

WHO-INEBRIA

[International Network on Brief Interventions for Alcohol Problems]

Minutes of meeting held in Barcelona, 31st October 2003

Present

Dr. Isidore Obot (Joint Chair)

Dr. Joan Colom (Joint Chair)

Dr. Peter Anderson

Dr. Antoni Gual

Prof. Nick Heather

Ms. Lidia Segura Garcia (Minutes)

9:00 Welcome and background

Dr. Colom began the meeting by welcoming all participants and thanking them for adjusting their diaries to be in Barcelona.

He then reviewed reasons for the commitment of the Catalan Government (CG) to the INEBRIA project. He stressed that the commitment of the Directorate General of Substance Abuse and Aids (DGSA) to the alcohol field had rapidly increased over the last 10 years. The DGSA joined the WHO Collaborative Project on 1995, and is also leading the PHEPA Project. As a consequence, the CG very much agreed with the need to continue work on implementing brief alcohol interventions and with joining together in the new INEBRIA project.

Dr. Colom added that alcohol is a very important area of public health, as shown for example by the results of the last Catalan Health and Nutrition Survey which suggested that over the last 10 years alcohol consumption among young people had increased by 300%. He also suggested that brief alcohol interventions could be widely applied to other targets (young people, etc.) and settings (work places, emergency rooms, etc) and could contribute, for example, to reducing the incidence of injuries (car accidents, etc.). He stressed the need to continue working from an evidence-based and scientific perspective.

He concluded by saying that the INEBRIA network was the natural and logical continuation of what had been done in the area of brief interventions until now and that the DGSA wished to contribute as much as possible to its development and maintenance. He lastly hoped the meeting would be fruitful.

Dr. Obot began by apologising for the absence of Dr. Maristela Monteiro who had been unable to attend the meeting because of a prior commitment. He said that this meeting was partly the result of Dr. Monteiro's efforts and that she is very excited about the future of the network because it represented a development of the work of the WHO Collaborative Project.

Dr. Obot continued by agreeing with Dr. Colom about the need for more work in the alcohol field as the social costs of excessive drinking continued to rise and it seemed that what was being done is not sufficiently effective. He mentioned an article published in *Newsweek* about alcohol consumption among young people as an example of the heightened interest in that field. He concluded that WHO wished to support the network as much as possible.

Dr. Obot then asked for agreement on the contents of the agenda.

Prof. Heather said that there were a lot of decisions to be taken and wondered whether all these had to be settled at this meeting or whether some issues could be left until the planned meeting, in conjunction with the next PHEPA meeting, in October. Dr. Anderson replied by saying that it was essential to make as much progress as possible on the network idea now while it had momentum and to have some proposals ready for discussion at the meeting in October. Dr. Obot said that there was plenty of time to decide but agreed with Dr. Anderson that the present opportunity to make progress should be used as fully as possible. He suggested moving on with the agenda.

WHO Collaborative Study: Current status and next steps

Prof. Heather said that he plans to submit the Phase IV draft report to WHO in Geneva and Copenhagen next June. After comments from WHO had been received and changes made, the final report will probably be ready by the end of 2004. He stressed that the submission of the draft on time depended on the contributions of all partners present in Leiden who had been asked again to submit draft chapters by the end of 2003. (Countries not represented in the meeting in Leiden will be also contacted.) The completion of the report is one of his main priorities now.

Prof. Heather also mentioned that he is also concerned about the increase in alcohol consumption among young people and that the network will have to address that target too. Young people (especially males) do not tend to visit primary health care centres, so INEBRIA will have to expand on Phase IV and have a wider understanding of the response to alcohol problems.

Dr. Obot asked Prof. Heather to review conversations he had had with Dr. Monteiro regarding INEBRIA. He said that, following a discussion at the Phase IV meeting in Paris earlier this year, he wrote to Dr. Monteiro about the need to find a way to continue with the work of Phase IV and to use the expertise that had been accumulated. Discussion of this topic between them also took place at a conference in Florida and by email. Dr. Monteiro then suggested the idea of INEBRIA. There had then been some discussion with Dr. Colom before a consultation document was presented in Leiden where participants of the PHEPA and Phase IV meetings gave authorization to the present group to continue developing the idea and take the appropriate action.

At this point, Dr. Colom stressed the idea that the network should study complementary strategies and approaches for the implementation of BI in other settings (work places and community settings). He referred to the limitations of the PHC setting as being lack of time and of interest on the part of PHC professionals.

Dr. Anderson said that, even though intervention in the alcohol field needs a comprehensive policy (taxation, etc.) and a broadened perspective, we should not lose our focus on the PHC setting as alcohol strategies still needed to be developed in that settings. The network should continue efforts in that direction.

Prof. Heather agreed with both ideas. The network should put other settings (emergency rooms, schools, etc.) on the agenda but not lose the focus on the PHC setting. The network will have to be active in promoting one-to-one interventions in a range of settings.

Dr. Gual said that the three pillars of the WHO Collaborative Project - alcohol, brief interventions and PHC - will become two in INEBRIA (Alcohol and Brief Interventions) that will be broadened to other settings (work places, schools, etc.). He added that, for

example, to be able to intervene with young people we would have to focus on alcohol and other drugs.

Dr. Anderson agreed with the idea of targeting BI to young people but without forgetting that other strategies (legislative, fiscal, etc.) are of great importance.

PHEPA project: Update on implementation and next steps

Dr. Anderson reviewed the status of the PHEPA Project by saying that it will finish next year and that the results (guidelines, training manual and alcohol database) will be available on the website for everyone interested and obviously for members of the INEBRIA Network. He added that a second PHEPA project more focused on policy had been presented to the EC for funding but no answer had yet been received. INEBRIA was an exciting development and could be linked to other networks that are being created, for example on alcohol problems treatment being developed by Mr. Cees Goos. These initiatives helped to keep people motivated to work in the alcohol field.

Dr. Colom addressed the need to link to other networks working on the field to avoid overlapping projects and, if appropriate, to collaborate with them. Attention should be paid to avoiding offending other groups and to conflicts of interest. In this connection, Dr. Colom raises the possibility of taking into account the work that is being done in the WHO project headed by Dr. Babor concerned with implementing brief interventions in developing countries (translation of materials, etc.).

Aims and objectives of the WHO-INEBRIA

Dr. Obot suggested the need to discuss the consultation document presented in Leiden.

Name

Dr. Anderson said that, although the name sounded well in English, it had a negative connotation. Prof. Heather agreed but suggested that it could be a way of provoking interest, like advertisers frequently do (e.g. ("are they promoting drunkenness, let's see what they say").

The name should be written all in upper case to avoid confusion (WHO-INEBRIA).

Aims

After some discussion of the terms used, there was agreement on the following aim:

"To promote wide implementation of brief interventions in a variety of settings for hazardous and harmful alcohol consumption at local, national and international levels."

Objectives

Dr. Obot suggested that Prof. Heather should edit the objectives and send them back to all participants for further discussion.

The existing objectives were discussed as follows:

The objective "to share information, experiences, research findings and expertise in the area of alcohol brief interventions" was accepted after discussion about the inclusion of the word "alcohol" before BI.

The objective “to facilitate training on brief interventions and provide assistance to countries and individual institutions to adapt and implement brief interventions” was accepted but needed editing.

The objective “to promote best practice and develop guidelines for the wide dissemination and implementation of brief interventions” was accepted.

The objective “to provide expertise and experience in the area of brief interventions” was not accepted and will be skipped.

The objective “to identify gaps and needs for research in this field” was accepted.

The objective “to promote international research in this field” was accepted but will need editing.

A new objective will be included with the idea of integration in a wider context (in a variety of fields) following Dr. Colom’s suggestion of also referring to primary prevention.

Dr. Anderson stressed the need to include two new objectives: one on setting the standards and promoting best practice and the other on setting standards for research. The idea was accepted but it must be edited by Prof. Heather.

Dr. Anderson also suggested including an objective to “promote the transfer of knowledge and technology from high income to low income countries in this field” or maybe to edit it as a part of objective 2. This idea was welcomed by Dr. Obot as WHO likes the idea of paying special attention to developing countries.

Dr. Colom suggested looking into the future (e.g. funding from the EU) and including an objective that takes into account young people. Participants suggested including a separate objective to “explore the application of these materials to young people” or to add “to pay particular attention to young people” in objective 1.

Membership

The existing list of members was discussed:

The membership of “any individual with demonstrated experience in the area of brief interventions for alcohol problems, either from undertaking research or having implemented interventions in one or more settings” was accepted and will include:

- 1) “All participants in the WHO Phase IV Collaborative Project on the Development of Country-wide Strategies for Implementing Early Identification and Brief Intervention in Primary Health Care”;
- 2) “All participants in the PHEPA EU- project on Integrating Health Promotion Interventions for Hazardous and Harmful Alcohol Consumption into Primary Health Care Professionals’ Daily Work” is accepted.
- 3) The membership of “all participants in the WHO project on developing countries led by Dr. Babor”.

The membership of “any individual with an active interest in conducting research on or implementing in practice alcohol brief interventions” was accepted.

Dr. Anderson emphasized the need to exclude people who are being funded by the alcohol industry (but people funded by the pharmacological industry will be accepted) following the criteria published in addition by Dr. Babor. Participants agreed but

thought that it would be difficult to establish filters if we do not know what are the implications of being a member. Agreement was reached on the idea that a declaration of interest form will have to be added to the membership form. A preamble detailing who is going to be accepted as a member could also be given somewhere in the document.

Some parts of the document are the following:

- What is INEBRIA?
- Who can be a member?
 - Duties and rights of members
- How can you apply?

Prof. Heather raised the possibility of introducing an annual membership fee. It should be high enough to suggest serious intentions but low enough not to exclude potential members. It was proposed that the fee should be of \$50 for high income countries and \$20 for low income countries. A decision on whether a fee should be required and, if so, how much, was left to the following meeting of the INEBRIA Steering Committee.

Members will be individuals either representing an institution or not. Institutions will not be accepted as members. INEBRIA is a broad grouping of individuals with the same interests. The network will be interested in what individual members can contribute but those representing institutions will be welcomed because they may be able to introduce real changes in country policies.

The participants agreed that a committee would be needed to organise meetings but the mechanism for doing this could be decided until other issues had been resolved.

Activities, organization and financial aspects

Agreement was achieved in the following points:

- 1) The Catalan Government (CG) will act as the Secretariat of the network (to be the first point).
- 2) WHO and CG will be responsible for organizing meetings, finalizing the programme, collecting and organizing abstracts and presentations, publishing proceedings, and posting them on the web.
- 3) A Scientific Committee will select abstracts for inclusion in the programme, select symposia and finalise the programme of meetings in consultation with WHO. The members of the committee will be elected by all members of the network.
- 4) The CG, with the support of WHO, will also maintain a website with current information on new research, activities, reports, etc., related to brief interventions. The information will be provided by the Scientific Committee or any member of the network interested in disseminating relevant material.
- 5) WHO and the CG will work with the network on the development of guidelines and other tools which can be of direct relevance to countries interested in implementing brief interventions.
- 6) WHO will select experts from the network to serve as consultants on the adaptation and implementation of brief interventions in developing countries, taking into account their experience, language proficiency and availability to provide advice. WHO will not

necessarily pay consultants for this task but recommend them to interested parties and will help identify resources to cover their time.

7) WHO and the CG will create a list-serve to start communicating with the network and encourage networking among its members.

8) WHO and the CG will work with the network on the development of monitoring tools for evaluating the uptake, quality control and effectiveness of brief interventions, which could be part of national health programmes.

Discussion

After a long discussion of the idea of a Scientific Committee, agreement was reached as follows:

- The committee will be for running conferences and not for running the network itself. Its members will be elected each year and will take account of the location of the next conference (i.e., will include a local representative).

- The participants in the present meeting will be known as a Steering Committee and it will act as the scientific committee for the first meeting in Barcelona. Dr. Obot suggested that someone from a developing country (e.g., Dr. Formigoni from Brazil) should be included on this committee.

Meetings

- Meetings will be organized once a year in the format of a scientific conference (mainly posters, oral presentations, maybe symposia) and training workshops open to all. Special sessions on guideline development or selected topics will be limited to invited participants.

- Free attendance (registration) for all participants but members will cover the costs of their own participation at meetings. Exceptionally, WHO may cover the travel costs of some participants from developing countries, depending upon availability of funds.

Inaugural meeting of the network

- On 20-21 October in Barcelona

- Wednesday full day dedicated to presentations

- Day session can range from 9:00 to 20:00

- Thursday from 9:00-11:00 dedicated to administrative questions (business)

- Participants will be invited to attend the PHEPA Meeting on 21-22 October as observers

Structure

- A mixed meeting with "closed" (i.e., invited) and "open" (i.e., submitted) presentations will be the most appropriate.

- Prof Heather will be in charge of deciding what to present in the "closed" sessions, trying not to overload the day sessions, and he will circulate the program to the steering committee. Some poster sessions will be included if necessary.

Dr. Anderson suggested including some sessions on:

- How BI fits under a Public Health perspective
- Cost-effectiveness

- Participants will be allowed to send presentations and the best will be chosen for the “open” sessions.
- Some place on the programme will be reserved for people from developing countries (Brazil, South Africa, etc.)

-There should be up to 50 participants

Second meeting

Some participants suggest looking for Germany to organize the second meeting.

General discussion

Some questions were raised:

-Prof. Heather:

- What about WHO copyright?
- What about the independence of the network if we are hosted by the CG?
- Do we need the assistance of lawyers?

-Dr. Anderson:

- What is the relation between INEBRIA and WHO?
- Is WHO a partner?
- What does a “partnership” it means in this context?
- How many collaborating categories does WHO offer?
- What is the relation between INEBRIA and CG?
- Is INEBRIA an international network hosted by the CG and supported by WHO?
- Does the network need an official contract/letters from and between both parties (CG and WHO)?

-Dr. Gual:

What are we creating? Is it a scientific society? Or what?

Participants agreed that all these points needed further clarification but the following was clear:

- The CG is enthusiastic about the project and wants to play a substantial part.
- WHO supports the creation of the Network?
- WHO accepts that the CG should act as the hosts of the Network.
- The WHO logo will be placed everywhere in INEBRIA documents etc. and will contribute to showing the network’s independence.
- WHO can contribute a small quantity of money, sponsoring some participants or some sessions in conferences and a WHO representative will always be on the committee to review documents and materials developed.
- The network will have to be independent
- WHO projects are always time-limited and the network is not.
- The procedure for establishing the constitution of the network must be formal and follow all legal regulations.

Next steps and agreements

Constitutional process

-Dr. Obot will ask for advice about the different ways of collaboration already existing in WHO structure.

Prof. Heather will write a formal letter to WHO reiterating to the discussions with Dr. Monteiro and the decisions made in the meetings in Leiden and Barcelona (including the composition of the Steering Committee) and requesting that the network should be formally accepted as a WHO body.

-WHO will reply officially to the formal letter already sent by the CG.

Steering Committee

Chair: Prof. Heather

Secretary: Mrs. Segura

Members: Dr. Anderson, Dr. Colom, Dr. Gual Dr. Obot,

Membership

We will start by listing all possible members together in a database:

- WHO collaborative Project,
- PHEPA Members
- Dr. Babor's group (Dr. Obot will provide this)

Web

A page on INEBRIA will be placed in the Phase IV web when the new web site is developed.

Next Meeting of the Steering Committee

The next meeting will take place in Barcelona on 15 and 16 of March together with the Guidelines Meeting of the PHEPA Project.

Minutes

Mrs. Segura will send them to Prof. Heather who will circulate them.

13:00 Close of the meeting