica Cruvinel

Co-authors: Rafaela Lisboa, Michaela Amaral-Sabadini, Telmo Ronzani

P21

Delivering alcohol screening and alcohol brief interventions within general dental practice: Rationale and overview of the evidence

Presenting author: Andrew McAuley, MSc, BA (Hons)

Co-authors: Christine Goodall, Graham Ogden, Simon Shepherd, Karen Cruikshank, Niamh Fitzgerald

P22

UK community pharmacy-based alcohol Brief Intervention (BI): Significant alcohol consumption reduction in increasing risk drinkers

Presenting author: Natasha Khan, PhD (Psychology), MSc (Clinical Neuroscience), BSc (Psychology with Physiology)

Co-authors: Ranjita Dhital, Cate Whittlesea, Ian Norman, Peter Milligan

P23

A Swedish RCT-trial of early identification and brief intervention. Preliminary findings

Presenting author: Hanna Reinholdz

Co-authors: Fredrik Spak, Agneta Ronstad

P24

Supporting access to AOD treatment: The LA County screening brief intervention, referral and treatment project for short term jail detainees

Presenting author: Anne Lee, MSW

Co-authors: Richard Rawson, Rebecca Beattie

P25

SBIRT among homeless and marginally housed Primary Care (PC) patients in Skid Row

Presenting author: Lillian Gelberg, MD, MSPH

Co-authors: Ronald M. Andersen, Lisa Arangua, Mani Vahidi, Blake Johnson, Vashti Becerra, Colleen Duro, Steve Shoptaw

INEBRIA Poster Session

September 22, 4:15-5:30pm, 5th Floor Rotunda and Esplanade

P26

Adapting SBIRT to tobacco: A hospital trial of warm handoffs for smoking cessation

Presenting author: Kimber Richter, PhD, MPH

Co-authors: Biatriz Carlini, Jamie Hunt, Babalola Faseru, Laura Mussulman

P27

Importance of recognizing discordance between AUDIT-C screening results and drinking reported on individual AUDIT-C questions

Presenting author: Amy Lee

Co-authors: Kate E. Delaney, Gwen T. Lapham, Anna D. Rubinsky, M. Laura Johnson, Katharine A. Bradley

P28

Translating medical SBI into behavioral healthcare practice in work-related settings

Presenting author: Tracy McPherson, PhD

Co-authors: Eric Goplerud

P29

Coaching is a promising way to enhance implementation of best practice methods

Presenting author: Fredrik Spak, MD, PhD

Co-authors: Per Blanck

P30

Brief alcohol training for psychiatric staff

Presenting author: Christina Nehlin, MSc

Co-authors: Anders Fredriksson, Leif Grönbladh, Lennart Jansson

P31

Teaching screening, brief intervention, referral and treatment to social work students

Presenting author: Victoria Osborne, PhD, MSW

Co-authors: Kalea Benner, Carol Snively, Dan Vinson, Bruce Horwitz

INEBRIA Conference Dinner

Thursday, September 22, 6:30-10:30pm

Museum of Science, Boston



We invite you to join us for an unforgettable evening at the Museum of Science, Boston!

Overview: The INEBRIA Conference dinner will be held in the Museum's Blue Wing, which encloses three levels of galleries wrapped around a towering central hall. You will have the pleasure of dining amid high-tech devices and mingling amongst Mesozoic creatures, including a 45-foot-long T. Rex. Ever-changing exhibit components create a dynamic atmosphere, and conference dinner guests will have full access to all the Blue Wing has to offer, including an exciting *Theater of Electricity* demonstration with the world's largest Van de Graaff generator!

Cuisine: Dinner will be provided by Wolfgang Puck Catering, famous for bringing culinary innovation and legendary hospitality to any event. Puck's award-winning chefs draw inspiration from around the globe, while creating seasonal menus using the best quality local and natural ingredients. The event will feature 2 specialty dinner buffet stations, including dessert and coffee, with options to suit every taste and palate. In addition, there will be a special New England dinner enhancement option which includes a 1 ¼ lb. locally-caught lobster with fresh drawn butter. *Note: Advance registration was required to select the New England dinner option. It is not available for on-site orders.*

Music: We are pleased to announce that the *Sylvie Bourban Quartet*, featuring internationally recognized Jazz singer Sylvie Bourban of Switzerland, will be our featured performers. The quartet will delight, inspire and entertain you with jazz standards, Latin music and original compositions throughout the evening.

Getting to the dinner: The Museum of Science is located at 1 Science Park, approximately 12 minutes walking distance from the Liberty Hotel. If you prefer to drive, there is an attached garage. Parking is complimentary on a first-come, first-serve basis *but you will need to bring the garage ticket in to the Museum with you for validation at the Information Desk* (directly inside the main entrance in the lobby).

Space is limited and pre-registration is required. If you are not yet registered for the dinner and would like to attend, please see INEBRIA conference staff.

8th Annual INEBRIA Conference
New Frontiers: Translating Science to Enhance Health

Friday, September 23

Agenda at a Glance

7:00 – 8:00am (*Liberty Ballroom foyer*)

- Registration and Sign-in (ongoing throughout the day)
- Continental Breakfast

8:00 – 9:15am (*Liberty Ballroom*)

- Plenary: *Self-Change: Findings and implications for the treatment of addictive behaviors*

9:15 – 10:45am (*6 breakouts – Walnut, West Cedar, Chestnut, Acorn, Esplanade, Liberty*)

- Oral Abstract, Workshop and Symposium Presentations: *orals 6-O3A—7-O4F, workshops 8-W3 and 9-W4, symposia 10-S2 and 11-S3*

10:45 – 11:00am BREAK

11:00am – 12:15pm (*Liberty Ballroom*)

- Annual General Meeting (AGM) of the INEBRIA Network: *The AGM is the main decision-making body of the network and all INEBRIA members are urged to attend and give their views on important matters to be discussed. All those attending the conference who are not members of INEBRIA but have a strong interest in research or practice regarding alcohol brief interventions are also encouraged to join the network and attend the AGM.*

12:15 – 1:45pm LUNCH (*3rd, 4th and 5th floor Rotundas*)

1:45 – 2:45pm (*Liberty Ballroom*)

- Plenary: *Electronic forms of alcohol screening and brief intervention*

2:45 – 4:15pm (*6 breakouts – Walnut, West Cedar, Chestnut, Acorn, Esplanade, Liberty*)

- Oral Abstract, Workshop and Symposium Presentations: *orals 12-O5A—13-O6E, workshops 14-W5—16-W7, symposium 17-S4*

4:15 – 4:45pm (*Liberty Ballroom*)

- Closing Ceremony
- Adjourn

8th Annual INEBRIA Conference Keynote and Plenary Speakers

Friday, September 23, 2011

Plenary: Self-Change: Findings and Implications for the Treatment of Addictive Behaviors. *Linda Sobell, PhD*



Dr. Sobell is Professor at the Center for Psychological Studies at Nova Southeastern University in Florida. She is nationally and internationally known for her research in the addictions field, particularly brief motivational interventions, the process of self-change, and the Timeline Followback. She is a Fellow in the American Psychological Association, a Motivational Interviewing Trainer, and holds a Diplomat in Cognitive and Behavioral Psychology from the American Board of Professional Psychology. She has given over 300 invited presentations/workshops, published over 275 articles and book chapters, serves on 9 editorial boards, and authored 8 books. Her most recent book, published in 2011 is titled *Group therapy with substance use disorders: A motivational cognitive-behavioral approach* (Guilford Press, NY). She has received several awards including the *Betty Ford Award* from the Association for Medical Education and Research in Substance Abuse, the *Norman E. Zinberg Memorial Award* from Harvard University, the *Distinguished Scientific Contribution Award* from the Society of Clinical Psychology of the American Psychological Association, and the *2008 Charles C. Shepard Science Award* for the most outstanding peer-reviewed research paper on prevention and control published by Centers for Disease Control/ATSDR scientists.

Plenary: Electronic forms of alcohol screening and brief intervention. *Kypros Kypri, PhD*



Associate Professor Kypros Kypri is a behavioral scientist interested in the evaluation of interventions to reduce unhealthy alcohol use and other risk behaviours. He was trained in experimental psychology and public health and currently holds a National Health & Medical Research Council Research Fellowship for research on the prevention of alcohol-related harm. He has expertise in a range of areas including: (1) the design, conduct and analysis of clinical trials of behaviour change interventions; (2) quasi-experimental evaluations of policy interventions; and (3) web-based survey methods.

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 23, 9:15-10:45am

Session Key

O = Oral presentation

S = Symposium

W = Workshop

1st number = Concurrent session #

2nd number = Presentation session #

Ex: 2-O2F = Concurrent session 2, Oral session number 2, Abstract F

Concurrent Session 6
Oral Presentation Session 3
Location: Acorn

6-O3A.

Com-BI-ne: preliminary results of a feasibility trial of brief intervention to improve alcohol consumption and co-morbid outcomes in hypertensive or depressed primary care patients

Presenting author: Ruth McGovern PhD

Co-authors: Graeme Wilson, Catherine Wray, Dorothy Newbury-Birch, Elaine McColl, Chris Speed, Anne Crosland, Paul Cassidy, Dave Tomson, Shona Haining, Eileen Kaner

6-O3B.

A randomised trial of brief intervention strategies in patients with alcohol related facial trauma sustained as a result of interpersonal violence

Presenting author: Christine Goodall, BSc BDS FHEA PhD FDS (OS) RCPSG

Co-authors: Adrian Bowman, Iain Smith, Alex Crawford, Lisa Collin, Ian Holland, Andrew Carton, Fiona Oakey, Ashraf Ayoub

6-O3C.

Relationship between Organizational Climate and Activities to Prevent the Use of Risk of Alcohol, Tobacco and Other Drugs among professionals in Primary Health Care

Presenting author: Erica Cruvinel, Masters Degree

Co-authors: Telmo Ronzani, Ronaldo Bastos

6-O3D.

Setting-specific factors influencing trajectories of alcohol consumption in untreated control groups in early intervention studies for problematic drinking

Presenting author: Gallus Bischof, Ph.D., Dipl. Psych.

Co-authors: Jennis Freyer-Adam, Christian Meyer, John Ulrich, Hans-Juergen Rumpf

6-O3E. Abstract title: Assessment of the SBIRT Implementation Impact in attitudinal changes and moralization of alcohol, tobacco and other drugs

Presenting author: Telmo Ronzani, PhD

Co-authors: Marina Oliveira, Daniela Mota, Erica Cruvinel, Tamires Laport, Leonarndo Martins

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 23, 9:15-10:45am

Concurrent session 6 continued

6-O3F.

Institutionalizing SBIRT in Community Health Centers: The Baltimore Project

Presenting author: Marla Oros, RN, MS

Co-authors: Yngvild Olsen, Colleen Hosler

Concurrent Session 7

Oral Presentation Session 4

Location: Walnut

7-O4A.

National education and implementations initiatives in the field of alcohol and its effect on perceived competence and clinical practice in Swedish primary care.

Presenting author: Fredrik Spak, MD, PhD

Co-authors: Magnus Geirsson, Marika Holmqvist, Preben Bendtsen, Per Nilsen

7-O4B.

Brief FASD prevention intervention: Russian physicians' skills demonstrated in an educational and a clinical trial in Russia

Presenting author: Tatiana Balachova, PhD

Co-authors: Barbara Bonner, Vladimir Shapkait, Galina Isurina, Larissa Tsvetkova, Irina Grandilevskaya

7-O4C.

SBI Training for HIV Healthcare Workers in sub-Saharan Africa

Presenting author: Richard Spence, PhD

Co-authors: n/a

7-O4D.

Colorado's Ryan White SBIRT Collaborative Project: Screening and brief intervention for substance use in HIV/AIDS case management and healthcare settings

Presenting author: Leigh Fischer, MPH

Co-authors: n/a

7-O4E.

Integration of early identification and brief intervention in frontline health services : The case of Quebec.

Presenting author: Marianne Saint-Jacques, Ph.D. Psychology

Co-authors: Thomas G. Brown, Sarah Filion-Bilodeau, John Topp, David Ross, Lucie Legault

7-O4F.

A brief intervention targeting primary care physicians' prescribing of pharmacotherapies for alcohol dependence: can it impact on their prescribing behaviour and reduce hospital inpatient admissions?

Presenting author: Anthony Shakeshaft

Co-authors: n/a

**8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations**

September 23, 9:15-10:45am

**Concurrent Session 8
Workshop Presentation 3
Location: Chestnut**

8-W3.

Assessment Reactivity and Related Methodological Issues for Brief Intervention Trials

Facilitator: Jim McCambridge, PhD

Co-authors: Kypros Kypri, John Witton, Diana Elbourne

For a detailed description of this workshop, please see "Abstracts" tab, page 53..

**Concurrent Session 9
Workshop Presentation 4
Location: West Cedar**

9-W4.

Mainstreaming Alcohol Brief Interventions in Diverse Settings

Facilitator: Niamh Fitzgerald, PhD

Co-authors: n/a

For a detailed description of this workshop, please see "Abstracts" tab, page 53..

**Concurrent Session 10
Symposium Presentation 2
Location: Esplanade**

10-S2.

Innovative methodologies for testing SBIRT in six emergency departments: The Clinical Trials Network's SMART-ED Trial

Discussant: Harold Perl, PhD

10-S2A.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Drug and Alcohol Related Health Problems in Emergency Departments (ED): Review of Outcomes, Implementations, and Cost

Presenting author: Daniel Fischer, M.Ed

Co-authors: Dennis Donovan, Alyssa Forceheimes, Michael Bogenschutz

10-S2B.

Alcohol-SMART-ED Study Design to Examine the Role of Assessment Reactivity in SBIRT

Presenting author: Dennis Donovan, PhD

Co-authors: Michael Bogenschutz, Harold Perl, Alyssa Forceheimes, Byron Adinoff, Raul Mandler, Neal Oden

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 23, 9:15-10:45am

Concurrent session 10 continued

10-S2C.

Factors associated with effective implementation of SBIRT delivered in an emergency department setting

Presenting author: Alyssa Forceheimes, PhD

Co-authors: Cameron Crandall, Michael Bogenschutz, Dennis Donovan, Bob Lindblad, Robrina Walker

10-S2D.

Screening Procedures to Identify Problematic Substance Users in Medical Emergency Departments

Presenting author: Michael Bogenschutz, MD

Co-authors: Dennis Donovan, Cameron Crandall, Robert Lindblad, Raul Mandler, Harold Perl, Alyssa Forceheimes

Concurrent Session 11
Symposium Presentation 3
Location: Liberty Ballroom

11-S3.

SIPS symposium: The effectiveness and cost effectiveness of alcohol screening and brief interventions from the SIPS research programme in England

Discussant: Colin Drummond, MD

11-S3A.

A Randomised Controlled Trial of Different Methods of Alcohol Screening and Brief Interventions in Routine Accident and Emergency Department Care (SIPS-ED) – 12M outcomes

Presenting author: Paolo Deluca, PhD

Co-authors: Colin Drummond, Simon Coulton, Eileen Kaner, Dorothy Newbury-Birch, Tom Phillips, Katherine Perryman, Nick Heather, Christine Godfrey

11-S3B.

Screening and brief alcohol intervention in routine primary care in the UK: SIPS trial 12 month outcomes

Presenting author: Eileen Kaner, PhD

Co-authors: Colin Drummond, Paolo Deluca, Dorothy Newbury-Birch, Simon Coulton,

11-S3C.

A Randomised Controlled Trial of Different Methods of Alcohol Screening and Brief Interventions in Routine Probation Settings (SIPS-CJS) - 12M outcomes

Presenting author: Dorothy Newbury-Birch, PhD

Co-authors: Eileen Kaner, Paolo Deluca, Simon Coulton

11-S3D.

The utility of different screening methods to detect hazardous drinking and alcohol use disorders in the SIPS research programme

Presenting author: Simon Coulton, M.Sc

Co-authors: Colin Drummond, Paolo Deluca, Eileen Kaner, Dorothy Newbury-Birch, Katherine Perryman, Tom Phillips

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 23, 2:45-4:15pm

Session Key

O = Oral presentation

S = Symposium

W = Workshop

1st number = Concurrent session #

2nd number = Presentation session #

Ex: 2-O2F = Concurrent session 2, Oral session number 2, Abstract F

Concurrent Session 12
Oral Presentation Session 5
Location: Acorn

12-O5A.

Evaluation of rollout of alcohol brief interventions in health and social care teams following multi-disciplinary training.

Presenting author: Niamh Fitzgerald, BScPharm, PhD

Co-authors: Heather Molloy, Fiona MacDonald

12-O5B.

Evaluation of a training program on EIBI and cardiovascular risk in Italian GPs

Presenting author: Pierluigi Struzzo

Co-authors: Luigi Canciani, Alberto Gianmarini Barsanti

12-O5C.

Implementation of screening tools and brief intervention by health professionals trained by a distance learning course

Presenting author: Maria Lucia O. Souza-Formigoni, PhD

Co-authors: Ana Paula L. Carneiro, Eroy A. Silva, Paulina CAV Duarte

12-O5D.

Impact of a distance learning training of health professionals on substance use screening and brief intervention on their beliefs and attitudes related to drug use and users

Presenting author: Ana Paula Leal Carneiro, Bachelor

Co-authors: Denise De Micheli, Monica Maino, Jose Carlos Fernandes Galduroz, Yone Moura, Paulina AV Duarte, Maria Lucia O Souza-Formigoni

12-O5E.

Primary care based facilitated access to alcohol reduction websites - a potential solution to the "know do" gap in primary care?

Presenting author: Paul Wallace, MSc FRCGP FFPHM

Co-authors: Leo Pas, Pierluigi Struzzo

**8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations**

September 23, 2:45-4:15pm

Concurrent session 12 continued

12-O5F.

Therapist Effects on Client Drinking Across Four Motivational Interviewing Sessions: A Longitudinal Analysis of Process Predictors

Presenting author: Molly Magill, PhD

Co-authors: Robert Stout, Timothy Apodaca

Concurrent Session 13

Oral Presentations 6

Location: Walnut

13-O6A.

Third generation internet-based brief interventions for problem drinkers: how far can technology take us, and what types of drinkers can be reached?

Presenting author: Trevor van Mierlo, BA(Hons), MScCH, MBA (c), GEMBA (c)

Co-authors: n/a

13-O6B.

RCT of the effectiveness of electronic mail based alcohol intervention with university students: dismantling the assessment and feedback components

Presenting author: Preben Bendtsen, MD, PhD

Co-authors: Jim McCambridge, Marcus Bendtsen, Nadine Karlsson, Per Nilsen

13-O6C.

Investigation of the feasibility of a brief intervention delivered using mobile phones to reduce harmful drinking and injury among trauma patients in New Zealand

Presenting author: Shanthy Ameratunga, MBChB, MPH, PhD

Co-authors: Emily Smith, Bridget Kool, Kimiora Raerino

13-O6D.

Overcoming Challenges to SBI Implementation with Technology: The Promise of Interactive Voice Response Systems

Presenting author: Gail Rose, PhD

Co-authors: John Helzer

13-O6E.

Limitations to Implementing Alcohol Screening with an Electronic Clinical Reminder in the Veterans Affairs Healthcare System: A Qualitative Study

Presenting author: Emily Williams, PhD, MPH

Co-authors: Carol Achtmeyer, Rachel Thomas, Joel Grossbard, Gwen Lapham, Laura Johnson, Evette Ludman, Douglas Berger, Katharine Bradley

**8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations**

September 23, 2:45-4:15pm

**Concurrent Session 14
Workshop Presentation 5
Location: Esplanade**

14-W5.

The Development of a Clinical Decision Support for Illicit Substance Use in Primary Care

Facilitator: Geetha Subramaniam, M.D.

Co-authors: Betty Tai, Robert Lindblad, Bob Gore-Langston, Udi Ghitza

For a detailed description of this workshop, please see “Abstracts” tab, page 64.

**Concurrent Session 15
Workshop Presentation 6
Location: Chestnut**

15-W6.

Brief Intervention Group: Integrating SBIRT in Workplace Settings

Facilitator: Tracy McPherson, PhD

Co-authors: Judy Mickenberg

For a detailed description of this workshop, please see “Abstracts” tab, page 65.

**Concurrent Session 16
Workshop Presentation 7
Location: West Cedar**

16-W7.

**Implementation and Sustainability of SBIRT in SAMHSA Grantees: Shaping the Cross-site
Evaluation of SAMHSA’s Third Cohort of Grantees**

Facilitator: Jeremy Bray, PhD

Co-authors: Carolina Barbosa, Frances Del Boca, William Dowd, Georgia Karuntzos, Bonnie McRee,
Manu Singh, Janice Vendetti, Members of the SBIRT Cross-Site Evaluation Team

For a detailed description of this workshop, please see “Abstracts” tab, page 65.

8th Annual INEBRIA Conference
Oral Abstract, Workshop & Symposium Presentations

September 23, 2:45-4:15pm

Concurrent Session 17
Symposium Presentation 4
Location: Ballroom

17-S4.
SBIRT-related MI Training Methods and Outcomes
Discussant: Sylvia Shellenberger, PhD

17-S4A.
Training SBIRT Health Care Practitioners Using Standardized Patient and Expert Coaching
Presenting author: Mary Velasquez, PhD
Co-authors: Sylvia Shellenberger, Kirk von Sternberg

17-S4B.
Training Medical Students to Conduct Motivational Interviewing: A Randomized Controlled Trial
Presenting author: Jean-Bernard Daeppen, MD
Co-authors: Cristiana Fortini, Nicolas Bertholet, Raphael Bonvin, Alexandre Berney, Pierre-André Michaud, Carine Layat, Jacques Gaume

17-S4C.
Reduction in drinking days and binge drinking days among patients receiving SBIRT services during an emergency department visit: 6 month results from GA BASICS
Presenting author: Joanna Akin, MPH
Co-authors: Aaron Johnson, J. Paul Seale, Gabe Kuperminc

17-S4D.
Screening, brief intervention and referral to treatment (SBIRT) for alcohol and other drug use among adolescents: Evaluation of a pediatric residency curriculum
Presenting author: Sheryl Ryan, MD
Co-authors: Shara Martel, Michael Pantaloni, Steve Martino, Jeanette Tetrault, Stephen Thung, Steven Bernstein, Peggy Auinger, Gail Donofrio

AOD-SBI Meeting and 8th Annual INEBRIA Conference
Author Index

Session Key

AOD = AOD-SBI Meeting

O = Oral presentation

S = Symposium

W = Workshop

P = Poster

BA = Best Abstract Award

1st number = Concurrent session #

2nd number = Presentation session #

Ex: 2-O2F = Concurrent session 2, Oral session number 2, Abstract F

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Adinoff, Bryon	10-S2B	Friday, September 23
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Akin, Joanna	17-S4C	Friday, September 23
Alford, Daniel	AOD4-O4C	Wednesday, September 21
Adinoff, Bryon	10-S2B	Friday, September 23
Allamani, Allaman	P5	Thursday, September 22
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Amaral-Sabadini, Michaela	P20	Thursday, September 22
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Andersen, Ronald M.	AOD3-O3D	Wednesday, September 21
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Apodaca, Timothy	P11	Thursday, September 22
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Arangua, Lisa	AOD3-O3D	Wednesday, September 21
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Auinger, Peggy	17-S4D	Friday, September 23
Ayoub, Ashraf	6-O3B	Friday, September 23
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Full Text Abstracts

Abstracts are arranged chronologically by presentation session. Please consult the Author Index to search for specific authors.

AOD-SBI Meeting Abstracts

Wednesday, September 21

AOD1-O1A.

How do Health Professionals Learn their Communication Skills? Lessons for SBI Implementation.

Presenting author: Niamh Fitzgerald BScPharm, PhD

Co-authors: n/a

Institution/Organization: Create Consultancy Ltd / Robert Gordon University

Abstract:

Background

-While the vital components of effective screening and brief interventions (SBI) are unknown, many studies have defined SBI as including various elements of effective communication.

-If SBI is to become part of routine practice, it is likely that practitioners will need to be comfortable with a high level of communication and a less authoritarian style.

-This study explored how staff across the NHS learn/develop their patient communication skills, attitudes, and behaviours.

Methods

-52 semi-structured, in-depth, qualitative telephone interviews were carried out to saturation point.

-Participants: senior/junior doctors, nurses and allied health professionals in cancer, heart disease, respiratory, palliative and mental health care.

-Interviews were recorded, transcribed in full and analysed thematically.

Results

-Development of communication skills mainly relied on individual practitioners reflecting on their own practice. Few external processes or triggers to encourage or support this among staff were reported.

-Much emphasis was placed by interviewees on learning by observing and modelling others. Again this was generally informal and not actively supported or developed.

-Managers or supervisors reported mainly addressing communication skills with staff only if there was a patient complaint or obvious problem. There were few mechanisms for continuous improvement of skills.

-Formal appraisals of experienced staff tended to focus on interprofessional, not patient, communication.

Conclusions

-In frontline healthcare, there is little overt emphasis on developing how well practitioners communicate with patients, especially as practitioners become more senior.

-Aligning SBI initiatives with initiatives to develop generic communication abilities may have mutual benefits: there are also similar challenges to be overcome.

AOD1-O1B.

Educational intervention to improve secondhand smoke awareness, competency, and screening among health professions students

Presenting author: Lisa Merlo, PhD

Co-authors: Noni Graham, Mark Gold

Institution/Organization: Department of Psychiatry, University of Florida College of Medicine

Abstract:

Alcohol use and tobacco smoke exposure are frequently correlated, with many individuals smoking and/or experiencing secondhand smoke (SHS) exposure while drinking (e.g., in bars, bowling alleys, clubs, etc). Unfortunately, most medical school curricula do not adequately address the topic of screening and brief intervention for tobacco use, SHS exposure, and/or problematic drinking.

AIM: To introduce a practical, three-part educational intervention for health professions schools that addresses consequences of SHS exposure and skill-development in screening and brief intervention.

QUESTIONS: 1) Can information regarding the effects of smoking and SHS exposure be effectively communicated via

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self-directed online lectures? Our online training module includes a videotaped lecture series with accompanying PowerPoint. 2) Can standardized patients be used to assess student diagnostic skills related to SHS exposure and other substance use? Our library of 10 standardized patient cases was developed for medical student instruction and testing. 3) Can demonstration videos assist health professions students in developing counseling skills to be used in brief intervention? Our clinical instruction DVD provides examples of how practitioners can implement motivational interviewing strategies in behavior change counseling related to tobacco use, with or without concurrent alcohol use. SUMMARY: We wish to share these educational materials, which have been successfully implemented at the University of Florida Colleges of Medicine, Dentistry, and Pharmacy. Compared to the control group (no intervention), medical student scores on the SHS Competency Exam improved significantly. 100% of students receiving the intervention reported plans to screen for SHS exposure. These materials may provide high-quality additions to medical and health professional school curricula, while requiring minimum time and effort from faculty.

AOD1-O1C.

Alcohol and Drug Co-morbidity Among Survivors of Physical Injuries Receiving Mandated Screening and Brief Intervention at a Level I Trauma Center

Presenting author: Douglas Zatzick, MD

Co-authors: Dennis Donovan, Gregory Jurkovich, Frederick Rivara, Chris Dunn, Rick Ries, Larry Gentilelo

Institution/Organization: Harborview Medical Center, University of Washington

Abstract:

The American College of Surgeons Committee on Trauma (ACS/COT) has mandated alcohol screening and brief interventions (SBI) for all Level I trauma centers. Few investigations have assessed alcohol and drug co-morbidity among patients receiving mandated alcohol SBI at trauma centers.

Methods: 878 randomly selected hospitalized Level I trauma center patients were systematically screened for alcohol and drug use problems with blood and urine toxicology laboratory results and self-report questionnaire items. All patients were systematically screened for alcohol (blood alcohol concentration (BAC) and AUDIT-C), stimulants (i.e., amphetamine and cocaine, urine toxicology results and a single self-report questionnaire item), marijuana (urine toxicology results and a single self-report item) and prescription and non-prescription opiate use (single self-report item).

Results: Fifty percent (435/878) of patients were BAC and/or AUDIT-C alcohol screen positive. Approximately 20% of patients were screen positive for cocaine, 7.7% for amphetamine, 7.5% for opiates and 37% for marijuana. 61.1% of alcohol screen positive patients had one or more drug co-morbidity. Of the 878 patients, 166 were seen by the trauma center addiction intervention service for mandated alcohol SBI. Of these 166 SBI patients, 33% were exclusively alcohol screen positive, 44% were screen positive for both alcohol and other drugs, 12% were exclusively marijuana, stimulant and opiate screen positive and 11% were screen negative for both alcohol and drugs.

Conclusions: The majority of patients receiving mandated alcohol SBI at a Level I trauma center screened positive for one or more drug co-morbidity. Clinical research protocols that test screening and intervention protocols that realistically account for alcohol and drug co-morbidity are required to inform the iterative development of ACS/COT guidelines.

AOD1-O1D.

The Evolution of American College of Surgeons Alcohol Screening and Brief Intervention Mandates

Presenting author: Douglas Zatzick, MD

Co-authors: Larry Gentilelo, Gregory Jurkovich, Dennis Donovan, Chris Dunn, Rick Ries, Frederick Rivara, Daniel Hungerford

Institution(s)/Organization(s): Harborview Medical Center, University of Washington;

Abstract:

Over the past five years trauma center alcohol screening and brief intervention (SBI) implementation has advanced considerably. A key catalyst has been the American College of Surgeons Committee on Trauma's (ACS/COT) willingness to consider policy guidelines based on empiric investigation. This presentation will summarize data on and policy discussions pertaining to the college's current implementation of the alcohol SBI mandate at US trauma centers.

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Methods: Trauma programs at all US Level I trauma centers (N = 204) were contacted and asked to complete a survey regarding alcohol SBI practices in the year before the ACS/COT requirement became standard practice. A questionnaire that assessed alcohol screening methods and intervention capacity was developed to evaluate pre-mandate SBI practices.

Results: 148 of 204 (73%) of Level I trauma centers responded to the survey. Over 70% of responding centers routinely employed laboratory tests to screen patients for alcohol; 39% routinely used a screening questionnaire or standardized screening instrument. Screen positive patients received a formal alcohol consult or an informal alcohol discussion with staff members approximately 25% of the time. An overview of a recent ACS/COT policy conference that reviewed these implementation data and ongoing alcohol SBI policy at US trauma centers will also be presented.

Conclusions: Marked variability across Level I trauma centers in the percentage of patients screened and in the nature and extent of intervention delivery in screen positive patients was observed before implementation of the ACS/COT alcohol SBI mandate. In the wake of the ACS/COT requirement, orchestrated research and policy efforts could systematically implement and evaluate training in the delivery of evidence-based alcohol interventions as well as training in the development of trauma center organizational capacity for the sustained delivery of SBI.

AOD2-O2A.

The Integration of Mental Health and Substance Abuse SBIRT among SAMHSA Grantees

Presenting author: Manu Singh, PhD

Co-authors: Jennifer Kasten, Susan Hayashi, Raphael Gaeta, Rossen Tsanov, Erin Schmeider

Institution/Organization: JBS International, Inc.

Abstract:

Since 2004, SAMHSA funded 3 cohorts of State grantees to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT), a public health model to identify and address risky levels of alcohol or other drugs use. A sustainability study of the Cohort I SAMHSA SBIRT grantees was conducted using telephone interviews, on-site interviews, and structured observations. Results indicated that the 7 of the 9 sites sustained SBIRT services for alcohol and drugs post SAMHSA funding by incorporating services into a broader wellness model that screened for all behavioral, mental, and physical health together. Under this holistic model, SBIRT staff of sustained programs reported greater integration into the host medical facility, buy-in from medical staff, and increased potential for third party reimbursement for SBIRT services. The literature and findings from the World Health Organization further confirm the effectiveness of adapted SBIRT models for mental health in reducing depressive symptoms and improving control of anxiety. The findings from the SBIRT sustainability study and the literature warrant a further study among the current SAMHSA SBIRT grantees to examine the status of mental health in the delivery of SBIRT for substance use. SAMHSA has begun to work with grantees on the integration of mental health services as part of the SBIRT process. To examine grantee technical assistance needs related to this, in June 2011, SAMHSA SBIRT grantees will report on the extent to which they are screening and delivering services for mental health, how services are delivered, and what grantees' perceptions are of the needs for mental health services among their populations and the importance of addressing those needs. The results of this reporting will be presented and discussed as related to the Cohort 1 sustainability study findings, the literature and future directions for the sustainability of SBIRT programs.

AOD2-O2B.

Self-reported drug use six months after a Brief Intervention: Do changes in reported use vary by mental health status?

Presenting author: Antionette Krupski, PhD

Co-authors: Jeanne M. Sears, Jutta M. Joesch, Sharon Estee, Lijian He, Alice Huber, Chris Dunn, Peter Roy-Byrne, Richard Ries

Institution/Organization: CHAMMP, University of Washington at Harborview Medical Center

Abstract:

Purpose: Although brief interventions (BIs) for alcohol and other drug problems have often been associated with subsequent decreased levels of self-reported substance use, there is little information in the extant literature as to whether individuals with co-occurring hazardous substance use and mental illness would benefit from BIs to the same extent as those without mental illness despite high rates of estimated co-morbidity. The purpose of the present study was to

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examine this question. Method: This study took advantage of a naturalistic situation where a Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program had been implemented in a large hospital emergency department in Seattle. A subset of patients who had received BIs was interviewed six months later about their current alcohol/drug use. A search of these patients' medical records allowed us to divide the sample into patients with and without evidence of mental illness and to analyze their self-reported drug use. Results: Although unadjusted means indicated a possible decrease in illegal drug use between baseline and follow up interviews for both groups, there was no significant difference between mentally ill and non-mentally ill subgroups with regard to the self-reported amount of change. Changes in self-reported alcohol and binge drinking days showed a similar pattern. Conclusion: Although the lack of a comparison group prevents us from attributing change in reported use to the BI alone, these data suggest that BI may not have a differing impact on subsequent drug and alcohol use based on the presence of a mental health diagnoses.

AOD2-O2C.

Can patients screen themselves? Pilot study of an audio guided computer assisted self interview (ACASI) approach to screening for substance use in primary care

Presenting author: Jennifer McNeely, MD, MS

Co-authors: Brian Gilberti, Rubina Khan, John Rotrosen, Sheila Strauss, Marc Gourevitch

Institution/Organization: NYU School of Medicine

Abstract:

Lack of a brief, validated screening and assessment tool to identify problematic drug use is a significant barrier to integrating screening, brief intervention and referral to treatment (SBIRT) services into primary care settings. Because patient self-administered screening is potentially more efficient than the traditional face-to-face approach, we undertook a pilot study examining the feasibility and acceptability of an audio guided computer assisted self interview (ACASI) to identify substance use. Methods: We adapted the WHO Alcohol and Substance Involvement Screening Test (ASSIST) to ACASI format and administered it on touch-screen tablet computers. English and Spanish speaking patients were recruited from a large urban primary care clinic. Participants completed the ACASI ASSIST in the waiting area, and received a \$4.50 transit card. Results: Of 47 eligible patients approached, 35 (74%) agreed to participate. Participants were 57% male, mean age 49 years (range 28-72, SD=11). The majority (54%) were foreign born and 50% were Hispanic, 29% African American. 25 completed the ASSIST in English, 10 in Spanish. 30 participants (86%) screened positive for lifetime use of alcohol, and 18 (51%) for other drugs (excluding tobacco). 22 (63%) had used alcohol and/or other drugs in the past 3 months, and 13 (37%) had moderate or high risk use (6 alcohol, 11 other drugs, 4 both). Mean time to complete the ACASI ASSIST was 5.6 minutes (range 1.5-17.2, SD=3.2); responses were 100% complete. All but one participant felt comfortable answering these questions on the computer. Most either preferred the computer to an interviewer (50%) or had no preference (38%). Conclusions: This pilot study indicates that computer-assisted substance use screening may be feasible and acceptable among a culturally diverse primary care patient population. Our next step will be to evaluate the validity of the ACASI-administered ASSIST.

AOD3-O3A.

Fidelity to Motivational Interviewing and subsequent cannabis cessation among adolescents 3 months after brief intervention

Presenting author: Jim McCambridge, PhD

Co-authors: Maria Day, Bonnita Thomas, John Strang,

Institution/Organization: The London School of Hygiene & Tropical Medicine, University of London

Abstract:

Background: This study tested whether differences in cannabis cessation 3 months after a single session of Motivational Interviewing (MI) may be attributable to fidelity to MI. Methods: All audio-recordings with necessary 3-month follow-up data (n=75) delivered by four individual practitioners within a randomised controlled trial (RCT) were used. Participants were weekly or more frequent cannabis users aged 16-19 years old in Further Education colleges. All tapes were coded with the Motivational Interviewing Treatment Integrity (MITI) scale Version 2 by 2 coders. Satisfactory inter-rater reliability was achieved. Results: Differences between and within practitioners in fidelity to MI were consistently detected. After controlling for practitioner effects, Motivational Interviewing spirit and the proportion of complex reflections, were independently predictive of cessation outcome. No other aspects of fidelity were associated with outcome.

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Conclusions: Two particular aspects of enhanced fidelity to MI are predictive of subsequent cannabis cessation 3 months after a brief intervention among young cannabis users.

AOD3-O3B.

Benzodiazepine misuse among women: Elements for Brief Intervention

Presenting author: Ana Regina Noto

Co-author: Ana Rosa Lins de Souza

Institution/Organization: Departamento de Psicobiologia, Universidade Federal de São Paulo

Abstract:

The misuse of benzodiazepines (BDZ) among women has raised international concern and interest, but subsidies for prevention are still scanty. This study aimed at analyzing BDZ misuse among women, with an emphasis on the search for subsidies for Brief Intervention (BI). Methodology: 33 women between 18 and 60 years old, with a history of misuse of BDZ in the year, comprised the intentional sample selected by criteria. They had a semi-structured interview whose content was transcribed and submitted to content analysis with the help of the software NVivo. Result: The median age of the interviewees was 46 years. Most of them reported a much longer period of BDZ use (median of 7 years) than the recommended one, but with medical follow-up and prescription. The reasons reported for use were to reduce anxiety, fight insomnia or "escape from problems". About half of them (N=14) reported they intend to continue using in spite of knowing the possibility of dependence and/or other risks. One third of the sample reported the use of strategies to quit and/or reduce use, among which praying, practicing relaxation and doing psychotherapy. Conclusion: Even though they had medical follow-up, many users presented a low perception of the risks of BDZ, keeping the use for several years with no concern for dependence. In those cases, BI might be very useful to raise awareness of the users concerning the benefits of replacing BDZ with alternative strategies to cope with anxiety or insomnia.

AOD3-O3C.

Effect of Screening and Brief Intervention for Illegal Drug Use in Southern California

Presenting author: John Clapp, PhD

Co-author: Susan I. Woodruff

Institution/Organization: San Diego State University

Abstract:

Introduction: The California Screening, Brief Intervention, and Referral to Treatment (CASBIRT) program provided services to over 120,000 emergency/trauma patients throughout the ethnically-diverse San Diego County from 2007 through 2010. This study examines outcomes for drug users screened in emergency departments (ED) throughout the county.

Methods: Universal screening using the ASSIST was offered to all capable adult patients by trained bilingual/bicultural health educators in 12 ED/trauma centers over a 3 year period. Patients who screened positive with the ASSIST were given brief motivational feedback/intervention matched to risk level. A random sample of patients was targeted for a follow-up telephone interview six months later. This analysis includes those who reported risky drug use in excess of risky alcohol use at their initial screening.

Results: A total of 1,171 patients reported risky drug use at intake and were targeted for follow-up. About 32% (n=373) were actually interviewed by telephone at the follow-up. We conducted analyses per intent to treat, and recoded missing follow-up values using the "last value carried forward" approach. Half of the resulting sample of 1,171 patients was male; the average age was 37 (SD=13.3). The sample was comprised of 44% Non-Latino White, 35% Latino, 15% Black, and 7% Other racial/ethnic groups. The substance most commonly reported by far was marijuana (29%), followed by methamphetamine (13%), and heroin (7%). There was a significant entry-to-follow-up reduction in the percent reporting any use of illegal drugs in the past month (53% to 38%, $F=35.33$, $p < .001$). Days of use of illegal also showed reductions, from a mean of 5 days to 4 days ($F=63.74$, $p < .001$).

Conclusions: These results based on a conservative analysis approach demonstrated that CASBIRT had statistically significant effects on patients' self-reported illegal drug use.

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AOD3-O3D.

SBIRT for risky stimulant use in a Skid Row community health center

Presenting author: Lillian Gelberg, MD, MSPH

Co-authors: Ronald M. Andersen, Lisa Arangua, Henry Teaford, Niree Hindoyan, Sareen Malikian, Jose C. Muniz Castro, Hugo Yezpez, Mani Vahidi

Institution/Organization: UCLA Department of Family Medicine & School of Public Health

Abstract:

Background. NIDA/UCLA Quit Using Drugs Intervention Trial (QUIT) aims to conduct an RCT of a primary care based very brief intervention protocol for reducing risky stimulant use and drug-related harm in low-income, racially-diverse primary care patients of safety-net clinics in Los Angeles. QUIT emphasizes screening, very brief clinician advice (2-3 minutes), and two telephone drug-use health education sessions vs usual care control (240 per condition). We present findings on recruitment in a Skid Row clinic.

Methods. Between February 18 to April 28, 2011, pre-visit screening of adults in the waiting room was conducted using a touchscreen Tablet PC. 'At risk' drug use is defined as casual, frequent, or binge use without the physiological or psychological manifestations of dependence, that is a score of 4 to 26 on the WHO Alcohol Substance Involvement Screening Test (ASSIST).

Results. 920 adult patients were approached: 89% were 40+ yo; 68% male; 62% Black, 21% Latino, 17% white. 706 were excluded prior to the ASSIST (pregnant, non primary care visit, refusal). Among the 214 who completed the ASSIST, substance use rates were no/low risk 11%, moderate risk 42%, dependence 47%. Ns were respectively: tobacco (55, 101, 58), alcohol (62, 98, 54), cannabis (94, 77, 43), cocaine (89, 74, 51), methamphetamine/amphetamine type stimulants (145, 45, 23), inhalants (185, 20, 9), sedatives (143, 45, 26), hallucinogens (174, 30, 10), opioids (130, 54, 30). 50+ year olds were more likely to use tobacco, alcohol, cannabis, and cocaine; younger patients were more likely to use amphetamines, inhalants, sedatives, hallucinogens, and opiates. 27 patients (3% of those approached) met study criteria of past 3 mo risky stimulant use. 70% were homeless and 30% were marginally housed.

Conclusions. In Skid Row, only 3% of patients qualified for a risky stimulant use SBIRT.

AOD4-O4A.

Enhancing brief intervention with motivational interviewing in primary care settings

Presenting author: Christopher Dunn, PhD

Co-authors: Sarah Geiss Trusz, Kristin Bumgardner, Peter Roy-Byrne

Institution/Organization: Harborview Medical Center, University of Washington

Abstract:

Training in screening, brief interventions (BI), and referral to treatment for substance abuse is being widely disseminated and implemented in a variety of healthcare settings. Motivational Interviewing (MI) counseling style and method is thought to enhance BI effectiveness. The science of BI-MI training has not yet established optimal training doses for interventionist trainees to reach beginning competence. This study implemented and evaluated two training packages for teaching BI-MI, an 8-week comprehensive and 4-week accelerated training, in primary care medical settings. Interventionist trainees were medical social workers (n = 22) in primary care clinics serving safety net population patients with drug abuse. Trained coders evaluated post-training BI and MI performance during standardized patient role play interviews using a checklist of BI clinical tasks and the Motivational Interviewing Treatment Integrity 3.0 coding system. Both training models yielded similar end-point MI skill levels. The proportions of all learners who reached beginning proficiency on MI skills by the end of training were comparable to those reported in similar MI training outcome studies (between 25% and 65%). Results suggest that some practitioners working in busy medical settings can learn BI and reach beginning proficiency in MI in as little as one month. Adherence to BI content and MITI outcomes with live patients in primary care settings will also be presented.

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AOD4-O4B.

SBI delivered simultaneously in multiple settings: it is cost-effective but can it influence community-level outcomes?

Presenting author: Anthony Shakeshaft

Co-authors: n/a

Institution/Organization: National Drug and Alcohol Research Centre

Abstract:

Introduction

A 20 community RCT, the Alcohol Action in Rural Communities (AARC) project, provided the opportunity to examine the cost effectiveness (CE) of SBI delivered simultaneously in general practice (GP), pharmacy and emergency department (ED) settings, and the community level impact on problem drinking.

Methods

For the GP and pharmacy delivered SBI, decision models and scenario analyses assessed outcomes and costs in the 10 experimental communities of the RCT. For the ED delivered SBI, an RCT design was used to examine the CE of mailed, personalised feedback.

Results

For both GP and pharmacy SBI, the most CE outcome is to increase screening alone: GPs and pharmacies screening all patients achieved an incremental cost effectiveness ratio (ICER) of AUD\$197 and \$AUD29 respectively, per risky drinker who reduced drinking. The ED based SBI achieved a reduction of 2.6 fewer drinks/week, at an average cost of \$5.55 per patient and an ICER of \$2.13 for a one standard drink reduction in average weekly consumption.

In addition to CE, the AARC community approach provided the opportunity to analyse the effect of SBI on community level outcomes. Currently, 19% of risky drinkers in a community visit a GP and reduce their drinking, which would increase to 36% if all patients got SBI. Similarly, 23% of risky drinkers in a community visit a pharmacy and reduce their drinking, which would increase to 34% if they all got SBI.

Conclusions

Although our results confirm SBI is cost effective, the impact at the community level is unclear: if all GPs and pharmacists delivered SBI to all their risky drinking patients, only 34-36% would reduce their drinking. A trial that assessed the impact of SBI delivered in multiple settings simultaneously on community level indicators of alcohol harm would begin to move the field toward demonstrating the cost benefit, as well as cost effectiveness, of SBI.

AOD4-O4C.

Universal screening for drug use in urban primary care

Presenting author: Richard Saitz, MD, MPH

Co-authors: Daniel Alford, Julie Witas, Donald Allensworth-Davies, Tibor Palfai, Debbie Cheng, Judith Bernstein, Jeffrey Samet

Institution/Organization: Boston University & Boston Medical Center

Abstract:

Introduction: We describe universal screening in a large urban hospital-based primary care practice.

Methods: Trained staff aimed to screen all adult patients presenting for primary care visits between 7/2010 and 2/2011.

Screening included 3 items about past 3-month use: 1) frequency of heavy drinking (>3 standard drinks for women, >4 for men, in a day); 2) any use of prescription sedatives, opioids or amphetamines without a prescription or in greater amounts than prescribed; 3) any use of illicit drugs. A convenience sample of those who screened positive for drug use were evaluated for eligibility to be in a study of brief counseling efficacy; enrollment resulted in further research assessment.

Results: During 6 months, 15,818 patients arrived for primary care appointments; of these, 5549 (35%) were screened, 539 (10%) of whom reported heavy drinking (321, 5.9% of those screened) or drug use (338, 6.2% of those screened). Of the 539, 41% reported drug use only, 38% heavy drinking only and 21% both. Of patients eligible for the brief counseling study for drug use (i.e., drug use, not pregnant, able to provide 2 contacts for follow-up, willing to return for research

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assessments, spoke English), 14% had lower risk scores (2 or 3) on the Alcohol Smoking and Substance Involvement Screening Test (ASSIST). Of those with scores of 4 or more (moderate risk), marijuana was the drug of most concern for 61%, cocaine for 19%, and opioids for 18%; 21% reported prescription drug misuse, 31% used more than 1 drug, 20% had high risk ASSIST scores (27+), and 48% met criteria for drug dependence.

Conclusion: In-person universal screening in busy urban primary care settings reaches some but misses many. Drug use prevalence was 6.2%, most of which was marijuana, and many had drug dependence. Most drug use would have been missed if drug screening had been done only for those who screened positive for heavy drinking.

AOD5-W1.

Adolescent SBIRT: Practical skills to screen and manage adolescent substance use in the office practice

Presenting author: Sion Harris, PhD

Co-authors: Janet Williams, Sharon Levy

Institution/Organization: Children's Hospital Boston

Abstract:

Alcohol and drug use contribute to significant medical and mental health issues among adolescents in the United States. Emerging research on brain development substantiates the value of focusing prevention, screening and early intervention efforts on adolescents: those who reach the age of 21 without developing an addiction are unlikely to do so afterwards. The Center for Substance Abuse Treatment (CSAT) and the American Academy of Pediatrics recommend that as part of optimal adolescent health care, clinicians should routinely and effectively screen all adolescents for substance use. This framework is referred to as Screening, Brief Intervention and Referral to Treatment, or SBIRT. Practitioners have many barriers to adolescent substance use screening in the medical home, including lack of time, training, tools or treatment resources. This workshop will 1) review recent research that has shaped policy guidelines in adolescent SBIRT; 2) present a research-informed, adolescent-appropriate SBIRT algorithm as well as supplementary strategies that providers can use to detect and manage adolescent substance use in primary care; 3) review three medical care categories with particular substance use risks and considerations - attention deficit-hyperactivity disorder, pain management and drug testing; and 4) demonstrate American Academy of Pediatrics-endorsed tools designed for resident physician training and practitioner CME in adolescent SBIRT skills. Learning methods will include interactive case discussions and take-home materials will be provided.

INEBRIA Conference Best Abstract Award Winners Thursday, September 22

BA-1. First Place Best Abstract Award Winner

Screening for adolescent alcohol and drug use in pediatrics: Predictors and implications for practice and policy

Presenting author: Stacy Sterling, MPH, MSW

Co-authors: Andres Hessel, Charles Wibbelsman

Institution/Organization: Kaiser Permanente Northern California

Abstract:

Introduction: We describe findings from a web survey of pediatric primary care providers (PCPs), and a pilot study of a Screening, Brief Intervention and Referral to Treatment (SBIRT) model of primary care-based adolescent behavioral healthcare.

Methods: The survey (N=437) examined PCP attitudes and knowledge, patient characteristics, and environmental influences, (e.g., mental health parity and medical marijuana laws), and from electronic medical records (EMR), patient demographics, comorbidity, and services utilization. We examined how PCP, panel, and organizational characteristics influence screening practices. The pilot examined whether SBIRT versus usual care increased problem identification and specialty treatment rates, and the feasibility of SBIRT in Pediatrics.

Results: PCPs were less concerned about alcohol than other drug use, rated alcohol use as more difficult to discuss (19% v s 15%) or diagnose (56% vs. 70%) than depression, and were more comfortable discussing sexual practices than alcohol (32% vs. 22%). They were more likely to screen boys than girls, with male PCPs even more likely: 23% vs. 6% ($p < .0001$). Self-reported screening rates were far higher than actual (EMR-documented) rates for all substances. Experience, specialty, and recent AOD training (all $p < .05$) predicted self-reported rates; only patient age predicted actual rates. Organizational approaches (e.g., EMR tools and workflow) may matter more than PCP or patient characteristics in determining screening. SBIRT proved highly feasible. PCPs said that it improved care; more (77) teens were identified and referred for further assessment, and specialty treatment initiation increased from 8.73% to 12% ($p < .0001$).

Conclusions: Organizational factors, lack of training, and discomfort with screening may impact adolescent screening and intervention. We discuss the development of integrated models of care for adolescent behavioral healthcare.

BA-2. Second Place Best Abstract Award Winner

Paying primary care practitioners to deliver alcohol brief interventions: The Scottish experience

Presenting author: Professor Jonathan Chick

Co-authors: n/a

Institution/Organization: Queen Margaret University

Abstract:

Introduction: HEAT stands for Health improvement, Efficiency, Access to services and Treatment in the Scottish health service (NHS) management system that includes a target to reduce health harms due to alcohol. The Government set NHS Scotland a HEAT target of delivering 149,449 alcohol brief interventions between 2008 and 2011. National guidance was offered on delivery models in a range of settings. Targeted, rather than universal, screening was recommended.

Methods: Funds were made available to regions proportionate to the estimated number of harmful and hazardous drinkers in each region. In the region of Lothian a 'Locally Enhanced Service Contract' was agreed the key components of which were: adequate funding; centrally provisioned software allowing easy data entry, payment and audit; training and support for staff undertaking screening and delivery of Alcohol Brief Interventions. Software allowed a choice of screening tool, or none. A minimum of documentation was required.

Results: From October 2008 to mid 2010, 115 of the 126 practices in Lothian had contracted to provide this Enhanced Service. In Lothian, 1236 staff have been trained. For its adult population of 800,000, it was estimated that 32% of females and 39% of males drink in excess of the sensible levels of 2-3 units daily for female and 3-4 units daily for males with 2 alcohol free days per week, the highest of any Scottish health region. Therefore the cumulative target number of alcohol brief interventions to be achieved by NHS Lothian by 31st March 2011 was 23,594

Conclusions: It is likely that this will be reached. One outcome has been a national rise in referrals to secondary services, one that was anticipated by some extra funding. A fall in national consumption appears to be occurring, and possibly hospital admission rates, but economic recession is an additional explanation.

INEBRIA Conference Best Abstract Award Winners **Thursday, September 22**

BA-3. Third Place Best Abstract Award Winner

Ultra-brief intervention for problem drinkers: Three-month follow-up results from a randomized controlled trial

Presenting author: Professor John Cunningham, PhD

Co-authors: n/a

Institution/Organization: Centre for Addiction and Mental Health

Abstract:

Introduction: Helping the large number of problem drinkers who will never seek treatment is a challenging issue. Public health initiatives employing educational materials or mass media campaigns have met with mixed success. However, clinical research has developed effective brief interventions to help problem drinkers. This project employed an intervention that has been validated in clinical settings and then modified into an ultra-brief format suitable for use as a public health intervention. The current study comprised of a randomized controlled trial to establish the effectiveness of an ultra-brief, personalized feedback intervention for problem drinkers.

Methods: Problem drinkers (N = 1824) recruited on a baseline population telephone survey were randomized to one of three conditions – a personalized feedback pamphlet condition, a control pamphlet condition, or a no intervention control condition. In the week after the baseline survey, households in the two pamphlet conditions were sent their respective pamphlets by unaddressed mail. Changes in drinking were assessed post intervention at three-month and six-month follow-ups (3-month data available at this time).

Results: The three-month follow-up rate was 83% (n = 1529 participants). Preliminary analyses indicate that there was no significant impact ($p > .05$) of receiving the intervention pamphlet.

Discussion: The ultra-brief intervention had demonstrated promising results in two earlier pilot trials. However, results from the current trial failed to find any impact of this personalized feedback intervention for problem drinkers when it had been delivered to households rather than directly to individuals. Combined with the results from the earlier trials, it is concluded that this intervention may have an impact among recipients who voice an interest in receiving such materials but that it is ineffective as an unsolicited public health intervention.

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Thursday, September 22

1-O1A.

The Role of Drug Use in Brief Alcohol Interventions: A Multi-Ethnic/Racial Analysis

Presenting author: Craig Field, PhD, MPH

Co-authors: Gerald Cochran, Raul Caetano

Institution/Organization: The University of Texas at Austin

Abstract:

Introduction

To advance the understanding within the field regarding the role drug use plays in brief intervention, we examined the effects of baseline drug dependence on alcohol use outcomes and the effects of brief alcohol intervention on drug use for injured patients.

Methods

Hierarchical Linear Modeling was used to conduct secondary analyses with data from a randomized trial for patients admitted to a Level-1 trauma center who screened positive for alcohol misuse. A series of two-level models were developed to test: (1) the interaction of drug dependence and treatment for alcohol use outcomes for Hispanic (n=539), Caucasian (n=667), and Black (n=287) patients and (2) the effects of a brief alcohol intervention on drug use at 12-months for Hispanic, Caucasian, and Black patients.

Results

Results of analyses for an interaction of drug dependence at baseline and treatment showed significant effects in Hispanics patients but not Whites or Blacks at both six- and 12-months for percent days abstinent (6-month: B=.27, SE=.10, P=.006; 12-month: B=.41, SE=.11, P<.001), volume per week (6 month: B=-1.91, SE=.77, P=.01; 12 month: B=-2.71, SE=.86, P=.002), and maximum amount consumed per drinking occasion (6 month: B=-1.08, SE=.46, P=.02; 12 month: B=-1.62, SE=.52, P=.002). Analyses for drug use as an outcome at 12-months showed no significant effects for any race/ethnicity group.

Conclusions

In contrast to Whites and Blacks, Hispanic patients with drug dependence who received interventions were more likely to reduce drinking than those receiving standard care. Brief alcohol intervention did not appear to influence drug use at follow-up among any of the race/ethnic groups. These results suggest drug use at baseline does not negatively influence drinking outcomes, and brief alcohol interventions do not appear to influence drug use. Interventions targeting drug use may be more likely to influence drug use.

1-O1B.

Screening and Brief Intervention for Patients with Tobacco and At-risk Alcohol Use in a Dental Setting

Presenting author: Bonnie McRee, PhD, MPH

Co-authors: Thomas Babor, Frances Del Boca, Janice Vendetti, Cheryl Oncken, Howard Bailit, Joseph Bureson

Institution/Organization: University of Connecticut Health Center

Abstract:

Introduction: Despite the relevance of Screening and Brief Intervention (SBI) to the prevention of dental pathology, particularly with tobacco and at-risk alcohol use, there has been less attention to the determination of its effectiveness in dental settings. Further, most SBI research efforts have focused on the treatment of single risk factors despite the fact that use of psychoactive substances tends to co-occur. There is also debate about the optimal timing of interventions for multiple risk behaviors, whether to intervene simultaneously or sequentially. **Methods:** This study was designed to test the efficacy of SBI practices aimed at dental patients who were both smokers and at-risk drinkers. Participants (N=288) were randomized into four experimental conditions to 1) test the efficacy of comparative interventions for tobacco and at-risk alcohol users when delivered separately and in combined forms, and 2) to compare the effects of sequential vs. simultaneous interventions. **Results:** The results indicated that individuals in each of three active brief intervention (BI) groups (Alcohol BI, Tobacco BI, Combined Alcohol and Tobacco BI) significantly reduced their self-reported drinks per week and cigarettes per day compared with those in the wait-list control group. There was no advantage to the combined versus single-substance focused interventions as individuals changed both behaviors regardless of the treatment intervention received. No significant differences in self-reported drinks per week or cigarettes per day were found between

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those receiving simultaneous versus the sequential interventions. Conclusions: The findings have implications for the design of BIs aimed at multiple substance use and imply that no matter where a provider begins with respect to behavior change focus, she or he may affect change in patients across their multiple substance use behaviors.

1-O1C.

Screening and brief interventions for alcohol use in surgical oncology unit: framework, educational program and qualitative analysis of the implementation process

Presenting author: Marion Barrault

Co-authors: Marianne Saint Jacques, Gilliard Jérôme, Grados Clarisse, Garguil Véronique, Anne Boyer, Lakdja Fabrice, Bussieres Emmanuel

Institution/Organization: Institut Bergonié

Abstract:

Aim: It is now well documented that alcohol and tobacco consumption reduces treatments efficacy, increases their side effects, appears to encourage relapse and/or secondary cancers and affects the quality of life of patients being treated for cancer. Because it represents a “teachable moment” for many of those diagnosed, cancer may create a window of opportunity in which to intervene, to help patients identify behaviors that put them at risk for poor health outcomes, and provide them with the support required to make and adhere to desired lifestyle modifications. Despite scientific, clinical and political incentive, SBI for alcohol in cancer settings are poorly implemented. Stigmatization of people with addictive behaviors, lack of education about health consequences of at-risk alcohol use may contribute to limit health promotion and dissemination of these programs.

Anticipated presentation : we will present the framework of implementation of a clinical program of screening, case finding and brief intervention for first cancer patients with at-risk alcohol behaviors in surgical oncology unit. Our educational program for health caregivers will focus on screening and detection procedures, interpersonal skills, openness to implement new interventional programs, types of interventions and training. We will also present preliminary qualitative analysis of human and organizational barriers and facilitators in the implementation of this SBI program.

Conclusions : Implementing specific training courses may help health professionals placing the problem of alcohol in a new perspective and eliminate the aspects of fatalism and resignation which are so often observed.

1-O1D.

The development of pharmacy brief intervention practice: overview of a research programme

Presenting author: Ranjita Dhital, BSc, MSc

Co-authors: Ian J. Norman, Natasha S. Khan, Jim McCambridge, Peter Milligan

Institution/Organization: King's College London

Abstract:

Introduction

Brief intervention delivered in pharmacies is currently not routine practice, nor is there evidence that it should be. Community pharmacies attract large numbers and a diverse range of people to a healthcare environment which is promising for brief intervention research. The first pharmacy brief intervention study was published in 2004.

Methods

Work undertaken by this research group have included: a) Semi-structured interviews with pharmacy service users to obtain their views of potential pharmacy brief intervention; b) Five-month cohort study with 134 participants conducted in 28 pharmacies, which also assessed feasibility issues; c) Focus group studies with ‘active’ and ‘less active’ pharmacists, to identify barriers and enablers experienced when implementing the service.

Results

Pharmacy service users were positive about participating in brief interventions, which were found to be feasible. Training and staff support were identified as important factors influencing service delivery and there are preliminary indications of effectiveness with impressive reduction in overall consumption among those completing follow-up. Pharmacist motivation has been evaluated with the SAAPPQ and role adequacy and work satisfaction improved among ‘active’ pharmacists.

Conclusions

These study outcomes are currently being used to inform the development of a pharmacy RCT, which is due to begin

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soon. It is hoped findings from the trial will both contribute to current knowledge and promote interest in the area. However, unanswered questions include how can pharmacy brief intervention be implemented in routine practice if trial results demonstrate effectiveness and how does this work fit with the needs of a changing pharmacy profession?

1-O1E.

A pilot study of alcohol Screening and Brief Interventions (SBIs) in Community Pharmacy

Presenting author: Niamh Fitzgerald, BScPharm, PhD

Co-authors: D. Stewart, M. Jaffray, J. Inch, E. Duncan, E. Afolabi, A. Ludbrook

Institution/Organization: Create Consultancy Ltd. / Robert Gordon University

Abstract:

Introduction

- No randomised controlled trials (RCTs) of SBI have been conducted in the community pharmacy setting.
- This pilot study was designed to inform the development and implementation of a large-scale RCT.
- The study aimed to examine the provision of SBI in community pharmacies including practical considerations, recruitment of pharmacists and clients, uptake, potential effectiveness and acceptability.

Methods

- A cluster RCT was conducted involving 20 community pharmacies.
- Pharmacy customers were screened using the FAST tool to determine eligibility.
- The control group received a general lifestyle leaflet; the intervention group were offered a BI from a trained pharmacist.
- Clients in both groups were asked to complete baseline, as well as 3- and 6-month postal questionnaires of self-reported alcohol consumption and the FAST.
- Qualitative work included follow-up telephone interviews with clients, as well as focus groups with the public and participating pharmacists.

Results

- Over 1000 clients were approached, with 77.6% (n=846) completing the FAST. Of these, 27.1% (n=229) were eligible for inclusion (FAST =3) of whom 69 (30.1%) consented (intervention n=27, control n=42).
- Nearly double the number of eligible clients was recruited from control compared with intervention pharmacies (41.6% versus 21.2%).
- A range of barriers and facilitators were identified by participating pharmacists and clients regarding SBI delivery. The main barrier for pharmacists was approaching clients for screening.

Conclusions

- Delivery of SBI was acceptable to most pharmacists and staff however future success of SBI in this setting will depend upon identifying suitable strategies for supporting practitioners in engaging pharmacy clients for screening.
-

1-O1F.

Alcohol Brief Intervention (BI) Delivered in UK Community Pharmacies: Customers' Experiences

Presenting author: Cate Whittlesea, PhD, MSc Econ, BScPharm

Co-authors: Ranjita Dhital, Ian Norman

Institution/Organization: King's College London

Abstract:

Pharmacy-based alcohol brief intervention (BI) has the potential to identify risky drinkers in the general population but the opinions of users regarding the service remain relatively unexplored. Alcohol BI was offered to customers by trained pharmacists (n=29) at 28 London, UK community pharmacies from February-July 2010. Customers requiring alcohol-use related medication and/or advice were targeted. AUDIT-C, a drinking diary and a readiness to change assessment were used by pharmacists to assess and provide appropriate feedback regarding alcohol use. Customers also received written information, including a 'Units and You' booklet (Department of Health, 2009). Following BI, customers were given a confidential service evaluation questionnaire to complete and return to the project team using a prepaid envelope. This invited responses to closed- and open-format questions regarding their initial reason for visiting the pharmacy, why they

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took up the BI service and their levels of satisfaction with the service delivery and environment. Of the 134 customers who received a BI, 58% (n=78) returned the questionnaire. Bringing a prescription for dispensing was the most common reason for the pharmacy visit (55%, n=43). Wishing to find out about alcohol use and concerns for personal health were the two most reported reasons for taking up the service. Almost a quarter of customers (n=18) reported that they liked having increased their alcohol-related awareness and 18% (n=14) indicated that they liked the informative written information. The privacy (74%,n=57), confidentiality (77%,n=59) and quietness (70%,n=54) of consulting rooms was rated as good, with 77% (n=60) of customers reporting they would recommend this service to others. In line with past primary care BI studies, customers were generally positive about the experience of receiving this service in community pharmacies, and would recommend it to others.

2-O2A.

Back to the Future: A very brief history of brief interventions

Presenting author: Jim McCambridge, PhD

Co-authors: John Cunningham, Kypros Kypri

Institution/Organization: The London School of Hygiene & Tropical Medicine, University of London

Abstract:

Introduction: This presentation is part of a larger study in the history of ideas about drinking alcohol and how it may be influenced, focusing on the evolution of thinking about brief interventions.

Methods: The early history of the brief interventions field is reviewed and consideration given to how key ideas were developed and contemporaneous influences upon these ideas.

Results: Ideas about what constitutes a brief intervention and the nature and prominence of the facilitation of self-change have changed over time. Three seminal studies are reviewed in depth, comprising the first trial, the first review and the most cited brief intervention study.

Conclusions: It is possible to appreciate possible future trends in brief intervention research by examining the past. The development of the internet has important implications for brief interventions, which to some extent calls upon earlier ways of thinking.

2-O2B.

How does brief motivational intervention works? A mediation analysis

Presenting author: Jacques Gaume, MA, PhD

Co-authors: Nicolas Bertholet, Mohamed Faouzi, Gerhard Gmel, Jean-Bernard Daeppen

Institution/Organization: Lausanne University Hospital

Abstract:

Background - Little is known about exactly which elements of brief motivational interventions (BMI) make it works. A causal chain between therapist motivational interviewing (MI) behaviors, subsequent client change talk (CT) and actual behavior change has been postulated. Other researchers have proposed the notion of working alliance between counselor and client to explain better outcomes. However, these links have never been tested within a single mediation framework.

Methods - We investigated the articulation of counselor behaviors, CT, working alliance, and 6-month alcohol use outcome (drinks per week at follow-up, adjusted for drinks per week at baseline) during BMI with young men using regression analyses.

Preliminary results – There were no direct link from counselor skills to alcohol outcomes. Some counselors skills predicted more CT [MI-consistent behaviors frequency (p=0.02), MI spirit rating (p=0.04)], as did working alliance (p<0.001). However, CT did not predict the alcohol outcome. One sub-dimension of CT, Ability/Desire/Need to change (ADN), did predict outcome (p=0.04). None of the tested counselor skills predicted this dimension, but working alliance did (p=0.03), giving a first significant model (better working alliance>more ADN>better outcomes). Adding a step in this model, we showed that the percent of MI-consistent behaviors, and the MI spirit, empathy, and acceptance ratings predicted better working alliance scores (all p<0.01). As the final step, we will calculate the mediated effects in these models.

Conclusions – We found that MI skills and behaviors predicted a better working alliance, which in turn predicted more ADN change talk, which in turn predicted better alcohol use outcome. This gives support to previous findings, but also

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highlights the importance of working alliance. Such findings might give precious clues for clinicians by showing which are the most determinant elements in BMI.

2-O2C.

Do research assessments make college students more reactive to alcohol events?

Presenting author: Molly Magill, PhD

Co-authors: Christopher Kahler, Peter Monti, Nancy Barnett

Institution/Organization: Brown University

Abstract:

Events that precipitate entry into a clinical trial and research procedures may result in short-term gains often seen in control groups in brief motivational intervention (BMI) trials. Such processes may be particularly important among young adults who become engaged in BMI research due to negative alcohol-related events. This study examines effects of alcohol-related events and post-event assessments on changes in college student readiness to change, frequency of alcohol use, and alcohol-related consequences. Students were participants in a longitudinal study of drinking behavior. Participants reporting negative alcohol events were randomized to a post-event assessment (n = 296) or a no-assessment control (n = 196). Those in the post-event assessment condition were interviewed after their event, and participants in both conditions were interviewed 3 months after their event. Results showed higher readiness to change alcohol use among participants who received a post-event assessment. Across groups there were significant increases in heavy drinking days prior to the event, and significant reductions post-event, but no post-event differences by assessment group. Moderation analyses showed more post-event reduction in drinking days among assessment group participants with high pre-college alcohol severity. Conversely, participants in the control group with high event aversiveness showed greater reduction in heavy drinking days than those assigned to the assessment group. Findings suggest that college student heavy drinking is reactive to alcohol events but there were no apparent synergistic effects between an alcohol event and a post-event assessment. Assessment reactivity among students who have experienced an event may depend on alcohol severity and event aversiveness, highlighting the importance of considering possible interactions among extra-therapeutic factors in college populations involved in BMI research.

2-O2D.

Alcohol screening, Brief Interventions and Stepped Care with Older Alcohol Users.

Presenting author: Ruth McGovern, BA Hons Social Studies, DipSW, PG Dip Counselling, MA Counselling, PhD Sociology

Co-authors: Simon Coulton, Jude Watson, Martin Bland, Colin Drummond, Eileen Kaner, Christine Godfrey, Alan Hassey, Dorothy Newbury-Birch

Institution/Organization: Institute of Health and Society, Newcastle University

Abstract:

Introduction: The Alcohol Needs Assessment Project estimated that 20% of older people aged 55 years consume alcohol at levels hazardous to their health, which is associated with a wide range of physical, psychological and social problems, including coronary heart disease, hypertension, stroke, liver disease and increased risk of a range of cancers.

Objective: The AESOPS research study is a randomised controlled trial looking at the effectiveness and cost-effectiveness of opportunistic screening, brief interventions within a stepped care framework, for older hazardous alcohol users in primary care when compared to minimal intervention.

Methods: Opportunistic screening of patients aged 55 years and above was conducted within 53 Primary Health Care practices across 8 areas in England. Patients screening positive for an alcohol use disorder were randomly allocated to one of two intervention conditions: (1) brief structured advice (minimal intervention) and (2) stepped care.

Results: Approximately 78260 screening questionnaires were distributed and a total of 21524 (27.5%) screening questionnaires were returned. Seven and a half per cent screened positive for AUDs. Of the eligible patients, 51.3% patients were randomised to stepped care, most (99.6%) of whom received step one (brief lifestyle intervention). There were 55.1% of those randomised to stepped care who received step two (brief motivational interventions) and 10.2% who were referred to step three (referral to specialist alcohol treatment). Results to date will be discussed.

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2-O2E.

Predictive Value of Readiness, Importance, and Confidence in Ability to Change Drinking and Smoking

Presenting author: Nicolas Bertholet, MD, MSc

Co-authors: Jacques Gaume, Mohamed Faouzi, Jean-Bernard Daeppen, Gerhard Gmel

Institution/Organization: Alcohol Treatment Center

Abstract:

Background : Visual analog scales (VAS) are used to assess readiness to change constructs, which are considered critical for change. We studied whether 3 constructs -readiness to change, importance of changing and confidence in ability to change- predict risk status 6 months later in 20 year-old men with either or both of two behaviors: risky drinking and smoking. Methods: 577 participants in a brief intervention (BI) randomized trial were assessed at baseline and 6 months later on alcohol and tobacco consumption and with three 1-10 VAS (readiness, importance, confidence) for each behavior. We used one regression model for each behavior and construct. Models controlled for receipt of BI and used the VAS lowest level (1-4) as the reference group (vs medium (5-7) and high (8-10) levels). Results: Among the 475 risky drinkers, mean (SD) readiness, importance and confidence to change drinking were 4.0(3.1), 2.8(2.2) and 7.2(3.0). Readiness was not associated with being alcohol-risk free 6 months later (OR 1.3[0.7;2.2] and 1.4 [0.8;2.6] for medium and high readiness). High importance and confidence were associated with being risk free (OR 0.9[0.5;1.8] and 2.9[1.2;7.5] for medium and high importance; 2.1[1.0;4.8] and 2.8[1.5;5.6] for medium and high confidence). Among the 320 smokers, mean readiness, importance and confidence to change smoking were 4.6(2.6), 5.3(2.6) and 5.9(2.6). Neither readiness nor importance were associated with being smoking free (OR 2.1[0.9; 4.7] and 2.1[0.8; 5.8] for medium and high readiness; 1.4[0.6;3.4] and 2.1[0.8;5.4] for medium and high importance). High confidence was associated with being smoking free (OR 2.2[0.8;6.6] and 3.4[1.2;9.8] for medium and high confidence). Conclusion: For drinking and smoking, high confidence in ability to change was associated -with similar magnitude- with a favorable outcome. This points to the value of confidence as an important predictor of successful change.

2-O2F.

Relatively drunk: subjective intoxication and estimated health consequences of alcohol consumption are conditional on the presence of less intoxicated individuals, not level of intoxication

Presenting author: Simon Moore, BSc, PhD

Co-authors: Alex Wood, Gordon Brown, Jonathan Shepherd

Institution/Organization: Violence & Society Research Group, Cardiff University

Abstract:

Background:

According to the Relative Rank Hypothesis (RRH), the magnitudes of sensory stimuli are estimated relative to their rank among related comparators.

Aims:

To test the RRH in social drinkers and test whether rank breath alcohol concentration is a better predictor of subjective alcohol risk estimates.

Design:

A cross-sectional alcometer street survey.

Participants:

Data from 1,997 respondents (mean age = 26.96 years; 61.86% male) were used in analyses.

Setting:

Data were collected from five night time economies, characterised by excessive alcohol use.

Methods:

Prospective respondents were randomly approached, a short survey was completed, including perceptions of the long-term health effects of their current state of intoxication and their self-perceived drunkenness, with those who consented to participate and a breathalyser score was recorded. Alcometer score was ranked according to other respondents and by discrete reference groups.

Findings:

Those whose BrAC ranked high in their reference group reported that they felt more drunk and that they perceived the negative health consequences of alcohol misuse as more likely. No effect of breath score or social norm was observed.

Conclusions:

Our results generalise fundamental psychophysical theory and indicate that attitudes are spontaneous and relative to

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context and that manipulating the social context in which alcohol is served, for example by including more sober individuals, would increase perceived intoxication and increase the perceived likelihood of alcohol-related poor health. This is contrary to assumptions indicating attitudes are stable and informed by perceived social norms or absolute levels of consumption.

3-W1.

Implementing SBI in School-Based Health Centers

Presenting author: Enid Watson, MDiv

Co-authors: Carol D. Girard, Adam Stoler

Institution/Organization: Institute for Health & Recovery

Abstract:

Learning Objectives: The workshop will present a project to improve SBI utilization in high school-based health centers. Attendees will: 1) learn effective SBI approaches to school health center providers; 2) learn effective strategies to engage adolescents in change talk; 3) experience said strategies; and 4) review state's pediatric SBI toolkit. **Content:** Single SBI trainings are insufficient to impact protocol use. Two years after a statewide Screening training was held for School-Based Health Center (SBHC) adolescent providers, screening rates were still low. An on-site SBI Refresher Training was provided for SBHC providers across the state. Content included a brief review of the CRAFFT tool (Knight et al, 2007), but emphasized Brief Interventions. Motivational Interviewing (MI) theory and strategies were presented, including effective MI tools particularly suited to pre-contemplators (Transtheoretical Model), which were then used in Role Plays. A local ambulatory adolescent substance use disorder (SUD) treatment professional visited each SBHC for referral linkages. Trainings were provided across the state for 35 high schools affiliated with 17 community-based health centers and one large urban health commission. Staff from two local Recovery High Schools attended when appropriate. State public health adolescent health and SUD divisions collaborated for this initiative. Pre-and post-test evaluations show statistically significant increases in provider knowledge and comfort level, and an increased numbers of screenings across the state. After a short presentation on this model, attendees will practice the CRAFFT screening tool and/or Brief Interventions using two MI tools. **Learning Methods:** 1) Brief presentation, including effective MI tools for adolescent engagement; 2) Role plays in dyads to practice engaging adolescents in change talk; 3) Review of pediatric SBI toolkit; and 4) Discussion.

4-W2.

NIDA Clinical Trials Network (CTN) Electronic Health Records Project: Public Opportunity for Input into Standardized Common Data Elements for Drug Abuse Treatment

Facilitator: Udi Ghitza, PhD

Co-authors: Betty Tai, Thomas McLellan, Robert Lindblad, Robert Gore-Langton, Steven Sparenborg, Richard Saitz

Institution/Organization: National Institute on Drug Abuse

Abstract:

The first aim of this workshop is to review progress of NIDA CTN's efforts to develop consensus-based, treatment-relevant common data elements (CDEs) for use in electronic health record systems (EHR) in screening, assessment, and treatment of substance use disorders. When finalized, these CDEs will become adopted into EHR vendor packages to aid primary care practitioners in screening patients for use of illicit drugs and prescription drugs for non-medical purposes and to provide appropriate care or referral. The second aim is to seek constructive suggestions for design and implementation of the CDEs, through a structured, open discussion between audience and panel members. We will review the various issues involved in developing consensus-based treatment-relevant CDEs for use in EHRs. This will describe the iterative consultative process used to identify a data collection hierarchy, appropriate screening questions, and other clinically-relevant assessment information that should be helpful to practitioners in screening and providing brief intervention or referral to treatment. Proposed core questions will be reviewed with clarification of the reasons for stakeholder recommendation for inclusion, followed by an opportunity for the audience to discuss relevant clinical issues that should be considered in the final decisions. The workshop is an effort to gain direct input from clinically knowledgeable groups of providers and researchers. The focus will be on primary care settings, but should be relevant to other clinic settings. Input from this workshop will help develop final recommendations to be submitted to the HHS Office of the National Coordinator for Health Information Technology. After this workshop, participants should be able to understand a process to implement consensus-based treatment-relevant CDEs in EHRs that may be used in screening, brief intervention and referral to specialty substance abuse treatment.

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5-S1.

SBI implementation strategies in 4 Mediterranean Countries (Italy, Portugal and Slovenia and Catalonia): Key elements, commonalities, lessons learnt and the way forward

Discussant: Joan Colom, MD

Institution/Organization: Program on Substance Abuse, Department of Health, Government of Catalonia

Abstract:

A review of the indexed scientific literature shows that the majority of studies and results on the implementation of EIBI that can be found come from Anglo-Saxon and Nordic settings. Little is known about what happens in other areas with less tradition (albeit increasing, in recent years) of scientific production in this field. This symposium seeks to review recent experiences in 4 countries in the Mediterranean region (Italy, Portugal, Slovenia and Catalonia) in the implementation of early identification and brief intervention strategies. There will be a brief review of the common work antecedents in these countries, including their participation not only in the WHO Collaborative project but also in the Primary health Care European Project (PHEPA), so as to focus immediately on the presentation of the current situation in each country, the main implementation strategies being carried out and the results which are being obtained. The final discussion will centre on key elements, commonalities, or otherwise, between the 4 countries in aspects like the trainings, the settings, the targets, etc., as well as the lessons learnt in policy response, barriers and facilitators, etc. The symposium will conclude with some reflections on the way forward.

5-S1A.

Early detection and brief intervention for hazardous and harmful drinkers in PHC in Italy: Evaluation of the strategies, activities and experiences of the Istituto Superiore di Sanità

Presenting author: Emanuele Scafato

Co-authors: S. Ghirini, A. Rossi, L. Galuzzo, S. Martire, L. Di Pasquale, Claudia Gandin

Institution/Organization: Istituto Superiore di Sanità

Abstract:

INTRODUCTION-The EIBI for hazardous and harmful drinkers in the PHC services were explicitly included in the National Health Plan 2000-2003. From that time, a number of strategies and actions were carried out under the frame of different national-international programmes. The need for the specific training standard on EIBI outlined by the PHEPA project - Primary Health care European Project on Alcohol (EU, Department of Health, Catalonia, Spain) found a relevant inclusion among the activities of the National Alcohol and Health Plan 2007-2010, endorsed in April 2007 by the State- Regions Conference and it has been included into the activities of the ongoing National Governmental Programme "Gaining Health".

AIMS: To develop, implement and disseminate a national EIBI training programme and related activities according to the PHEPA standard.

SUMMARY-The national EIBI courses started on 2007 with the first formal training the trainers programme opened to GPs and to other professionals involved in the PHC held at the CNESPS, ISS. Courses were funded by the MoH and, at the moment, by the Presidency of the Council of Ministers, Department for Anti-drug Policies. From that time 6 formal courses have been carried out at the ISS, plus many others at territorial level. The last course has been taken on May 2011 and data elaboration are in progress.

CONCLUSION-The state of the art of the implementation and dissemination of the EIBI programme at the ISS will be presented. The main characteristics of the participants already analyzed for five IPIB-PHEPA formal ISS training courses are the followings: Age – average (min-max): 47.9ys (24-60); Gender distribution: M=38% - F=62%; Professional categories: Physicians: 63%, Psychologists: 37%. The analyses of a standard evaluation form fulfilled by 145 professionals involved in the EIBI programme will provide a in depth insight about the format and effectiveness of the training.

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5-S1B.

Alcohol-related problems and primary care in Portugal: The state of the art

Presenting author: Cristina Ribeiro

Co-authors: n/a

Institution/Organization: Institute on Drugs and Drug Addition

Abstract:

Introduction

Portugal has the highest levels of alcohol consumption world wide and the highest rates of alcohol related problems. The National Plan to reduce Alcohol Related Problems, approved by Government includes the development of projects that include training of health professionals particularly those who work in the area of the Primary Health Care. They are the first level of assistance in national health care, and they have a permanent contact with the population that uses the primary health centres. The high consumption of alcohol is responsible for the development of physical, psychological and social problems. The high prevalence of the excessive alcohol consumption and its high economic, social and health costs, are important reasons to justify the implementation of projects concerning alcohol related problems in Primary Health Care in Portugal.

Objectives:

- Identification of needs assessment in PHC settings.
- Definition of the training program according to specific PHC needs.
- Definition of priorities such as identification of health care services and infrastructure for hazardous and harmful alcohol use management and provision of a monitoring process of the health care system according to protocols and guidelines that consider clinical referral procedures and specific indicators.
- Guarantee of research agenda considering undergraduate and postgraduate settings in PHC.

Methodology: Definition of organizational and political aspects that are important to the implementation of early detection, intervention and dissemination of the program into the practice of Primary Health Care .

Conclusions:

We will show some results of this work in the context of Primary Health Care and the importance to discuss these aspects at National and International level, to allow sharing of information and examples of practice between countries.

5-S1C.

Brief interventions for drink driver offenders in Slovenia

Presenting author: Marko Kolsek

Co-authors: n/a

Institution/Organization: Department of Family Medicine, University of Ljubljana

Abstract:

Drink driving is still a problem in Slovenia. In spite of the Law on Road Safety from 2008, that enables the police to retain a drink driver with more than 1,5 g/kg alcohol in blood for 6 to 12 hours, every night drink 20 drivers on average pass a night at the police station (Slovenian population is 2 millions).

In order to decrease drink driving the new Law on Road Safety has been approved in December 2010 which introduced higher fines and extra penalty points for drink driving. On the other hand it offers some facilities for drink driver who comes for medical examination with counselling to his family doctor.

Short courses and printed materials for all family physicians has been prepared and performed during springtime 2011 to introduce them the basic principles of brief intervention.

In October this year this medical examination with counselling will start performing and a study to assess the results will be prepared.

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5-S1D.

Facilitators and obstacles in the institutionalization of EIBI in Catalonia

Presenting author: Lúdia Segura

Co-authors: Estela Diaz, Jorge Palacio, Rosa Freixedas, Nuria Bastida, Eulalia Duran, Antoni Gual, Joan Colom

Institution/Organization: Program on Substance Abuse, Department of Health, Government of Catalonia

Abstract:

Introduction

In Catalonia the implementation of EIBI started in 2002 and since then, through an iterative process in two consecutive phases, significant improvements have been achieved in the number of professionals involved, in the level of screening in primary healthcare and in the referral of alcohol dependents to the specialist system. Nevertheless, there still remain some elements which need to be worked on in order to be able to achieve their complete institutionalization. In this presentation we will review the elements which have been identified as facilitators and as obstacles to this process.

Method.

The information used is that which has come from the process indicators and from the ongoing available results in the framework of the evaluation of the implementation of the programme and also qualitative information gathered through surveys and interviews with referents on alcohol involved in the programme.

Results

Among the facilitators are the creation of the network of referents on alcohol and the ongoing support to this network, training between peers, coordination between primary and specialist care and inclusion in contractual incentives. As regards the elements that make the process more difficult, these include the diversity of medical records available in , the lack of standardized tools for the monitoring of action, and the lack of a reliable system to monitor action in PHC.

Conclusions

Once an adequate level of training has been attained on, as well as a positive attitude towards EIBI on the part of all of the agents involved, one of the chief obstacles facing any healthcare system is the institutionalization of the work tools in the available clinical histories. In Catalonia this represents a challenge since there are 27 providers using 9 different MR, with the resulting difficulties for integrating and monitoring their results.

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P1

Acute alcohol consumption and motivation to reduce drinking among injured patients in a Swedish emergency department

Presenting author: Anna Trinks, Master of Social Science in Public Health

Co-authors: Karin Festin, Preben Bendtsen, Per Nilsen

Institution/Organization: Department of Medical and Health Science, Division of Community Medicine

Abstract:

Injuries constitute a major public health problem. Millions of people are injured each year and acute drinking is a well-known risk factor for injuries. Research suggests that acknowledgment of alcohol as a factor in an injury enhances willingness to change drinking behavior, possibly because the patient becomes aware of the negative consequences of their drinking. To investigate the prevalence of acute alcohol consumption among injury patients and to examine the importance of factors potentially associated with motivation to reduce alcohol consumption among these patients. All patients aged 18–69 years were given a card by a triage nurse with a request to answer alcohol-related questions on a touch-screen computer. Patients who completed the test received a printout, containing personalized feedback on his or her alcohol drinking habits, as calculated by the computer program from the patient's answers. Fifteen percent of injured patients were categorized as acute drinkers and, of these, 64% reported that their injury was connected to alcohol. There were significant differences for all sociodemographic and drinking characteristics between acute drinkers and non-acute drinkers. Acute drinkers were categorized as risky drinkers to a much higher extent than non-acute drinkers. Acute drinkers had a considerably higher average weekly alcohol consumption and engaged far more frequently in heavy episodic drinking than non-acute drinkers. Acute drinkers were motivated to reduce their alcohol intake to a greater extent than non-acute drinkers; 51% were in the action, preparation, and contemplation stages, compared with 19% of the non-acute drinkers. Acute drinkers had considerably more detrimental alcohol consumption than non-acute drinkers and the acute drinkers were more motivated to reduce their drinking than the non-acute drinkers.

P2

Project A.R.T.-E.D.: Alcohol Reduction and HIV Testing in the Emergency Department

Presenting author: E. Jennifer Edelman, MD

Co-authors: An Dinh, Radu Radulescu, Bonnie Lurie, Jeanette Tetrault, Gail D'Onofrio, David Fiellin, Lynn Fiellin (Sullivan)

Institution/Organization: Yale University - VA Connecticut Healthcare System

Abstract:

Unhealthy alcohol use and HIV risk often co-occur. To intervene on this association, we are conducting a pilot study to determine the feasibility and impact of providing brief alcohol and sexual risk reduction counseling with rapid HIV testing in the Emergency Department (ED).

In a large urban ED, we are recruiting patients, ages 18 to 40 years; meeting NIAAA criteria for at-risk drinking; with > 1 sexual risk behavior; with negative or unknown HIV status who are willing to undergo HIV testing. We are conducting a brief, manual-guided intervention combining alcohol and sexual risk reduction counseling session with rapid HIV testing. We perform a two-week booster telephone call. At baseline and eight weeks, we assess alcohol consumption with the Timeline Follow-Back for alcohol consumption and a modified HIV Risk Behavior Scale to characterize sexual risk behaviors. Statistical analyses include Wilcoxon Signed Rank test, McNemar test, and two-way ANOVA.

Of the 82 participants enrolled to date, 60% are male, mean age is 25 years, 63% white, 83% unmarried, 59% college-educated, 41% without primary care, and 79% with AUDIT score > 8. All tested HIV negative. Among the 62 with follow-up to date, alcohol consumption decreased with fewer average weekly drinks (25.5 vs. 10.4, $p < 0.0001$) and binge drinking episodes (2.03 vs. 0.99, $p < 0.0001$). This decrease was greater in men than women ($p < 0.0002$). Post-intervention, participants endorsed increased condom use (median change = 3 points on a 5-point scale, $W = 275$, $p < 0.0001$) and decreased episodes of sex while intoxicated ($RR = 0.14$, $p < 0.0001$). Mean intervention duration was 44 minutes.

Preliminary analyses demonstrate that a brief intervention combining alcohol and sexual risk reduction counseling with rapid HIV testing in the ED is feasible and effective for reducing alcohol use and HIV risk behaviors among young unhealthy drinkers.

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P3 **Delphi study to develop a multidisciplinary SBIRT strategy for risky drinking in Flemish Community**

Presenting author: Leo Pas, MD

Co-authors: Evi Bruyninckx, Hilde de Neyer, Tom Defillet

Institution/Organization: Domus Medica

Abstract:

Introduction

A multidisciplinary implementation strategy is needed for risky drinking patterns between GPs, pharmacists and mental health sector to effectively implement early interventions in a subsidiary way.

Method

An online Delphi study was set up in three rounds starting with open ended questions on task views among pharmacists, GP and mental health in one district. Provisional task definitions, barriers and suggestions were ordered by profession and send to a larger group of potential respondents in Flanders. Respondents were asked to rate importance, acceptability and feasibility.

Results

The response consisted of GP's, pharmacists, mental health, gynaecologists and paediatricians working in mental health or social services. This allowed to define subsidiarity of task descriptions and communication principles. GP can offer the full SIBIRT approach and are in need of structured support en communication facilities with mental health more than other professions. pharmacists would detect cases using structured questioning. Brief advice is merely based on indicating the need for further support. Paediatricians and gynaecologists see their role in performing EIBI but not tackling the problem drinking in follow up; they tend to refer and not to want structured contacts with mental health as support. All respondent groups indicate that clear agreements are to be made locally. Case-related discussions and quick diagnostic and therapeutic advice from mental health are needed.

Conclusions:

Improved task definitions and communication allow to prompt more uptake of EIBI. Principles are included in continuing professional education. Official endorsement and local health promotion is expected for further increase effects. Web support is planned as online stepped care communication platform.

P4 **Alcohol-related expectations and risky drinking in young adult Czechs**

Presenting author: Hana Sovinova, MD

Co-authors: Ladislav Csemy, Bohumir Prochazka

Institution/Organization: National Institute of Public Health

Abstract:

Aim: The aim of the study is to analyse the structure of expectations linked to alcohol consumption of low risk drinkers compared to high risk consumers including problem drinkers.

Methods: Data from a questionnaire-based survey performed on a representative sample of 2,221 persons (of these, 51.4% were men) aged 18 to 39 (average age 29.9, s.d. 5.8) were used for the analysis. The validated Czech version of the AUDIT screening questionnaire was employed to define low and high risk drinkers. The cut off score of 16 has been chosen for assignment into two groups (respondents scoring above 16 were supposed to be high risk consumers). To measure alcohol expectancies we used a 14 item scale. Seven items represented pleasurable and socially positive expectancies, and same number of items represented negative expectancies.

Results: The low risk group had significantly lower score on positive as well as negative expectancies to alcohol (19.1 compared to 23.2, $t=-11.8$; $p<0.001$, and 11.4 compared to 17.5, $t=-18.3$; $p<0.001$). The results were significant on the same level for males and females. The mean score for positive expectancies was much higher compared to score on negative expectancies.

Discussion: Alcohol consumption is associated with positive expectancies much more than with negative. High risk drinkers exceed low risk consumers in both negative and positive expectancies. The results suggest that cognitive representation of alcohol is different in high risk consumers. In situation of brief advice to high risk drinkers the fact of high

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positive and negative alcohol related expectancies may be addressed.

Acknowledgements: This work was supported by Grant # NS 9645-4/2008/ from IGA MZ CR.

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EI/BI for risky drinkers: An experience with GPs in Florence

Presenting author: Allaman Allamani, MSc

Co-authors: Manuele Falcone

Institution/Organization: Agenzia Regionale Sanità Toscana

Abstract:

A successful experience on Early Identification (EI) and Brief Intervention (BI) was implemented in Italy across 2005-2007, involving the surrounding of the city of Florence. 25 GPs after having identified risky drinkers among his/her clients, entered them in a 12-month follow-up including visits at GP's office, with educational interventions, aiming at cut down/stop drinking. The GP recorded his/her clients' alcohol consumption, drinking pattern, and blood tests. A computer informative system has been created to collect data centrally. At the end of the study 2,869 clients were enrolled (average daily alcohol consumption 15.05 grams). Risky drinkers were 308 -10.7% (42.64 grams average per day); 40.6% of risky drinkers had at least one abnormal blood test. Fewer risky drinkers shown up at follow-up, while their decrease of alcohol consumed was relevant: N=126 at the second visit (37.61 grams).

Drawing on the afore mentioned experience, a one-day educational program for GPs on the issue of alcohol beverages and the alcohol related in the area of Florence, Italy, was started in 2010. The program focuses both on health information as well as on communication skills, education, rehabilitation, and prevention. Two education groups were implemented in 2010. Forty-six Gps were asked about their opinion on brief intervention prior the beginning of the educational program., through an Italian version of Brief Intervention Questionnaire. About 90% thought they need to be better prepared in order to identify risky drinkers as well as to implement brief intervention. About 60% found it difficult or somehow difficult to face her/his patient on the issue of alcohol drinking. 30% drank an alcohol beverages daily or nearly daily. 22.5% smoked cigarettes.

P6

Alcohol consumption and the use of marijuana in young adults

Presenting author: Ladislav Csemy, PhDr

Co-authors: Hana Sovinova, Bohumir Prochazka

Institution/Organization: National Institute of Public Health

Abstract:

Objectives: The main objective of the study is to explore associations between alcohol consumption and marijuana use in young adults and to discuss the opportunities for brief intervention.

Methods: Face to face structured interviews were carried out with 2,221 young adult Czechs (mean age 29.9, sd. 5.8 years). 51.4 % were males. Alcohol consumption was calculated using beverage specific quantity frequency method. Alcohol-related problems were assessed using the Czech version of the AUDIT. Frequency of marijuana use in the last twelve months was asked as well.

Results: The overall alcohol consumption was 9.2 liters of pure alcohol. The last year prevalence of marijuana use was 21.8 %. The use of marijuana positively correlated with the frequency of beer drinking ($r=.27$), frequency of heavy episodic drinking [HED] ($r=.32$) and with the summary score in AUDIT ($r=.39$). Harmful or problem drinkers (score in AUDIT >16) reported marijuana use more frequently than moderate drinkers (60 % compared to 18.8 %; OR=6.54; 95% CI = 4.7; 9.1). OR for marihuana use in heavy episodic drinkers was 4.3 (CI = 3.3; 5.6).

Discussion: The results suggest that frequent HED and harmful drinking are closely associated with marijuana use in younger adults. As far as marijuana use (including heavy use) is rather common in the Czech Republic, it would be recommendable to extend screening and brief intervention also to reduce the use of cannabis. The existing guidelines for brief intervention should be modified on order to cover marijuana consumption as well.

Acknowledgements: This work was supported by Grant # NS9645-4/2008 from IGA MH CR.

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P7
Social workers' and their customers' attitudes concerning early identification of alcohol related problems

Presenting author: Elina Renko

Co-authors: n/a

Institution/Organization: University of Helsinki

Abstract:

Introduction: This study presents a qualitative analysis of social workers' and their customers' attitudes concerning early identification of alcohol related problems. Existing studies on attitudes toward early identification are mostly quantitative and have been typically conducted in primary healthcare settings. This study sought to compare social workers' and their customers' attitudes.

Methods: The current study employs a qualitative attitude research method. The aim of the method is not to make generalizations from sample to population but to analyze plurality of attitude sphere. Social workers (N=14) and their customers (N=14) were interviewed. All the interviewees were asked to comment on the following statement: It is stigmatizing to ask a customer, who is not a heavy drinker, about their alcohol consumption.

Results: Both social workers and their customers presented positive, reserved and negative attitudes towards the statement. Both groups justified their positive attitudes by referring to an assumption that asking about alcohol consumption refers to a suspicion of heavy drinking. However, social workers also connected this suspicion to a stereotypical customer of social work, and thought their customers wanted to avoid such stigmatization. Reserved attitudes of social workers and their customers were justified from the viewpoint that even if they personally did not perceive asking about alcohol consumption to be stigmatizing, some others may think so. Finally, while justifying their negative attitudes towards the statement, both groups interviewed considered asking about alcohol consumption to be an integrated part of social work.

Conclusions: These findings suggest that social workers and their customers justified their attitudes towards the statement from similar viewpoints. Further research on comparing workers' and customers' attitudes is warranted.

P8
Cultural considerations: Alcohol screening & brief interventions in a southern U.S. level 1 trauma center

Presenting author: Laura Veach, PhD, LCAS, LPC

Co-authors: Regina Moro

Institution/Organization: University of North Carolina - Charlotte

Abstract:

AIM: This presentation addresses cultural considerations and sensitivities particularly relevant to the southern U.S. when providing alcohol screening and brief interventions to individuals demonstrating risky drinking behavior. Further, broader implications for education and training will be reviewed.

QUESTION: How are cultural considerations relevant to alcohol screening and brief interventions?

SUMMARY: Recent literature has begun to identify key issues pertaining to cultural sensitivities and considerations for successful change work with individuals. Key lessons learned about cultural considerations pertaining to alcohol screening and brief interventions (SBI) in one trauma center in the southern U.S. will be presented. Information included in this presentation is based on three years of alcohol screening and brief interventions provided by counselors and advanced doctoral and masters level counseling student interns in a Level I Medical Trauma Center. Implications regarding training SBI providers in cultural sensitivity will also be generated.

CONCLUSION: To maximize the individual's acceptance of alcohol screening and brief interventions, key cultural considerations may be implemented. In addition, educating and training SBI providers to enhance their cultural sensitivity is recommended.

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Who is at risk for alcohol related negative consequences?

Presenting author: Paola Pedrelli, PhD

Co-authors: Charlotte Brill, Fava Maurizio

Institution/Organization: Massachusetts General Hospital

Abstract:

Although a large body of research has documented that severe consequences are associated with alcohol use among college students, this may not be the case for all students who consume alcohol. Identifying those variables associated with risk for negative consequences in this population has important public health implications. Mixed findings are available on the relationship between alcohol-related negative consequences and alcohol consumed, depressive symptoms and use of illicit substances. We examined the relationship between alcohol related consequences and amount consumed during a typical and a heavy drinking week, cannabis use in the previous 12 months and depressive symptoms. Methods: Participants consisted of a convenience sample of 85 (53.5% females) undergraduate college students with a mean age =19.45+1.82 taking part in an on-campus mental health screening. Participants reported use of alcohol and of other drugs, mental health symptoms and negative consequences. Results showed a direct association between alcohol related negative consequences and total drinks consumed during a typical week ($r=.41$; $P<.001$) and during a heavy drinking week ($r=.58$; $P<.001$). Students with any cannabis use in the previous 12 months reported a significant greater number of alcohol related negative consequences ($t(1,80) = -2.66$; $P < 0.01$). Alcohol related negative consequences were not associated with depressive symptoms. In a hierarchical linear regression including cannabis use, total drinks during a typical week and total drinks during a heavy drinking week, the latter was the only predictor of alcohol related negative consequences. The other two variables did not predict any variance over and above the one explained by total drinks during a heavy drinking week. In conclusion, programs aimed at reducing the negative outcomes of alcohol consumption should aim at screening for heavy rather than typical drinking.

P10

The relationship between self-stigma and sociodemographic variables

Presenting author: Pollyanna Silveira, MPsy

Co-authors: Gabriela Ferreira, Rhaisa Soares, Flaviane Felicissimo, Fabricia Nery, Ana Luísa Casela, Érika Monteiro, Telmo Ronzani, Ana Regina Noto

Institution/Organization: Federal University of São Paulo

Abstract:

Self-stigma occurs when members of a stigmatized group internalize stigmatizing views such as devaluation and withdrawal, applying these negatives stereotypes to oneself. Studies have shown that people who are substances users are heavily stigmatized and may internalize these negative beliefs about themselves. This study aimed to evaluate the relationship between self-stigma and sociodemographic variables such as age, years of education, religious practice and employment status. The instruments used were the Internalized Stigma of Mental Illness (ISMI) scale adapted for substance users and a sociodemographic questionnaire developed by the authors, both applied in an individual interview. The sample was composed by 248 patients with diagnoses of substance abuse in treatment in Juiz de Fora, Brazil. Ninety-four percent were male with a mean age of 35.3 years ($SD = 10.9$). Among these, 69.1% were unemployed, with the mean duration of their education being 7.9 years ($SD = 4.8$), and 51.3% were not practicing any religion. Associations between sociodemographic variables and internalized stigma were examined using Spearman correlation test and t-Test for independent samples. For all the analysis we assumed the confidence intervals of 95% ($p < 0.05$). The ISMI scores were not correlated to any of the sociodemographic variables, which suggests that certain psychosocial variables have greater influence on the internalization of stigma. However, our analysis revealed that the only variable that showed a difference between the means was employment status ($t = -2.06$; $p < 0.05$), indicating that people who are unemployed have greater self-stigma than people who are working. This may be due to greater inclusion in a social environment, which promotes the quality of social interactions. This study highlights the need to identify those variables, which leads to the development of interventions that can lessen self-stigma more effectively.

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The pros of drinking: How the drive for social group membership precipitates alcohol use among young adults

Presenting author: Cydney Dupree, BA

Co-authors: Molly Magill, Timothy Apodaca

Institution/Organization: Brown University Center for Alcohol and Addiction Studies

Abstract:

Scientific research has supported the effectiveness of brief motivational interventions (BMI) in reducing young adult alcohol use and related consequences. Often, BMIs include a decisional balance component that examines the “Pros and Cons” of alcohol use, which attempts to explore client ambivalence about drinking through a discussion of the good and “not-so-good” aspects of alcohol use. The aim of this qualitative study is to investigate the link between a need for social inclusion and engagement in alcohol-related behavior. Participants were 28 young adult alcohol users involved in a large hospital-based clinical trial. All BMIs were recorded, transcribed, and the present sub-sample (20% random selection of 18-24 year olds) was analyzed using NVIVO 9.0 software. Responses to the “Pros and Cons” dialogue were coded and thematically organized with grounded theory methods. The results identify the role of social group membership in alcohol use, including the need to avoid social exclusion and the desire to facilitate social interaction. Alcohol consumption allows for such facilitation by providing an “escape” from social anxiety and by promoting social behavior. Patterns of alcohol use as influenced by social factors may depend on rejection sensitivity, suggesting that an emphasis on social skills and abstinence-supportive relationships can be used to assist young people trying to reduce alcohol consumption. Social skills training may prove useful as a preventative measure as well. If young adults feel more confident socially, they may feel less of an impulse to drink in order to increase the likelihood of social group membership.

P12

Reducing co-occurring alcohol-related consequences and depressive symptoms among university students

Presenting author: Tibor Palfai, PhD

Co-authors: Timothy Ralston, Leslie Wright, Timothy Brown

Institution/Organization: Boston University

Abstract:

Introduction. Hazardous drinking and depression represent two major sources of harm and dysfunction for university students. Currently, there is little known about how to best address these frequently co-occurring conditions for students who are not seeking treatment.

Methods: Students were recruited through internet ads and screened by phone and in-person to participate in a study on alcohol use, stress, and student life. Thirty university student hazardous drinkers between the ages of 18 and 22, who exhibited elevated depressive symptoms were randomly assigned to one of two conditions, Assessment only or Goal Systems Intervention (GSI). The GSI is a 3-session motivational intervention that addresses risks and processes of change related to alcohol and depression in an integrated framework. Students completed assessments of depressive symptoms, alcohol consequences, and heavy drinking episodes at baseline, 3 months and 6 months.

Results: Given the small sample size for the pilot trial, our main goal was to provide effect size estimates. Results of the conditional latent growth analysis for negative consequences showed a significant effect of the intervention, demonstrating a medium to large intervention effect ($f\text{-squared} = .27$). Similarly, analyses of depressive symptoms showed that the intervention resulted in a medium to large effect ($f\text{-squared} = .323$) on reduction of depressive symptoms. There was little evidence of intervention effects on change in heavy drinking as students in both conditions exhibited a significant decline in heavy drinking episodes over time.

Conclusion: This work suggests that a brief, integrated motivational intervention (GSI) may be an efficacious intervention to reduce alcohol-related harm and depressive symptoms among students in opportunistic settings.

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P13

Implicit cognition as a moderator of brief motivational interventions for alcohol

Presenting author: Tibor Palfai, PhD

Co-authors: Brian Ostafin

Institution/Organization: Boston University

Abstract:

Introduction: Hazardous alcohol use is a function of implicit cognition, non-conscious influences on appetitive behavior that stem from memory associations automatically activated upon exposure to alcohol cues. Implicit cognition is typically not addressed in brief interventions which target explicit or conscious processes underlying alcohol restraint (e.g., readiness-to-change). The potential role of implicit cognition in brief intervention outcomes has not been well-studied. **Methods:** Eighty-nine hazardous drinking college students (AUDIT > 8) participated in a general health study for course credit. Students were randomly assigned to one of two conditions, Assessment Only or a 10-15 minute Motivational Intervention. Students completed measures of alcohol use and readiness-to-change at baseline and at 6-week follow-up. In addition, they completed an alcohol-specific implicit association test, a response time measure of alcohol-approach associations (Ostafin & Palfai, 2006). **Results:** The Motivational Intervention resulted in a significant increase in readiness-to-change immediately post-intervention. However, the effect of the intervention on change in quantity of alcohol use per drinking occasion at follow-up was significantly moderated by implicit cognition. Simple slopes analyses showed that those with low implicit appetitive responses showed significantly less drinking when exposed to the intervention condition while those with high implicit cognition did not. Similarly, readiness-to-change scores predicted declines in drinking for those low in implicit cognition but not for those who showed high levels of implicit cognition. **Conclusion:** This work suggests that the effect of brief motivational interventions may be less effective for those with strong implicit alcohol-approach associations and that implicit cognition may be important to address in subsequent brief intervention development.

P14

Gender differences in alcohol misuse and estimated blood alcohol levels among emergency department patients: implications for brief interventions

Presenting author: Alexis Trillo

Co-authors: Roland Merchant, Janette Baird, Tao Liu, Ted Nirenberg

Institution/Organization: Rhode Island Hospital, Department of Emergency Medicine

Abstract:

Background: To ultimately create more effective brief interventions, we compared the extent of alcohol misuse severity and estimated blood alcohol levels (BALs) between male and female emergency department (ED) patients. **Methods:** We surveyed a random sample of non-intoxicated, sub-critically ill or injured, 18-64-year-old English-or Spanish-speaking patients on randomly selected dates and times at two EDs July-August 2009. Participants self-administered the Alcohol Use Disorders Identification Test (AUDIT) and a questionnaire about their alcohol use in the past 30 days. Using the formulae by Mathews and Miller, gender-specific BALs were estimated for participants according to their weight and the number of alcoholic drinks consumed on days when typically drinking and on days of heavy episodic drinking (= 5 drinks/occasion for men, = 4 drinks for women). Gender-specific alcohol misuse severity levels (harmful, hazardous, dependence) were calculated using AUDIT scores. Wilcoxon rank-sum and Pearson's X² tests were used to compare outcomes by gender. **Results:** Of the 513 participants, 52.1% were women. Mean AUDIT scores were greater for men than women (7.5 vs. 5.3; $p < 0.001$), although alcohol misuse severity levels were similar between men and women (24.4 vs. 26.6% for hazardous, 2.8 vs. 2.2% for harmful, 6.5 vs. 3.4% for dependence; $p < 0.38$). Men reported greater mean alcohol consumption than women when typically drinking (4.3 vs. 3.3/drinks per day; $p < 0.001$) and during heavy episodic drinking (8.6 vs. 5.3/drinks per occasion; $p < 0.001$). However, the mean BALs for men and women were similar when typically drinking (0.05 vs. 0.06; $p < 0.13$) and during heavy episodic drinking (0.13 vs. 0.12; $p < 0.13$). **Conclusion:** For future ED brief interventions, women may benefit from realizing that despite drinking less alcohol on average than their male peers, they are reaching similar BALs with comparable levels of alcohol misuse.

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Importance of routine alcohol screening and brief intervention in women

Presenting author: Aruna Chhabria, MD

Co-authors: J. Paul Seale

Institution/Organization: Medical Center of Central Georgia

Abstract:

Aim: To demonstrate the importance of routine alcohol screening and brief intervention in women

Question: Why is SBIRT important for female primary care patients?

Case Presentation and Literature Review: A 25 y/o AAF presented with RLQ and flank pain, nausea, fever and dyspareunia for 3 days after unprotected intercourse. Patient had past history of multiple STDs. Initial SBIRT screening was negative for binge drinking. Exam revealed fever, tachycardia, CVA tenderness, pelvic tenderness, vaginal discharge and cervical motion tenderness. U/A showed pyuria and bacteriuria. Patient was admitted with pelvic inflammatory disease (PID) and Pyelonephritis. Repeat history by a SBIRT-trained resident revealed recurrent weekend binge drinking with unprotected intercourse. She was treated with antibiotics and brief intervention (BI). During BI she demonstrated awareness of the link between binge drinking and PID. She reported high level of importance and readiness to decrease her drinking to prevent recurrences. She improved quickly and was dc'd on Hospital Day 3 but failed to f/u.

This case demonstrates the following findings from the research literature--significant high rates of risky drinking among women, link between alcohol consumption and high risk behaviors, hesitancy of many women to disclose alcohol misuse, and importance of linking BIs in primary care to alcohol-related consequences.

Conclusions: Routine alcohol screening is indicated for all adult patients, and SBIRT training is an important element of primary care residency training. Non-judgmental alcohol screening identified binge drinking in a patient who previously denied it, helped the patient recognize the link between alcohol misuse and hospitalization, identified and enhanced the patient's motivation to change. Effective BIs in such situations have the potential to prevent recurrent alcohol-related hospitalizations among at-risk drinkers.

P16

Systematic review of the efficacy of brief intervention in reducing alcohol use in women

Presenting author: Carla Gebara

Co-authors: Fernanda Bhona, Aline Vaz, Mayla Diniz, Lelio Lourenço, Ana Regina Noto

Institution/Organization: Federal University of São Paulo

Abstract:

The aim of this study was to systematically review the efficacy of Brief Intervention technique in reducing alcohol use in women. We performed an electronic search across all databases of the digital platform in ISI Web of Knowledge, with multidisciplinary content. The term "brief intervention" was associated with the words "alcohol" and "women". We selected studies published between the years 2006 and 2010. Of the 95 publications found, 52 were excluded because they were "Proceeding papers," "meetings" or for not presenting the subject of interest. We included 43 works, among articles (40) and reviews (3), whose central theme was the realization and / or evaluation of the efficacy of brief intervention. Abstracts of these papers were submitted to the technique of content analysis. The year 2007 was the largest publication (13), as well as the journals "Journal of Studies on Alcohol and Drugs" (4), Alcoholism-Clinical and Experimental Research "(3) and" Addictive Behaviors "(3). The authors who most published were "Carey KB", "Fleming, MF", "Floyd, RL", "Martens, MP", "Nilsen, P", "Saitz, R" and "Shang, G", whit 2 publications each. The quantitative approach was prevalent among studies, and the "randomized controlled trials" was the most frequent (35). The Brief Intervention was conducted mainly in clinical and health services (18). However, interventions were also found being made through the computer via the Internet (5) and telephone (4). Regarding the study population, 22 articles addressed intervention for men and women and 14 for women, 9 of these programs on pregnant women. The efficacy of Brief Intervention in the reduction of alcohol consumption was confirmed in most research, but some of them showed a reduction only in men (not women), and a further specific research on the female population is deemed necessary.

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P17
Mobile phone text-message-based drinking brief interventions for young adults discharged from the emergency department
Presenting author: Brian Suffoletto, MD
Co-authors: n/a
Institution/Organization: University of Pittsburgh

Abstract:

Background: Brief interventions have the potential to reduce heavy drinking in young adults that present to the Emergency Department (ED), but require time and resources rarely available. Text-messaging (TM) may provide an effective way to collect drinking data from young adults after ED discharge as well as to provide ongoing support for behavior change. Methods: Young adults in three urban EDs (n=45; aged 18-24 years, 54% female) identified as hazardous drinkers by the AUDIT-C score were randomly assigned to weekly TM feedback with goal setting (Intervention), weekly TM drinking assessments without feedback (Assessment) or Control. Participants in the Intervention group who reported ≥ 5 (for men) and ≥ 4 (for women) maximum drinks during any one 24-hour period were asked whether they would set a goal to reduce their drinking the following week. We describe the interaction with TM and goal-setting. We also describe the heavy drinking days (HDD), drinks per drinking day (DPDD) using timeline follow-back procedure at baseline and 3-months. Results: 45 (87%; 95% CI 74-94) young adults met inclusion criteria, were randomized, and 6 (13%; 95% CI 5-27) did not complete 3-month web-based follow-up. 88% (95% CI 84-91%) of weekly TM drinking assessments were answered, with 77% (95% CI 58-90) of participants responding to all 12 weeks. Agreeing to set a goal was associated with a repeat HDD 36% (95% CI 17-55) of the time compared to 63% (95% CI 44-81) when not willing to set a goal. At 3-months, participants that were exposed to the TM intervention had 3.4 (SD 5.4) fewer HDD in the last month and 2.1 (SD 1.5) fewer DPDD when compared to baseline. Conclusions: TM-based interventions have the potential to reduce heavy drinking among young adults but larger studies are needed to establish efficacy

P18
Website for unhealthy alcohol use: How to make it visible and for whom?
Presenting author: Nicolas Bertholet, MD, MSc
Co-authors: Myriam Rege-Walther, Bernard Burnand, Jean-Bernard Daeppen
Institution/Organization: Alcohol Treatment Center

Abstract:

Background: Websites providing information and tailored feedback for unhealthy alcohol use are increasingly used to reach a large population that does not necessarily access primary care practices. Such websites need to target individuals with unhealthy alcohol use and to be visited. Methods: We developed a website offering general information on alcohol use, screening, and brief intervention with tailored feedback. The website is in French. To increase its visibility, we conducted a media campaign in the French part of Switzerland. We assessed the characteristics and satisfaction of the users using the website screening questionnaire and a satisfaction survey. To qualify the impact of the media campaign, we recorded the geographical provenance of the users. Results: Between July 15 (official release) and January 31 2011, 15'633 new visitors accessed the website and 84% (13'160) completed the screening and received tailored feedback. General information pages represented 25% of the 28'986 visited pages. Most users were male (67%), mean age (SD) was 36.3 (13.6); 34% of men and 38% of women reported weekly risky use (>14 drinks for men, >7 for women), 54% of men and 30% of women reported binge drinking (>6 drinks/occasion) at least once a month. Of the 56% people with unhealthy alcohol use (i.e. any risky use), 66% envisioned change after receiving the feedback. Among those (n=1001) who completed the satisfaction survey, 88% said the website provided useful information. Most visits (83%) came from Switzerland. Conclusions: People may visit websites providing information and tailored feedback on alcohol use on their own, but a media campaign appear to increase largely the number of visitors. Our website targets the appropriate users since unhealthy alcohol use was overrepresented among visitors compared to the general population, and satisfaction was high. Most at-risk drinkers envisioned change after their visit.

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A practical example: How alcohol screening and brief intervention can work in a real-life New Zealand primary care environment

Presenting author: Susan Paton, MEd

Co-authors: John McMenamin, Kristen Maynard

Institution/Organization: Alcohol Advisory Council of New Zealand

City, Country: Wellington, New Zealand

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Abstract:

Introduction

New Zealand has a very high level of acute alcohol-related harm compared to other countries. In the most recent alcohol use survey, 61.6 percent of New Zealand drinkers aged 16-64 years reported binge drinking at least once in a 12 month period and 12.6 percent reported binge drinking weekly.

There is substantial overseas evidence, and a growing New Zealand evidence base, to show that alcohol screening and brief intervention (SBI) in primary care and emergency settings is an effective and cost-effective approach for reducing alcohol-related harm among binge drinkers. Despite this, SBI is significantly under-utilised in New Zealand health care settings.

This project demonstrates how SBI has been integrated successfully into general practice in the Whanganui region of New Zealand.

Methods

In 2010 the Alcohol Advisory Council of New Zealand (ALAC) supported the Whanganui Regional Primary Health Organisation (WRPHO) to implement an ABC alcohol screening and brief intervention approach which involved asking all patients 15 years and over about their alcohol consumption, offering brief advice to those identified as risky drinkers and where appropriate referring patients to specialist services. This approach utilised a reminder system on the front page of electronic patient notes and an advanced form in the patient management system.

Results

In just under a year, 43 percent of all patients over 15 years enrolled in the Whanganui Regional PHO had been asked about their alcohol consumption, with 36 percent of these patients receiving a brief intervention or specialist referral.

Conclusions

The WRPHO project highlights how SBI can work in a New Zealand primary care setting and its potential efficacy for reducing alcohol harm.

P20

Factors that facilitate the implementation of prevention strategies to alcohol risk use in primary health care

Presenting author: Erica Cruvinel

Co-authors: Rafaela Lisboa, Michaela Amaral-Sabadini, Telmo Ronzani

Institution/Organization: Federal University of Juiz de Fora

Abstract:

BACKGROUND: Strategies of Diagnosis and Brief Interventions (SDBI) have been presented as a possibility practices to conduct prevention regarding the use of alcohol in Primary Health Care (PHC). **OBJECTIVE:** To identify the factors that facilitate the implementation of Strategies of Diagnosis and Brief Interventions to alcohol risk use in Primary Health Care.

METHODS: Ten community health workers from Zona da Mata, Minas Gerais, participated in the research. These professionals were divided into two groups: success outliers (who applied more AUDITs - Alcohol Use Disorder Identification Test) and not-success outliers (who did not apply AUDITs). These professionals were the outliers of a bigger sample. We used semi-structured interviews and Thematic Content Analysis.

RESULTS: Personal facilitators characteristics: good relationship with the community, satisfaction and commitment to work, feeling prepare to visit patients and feeling comfortable to talk about alcohol issues. Organizational facilitators characteristics: planning, activities organization and involvement of the whole team.

CONCLUSIONS: The factors that facilitate the success of the SDBI implementation were related to professionals' personal characteristics and organizational factors.

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P21 **Delivering alcohol screening and alcohol brief interventions within general dental practice: Rationale and overview of the evidence**

Presenting author: Andrew McAuley, MSc, BA (Hons)

Co-authors: Christine Goodall, Graham Ogden, Simon Shepherd, Karen Cruikshank, Niamh Fitzgerald

Institution/Organization: NHS Health Scotland

Abstract:

Alcohol consumption and affordability in the UK has increased over the last 50 years and is associated with a range of adverse oral health outcomes, the most serious of which, oral cancer, is also increasing in incidence. Despite this, routine screening and intervention relating to alcohol consumption within general dental practice remains uncommon. This review of the literature describes the background and outlines the evidence base for undertaking alcohol screening and delivering brief interventions in general dental practice. Consideration will be given to the rationale for, and range of issues related to, introducing this into general dental practice.

Questions addressed include why alcohol consumption is of relevance to dental professionals; what policy context exists for the role of prevention and health promotion dentistry; what screening tools are appropriate for use within general dental practice; what evidence and theory is there for alcohol screening and BI in general dental practice; and what barriers/facilitators exist which must be both overcome and utilised before alcohol screening and BI can be successfully applied in this setting.

In conclusion, alcohol screening and BI in general dental practice, delivered as part of a multi-dimensional approach to tackling excessive alcohol consumption, offer significant potential to improve the oral and general health of the population.

P22 **UK community pharmacy-based alcohol Brief Intervention (BI): Significant alcohol consumption reduction in increasing risk drinkers**

Presenting author: Natasha Khan, PhD (Psychology), MSc (Clinical Neuroscience), BSc (Psychology with Physiology)

Co-authors: Ranjita Dhital, Cate Whittlesea, Ian Norman, Peter Milligan

Institution/Organization: King's College London, Institute of Pharmaceutical Science, Biomedical and Health Sciences

Abstract:

Previous studies indicate that community pharmacy-based alcohol BI is feasible. However, few studies have reported significant reductions in post-BI alcohol use. Trained pharmacists (n=29) at 28 community pharmacies in London, UK offered the BI service from February-July 2010. Customers requiring alcohol-related medication and/or advice were targeted. AUDIT-C scores of ≥ 3 (women) or ≥ 4 (men), alongside a 7-day drinking diary and a readiness to change form, were used by pharmacists to identify risky drinkers and inform appropriate advice and feedback. Three months following the intervention, increasing and low risk drinkers were contacted by a member of the project team to assess post-BI AUDIT-C score and past 7-day alcohol consumption. High risk drinkers were contacted to ascertain whether they had accessed specialist alcohol services. One in 4 community pharmacy customers (n=246, 27% of 927) offered the alcohol BI were initially interested, and half of these (n=134, 87 males) received the intervention. Of the 128 customers whose alcohol use classification were recorded, 16% (n=21) were classified as high risk drinkers, 56% (n=72) as increasing risk drinkers and 27% (n=35) as low risk drinkers. Seventy-five customers were available for follow-up (response rate=56%). Of the high risk drinkers, 91% (n=10) had seen their GP and/or accessed specialist alcohol services. Post-BI, increasing risk drinkers were found to significantly reduce their 7-day alcohol unit consumption (average 84% decrease, p=0.004) and number of drinking days (p=0.05). However, no significant change in AUDIT-C score was observed. As anticipated, no significant differences were observed for low risk drinkers. Community pharmacy-based alcohol BI was effective in reducing increasing risk drinkers' recent alcohol use, and facilitating contact between identified high risk drinkers and their GP and/or specialist alcohol services.

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P23

A Swedish RCT-trial of early identification and brief intervention. Preliminary findings

Presenting author: Hanna Reinholdz

Co-authors: Fredrik Spak, Agneta Ronstad

Institution/Organization: Social medicine, Gothenburg University

Abstract:

Background

In many countries, also in Sweden, it has been difficult to implement early identification and brief interventions (EIBI) into daily practice in the primary health care. To assess methods to enhance implementation, we are conducting SPIRA (Secondary Prevention, Implementation Research on Alcohol). This study is an attempt to investigate possible solutions to overcome implementation obstacles and methods that stimulate the implementation process. This is also the first Swedish EIBI study of cost-effectiveness.

Method The PHCs are cluster randomized into 4 groups to test implementation strategies. 800-1000 patients are estimated to be recruited and intervened on in two 4 weeks periods 6 months apart. Total project time is 14 months from baseline to follow-up, which will be done by telephone 6 months after the last intervention period.

Two models are tested: 1. detection of risk drinking with screening (AUDIT-C) vs. other methods of early identification (EI), and 2. may an implementation coach increase the number of BI over and beyond what an education package does? The implementation process is followed with focus group interviews.

Preliminary results: SPIRA is ongoing. 15 (so far) PHCs are involved in different counties of Sweden. Three have participated in two intervention periods, the rest in one.

23 focus groups have been done. Some findings: Many practices wish to be involved as life style intervention has become mandatory; but at the same time many GPs and nurses are reluctant to work with secondary prevention which they do not consider to be a main treatment task. There is a considerable uncertainty as to what risk drinking is, particularly when alcohol problems have not yet appeared. Coaches that assist the implementation process are much requested by PHCs.

Conclusions. The PHCs need to be assisted if EIBI shall be delivered on a large scale.

P24

Supporting access to AOD treatment: The LA County screening brief intervention, referral and treatment project for short term jail detainees

Presenting author: Anne Lee, MSW

Co-authors: Richard Rawson, Rebecca Beattie

Institution/Organization: University of California, Los Angeles

Abstract:

UCLA ISAP was contracted to evaluate the Los Angeles County Screening, Brief Intervention, Referral, and Treatment Project (LA SBIRT). This SAMHSA funded project provided SBIRT for short-term stay detainees. Aims: To increase access to care and to reduce AOD use by screening with the Alcohol, Smoking, and Substance Use Involvement Screening Tool (ASSIST) which assesses risk of developing problems related to AOD use; and performing a motivational Brief Intervention based on the results of the ASSIST; and, when indicated, referral to a course of Brief Treatment sessions. UCLA ISAP used the Government Performance and Results Act tool (GPRA) and ASSIST data to describe the population and assess outcomes. ISAP also conducted a process evaluation. The presentation will include a description of the project, findings, and lessons learned. **Conclusions:** Alcohol, Cannabis and Tobacco risk are highest in this group. 95% who completed the ASSIST scored High or Moderate risk for at least one substance. Fewer clients reported using all AODs at follow-up than at baseline, of those who used substances, clients reported using all AODs on fewer days at follow up. Clients had less involvement with the criminal justice (CJ) system at follow-up, and received more outpatient services at follow-up. This new project was a successfully created a collaboration across the CJ and substance abuse treatment networks that did not previously exist and offered access to treatment for thousands of detainees. **Lessons Learned:** Performing the ASSIST in the jail is recommended to decrease dropout with this transient population. Locating clients for follow up was extremely difficult, incentives plus tracking and locating are crucial. Staff felt the ASSIST and motivational interviewing was extremely well suited to this population. The success of this project is dependent upon ongoing training, supervision and the collaboration of the stakeholders.

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P25
SBIRT among homeless and marginally housed Primary Care (PC) patients in Skid Row
Presenting author: Lillian Gelberg, MD, MSPH
Co-authors: Ronald M. Andersen, Lisa Arangua, Mani Vahidi, Blake Johnson, Vashti Becerra, Colleen Duro, Steve Shoptaw
Institution/Organization: UCLA Department of Family Medicine & School of Public Health

Abstract:

Background. The UCLA QUIT is a very brief PC based SBIRT for reducing risky substance use and substance-related harm in safety-net clinics. QUIT involves screening, very brief clinician advice (2-3 minutes), and 2 telephone drug-use health education sessions vs usual care control (240 per condition). We present findings on unique recruitment issues in Skid Row.

Methods. Between February 18 to April 28, 2011, pre-visit screening of adults in the clinic waiting room was conducted using a touchscreen Tablet PC. 'At risk' substance use is defined as casual, frequent, or binge use without the physiological or psychological manifestations of dependence, that is a score of 4 to 26 on the WHO Alcohol Substance Involvement Screening Test (ASSIST). The focus of the study was on risky stimulant use; SBIRT was provided for co-occurring alcohol, tobacco, and other drug use.

Results. 920 patients were approached: 89% were 40+ yo; 68% male; 62% Black. 706 were excluded prior to ASSIST (pregnant, non PC visit, in substance use treatment, refusal). Among the 214 who completed the ASSIST, substance use rates were no/low risk 11%, moderate risk 42%, dependence 47%. Ns, respectively: tobacco (55, 101, 58), alcohol (62, 98, 54), cannabis (94, 77, 43), cocaine (89, 74, 51), amphetamines (145, 45, 23), inhalants (185, 20, 9), sedatives (143, 45, 26), hallucinogens (174, 30, 10), opioids (130, 54, 30). Few patients qualified because of substance use treatment or co-occurring alcohol or cannabis dependence. Key informants revealed that many receive intermittent substance use treatment required by shelters. Enrollment criteria were relaxed to allow intermittent past month substance use treatment or who co-occurring alcohol or cannabis dependence. Enrollment rates increased several fold.

Conclusions. SBIRT in clinics with homeless and marginally housed populations must be tailored to their unique substance use and housing characteristics.

P26
Adapting SBIRT to tobacco: A hospital trial of warm handoffs for smoking cessation
Presenting author: Kimber Richter, PhD, MPH
Co-authors: Biatriz Carlini, Jamie Hunt, Babalola Faseru, Laura Mussulman
Institution/Organization: University of Kansas Medical Center

Abstract:

Background and Purpose: Post-discharge support is key to effective treatment for hospitalized smokers. The few hospitals that systematically address tobacco fax-refer smokers to tobacco quitlines for follow up, yet few smokers enroll. "Warm handoff" is used in some SBIs to link patients with treatment, but little data exists on process or outcomes. We will present pilot outcomes and early implementation data on an ongoing RCT and solicit suggestions for improvement. Recruitment begins July 1, 2011.

Methods: EQUIP (Enhancing Quitline Utilization by Inpatients) will determine the effectiveness and cost-effectiveness of warm handoff versus fax referral for linking hospitalized smokers with tobacco quitlines. EQUIP is a two-arm NIH-funded RCT in which smokers who wish to stay quit after discharge are randomized to Fax Referral or Warm Handoff groups. Fax Referral consists of standard in-hospital intervention with fax-referral for counseling post-discharge. Warm Handoff consists of brief in-hospital intervention and immediate warm handoff: staff call the state quitline and transfer the call to the patients' mobile or bedside hospital phone for quitline enrollment and an initial counseling session. Outcomes, including costs, are assessed at 1, 6, and 12-months post-baseline. We hypothesize that warm handoff will outperform fax referral in terms of enrollment in services, cessation, and cost-effectiveness.

Discussion questions:

- 1) What have AOD trials done to strengthen handoffs, and what is the evidence for efficacy?
- 2) How does EQUIP compare to AOD handoffs, and what pitfalls might we expect?
- 3) Should or could tobacco SBIRT be incorporated into alcohol and drug SBIRT?

Trial registration: NCT01305928

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P27
Importance of recognizing discordance between AUDIT-C screening results and drinking reported on individual AUDIT-C questions

Presenting author: Amy Lee

Co-authors: Kate E. Delaney, Gwen T. Lapham, Anna D. Rubinsky, M. Laura Johnson, Katharine A. Bradley

Institution/Organization: University of Washington, Seattle

Abstract:

The AUDIT-C is a 3-item alcohol screening questionnaire where threshold scores of ≥ 4 for men and ≥ 3 for women have been associated with a higher risk of alcohol misuse. However, there are some response patterns that yield inconsistencies: some individuals who report drinking within NIAAA recommended limits on the individual AUDIT-C questions screen positive based on the AUDIT-C score, and some who report exceeding drinking limits on the individual AUDIT-C questions screen negative based on the AUDIT-C score. The objective of this study was to determine the prevalence of discordant AUDIT-C screening results and reported drinking on the individual AUDIT-C questions among men and women who drank alcohol in the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (n=26,210), and describe implications of this discordance for brief interventions. Among men in the U.S. population-based sample, 5.0% had negative screens despite reporting risky drinking and 8.8% had positive screens while reporting drinking within recommended limits. Among women, 0.8% had negative screens despite report of risky drinking and 17.4% had positive screens despite reporting drinking within recommended limits. Of those with negative screens, all individuals who exceeded drinking limits reported binge drinking on AUDIT-C question #3, suggesting that brief interventions for binge drinking can be offered to 5% of men and about 1% of women who do not screen positive on the AUDIT-C. Patients who screen positive on the AUDIT-C despite not reporting risky drinking can be advised explicitly about drinking limits and told that although they are not reporting drinking above the recommended limits, some patients with similar scores develop problems due to drinking. Web-based screening and brief intervention programs offer an opportunity to provide appropriate and specific feedback to address discordant AUDIT-C response patterns.

P28
Translating medical SBI into behavioral healthcare practice in work-related settings

Presenting author: Tracy McPherson, PhD

Co-authors: Eric Goplerud

Institution/Organization: NORC at the University of Chicago

Abstract:

Substantial empirical support exists for alcohol SBI in medical, but not non-medical settings such as the workplace - an underutilized venue for alcohol interventions. This research aims to translate medical SBI into behavioral healthcare practice in a work settings where millions of workers can be reached annually. The primary objectives are: a) assess feasibility of adapting medical SBI practices for telephonic EAP; b) develop feasible, practical training, implementation, and quality/fidelity monitoring protocols/processes that can be integrated into existing practices; c) assess impact of implementing systematic, routine alcohol SBI on key performance measures (rates of screening, alcohol problem identification, treatment initiation); and d) assess preliminary client outcomes (self-reported alcohol use, mental wellbeing, and productivity). Pilot studies were conducted by U.S. EAP providers using pretest-posttest, one-group, pre-experimental designs. SBI processes were adapted based on the WHO alcohol SBI protocol. It includes systematic screening using the AUDIT during clinical intake, BI using MI, referral to face-to-face counseling and telephonic follow-up. Findings suggest that integration of routine SBI by EAP consultants at intake is not only feasible in a telephonic delivery system, but also increases alcohol problem identification to levels found in the general U.S. population and, hence, the opportunity for brief motivational counseling for risky drinking. Furthermore, it is clear that when SBI is integrated as part of routine EAP practice, members are willing to answer questions about their alcohol use and participate in follow-up. Results from a multi-site pilot study will be presented. To-date findings show increases in identification from 400% to 600% when SBIRT is integrated into routine practice.

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P29

Coaching is a promising way to enhance implementation of best practice methods

Presenting author: Fredrik Spak, MD, PhD

Co-authors: Per Blanck

Institution/Organization: Social Medicine, Gothenburg University

Abstract:

From 2006 till 2011 we studied the Swedish national Risk Drinking Project (RDP) in the county Western Götaland (1.5 million inhabitants) by interviews with implementation coaches who have educated in new working routines concerning screening and brief intervention of risky drinking (SBI). The targets groups were staff in Primary health care (PHC) with about 100 Family health care units (FHC) and about 100 units in Maternity health care (MHC) and child health care (CHC).

Method: 40 thematic interviews, mainly done over telephone, with project leaders, coaches, midwives, nurses and GPs were done. The interviews have been transcribed and analyzed with content analysis.

Results:

On the good side: the coaches have created a good basis for the establishment of SBI. MHC and CHC staffs have accepted SBI as an important work field and have increased their self-efficacy in and routines concerning SBI. The interviews show that the staff felt support from the coaches. For GPs a positive change was noted for some FHCs in that more patients were asked about alcohol and that the interest in working with life styles changes increased.

On the bad side: it was not clear as if the changes cited above were due to RDP or some other factor. The coaches' work in FHC has not been supported with adequate time for them to work with the staff. Administrative changes over this period, including a partial privatization, have been followed by a lower priority given to SBI. And the GPs still are skeptical about systematic screening.

In common for the interviewed groups is an uncertainty on how risk drinking is defined, and a common policy is lacking on this matter

Other thoughts: Sustainability can be difficult to maintain if the relative utility of the enterprise is small. We advocate a larger involvement of men in the family preventive work, whereas the tradition is, and has been, to mainly target women.

P30

Brief alcohol training for psychiatric staff

Presenting author: Christina Nehlin, MSc

Co-authors: Anders Fredriksson, Leif Grönbladh, Lennart Jansson

Institution/Organization: Uppsala University, Dept of Neuroscience, Psychiatry

Abstract:

Introduction and aims

For a successful implementation of systematic alcohol strategies, staff attitudes are a key issue. The forms and extent of training needed to improve therapeutic attitude among psychiatric staff to problem drinking is unclear. In this study, we assumed psychiatric staff to be familiar with alcohol as a problem area and therefore tested briefest possible training effort. The study is part of a project aiming to promote the use of SBI within psychiatric care. The aim of the study was to study psychiatric staff's knowledge and attitudes to problem drinking. A further aim was to investigate if a three-hour training is sufficient to improve knowledge and therapeutic attitude to problem drinking.

Design and methods

A tailored training model for psychiatric staff (non-physicians) was carried out at a medium size university clinic. Participants were Medical staff (nurses and psychiatric aides) and Non-medical staff (psychologists and social workers). The training consisted of a two-hour workshop and a one-hour follow-up session. Staff knowledge and attitudes to problem drinking patients were measured at baseline and follow-up by vignettes assessment and by Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ).

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Results

In total, 115 persons completed the questionnaires (follow-up rate 83 %). Distribution of Medical/Non-medical staff was 50/50 %. After training, Non-medical staff estimated vignette case severity higher than before. Both staff groups estimated their capacity to help a patient with complex problems higher after training. Role adequacy was higher in both subgroups after training. Medical staff scored Work satisfaction higher after the training than at baseline.

Conclusions

Three hours of tailored training improve knowledge and therapeutic attitude among psychiatric staff to problem drinking. In particular Non-medical staff take benefit of the training.

P31

Teaching screening, brief intervention, referral and treatment to social work students

Presenting author: Victoria Osborne, PhD, MSW

Co-authors: Kalea Benner, Carol Snively, Dan Vinson, Bruce Horwitz

Institution/Organization: University of Missouri

Abstract:

Introduction: Although social workers encounter many clients with substance use problems, curricula rarely require education on addictions. The Screening, Brief Intervention, Referral, and Treatment (SBIRT) model was initially directed to practicing physicians. Recently, training has evolved to include medical students. This is the first known application of SBIRT training to social work students. The goal was to assess students' knowledge and attitudes of alcohol misuse before and after SBIRT training.

Methods: Students were given a questionnaire assessing attitudes, knowledge and perceived skills with regard to substance misuse. A computerized training session focused on symptoms of at-risk drinking and implementing the SBIRT model. Descriptive statistics explained overall knowledge, attitudes and perceived screening and intervention skills. T-tests compared changes pre- to post-test.

Results: 74 social work students (n=33 undergraduate, 41 graduate) completed the training modules and pre and post tests. Significant differences were found in 7 of the 13 questions. Students reported more confidence in their ability to assess for alcohol misuse and successfully intervene with clients' substance use behaviors. They reported feeling more strongly that routine screening and brief intervention were crucial to clinical practice.

Conclusions: Incorporating substance misuse screening and brief intervention techniques into social work practice is an important aspect of effective treatment. Training students to screen and intervene is critical to improving treatment skills. Teaching SBIRT is a simple and effective way to implement addictions education in social work curricula. It appears effective in increasing students' perceptions of their ability to change client behaviors and to reduce clients' alcohol misuse.

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6-O3A.

Com-BI-ne: preliminary results of a feasibility trial of brief intervention to improve alcohol consumption and co-morbid outcomes in hypertensive or depressed primary care patients

Presenting author: Ruth McGovern PhD

Co-authors: Graeme Wilson, Catherine Wray, Dorothy Newbury-Birch, Elaine McColl, Chris Speed, Anne Crosland, Paul Cassidy, Dave Tomson, Shona Haining, Eileen Kaner

Institution/Organization: Newcastle University, Institute of Health and Society

Abstract:

Health outcomes are key to patients and clinicians, but trials of brief intervention (BI) for alcohol tend to focus on behavioral outcomes, while those finding positive effects on physical or mental health generally lack enough power to show robust effects or clarify which focus is more promising.

To test the feasibility of a RCT of BI for hypertensive or depressed primary care patients who drink alcohol above recommended levels, records at 25 English practices were searched for co-morbid adult patients. At 12 practices randomised to hypertension or depression arm, then control or intervention condition, eligible patients were surveyed with AUDIT. Consenting respondents scoring >7 completed a PHQ-9 screen (depression arm) or blood pressure measurement (hypertension arm) and received BI or standard advice, with 6-month follow-up screening for alcohol use and co-morbid condition.

17 practices (median adult patients 7181, Q1 5195, Q3 8050) searched their databases. 14% of adult patients (median, Q1 8.4%, Q3 16.5%) drank above guidelines. 20% of adult patients (median, Q1 18.5%, Q3 23.2%) were hypertensive; 5% (median, quartiles 3.9%, 5.3%) also drank heavily. 14% of adult patients had suffered mild/moderate depression (median, Q1 8.9%, Q3 16.9%); 2% (median, Q1 1.9%, Q3 2.9%) also drink heavily. 633 (24%) of 2590 eligible patients returned questionnaires. 35% scored positively on AUDIT in hypertension arm and 50% in depression arm. 80 patients were recruited to hypertension arm; recruitment to depression arm is ongoing.

Patients eligible for a RCT of BI for co-morbid heavy drinking and hypertension or mild/moderate depression are identifiable in primary care records though with variation among practices. Almost a quarter of these patients can be screened by post for current alcohol use; more screen positively in the depression arm than in the hypertension arm. A trial in the hypertension arm seems most feasible.

6-O3B.

A randomised trial of brief intervention strategies in patients with alcohol related facial trauma sustained as a result of interpersonal violence

Presenting author: Christine Goodall, BSc BDS FHEA PhD FDS (OS) RCPSG

Co-authors: Adrian Bowman, Iain Smith, Alex Crawford, Lisa Collin, Ian Holland, Andrew Carton, Fiona Oakey, Ashraf Ayoub

Institution/Organization: University of Glasgow

Abstract:

Introduction

Facial trauma is associated with male gender, low socioeconomic status, alcohol and violence. Brief interventions for alcohol (ABI) are effective in reducing drinking variables in this patient cohort. SS-COVAID (single session control of violence for angry impulsive drinkers) is a new intervention that attempts to address alcohol related violence. This study assesses the effect of SS-COVAID and ABI on drinking and aggression in facial trauma patients.

Methods

Male facial trauma patients who sustained their injuries as a result of interpersonal violence while drinking and who had Alcohol Use Disorders Identification Test (AUDIT) scores of 8 or above were randomised to receive either an ABI or SS-COVAID. Patients were followed up at 6 and 12 months and drinking and aggression outcomes were analysed.

Results

199 patients entered the trial. 187 were included in the analysis. 165 (89%) patients considered themselves to be victims, 92 (51%) had sustained a previous alcohol related injury and 28 (15%) had previous convictions for violence.

Both interventions resulted in a significant decrease in drinking outcomes over the 12-month follow up period ($p < 0.001$). Neither intervention had a significant effect on aggression scores nor was there a significant difference between interventions in terms of either outcome.

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Conclusions

Both SS-COVAID and ABI had a significant effect on drinking variables in this patient cohort. No effect on aggression was seen despite the fact that SS-COVAID specifically addresses the relationship between alcohol and violence. One reason for this may be that the facial trauma patients in this study considered themselves to be victims rather than aggressors. Another possibility is that while brief interventions may successfully address lifestyle factors such as hazardous or harmful drinking, they may not be as effective in modifying personality traits such as aggression.

6-O3C.

Relationship between Organizational Climate and Activities to Prevent the Use of Risk of Alcohol, Tobacco and Other Drugs among professionals in Primary Health Care

Presenting author: Erica Cruvinel, Masters Degree

Co-authors: Telmo Ronzani, Ronaldo Bastos

Institution/Organization: Federal University of Juiz de Fora

Abstract:

Studies show that professionals working in organizations with a more positive organizational climate (OC) have better performance at work. The aim of this study was to evaluate the association between preventive practices in relation to risk use of alcohol, tobacco and other drugs and the perception of organizational climate among 149 professionals in Primary Health Care (PHC). The OC was measured by a scale involving the following factors: 1) Leadership, 2) Professional Development; 3) Team Spirit, 4) Relationship with the Community, 5) Safety at Work, 6) strategy; 7) reward. Prevention activities were measured by counting the number of ASSIST (Screening Instrument) and BI (Brief Intervention) held within three months after theoretical training. We also used scales of self-efficacy and confidence to perform screening and BI and a structured questionnaire involving questions about the practice of professionals in prevention activities to drug use. To verify the proximity of the variables we used multiple correspondence analysis and correlation analysis, with 95% confidence interval. The teams that had better scores on the scale of organizational climate have also had the best performances in the practice in prevention activities to drug use. The factors of OC that is best associated with the practice of professionals were the "Professional Development" and "Relationship with the" Community ". The dimensions of "leadership" and "rewards" also showed significant associations. Findings suggest that environment with better perceptions of OC can be facilitator for the prevention of drug use in PHC.

6-O3D.

Setting-specific factors influencing trajectories of alcohol consumption in untreated control groups in early intervention studies for problematic drinking

Presenting author: Gallus Bischof, Ph.D., Dipl. Psych.

Co-authors: Jennis Freyer-Adam, Christian Meyer, John Ulrich, Hans-Juergen Rumpf

Institution/Organization: University of Luebeck

Abstract:

Background: While the efficacy of SBI for problematic alcohol use is proven in various outpatient settings, findings from inpatients remain inconclusive. Research has shown that inpatient treatment leads to elevated motivation to change problem behaviors. This study analyzes changes of drinking behavior in untreated patients with problematic alcohol use recruited proactively in general practitioner facilities (GP) and two general hospitals. **Methods:** This analysis compares problem drinkers randomly assigned to the untreated control group from a study of GP patients (GP; n=99) with a sample of inpatients recruited at the surgical and internal wards of two General Hospitals (GH; n=173). In both studies, all incoming patients aged between 18 and 64 years were screened for alcohol use. Screening-positives meeting the inclusion criteria of at-risk drinking according to the British Medical Association (20/30 g. alcohol/daily) or meeting criteria for alcohol abuse or dependence according to DSM-IV were included. Both samples received a non-alcohol specific brochure on healthy living and were re-assessed 12 months later (response rate 90.4%). **Results:** GH patients were older, more often males, had received less schooling and showed elevated readiness to change at baseline. Groups did not differ concerning alcohol-related diagnoses. At the 12-month follow-up, significantly more GH-patients reported abstinence or a problem free drinking pattern (50.0% vs. 26.1%, p<.001). Recruitment setting (GH vs. GP) remained a significant predictor for non-problematic drinking or abstinence even after controlling for baseline differences between groups. **Conclusions:** Findings suggest that natural processes of change from problematic alcohol use are elevated after non-alcohol-related inpatient treatment. This might partly explain the lack of findings supporting brief interventions for problematic alcohol use in inpatient settings.

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6-O3E.

Assessment of the SBIRT Implementation Impact in attitudinal changes and moralization of alcohol, tobacco and other drugs

Presenting author: Telmo Ronzani, PhD

Co-authors: Marina Oliveira, Daniela Mota, Erica Cruvinel, Tamires Laport, Leonarndo Martins

Institution/Organization: Federal University of Juiz de Fora

Abstract:

The Screening, Brief Intervention Referral and Treatment (SBIRT) dissemination models have been presented as a possibility to change the professional's attitude to conduct prevention practices regarding the use of alcohol and other drugs. Objective: To evaluate the dissemination impact in attitudes related to the prevention practices on the consumption of alcohol and on the moralization of alcohol and other drugs consumption by Primary Health Care (PHC) professionals in two Brazilian cities. Method: The study included 123 professionals. From these, 82 have received training and supervision to conduct the SBIRT (intervention group) and 41 did not receive any type of intervention (control group). At baseline and a 3-month follow-up, both groups answered scales of beliefs and attitudes regarding the screening and brief intervention implementation and another scale about the moralization of tobacco, alcohol, marijuana, cocaine and crack use. Results: In the comparison within groups, the intervention group showed an increase in the perception of obstacles to the implementation of screening at follow-up assessment ($p < 0.05$). Regarding the moralization, the intervention group had lower moralization for crack consumption in the comparison between groups at follow-up ($p < 0.05$). The other measures showed no significant differences. Conclusion: The SBIRT training and three months practice supervision, were not sufficient either to promote changes on the professional's attitudes or to reduce the substance use moralization. These findings are relevant to research related to SBIRT dissemination, since learning the technique without attitudinal changes and moralization reduction for substance use, compromises the quality and effectiveness of those practices.

Acknowledgements: FAPEMIG, CNPq, Capes.

6-O3F.

Institutionalizing SBIRT in Community Health Centers: The Baltimore Project

Presenting author: Marla Oros, RN, MS

Co-authors: Yngvild Olsen, Colleen Hosler

Institution/Organization: The Mosaic Group/Baltimore Substance Abuse Systems

Abstract:

Substance abuse plagues Baltimore City, with an estimated 70,000 residents needing treatment and only 22,000 receiving services. As a result of successful efforts integrating medication assisted treatment with buprenorphine in community health center practices, several organizations came together to determine if SBIRT could be successfully integrated into daily primary care practice. The Baltimore Open Society Institute provided funding to the Baltimore Substance Abuse Systems, Inc, which engaged the Mosaic Group, a consulting firm with experience working with addiction treatment and community health centers to conduct the work. This workshop will describe the program development model employed to design customized clinical and operational protocols for SBIRT at each participating community health center. Workshop facilitators will present the steps in the program design process, keys to the success of the development and implementation of the project, and data on results of the SBIRT implementation over a six month period. The pilot resulted in protocols that tailored SBIRT into each primary care practice's daily operation generating strong receptivity from physician and other clinical staff without the need for additional resources.

Results to date have shown that practices are screening 90% of all patients entering primary care, conducting brief interventions appropriately, referring as necessary to treatment. Integrating primary care and specialty addiction services within the health center systems has been designed as part of the SBIRT model as well. The success of this pilot has led OSI to fund an additional grant to support full implementation of the SBIRT model and expansion to sites across the state, including development of a statewide training and technical assistance center.

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7-O4A.

National education and implementations initiatives in the field of alcohol and its effect on perceived competence and clinical practice in Swedish primary care.

Presenting author: Fredrik Spak, MD, PhD

Co-authors: Magnus Geirsson, Marika Holmqvist, Preben Bendtsen, Per Nilsen

Institution/Organization: Social Medicine, Gothenburg University

Abstract:

Background:

To encourage the Swedish health professionals to raise the issue of alcohol amongst their patients and provide better advice aimed to reduce hazardous drinking habits, the Swedish health authorities conducted the Risk Drinking Project (RDP) 2004-2009. The main activities were educational and training seminars focusing on teaching motivational interviewing and risk drinking.

Methods:

To evaluate the impact of RDP, a baseline and a follow-up questionnaire survey was performed, in 2006 and 2009 respectively; participants were general practitioners (GPs) and district nurses (DN). They were asked how often they discussed alcohol with the patients, and how they estimated their knowledge regarding giving advice and their effectiveness in helping patients change risky drinking. We triangulated the results with two population surveys where the participants reported if they had been asked alcohol when visiting primary health care (PHC). We also studied changes in the number of alcohol-related diagnoses in PHC in western Sweden between 2005 and 2009.

Results:

Fifty-five percent of the participants in the survey 2009 had participated in any alcohol related education over the past three years. For all three parameters analyzed there were significant increases during these three years, particularly among DNs. However, the population surveys showed no changes concerning the inhabitants being asked about their alcohol consumption. Further, there was only a small increase of alcohol-related diagnoses over this time-period; 9%.

Conclusion

The national RDP is a likely cause of enhanced self-perceived competence in the alcohol field among nurses and GPs. Using a combination of possible data sources to evaluate the impact of RDP it is more uncertain as to whether this mainly educational effort has been a sufficient means of increasing screening and brief intervention.

7-O4B.

Brief FASD prevention intervention: Russian physicians' skills demonstrated in an educational and a clinical trial in Russia

Presenting author: Tatiana Balachova, PhD

Co-authors: Barbara Bonner, Vladimir Shapkait, Galina Isurina, Larissa Tsvetkova, Irina Grandilevskaya

Institution/Organization: University of Oklahoma Health Sciences Center

Abstract:

Introduction: Prenatal alcohol consumption can result in a range of adverse pregnancy outcomes including Fetal Alcohol Spectrum Disorders (FASD). Russia is a country with high alcohol use and increasingly hazardous drinking in women. Russian women reported that OBGYNs would be the most important source of information about alcohol and pregnancy.

Method: Project CHOICES and Healthy Moms intervention protocols were modified and a brief dial-focused physician intervention (DFBPI) developed to fit in Russian OBGYN care. The presentation compares OBGYNs skills demonstrated in an educational trial and in a clinical trial aimed at preventing alcohol-exposed pregnancies. OBGYN (N=65) participated in the educational trial through CME programs at St. Petersburg Pediatric Academy, Russia. DFBPI skills were assessed using videotapes of role plays with a simulated patient. Audiotapes of clinic visits (N=80) conducted by 14 OBGYNs trained in the DFBPI were coded. OBGYNs and study participants completed exit checklists after each clinic visit.

Results: Compared to OBGYN physicians assigned to regular CME, physicians who received training had significantly improved skills and higher levels of competency in conducting screening and DFBPI. Discussing difficulties/barriers that may prevent a woman from achieving her goal appeared to be the most difficult component for physicians to implement and OBGYNs demonstrated difficulties in assisting patients in discussing barriers and selecting contraception methods.

Conclusions: Russian physicians trained in DFBPI were able to implement and maintain skills during the clinical trial. In addition to the alcohol focus, DFBPI training needs to have a sufficient component to improve physicians' skills in discussing contraception use.

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7-O4C.

SBI Training for HIV Healthcare Workers in sub-Saharan Africa

Presenting author: Richard Spence, PhD

Co-authors: n/a

Institution/Organization: University of Texas

Abstract:

Introduction: Screening and Feedback, Brief Intervention and Motivational Interviewing methods have good evidence of effectiveness. However current protocols have been designed for literate, Western settings. The present effort adapted the methods to the cultural and socio/economic environments of three developing countries in Africa.

Methods: An intervention and associated curriculum was developed to train healthcare workers to screen all their patients and deliver a screening and brief motivational intervention (BMI). A pocket guide and patient handouts were developed as implementation aids. Local beverages were referenced as standardized equivalents of beer, wine, and liquor. Materials were produced in English and prevalent local languages.

Results: The training was delivered in Botswana, Tanzania, and Namibia. Ministries of Health in each country adopted the method as a strategy to reduce risky alcohol consumption and associated HIV infection risk in targeted areas. Based on follow-up surveys 60 days after the training, 64% of healthcare workers in Tanzania and 94% in Namibia, began using BMI with an average of 25% and 30% of their patients. Based on 14 clinician respondents in each country a total of 252 Tanzanian patients and 424 Namibian patients received BMI during the 2 months after the training. Implementation barriers included time, perceived stigma, and perceived patient resistance.

Conclusions: The training and follow-up surveys document the healthcare workforce need for a culturally relevant brief intervention to address risky alcohol use in an HIV prevention setting in Sub-Saharan Africa. Plans include streamlined delivery methods, implementing monitoring and evaluation tools, and providing refresher training sessions.

7-O4D.

Colorado's Ryan White SBIRT Collaborative Project: Screening and brief intervention for substance use in HIV/AIDS case management and healthcare settings

Presenting author: Leigh Fischer, MPH

Co-authors: n/a

Institution/Organization: Peer Assistance Services, Inc.

Abstract:

This presentation discusses screening, brief intervention, and referral to treatment for substance use (SBIRT) within HIV/AIDS treatment and care programs and lessons learned from Colorado's Ryan White SBIRT Collaborative Project. Evidence demonstrates that screening and brief intervention in primary care settings is effective in changing behavior and preventing adverse outcomes attributable to alcohol and other drugs. Studies show people living with HIV are more likely to experience substance abuse problems than the general population, and early detection offsets the negative ramifications, including poor treatment adherence. Despite the linkage between substance use and HIV, screening and brief intervention protocols have not been readily adopted in the continuum of HIV/AIDS services in the United States. In order to introduce SBIRT procedures tailored for HIV/AIDS care, Colorado collaborated efforts between the state's SBIRT initiative and its Ryan White Part B HIV treatment and care program. Of 2,500 patients screened, 31% received a brief intervention for risky alcohol, tobacco, or drug use and 23% were referred for therapy or specialized treatment. Data suggest people living with HIV are more likely to misuse substances and to experience negative consequences due to their use. Program evaluation findings gathered from focus groups and patient and provider surveys indicate that SBIRT can be successfully integrated into HIV treatment and care to address risky substance use. This presentation explores the barriers that hinder the efficacy of SBIRT in HIV care, and identifies the administrative and policy considerations that are necessary for effective implementation. Recommendations are made for standardizing SBIRT in HIV care: apply a systematic approach to screening; train providers to conduct brief interventions; establish a referral network; and, integrate SBIRT with adherence and retention efforts.

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7-O4E.

Integration of early identification and brief intervention in frontline health services : The case of Quebec.

Presenting author: Marianne Saint-Jacques, Ph.D. Psychology

Co-authors: Thomas G. Brown, Sarah Filion-Bilodeau, John Topp, David Ross, Lucie Legault

Institution/Organization: University of Sherbrooke

Abstract:

In 2006, the Quebec government committed itself to a the development of capacity for evidence-informed alcohol/drug screening and brief intervention (SBI) in frontline health service delivery settings. Two studies were conducted prior to the province wide deployment to inform decision makers as to possible challenges in implantation. Study 1 evaluated the efficacy of implantation of a model of SBI, adapted from the WHO, in three frontline public health services. Sixty-two clinicians were trained in systematic detection and a brief motivational intervention. Chart review of new admissions (N = 453) prior and following training assessed clinician conformity to SBI guidelines. 40% of patients endorsed at least on item on the CAGE-AID. Systematic detection of new admissions peaked at 70% and decreased to pre-training levels seven months after training. However, more than half of all new patients were assessed with validated questionnaires rather than informal questioning. Implementation of MI techniques led to modest changes in clinician interventions. A second qualitative study was conducted to document possible organisational barriers to implantation of SBI in the frontline services of Quebec. Interviews were conducted with 24 clinicians and program administrators from frontline services of the six main health regions of Quebec. Choice of vocabulary used in public policy documents and program material and sequence of delivery of services engendered confusion in clinicians as to what alcohol and drug SBI constituted. Many resources developed in other SBI health programs in these frontline services seemed to be transferable to alcohol and drug SBI. Lessons learned include: Complexity in the SBI program is inversely related to the subsequent integrity of program deployment; Clarity as to what SBI is paramount; Integration of parallel competencies/related programs could facilitate alcohol and drug SBI deployment.

7-O4F.

A brief intervention targeting primary care physicians' prescribing of pharmacotherapies for alcohol dependence: can it impact on their prescribing behaviour and reduce hospital inpatient admissions?

Presenting author: Anthony Shakeshaft

Co-authors: n/a

Institution/Organization: National Drug and Alcohol Research Centre

Abstract:

Introduction

Increasing the use of pharmacotherapies for alcohol dependence has the potential to improve patient outcomes and reduce health care costs through fewer hospital admissions. This RCT evaluated the cost effectiveness of tailored, postal feedback on general practitioners' (GPs) prescribing for alcohol dependence and alcohol hospital admissions.

Method

GPs (n=115) in the 10 communities randomised to the experimental arm of the Alcohol Action in Rural Communities (AARC) project received tailored, mailed feedback on their prescribing of acamprosate and naltrexone. Segmented regression analysis examined the impact of the intervention, relative to GPs' prescribing and inpatient hospital admissions for alcohol dependence in the 10 control communities. Incremental cost effectiveness ratios were estimated to compare costs per additional prescription written and costs per inpatient admission averted.

Results

Trend analysis showed primary care physicians significantly increased their prescribing of acamprosate ($\beta = 0.24$, 95% CI: 0.13 to 0.35) and significantly decreased their prescribing of naltrexone ($\beta = 0.12$, 95% CI: 0.13 to 0.35). Rates of alcohol related inpatient admissions for alcohol dependence decreased significantly in the experimental, relative to control, communities ($\beta = 0.98$, 95% CI: 1.80 to 0.16).

Conclusion

Similarly to evidence showing SBI can improve patient outcomes, this study shows postal, tailored feedback to GPs achieved cost effective increases in their prescribing of acamprosate, with a subsequent, and plausibly causal, reduction in inpatient hospital admissions for alcohol dependence. Demonstrating the capacity of brief intervention approaches

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implemented in primary care settings to reduce demand for tertiary care services appears to be a promising direction for the SBI field. A large scale RCT of the cost benefit of tailored feedback to GPs appears warranted.

8-W3.

Assessment Reactivity and Related Methodological Issues for Brief Intervention Trials

Facilitator: Jim McCambridge, PhD

Co-authors: Kypros Kypri, John Witton, Diana Elbourne

Institution/Organization: The London School of Hygiene & Tropical Medicine, University of London

Abstract:

Learning Objectives: Participants will be informed about emerging findings from a programme of research and will be invited to:

1. Evaluate existing evidence for assessment reactivity in brief intervention and other study contexts
2. Consider other ways in which brief alcohol intervention trials may be biased by research participation effects and appropriate conceptualizations of these issues
3. Develop ideas for methodologically oriented studies and discuss possible implications for brief intervention trials

Anticipated Content:

Presentation of findings from assessment reactivity and related research participation effects studies will comprise evidence summaries from a series of systematic reviews, first results from a dedicated methodological experiment and a qualitative study, with discussion of research design issues.

Learning Methods:

During the workshop participants will be guided through material designed to address the above learning objectives by getting them to ask and answer the following types of questions (Might there be a problem here? What exactly is it? Why do I think this? What should it be called? What do these new studies add to my understanding of the problem? How can this be studied? What are the implications of these findings for the interpretation of the existing brief interventions literature? What, if anything, might need to change in brief intervention trials?). Participants will be invited to complete a brief questionnaire prior to the workshop, the outcomes of which will be presented, and also after the workshop with the results again fed back. Facilitation will balance information inputs with opportunities for reflection and recording and interactions in sub-group and full group discussions.

9-W4.

Mainstreaming Alcohol Brief Interventions in Diverse Settings

Facilitator: Niamh Fitzgerald, PhD

Co-authors: n/a

Institution/Organization: Create Consultancy Ltd. / Robert Gordon University

Abstract:

Learning Objectives

- To identify barriers and facilitators in implementing alcohol brief interventions in new or diverse settings.
- To consider how these barriers and facilitators apply at individual practitioner, system and local/national level.
- To explore potential pitfalls and helpful mechanisms for achieving successful, routine implementation.
- To discuss and review a 'Mainstreaming Checklist' designed to support implementation in a new area or setting.

Workshop Plan

Part 1: Initial introduction covering 'What is Mainstreaming?' What do we already know ?. (5-10mins)

Part 2: Small group work 'quick-think' – identifying barriers&facilitators for mainstreaming using 'Post-it's'. (20-30mins)

-Discussion of participants' experiences.

-Analysis of collected 'Post-it's into individual, system and local/national factors. Discussion of issues not mentioned that we have come across in our previous work.

-Further discussion of how individual factors arise from practitioner's feelings of 'role legitimacy', role adequacy' and 'role support' in relation to delivery of ABIs (time permitting).

-Summary of Part 2.

Part 3: How to Mainstream. (20-30mins)

Short presentation/discussion of mainstreaming projects in a variety of health and non-health settings, with which we were

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involved. What were the challenges? What worked well to overcome them? What are we still working on? We will select 3-4 case studies which can be discussed as a whole or in small groups to start to reflect on ways to achieve mainstreaming.

Part 4: Mainstreaming Checklist. (20-30mins)

Distribution of a draft checklist for mainstreaming ABIs in a new setting covering 8 domains – small groups to discuss different aspects – are the criteria relevant to their country/experience? What is missing or could be improved?

Is the checklist a useful tool?

Part 5: Concluding Remarks (5 mins).

Questions throughout.

10-S2.

Innovative methodologies for testing SBIRT in six emergency departments: The Clinical Trials Network's SMART-ED Trial

Discussant: Harold Perl, PhD

Institution/Organization: National Institute on Drug Abuse

Abstract:

The high prevalence of patients with alcohol and other drug (AOD) problems who present to Emergency Departments (ED) makes EDs prime sites for implementing SBIRT interventions. Yet the particular demands of the ED setting necessitate certain adaptations to the SBIRT model in order to implement it effectively and sustainably. In addition, other methodological innovations are required to design a thorough test of SBIRT's effectiveness. This session describes the implementation of the NIDA Clinical Trials Network's Screening, Motivational Assessment, Referral and Treatment in Emergency Departments (SMART-ED) study. The first presentation reviews existing research on SBIRT for alcohol or drug use in ED settings, characterizing 26 primary studies in terms of their outcomes, cost-savings, and implementation. The second presentation addresses the limitations of existing research in disentangling the impact of the assessment process itself in reducing AOD use after SBIRT. The SMART-ED trial tests for potential assessment reactivity by including a minimal assessment group in its innovative three-treatment-condition design. The third presentation focuses on the adaptations that SBIRT programs require to function effectively in the high-volume ED setting and describes lessons learned from the implementation of SMART-ED in six EDs with differing organizational dynamics and patient populations. The discussion is organized around critical issues of site selection, staff selection, RA and interventionist training, site preparation, and data collection. The fourth presentation specifies the SMART-ED screening procedures and presents preliminary baseline data from the thousand-plus participants enrolled in the first eleven months of recruitment. Finally, the discussant synthesizes themes and data from the four presentations and situates them in the context of implications for improvements in clinical practice and healthcare policy.

10-S2A.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Drug and Alcohol Related Health Problems in Emergency Departments (ED): Review of Outcomes, Implementations, and Cost

Presenting author: Daniel Fischer, M.Ed

Co-authors: Dennis Donovan, Alyssa Forceheimes, Michael Bogenschutz

Institution/Organization: University of New Mexico

Abstract:

Aim: Review research on SBIRT in ED settings regarding intervention design, outcomes, cost-savings, and implementation.

Method: Publications selected were primary or secondary research of SBIRT in ED settings for alcohol or drug use.

Publications were separated into 3 categories: outcomes, cost, and implementation. Outcome literature excluded secondary research, focusing on primary analyses of SBIRT in ED settings targeting drug and alcohol use.

Results: Outcomes: 26 articles were found and grouped into interventions for alcohol or drugs. Some studies appeared in both groups. Of the 25 alcohol studies, 22 reported significant treatment effects. Of the 10 drug studies, 8 reported significant treatment effects. Most studies reported outcome measures as change in alcohol or drug use, others identified treatment attendance or assessment scores as outcome variables. Cost: 9 publications outlined cost-savings, including reduced recurrent substance-related ED visits and reduced cost per patient. Implementation: 22 publications discussed SBIRT implementation in EDs. Much support exists for screening and intervention methods. Research suggests that

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doctors and mid-level providers can efficiently conduct SBIRT and address unmet needs among ED patients with SUDs. Though SBIRT has been successfully integrated into many busy EDs, it is a challenge requiring ongoing commitment, planning, and support from ED staff.

Conclusion: Despite barriers to SBIRT implementation, EDs using an SBIRT approach show cost savings and improved ability to diagnose and treat substance-use related problems. Future research should explore the effect of SBIRT in EDs for drug related problems as well as its long-term sustained implementation.

Support: NIDA CTN

10-S2B.

Alcohol-SMART-ED Study Design to Examine the Role of Assessment Reactivity in SBIRT

Presenting author: Dennis Donovan, PhD

Co-authors: Michael Bogenschutz, Harold Perl, Alyssa Forceheimes, Byron Adinoff, Raul Mandler, Neal Oden

Institution/Organization: University of Washington

Abstract:

Background: Questions have been raised in screening and brief intervention research concerning the role the assessment process may serve as an active form of intervention that contributes to behavior change. However, most SBIRT trials have not been designed in such a way to disaggregate the impact of assessment versus the combined effect of assessment plus brief intervention. Method: We describe the design of the design of the NIDA Clinical Trials Network (CTN) Screening, Motivational Assessment, Referral and Treatment (SMART-ED) trial, with a focus on the screening and assessment instruments used and three treatment conditions to which ED patients are randomized: (1) Minimal screen only (MSO), (2) Screening, assessment, and referral to treatment (if indicated) (SAR); or (3) Screening, assessment, and referral plus a brief intervention (BI) with two telephone follow-up booster calls (BI-B). Results: The screening and assessment measures are relatively brief in the context of a clinical trial in order to minimize participant burden and assessment reactivity. The design allows a comparison of the impact of assessment as an independent factor over and above minimal screening (SAR versus MSO) as well as an evaluation of the incremental benefit of the brief intervention with booster calls over and above assessment without the brief intervention (BI-B versus SAR). Conclusion: Assessment reactivity is of concern, especially in studies of brief interventions, because it may reduce the effect size and conceal therapeutic benefit. On the other hand, if found to contribute independently to the change process, assessments could be designed to maximize the therapeutic benefit they provide. The design used in the SMART-ED trial will allow an evaluation of the independent and incremental contribution of the assessment process to behavior change.

10-S2C.

Factors associated with effective implementation of SBIRT delivered in an emergency department setting

Presenting author: Alyssa Forceheimes, PhD

Co-authors: Cameron Crandall, Michael Bogenschutz, Dennis Donovan, Robert Lindblad, Robrina Walker

Institution/Organization: University of New Mexico

Abstract:

Evidence-based SBIRT programs focusing on drug and alcohol use have successfully been implemented in a variety of general medical settings (Fixen et al., 1995). SBIRT programs require adaptations to function effectively in a high-volume hospital emergency department setting. We describe implementation and training procedures used in the NIDA CTN six-site SMART-ED trial and present lessons learned from the implementation of the study. The discussion is organized around issues of site selection, staff selection, RA and interventionist training, site preparation, and data collection. Several implementation components were particularly important in the SMART-ED trial. 1. Site selection. Department and ED staff buy-in was central to decisions on which sites were chosen to participate. 2. Staff selection. Interventionists/RAs needed to possess both the empathy necessary to deliver an MI based intervention and research abilities necessary for protocol adherence. 3. RA and interventionist training and ongoing coaching. In-person and webinar trainings ensured that research staff understood and were able to follow protocol procedures and be certified to deliver the intervention and study procedures. Ongoing coaching based on reviews of the intervention recordings and feedback on compliance with study procedures is successfully preventing drift. 4. Site preparation. Prior to beginning the main trial, each site also had real-world practice conducting study procedures through standardized patient visits. 5. Data collection. Screening data is collected using direct entry into tablet computers to facilitate rapid screening and mobility within the ED setting. There are unique factors associated with effective implementation of SBIRT delivered in an emergency department setting. Some of the procedure used in this clinical trial may be useful in the successful implementation of clinical SBIRT programs in EDs.

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10-S2D.

Screening Procedures to Identify Problematic Substance Users in Medical Emergency Departments

Presenting author: Michael Bogenschutz, MD

Co-authors: Dennis Donovan, Cameron Crandall, Robert Lindblad, Raul Mandler, Harold Perl, Alyssa Forceheimes

Institution/Organization: University of New Mexico

Abstract:

Background: Little is known about optimal screening processes for brief interventions targeting substances other than alcohol and nicotine. An on-going multi-site trial conducted through the NIDA Clinical Trials Network (NIDA CTN protocol 0047) investigates the effectiveness of brief intervention models for drug users (with or without alcohol use) presenting in medical emergency departments (EDs). Here we describe the screening procedures and present preliminary data on the screening process and characteristics of participants enrolled in the trial to date.

Methods: Following triage, patients are selected through ED tracking logs, and demographic information, triage level, and presenting complaint are recorded. Patients are then invited to complete screening with an instrument including 4 tobacco screening questions, the 3 questions of the AUDIT-C, and the 10-item DAST. A DAST score of 3 or more plus past 30-day use of the primary problem substance are required for enrollment.

Results: During the first 6 months of recruitment, a total of 5713 patients were selected for possible screening, 3731 completed screening, and 343 participants were randomized (6% of all selected). These participants were 64% male, mean age 39 ± 12 , and racially and ethnically diverse. Only 2% were college graduates, 9% were married, 10% had full-time jobs, and 79% had household incomes under \$15,000. The most common primary drugs of abuse were cannabis (33%, using an average of 18 out of the past 30 days), cocaine (26%, 9/30 days), street opioids (26%, 19/30 days), prescription opioids (6%, 18/30 days), and methamphetamine (6%, 7/30 days).

Conclusions: 6% of those selected for screening, and 9% of those screened, were enrolled in the study. Baseline data indicate that the screening procedures are identifying heavy users of several types of drugs who have problems in multiple life domains.

11-S3.

SIPS symposium: The effectiveness and cost effectiveness of alcohol screening and brief interventions from the SIPS research programme in England

Discussant: Colin Drummond, MD

Institution/Organization: National Addiction Centre

Abstract:

While numerous studies have shown the efficacy of alcohol screening and brief interventions in a variety of health settings, the effectiveness and cost effectiveness of this approach in typical practice settings is less clear. Also the optimal methods of screening and intervention intensity required further evaluation to guide implementation. This symposium reports on the outcome of the SIPS national alcohol screening and brief intervention programme in England. The programme spanned primary health care, emergency departments and probation services in three English regions, comprising three pragmatic cluster randomised clinical trials using comparable research designs. Overall 2,478 subjects were recruited, and the follow-up rate was 75% at 6 months and 70% at 12 months. This symposium will present the findings in relation to the utility of different screening approaches and the 12 month effectiveness and cost effectiveness outcomes.

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11-S3A.

A Randomised Controlled Trial of Different Methods of Alcohol Screening and Brief Interventions in Routine Accident and Emergency Department Care (SIPS-ED) – 12M outcomes

Presenting author: Paolo Deluca, PhD

Co-authors: Colin Drummond, Simon Coulton, Eileen Kaner, Dorothy Newbury-Birch, Tom Phillips, Katherine Perryman, Nick Heather, Christine Godfrey

Institution/Organization: Institute of Psychiatry, King's College London

Abstract:

There is a wealth of evidence on the detrimental impact of excessive alcohol consumption on the physical, psychological and social health of the population. There also exists a substantial evidence base for the efficacy of brief interventions aimed at reducing alcohol consumption across a range of settings. Research conducted in emergency departments has reinforced the current evidence regarding the potential effectiveness and cost-effectiveness. However, the majority of this research has been conducted in single centre and there is little evidence of the wider issues of generalisability and implementation of SBI across EDs.

The study is a pragmatic cluster randomised controlled trial. 9 EDs were randomised to a combination of screening tool (M-SASQ vs FAST vs SIPS-PAT) and an intervention (Minimal intervention-PIL vs Brief advice-BA vs Brief lifestyle counseling-BLC). The primary hypothesis is that BLC delivered by an Alcohol Health Worker (AHW) is more effective than BA or PIL delivered by ED staff. Outcomes have been assessed at 6 and 12 months.

Overall 5992 patients were screened for eligibility in 9 EDs, 3737 (62%) were found eligible, and 1491 screened positive for AUD (39.9% of screened). Of those screening positive 1204 (80.7%) gave consent to participate in the trial.

The mean age of participants was 35 years and the mean AUDIT score at baseline was 12.4. The majority of the sample was male (65%) and white (88%).

At 12 months 803, 67% of participants, were followed up. No significant differences in follow-up rates were observed between the intervention groups.

The proportion of participants positive for AUDIT overall reduced significantly by 16.3%. This reflected a significant decrease of 18.8% in the PIL group and 15.1% in both the BLC and BA groups. An adjusted logistic regression model found no significant effects of intervention group, screening approach or baseline AUDIT score.

11-S3B.

Screening and brief alcohol intervention in routine primary care in the UK: SIPS trial 12 month outcomes

Presenting author: Eileen Kaner, PhD

Co-authors: Colin Drummond, Paolo Deluca, Dorothy Newbury-Birch, Simon Coulton,

Institution/Organization: University of Newcastle, UK

Abstract:

Numerous brief intervention trials have reported positive effects in primary care. However, it is unclear if structured advice or counselling is the required form of brief intervention. This SIPS trial aimed to evaluate the (cost)effectiveness of different intensities of brief intervention at reducing risky drinking in primary care. Practices were randomly allocated to three conditions: a leaflet-only control; 5 minutes of brief structured advice; and 20 minutes of brief counselling. Practices were asked to recruit at least 31 risk drinkers who received a short assessment followed by brief intervention. Patients were followed up at 6 and 12 months post intervention and the primary outcome was the proportion of risky drinkers as measured by the Alcohol Use Disorders Identification Test (AUDIT). Overall 3562 patients were assessed for eligibility in 29 practices: 2991 (84%) were eligible; 900 (30.0%) screened positively; and 752 (83.6%) consented to the trial. At 12 months, 79% patients (n=598) were followed up. No significant differences in follow-up rates were observed by condition. There was an overall reduction in risky drinking of 16.5% between baseline and 12 months. By condition, the reductions were: 17.3% controls; 12.7% brief advice; and 19.6% brief counselling. An adjusted logistic regression model identified baseline AUDIT score and gender as significant predictors of risk drinking at 12 months. Patients with lower baseline scores and females were more likely to be AUDIT negative at follow-up. Brief advice and brief counselling did not produce significantly greater effects in reducing risky drinking than a leaflet only control. These findings will be discussed in the light of the current brief intervention literature.

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11-S3C.

A Randomised Controlled Trial of Different Methods of Alcohol Screening and Brief Interventions in Routine Probation Settings (SIPS-CJS) - 12M outcomes

Presenting author: Dorothy Newbury-Birch, PhD

Co-authors: Eileen Kaner, Paolo Deluca, Simon Coulton

Institution/Organization: University of Newcastle, UK

Abstract:

A large number of randomised controlled trials in health settings have consistently reported positive effects of brief intervention in terms of reductions in alcohol use. However, although alcohol misuse is common amongst offenders, there is limited evidence of alcohol brief interventions in the criminal justice field. The SIPS Criminal Justice System (CJS) study is a prospective pragmatic cluster randomized control trial which is the first large multicentre trial of alcohol screening and brief intervention in the CJS carried out in England. 227 Offender Managers from 20 probation offices were randomized to one of three conditions (Minimal intervention-PIL vs Brief advice-BA vs Brief lifestyle counseling-BLC) and to screening tool (M-SASQ or FAST). The primary hypothesis is that BLC delivered by an Alcohol Health Worker (AHW) is more effective than BA or PIL delivered by CJS staff. Outcomes have been assessed at 6 and 12 months. The mean age of participants was 31 and the mean AUDIT score at baseline was 16.1. The majority of the sample were male (85%); white (76%) and current smokers (79%). Sixty seven percent of participants were followed up at 6 months and 59% at 12 months post intervention. No significant differences were found in follow-up rates between the intervention groups. At 12 month follow up satisfaction ratings were high in all groups in terms of general satisfaction, communication and interpersonal manner. At 12 months the proportion of participants positive for AUDIT overall reduced by 15.6%. This reflected a decrease of 18.6% in the CIL group; 14.4% in the BA group and 13.7% in the BLC group. An adjusted logistic regression model found no significant effects of intervention group, screening approach or baseline AUDIT score.

11-S3D.

The utility of different screening methods to detect hazardous drinking and alcohol use disorders in the SIPS research programme

Presenting author: Simon Coulton, M.Sc

Co-authors: Colin Drummond, Paolo Deluca, Eileen Kaner, Dorothy Newbury-Birch, Katherine Perryman, Tom Phillips

Institution/Organization: University of Kent, UK

Abstract:

Numerous screening methods have been developed to detect hazardous and harmful drinking in a range of health settings. Recent research has focused on development of briefer screening tools to maximise implementation in busy practice settings, particularly emergency departments and primary care. However the relative utility of these tools was not fully understood. Further there was a need for research to identify the relative utility of universal screening, in which all patients approaching primary care are screened, compared to targeted screening which targets only patients with certain target conditions or presentations. The SIPS alcohol screening and brief intervention research programme compared the relative utility of different screening tools (SASQ, FAST) and approaches (universal versus targeted) in primary care. In addition the utility of the Paddington Alcohol Test (PAT), which is a targeted screening tool, was compared to SASQ and FAST in emergency departments. Compared to the AUDIT questionnaire FAST had a higher sensitivity than SASQ in primary care. While targeted screening in primary care is a more efficient screening method it misses a large proportion of patients who could benefit from brief interventions. SASQ performed better in emergency departments than either FAST or PAT. The results have important implications for the choice of screening tools in different settings.

12-O5A.

Evaluation of rollout of alcohol brief interventions in health and social care teams following multi-disciplinary training.

Presenting author: Niamh Fitzgerald, BScPharm, PhD

Co-authors: Heather Molloy, Fiona MacDonald

Institution/Organization: Create Consultancy Ltd. / Robert Gordon University

Abstract:

Intro

-There is a robust body of evidence supporting alcohol brief interventions (ABI) delivery in primary healthcare settings, but

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fewer studies have explored delivery elsewhere.

-This qualitative evaluation followed up staff in one integrated health and social care service in Scotland, to find out if/how multidisciplinary training on ABI had impacted on practice, and if/why ABIs had been delivered following the training.

Methods:

-19 semi-structured, in-depth, qualitative telephone interviews were carried out. These included 10 of the 89 practitioners who had attended the course, as well as managers and administrators, from various teams (social work; older people's; community mental health).

-Interviews were recorded, transcribed and analysed thematically. All quotations were checked with interviewees.

Results:

-Participants felt that training had improved their knowledge and confidence around alcohol, and were supportive of a role in delivering ABIs but very few had actually delivered any.

-Practitioners perceived that their clients did not need ABIs, for a variety of reasons, including that they either drank too much or too little to merit one.

-Despite this, practitioners described giving advice on alcohol, but failed to recognise these conversations as opportunities to deliver ABIs.

-A range of other barriers to delivery emerged including that the specific screening, delivery techniques and monitoring of ABIs did not fit with their current practice and assessment procedures, which already included (sometimes unhelpful) questions or questionnaires on alcohol.

Conclusions

-The barriers to delivery were at individual, team and service levels and are likely to be best addressed by a strategic approach of which training is only one part.

-The findings also suggest the need to take a setting-specific approach to efforts to embed ABI delivery into the specific routine practice of teams.

12-O5B.

Evaluation of a training program on EIBI and cardiovascular risk in Italian GPs

Presenting author: Pierluigi Struzzo

Co-authors: Luigi Canciani, Alberto Gianmarini Barsanti

Institution/Organization: Regional Centre for research and training in Primary Care

Abstract:

Introduction GPs often cite inadequate training as one of the reasons for not performing EIBI. Providing "more" medical education on EIBI is an important step for policymakers. From an economic and public health point of view it is important to know how much is "more". This abstract summarizes the results of a one-day CME training of Italian GPs on EIBI, unhealthy lifestyles and cardiovascular risk. Methods An eight-hour CME inter-disciplinary training day was offered to the 1040 GPs of our Region. Frontal lessons by expert GPs, Cardiologists and Public Health professionals were proposed on CV risk reduction by provision of EIBI and brief motivational interview on unhealthy lifestyles. Video presentation of Role-Plays were shown and discussed in the afternoon session. Of the 774 GPs attending the training day, 563 (72,7%) answered a pre and a post training questionnaire on general knowledge, self efficacy and professional satisfaction level. Eleven point (0-10) scales were utilized for the analysis on: - correlation between pre and post self efficacy on different lifestyles counseling (Wilcoxon-Mann-Whitney); - correlation between professional satisfaction level and self efficacy on lifestyles counseling (Spearman coefficient). Results After the training a significant ($p=0,0001$) improvement in general knowledge and self efficacy were demonstrated by most of the participants. Pre and post differences were all significant but GPs showed less self efficacy on dealing with Alcohol ($p=0,5902$) compared to Tobacco ($p=0,8961$), Weight control ($p=0,3008$) and physical activity ($p=0,4054$). Self efficacy is linked to professional satisfaction level. Conclusions One day of inter disciplinary CME on EIBI and cardiovascular risk reduction increases GPs' self efficacy but professional satisfaction needs also to be addressed in future training programs. Practical implementation should follow in a short time not to reduce the effect.

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12-O5C.

Implementation of screening tools and brief intervention by health professionals trained by a distance learning course

Presenting author: Maria Lucia O. Souza-Formigoni, PhD

Co-authors: Ana Paula L. Carneiro, Eroy A. Silva, Paulina CAV Duarte

Institution/Organization: Universidade Federal de São Paulo

Abstract:

There is evidence on the effectiveness of screening tools followed by brief interventions (SBI) for risk users of alcohol and other drugs, when applied by health professionals traditionally trained. However, there are no controlled studies on the implementation of these techniques when health professionals were trained by a distance learning (DL) process. In this study we evaluated the use of SBI by health professionals trained by DL in the 2nd or 3rd edition of the Brazilian course SUPERA (SENAD/UNIFESP). All participants were invited by email and regular mail, to participate in the project. Those who agreed to participate received, by email, a questionnaire about their use of SBI including questions on: difficulties to implement SBI; number of screening tools (AUDIT, ASSIST) and BI applied after they finished the course. All of them had answered a similar questionnaire immediately after the end of the course. Considering both questionnaires, only a few participants had problems doing it due to lack of support from their work team. Among those (52%) who at the end of the course, intended to implement the techniques, 30% applied the AUDIT and 28% the ASSIST. Out of the 94% of participants who intended to implement SBI in their work, 74% did it. After the course, most of the participants felt able to approach a patient and assess their alcohol (72%) or drug (66%) use and out of those, 64.5% applied the AUDIT and 57.5% applied the ASSIST, respectively. Most of them also felt able to perform Brief Intervention (71%) and to develop strategies to reduce substance use (84%) and out of those, 83% and 80%, respectively, did it. These results show that health professionals trained by DL can apply SBI. A study to evaluate the effectiveness of the SBI applied by them is under way. (Financial support: SENAD, FAPESP, CNPq)

12-O5D.

Impact of a distance learning training of health professionals on substance use screening and brief intervention on their beliefs and attitudes related to drug use and users

Presenting author: Ana Paula Leal Carneiro, Bachelor

Co-authors: Denise De Micheli, Monica Maino, Jose Carlos Fernandes Galduroz, Yone Moura, Paulina AV Duarte, Maria Lucia O Souza-Formigoni

Institution/Organization: Universidade Federal de São Paulo

Abstract:

Screening of alcohol and other drugs (AOD) use followed by Brief Intervention (SBI) represents a useful tool for health professionals, since most people who are in the early stages of substance related problems receive no guidance before developing significant consequences. In order to disseminate the techniques of SBI among Brazilian health professionals, the National Secretary on Drug Policy (SENAD), in partnership with the Drug Dependence Unit of UNIFESP, developed the distance learning program SUPERA (System of detection of psychoactive substance use, abuse and dependence, referral, brief intervention, social reinsertion and follow-up). The aim of this study was to assess whether health professionals who participated in SUPERA have changed their beliefs and behaviors related to AOD after finishing it. 1,062 health professionals from Brazilian public health network who have successfully completed the course participated in the study. They answered a questionnaire on their beliefs and attitudes regarding AOD use, before and after the course. After finishing it, 91% of participants mentioned feeling more able to use SBI techniques than before and 60% (vs 37% before) reported believing that their demonstration of concern for patients' habits of AOD use can help them reduce their consumption. Besides, 73% (vs 50% before) believed in the importance of BI to reduce patients' AOD use and 60% (vs. 30% before) reported believing in patients' capacity to reduce AOD use. Most of the professionals (66% after vs. 28% before) considered they have an adequate level of knowledge about AOD and 83% (vs 22% before) reported knowing how to detect AOD use and feeling highly confident. Our data indicate positive changes in health professionals' knowledge and attitudes regarding AOD after the course, suggesting this methodology is adequate to train health professionals on SBI. (Support: SENAD, AFIP, CNPq)

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12-05E.

Primary care based facilitated access to alcohol reduction websites - a potential solution to the "know do" gap in primary care?

Presenting author: Paul Wallace, MSc FRCGP FFPHM

Co-authors: Leo Pas, Pierluigi Struzzo

Institution/Organization: University College London

Abstract:

Background: In primary health care settings, less than 10% of hazardous and harmful drinkers are identified and less than 5% of those who could benefit are offered brief interventions. Delivery of brief intervention adds up to 15 minutes to the primary consultation constituting a significant barrier to implementation by primary care professionals. A review of trials of computer-based interventions (on- and offline) for college drinkers found them to be more effective than no treatment and as effective as alternative treatment approaches. The recent large scale on-line trial of Down Your Drink (DYD) indicated potentially significant reductions in alcohol consumption and risky drinking behaviours in both groups, but there was evidence that users of the DYD website made only relatively limited use of it - average 2.33 visits. Facilitated access by professionals in primary care settings could not only increase patient engagement but also address the "know do" gap in primary care by removing the need for primary care professionals to deliver time-consuming face to face intervention. The UCL eHealth team has undertaken an exploratory qualitative study using Interviews and participant observation of facilitated access to DYD in several practices two London localities (Kingston and Islington) to assess the acceptability and uptake. Results: Preliminary results suggest good levels of acceptability and uptake of facilitated access to DYD. Findings will be presented together with proposals for a non-inferiority international RCT to determine whether there is equivalence for outcomes in patients identified as risky drinkers who receive facilitated access to an alcohol reduction website and those who are given conventional face to face brief intervention. Conclusions: Research is needed to determine whether primary care based facilitated access to alcohol reduction websites can reduce the "know do" gap in primary care.

12-05F.

Therapist Effects on Client Drinking Across Four Motivational Interviewing Sessions: A Longitudinal Analysis of Process Predictors

Presenting author: Molly Magill, PhD

Co-authors: Robert Stout, Timothy Apodaca

Institution/Organization: Brown University

Abstract:

Scientific attention has shifted to understanding the underlying mechanisms that account for the efficacy of Brief Interventions based in the principles of Motivational Interviewing (MI). A large portion of work thus far has emphasized therapist micro-skills and client language mechanisms in the context of single session interventions. The present study examines three global therapist variables of clinical importance to MI (i.e., therapist focus on client ambivalence/discrepancy, therapist emphasis on client commitment to change, and therapist assessment of client goals/drinking) within the context of a multi-session intervention. Participants were adult alcohol users involved in a large multi-site clinical trial (Project MATCH). Binomial generalized estimating equations examined therapist intervention effects on alcohol use over a 12-week treatment period (four sessions). The main effects analysis showed that therapist emphasis on commitment had a positive effect on drinking reduction for Aftercare patients (OR = .64, $p < .001$). However, the opposite pattern was found for therapist focus on client ambivalence/discrepancy (Aftercare: OR = 1.31, $p < .001$; Outpatient: OR = 1.10, $p = .018$) and assessing goals/drinking (Aftercare: OR = 1.22, $p = .043$; Outpatient: OR = 1.27, $p < .001$) in both samples. Therapist reported intervention foci are important to subsequent patterns of drinking within a multi-session MI. The unexpected negative effect of focus on client ambivalence and assessment of goals and drinking suggests that therapist may use these interventions in reaction to client alcohol use, but are unsuccessful in movement toward resolution. Patterns of alcohol use within treatment moderately predicted follow-up outcome, supporting the importance of these clinical processes.

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13-O6A.

Third generation internet-based brief interventions for problem drinkers: how far can technology take us, and what types of drinkers can be reached?

Presenting author: Trevor van Mierlo, BA(Hons), MScCH, MBA (c), GEMBA (c)

Co-authors: n/a

Institution/Organization: Rotman School of Management, University of Toronto; Evolution Health Systems Inc.

Abstract:

Background: For over a decade, a number of Randomized Controlled Trials (RCTs) have found that Internet-Based Brief Interventions (IBBIs) can reduce alcohol consumption in problem drinkers. As technology becomes increasingly sophisticated, IBBIs have the potential to offer highly tailored feedback to different populations.

Methods: First launched in 2005, CheckYourDrinking.net version 3.0 (CYD) is a free and anonymous IBBi that has undergone several RCTs and technical upgrades. Apart from the free online version, the technology has been modified for several specific populations such as college and university students, youth aged 13-17, public health institutions, and as a screening tool for private clinics. To illustrate how algorithms can be modified, data will be examined from 21,640 Canadian men (59%) and women (41%) who anonymously accessed CheckYourDrinking.net version 2.0 from April 8, 2008 to July 28, 2010.

Aims: Through describing the CYD's development methodology and research-based maturation process, this presentation is designed to illustrate how IBBIs can be tailored for special populations. Technical limitations and other barriers will be discussed. Following this presentation, researchers will gain perspective into resources required for the ongoing technical enhancement and maintenance of IBBIs.

Conclusion: With the use of sophisticated algorithms, IBIs hold the exciting potential of providing highly tailored feedback to not only problem drinkers, but for special population across many languages and cultures, and for those who exhibit binge-drinking or other types of specific consumption patterns. In order to fully understand the potential of this IBBi technology, further research is required.

13-O6B.

RCT of the effectiveness of electronic mail based alcohol intervention with university students: dismantling the assessment and feedback components

Presenting author: Preben Bendtsen, MD, PhD

Co-authors: Jim McCambridge, Marcus Bendtsen, Nadine Karlsson, Per Nilsen

Institution/Organization: Department of Medicine and Health, Linköping University

Abstract:

Background: University students in Sweden routinely receive electronic mail based alcohol interventions sent from student health services. Earlier trials by this group and others have examined effectiveness in simple parallel group designs. This is an exploratory study undertaken to prepare for a large trial.

Methods: This trial used a dismantling design and randomized 5,227 students to: 1) routine practice assessment and feedback; 2) assessment-only without feedback; and 3) neither assessment nor feedback. At baseline all participants were blinded to study participation, with no contact being made with Group 3. At 6-8 week follow-up, students were approached to participate in a cross-sectional alcohol study.

Results: Overall, 45% (n=2,336) of those targeted for study completed follow-up. Attrition was similar in Groups 1 and 2 (approximately 41% retained) but somewhat lower in Group 3 (52% providing data). Intention-to-treat analyses among all participants regardless of their baseline drinking status revealed no differences between groups. Per-protocol analyses of Groups 1 and 2 among those who accepted the e-mail offer (approximately 37%) and who were risky drinkers (62% follow-up rate) suggested small beneficial effects on weekly consumption attributable to feedback.

Conclusions: Electronic mail offer alone of alcohol intervention among unselected populations of university students was not found to be beneficial, though between-group differences in attrition prevent strong conclusions. Small benefits may follow actual uptake of feedback intervention. The design of the main trial currently in progress has been successfully influenced by data from this unusually large pilot study.

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13-O6C.

Investigation of the feasibility of a brief intervention delivered using mobile phones to reduce harmful drinking and injury among trauma patients in New Zealand

Presenting author: Shanthy Ameratunga, MBChB, MPH, PhD

Co-authors: Emily Smith, Bridget Kool, Kimiora Raerino

Institution/Organization: University of Auckland, New Zealand

Abstract:

Background: Building on the success of the STOMP and STUB-IT mobile phone trials for smoking cessation, this study examined the feasibility of a brief intervention using mobile-health technology to reduce problem drinking and injury among trauma patients.

Methods: The pilot interviewed 30 Maori, Pacific Island and Pakeha (European/White) patients to explore their perceptions of the proposed intervention to be delivered via mobile phones, and the barriers and facilitating factors for enabling participation and compliance.

Results: Participants were highly supportive of the intervention concept, noting aspects of message content and delivery that would appeal to the major ethnic communities as well as potential barriers that required attention. Text messages (informed by cognitive behavior and social learning theory) that were adapted for the cultural context had particular appeal, as was the proposed delivery of 1-2 motivational messages on Fridays/weekends over a period of up to 4-weeks following discharge from hospital. The process of injury outcome data collection through record linkage to national databases of hospital discharges and claims to New Zealand's universal fully-funded accident insurance scheme was both feasible and effective.

Conclusion: The proposed trial of 6,000 participants appears feasible and acceptable to patients from communities of interest, with economies of scale in both the implementation of the intervention and trial methodology. If demonstrated to be effective, this approach to brief intervention has the potential to be cost-effective, highly scalable, and accessible to harder-to-reach communities in New Zealand and elsewhere. As shown with our previous trials, this strategy could also reduce ethnic and socio-economic inequalities in access to interventions.

13-O6D.

Overcoming Challenges to SBI Implementation with Technology: The Promise of Interactive Voice Response Systems

Presenting author: Gail Rose, PhD

Co-authors: John Helzer

Institution/Organization: The University of Vermont

Abstract:

Background: While the efficacy of SBI is supported by multiple clinical trials, routine screening and delivery of brief intervention is hampered by complex factors, both individual and systemic. An alternative to the traditional in-office approach to SBI holds promise as a way of broadening its reach.

Aim: To share our experience using Interactive Voice Response (IVR) technology to deliver and augment SBI in primary care. We will draw from our 12-year program of research in this area, summarizing results from prior studies and describing a new trial currently underway.

Questions to be addressed: What is the nature of IVR? How does it work? Why might it be a helpful modality for fostering, delivering, and/or augmenting SBI? How can others embark on IVR research?

Summary of presentation: We will provide a brief overview of IVR applications we have employed in alcohol research, a description of some methodological challenges we encountered in a prior SBI trial, and how these experiences led us to develop an IVR-based SBI program. The presentation will cover technicalities of developing IVR applications and issues of their implementation in research.

Conclusions: IVR is a feasible modality for delivering assessment and advice about drinking. IVR technology is accessible to researchers and clinicians who do not necessarily have specialized training or expertise. While this technology offers several advantages, including patient comfort with disclosure of personal information and widespread access and availability, it has downsides as well. For example, refusal and non-compliance can be higher than other modalities. A small body of research suggests that process variables such as interviewer voice characteristics, survey length, and questionnaire item format may influence consent to participate and compliance with IVR surveys and interventions.

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13-O6E.

Limitations to Implementing Alcohol Screening with an Electronic Clinical Reminder in the Veterans Affairs Healthcare System: A Qualitative Study

Presenting author: Emily Williams, PhD, MPH

Co-authors: Carol Achtmeyer, Rachel Thomas, Joel Grossbard, Gwen Lapham, Laura Johnson, Evette Ludman, Douglas Berger, Katharine Bradley

Institution/Organization: VA Puget Sound, Health Services Research & Development; University of Washington Dept Health Services

Abstract:

Implementation of alcohol screening and brief intervention (BI) is a prevention priority. The VA Healthcare System uses a clinical reminder (CR) in the EMR to prompt and document results of screening and trigger a subsequent CR for BI when screening is positive. Although screening rates are over 90%, marked variability in screening quality has been documented. Four researchers observed clinician interactions with CRs during alcohol screening at 9 primary care clinics in the northwest U.S. to identify barriers and facilitators to using CRs to implement quality screening. Observers took handwritten notes, which were transcribed and analyzed qualitatively using an a priori coding template adapted during analyses. We observed 58 support staff (25 RNs, 26 LPNs, 7 Health Techs) caring for 166 patients. Alcohol screening prompted by the CR was often uncomfortable and of low quality. Clinicians often offered disclaimers prior to screening or made adjustments to how questions were presented, with some citing the sensitive nature of the questions. Verbal screening typically did not include asking questions verbatim. There was substantial variability in methods of conducting screening across clinics, with some using the CR to facilitate in-person screening by interview and others entering patient responses into the CR after completion of a paper-based screen. Although the CR was designed to trigger a subsequent CR for BI when positive, some clinics used paper encounter forms for this. Findings suggest that VA's CRs have important limitations as a method of facilitating valid alcohol screening. Barriers observed seem to reflect a combination of limitations of CR technology and the alcohol screening CR specifically, ways the CR was implemented, clinical workflow, complexity of patient needs, and alcohol-related stigma. Future research should address these barriers to using decision support to implement recommended care.

14-W5.

The Development of a Clinical Decision Support for Illicit Substance Use in Primary Care

Facilitator: Geetha Subramaniam, M.D.

Co-authors: Betty Tai, Robert Lindblad, Bob Gore-Langston, Udi Ghitzta

Institution/Organization: National Institute on Drug Abuse

Abstract:

Research evidence supports the universal screening and brief interventions (SBI) for alcohol use in primary care but the evidence for SBI for illicit substance use in primary care is only now emerging. Federally funded, (uncontrolled) multi-site projects with relatively large samples have shown that SBI and referral to treatment in primary care settings is feasible, leads to increased engagement in drug treatment, reduced drug use and is cost-effective. NIDA has been involved in a consensus-based iterative process in developing common data elements (CDE) and screening tools for incorporation in electronic health records (EHR), in parallel with HITECH act/CMS efforts at promoting meaningful use criteria for EHR. Several ongoing NIDA funded research projects will soon provide an evidence base on the efficacy of SBI strategies for illicit substance use. The NIDA Clinical Trials Network has recently launched a companion effort, to the CDE initiative, to develop models of clinical decision support for SBI for substance use in primary care through a similar process of obtaining expert opinion and consensus building. The goal of this interactive workshop is to seek feedback and capitalize on audience expertise and experiences in primary care, to assist NIDA's effort to compile input/feedback on potential clinical decision support models and strategies with respect to: a) content (i.e., design and rationale for the decision points and action items in the decision support algorithm), b) feasibility (i.e., impact on workflow, staffing considerations), and c) assessment of provider (i.e., clinic-friendly strategies to incorporate evaluation of provider use of decision support) and/or patient outcomes (reduction of use, engagement in treatment, improvement in treatment adherence, etc.). The workshop participants will be able to contribute and understand a process to develop consensus-based clinical decision support model.

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15-W6.

Brief Intervention Group: Integrating SBIRT in Workplace Settings

Facilitator: Tracy McPherson, PhD

Co-authors: Judy Mickenberg

Institution/Organization: NORC at the University of Chicago

Abstract:

80% of problem drinkers are employed. Risky drinking is associated with reduced productivity, increased accidents, and medical and emotional conditions. SBIRT is an effective, evidence-based practice used within medical settings for identifying and reducing risky drinking. Within the past few years, SBIRT has migrated to workplace settings, e.g., employee assistance programs (EAPs) through an industry-wide initiative – Brief Intervention Group -an international collaboration of professional associations, employers, and industry leaders working to transform routine practice of EAPs in North America to increase the identification through the use of SBIRT and reduce the negative impact of undetected and untreated alcohol problems that reduce productivity and drive up healthcare costs. Following training, in three BIG EAP pilots, rates of detection of problem drinking increased by 400% to 600%, and rates of referral to specialty treatment jumped from <1% to 10%. Training will be designed to provide workplace practitioners with the knowledge/skills to achieve similar results in their organizations. Aetna's EAP was one of the first to embrace SBIRT and produce results to support its efficacy in workplace EAP setting (baseline <1% to post-SBI implementation 18.3%). This workshop is aimed at giving practitioners the opportunity to learn about SBIRT and its value in workplace settings (EAPs, health promotion, and occupational health and safety). It will consist of didactic and interactive components with roleplay exercises and audio/video vignettes to increase learners' engagement and retention. Vignettes will highlight clients in workplace settings who present by telephone or face-to-face for consultation. BI techniques will be based on MI principles. Training will be supplemented with take-away materials, e.g., extensive resource lists, downloadable materials (Rethinking Drinking, Workplace SBI Toolkit)

16-W7.

Implementation and Sustainability of SBIRT in SAMHSA Grantees: Shaping the Cross-site Evaluation of SAMHSA's Third Cohort of Grantees

Facilitator: Jeremy Bray, PhD

Co-authors: Carolina Barbosa, Frances Del Boca, William Dowd, Georgia Karuntzos, Bonnie McRee, Manu Singh, Janice Vendetti, Members of the SBIRT Cross-Site Evaluation Team

Institution/Organization: RTI International

Abstract:

Two decades of research has identified Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an effective public health approach for identifying and treating individuals who use alcohol and/or other drugs at risky levels. SAMHSA's SBIRT program has funded 3 successive cohorts of grantees to translate this established research into effective programs that deliver services in a variety of select real-world general medical and community settings. As part of this effort, a cross-site evaluation was recently completed on Cohort I (N=7) and has been ongoing for Cohort III (N=4) since 2009 to study the implementation and impact of the SBIRT program on the existing treatment system and its patients, as well as key factors for its continued sustainability. The cross-site evaluation includes 4 key evaluation areas: process, outcomes, economic, and system. This workshop will use findings from the cross-site evaluation of Cohort I to frame key design and methodological issues facing the evaluation of Cohort III. The cross-evaluation team will present approaches for addressing these challenges, and workshop participants will be asked to provide input to the cross-site evaluation team on these approaches. Specific topics to be examined and discussed are:

- challenges to assessing evidence-based practices in real-world medical settings including the development of an observational methodology
 - implications of SBIRT model migration for conceptualizing and investigating future SBIRT programs
 - procedures for examining SBIRT programmatic changes that support long-term sustainability
 - implications of integrating mental health and substance abuse into SBIRT service delivery and sustainability
 - economic considerations relevant to SBIRT sustainability and methods for examining those considerations in a cross-site evaluation
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17-S4.

SBIRT-related MI Training Methods and Outcomes

Discussant: Sylvia Shellenberger, PhD

Institution/Organization: Medical Center of Central Georgia

Abstract:

The goals of this symposium are to:

1. Contribute to the developing evidence base regarding feasibility and effectiveness of certain methods for teaching SBIRT skills including the use of introductory didactics, practice with standardized patients, the provision of immediate feedback by experts, and longitudinal coaching by experts.
 2. Describe the teaching of SBIRT skills to medical students, residents, and counselors/specialists in medical settings.
 3. Describe assessment and ongoing monitoring methods (such as adherence and competence checklists, coding instruments and regular review of progress by experts) for determining if learners have incorporated key SBIRT and motivational interviewing elements into their interventions.
 4. Provide evidence that SBIRT services based on a motivational interviewing training model are effective in reducing drinking days and binge drinking days in patients.
 5. Describe the use of MI-based models in different areas of medicine including the emergency room and in primary care.
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17-S4A.

Training SBIRT Health Care Practitioners Using Standardized Patient and Expert Coaching

Presenting author: Mary Velasquez, PhD

Co-authors: Sylvia Shellenberger, Kirk von Sternberg

Institution/Organization: University of Texas at Austin

Abstract:

Skill acquisition and maintaining fidelity to a practice requires ongoing monitoring and performance feedback in addition to initial training. This paper describes an evaluation of a training and coaching model employed for the Texas and Georgia SBIRT programs, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Both programs were both implemented in large community medical settings which included hospital emergency, trauma and inpatient services, and primary care. We describe the Specialist training processes with an emphasis on our web and phone-based expert coaching model and Standardized Patient training programs. Specialists who received the multifaceted training package demonstrated significant improvements in skills during a half-day Standardized Patient activity and over 12 months of coaching as measured by the Motivational Interviewing Treatment Integrity coding system (MITI) and coaching evaluations. Video-taped recordings of SP training sessions for 20 randomly selected trainees from TX and GA were coded by an expert external coder using the MITI-3 coding system. Trainees made significant improvements in evocation ($p=.004$), collaboration ($p=.003$), direction ($p=.030$), empathy ($p=.029$), spirit ($p=.008$) and in the % MI Adherent Speech ($p=.035$) within the 4 sessions of the SP training. One hundred forty-eight quarterly reports were examined for those trainees who had received at least 12 months of coaching. There were 37 trainees (TX=17; GA=20) included in these analyses. The trainees' global ratings, spirit (TX $p=.026$; GA $p=.002$) and empathy (TX $p=.012$; GA $p=.001$) improved during the four quarters. In addition, all of the MI behavior ratings for both sites showed improvement at some point over the four quarters analyzed ($p<.05$). This study adds evidence to previous findings indicating that progressive feedback and coaching enhance skill development.

17-S4B.

Training Medical Students to Conduct Motivational Interviewing: A Randomized Controlled Trial

Presenting author: Jean-Bernard Daeppen, MD

Co-authors: Cristiana Fortini, Nicolas Bertholet, Raphael Bonvin, Alexandre Berney, Pierre-André Michaud, Carine Layat, Jacques Gaume

Institution/Organization: L'Université de Lausanne

Abstract:

Background: Motivational interviewing (MI) is increasingly used to address health behaviors. We aimed to examine the effectiveness of MI training among medical students when they begin counseling patients to change certain health behaviors, including alcohol use. **Methods:** All students ($n=131$) in year 5 of a 6-year curriculum at Lausanne University Medical School Switzerland were randomized into an experimental ($n=66$) or a control group ($n=65$). After a training in

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basic communication skills in years 2 and 3 (control condition), an 8-hour MI training workshop was completed by students in the experimental group. One week after the training, students in both groups were invited to meet for 15 minutes with 2 standardized patients. MI skills were coded by 4 blinded research assistants using the Motivational Interviewing Treatment Integrity 3.0 (MITI). Results: Superior performance was shown for trained vs control students, as demonstrated by higher mean (SD) scores (range: 1-5) for "Empathy" [4.0(0.6) vs 3.4(0.7), $p < .001$] and "MI Spirit" [4.0(0.6) vs 3.3(0.6), $p < 0.001$]. Mean scores were similar between groups for "Direction", indicating that students in both groups invited the patient to talk about behavior change. Behavior counts assessment demonstrated better performance in MI in trained vs control students regarding occurrences of MI-adherent behavior [mean (SD) 5.6(2.5) vs 3.7(1.7), $p < .001$], MI non-adherent behavior [1.9(2.3) vs 5.1(3.7), $p < .001$], Closed questions [15.5(5.3) vs 21.3(6.9), $p < .001$], Open questions [7.8(2.9) vs 5.6(2.1), $p = .001$], Simple reflections [13.2 (5.1) vs 11.1 (5.3), $p = .03$], and Complex reflections [4.3(2.1) vs 2.7(2.0), $p < .001$]. Occurrences were similar between groups regarding "Giving information". Conclusions: An 8-hour training workshop was associated with improved MI performance, lending support for the implementation of MI training in medical schools.

17-S4C.

Reduction in drinking days and binge drinking days among patients receiving SBIRT services during an emergency department visit: 6 month results from GA BASICS

Presenting author: Joanna Akin, MPH

Co-authors: Aaron Johnson, J. Paul Seale, Gabe Kuperminc

Institution/Organization: Georgia State University

Abstract:

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is effective in many health care settings. Previous research has shown significant decreases in harmful drinking, but many studies, particularly in emergency/trauma settings have not used a control group. Thus, it is unclear if observed decreases in harmful drinking are due to the intervention or other precipitating factor/s such as the hospital visit, the substance use assessment, or simply regression to the mean. This project assesses the effectiveness of an SBIRT program implemented at an urban hospital in Georgia. Study patients were enrolled between January 2009 and April 2010 during an emergency department visit. Intervention patients (N=120) and control patients (N=400) were assessed using the ASSIST screening instrument, and completed a survey that measured harmful drinking, among other items. Intervention patients received a 10-15 minute motivational interviewing based brief intervention aimed at reducing harmful drinking. All patients were contacted 6 months later for a follow up assessment. Analyses investigated between group differences in alcohol consumption over time. Among intervention group patients, results show that past 30 day mean drinking days were reduced from 11.7 days at baseline to 5.8 days at 6 months and mean binge drinking days were reduced from 7.6 days at baseline to 3.0 days at 6 months. While the control group also showed significant reductions in mean drinking days and binge drinking days over time, a regression analysis indicated a significantly greater reduction in binge drinking days for the intervention group. Further analyses examined the impact of the intervention across different risk levels, based on ASSIST score. Preliminary results suggest those at moderate risk receive the most benefit from the brief intervention. These results provide further evidence of SBIRT's effectiveness in reducing harmful drinking.

17-S4D.

Screening, brief intervention and referral to treatment (SBIRT) for alcohol and other drug use among adolescents: Evaluation of a pediatric residency curriculum

Presenting author: Sheryl Ryan, MD

Co-authors: Shara Martel, Michael Pantalon, Steve Martino, Jeanette Tetrault, Stephen Thung, Steven Bernstein, Peggy Auinger, Gail Donofrio

Institution/Organization: Yale University School of Medicine

Abstract:

Background: Alcohol and other drug use and misuse are increasing over the past year in pediatric populations. Objectives: As part of a Substance Abuse and Mental Health Services Administration resident training grant we sought to demonstrate the feasibility and effectiveness of initiating a screening, brief intervention and referral to treatment (SBIRT) in a pediatric residency program. Design, Setting and Participants: Evaluation of a training program for all 2nd and 3rd year pediatric and/or medicine/pediatric residents in an adolescent medicine rotation located in an urban teaching hospital.

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Main outcome measures: Pre-post knowledge scores, performance of the Brief Negotiation Interview (BNI) as measured by the BNI adherence scale in pre-post standardized patient encounters (SPE), training satisfaction, and tracking of BNI performance.

Results: 34 residents were trained: 30 in Pediatrics and 4 in Medicine/Pediatric programs. The mean age was 28 years (range 25-35 years), and 26 (76%) were female. Fifty percent reported 0 to 5 hours of didactic training in medical school and residency. Thirty five percent report that they never had formal or informal teaching regarding alcohol and drug problems in their residency. There was a significant improvement in knowledge scores pre-post training (20.5 versus 23.4 $P < 0.001$); and a significant improvement in BNI adherence scores pre-post SPE (3.1 versus 8.4, $p < 0.001$). Residents were very satisfied with their training reporting a score of 1.6 on a scale of (1=very satisfied, to 5=very dissatisfied).

Conclusions: Integrating a SBIRT curriculum into a Pediatric residency program is feasible and effective in increasing resident's knowledge and skills in performing screening and brief interventions in adolescents and young adults.

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THE LIBERTY HOTEL

BEACON HILL • BOSTON

LOCATION

The Liberty Hotel is perfectly situated in the heart of Boston's Beacon Hill neighborhood near the world's best medical complexes. Just a footbridge away from the Charles River and its Esplanade, this luxury hotel in Boston offers easy access to a wealth of outdoor recreation, unique shopping, entertainment and downtown Boston.

DESCRIPTION

Once the storied Charles Street Jail, The Liberty Hotel welcomes guests to Boston with the spirit of a landmark liberated following an extensive \$150 million acquisition, renovation and construction process. Marrying historic architecture with the high standards of refined, modern travel, The Liberty Hotel is New England's premier luxury destination.

Commanding in scale, the original granite edifice was innovative for its day, comprising a beautiful cruciform-shaped structure complete with a 90-foot central rotunda and cupola built in 1851. Today, through meticulous planning reflective of the property's colorful past, this strong and beautiful building is home to a variety of transcendent public spaces linked by historic catwalks - including lobby and reception areas, restaurant, bar, grand ballroom, and meeting rooms - as well as a limited number of guestrooms. Among the other dramatic features that have been preserved are vestiges of jail cells within the hotel lobby bar and magnificent, oversize windows. A new, adjoining 16-story tower houses the majority of guestrooms with every modern convenience.

The ultimate union of historic influence and contemporary design, this luxury hotel in Boston is inspired by a sophisticated interior decor that integrates with the architecture's beautiful simplicity. Echoing the stone facade, reception desks are punctuated with a panel of granite warmed by a surrounding concentric panel of mahogany woods. Throughout the public areas, American colonial prints, enlarged and rendered in historic colors such as maroon, gray and purple, provide a fresh take on a traditional look, while bold geometric carpets in rich hues of purple and yellow are reminiscent of New England window panes and the friezes of traditional doors. Captivating in every sense of the word, The Liberty Hotel promises an unforgettable guest experience in a unique setting second to none.

ACCOMMODATIONS

Our luxury Boston hotel presents 300 guestrooms, including 10 incomparable suites with river views. Defining serenity, each is graciously appointed in tones of pale rose and taupe accented with rich mahogany woods and touches of stainless steel. Luxurious, imported bed linens and four-fixture baths complete the experience in this luxury hotel in Boston.

* The Liberty Hotel is a non-smoking establishment *

IN-ROOM AMENITIES INCLUDE:

- Luxurious bathrobes
- Two VOIP telephones operating on a fully converged digital network
- Flat panel HD-LCD televisions
- In-room safes
- Private bars
- High speed wireless (Wi-Fi) and scalable fiber connection access
- Molton Brown environmentally-friendly body care products
- Hair dryers and make up mirrors

GUEST SERVICES

- Full concierge service
- Valet parking (\$42 daily rate applies)
- 24-Hour private dining
- Same day dry cleaning and laundry valet
- Evening turndown service
- 24-Hour health and fitness center
- High speed Internet access
- Business Center
- Wireless data connections in public areas
- Overnight shoeshine service
- Pet friendly

DINING

The Liberty Hotel is home to five of Boston's best restaurants. Urban dwellers and hotel guests alike socialize while enjoying the daily changing menu and extensive wine list at CLINK., sultry cocktails at Alibi, exciting Italian at Chef Lydia Shire's Scampo and the Liberty's newest bar, Catwalk.

WHERE TO EAT...

THE LIBERTY HOTEL CONCIERGE RECOMMENDS

HOT SPOTS.

- **CLINK - The Liberty Hotel 215 Charles Street 617-224-4004**
Chef Joseph Margate offers a creative Modern American Cuisine with a regional emphasis using seasonal and sustainable produce paired with an outstanding wine list.
- **Scampo - The Liberty Hotel 215 Charles Street 617-224-4000**
Lydia Shire's passion for excellence and culinary talent is evident in an Italian-inspired cuisine unrestrained by borders, drawing on flavors from the Mediterranean and Middle East.
- **Sorellina – 1 Huntington Avenue 617-412-4600**
Warm and modern describes Jamie Mammano's Italian restaurant with sophisticated food and sophisticated clientele
- **Mistral – 223 Columbus Avenue 617-867-9300**
A contemporary take on French and Mediterranean cuisine within an elegant but informal ambiance.
- **Excelsior – 272 Boylston Street. 617-426-7878**
Bold, contemporary, American cuisine with an interesting and sophisticated atmosphere featuring an extensive wine selection.
- **No. 9 Park – 9 Park Street 617-742-9991**
Barbara Lynch's exquisite European country cuisine along the Boston common, one of Boston's best restaurants.

FINE DINING

- **Grill 23 & Bar- 161 Berkeley Street 617-542-2255**
Boston top rated steak and seafood establishment has impeccable service and an award winning wine list.
- **KO Prime - 90 Tremont Street 617-772-0202**
Ken Oringer's boutique steakhouse and trendy bar along the Freedom Trail
- **L'espalier- 774 Boylston Street 617-262-3023**
Chic French cuisine within a very upscale atmosphere.
- **Locke-Ober- 3 Winter Place 617-542-1340**
Chef Lydia Shire has reinvigorated this Boston landmark serving Classic American fare
- **Radius – 8 High Street 617-426-1234**
Chef Michael Schlow's fabulous French hot spot in the Financial District

ITALIAN

- **Lucca Restaurant – 226 Hanover Street 617-742-9200**
Upscale Northern Italian in an elegant and charming setting with a late night menu and a lively bar
- **Bricco – 241 Hanover Street 617-248-6800**
A lively and modern dining room featuring innovative regional Italian cuisine
- **Terramia- 98 Salem St. 617-523-3112**
A rustic but cozy trattoria which specializes in creative interpretations of Italian classics
- **Umbria Ristorante – 295 Franklin Street 617-338-1000**
Simple and elegant Italian Cuisine featuring the finest ingredients
- **Ristorante Toscano 41-47 Charles Street 617-723-4090**
Modern recipes rooted in the classic Tuscany country farm, recently renovated to express the region
- **Grotto 37 Bowdoin Street 617-227-3434**
Brings back old world charm within a rustic setting

SEAFOOD

- **Mare – 135 Richmond Street 617-723-6273**
Creative twists on pasta, pristine seafood, and overall delicious cuisine are the outstanding features at this new and somewhat quirky place in the North End.
- **SkipJacks – 199 Clarendon Street 617-536-4949**
A creative fusion of Asian and seafood flavors in a casual atmosphere featuring fantastic Sushi in a variety of cuts.
- **KingFish Hall - - South Market Building, Quincy Market 617-523-8862**
Todd English, of Olives & Figs fame, presents fresh seafood in a casual and funky atmosphere.
- **Neptune Oyster – 63 Salem Street 617-742-3474**
Briny delights from the sea range from pristine oysters to plucky grilled sardine sandwiches in this chic little oyster bar. The wine selections, especially by the glass, are great, too.
- **Oceanaire 40 Court Street 617-742-2277**
As sleek as a 1930s ocean liner, yet as relaxed as a dinner on the shore, the Oceanaire provides the perfect setting to enjoy Ultra-Fresh seafood, flown in daily from around the world

ETHNIC

- **King & I 145 Charles Street 617-227-3320**
Has perfected the art of casual with countless combinations of seafood, chicken, duck, beef and colorful vegetables.
- **La La Rokh 97 Mt Vernon Street #1 617-720-5511**
Persian cuisine lovingly prepared and garnished with fragrant herbs and spices
- **Kashmir – 279 Newbury Street 617-536-1695**
Superb Indian cuisine in an elegant and romantic setting, in the Back Bay.
- **Pho Pasteur – 682 Washington Street 617-482-7467**
Some of the best soups around at this Vietnamese favorite. Chinatown.
- **Pho Republique – 1415 Washington Street 617-262-0005**
Savor the exotic Southeast Asian flavors and imaginative cocktails at this hip South End lounge.
- **Elephant Walk – 900 Beacon Street 617-247-1500**
A Boston favorite serving French & Vietnamese specialties as well as an excellent vegetarian menu

OUR GEMS

- **Hill Bistro – 25 Charles Street 617-723-1133**
A true urban neighborhood venue, The Beacon Hill Bistro is a modern French bistro, with some great takes on seasonal vegetables.
- **Mary Anne: Pierrot French Bistro -272 Cambridge St 617-725-8855**
Perhaps the city's most authentic French bistro it is a little corner of Paris in downtown Boston
- **David: Scollay Square – 21 Beacon Street 617-742-4900**
An upper casual comfort food restaurant centered in a building with a 1900's feel.
- **Mirko: Lucia Restaurant 415 Hanover Street 617-367-2353**
This typical, old fashioned Italian joint in the North End makes families feel right at home

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BEACON HILL DINING RECOMMENDATIONS

75 chestnut

75 chestnut Street

A wonderful American Bistro featuring contemporary versions of familiar comfort food. Set on a pretty side street on Beacon Hill 75 chestnut has a warm and friendly atmosphere perfect for dinner out or just to watch a game with friends \$

Artu

89 Charles Street

Artu is a quaint, basement-level Italian restaurant with a lovely selection of antipasti, and main courses such as ravioli arragosta and veal con gnocchi. With the small size, open kitchen, and easygoing wait staff, Artu exudes a sort of mom and pop charm, but the menu gives the place a gourmet flavor. \$\$

Beacon Hill Hotel & Bistro

25 Charles Street A classy hotel eatery with banquettes, tiled floors, fresh flowers, a fireplace, and a stained glass bar, the Beacon Hill Bistro is at once sophisticated and comfortable. Dinners have a French flair with appetizers such as the Jerusalem Artichoke Soup with Black Trumpet Mushrooms, and main courses such as pan seared duck breast or stuffed rabbit loin (not much for vegetarians). If you go for Sunday brunch, don't miss the vanilla pancakes with caramelized bananas. \$\$\$

Bin 26 Enoteca

26 Charles Street

A newcomer to Charles Street is Italian restaurant and wine bar Bin 26 Enoteca, designed to cater to casual diners as well as those looking for more formal multicourse haute cuisine. It offers a seasonally driven menu and wine list, with an extensive selection of wines by the glass or by the bottle. \$\$\$

Figs

42 Charles Street

This popular Todd English restaurant offers gourmet pizza, salads, and pastas in a small but attractive setting. The Portobello pizza is a personal favorite, but Figs offers a variety of toppings, including caramelized leeks, goat cheese, prosciutto, basil oil, and of course, figs. The popularity and minuscule size mean you can expect a long wait on weekends, but if you call before you go you can be put on the waiting list. \$\$

Grotto

37 Bowdoin Street

Occupying an inconspicuous, subterranean spot on Beacon Hill, Grotto has earned itself high praise with imaginative, contemporary Italian cuisine. The dining room's exposed brick walls covered with work from local artists give Grotto an intimate and cozy feel that's hard to find anywhere nearby. \$\$

The Hungry i

71 ½ Charles Street

With its basement-level location and three working fireplaces, The Hungry i offers a cozy environment to enjoy good food and good company. If the weather is nice, enjoy the French cuisine at a table in the outdoor courtyard. \$\$\$

Nino's Pizza And Sub

79 Charles St

Traditional Pizza and Sub's Shop, Probably one of the most original Italian pizzas in Boston \$

King & I**145 Charles Street**

Affordably priced with a decently sized dining area, the King & I is a reliable standby for straightforward Thai cuisine. The restaurant serves up large portions and offers plenty of vegetarian options; just ask if you need a dish modified. \$

Lala Rokh**97 Mt. Vernon Street**

Adding to the success of Azita's, her popular South End operation, chef and co-owner Azita Bina-Seibel, along with her brother, has taken over what was a traditional romantic dining experience, "Another Season," in the heart of historic Beacon Hill. The name alone, based on Irishman Thomas Moore's poem about a young Persian woman sent to marry a prince she has never met, sets the romantic tone. Decorated with some exotic family art and artifacts, Lala Rokh has made Persian cuisine a dining experience. Romantic and refreshingly different. \$\$

Ma Soba**156 Cambridge Street**

The best sushi on the hill, good selection of food and attentive service, prices are reasonable. The atmosphere is lovely in the summer they open the glass doors and diners are treated to an al fresco experience. \$\$

Panificio**144 Charles Street**

Panificio has delicious sandwiches, pizza, soups, and assorted Italian fare, with a great people-watching view of Charles Street. This bakery and café offers charming ambience but limited seating. And on your way out you can always pick up a loaf of fresh bread or a sweet to enjoy later. \$

The Paramount**44 Charles Street**

The Paramount maintains a large local following who keep coming back for its value and comfort food menu, ordered at the counter by day and served sit-down bistro style in the evening. Breakfast is available all day, but if that's not your thing you can order up one of the many sandwiches, salads, or burgers. The small space and popularity mean you may have a wait. \$

Pierrot Bistro**272 Cambridge Street**

This tiny boite at the lower end of Beacon Hill on Cambridge Street (opposite the giant MGH complex) offers one a chance to enjoy authentic French cuisine at reasonable prices. The atmosphere is very French -- Pierrot clown pictures dot the pesimmon-colored walls, and the strains of haunting Edith Piaf songs add to the authentic French flavor of the Hub's newest entry into true French cuisine. Vive le Paris! \$\$

Toscano**41 Charles Street**

Ristorante Toscano has an elegant interior highlighted with wide windows overlooking Charles Street. The cuisine is Northern Italian and all the dishes are fresh, rustic, simple and very delicious \$\$\$

The Upper Crust**20 Charles Street**

One of the city's most popular small pizza chains, The Upper Crust's Charles Street location is only hampered by the limited seating of its communal dining area. Watch the dough guy working by the window, or if the weather is agreeable take your food to-go and enjoy it in the Boston Common. Pizzas come in 14" small and 18" large sizes, and by-the-slice options include cheese, pepperoni, or the slice of the day, which is usually something a little more creative. \$

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