

**Meeting of Coordinating Committee**

**21st September 2016**

**15:00-17:00h**

Location: Room Andros, PMU conference hall

Lausanne University Hospital

**NOTES**

Participants: Sven Andreásson, Nicholas Bertholet, Gallus Bischof, Joan Colom, Antoni Gual, Niamh Fitzgerald, Dag Rekve, Richard Saitz, Lidia Segura & Emily Williams.

Excuse: Maristela Monteiro, Jean-Bernard Daeppen

Part A: Business meeting

1. Opening

SA welcomes everybody and opens the meeting.

1. Notes from previous meeting

LS comments that all the pending topics from Stockholm have been distributed among CC members (TG digital technologies, RS activation of the google group, etc).

1. Lausanne conference

NB comments that everything is ready that there is 115+10 (no fee) registered participants and that the economic balance should be fine, despite of the fact that they did not have any grant.

LS points out that Lausanne organization have diverged a bit from the INEBRIA guidelines, especially in the abstract revision process. Lausanne has used the AMERSA standards that differ from the ones we agreed for INEBRIA.

LS comments that in the conversation during lunch time, the Secretariat has requested to Lausanne LOC the need to transfer all the forms (registration and submission of abstracts following the journal requirements) to INEBRIA and to the people in NY.

1. President, secretary and treasurer report

SA comments on the COI committee, the result of the thematic meeting in Stockholm, the article published by him and Jim McCambridge on COI, the two special interest groups.

LS presents what has been done by the Secretariat (CC management, website update, google group activity, etc) during last year. LS asks the CC permission to pay the costs of the technical support for the development of the website.

LS also presents the list of the 83 new INEBRIA candidates (see below) to be approved by the CC.

List of new candidates

|  |  |
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| Jeremy BrayUNCG | Alejandro Lopez Tello |
| Jennifer HettemaUniversity of New Mexico | **Sarah Imboden**Service d'alcoologie, CHUV |
| Janice PringleUniversity of Pittsburgh School of Pharmacy | **Marianthi Lousiana Deligianni** |
| Jennifer Lira MandujanoFES-Iztacala UNAM | **M. Ghazi Kardous**Wake Forest Baptist Medical Center |
| Cassidy SmithPeer Assistance Services, Inc | **Joseph Studer**Alcohol Treatment Centre, CHUV |
| Kangwon SongSouth Texas Veterans Healthcare System | **Angela Abreu**Universidade Federal do Rio de Janeiro |
| Cyrille AdamKognito | **Christine Maynié-François**Médecine Générale Université Lyon |
| Roger ZoorobBaylor College of Medicine | **Lynn Hernandez**Brown University |
| Mercedes WilliamsPopulations and Interventions Teams Company | **Cristina Casajuana**Hospital Clínic of Barcelona |
| Amanda ChofletJohns Hopkins Hospital | **Joanna Milward**King's College London |
| Dawn IglesiasNew Mexico State University | **Julia Knight**Public Health England |
| Felicia ChiKaiser Permanent Division and Research | **Olivia Currin**Wake Forest Baptist Health |
| Roberta AndersonJohns Hopkins Hospital | **Raquel Paz Castro**ISGF |
| Silke DiestelkampUniversity Clinic Hamburg | **Javiera Erazo**Ministry of health Chile |
| Tamra ChavezSanta Clara Valley Medical Center | **Gregor Herrmann**kontakt+co Suchtprävention Jugendrotkreuz |
| Severin HaugSwiss Research Institute for Public health and Addiction | **Sophie Baumann**Insitute of Social Medicine and Prevention |
| Joel PorerLives Lived Well | **Adam Angéline**Alcohol treatment center |
| Amy LoreeVA Connecticut Healthcare System/Yale University | **Mark Ilgen**University of Michigan/ Dept. Veterans Affairs |
| India OrnelasUniversity of Washington | **Emma Giles**Teesside University |
| Christian HendershotUniversity of Toronto | **Margarita Gallegos**Universidad Autónoma de Baja California |
| Mariana AzcarragaPanamerican Health Organization | **Duncan Stewart**University of York |
| Mylena FrikartPrivate pratical | **Natalie Davies**Drug and Alcohol Findings |
| Golfo TzilosUniversity of Michigan | **Elizabeth White**Wake Forest Baptist Health |
| Jeffrey WardellCentre for Addiction and Mental Health | **Francisco Javier Ocampo Correa** |
| Joseph WestermeyerUniversity of Minnesota | **Matthijs Blankers**Arkin Mental Health Care |
| Christopher WelshUniversity of Maryland Shool of Medicine | **Michaela Alina Petrache**C.E.T.T.T. "Sf. Stelian" |

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| **Cristiana Fortini**CHUV | **Thierry Favrod-Coune**Hôpitaux Universitaires de Genève |
| **Hege Tvedt**Stavanger University Hospital | **Robert Dvorak**The University of Central Florida |
| **Zelra Malan**Stellenbosch University | **Claudia Villagómez**Universidad Nacional Autónoma de México |
| **Alicia Seneviratne Elcheroth**Alcohol Treatment Center, CHUV | **Francisco Javier Pedroza-Cabrera**Universidad Autónoma de Aguascalientes |
| **Ashley Howard**London Southbank University | **Kalina Isela Martinez-Martinez**Universidad Autónoma de Aguascalientes |
| **Veronique Grazioli**Lausanne University Hospital | **Michael Urwin**Durham Constabulary |
| **Caroline Graap**Alcohol treatment unit - CHUV | **Karin Hyland**Riddargatan 1, Stockholm centre for addiction |
| **Liz Cornwallis**Cornwallis Associates | **Ewa Courvoisier-Grzywacz** |
| **Nathalie Idsoe**Stavanger University Hospital | **Daniel Pech Puebla**UNAM |
| **Liina Üksik**National Institute for Health Development | **Peter Monti**Brown University Center for Alcohol and Addiction Studies |
| **Jane Alop**National Institute for Health Development | **Fiona Hamilton**University College London |
| **Morise Fernández Torres**Instituto Nacional de Psiquiatría Ramón de la Fuente | **Olukayode Abayomi**Ladoke Akintola University of Technology |
| **Sveinbjörn Kristjansson**Directorate of Health | **Kimberly Hepner**RAND Corporation |
| **Carlos Rodriguez Duran**Egresado de la UNAM | **Julio Trejo Capula**COPSILGRAFF |
| **Rod Watson**Health Innovation Network | **Kenneth Conner**University of Rochester Medical Center |
| **Leigh Dongre**Wake Forest Baptist Medical Center |  |

It is agreed to accept all candidates but to introduce several changes in the membership form (mandatory fields, multiple choice, yes/no, etc) from now on in order to avoid further problems when assessing the bona fide. NF and EW will send a proposal.

*What is your interest in brief intervention for alcohol, tobacco, or other drugs or addictive behaviours? (require responding affirmatively to one or more of the below options)*

*a.    I conduct/have conducted research and/or published data on brief intervention for alcohol, tobacco, or other drugs or addictive behaviours.*

*b.    I study/have studied about brief intervention for alcohol, tobacco, or other drugs or addictive behaviours.*

*c.     I am interested in individual interventions and treatments to address alcohol, tobacco and other drug-related harms and addictive behaviours.*

*d.    I train people in interventions and treatments to address alcohol, tobacco and other drug-related harms and addictive behaviours.*

*e.    I work on the practice, implementation and/or dissemination of interventions and treatments to address alcohol, tobacco and other drug-related harms and addictive behaviours.*

*f.      Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I certify that I am not an employee of the alcohol beverage industry. (required check box).*

LS also comments on the fact that the Secretariat is still waiting to get the transfer from Atlanta (Paul Seale is now sick). She adds that the final amount to be received is still uncertain but that this will imply the need for INEBRIA to start paying taxes (25% of the profit). LS finalizes saying that it will be important to ask Atlanta to postpone, if possible, the payment until 2017.

1. New York conference

JM comments that are planning a 2-day conference. No preconference. They have applied for several grants from NIDA and NIAAA. Paul Seale and Richard Saitz are participating in the LOC. She adds that they have planned two plenaries per day (SBI and adolescents, SBI and behaviour, Implementation of SBI and SBI and new technologies).

She comments that hotels in NY can be difficult and that they have done a very limited booking and that people should look for the best options (Airbnb, etc).

JM comments that it would be good to have a sub committee of the CC supporting the organization of the conference, especially when taking decisions on abstract submission, etc.

JM comments that they would also would like to use the AMERSA standards for abstract revision and that the CME from the university will already appoint a COI reviewer (internal rule), therefore the INEBRIA COI committee will not be needed for NY abstract reviews.

LS comments that she is concerned on the consistency inter conferences on the acceptance of abstracts.

1. Proposals for meetings
	1. 2018 Yearly conference and onwards

Chile proposal has been reviewed. TG and JC confirms that it is a strong proposal and that INEBRIA can trust in the institutions behind. NF comments that there are some errors in the budget and RS comments the need to introduce the costs of publishing the proceedings in AJCP (3.000 Dollars). LS raises the concern about the proposal of organizing the conference in November, and not in September as usual, in order to liaise better with ESBM that is also taking place in Santiago de Chile. It is agreed that CC members will have a look at possible conflicting conferences in order to give Chile organizers a response.

It is also agreed to create a specific subcommittee to follow the preparations of this conference.

* 1. 2017 Thematic meetings and onwards

SA comments that a grant has been submitted in order to raise funding for the organization of the thematic meeting in Bangalore by February 2017. The idea is to have a small face-to-face meeting and a large virtual meeting happening at the same time.

1. Election of CC members in 2017 (nomination committee)

It is agreed not to establish a nomination committee for now. INEBRIA members will be encouraged to nominate candidates for the CC. A subcommittee within the CC will manage these nominations, together with co-opted members. The election of the CC members in 2017 will be announced in the AGM.

1. Affiliation with a journal

EW comments that she talked Jeffrey Samet, editor of Addiction Science and Clinical Practice (ASCP), and he has consulted with the editorial board, and everyone involved appears to be enthusiastic about an affiliation between INEBRIA and ASCP.

The exact terms of this affiliation will be discussed but it might include the mutual advertising and the possibility that INEBRIA members might have a reduced fee to publish in the journal.

1. Google group activation

RS proposes that every cc member send a message at least once a month. That message should include a question.  We could also automate a message to every member once a year to ask them to send something.

RS thinks we should start when people sign up with the default setting being that they receive an email with each post.  However, then at the bottom of every email there could be instructions or a link to instructions regarding how to re-set your preferences to not receive an email or to receive a weekly digest or whatever the options are (if people do not receive an email at all then why are they on the google group? To view posts at the website? I would imagine that would happen rarely and the only reason to use the website would be to review past discussions but it wouldn’t be a good way to keep in touch and current).

comments that the best way to do it is that all CC members commit to post questions and issues in the group to activate discussion.

1. Follow-up of the Special Interest groups

LS comments that information on the SIG is already available in the website and those two groups are organizing sessions during the Lausanne conference.

1. INEBRIA and digital technologies

TG reminds that he circulated a document with some ideas and he feels that INEBRIA should seek to become the reference point for all DT based BI’s that address addictive behaviours.

He proposes INEBRIA to collaborate with the SIG on digital technologies to achieve this goal.

1. ICARA

NF comments that she is vice-president of ICARA and that she participated in the last meeting. It is agreed that INEBRIA continues participating. It is agreed that the secretariat will pay the annual fees as recently requested.

Part B: Strategic discussions

1. Report from COI Pharma industry working group

NF summarizes the whole process of the preparation of the document and list the main pending questions from the comments received. Most parts of the vested interests position statement, as well as the format of the statement, was viewed positively by the CC. Following a long discussion on the pharma industry part, It was agreed to formulate this as follows: INEBRIA will have a restrictive position in relation with the funding from the pharma industry.

It was agreed to continue the discussions among the CC in the coming teleconferences and to try to open discussion with INEBRIA members through the google-group.

1. WHO-INEBRIA collaboration
* **Recent ICD-11 developments relevant to provision of SBI in health care settings**

Vladimir Poznyak explained the main improvements of the ICD-11 (conceptual integration of substances and behaviours -gambling and gaming-, introduction of the hazardous drinking in the chapter 24 as a risk factor, better definition of hazardous and harmful patterns related disorders) and the field test – including surveys, focus groups and consensus meetings – that are going to take place in order to validate it (reliability, inter-rater test-retest, secondary analysis, etc). Results of the whole process will be posted.

WHO requests INEBRIA the possibility to participate in the field test and to submit by mid 2017 a consensus statement summarizing the position of INEBRIA.

It is agreed that INEBRIA CC will discuss how to deal with this and will open consultation with INEBRIA members via Google-group.

* **Treatment standards for drug use disorders (joint UNODC and WHO work) – a chapter on SBIs**

WHO requests INEBRIA the possibility to review, in one month time, the text of the chapter on SBI already drafted and accepted by the countries nd to discuss the possibility to prepare a proposal on SBI standards (SBI availability, what to do and how to do it) that could serve as a tool for service assessment.

It is agreed that Niamh Fitzgerald will take care of review the chapter and circulate among CC members for revision.

Regarding the matter of standards, it is agreed that INEBRIA CC will discuss how to deal with this and will open consultation with INEBRIA members via Google-group.

* **Using NCD action plan and associated policy documents and action plans to promote SBI on alcohol in NCD health settings**

VP explains the tremendous window of opportunity that the NCD action plans offers to include SBI on alcohol among the 5 best buys on the area of alcohol.

Regardless of the different views about the fact that the effectiveness of SBI on alcohol is low, everybody agrees that SBI on alcohol or health sector response should be listed there.

* **Views of INEBRIA on WHO activities, including WHO tools, in this area and suggestions for future program activities.**

VP presents all the activities that WHO has been doing in the area of SBI and requests INEBRIA to provide some guidance on where to go next (future program activities) and on updating WHO tools (AUDIT, etc.)

It is agreed that INEBRIA CC will discuss how to deal with this and will open consultation with INEBRIA members via Google-group.