

Conference proceedings

PEACHD Project Final Event

Health promotion through brief interventions: Broadening the scope to communities and lifestyles

Supported by INEBRIA 2026



Under the patronage of the Dean of the 1st
Faculty of Medicine, Charles University



Focus

Cancer and other noncommunicable diseases (NCDs) are largely preventable through addressing unhealthy lifestyle behaviours associated with tobacco and alcohol use, physical inactivity, unhealthy diet and other factors that determine health across the life course. Screening and brief interventions (SBI) are a strong evidence-based public health approach to identify risks and support people to make healthier lifestyle changes. In practice, lifestyle risk factors are often addressed as single-risk interventions.

The [PEACHD Project](#)* takes a holistic approach, focusing on lifestyle as a whole made up of multiple behaviours. Building on the [WHO-EU Brief Manual](#), PEACHD integrates multi-factor SBI into routine care, and specifically tailors implementation to the needs and circumstances of people living with vulnerability (refugees and those with low-SES). This approach aims to make prevention more joined-up, relevant and feasible across different populations and settings, and to contribute to reducing health inequalities.

Partnership with the [INEBRIA Network](#)* provides an opportunity to share, discuss, and advance the work of PEACHD and other BI initiatives, with an international community of researchers, clinicians, policymakers, and public health practitioners, beyond the project consortium. The conference will support the uptake and sustainability of project results, contribute to advancing this area of health promotion and cancer prevention, and generate opportunities for future collaboration.

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Wednesday 14 October 2026

Pre-conference Meetings and Workshops (Morning)

8:00 - 8:30	<i>Karolinum Centre Lobby: Registration</i>
8:30 - 10:20	Patriotic Hall <u>Meeting:</u> Special Interest Group on SBI for Youth - Led by: Stacy Sterling, Kaiser Permanente, USA Primary prevention of cancer through behaviour modification requires a life-span perspective, including shaping habits and behaviours during childhood, adolescence and youth. - Rapporteur: Fleur Braddick, Clínic Research Foundation Barcelona, ES Green Lecture Hall <u>Meeting:</u> SBI in broader policy - Community action to reduce risks - Closed session of the Coordinating group
10:25 - 10:55	Coffee break
11:00 - 12:55	<u>Meeting:</u> Special Interest Group on digital SBI Digital SBI tools, such as PreveCan in PEACHD, have potential as complimentary tools for cancer prevention, but need careful planning, designing and testing to be effective and equitable in diverse target groups. - Led by: Hugo López-Pelayo, Hospital Clínic Barcelona, ES / PI of PEACHD - Speakers: Antoni Gual, Emeritus Senior Researcher, Hospital Clínic Barcelona, ES - <i>Digital approaches in vulnerable groups</i> & Jorge Palacio, FRCB/Gencat, ES - <i>Preliminary findings on the PreveCan app</i> <u>Meeting:</u> SBI in broader policy - Community action to reduce risks - Led by: Lidia Segura, Expert Consultant, Catalan Public Health Agency, ES Embedding brief interventions requires buy in and support from community settings to be effective in promoting healthy lifestyles and reducing cancer risks.
13:00 - 14:00	<i>Reception area (ground floor): Lunch / registration</i>

PEACHD-INEBRIA 2026 – Plenary sessions (Wed 14/10 afternoon)

14:05 – 15:05	Blue Lecture Hall: <u>P0. Plenary Session</u> PEACHD-INEBRIA 2026 Conference Welcome <u>Institutional Welcome:</u> - Representatives of Czech Institutions (Session chair) Michal Miovský, Vice-Dean, Charles University, CZ/PEACHD Partner Adam Vojtěch, Minister of Health of the Czech Republic - Representative of the European Commission and World Health Organization Stefan Schreck, Adviser for Stakeholder Relations, DG SANTE, EC Zsófia Pusztai, WHO Country Representative, representing the WHO Regional Director <u>Setting the scene of the conference:</u> Broadening the Scope: Brief Interventions for Diverse Communities and Real-World Settings - INEBRIA – Abhijit Nadkarni, London School of Hygiene and Tropical Medicine, UK - PEACHD – Silvia Matrai & Fleur Braddick, Clínic Research Foundation Barcelona, ES /PEACHD Coordinators
15:05 – 15:15	Blue Lecture Hall: <i>Conference photos + Short movement break</i>
15:15 – 16:15	Blue Lecture Hall: <u>P1. Plenary Session</u> The PEACHD-WHO collaboration: From multi-factor brief interventions to the Launch of the WHO-EU SBI Hub - ecosystem for evidence-based practice Multi-factor brief interventions were first championed through the WHO-Europe BRIEF Project, and operationalised through the PEACHD Project. The WHO-EU SBI Hub, focusing primarily on alcohol SBI, has been finalised with support from EU-funded project EVID-Action. The Hub, an evolving, interactive, and cutting-edge platform to consult for SBI tools, national initiatives, and evidence, will be launched and demonstrated in this session, including plans to develop a specific section on multi-factor brief interventions.

	Chairs: Antoni Gual, emeritus Hospital Clinic Barcelona, PEACHD Senior Advisor, INEBRIA vice-president & Aleksandra Olsen, Communication Officer, WHO Regional Office for Europe Speakers & Panellists: • Carina Ferreira Borges, Strategic Advisor to the Director of the Division of Country Health Programmes, WHO- Europe • Zsófia Pusztai, WHO Country Representative, CZ • Hugo López-Pelayo, Hospital Clinic Barcelona, PEACH Project PI, INEBRIA Chair of the Special Interest Group on digital interventions • Miroslav Barták & Viktoria Litvinenko, Charles University, CZ & PEACHD
16:15 – 16:30	Blue Lecture Hall: <u>Closing of first day – Housekeeping & programming points:</u> ○ Silvia Matrai / Fleur Braddick, Clínic Research Foundation Barcelona, ES /PEACHD Coordinators ○ Abhijit Nadkarni, London School of Hygiene and Tropical Medicine, UK
16:30 – 18:00	Reception area (ground floor): Welcome/networking reception + Poster Session PS1A • P1.01 - Improving Prevention and Patient Engagement Through a Primary Care Welcome Visit: Study Protocol - Alba Cabricano Canga, Agència de Salut Pública de Catalunya, Spain • P1.02 - Effectiveness of BNI Across Latent Classes of Risky Alcohol Use Behaviours in Trauma Patients - Anaelderrick Frederick Kimaro, Global Emergency Medicine Innovation and Implementation Research (GEMINI) Lab AND KCMC University, Tanzania • P1.03 - Embedding Psychosocial Brief Interventions in Post-Discharge Cardiac Care: A Model for India - Bhawna Sharma, The Mind Grit Mental Health Services, India • P1.04 - Tobacco Imagery in Films: Industry Influence, Public Health Risks and Counter-Measures in Europe - Diana Inga Paegle, Riga Stradins University, Latvia • P1.05 - Digital Interventions to Reduce E-Cigarette Use among Adolescents and Young Adults - Erika Giseth León Ramírez & Rakel Lopes Pimentel de Araújo, Federal University of Minas Gerais UFMG, Brazil • P1.06 - An e-tool to support alcohol conversations in EU workplaces: a proof-of-concept study protocol - Francisca Pulido Valente, WHO/EU; Local health unit of Amadora/Sintra (public health unit), Portugal • P1.07 - Micro-Costing Study of Computer-Assisted Screening and Brief Intervention in Pediatric Primary Care, Sion Kim Harris, Boston Children's Hospital/Harvard Medical School, USA

Thurs 15 October 2026

PEACHD-INEBRIA 2026 – Plenary and parallel sessions (full day)

8:00 - 8:30	Blue Lecture Hall: Registration
8:30 – 9:40	Blue Lecture Hall: <u>P2. Keynote panel:</u> <i>The Place of Brief Interventions in the Prevention of Cancer and Other NCDs</i> Chairs: Stacy Sterling (INEBRIA / UCSF) + Cristina Martínez (ICO, ES / PEACHD) Speakers: • Hanna Fink, IARC, <i>Informing Tailored Cancer Prevention Initiatives: Global and Regional Evidence on Modifiable Risk Factors</i> • Jürgen Rehm, Hamburg University, DE / PEACHD Consulting Scientist, <i>The place and potential of multi-factor brief interventions in modern cancer prevention policy</i> (PEACHD WP6 – evaluation of multi-factor brief interventions to prevent cancer, & WP7 – recommendations to scale up and maximise the impact of the PEACHD intervention) • Patrick Sandtröm, Finnish Lung Health Association / JA Prevent NCD, <i>SBI approaches in the broader JANCD work on reducing individuals' NCD risk behaviour – focus on tobacco</i> • Ariadna Feliu, Imperial College London, UK / IARC - <i>European risks and recommendations – ECAC5 development and acceptability</i>

9:45 - 10:30	Parallel sessions Group A
9:45 - 10:30 Blue Lecture Hall	A1. Tailoring Implementation to Intersectional Disadvantage Chair: Silvia Matrai, FRCB, ES - A1.1 - The Catalan Experience in the PEACHD Project: testing the feasibility of screening and brief interventions for multiple lifestyle risk factors in Vulnerable Primary Care Settings - Carla Bruguera, Public Health Agency of Catalonia, Spain - A1.2 - Mobile health support and financial incentives for smoking cessation in low-income older smokers - Na Meng, University of Hong Kong, China - A1.3 - Latent Class Analysis of Substance Use Patterns in Uganda: Implications for Brief Interventions - Claire Biribawa, Makerere University School of Public Health, Uganda
9:45 - 10:30 Patriotic Hall	A2. Interventions addressing multiple risk factors: Prevention for the whole person Chair: Toni Gual, emeritus HCB, ES - A2.1 Broadening Brief Interventions Through Transdiagnostic Risk Profiling in Medical Inpatients - Hugo López Pelayo, Hospital Clínic and IDIBAPS, Spain - A2.2 Client-Centered Priorities in Health Coaching Interventions: Implications for Whole-Person Care - Dallas Swendeman, UCLA Semel Institute for Neuroscience & Human Behavior, USA - A2.3 Comparing Component Effects Across Two Factorial Trials of a Multiple Health Behaviour Intervention - Joel Crawford, Linköping University, Sweden
9:45 - 10:30 Green Lecture Room	A3. Virtual and Digital SBIRT Delivery Models Chair: Christina Todorova, Independent Researcher, BG / Uni of Pittsburgh, USA - A3.1 Real World Findings from use of a Centralized, Virtually-Delivered Modality of SBIRT - Andrea H. Kline-Simon, Kaiser Permanente Division of Research, USA - A3.2 E-Cigarettes and Vaping among Brazilian Undergraduates: A Digital brief intervention - Erika Giseth León Ramírez, Universidade Federal de Minas Gerais, Brazil - A3.3 Developing and Pretesting a Digital Intervention for Cannabis Harm Reduction - Jacques Gaume, Lausanne University Hospital, Switzerland PEACHD Rapporteur: Laura Perdiguero, ICO, ES
9:45 - 10:30 Large Meeting Room	A4. How can we measure and sustain success for lifestyle change Chair: Abhijit Nadkarni, LSHTM, UK - A4.1 Beyond consumption outcomes: A meta-analysis of drug BI psychosocial effects and clinical moderators - Lindsey M. Nichols, Brown University, USA - A4.2 Interplay of Psychological, Familial, & Neurobiological Risks in Alcohol Use Outcomes: A Meta-Structural Equation Model (Meta-SEM) - Madhubanti Sinha, Banaras Hindu University, India - A4.3 Should days-based Timeline Follow-Back (TLFB)-style outcomes in SBIs be considered right-censored? - Philip Lindne, Karolinska Institutet, Sweden PEACHD Rapporteur: Andrzej Jakubczyk, MUW, PL
9:45 - 10:30 Small Meeting Room	A5. Adapting lifestyle interventions to different agents, targets and contexts Chair: Jeffrey Samet, Boston University - Boston Medical Center - A5.1 Cultural, community and contextual drivers of substance use among adolescents in South Africa: an evidence-based intervention - Kim Johnson, South African Medical Research Council (SAMRC), South Africa - A5.2 Efficacy of Nurse-Delivered Brief Interventions for Tobacco Use Disorders: An open-label RCT - Santanu Nath, All India Institute of Medical Sciences-Deoghar, India - A5.3 Implementing screening and brief Intervention for substance use in rural Georgia - Ilia Nadareishvili, David Tvildiani Medical University, Georgia PEACHD Rapporteur: Claudia Pereira, ICAD, PT

10:30 - 11:00	Coffee break + Poster Session PS1B
	• P1.08 - Introducing Mental Health Screening and Brief Intervention in Primary Care in Georgia - Mariam Jojua, David Tvildiani Medical University, Georgia • P1.09 - Beyond the Buzz: Transition Age Youth Cannabis Use, ADHD Comorbidity, and Medication - Lillian Gelberg, University of California, Los Angeles, USA • P1.10 - Challenges in implementing a digital intervention on alcohol consumption: perspectives of counsellors - Micaella Silva Leandro, Unifesp, Brazil • P1.11 - Empowering Health Promotion: EUPC Training and New Prevention Profiles in Portugal - Natacha Torres da Silva, IPDJ, Portugal • P1.12 - SBIRT for Cannabis-using Children and Adolescents in Community Settings—The Can-K Feasibility Study - Silke Diestelkamp, Medical School Hamburg, Hamburg, Germany • P1.13 - Lifesaving Potential: Returning Individual Research Result (IRR) and Harm Reduction in SUD Research - Shirley Stephenson, University of Illinois Chicago, USA • P1.14 - Brief Interventions For Alcohol Use In Adult Women: A Systematic Review And Meta-Analysis - Talita Dutra Ponce, São Paulo University, Brazil
11:10 – 11:55	P3. Plenary discussion (In honour of Nick Heather) <i>Can individual Behaviour Modification Move the Needle for Population Outcomes?</i> Chair: Marcus Bendtsen (Linköping University, SE) Perspectives to explore: • What evidence exists that SBI changes outcomes at population level? • Is the key challenge effectiveness, reach, fidelity, or political prioritisation? • How should SBI connect with structural policies and broader health determinants? Proposed Discussants: • Jim McCambridge, University College London, UK • Lidia Segura, Public Health Agency of Catalonia, ES / PEACHD • Paula Leonard, CEO, Well Ireland, IE
Session change (5 mins)	
12:00 - 13:00	Parallel sessions Group B
12:00 - 13:00 Blue Lecture Hall	B1. Refugees, Veterans and other Populations at risk of Trauma Chair: Viktoria Litvinenko, Charles University CZ • B1.1-2 - Brief interventions among Ukrainian refugees – instructors’ experiences and challenges - Olga Yurchenko (UA speaker), Zhytomyr Centre for Social Services, UA & Marcin Wojnar MUW, Poland • B1.3 - Testing a theory of action for SBIRT implementation in veteran primary care clinics in the United States - Michael Lawson, University of Alabama, USA • B1.4 - Co-creation of family assistants' training program to reduce the risk of alcohol-exposed pregnancies - Katarzyna Okulicz-Kozaryn, Institute of Mother and Child, Poland
12:00 - 13:00 Patriotic Hall	B2. Workshop: Addressing alcohol stigma to facilitate brief intervention delivery Facilitator: James Morris, Independent (& London South Bank University), United Kingdom <i>Interactive workshop exploring how public stigma, e.g., around alcohol, use can hinder delivery and uptake of brief interventions. Presentations, group discussions and joint planning to identify practical solutions and research priorities, and generate actionable recommendations for reducing stigma and improving BI implementation.</i> PEACHD Chair/Rapporteur: Lidia Segura, Gencat, ES
12:00 - 13:00 Green Lecture Room	B3. Reaching Adolescents and Young People in diverse situations Chair: Verena Metz, Kaser Permanente, USA // PEACHD Rapporteur: Fleur Braddick, FRCB, ES • B3.1 - Comparing lower and higher intensity approaches to reduce drug use among incarcerated youth - Cari McCarty, Seattle Children's Hospital/University of Washington, USA • B3.2 - Misunderstanding by youth of standard questions about opioid use may undermine SBI efforts - Elissa R Weitzman, Boston Children's Hospital Harvard Medical School, USA • B3.3 - Substance use in sexual/gender minority vs. non-minority adolescents in U.S. pediatric primary care - Lydia A. Shrier, MD, MPH, Boston Children's Hospital/Harvard Medical School, United States • B3.4 - Dream-Catchers: A youth mentoring model for integrated substance use prevention in Nigeria - Ejikeme McBishops Ogueji, Reclaiming Futures Nigeria, Nigeria

12:00 - 13:00 Large Meeting Room	B4. Behaviour change for Cancer and NCD Prevention Chair: Fred C Blow, University of Michigan, USA - B4.1 - Micro-geographic inequalities in breast cancer incidence across Europe: evidence from ELISAH project – Cristina Melzi & Paolo Contieri, Istituto Nazionale dei Tumori di Milano, Italy - B4.2 - Competencies And Perceptions In Smoking Cessation Counselling: Long-Term Outcomes Of A Brief Intervention Training Programme – Cristina Martínez Martínez, Catalan Institute of Oncology, Spain - B4.3 - Receipt of Alcohol Screening and Brief Intervention among Patients with and Without Cancer: Opportunities for Prevention and Intervention - Stacy Sterling, Kaiser Permanente Division of Research, USA - B4.4 - GenAI chatbot-delivered behavioral support for smoking cessation: Preliminary 3-month findings from a cluster-randomized controlled trial - Ziqiu Guo, The University of Hong Kong, China PEACHD Rapporteur: Laura Perdigueru, ICO, ES		
12:00 - 13:00 Small Meeting Room	B5. Digital Interventions to tackle common risk factors for NCDs - Should we move it online? Chair: Hugo López, HCB, ES - B5.1 - Development and Feasibility of a Digital Coaching Intervention to Reduce Alcohol Use Across All Drinking Levels - Sophie Baumann, University Medicine Greifswald, Germany - B5.2 - AI Chatbot to Support Opioid Use Disorder Patients: Development, Safety Architecture, Pilot Results - Dallas Swendeman, UCLA, USA - B5.3 - Chat-based intervention for reducing alcohol use among risky drinkers attending AEDs - Leah Li, School of Nursing, University of Hong Kong, China - B5.4 - Long term effects of Digital vs. Face-to-face intervention for harmful alcohol use - Magnus Johansson, Karolinska Institutet & Stockholm Center for Dependency Disorders, Sweden		
13:00 - 14:00	Reception area (ground floor): Lunch	13:20 – 14:05	Patriotic Hall: INEBRIA AGM (NB - Strictly no food in the meeting)
14:10 - 15:10	Parallel sessions Group C		
14:10 - 15:10 Blue Lecture Hall	C1. Symposium: PEACHD Key results and challenges - Laetitia Ricklin, Project Adviser HaDEA A1 – EU4Health, Cancer team - project reporting, impact and sustainability - PEACHD Consortium partners – roundtable overview - 3 mins of experiences from the technical work of PEACHD (WPs 2, 3, 4, 5, 6) - Discussion with participants		
14:10 - 15:10 Green Lecture Room	C3. Symposium: Expanding Brief Interventions in Latin America: Evidence from Clinical Outcomes and Digital Training Facilitator: Divane de Vargas, School of Nursing of University of São Paulo – EEUS, Brazil - C3.1 - Evaluation of the Brazilian SUPERA Course: two decades of a nationwide DL Training on SBIRT - Maria Lucia Formigoni, Universidade Federal de São Paulo (UNIFESP), Brazil - C3.2 - Effectiveness of two models of Brief Intervention in Primary Health Care: A Comparative Study - Erika Leon Ramirez, Universidade Federal de Minas Gerais (UFMG), Brazil - C3.3 - Maternal Alcohol Consumption and the Risk of Fetal Distress: Findings from the BRISA Birth Cohort - Joao Ricardo Nickenig Vissoci, Duke University, North Carolina, USA - C3.4 - Development of Clinical Skills for Remote Intervention in Addictions: The Impact of the PAADD Training Course - Marcela Tiburcio Sainz, Instituto Nacional de Psiquiatria Ramón de la Fuente Muñiz, Mexico PEACHD Rapporteur: Alba Cabricano, Gencat, ES		
14:10 - 15:10 Large Meeting Room	C4. What shapes the lifestyle behaviours: peers, contexts, influence Chair: Marcus Bendtsen, Linköping University, SE // PEACHD Rapporteur: Charles University, CZ (TBC) - C4.1 - Brief Internet-Based Intervention to Reduce Alcohol Consumption in University Students - Daniela Romero Reyes, Universidad Autónoma de Tamaulipas, Mexico - C4.2 - A social network agent-based model of university student drinking and digital intervention uptake - Dongni Zhang, Linköping University, Sweden - C4.3 - Peer-led brief intervention reduces alcohol use among university students: 12-month randomized trial - María Lavilla Gracia, University of Navarra, Spain		

14:10 - 15:10 Small Meeting Room	C5. - Primary prevention in Emergency Departments and Acute Care Chair: Joel Msafiri Francis, University of the Witwatersrand, South Africa (TBC) - C5.1 - Protocol for evaluating intervention cost and effectiveness for non-injury patients in Tanzania - Alice Andongolile, Kilimanjaro Christian Medical Centre University, Tanzania - C5.2 - Feasibility of culturally adapted brief intervention in emergency departments in northern Tanzania - Joao Ricardo Nickenig Vissoci, Duke University, USA - C5.3 - Two-Year Outcomes of a Brief Intervention to Reduce Harmful Alcohol Use for Emergency Department Injury Patients - Joao Vitor Perez de Souza, Duke University, USA PEACHD Rapporteur: TBC Charles University, CZ
Session change (5 mins)	
15:15 - 16:15	Parallel sessions Group D
15:15 - 16:15 Patriotic Hall	D2. Workshop: Advancing SBIRT in Africa: Lessons to take on from an INEBRIA/ICUDDR Meeting in Uganda Facilitator: Jeremy Bray (standing in for Laurie Krom, ICUDDR) Discussants: - Jeremy Bray, University North Carolina – Greensboro, USA - Claire Biribawa, Makerere University School of Public Health, Uganda <i>This workshop examines how SBIRT can be adapted to local contexts, integrated into health and social service systems, and supported through workforce development, higher education, and academic programming.</i> PEACHD Rapporteur: TBC Charles University, CZ
15:15 - 16:15 Green Lecture Room	D3. Workshop: Beyond PEACHD: Expert SWOT on Scaling Multi-Factor Brief Interventions for Vulnerable Groups Facilitator: Fleur Braddick, FRCB-IDIBAPS, Spain <i>The workshop (up to 30 participants) will carry out a thought exercise, aiming to identify priorities and build strategic capacity for the exploitation and extension of PEACHD outcomes through a structured SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis with expert stakeholders. The workshop will focus especially on multi-factor SBI for those facing situations of disadvantage or vulnerability.</i>
15:15 - 16:15 Large Meeting Room	D4. New format session: Intervention Skills Training Using Matched AI Standardized Clients & an Enhanced Feedback Model Facilitator: Win Turner PhD, LADC, Center for Behavioral Health Integration, USA <i>Demonstration, review and discussion of pilot study results using an emerging and advanced training method utilizing the latest capacity of large language models (LLMs) (2026) to offer interventionists conversationally responsive simulated "matched" clients (populations served) coupled with feedback on motivational interview adherence.</i> PEACHD Rapporteur: Jorge Palacio-Vieira, FRCB, ES
15:15 - 16:15 Small Meeting Room	D5. Symposium: Reducing Suicide Risk with Brief Interventions – learning lessons from Brief Alcohol Interventions Chair: Mark Ilgen, University of Michigan (UMich), USA - D5.1 - Using Motivational interview-enhanced safety plan with multiple augmentation strategies for suicidal teens - Ewa Czyz, UMich, USA - D5.2 - Virtual Hope Box Enhanced Intervention for High-Risk Suicidal Veterans Following Inpatient Care - Courtney Bagge, UMich, USA - D5.3 - Crisis Line Facilitation as a new intervention to address suicide risk in adults seeking alcohol use disorder treatment - Mark Ilgen - D5.4 - Discussant –Building on the legacy of alcohol brief intervention research to prevent suicide following high-risk clinical visits - Frederic C Blow, UMich, USA PEACHD Rapporteur: Andrzej Jakubczyk, MUW, PL

16:15 - 16:45	Reception area (ground floor): Coffee break + Poster Session PS2A		
	- P2.01 - Implementing preventive activities in primary care: clinical audit and professional perceptions - Francisco Camarells Guillem, Spanish Society of Family Medicine , Spain - P2.02 - Protocol for a nested hybrid trial evaluating regional SBIRT at system and patient levels - Anaelderrick Frederick Kimaro, Global Emergency Medicine Innovation and Implementation Research (GEMINI) Lab AND KCMC University, Tanzania - P2.03 - Perceived Family Functioning and Affect in Cuban Families with and without Alcohol Consumption - Areolina Durán, University of Beira Interior, Portugal - P2.04 - Telephone Brief Intervention for Alcohol Use in Women: Randomized Trial in Primary Care - Divane de Vargas, School of Nursing of University of São Paulo – EEUSP, Brazil - P2.05 - Alcohol use and alcohol consequences among young people and adults with injuries in Tanzania - Alice Andongolile, Kilimanjaro Christian Medical Centre, Tanzania - P2.06 - The impact of an adapted brief intervention for acute injury patients in Tanzania: a case series - Kim Madundo, Kilimanjaro Christian Medical Centre University, Tanzania - P2.07 - Sessions to Affected Others, required to supervise contact - Liam Knowles, Bridges Tees Valley CIO, United Kingdom		
16:45 - 17:30	Blue Lecture Hall: <u>P4. Keynote:</u> Richard Saitz Lecture (The Richard Saitz Outstanding Mentorship Award to recognize ‘mentorship that moves the field’ by supporting developing scholars in advancing SBI science and research). Chair: Marcin Wojnar , Medical University of Poland, Warsaw (PEACHD & INEBRIA) Speaker: Frederic C Blow , Rachel Upjohn Research Professor in Psychiatry, University of Michigan, USA		
17:35	Meet at centre entrance: Walking tour of Prague (approx. 1 hr)	19:00h	Social Dinner (self-funded & previous registration required)

Fri 16 October 2026

PEACHD-INEBRIA 2026 – Plenary and parallel sessions (Morning - half-day)

8:30 - 9:20	Blue Lecture Hall: <u>P5. Plenary</u> Best abstract + Scholarships Chair: Abhijit Nadkarni , LSHTM, UK 2 Best abstracts: Laura Rodriguez-Benito, NHS, UK - <i>“Talking health”, a community-based prevention approach to reduce health inequalities.</i> Angéline Adam, Psychiatry Department, Lausanne University Hospital, CH - <i>Substance use and physical activity screening acceptability in Swiss primary care patients and staff</i> 3 INEBRIA scholarships (3 minutes, 1 slide promo presentations) Thaís Soares Pereira, Federal University of Juiz de Fora (UFJF), Brazil Alain Favina, Mbarara University of Science and Technology, Uganda Shambhu Dutta Joshi, Mahabaudha Medical Center, Nepal
9:30 - 10:30	Parallel sessions Group E
9:30 - 10:30	E1. Harnessing Evidence and Expertise for Behaviour Modification Action Chairs: Joan Colom & Lidia Segura, Gencat, ES - E1.1 - Barriers and Facilitators to Implementing Brief Interventions to Prevent Multiple NCD Risk Factors - Laura Perdiguero Muñoz, Catalan Institute of Oncology, Spain - E1.2 - Using AI to carry out systematic reviews in brief interventions - Dorothy Newbury-Birch, Teesside University, United Kingdom - E1.3 - A Changing World: Scaling Integrated NCD Prevention - New Stakeholders, PEACHD Challenge- Alexandra Pinto & Claudia Pereira, ICAD - Institute on Addictive Behaviours and Dependencies, P.I. , Portugal Discussion

9:30 - 10:30 Patriotic Hall	E2 - Diverse providers - prevention professionals' needs Chair: András Terebessy, Semmelweis University, HU - E2.1 A culturally adapted brief intervention for alcohol use disorder among tribal populations in India: a randomized controlled trial - Himanshi Singh, IIT Jammu, India - E2.2 Community Health Workers' capability to screen Alcohol Use Disorder in a Sub-Saharan Africa Setting - Alain Favina, Mbarara University of Science and Technology, Uganda - E2.3 Why prevention fails in primary care: barriers and facilitators from Spanish professionals - Francisco Camaralles-Guillem, Spanish Society of Family Medicine, Spain - E2.4 'Why would they?' Neurology and Behaviour Information sessions delivered in the community - Liam Knowles, Bridges Tees Valley, UK PEACHD Rapporteur: Alba Cabricano, Gencat, ES
9:30 - 10:30 Green Lecture Room	E3. Women's Health, Pregnancy and Gender Chair: Carla Bruguera, Gencat, ES - E3.1 - A pilot study of alcohol screening and motivational counselling in antenatal care in Ukraine - Kateryna Marushko, Public Health Center of the MOH of Ukraine, Ukraine - E3.2 - Perspectives of Aging Women on Alcohol Screening and Brief Intervention: A Qualitative Study - Derek Satre, University of California, San Francisco, USA - E3.3 - Brief Intervention for Alcohol Use in Women: Protocol for a Randomized Controlled Trial - Divane de Vargas, School of Nursing of University of São Paulo – EEUS, Brazil - E3.4 - Alcohol exposure prevention in pregnancy: SBIRT Guidelines from preconception to breastfeeding - Soledad Justo Gil, Spanish MoH, Spain
9:30 - 10:30 Large Meeting Room	E4. Symposium: Health Risk Behaviours Across Time: Insights for Multi-Behaviour Change Interventions Facilitator: Jennis Freyer-Adam, University Medicine Greifswald, Germany - E4.1 - Trajectories of Co-Occurring Behavioural Risk Factors and Educational Inequalities – Sophie Baumann, Department of Methods in Community Medicine, Institute for Community Medicine, University Medicine Greifswald, Germany - E4.2 - Trajectories of health behaviours 24 months following treatment among adults with AUD - Sara Wallhed Finn, Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden, Stockholm Center for Dependency Disorders, Sweden - E4.3 - Multi-behaviour screening and brief intervention in general hospital patients: Reach and Satisfaction - Jennis Freyer-Adam, Department of Prevention Research and Social Medicine, Institute for Community Medicine, University Medicine Greifswald, Germany PEACHD Rapporteur: TBC Charles University, CZ
9:30 - 10:30 Small Meeting Room	E5. Youth Multi-Risk Prevention and Mentoring Chair: Stacy Sterling, Kaiser Permanente, USA - E5.2 - Cuida-te Program: A Comprehensive Brief Intervention Approach to Youth Health - Natacha Torres da Silva, IPDJ Instituto Português do Desporto e Juventude, Portugal - E5.3 - Tailoring Digital SBIRT for Youth in Low-Resource African Settings: Lessons from a Co-Design Study in Rwanda - Pierre Mugisha, Arc labs afrika, Rwanda - E5.4 - Developing a peer-based intervention for adolescents and young adults - alcohol and other drug use and gender equity among youth peer groups - Tara Carney, South African Medical Research Council, South Africa PEACHD Rapporteur: Joanna Nieróbca, MUW, PL

10:30 - 11:00	Reception area (ground floor): Coffee break + Poster Session PS2B
	- P2.09 - Supporting the Development of Competencies for Brief Interventions in Health Promotion Education - Merle Truubon, Tallinn Health University of Applied Sciences, Estonia - P2.10 - AI-Powered Digital Brief Interventions for Youth Risk Prevention in Low-Resource Settings - Pierre Mugisha, Arc labs afrika, Rwanda - P2.11 - Telehealth-Supported Training for AUDIT-Guided Screening and Brief Intervention - Shambhu Dutta Joshi, Mahabaudha Medical Center, Nepal - P2.12 - Culturally Adapted Point-of-Care Telehealth Brief Intervention for Hazardous Drinking - Shambhu Dutta Joshi, Mahabaudha Medical Center, Nepal - P2.13 - Co-producing and evaluating a sports-mediated substance use prevention program for young people. - Urvita Bhatia, London School of Hygiene and Tropical Medicine, UK - P2.14 - Co-Creation and Implementation Tailoring of Brief Substance Use Prevention for Youth in Foster Care - Maria Schweer-Collins, Iowa State University , USA
11:10 - 12:10	Parallel sessions Group F
11:10 - 12:10 Blue Lecture Hall	F1. Listening to prevention professionals and preparing the next wave of agents Chair: Fleur Braddick, FRCB, ES - F1.1 & 2 - What We Taught and What We Learned from PEACHD CZ —The Secret of Secrets, or Business as Usual? - Miroslav Barták & Viktoria Litvinenko, Charles University, First Faculty of Medicine, Department of Addictology, Czech Republic - F1.3 & 4 – Reactions/input of the next gen professionals - Göknül Çavuş Konak & Matthew Baldacchino, Representatives of the Joint Action Prevent NCD Youth Advisory Group
11:10 - 12:10 Patriotic Hall	F2. Stakeholders, Attitudes and Population Prevention Chair: James Morris, Independent & London South Bank University, UK (TBC) - F2.2 - Binge drinking: a review of health effects and implications for brief interventions - Sven Andréasson, Karolinska institutet, Sweden - F2.3 - News in the law regulation of alcohol sales in Croatia - Zrinka Puharić, Bjelovar University of Applied Sciences, Croatia - F2.4 - Alcohol-related problems as social issues: Attitudes toward SBI in adult social work, Elina Renko, University of Helsinki, Finland PEACHD Rapporteur: Lidia Segura, Gencat, ES
11:10 - 12:10 Green Lecture Room	F3. Workshop: Popular Education for Participatory Psychosocial Practice with Refugee Adolescents Facilitator: Thaís Soares Pereira, Federal University of Juiz de Fora (UFJF), Brazil <i>Workshop to serve as a space for theoretical learning alongside the practical application of Popular Education techniques that can be used in participatory interventions with refugee adolescents, aiming to equip professionals for work with this population.</i> PEACHD Rapporteur: Joanna Nieróbca, MUW, PL
11:10 - 12:10 Large Meeting Room	F4. Digital and AI-Supported Intervention design and delivery Chair: Toni Gual, emeritus HCB, ES - F4.1 - Sustainable digital interventions to address harmful use of alcohol in the workplace - Olle Wiklund, Karolinska Institutet, Sweden - F4.2 - Engagement with a GenAI chatbot-delivered intervention for smoking cessation: A secondary analysis - Li Mengyao, The University of Hong Kong, China - F4.3 - Using novel technologies to tailor and enhance a digital brief intervention, Stéphanie Blanc Perler, Lausanne University Hospital, Switzerland - F4.4 - Artificial Intelligence for Alcohol Prevention: Prioritizing Screening and Brief Interventions, Micaella Silva Leandro (on behalf of Wellington Francisco Rodrigues), Unifesp, Brazil PEACHD Rapporteur: Jorge Palacio-Vieira, FRCB, ES
Session change (5 mins)	

12:15 - 13:05	Blue Lecture Hall: P6. Closing Plenary <i>Moving Forward with PEACHD and INEBRIA: New Frontiers for Brief Interventions and Prevention</i> Chairs: • Miroslav Barták, Charles University 1st Faculty of Medicine Perspectives to explore: • How are climate change, societal disruption and technology developments reshaping health risks and intervention needs and priorities? • What can be done in terms of future-proofing systems and promoting European collaboration to tackle and mitigate evolving problems? Speakers: ○ Christina Todorova, Independent Researcher, Bulgaria / University of Pittsburgh, USA – <i>New tools, old habits and rethinking prevention in an increasingly clickable future.</i> ○ Lluís González de Paz & Carmen Herranz, Primary Healthcare Consortium of Barcelona Esquerra (CAPSBE) – <i>Operational responses to climate breakdown – examples from the front line of health</i> ○ Fleur Braddick, FRCB/IDIBAPS, ES / PEACHD - <i>Societal shifts and growing rifts – European synergy work to tackle inequalities in prevention</i> Closing words: ○ Representative of INEBRIA - Abhijit Nadkarni, London School of Hygiene and Tropical Medicine, UK ○ Representative of the European Commission, HADEA - Laetitia Ricklin, Project Adviser HaDEA A1 – EU4Health, Cancer team ○ Close the conference - PEACHD - Silvia Matrai, FRCB/IDIBAPS, ES
13:05 - 14:00	Lunch/closure

PEACHD (Piloting European Action on Cancer Health Determinants), GA No. 101129260, www.peachd4health.eu is an EU-co-funded Action Grant focused on primary prevention of cancer, which will operationalise and adapt the **WHO-EU BRIEF approach** to reduce risky lifestyle behaviours, such as alcohol use, smoking, unhealthy diet and physical activity. The project develops, tailors and pilots large-scale implementation strategies for screening and brief intervention on multiple modifiable lifestyle behaviours, with special attention to people with low socioeconomic status, migrants, and Ukrainian refugees, in three European countries: Czech Republic, Poland and Spain.

This event is (co-)funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.



INEBRIA (International Network on Brief Interventions for Alcohol and Other Drugs) is an international network of researchers, policy makers, practitioners and other stakeholders interested in the potential of brief interventions in health and other settings to reduce the harms produced by alcohol and other drug use. It aims to provide global leadership in the development, evaluation and implementation of evidence-based practice in the area of early identification and brief intervention for hazardous and harmful substance use. <https://inebria.net/>

The conference plenary featuring the [WHO SBI Hub](https://www.who.int/europe) has been developed with collaboration and support from the World Health Organization European Regional Office (WHO-EU)

The event is organised under the patronage granted by the **Dean of the 1st Faculty of Medicine, Charles University, Prague.**

A1. Session title: Tailoring Implementation to Intersectional Disadvantage

Abstract A1.1. The Catalan Experience within the PEACHD Project: testing the feasibility of screening and brief interventions for multiple lifestyle risk factors in Vulnerable Primary Care Settings

Authors: Carla Bruguera, Sheila Casas, Lidia Segura, Lena Reisloh, Maria Manera i Jordina Capella, Silvia Matrai, Fleur Braddick, Jorge Palacio & Hugo Lopez-Pelayo

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Health-related behaviours such as risky alcohol use, smoking, unhealthy diet, and physical inactivity are major risk factors for cancers and other non-communicable diseases (NCDs). In Catalonia, 60% of the population has at least one of these risk factors, and 20% have two or more. Screening and brief interventions (SBI) are effective, but there is limited guidance on how to implement them to address multiple risk factors simultaneously. Since 2021, preventive programmes in primary healthcare (PHC) have been integrated into the SumaSalut programme. Building on this, the EU-funded PEACHD project aims to adapt the WHO BRIEF manual and to test the feasibility of a tailored multi-risk intervention, focusing on socioeconomically disadvantaged and migrant populations.

Methods: A four-month pilot was conducted in seven PHC centres selected based on community health indicators. Healthcare teams received a one hour of face-to-face training session and a booster session. Adapted multilingual materials were provided, including a professional guide, a short leaflet (in case of limited time or undecided patients), and a four-step patient guide to support multiple behaviours change. Evaluation followed the RE-AIM framework and included screening rates, pre- and –post-intervention questionnaires, brief interviews with professionals, and focus groups with participants of Pakistani and Maghrebi origin.

Results: Healthcare professionals reported satisfaction with the training and materials and perceived the intervention as relevant. However, time constraints and competing priorities limited implementation, and addressing multiple risk factors in a single visit was perceived as burdensome. Focus group participants highlighted the potential of educational materials but identified linguistic, cultural, and format-related limitations, particularly affecting more vulnerable individuals.

Conclusions: While multi-risk prevention in PHC is a public health priority, its implementation remains challenging in real-world settings. The PEACHD findings will help refine future implementation strategies for multi-risk prevention in primary care, especially in vulnerable settings.

Key words/phrases: Screening and Brief Interventions (SBI); Multi-risk Lifestyle Interventions; Primary Health Care (PHC); Vulnerable groups; Tailoring implementation strategies

Col statement: The presenters have no conflicts of interests to declare

Abstract A1.2. Mobile health support and financial incentives for smoking cessation in low-income older smokers

Authors: Na Meng 1, Ziqiu Guo 1, Shengzhi Zhao 2, Tzu Tsun Luk 3, Yee Tak Derek Cheung 1, Yongda Wu 4, Man Ping Wang 1

1. School of Nursing, The University of Hong Kong
2. School of Public Health, The University of Hong Kong
3. Alice Lee Centre for Nursing Studies (NUS Nursing), National University of Singapore
4. CHEO Research Institute

Conference theme: Hard to reach groups (e.g., those with migrant, refugee status and living with lower SES, among others)

Full abstract text:

Introduction: Low-income older smokers are disproportionately harmed by smoking, but evidence on effective smoking cessation (SC) interventions in this population is scarce. Leveraging evidence of the effectiveness of mobile health (mHealth) support and financial incentives in other adults, we assessed the effects of age-friendly mHealth support or financial incentives on SC in this deprived population.

Methods: The community-based 2 by 2 factorial randomized controlled trial recruited participants in Hong Kong from February 2024 to October 2025. Participants were biochemically validated daily smokers aged ≥ 60 years with a monthly household income below the local median. All participants received brief cessation advice at baseline and were randomized into four groups: (A) 3-month mHealth support with scheduled age-friendly multimedia messages, and personalized real-time chat-based support ($n=300$); (B) financial incentives of HK\$500 for SC service use within 6 months and escalating rewards of HK\$1000, HK\$1500 and HK\$2000 for biochemically validated abstinence at 3, 6 and 12 months, respectively ($n=300$); (C) combined mHealth support and financial incentives ($n=300$); (D) control group with delayed mHealth support after final assessment ($n=300$). The primary outcome was biochemically validated abstinence at 6 months; the secondary outcome was self-reported 7-day point-prevalence abstinence. Intention-to-treat and factorial analyses were used. Poisson regression with robust variance was used to estimate the risk ratios (RRs) of the treatment effect on the primary and secondary outcome. Trial registration: NCT06234475.

Results: Of 1200 participants (mean age, 70 years; 93.4% male), 45.6% smoked ≤ 10 cigarettes daily. The median Fagerström Test for Nicotine Dependence (FTND) score was 3 (interquartile range, 1-5) out of ten and 59.8% had no intention to quit within 6 months. By Mar 2026, 1,099 participants completed the 6-month follow-up (82.0% of participants retained). Baseline characteristics were balanced between those receiving versus not receiving mHealth support and between those receiving versus not receiving financial incentives. At 6 months, biochemically validated abstinence was significantly higher in the financial incentive groups (Groups B+C) than in the no incentive groups (Groups A+D) (18.1% vs 7.0%; RR, 2.59; 95% confidence interval [CI], 1.82-3.68). No significant increase was observed between mHealth support groups (Group A+C) and no mHealth support groups (Group B+D) (12.8% vs 12.1%; RR, 1.05; 95% CI, 0.77-1.44). Financial incentives also increased self-reported abstinence at 6 months (RR 1.71; 95% CI, 1.33-2.20), while mHealth support showed no significant increase (RR, 1.13; 95% CI, 0.89-1.44).

Conclusions: Financial incentives increased smoking abstinence at 6 months in low-income older smokers in Hong Kong.

Key words/phrases: Low-income older smokers; Financial incentives; Mobile health support; Smoking cessation

Col statement: The presenters have no conflicts of interests to declare

Abstract A1.3. Latent Class Analysis of Substance Use Patterns in Uganda: Implications for Brief Interventions

Authors: Claire Biribawa(1,2), Wouter Vanderplasschen(2), Deborah Louise Sinclair(3), Duncan Matovu Kabiito(1), Byamah Brian Mutamba(4), David Kalema(2), Kenneth Kalani(5), Vicki Simpson(6), Joan Nankya Mutyoba(1), Nazarius Mbona Tumwesigye(1)

1. School of Public Health, College of Health Sciences, Makerere University, Kampala, Uganda.
2. Department of Special Needs Education, Faculty of Psychology and Educational Sciences, Ghent University, Ghent, Belgium.
3. College of Nursing, University of Saskatchewan - Prince Albert Campus, Prince Albert, Saskatchewan, Canada
4. Butabika National Referral Mental Health Hospital, Kampala, Uganda
5. Mental Health and Control of Substance Abuse Division, Ministry of Health, Kampala, Uganda
6. Health and Human Sciences/School of Nursing, Purdue University, USA

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Substance use disorders (SUDs) are an increasing public health concern in low- and middle-income countries, where treatment services frequently encounter individuals with complex substance use profiles that challenge single-substance screening frameworks and standard brief intervention protocols. Despite growing global momentum for screening and brief interventions as a frontline response to harmful substance use, the evidence base for SBI in sub-Saharan Africa remains largely anchored to single-substance, alcohol-focused approaches that may poorly serve the diverse and structurally vulnerable populations presenting for care. This study identified distinct substance use patterns among individuals seeking SUD treatment in Uganda and examined their sociodemographic and clinical correlates, with the aim of informing differentiated SBI approaches in resource-limited settings.

Methods: We conducted a cross-sectional analysis of baseline data from a longitudinal cohort of 445 individuals seeking SUD treatment at three treatment facilities in Uganda. Latent Class Analysis (LCA) identified distinct substance use patterns based on self-reported psychoactive substance use. Model fit was assessed using information criteria, entropy, and posterior classification probabilities. Multinomial regression was used to examine associations between participant characteristics and latent class membership, with the alcohol-dominant class as the reference group. Ridge-penalized regression was conducted as a sensitivity analysis.

Results: A four-class model best characterized substance use patterns in the sample. The alcohol-dominant class (51.3%) was characterized by older age, rural residence, and formal employment. The cannabis–alcohol class (29.4%) comprised predominantly younger adults with housing instability, unemployment, urban residence, and elevated acute psychosis risk. The prescription drug class (10.8%) was marked by legal opioid, sedative-hypnotic, and anticholinergic misuse with strong association with injection drug use and acute psychosis risk. The high-risk illicit class (8.5%) showed near-universal illegal opioid (88.8%) and cocaine/crack cocaine (89.1%) use with the strongest association with injection drug use. Notably, nearly half the cohort (48.7%) fell outside the alcohol-dominant class, underscoring the limits of alcohol-centred screening in this population.

Conclusion/Implications: Individuals seeking treatment for SUD in Uganda present with four clinically distinct patterns of substance use that differ substantially in severity, clinical complexity, psychosocial adversity, and broader structural vulnerabilities. These findings challenge single-substance screening frameworks and carry direct implications for SBIRT delivery: the cannabis–alcohol and high-risk illicit classes, characterised by younger age, housing instability, unemployment, and injection drug use represent precisely the disadvantaged and hard-to-reach populations for whom standard alcohol-focused brief interventions are least equipped. We argue for class-informed differentiation of SBIRT protocols in Uganda and comparable resource-limited settings, including integration of harm reduction pathways, mental health support, and community-level approaches that address the structural determinants clustering in younger, polysubstance-using groups.

Key words/phrases: Latent class analysis; Polysubstance use; Brief interventions; sub-Saharan Africa; risk factors

Col statement: All authors have no conflicts of interests to declare.

A2. Session title: Interventions addressing multiple risk factors: Prevention for the whole person

Abstract A2.1. Broadening Brief Interventions Through Transdiagnostic Risk Profiling in Medical Inpatients

Authors: Hugo López-Pelayo^{1,2,3,4,5}, María Teresa Pons-Cabrera^{1,2,3,4}, Leonor P. Gawron^{1,2,3}, Ana I. Llorente^{1,2,3,4}, Maria Sagué-Vilavella^{1,4,6}, Juan I. Mena¹, Óscar de Juan¹, Néstor Arbelo^{1,5}, Luis Pintor^{1,5}, Mercè Balcells-Oliveró^{1,2,3,4,6}.

1 Psychiatry and Psychology Service (ICN), Hospital Clínic de Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), University of Barcelona, Barcelona, Catalonia, Spain

2 Health and Addictions Research Group (Grup de Recerca Emergent), Institut D'investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain.

3 Addictions Unit, Department of Psychiatry and Psychology, Institute of Neuroscience, Hospital Clínic De Barcelona, Barcelona, Catalonia, Spain.

4 University of Barcelona, Barcelona, Spain.

5 Consultation Liaison Psychiatry Unit, Psychiatry and Psychology Service (ICN), Hospital Clínic de Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), University of Barcelona, Barcelona, Catalonia, Spain

6 Bipolar and Depressive Disorders Unit, Hospital Clínic de Barcelona. c. Villarroel, 170, 08036 Barcelona, Spain.

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Background. Brief interventions in healthcare settings have primarily targeted single behavioural risk factors—most commonly alcohol use—despite the high prevalence of co-occurring substance use, psychiatric comorbidity, and cognitive inefficiencies among medical inpatients. This compartmentalized approach may limit the effectiveness of health-promotion strategies, overlook determinants of health-service use, and miss opportunities for broader, lifestyle-oriented interventions. We aim to examine whether an integrated, transdiagnostic assessment of substance use, mental health, and cognition improves the identification of patients at risk of poor patient-centred outcomes and increased hospital resource utilisation, thereby supporting broader brief interventions beyond alcohol alone.

Methods: We analysed data from a single prospective cohort of 800 adult medical inpatients admitted to a tertiary university hospital. During hospitalization, participants underwent standardized assessment of substance use severity (ASSIST for tobacco, alcohol, and cannabis; Timeline Follow-Back), psychiatric disorders (MINI) and symptoms (Brief Psychiatric Rating Scale), cognitive functioning (Montreal Cognitive Assessment), and medical comorbidity (Charlson Comorbidity Index). Multiple complementary analyses were conducted within the same cohort. Outcomes included functioning (FAST), health-related quality of life (EQ-5D), length of stay, annual readmissions, Emergency Department revisits, hospital bed-days, and costs up to 12 months post-discharge. Longitudinal mixed-effects models assessed tobacco and alcohol trajectories following cardiovascular and respiratory admissions, and latent profile analysis integrated cognitive, psychiatric, and substance use indicators. Five peer-reviewed papers show the results of this research (P4, P5 under review) . In this oral presentation, we will integrate them to provide a message for integrated BI.

Results: P1: Cross-sectional analyses showed that psychiatric comorbidity and higher-risk use of tobacco, alcohol, and cannabis were independently associated with impaired functioning and lower health-related quality of life. High-risk alcohol use additionally predicted longer hospital stays.

P2: Among patients admitted for a cardiovascular event, tobacco use showed marked reductions over the following year, particularly after first events, whereas alcohol use declined modestly and remained prevalent, indicating differential responsiveness of risk behaviours to hospitalization.

P3: In patients hospitalized for respiratory conditions, tobacco consumption decreased in quantity but cessation rates remained limited, and alcohol use showed minimal change, suggesting hospitalization alone was insufficient to modify multiple lifestyle risk factors.

P4 Latent profile analysis identified distinct transdiagnostic subgroups combining psychiatric burden, cognitive

inefficiencies, and substance use severity. Profile membership independently predicted functioning and health-related quality of life at 12 months beyond baseline clinical severity and medical comorbidity, improving prognostic accuracy over symptom- or diagnosis-based models alone

P5: Psychiatric comorbidity independently predicted higher annual readmissions and ED revisits, while tobacco and alcohol ASSIST scores were associated with increased annual hospital bed-days. Medical comorbidity further amplified healthcare utilisation and costs.

Conclusions: Across a single, well-characterised cohort of medical inpatients, converging evidence shows that substance use, psychiatric morbidity, and cognition jointly shape recovery, quality of life, and healthcare utilisation. Because these domains can be assessed using brief, routinely available instruments, integrating them offers a feasible strategy to broaden brief interventions beyond alcohol, supporting more comprehensive, lifestyle-focused, and community-linked health-promotion approaches after hospital discharge.

Key words/phrases: alcohol, tobacco, hospitalisation, medical ward, quality of life

Col statement: The presenters have no conflicts of interests to declare".

Abstract A2.2. Client-Centered Priorities in Health Coaching Interventions: Implications for Whole-Person Care

Authors: Dallas Swendeman (1), Lillian Gelberg (2),

1. UCLA Center for Community Health, Semel Institute for Neuroscience & Human Behavior, Los Angeles, United States;
2. Department of Family Medicine, David Geffen School of Medicine at UCLA, Los Angeles, United States,

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text

Introduction: Whole Person Care (WPC) is a patient-centered approach to healthcare that integrates physical, behavioral, and social determinants of health (SDoH) services for multiple health priorities. This model is challenged by condition-specific funding, intervention staff needing multiple domains of expertise, patients balancing multiple goals and competing needs, and outcome evaluation metrics prioritizing single primary outcomes. This presentation will describe two groups of intervention studies involving telehealth coaching by paraprofessionals, their outcomes, and client-centered priorities raised in coaching sessions.

Methods: The Quit Using Drugs Intervention Trials (QUIT & QUIT-BINAT, Gelberg PI; QUIT-Mobile, Gelberg & Swendeman MPIs) are screening and brief intervention randomized controlled trials (RCTs) to prevent SUDs among adult primary care patients in Southern California with moderate risk substance use. QUIT coaching uses the 5As model (Ask, Advise, Assess, Assist, and Arrange) along with cognitive behavioral and motivational interviewing elements. The Adolescent HIV Medicine Trials Network (ATN) CARES studies (Swendeman, Rotheram MPIs) were for youth at risk for or living with HIV, ages 15-24 years, recruited from community and clinic sites in Los Angeles and New Orleans. The coaching intervention is guided by the strengths-based case management model and cognitive behavioral practice elements, including a strengths assessment covering SDoH, social and health domains. Goal setting and follow-up support was provided for up to three simultaneous goals, one being HIV-related and two client driven. Process surveys and health coaching case notes were analyzed using Dedoose mixed-methods analysis software to identify client-centered priorities raised in intervention sessions.

Outcomes/results: QUIT demonstrated reductions in past 30-day substance use and improved in secondary quality of life (QoL) outcomes in two prior RCTs, with the current trial completing in Summer 2026. The most common topics discussed in QUIT coaching were: stress (37%), exercise (37%), mental health (35%), physical health (35%), alcohol (23%), sleep (22%), tobacco use (17%), employment (17%), housing (16%), family (15%), and financial insecurity (13%). The most common referrals were to doctors (40%) and support for stress/relaxation (34%), mental health (26%), sleep/insomnia (26%), chronic pain (21%), financial/work (7%), housing (6%), and food assistance (4%). The ATN RCT for youth at risk demonstrated significant improvements in HIV Pre-Exposure Prophylaxis (PrEP) uptake, and more sustained ancillary support services (e.g., from housing to mental health) for the study arms with coaching compared to text-messaging alone. There were no effects on secondary substance use or mental health symptom or services use outcomes. Coaching participants (n=270) set an average of 8 goals throughout the intervention on physical health (17%), work (15%), school (12%), mental health (10%), sexual health (8%), relationships (7%), finances (6%), housing (5%), government services (4%), substance use (2%), and healthcare (2%). The most common services referrals besides HIV prevention medication were mental health (25%), employment (15%), STI treatment (10%), physical health (7%), education (4%), and food (4%).

Conclusions/implications: These studies demonstrate that health coaching clients present with diverse priorities, and yet, impacts are observed for the primary outcomes and general secondary outcomes (e.g., QoL, services use). Lessons learned have implications for multiple risk factor interventions.

Key words/phrases: Health coaching, paraprofessionals, multiple risk factor interventions; client-center priorities

Col statement: The presenters have no conflicts of interests to declare

Abstract A2.3. Comparing Component Effects Across Two Factorial Trials of a Multiple Health Behaviour Intervention

Authors: Joel Crawford (1), Katarina Åsberg (1), Marie Löf (2), Oskar Lundgren (3), Preben Bendtsen (1), and Marcus Bendtsen (1).

1. Department of Health, Medicine and Caring Services, Linköping University, Sweden.

2. Department of Medicine, Huddinge, Karolinska Institute, Sweden.

3. Department of Biomedical and Clinical Sciences, Linköping University, Sweden

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Background: Digital health behaviour interventions often include several components that are typically evaluated as a whole, meaning understanding of which components drive intervention effects are limited. We examined the effects of individual intervention components across two factorial trials of the same multiple-health behaviour intervention delivered to different populations in Sweden.

Methods: Two double-blind randomised factorial trials evaluated 6 intervention components: screening/feedback, goal setting/planning, motivation, skills/know-how, mindfulness, and self-authored SMS text messages. Trials were conducted among the Swedish general population seeking help online and among university students. Primary outcomes were weekly alcohol consumption, monthly heavy episodic drinking, daily fruit and vegetable intake, weekly moderate to vigorous physical activity and 4-week point prevalence smoking.

Outcomes/Results: A total of 5419 individuals from the general population and 1704 university students were randomised. Screening/feedback showed consistent results across both populations for increasing fruit and vegetable and reducing heavy episodic drinking. Motivation increased odds of smoking cessation in the general population, whilst motivation and mindfulness improved physical activity among students. Several pairwise component interactions highlighted that combining components may further improve health outcomes.

Conclusions/Implications: Individual intervention components showed both shared and specific population effects across the two trials. The findings provide insight into which components may be most beneficial for optimising digital multiple health behaviour interventions in different target groups.

Key words/phrases: Multiple health behaviours intervention; Factorial design; Randomised Controlled Trials; Bayesian inference

Col statement: No conflicts of interest to declare

A3. Session title: Virtual and Digital SBIRT Delivery Models

Abstract A3.1. Real World Findings from use of a Centralized, Virtually-Delivered Modality of SBIRT

Authors: Andrea H. Kline-Simon, Stacy Sterling, Amy Leibowitz, Katie Jennette, Jonna Prinzing Kaiser Permanente Division of Research 4480 Hacienda Drive, Bldg. B, Pleasanton CA 94588

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: Real World Findings from use of a Centralized, Virtually-Delivered Modality of SBIRT

Abstract

Background: Screening, Brief Intervention and Referral to Treatment (SBIRT) for adolescents is an effective approach to early identification and intervention in pediatric primary care (an opportune setting for delivering SBIRT, as many adolescents have access to healthcare services). Previous research found an in-person clinician modality of SBIRT to be successful, resulting in positive patient outcomes. Commonly cited barriers to SBIRT implementation include resource limitations, lack of SBIRT-trained personnel and the competing priorities faced by pediatricians. To address some of these barriers, we tested a centralized, virtually delivered modality of SBIRT staffed by one full-time provider who was rapidly accessible by multiple pediatric primary care clinics. The goal of this study was to examine the use, referral pathways, and engagement with this centralized, virtual SBIRT modality.

Methods. This study took place at Kaiser Permanente in Northern California where screening for substance use and mental health symptoms is conducted routinely during all primary care visits for adolescents. The findings are from an ongoing pragmatic, non-randomized trial which implemented a centralized, virtual modality of SBIRT delivery to assist pediatricians in treating adolescent patients who are at risk of an alcohol or other drug (AOD) use disorder. We examined implementation and use of the centralized, Behavioral Clinician– for adolescent patients (aged 12-17) who endorsed past year alcohol and/or drug use between 2/2024 and 2/2026.

Results. Among adolescents seen in primary care with access to the centralized, virtual modality of SBIRT endorsed alcohol and/or drug use in past year, 396 were referred by their primary care provider to the behavioral health clinician for further assessment; 58% were male and the average age was 15. Surprisingly, 54% of the referrals were initiated by the parent. Among the referrals, 57% (n=226) connected with the behavioral health clinician; 13% chose to go to specialty care and 30% were unresponsive. The most common substance issue discussed was vaping, either cannabis, tobacco or both.

Discussion. Prior research demonstrates that brief clinician-led interventions are effective in improving outcomes for adolescents at risk for substance use. Vaping was the most common reason for referral, an important finding given its ready availability to adolescents and well-established role as a gateway to other substance use. This presents a timely and critical intervention point during a vulnerable period in an adolescent's development. A novel finding of this study is that the virtual SBIRT modality was accessed independently by both adolescents and parents; more than half of referrals were initiated at the request of parents, highlighting an additional pathway for engaging families and strengthening their connection to their child's health. This parent-driven access may help prevent initiation altogether, reduce substance use or prevent problem escalation. These findings suggest an opportunity to expand and tailor brief interventions to more intentionally involve both parents and adolescents, leveraging the strengths of virtual delivery to support family-centered substance use prevention efforts.

Key words/phrases: telehealth; virtual brief intervention; adolescents

Col statement: The presenters have no conflicts of interests to declare.

Abstract A3.2. E-Cigarettes and Vaping among Brazilian Undergraduates: A Digital brief intervention

Authors: Erika León (1), Keven Wendenson(1), Danielle Vidal (1), Giovana Soares (1). 1. Federal University of Minas Gerais, School of Nursing, Brazil

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Electronic smoking device (ESD) use has become a public health concern, as evidenced by the rise in its use and its impact on children, adolescents, and young adults. Conventional smoking cessation programs generally involve in-person counseling, combining behavioral and medication-based support, and do not include strategies tailored to contemporary youth. In this way, it is essential to explore interventions that can be adapted to meet their needs. Objective: Verifying the effect of a digital brief intervention by WhatsApp on the vaping reduction among Brazilian Undergraduate users.

Methods: Quasi-experimental design conducted in Brazilian Universities between 2026 and 2028. At this moment, 350 undergraduates were enrolled, aged 18 to 35. To identify the vaping pattern of use, a survey to characterize the ESD and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was used. Also, the Alcohol Use Disorders Test – Concise (AUDIT-C) for alcohol use and the STAI-S6 questionnaire to assess anxiety symptoms were used. A brief intervention, FAES (Feedback, Advice, and options, Empathy, and Self-Efficacy), was delivered digitally via WhatsApp. Fourteen animated videos were delivered for four weeks with follow-ups (30-60-90 days). For data analysis, a longitudinal mixed-effects statistical model was used, with a significance level of $p < 0.05$. This study was approved by the Institutional Review Board.

Outcomes/results: The partial sample consisted of 350 patients. According to self-reports, 58% used ESD; 56.5% of participants identified as women, and 63.8% were employed. Most were single (70.5%) and completed in the middle of high school (62.8%). The average age was 23.6 years ($SD = 4.6$). The time-group interaction effect showed that the change in mean overtime (30 days) occurred in the before and after measures, with a difference of approximately 1.5 points on the ASSIST.

Conclusions/implications: The scientific contributions of this proposal enable the early identification of e-cigarette use and provide an intervention with the potential for significant impact, using technology as a means of engaging with young people and opening a dialogue to promote their physical and mental health, with the aim of reducing or eliminating e-cigarette and alcohol use, given that these substances are of high epidemiological relevance.

Key words/phrases: Electronic smoking device; Alcohol; Young adults; Prevention; Digital

Col statement: "The presenters have no conflicts of interests to declare".

Abstract A3.3. Developing and Pretesting a Digital Intervention for Cannabis Harm Reduction

Authors: Jacques Gaume (1), Stéphanie Blanc (1), Nicolas Bertholet (1), John Cunningham (2), James G. Murphy (3). 1. Lausanne University Hospital, Lausanne, Switzerland. 2. Kings College, London, UK. 3. University of Memphis, Memphis, TN, USA.

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Cannabis use is widespread and associated with significant health risks. While several jurisdictions have moved toward regulating recreational cannabis sales, evidence suggests that regulation should be accompanied by prevention measures — for which empirical support remains limited. A growing number of preventive interventions leverage digital technologies to improve accessibility and reduce stigmatization. However, existing digital interventions for cannabis use demonstrate only modest efficacy and have largely been tested under controlled conditions among participants motivated to quit or reduce use, limiting their generalizability to people with recreational use. Harm reduction strategies, such as Protective Behavioral Strategies (PBS), represent a promising alternative for this population, though empirical support remains nascent and has been developed primarily in the context of alcohol use among young adults. The present study aims to develop a digital brief intervention for cannabis use harm reduction and to pretest it using qualitative methods.

Methods: A digital intervention prototype was developed incorporating three empirically supported components deemed promising for cannabis harm reduction: (1) personalized feedback on PBS, patterns of use, expenditures, and related consequences; (2) counterfactual thinking and episodic future thinking to encourage forward-looking reflection; and (3) behavioral economics-informed exercises designed to increase motivation to engage in substance-free activities. The prototype was refined through an iterative process comprising two qualitative research rounds, each involving pretesting by N=6 individuals from the target population followed by semi-structured interviews assessing the intervention's appropriateness and perceived usefulness.

Results: Qualitative analyses revealed strong overall acceptance and ease of use. Most participants engaged actively with the intervention's content, expressing interest in the proposed activities and exploring all available features. The positive and encouraging tone was particularly appreciated, and all participants reported being prompted to self-reflect or gain new awareness regarding their cannabis use. On the other hand, some participants had difficulty perceiving the relevance of certain modules to their cannabis use. Recommendations for improvement centered on clarifying ambiguous formulations, refining navigation, and enhancing the design of specific sections.

Conclusions: Feedback from the target population informed iterative refinements to the intervention, culminating in a prototype now being evaluated in a randomized controlled trial (enrollment began January 2026). The intervention targets individuals accessing cannabis through a not-for-profit dispensary, a setting that may foster greater receptiveness to harm reduction messaging and readiness to adopt PBS. This project directly addresses a critical gap in the field and holds considerable potential for public health impact.

Key words/phrases: Digital intervention; Cannabis; Harm reduction; Development; Pretesting using qualitative methods.

Col statement: The presenters have no conflicts of interests to declare.

A4. Session title: How can we measure and sustain success for lifestyle change

Abstract A4.1. Beyond consumption outcomes: A meta-analysis of drug BI psychosocial effects and clinical moderators

Authors: Lindsey M. Nichols (1), Lauren M. Berny (2), Maria L. Schweer-Collins (3), Emily E. Tanner-Smith (4) 1. Center for Alcohol and Addiction Studies, Providence, USA; 2. National Center on Youth Prevention, Treatment, and Recovery, Boston, USA; 3. Iowa State University, Ames, USA; 4. University of Oregon, Eugene, USA

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Compared to the robust evidence base for alcohol brief interventions (BIs), outcome studies of drug-targeted BIs delivered in medical settings – an ideal point of early substance use intervention – largely report mixed or null findings. Variability in BI effectiveness may be due in part to clinically relevant moderators (e.g., provider type) that impact their implementation and ultimate effectiveness. Additionally, limited studies have examined broader indicators of BI success beyond consumption outcomes such as global mental health and wellbeing. The present meta-analysis synthesizes results from randomized controlled trials (RCTs) evaluating BI effects on emergency department (ED) admissions, global mental health, internalizing symptoms, and drug-related consequences (e.g., legal, relationships, health, sex/HIV, other). We also examined moderation by BI setting and intervention provider (medical doctor, behavioral specialist, or lay provider).

Methods: This meta-analysis includes data from a larger parent systematic review and meta-analysis summarizing the effectiveness of substance use BIs for youth and adults delivered in general medical settings. Intervention contrasts between the most minimal control group and the most intensive intervention were selected. Moderators included typical provider profession (primary care provider, behavioral health specialist, or other) and setting (ED vs. other general medical setting). Meta-analyses used random effects models with inverse variance weighting (effect size = Hedges' g) and mixed-effects meta-regressions to explore the impact of moderators. Heterogeneity was assessed using Q , τ^2 , and I^2 .

Outcomes/results: This study included 19 trials ($N=5,325$ participants; 43% female; M age=29.8 years), 79% of which were conducted in North America ($k=15$). Nearly 3/4 of BIs targeted both alcohol and other drugs (vs. drugs only). Only 21% ($k=4$) and 16% ($k=3$) of BIs were provided by a behavioral specialist or primary care provider, respectively. Relative to control groups, there was no evidence of significant BI effects on ED admissions, any drug-related consequences, or global mental health. There was a significant beneficial BI effect, however, on internalizing symptoms ($g=0.21$, 95% CI [0.05, 0.38], $p=.01$) and null between-study heterogeneity. There were no significant moderator effects for any outcomes, and generally, nonsignificant heterogeneity across effects.

Conclusions/implications: Drug BIs were associated with significant improvements in internalizing symptoms but not global mental health, suggesting potential benefit to specific mental health presentations among those receiving drug BIs. There was no evidence that BI effects varied by setting or provider type. Limited effect sizes from BI trials across moderator levels resulted in a small number of interpretable moderator analyses, leaving an opportunity for future investigation with sufficiently powered meta-regressions. Implications of these findings will be discussed in relation to guiding clinical resources for delivering drug BIs to patients in general medical settings, as well as implementation considerations that may impact patients' broader psychosocial outcomes.

Key words/phrases: Drug brief interventions; internalizing symptoms; clinical moderators; general medical settings; secondary outcomes

Col statement: The presenters have no conflicts of interest to declare.

Abstract A4.2. Interplay of Psychological, Familial, & Neurobiological Risks in Alcohol Use Outcomes: A Meta-Structural Equation Model (Meta-SEM)

Authors: Madhubanti Sinha (1), Jay Kumar Ranjan (1), Hari Shanker Asthana (1) 1. Department of Psychology, Banaras Hindu University, Varanasi, India

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Alcohol Use Disorder (AUD) is a major public health concern, affecting 29.1% of the population and contributing to approximately 2.6 million deaths globally. Psychiatric comorbidities such as depression and anxiety disorders, along with familial vulnerability and neurobiological factors, including Traumatic Brain Injury, contribute to the clinical heterogeneity of AUD. The Lesch Alcoholism Typology (LAT) categorises AUD into subtypes based on these risk factors. Emerging evidence from network meta-analytic studies indicates that comorbid anxiety, depression, and positive family history are linked to greater relapse risk to AUD, with considerable heterogeneity across findings. However, these approaches treat subtypes as independent categories and do not model underlying mechanisms. Therefore, this study aims to extend LAT-based evidence by modelling the interacting psychological, familial, and neurobiological risk factors underlying AUD outcomes using Meta-Structural Equation Modelling (Meta-SEM).

Methods: A systematic review will be conducted following PRISMA guidelines across major databases (PubMed, PsycINFO, Scopus, and Web of Science). Studies reporting associations among depression, anxiety, family history, TBI, and alcohol outcomes will be included. A two-stage Meta-SEM approach will be employed: (1) pooling correlation matrices using random-effects models, and (2) estimating structural pathways, including mediation and latent variable models (e.g., internalising vulnerability). Model fit will be evaluated using CFI, TLI, RMSEA, and SRMR.

Outcomes/results: The study is expected to identify key direct and indirect pathways linking comorbid risk factors to AUD outcomes, explain the elevated risk observed in anxiety- and depression-related LAT subtypes, and clarify the role of TBI through mediated effects. The Meta-SEM framework is anticipated to reduce unexplained heterogeneity observed in prior analyses.

Conclusions/implications: By moving beyond categorical subtype comparisons, this study provides a mechanistic understanding of AUD heterogeneity. The findings will support the development of integrated, mechanism-based interventions and enhance precision in treatment strategies for AUD.

Key words/phrases: Alcohol Use Disorder; Meta-SEM; Depression; Anxiety; Traumatic Brain Injury; Family History

Col statement: The presenters have no conflicts of interests to declare

Abstract A4.3. Should days-based Timeline Follow-Back (TLFB)-style outcomes in SBIs be considered right-censored?

Authors: Philip Lindner (1,2), Magnus Johansson (1,2), Danilo Romero (1,2) 1. Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden, 2. Stockholm Centre for Dependency Disorders, Stockholm Health Services, Region Stockholm, Stockholm, Sweden

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: In addiction research and clinical practice, whenever biomarkers are unavailable or unfeasible, the Timeline Follow-Back (TLFB) method is a gold-standard way to derive common outcome measures capturing different aspects of consumption of addiction commodities. Days with consumption (or days abstinent) is one popular such outcome – capturing frequency of consumption as opposed to amount. Here, we argue that unless number of days with consumption is the exact and only therapeutic target of interest, then binarizing consumption on a daily level (into any or none), and in turn weekly or monthly level, constitutes a type of censoring (i.e. only partially known values) since consumption may have occurred on multiple occasions during the same day — a symptom presentation detail that is arguably clinically relevant. If censoring exists but is neglected, parameter estimates from trials and clinic evaluations relying on standard statistics would be compromised.

Methods: To examine whether empirically observed distribution curves are likely to result from multiple, within-day drinking occasions, secondary analyses of data from a clinical trial were conducted. Trial findings from standard and censoring-adapted mixed effects model were then contrasted. Finally, a simulation study was run to estimate magnitude of parameter estimate differences contingent on sample characteristics.

Results: Findings from mixture modeling were consistent with the expected proportion of participants reporting multiple drinking occasions per day. Re-running a recent trial with censoring-adapted statistics revealed a circa 10% deviation in parameter estimates. Simulations revealed that as the rate of limit-hitters increased in the control group (but not the treatment group), the discrepancy between raw and censoring-adapted parameter estimates grows quadratically.

Conclusions: Unless a reduction in days with consumption is the exact and only therapeutic target in a trial or clinical setting, there are compelling reasons, both conceptual and empirical, to consider days-based TLFB outcomes as censored proxy measures that risk obfuscating clinically meaningful change on both an individual and group level. Alternative outcomes should be considered when available.

Key words/phrases: Outcome measures; Statistics; Censoring; Methodology

Col statement: PL reports past and ongoing industry-academia R&D collaborations with licensed gambling operators, but has not received any personal financial reimbursement from the gambling industry, nor any other ties; PL also reports having received research funding from the Independent Research Council of Systembolaget, the Swedish state-owned alcohol retailing monopoly, and also sits on the board of the Swedish Association for Research on Alcohol, Other Drugs and Gambling, which receives funding by Systembolaget.

A5. Session title: Adapting lifestyle interventions to different agents, targets and contexts

Abstract A5.1. Cultural, community and contextual drivers of substance use among adolescents in South Africa: an evidence-based intervention

Authors: Kim Johnson¹, Nadine Harker^{1,2,3}, Flavio Marsiglia⁴, Stephen Kuils⁴, Taylor Domingues⁴ & Jodilee Erasmus¹

1 Mental Health, Alcohol, Substance Use and Tobacco Research Unit, South African Medical Research Council, Francie Van Zyl Drive, Parow Valley, Cape Town, 7550. Email: nadine.harker@mrc.ac.za Tel: +27 21 938 0425

2 School of Public Health, University of Cape Town, Private Bag X3, Rondebosch, 7701, South Africa

3 Department of Psychiatry and Mental Health, University of Cape Town, Private Bag X3, Rondebosch, 7701, South Africa

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: Background and Introduction: Adolescence is a critical developmental period characterised by increased impulsiveness and risk-taking behaviors which include substance use. In South Africa (SA), early initiation into substance use (SU) poses significant health risks, necessitating effective strategies to address substance use. This study aims to foreground a cultural adaptation by firstly conducting formative work with adolescents themselves in order to tailor a prevention-based intervention curriculum for the SA school context. Prioritizing this step of any proposed cultural adaptation process can only enhance programme appropriateness, effectiveness, engagement, and sustainability in diverse settings.

Methods: In the current study our team conducted qualitative in-depth interviews (IDIs) with key stakeholders (educators, school heads) (n=12), four focus group discussions (FGD) with grade 6 and 7 learners (n=31) that took place across two timepoints, and two focus groups with main caregivers (n=16). Participants were recruited from two schools (one urban, one rural setting) based in economically disadvantaged communities in the Western Cape. FGDs and IDIs were conducted by three trained study team members and structured guides were followed. Transcripts from the FGDs and IDI's were coded using thematic analysis with a hybrid deductive-inductive approach, with study team members developing an initial codebook and two team members conducting rapid coding.

Preliminary results: Key themes that emerged were (1) an absence or inconsistency of SU education and support in the school setting; (2) the integral role that peer influence plays in learners' SU decision-making; (3) importance of education and involvement of main caregivers in interventions for adolescent SU. Recommendations by learners included how to make SU interventions more engaging, for example by delivering these by an external facilitator with lived experience, rather than by an educator.

Conclusion: Findings highlight a potential gap in the current school-based approach to early initiation of SU in both urban and rural settings in SA. The results have further implications that a contextually appropriate early intervention programme that is supported by educators and caregivers, and key involvement by young people with lived experience may positively influence acceptability of such programmes.

Key words/phrases: adolescent substance use; intervention adaptation; school-based; lived experience

Col statement: The presenter have no conflict of interest to declare.

Abstract A5.2. Efficacy of Nurse-Delivered Brief Interventions for Tobacco Use Disorders: An open-label RCT

Authors: Santanu Nath (1), Venkata Lakshmi Narasimha (2), Adity Bansal (3), Gaurav Jain (1), Manuj Kumar Sarkar (4), K S B S Krishna Sasanka (5), Archana Mallick (1), Abhinav Prakash Arya (1), Saumya Mishra (1).

1. All India Institute of Medical Sciences, Deoghar, India 2. National Institute of Mental Health and Neurosciences, Bangaluru, India 3. Postgraduate Institute of Medical Education and Research, Chandigarh, India 4. All India Institute of Medical Sciences, Madurai, India 5. All India Institute of Medical Sciences, Mangalagiri, India

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: Tobacco use remains a major public health concern in India, with a high treatment gap. Nurse-delivered brief interventions (BI) offer a scalable approach, yet their evidence for tobacco use disorders is limited. This study evaluated the efficacy of nurse-delivered BI as an adjunct to treatment as usual (TAU) for tobacco cessation.

Methods: In this prospective, open-label, randomized controlled trial, 550 tobacco users from multiple clinical specialties were allocated to TAU (Group A) or nurse-delivered BI plus TAU (Group B). Outcomes were assessed at baseline, 2 weeks, and 4 weeks. The primary outcome was cotinine-verified abstinence at 4 weeks. Secondary outcomes included reduction in tobacco use across the treatment groups, and to compare the abstinence rates and reduction in tobacco use among the individual specialties for both smokeless and smoking tobacco. Both intention-to-treat (ITT) and per-protocol analyses were done.

Results: In ITT analysis, abstinence at 4 weeks was significantly higher in the add-on nurse-delivered BI group than TAU (45.6% vs 29.7%; RR 1.54, 95% CI 1.23–1.93; $p < 0.001$; NNT=6), with similar findings in per-protocol analysis (56.5% vs 32.0%; RR 1.77; $p < 0.001$). Tobacco use declined significantly over time (≈ 70 –82%). Reduction in use was significantly greater for SLT in the intervention group but not for smoked tobacco (ST). SLT abstinence varied across specialties ($p = 0.004$), with the highest rates in surgical departments and the lowest in psychiatry. The nurse-delivered BI intervention produced significantly greater reductions in SLT dependence and craving (expectancy, compulsivity, purposefulness), with no significant effect on emotionality. Motivation to stop tobacco was significantly better in the nurse-delivered BI group at 2 weeks but was similar to TAU at 4 weeks.

Conclusion: Nurse-delivered BI significantly improves short-term tobacco abstinence and reduces tobacco use, dependence, and craving, supporting its integration into routine multispecialty care, particularly in resource-limited settings.

Key words/phrases: Brief Interventions; Nurse-delivered Brief Interventions; Tobacco; Nicotine

Col statement: None to disclose

Abstract A5.3. Implementing screening and brief Intervention for substance use in rural Georgia

Authors: Ilia Nadareishvili (1, 2, 3), Karsten Lunze (2, 3), Nino Tabagari (1), Irma Kirtadze (4, 5), David Otiashvili (5, 6), Jeffrey H Samet (2, 3)

1. David Tvildiani Medical University, Tbilisi, Georgia, 2. Boston University Chobanian and Avedisian School of Medicine, Boston, MA, 3. Boston Medical Center, Section of General Internal Medicine, Boston, MA, 4. Ilia State University School of Arts and Sciences, Tbilisi, Georgia, 5. Addiction Research Center Alternative Georgia, Tbilisi, Georgia, 6. Ilia State University School of Natural Sciences and Medicine, Tbilisi, Georgia

Conference theme: Hard to reach groups (e.g., those with migrant, refugee status and living with lower SES, among others)

Full abstract text:

Background / Objectives: Screening and Brief Intervention (SBI) are approaches to identify substance use and address the associated behaviors. They are vastly underutilized in Georgia, likely resulting in avoidable morbidity. Addressing this is particularly challenging even in high-income countries, as integration of SBI into primary care has not been extensively implemented, particularly in rural settings.

Methods: We applied implementation science frameworks (Implementation Outcomes Framework, the SBIRT Program Matrix, and the Consolidated Framework for Implementation Research) to guide a pre-implementation study and a follow-up continuing medical education (CME) intervention aimed at improving SBI implementation in rural Georgia.

Results: The proposed study plan includes the following stages: A) Identification of individual-, organizational-, and system-level barriers and facilitators to SBI implementation. This can be achieved through qualitative interviews, leadership focus groups, observations, and document analysis in rural primary care settings. B) Adaptation and development a context-specific digital CME intervention, incorporating virtual patients and problem-based clinical scenarios tailored to Georgian primary care. C) A feasibility study assessing acceptability, appropriateness, feasibility, and changes in readiness and knowledge among participating physicians. D) Randomized trial of the digital CME; assessment of effects on SBI implementation; ensuring quality control and accreditation.

Conclusions: Using implementation science theory, we will develop an intervention to improve adoption of SBI in rural primary care. The approach offers a practical model to strengthen evidence-based practice in underserved settings. The roadmap was converted into an NIH Fogarty K43 project to be implemented in Georgia in 2026-2030.

Key words/phrases: Georgia; rural communities; Screening and Brief Intervention; digital continuing medical education; implementation science

Col statement: The presenters have no conflicts of interests to declare.

B1. Session title: Refugees, Veterans and other Populations at risk of Trauma

Abstract B1.2. Brief interventions among Ukrainian refugees – instructors' experiences and challenges

Authors: Marcin Wojnar (MUW) & Olga Yurchenko (Zhytomyr Centre for Social Services)

Conference theme: Hard to reach groups (e.g., those with migrant, refugee status and living with lower SES, among others)

Full abstract text:

Introduction: Brief interventions (SBI) are an effective tool for the prevention of non-communicable diseases and the reduction of risky behaviors. However, their application in crisis settings, such as war and forced displacement, remains insufficiently explored. The aim of this study is to present the experiences of participants in the PEACHD project, who were trained to deliver brief interventions among internally displaced persons in Ukraine, and to identify the opportunities and challenges associated with their implementation.

Methods: In October 2025, 25 professionals from Zhytomyr participated in a PEACHD training conducted by the Medical University of Warsaw. After completing the training, participants implemented brief interventions in practice – in healthcare settings, community environments, and through both individual and group work. The analysis is based on qualitative data from reports, observations, and participant feedback regarding the process and outcomes of the interventions.

Outcomes/results: The tools used in brief interventions, including structured questionnaires and educational materials, were well received and supported the initiation of reflection and conversations about health. The ability to visualize results proved particularly important, as it increased participant engagement. The interventions were especially useful in time-constrained settings, such as hospitals.

At the same time, several challenges were identified: difficulties in reaching refugee populations, low motivation among certain groups (especially men), organizational constraints (lack of time and private space for conversations), and inconsistencies in reporting, particularly when combining individual and group interventions.

A key factor influencing the effectiveness of interventions was chronic stress related to war experiences, which contributed to risky behaviors such as alcohol and tobacco use. Despite these challenges, the intervention model was perceived as effective in raising awareness and motivating lifestyle changes.

Conclusions/implications: Brief interventions can be effectively implemented in crisis settings; however, they require adaptation to the specific needs of target groups and contextual conditions. It is essential to incorporate stress-management components and to further develop supporting tools, including digital resources. The findings highlight the need for continued development and scaling of this approach in conflict-affected populations.

Key words/phrases: Brief interventions; Ukrainian internal refugees; Ukrainian refugees in Poland; Instructors' experiences; Instructors' challenges

Col statement: No conflict of interest

Abstract B1.3. Testing a theory of action for SBIRT implementation in VA primary care clinics in the United States

Authors: Lawson, M (1).; English, T. (1); McIntosh, S.(1), & Albright, D.L. (1) 1. University of Alabama

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction/Background/Objectives: SBIRT is an evidence-based approach designed to rapidly identify individuals with substance use disorder (SUDs), or those who present risks for SUD's. The SBIRT methodology uses several, short standardized tools for screening individuals into the program. These tools include the Alcohol Use Disorders Identification Test [AUDIT], the DAST-10, the PCL5 [PTSD], and the PHQ-9 [Depression]. Individuals who receive a qualify "risk" score on these assessments receive either a brief intervention or brief treatment. Those needing more intensive treatment are referred to specialized SUD programs, which in this study occurred at a local Veterans Affairs (VA) hospital. The goal of the present study was to test a theory of action for SBIRT implementation in a VA Primary Care Clinics. This theory of action was based on the proposition that nurses, social workers, and other primary health provides could implement SBIRT in ways that yielded improvements in multiple patient care outcomes (beyond substance use) as well as cost savings relative to the investment in the program and its accompanied infrastructure.

Methods: Nearly four thousand participants (n=3901) receiving primary care services in the select VA hospital completed assessment questionnaires designed to measure patient substance use behaviors and mental health challenges. These data were then merged and analyzed by the research team with other hospital data using a series of difference in difference models. These models assessed the impact of SBIRT on patients' physiological and psychological outcomes as well as cost savings and provided the foreground for the development of a broader theory of action for program implementation and evaluation.

Outcomes/Results: Our difference-in-differences models yielded several primary treatment effects for SBIRT implementation in VA primary care clinics. Specifically, patients who screened-in for SBIRT services, including brief intervention, were 35.8% more likely to have their blood pressure controlled following engagement with SBIRT services ($p=0.038$). Meanwhile, patients who screened-in for SBIRT were 70% less likely to have high post-traumatic stress scores after receiving SBIRT services ($p=0.032$). Finally, even though SBIRT required the provision of new services at the VA hospital, an analysis of inpatient, outpatient, and total cost data yielded no increases in cost to the VA for these services.

Conclusion: When implemented at the VA, SBIRT can be an effective, cost neutral program that may lead to improvements in health outcomes that extend beyond substance use indicators. Our findings, though conducted in only one VA hospital setting, indicate that program leaders and policy makers can and should consider SBIRT as an important gateway to health management/improvement for veterans (e.g., blood pressure management), while also supporting improvements in mental health as well as other co-morbidities that might accompany and exacerbate challenges associated with problematic substance use behaviors.

Key words/phrases: SBIRT; Brief Interventions; Health Outcomes, Program Evaluation; Primary Care Clinics

Col statement: The presenters have no conflicts of interest to declare.

Abstract B1.4. Co-creation of family assistants' training program to reduce the risk of alcohol-exposed pregnancies

Authors: Katarzyna Okulicz-Kozaryn (1), Martyna Bójko (1), Izabela Krasiejko (2);

1. Institute of Mother and Child,

2. Jan Długosz University in Częstochowa

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: Due to the prevalence of alcohol consumption during pregnancy, preventive measures are necessary especially for women of reproductive age burdened with risk factors such as risky alcohol consumption, alcohol problems in their families, difficult economic situation, experiences of violence or limited parental authority. Effective support for the healthcare system among these recipients can come from social welfare system, namely - family assistants.

Methods: The participatory action research, to create, implement and evaluate screening and brief intervention procedure adapted to social work practice. The training program co-creation phase (presented here) is based on individual interviews with co-researchers recruited among the members of the Polish Association of Family Assistants (n=8) and their clients - women who drank alcohol during pregnancy (n=6).

Outcomes/results: Preliminary results indicate that family assistants typically work in deprived environments where alcohol abuse is common. Their clients are often unaware of the teratogenic effects of alcohol, have low self-esteem, lack support and use alcohol for self-regulation. Pregnancies are often unplanned and perceived as additional stressor. From the perspective of clients who drank alcohol during pregnancy, what they most need is emotional and material support (e.g., in renovating the apartment and collecting baby supplies), facilitating addiction treatment, and stopping domestic violence. Therefore, the family assistants training on SBI has to be based on a trauma-oriented approach – going beyond risky behaviours (alcohol consumption and no contraception use), addressing physical and emotional safety, enhancing resilience and supporting clients' sense of control and autonomy. The crucial elements of the family assistants training include the development of: 1). skills to work in the spirit of motivational interviewing; 2). building a network of social and professional support that will help the client not drink alcohol during pregnancy; 3). utilizing computer-delivered modules to facilitate communication with a client on especially sensitive issues.

Conclusions/implications: Family assistants can become an important part of systemic efforts to reduce prenatal alcohol exposure and FASD. However, they must be well-trained and equipped with tools to facilitate screening, intervention, and referrals.

Key words/phrases: alcohol; pregnancy; family assistants; training; deprived neighbourhood

Col statement: The presenters have no conflicts of interests to declare

B2. Workshop: Addressing stigma to facilitate brief intervention delivery

Authors: James Morris (1)

1. Independent & London South Bank University

Potential co-chairs/facilitators: Prof Aisha Holloway, Prof Dot Newbury-Birch

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Background to the theme: Public stigma towards those perceived to have alcohol ‘problems’ is persistently high and has been associated with a wide range of harms. Alcohol stigma reflects a social process in which a group is labelled (e.g., ‘alcoholics’) and separated from the in group (e.g., ‘responsible’ drinkers) and in, turn de-valued and discriminated. Stigma has been consistently identified as major barrier to alcohol-treatment engagement and delivery of opportunistic brief interventions. Further, alcohol stigma has been proposed to drive low alcohol problem recognition due to the identity threat associated with a ‘problem drinking’ identity. This in turn drives ‘othering’, a process in which at-risk drinkers distance themselves from the ‘problem other’ via a range of negative stereotypes, as captured in a recent systematic meta-synthesis (Morris et al., 2026).

Rationale/objective of the symposium/workshop: Whilst public alcohol stigma has been identified as a major barrier to practitioner’s willingness/confidence to deliver alcohol brief intervention (Aboyemi et al., 2024), there has been no direct attention to whether or how reducing public alcohol stigma could increase alcohol brief intervention implementation. This symposium will provide an opportunity for attendees to learn, discuss and contribute knowledge on public stigma and its potential effect on brief intervention delivery. It will aim to generate actionable co-produced insights that will identify key research and implementation priorities and generate potential collaborations.

List of presentations/activities included: This workshop will lead with an opening presentation (25% of time allocation). Next, the workshop will allocate 50% of the time for breakout groups to discuss the key questions proposed, with a focus on generating actionable insights for future research/action. The workshop will include a final feedback, discussion and planning section (25% time allocation) to generate actionable insights for advancing brief intervention-orientated stigma-reduction.

Expected outcomes/learning points: Key outcomes for participants will include:

- Developing and sharing knowledge on alcohol public stigma, potential effects on brief intervention delivery,
- Identifying potential future actions to generate impactful research or activities that can improve alcohol brief intervention delivery via public alcohol stigma reduction.

A summary report of actions will also be produced and shared broadly, and potentially a peer-reviewed journal submission will be submitted based on the findings. Findings may also be used as a basis for funding proposals/grant applications.

Opening presentation (25% of time allocation/15mins) will be delivered by James Morris Ph.D to cover a brief synopsis of:

- Public alcohol stigma
- The impact of public alcohol stigma on brief intervention delivery and response (current evidence)
- Key theoretical mechanisms public stigma and brief intervention delivery impacts
- Potential key questions for groups to consider
- Very brief Q&A (key questions/clarifiers)

Breakout group sessions (50% of the allocated time/ 30 mins) for to discuss the key questions presented. Breakout groups will be asked to self-select a facilitator to steer discussion and provide brief feedback of key points/actionable insights for the final group discussion/feedback. If feasible, possible group facilitators will be identified/agreed in advance of the session and will asked to provide a brief summary via electronic notes following the session to inform

Feedback, discussion and planning section (25% time allocation/15 mins) will be chaired by James Morris to generate actionable insights for advancing brief intervention-orientated stigma-reduction. Each breakout group will be asked to briefly share the group's key insights/actions proposed. Remaining time will be used to briefly identify and discuss emergent themes and possible actions, and any further discussion. The chair will provide a summary of planned next steps.

Key words/phrases: Stigma; alcohol brief intervention; othering; implementation science

Col statement: I have no conflicts of interest to declare regarding alcohol industry bodies. I am an independent researcher and behaviour change trainer, and also an associate trainer for Alcohol Change UK (ACUK), delivering alcohol brief interventions on behalf of the organisation. ACUK received <0.6% of its funds in 2024-5 from Lucky Saint, a company that produces and sells non-alcoholic drinks, and owns a single pub that also sells standard alcoholic drinks in addition to Lucky Saint.

B3. Session title: Reaching Adolescents and Young People in diverse situations

Abstract B3.1. Comparing lower and higher intensity approaches to reduce drug use among incarcerated youth

Authors: Carolyn McCarty (1, 2), Kym Ahrens (1, 2), Ahnalee Brincks (4), Kevin Haggerty (2), Isaac Rhew (2), Ted Ryle (3), Katie Albertson (1), Shemonta Dean (1), Rob Hopkins (3), Stephanie Cross (3), Alicia Wun (3), Steve Cordero (3)

1. Seattle Children's Research Institute., Seattle, USA

2. University of Washington, Seattle, USA.

3. Washington State Department of Children, Youth, and Families, Olympia, USA. 4. University of Michigan, Ann Arbor USA.

Conference theme: Hard to reach groups (e.g., those with migrant, refugee status and living with lower SES, among others)

Full abstract text:

Introduction: Incarcerated youth have high rates of opioid and other substance use including post-release; strategies are needed to reduce this use. We evaluated impacts different intensity supports (hereafter "higher" and "lower" interventions) based on the Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC) on substance outcomes using Sequential Multiple Assignment Randomized Trial methods.

Methods: We recruited 222 youth aged 15-25 nearing release from a state incarceration system in the United States. We excluded youth with moderate/severe opioid use disorder or significant opioid use prior to being locked up. "Lower" intensity intervention was hybrid in person/virtual/phone, with most interactions occurring virtually or by phone. Content included motivational interviewing, goal setting, and assertive case management. "Higher" intensity intervention had more frequent and more in person sessions, and included lower components plus skill-building (substance refusal/relapse prevention, prosocial skills). Stage-1 began 2-3 months prior to release and ended at 5 weeks-post release. Stage-2 began at 5 weeks post-release and ended at 2-3 months post-release. Outcomes were assessed at 3- and 6-months post-release. We used t-tests (continuous measures) and chi-square tests (categorical measures) to examine baseline differences between participants assigned to each of the Stage-1 interventions. We then used generalized linear models (logistic regression for dichotomous outcomes or negative binomial regression for count outcomes), following principles of intent-to-treat and adjusting for baseline substance use.

Results: We recruited 77% of eligible youth aged 15-25 years. Of those, 79% and 73% of participants were surveyed at 3- and 6- months post-release. The sample was majority male-identified (90%), and included 32% of youth who identified as white only, 29% as Hispanic/Latino/Latine only, 12% as Black only, and 20% as being more than one race. Stage-1 analyses revealed that those randomized to "higher" intensity intervention in Stage-1 had greater decline in likelihood of past-month opioid from baseline to 6-months and a greater decline in likelihood of hallucinogen use from baseline to 3-months compared to those randomized to "lower" intensity intervention ($p=.025$ and $p=.025$ and $p<.0001$). For all other drugs there were no differences in changes over time between groups. For the two most commonly used drugs (alcohol and cannabis), use was significantly reduced from 30 days prior to incarceration to 3- and 6-months (alcohol: 74% and 70% reductions in use at 3- and 6-months compared with baseline, $p<.001$ for both), regardless of Stage-1 assignment.

Conclusions: Interventions of two different intensities of the ACRA/ ACC model are associated with reduced alcohol and cannabis use compared with baseline; including skills-based components did not result in larger decreases in use of these substances. Youth who use opioids and LSD appear to benefit from an ACRA/ACC model that includes skills-based components.

Key words/phrases: adolescent; substance use; at-risk population; outcomes; intervention;;

Col statement: The presenters have no conflicts of interest to declare

Abstract B3.2. Misunderstanding by youth of standard questions about opioid use may undermine SBI efforts

Authors: Elissa R Weitzman (1, 2), Sharon Levy (1, 2). 1. Boston Children's Hospital, Boston, United States 2. Harvard Medical School, Boston, United States

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Most adolescents and young adults who die from fentanyl poisoning are not known to use opioids; many youth encounter fentanyl through counterfeit pills. Screening and survey questions that have been in use since the 1970's may not capture language that today's adolescents use to describe pill-taking behaviors. We sought to develop and evaluate novel/updated screening and survey questions that may better capture behaviors that put youth at risk for fentanyl exposure and overdose to improve SBI efforts.

Methods: Under consent and using a semi-structured guide that included fictional case vignettes describing pill taking behaviors, we interviewed youth ages 14-21 years recruited from 18 US states. Participants were recruited through referrals from medical professionals and through outreach in clinics or schools. Vignettes varied in terms of youth characteristics, setting, motivation around pill taking (e.g., to alleviate pain or study for exams), medical history (e.g., presence/lack of a specific diagnosis), and type of pill used. Participants were asked to use their own language to describe the behaviors in each vignette; youth were asked to answer structured questions about the vignette depicted behaviors using standard and novel (i.e., youth-informed) questions, with probes to elicit reasoning. All interviews were audio-recorded and transcribed using HIPAA compliant software. Transcripts were double coded by two independent trained analysts using NVivo software. Data were analyzed thematically for youth-centered language and cognitions about pill-taking behaviors, and understanding of key terms (e.g., "self-medication", "non-medical use", "prescription"). Responses to standard and novel questions asked about vignette depicted behaviors were compared along with youths' rationales.

Outcomes/Results: 61 interviews were conducted (mean=17.8 years, n=47 female). Participants identified as 38.8% White, 31.3% Asian, 11.9% Black, 8.9% Other, and 8.2% Hispanic or Latino. Concordance among vignette behaviors and standard survey questions was low to moderate. Participants poorly discriminated classes of medications (e.g. stimulants vs opioids), "prescription" vs "over the counter" terms. Terms "misuse" and "non-medical use" were poorly or incorrectly understood, and the category of "supplements" subsuming a variety of unregulated substances was not captured by standard questions. When asked to define "self-medication", a common theme included taking medication to alleviate symptoms without specific diagnosis or instruction from a medical professional. When asked to define "using pills non-medically", common themes included using pills without an ailment and using pills for recreational effect. However, some participants defined "non-medical" use as any use of pills without a prescription or advice from a medical professional. Responses to standard survey and screening questions posed about each vignette generated substantial percentages of incorrect or misaligned responses, with youths' cognitions and rationales reflecting clear misunderstanding of terms and gross misconceptions.

Conclusions/Implications: Much of the language commonly used by adolescents to describe pill-taking behaviors is not reflected in standard questions, which may lack sensitivity for identifying pill-taking behaviors. Novel youth-informed questions developed from this investigation may improve SBI efforts. Estimates of the prevalence of pill taking behaviors among a national sample (n=5,000) of US youth is forthcoming, with comparisons of responses to standard and novel questions developed through this investigation.

Key words/phrases: adolescent screening; pill taking behaviors; opioid use, youth-informed questioning

Col statement: ERW and SL are advisors to ARMR Sciences Inc.

Abstract B3.3. Substance use in sexual/gender minority vs. non-minority adolescents in U.S. pediatric primary care

Authors: Co-authors:

Lydia A. Shrier (1, 2), Carlos Melendez-Garcia (1, 2), Madison M. O'Connell (1), Sabra L. Katz-Wise (1, 2, 3), Alexander G. Fiks (4), Alessandra Torres (5), Miranda Griffith (5), Donna Harris (5), Marie L. Murphy (6), Thatcher Felt (7), Sion K. Harris (1, 2)

1. Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, MA, United States
2. Department of Pediatrics, Harvard Medical School, Boston, MA, United States
3. Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, MA, United States
4. Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia, PA, United States
5. Primary Care Research, American Academy of Pediatrics, Itasca, IL, United States
6. Elmwood Pediatric Group, Rochester, NY, United States (retired)
7. Yakima Valley Farm Workers Clinic, Grandview, WA, United States

Conference theme: Working with population groups living with disadvantage to reduce inequity

Full abstract text:

Introduction: Adolescents who are sexual and/or gender minority (SGM) have increased rates of substance use. However, SGM adolescents have been underrepresented in primary care-based screening and brief intervention research. As a result, less is known about substance use among SGM adolescents seen in primary care settings. In a trial of substance use screening and brief intervention in U.S. pediatric primary care practices, we sought to enhance representation of SGM adolescents through inclusive recruitment materials and clinician education. We aimed to determine differences in substance use between SGM and non-SGM adolescent screening for the study.

Methods: We examined data from a multisite cluster randomized controlled trial of computer-facilitated screening and brief intervention for pediatric primary care clinicians seeing patients ages 14-17 years who reported using alcohol or riding with a driver under the influence of substances. We enrolled 29 clinicians from 6 pediatric practices in 4 U.S. states and randomized them to deliver either usual care or the intervention at well visits. From 12/2022–3/2025, their patients who would be aged 14-17 years at their annual visit were invited to screen for eligibility via a QR code/link in letters and on flyers; parent/guardian permission was waived. On the eligibility survey, we queried use of alcohol, cannabis, tobacco/nicotine, and other drugs, and driving/riding in a car driven by someone who was high or had been using alcohol or drugs. Questions were initially asked about the past 12 months then changed to over the lifetime to increase enrollment. We also asked about gender, sex, sexual attraction, romantic attraction, and sexual orientation. We determined SGM status from report of gender different than sex assigned at birth, same- or multiple-gender sexual or romantic attractions, and/or sexual orientation identity other than straight/heterosexual. We compared SGM and non-SGM adolescents on substance use and driving/riding risk with chi-square tests and logistic regression models adjusted for age, sex, and cluster sampling (significance $p < 0.05$).

Outcomes/Results: Of 751 age-eligible respondents, 591 (78.7%) completed the items to be categorized as SGM (22.5%; $n=133$) or non-SGM (77.5%; $n=458$); SGM vs non-SGM were age $M (SD) = 15.49 (1.05)$ vs $15.32 (1.12)$, $p=.12$, and female sex assigned at birth 75.2% vs 45.2%, $p<.0005$. SGM adolescents were significantly more likely than non-SGM adolescents to report use of any substance (57.9% vs 44.6%), alcohol (53.4% vs 43.1%), and cannabis (20.3% vs 11.8%), as well as driving/riding risk (23.3% vs 14.0%); use of tobacco/nicotine (18.0% vs 11.6%) and other drugs (2.3% vs 2.4%) did not significantly differ by SGM status. Adjusting for age and sex, SGM adolescents had significantly greater risk of substance use (adjusted relative risk ratio [aRRR] 1.24, 95% CI 1.03-1.50), cannabis use (aRRR 1.67, 95% CI 1.08-2.59), and driving/riding risk (aRRR 1.67, 95% CI 1.13-2.46) than non-SGM adolescents. Age and sex were not significant moderators of these effects.

Conclusions/Implications: SGM adolescents screening for an intervention trial in U.S. pediatric primary care were at substantially increased risk of substance use and driving/riding with a driver under the influence of substances compared to non-SGM adolescents. SGM-inclusive recruitment materials and procedures may increase representation of higher-risk youth in substance use-related clinical trials.

Key words/phrases: sexual minority; gender minority; adolescent; substance use; primary care

Col statement: The presenters have no conflicts of interests to declare

Abstract B3.4. Dream-Catchers: A youth mentoring model for integrated substance use prevention in Nigeria

Authors: Author: Ejikeme McBishops Ogueji

Affiliation: Reclaiming Futures Nigeria

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Youth in under-resourced communities in Nigeria face increasing vulnerability to substance use, trauma, and limited access to supportive opportunities, highlighting the need for scalable and policy-relevant prevention strategies. The World Health Organization's BRIEF approach promotes integrated, person-centred interventions addressing multiple behavioural risk factors, including substance use, mental health, and lifestyle determinants of non-communicable diseases (NCDs). In response to these priorities, Reclaiming Futures Nigeria developed the Dream-Catchers Programme, a youth-led initiative designed to strengthen leadership, resilience, and prevention awareness among vulnerable and underserved adolescents and young people. The programme draws on principles of positive youth development, peer mentoring, and evidence-informed prevention, aligning with WHO BRIEF principles for integrated, person-centred, multi-risk interventions.

Methods: Dream-Catchers engages clusters of 25–30 adolescents aged 13–24 in a structured 12-week mentoring programme facilitated by trained mentors. The curriculum integrates substance use prevention, mental health and wellbeing, leadership development, and social responsibility, reflecting a multi-risk, person-centred approach consistent with WHO BRIEF principles, including early identification, brief engagement, and referral pathways. Participatory delivery methods include peer dialogue, role plays, and creative group activities. Implementation is conducted through partnerships with schools, government youth agencies, internally displaced persons (IDP) camps, correctional facilities, and community youth networks. Outcomes are assessed using structured pre- and post-programme surveys with standardised indicators, mentor observation tools, and referral tracking to educational, vocational, and psychosocial support services.

Results: Since 2018, the programme has trained 42 clusters of Dream-Catchers Ambassadors and reached over 13,600 participants across 15 states in Nigeria. Monitoring data indicate that 85% of participants reported improvements in self-esteem and leadership capacity, while 70% reported reductions in self-reported risky behaviours, including substance use patterns, based on structured pre- and post-programme assessments. Partner institutions report improved student engagement and peer support, with participants transitioning into peer mentors and community advocates, supporting programme sustainability. The programme also demonstrates feasibility for integrating structured prevention and early intervention approaches within non-clinical, community-based settings.

Conclusions: The Dream-Catchers model suggests the potential of mentoring-driven, community-based programmes to operationalize WHO BRIEF-aligned approaches in low-resource settings by addressing multiple behavioural risk factors through integrated, youth-centred interventions. Through mentor training, cluster-based delivery, and cross-sector partnerships, the programme offers a scalable pathway through its cluster-based, mentor-led delivery model for embedding brief intervention principles beyond clinical environments into community systems. These findings provide policy-relevant insights for strengthening national prevention frameworks, advancing early intervention strategies, and supporting coordinated, evidence-informed, youth-centred responses to substance use and other NCD risk factors.

Key words/phrases: Brief interventions; Youth mentoring programmes; Integrated prevention; WHO BRIEF; Nigeria

Col statement: The presenter has no conflict of interest to declare

B4. Session title: Behaviour change for Cancer and NCD Prevention

Abstract B4.1. Micro-geographic inequalities in breast cancer incidence across Europe: evidence from ELISAH project

Authors: Melzi Cristina (1), Ussai Silvia (1), Maksymovych Olga (2), Sydor Uliana (3), Trallero Jan (4), Gerometta Anna (5), Francina Saladié (6), Zachou Maria-Eleni (7), Nikolaos Michalopoulos (8), Nieto-Ortiz Adrián (9), Mancuso Anna (10), Tagliabue Giovanna (1), Mazzucco Walter (11), Claudio Marchesi (12), Paolo Contiero (1). (1) Environmental Epidemiology Unit and Cancer Registry Unit, Fondazione IRCCS Istituto Nazionale dei Tumori; Milano, Italy (2) Carpathian Institute of Analytics (FrankoLytics); Ivano-Frankivsk, Ukraine (3) Utility non-profit enterprise Ivano-Frankivsk Central City Clinical Hospital (CCCH); Ivano-Frankivsk, Ukraine (4) Girona Cancer Registry, Directorate Plan of Oncology, Epidemiology Unit and Girona Cancer Registry, Girona Biomedical Research Institute Dr. Josep Trueta (IDIBGI-CERCA), Catalan Institute of Oncology; Girona, Spain (5) Cittadini per l'aria onlus; Milan, Italy (6) Tarragona Cancer Registry, Cancer Epidemiology and Prevention Service, Hospital University Sant Joan de Reus IISPV; Reus, Spain (7) Department of Applied Medical Physics, Medical School, National and Kapodistrian University of Athens, Attikon University Hospital; Athens, Greece (8) Breast Unit, 1st Propedeutic Surgical Department, School of Medicine, National and Kapodistrian University of Athens, Hippokration General Hospital; Athens, Greece (9) Institut d'Innovació i Recerca Glòria Compte, Fundació Salut Empordà; Figueres, Spain (10) Salute Donna onlus; Milan, Italy (11) Azienda Ospedaliera Universitaria Policlinico Paolo Giaccone (AOUPPA); Palermo, Italy (12) University of Brescia, Brescia, Italy

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Geographic variation in cancer incidence is a key indicator of population exposure to modifiable risk factors, yet most analyses focus on national or regional levels. Evidence on within-province and neighbourhood-level inequalities across countries remains scarce. Within the framework of the EU4Health-funded ELISAH project, which aims to link scientific evidence to actionable cancer prevention strategies, we investigated fine-scale geographic variations in breast cancer incidence across multiple European settings.

Methods: To quantify micro-geographic inequalities in breast cancer incidence and explore their association with land use patterns across multiple European countries. We conducted an individual-level retrospective cohort study using population-based breast cancer registries from Italy, Spain, Greece and Ukraine (2010–2021). Cancer incidence was analysed at sub-provincial level (districts, zip-code areas or raions, depending on country). Age-standardised incidence rates (ASRW) were calculated for each small area, and geographic inequalities were quantified using an Inequality Index defined as the ratio between mean ASRW in the highest and lowest deciles of the distribution. Land use characteristics were assessed using CORINE Land Cover data, and associations with incidence were evaluated using negative binomial regression models.

Results: A total of 105,470 breast cancer cases were included. Within-province geographic variations in ASRW were substantial and, in several settings, exceeded differences observed between countries. The Inequality Index ranged from 1.49 to 8.49 across provinces, indicating marked local disparities. Higher proportions of artificial surfaces were consistently associated with increased breast cancer incidence, with an estimated 0.4% increase in ASRW per 1% increase in artificial land cover.

Conclusions: Breast cancer incidence shows pronounced micro-geographic inequalities across Europe that are masked at higher geographic levels. Land use, particularly urbanisation and artificial surfaces, appears to contribute to these disparities. These findings support the need for neighbourhood-level cancer surveillance and urban planning policies that integrate cancer prevention objectives.

Key words/phrases: Breast cancer; Environmental pollution; Cancer epidemiology

Col statement: The presenters have no conflicts of interests to declare

Abstract B4.2. Competencies And Perceptions In Smoking Cessation Counselling: Long-Term Outcomes Of A Brief Intervention Training Programme

Authors: Cristina MARTÍNEZ PhD (1,2,3,4,5); Miren Idoia PARDAVILA-BELIO (6,7); Kenza LAROUSSY PhD (1,2,3); Carmen MORENO (3); Montse PUIG (3); Zaida AGÜEDA (3), Raul SANCHO (3); Teresa LLUCH (3); Navidad CANGA-ARMAYOR (6,7); María PUEYO-GARRIGUES (6,7); Sandra TRICAS-SAURAS (8); María LAVILLA-GRACIA (6,7); Maria DUASO (9), Jordi VILAPANA (10); Judith ROCA (11); Merce MARGALEF (1,2); Esteve FERNÁNDEZ (1,2,4,12,13); Ariadna FELIU (1,2,14); INSTrUCT Research Group*

1) WHO Collaborating Centre for Tobacco Control, Institut Català d'Oncologia – ICO, Av. Granvia de L'Hospitalet 199-203, 08908 L'Hospitalet de Llobregat (Barcelona), Spain.

2) Tobacco Control Research Group, Institut d'Investigació Biomèdica de Bellvitge – IDIBELL, Av. Granvia de L'Hospitalet 199-203, 08908 L'Hospitalet de Llobregat (Barcelona), Spain.

3) Departament d'Infermeria de Salut Pública, Salut Mental i Maternoinfantil, Facultat d'Infermeria, Universitat de Barcelona, C. Feixa Llarga s/n, 08907 L'Hospitalet del Llobregat (Barcelona), Spain.

4) Centro de Investigación Biomédica en Red de Enfermedades Respiratorias –CIBERES, Madrid, Spain.

5) Philip R. Lee Institute for Health Policy Studies, University of California San Francisco, 3333 California St., Ste. 265, San Francisco, CA 94118, United States of America.

6) University of Navarra, School of Nursing, Department of Community, Maternity and Pediatric Nursing, Campus Universitario, 31008 Pamplona, Spain

7) IdiSNA, Navarra Institute for Health Research

8) Departament d'Infermeria Fonamental i Clínica, Facultat d'Infermeria, Universitat de Barcelona. C. Feixa Llarga s/n, 08907 L'Hospitalet del Llobregat (Barcelona), Spain.

9) Social Approaches to Health Research Center (CRISS-CR5), School of Public Health, Université Libre de Bruxelles, Brussels, Belgium

10) Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, London, United Kingdom

11) Serra Húnter Fellow, Computer Science Department, Universitat de Lleida, Lleida, Spain

12) Department of Nursing and Physiotherapy. Faculty of Nursing and Physiotherapy, University of Lleida, Spain; Health Care Research Group (GRECS), Biomedical Research Institute of Lleida, Spain.

13) School of Medicine and Health Sciences, University of Barcelona, Barcelona, Spain

14) Catalan Health Department, Government of Catalonia, Barcelona, Spain

15) Department of Primary Care and Public Health, School of Public Health, Imperial College London, London, United Kingdom

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: Training future health professionals in smoking cessation counselling is essential for strengthening tobacco control efforts. However, the long-term impact of training programmes on students' competencies and perceptions remains insufficiently evaluated. This study aimed to assess the sustained effects of the INSTrUCT training programme on knowledge, attitudes, behaviours, and organisational factors related to smoking cessation support among undergraduate students in healthcare disciplines in Spain.

Methods: We conducted an interventional pre–post study among health profession students at three Spanish universities (the University of Barcelona, the University of Lleida, and the University of Navarra). A total of 277 students participated in the online INSTrUCT training programme. Participants completed the validated Knowledge, Attitudes, Behaviours, and Organisational Factors questionnaire for health profession students (KABO-S, Cronbach's $\alpha = 0.83$), which includes 17 items rated on a scale from 0 (none) to 10 (high), before the intervention and at one and three months after the training. Changes over time were analysed using generalised linear mixed models, adjusting for gender, age, and tobacco use.

Results: Improvements in the overall KABO-S scores were sustained over time ($\beta = 1.99$ at month 1 and $\beta = 1.88$ at month 3). Significant increases were observed in individual knowledge and skills, individual attitudes and behaviours, and organisational support ($\beta = 3.35$, $\beta = 1.24$, and $\beta = 1.23$ at month 1; $\beta = 3.97$, $\beta = 1.32$, and $\beta = 1.50$ at month 3,

respectively). In contrast, the organisational resources dimension showed a modest decline over time ($\beta = -0.34$ at month 1 and $\beta = -0.55$ at month 3).

Conclusions: The INSTrUCT online brief intervention training programme was associated with sustained improvements in the self-reported competencies and perceptions of health profession students related to smoking cessation counselling. These findings highlight the potential of brief online training to strengthen future health professionals' preparedness to support tobacco cessation. However, the observed decline in perceived organisational resources suggests that training alone may be insufficient, underlining the important role of universities in providing institutional support, integrating tobacco cessation training into curricula, and fostering environments that enable students to apply these skills in future clinical practice.

Key words/phrases: Training; tobacco; cessation; brief intervention; online

Col statement: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Abstract B4.3. Receipt of Alcohol Screening and Brief Intervention among Patients with and Without Cancer: Opportunities for Prevention and Intervention

Authors: Stacy Sterling (1,2,3), Andrea Kline-Simon, (1), Felicia Chi (1) 1. Kaiser Permanente Northern California Division of Research, 2. University of California, San Francisco, Department of Psychiatry and Behavioral Sciences, 3. Department of Health Systems Science, Kaiser Permanente Bernard J. Tyson School of Medicine

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction. Alcohol consumption is a common, modifiable exposure that contributes substantially to global cancer burden. Alcohol-attributable deaths, including those from cancer, have increased greatly in recent decades—up 51% globally and more than doubling in the United States (U.S.), where over 20,000 alcohol-attributable cancer deaths occur each year. Globally, over 4% of all cancers are now believed to be attributable to alcohol consumption, and ethanol in alcoholic beverages is classified by the International Agency for Research on Cancer as carcinogenic to humans. Breast, colorectal, liver, oral, pharyngeal, laryngeal, and esophageal cancers rank among the highest alcohol-attributable cancers, causing significant morbidity and mortality, and epidemiologic and mechanistic evidence now support causal links between ethanol consumption and these cancers. Reducing alcohol consumption could potentially improve cancer outcomes, given its potential to interfere with cancer treatment. Alcohol use may diminish the efficacy of cancer treatments (chemotherapy, radiotherapy, immunotherapy) either by reducing the body's ability to metabolize the drugs or by exacerbating treatment-related side effects (e.g., liver toxicity from chemotherapy in patients with alcohol-related liver disease). There is also evidence that alcohol can contribute to cancer progression, particularly in cancers of the liver, breast, and gastrointestinal system. Alcohol consumption may also affect adherence to treatment regimens (e.g., chemotherapy, radiation). Alcohol Screening and Brief Intervention (ASBI) aims to identify individuals at risk for alcohol misuse and provide brief counseling or interventions to reduce alcohol consumption, and there is robust evidence supporting the effectiveness of ASBI in reducing overall alcohol consumption and improving health outcomes in general and among patients with chronic conditions (including hypertension, cardiovascular disease, and liver disease). Delivering ASBI to patients with cancer may provide an opportunity to affect cancer outcomes, however, the limited time allocated to primary care visits and competing clinical priorities, especially for patients with existing health problems, prevention activities, including ASBI, may occur less frequently. In this study we examined rates of alcohol screening and brief intervention, separately, among patients with and without cancer diagnoses, in the context of a health system with an established program of systematic, primary care-based ASBI. We also examined characteristics of patients (socio-demographic and clinical) and their associations with receipt of ASBI, to better understand opportunities for improvement in service delivery.

Methods. We identified 1,492,209 adult primary care patients who: 1) had a visit in Kaiser Permanente Northern California (KPNC) adult primary care (internal medicine, family practice) between 1/1/2023 and 12/31/2023 at which they were eligible for alcohol screening, and 2) had membership coverage $\geq 60\%$ time 1 year prior. We compared alcohol screening rates between those with and without a cancer diagnosis documented in the healthcare system's EHR. Among those patients screening positive for unhealthy drinking, we compared brief intervention delivery rates between those with a cancer diagnosis and those without.

Results. Unadjusted screening rate was 82.6% and 81.2%, and BI rate when screened positive was 27.3% and 25.1%, among those with and without cancer, respectively. Those with cancer diagnosis were older, and had higher proportions of female, White, overweight/obese, inactivity, and comorbidities. Results from inverse probability weighted logistic regression models indicated that those with cancer diagnosis were slightly more likely to be screened (adjusted prevalence ratio [aOR]=1.10, 95% confidence intervals [CI]=1.09, 1.12), and receive BI when screened positive (aPR=1.16, 95% CI=1.10, 1.22).

Conclusions. Contrary to expectations that patients with cancer might be less likely to receive screening and brief intervention due to competing clinical priorities, they were more likely to receive both than were patients without cancer. These results suggest that there may be fewer barriers to delivering ASBI to patients with cancer, in primary and

cancer care settings, than might be assumed. Given the growing evidence of the association between alcohol use and worse cancer treatment outcomes, our findings underscore the feasibility and potential opportunities for delivering ASBI for patients with cancer.

Key words/phrases: Alcohol; Cancer; Screening; Implementation; Prevention

Col statement: Grant from Eli Lilly for unrelated research

Abstract B4.4. GenAI chatbot-delivered behavioral support for smoking cessation: Preliminary 3-month findings from a cluster-randomized controlled trial

Authors: Man Ping Wang(1), Mengyao Li (1), Xiaoyun Xie (1), Tzu Tzun Luk (1,2), Shengzhi Zhao (3), Derek Yee Tak Cheung (1), Ziqiu Guo (1), Henry Sau Chai Tong (4), Vienna Wai Yin Lai (4), Tai Hing Lam (3) 1. School of Nursing, The University of Hong Kong, Hong Kong, China 2. Alice Lee Centre for Nursing Studies, National University of Singapore, Singapore 3. School of Public Health, The University of Hong Kong, Hong Kong, China 4. Hong Kong Council on Smoking and Health, Hong Kong, China

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Smoking cessation support delivered through chat-based instant messaging has shown promise, but its scalability is constrained by the need for substantial human resources. Generative artificial intelligence (GenAI) chatbots may offer a scalable alternative by providing 24/7, personalized, and cost-effective interactive support. We evaluated the effectiveness of GenAI chatbot-delivered behavioral support for smoking cessation among smokers recruited proactively from the community.

Methods: In this 2-arm pragmatic cluster-randomized controlled trial, participants aged 18 years or older who smoked at least one cigarette daily were recruited from 66 community sites in Hong Kong, China, between June and October 2025 as part of the annual “Quit-to-Win” (QTW) smoke-free community campaign. Community sites were randomly assigned (1:1) to the intervention group, in which participants received 3 months of GenAI chatbot-delivered behavioral support in addition to brief advice and active referral to external smoking cessation services, or to the control group, in which participants received brief advice and active referral only. The chatbot delivered real-time, context-aware cessation support via instant messaging, guided by the 5A and 5R frameworks and motivational interviewing principles, and sent weekly proactive messages to promote engagement. Outcome assessors were masked to group allocation. The outcome was biochemically validated 7-day point prevalence abstinence (PPA) at 3 months after enrolment, analyzed by intention-to-treat. Subgroup analyses were conducted to explore whether intervention effects differed between chatbot users and non-users. This trial is registered with ClinicalTrials.gov, NCT06914492.

Results: A total of 1058 participants (79.0% male, mean age [SD] 45.63 [15.14] years) were randomly assigned to the intervention (n=521) or control group (n=537), and 75.6% completed the 3-month follow-up. At 3 months, participants in the intervention group had higher rates of biochemically validated abstinence than the control group (14.6% vs. 12.9%; Risk Ratio [RR]=1.14; 95%CI 0.84-1.54) and higher self-reported PPA (24.6% vs. 22.5%; RR=1.09; 95%CI 0.88-1.36), although neither difference was statistically significant. Overall engagement with the GenAI chatbot was 57.0% (297/521). Within the intervention group, participants who engaged with the chatbot had higher validated abstinence rate than those who did not (21.6% vs. 5.4%; RR=4.02; 95%CI 2.22-7.27).

Conclusions: GenAI chatbot-delivered behavioral support achieved moderate user engagement and showed potential as a complementary approach to smoking cessation support.

Key words/phrases: Generate Artificial Intelligence; Chatbot; Behavioral support; Smoking cessation; Clinical trial

Col statement: The presenters have no conflicts of interests to declare.

B5. Session title: Digital Interventions to tackle common risk factors for NCDs - Should we move it online?

Abstract B5.1. Development and Feasibility of a Digital Coaching Intervention to Reduce Alcohol Use Across All Drinking Levels

Authors: Sophie Baumann (1), Maria Zeiser (2), Henriette Markwart (1), Bianca Biedenweg (1), Anne Moehring (3), Ulrich John (3), Jennis Freyer-Adam (3), Jean-François Chenot (4), Andreas Staudt (2);

1. Department of Methods in Community Medicine, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany,

2. Institute and Policlinic of Occupational and Social Medicine, Faculty of Medicine, Dresden University of Technology, Dresden, Germany,

3. Department of Prevention Research and Social Medicine, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany,

4. Department of General Practice, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Even low levels of alcohol use are associated with increased health risks, yet brief alcohol interventions primarily target individuals with high consumption. We developed an expert system-based coaching intervention to motivate reductions in alcohol use across the full consumption spectrum. This study reports on an early-stage, multi-phase development process that yielded a prototype ready for pilot testing.

Methods: Initial development followed a systematic mixed-methods approach across two research phases. In the first phase, evidence from expert system intervention studies and behavior change theory was integrated with qualitative data from 22 semi-structured interviews and three focus groups to define core intervention components. These components were informed by the Transtheoretical Model (TTM). To assess the psychological constructs underlying these components, three existing TTM measures were adapted and a new measure was developed. All instruments were validated in an online survey among 1,157 adults who drink alcohol. An intervention prototype was then developed, incorporating the validated instruments and individualized feedback elements. Usability was tested and refined through ten think-aloud interviews. In the second phase, a single-arm feasibility study was conducted among 50 adult patients proactively recruited in general practices, using a 12-week protocol with three chat-based sessions (baseline, 6 weeks, 12 weeks). The intervention was first delivered on-site and subsequently on participants' personal devices.

Outcomes/ results: The intervention prototype comprised five theoretically grounded modules (alcohol use and motivation to change, decisional balance, self-efficacy, processes of change, and attitudes toward non-drinking) and provided individualized feedback based on normative and ipsative comparisons. Of those approached in general practices, 91% participated in screening and 75% enrolled in the intervention. The baseline session was completed by 94% (median duration: 13 minutes), while retention was 30% at 6 weeks and 28% at 12 weeks.

Conclusions/ implications: The intervention showed high initial uptake but limited retention, highlighting a central challenge for digital interventions. These findings suggest that beyond accessibility, sustaining engagement requires more proactive and personalized strategies. Addressing these engagement barriers will be essential for realizing the public health potential of digital interventions to reduce alcohol use.

Key words/phrases: behavior change; eHealth; general practice; expert system; personalized feedback

Col statement: The presenters have no conflicts of interests to declare

Abstract B5.2. AI Chatbot to Support Opioid Use Disorder Patients: Development, Safety Architecture, Pilot Results

Authors: Dallas Swendeman (1), Xian Ho (2), Joanna Streck (3), W. Scott Comulada (1), Delta-Marie Lewis (2), Gladys Pachas (3), Lillian Gelberg (1), David Warren (2), Douglas Levy (3), Namrata Tomar (2), Julia Cannistraro (3), Jonathan L. Jackson (2)

1) University of California, Los Angeles, USA

2) Dimagi, Inc, Cambridge, USA

3) Massachusetts General Hospital & Harvard Medical School, Boston, USA

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Artificial Intelligence (AI) Large Language Model (LLM) chatbots hold potential to provide on-demand and tailored informational, self-management, and services referral support for multiple health concerns, including substance use, thereby extending functions provided by brief interventions and peer health workers. However, there are significant concerns about safety of advice provided by chatbots to people in distress, particularly when conversations are unable to be monitored by humans/staff in real time or at scale. This presentation will describe the development, functions, safety architecture (for potential suicidal ideations) and pilot efficacy study results of “Suzy,” a health coaching chatbot designed to support primary care patients in opioid use disorder (OUD) recovery and by extension, their peer coaches and care teams.

Methods: Suzy was co-designed and refined from a rule-based chatbot for general substance use disorder support to LLM chatbot refined for OUD recovery patients in collaboration with peer recovery coaches, substance use brief intervention and health coaching experts, and patients in a multi-phase pilot study. The LLM version was built with Dimagi Inc.’s Open Chat Studio (OCS), which supports multi-nodal (function) chatbot prompting that overlays commercially available LLM chatbots (i.e., OpenAI’s ChatGPT models 4.0 and then 5.0). Core functions include craving management, appointment reminders, goal setting, problem solving, clinical visit preparation (prioritizing discussion topics, role playing), and resource referrals. A safety guardrail was designed to mitigate risks of inappropriate responses to potential suicidal ideations, which is of elevated concern for OUD recovery patients and can be difficult to differentiate from distress around recovery. Suzy is being pilot tested in a 12-week pre/post mixed-methods study to evaluate clinical effects and implementation experiences with OUD recovery patients (n=55) that will conclude in Spring 2026. We examined the Addiction Severity Index (ASI) composite score, mental health (PHQ-9, GAD-7), Quality of Life (QoL), and health services utilization outcomes. Qualitative data includes in-depth interviews and chatbot-patient conversation transcripts.

Outcomes/results: As of April 2026, 24 of 55 enrolled participants completed 12-week follow-up assessments, with follow-up ongoing through June. Preliminary results indicate improvement in ASI from baseline [M=0.06 (SD=0.04)] to follow-up [M=0.05, (SD=0.03), $t(22)=2.27$, $p=0.03$]. GAD-7 trended toward improvement [baseline M=7.64 (SD=4.42) vs. follow-up [M=6.13 (SD=4.86), $p=0.11$]. Safety guardrail architecture includes an initial “Safety Router” that screens every patient message for suicidality risk and routes to one of three nodes: 1) “Safety Node” outputting suicide support contacts (hotlines, chatlines, emergency rooms), 2) “Disambiguate Node” to probe distress statements lacking clear self-harm, or 3) “Primary Node” routing to other nodes (e.g., general chat, wellness and resources, OUD recovery). Staff reviewed all chatbot transcripts at start and end of workdays, following up to assess suicide risk and triage.

Conclusions/implications: Preliminary results indicate potential for improvement in a composite substance use severity outcome and trend in reducing anxiety symptoms. By providing on-demand coaching, referrals, and reminders, Suzy may extend care team reach, alleviate workload, enhance patient engagement, and reduce anxiety and improve substance use outcomes.

Key words/phrases: Artificial intelligence; chatbot; peer support; substance use; self-management

Col statement: The presenters have no conflicts of interests to declare

Abstract B5.3. Chat-based intervention for reducing alcohol use among risky drinkers attending AEDs

Authors: Li Yajie¹, Zhao Shengzhi², Chau Siu Long², Luk Tzu Tzun³, Rainer Timothy Hudson⁴, Cheung Kai Yeung⁵, Lo Wing Chi⁵, Chau Chi Wai⁶, Lui Chun Tat⁷, Chan Tung Ning⁸, Li Sun Fei⁹, Wong Janet Yuen Ha¹⁰, Wong Carlos King Ho^{2,11,12}, Lee Jung Jae¹³, Lam Tai-hing², Wang Man Ping^{1,*} *Corresponding author 1 School of Nursing, The University of Hong Kong 2 School of Public Health, The University of Hong Kong 3 Alice Lee Centre for Nursing Studies (NUS Nursing), Yong Loo Lin School of Medicine, National University of Singapore. 4 Department of Emergency Medicine, The University of Hong Kong 5 Accident & Emergency Department, United Christian Hospital 6 Accident & Emergency Department, Queen Elizabeth Hospital 7 Department of Accident and Emergency, Tuen Mun Hospital 8 Accident & Emergency Department, Kwong Wah Hospital 9 Accident & Emergency Department, Princess Margaret Hospital 10 School of Nursing and Health Sciences, Hong Kong Metropolitan University 11 Department of Infectious Disease Epidemiology and Dynamics, Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine 12 Laboratory of Data Discovery for Health 13 Sydney Nursing School, The University of Sydney

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Background: Risky drinking is associated with alcohol-related injuries or violence that result in attendance at Accident and Emergency Departments (AEDs), presenting an opportunity to identify and address harmful alcohol use. This study evaluates the effectiveness of alcohol brief intervention (ABI) with mobile chat-based support in changing drinking behaviors among risky drinkers in AEDs.

Methodology: The study is a two-arm, parallel, pragmatic, individual-randomized controlled trial conducted in risky drinkers attending AEDs with an Alcohol Use Disorders Identification Test (AUDIT) score of ≥ 8 . Participants were randomized (1:1) to either intervention or control group. All participants received face-to-face on-site ABI at baseline. As an extension of ABI, the intervention group further received a personalized chat-based support, guided by the Behavior Change Wheel and behavior change techniques, delivered by a live counselor via WhatsApp over the subsequent 3 months. Control group received text messages on general health over the same period. Outcomes were measured at 12 months including AUDIT scores, binge and heavy drinking in past 30 days, planned drinking in coming 30 days, alcohol-related harms and AED re-attendance in past 30 days. The primary analysis was by intention to treat. Linear regression (reported as unstandardized coefficient B) and Poisson regression with robust variance (reported as relative risk [RR]) were used to compare the outcomes between study groups with baseline imbalance adjusted. This trial is registered with ClinicalTrials.gov (NCT05018624).

Results: Between 25 May 2022 and 28 March 2024, 632 out of 2299 eligible risky drinkers were recruited from five AEDs in Hong Kong. Retention rate was 63.8% at 12 months (63.6% in intervention vs 63.9% in control). Significantly more participants in the intervention group reported smoking and binge drinking at baseline. At 12 months, no significant differences in drinking behaviours were observed between the intervention and control groups. Mean AUDIT scores were 7.5 (SD = 6.4) in the intervention group and 7.5 (SD = 6.6) in the control group (adjusted B = -0.5, 95% CI: -1.5 to 0.5). Binge drinking was reported by 42.1% of the intervention group and 40.5% of the control group (adjusted RR = 0.9, 95% CI: 0.7–1.2). Heavy drinking was reported by 19.6% of the intervention group and 16.5% of the control group (adjusted RR = 1.0, 95% CI: 0.7–1.4). Planned drinking was reported by 58.5% of the intervention group and 54.8% of the control group (adjusted RR = 0.9, 95% CI: 0.8–1.1). Alcohol-related harms were comparable between groups (39.3% vs. 39.2%; adjusted RR = 0.9, 95% CI: 0.7–1.2). AED re-attendance was rare in both groups (0.3% in each).

Conclusion and implication: Extending ABI with chat-based support did not achieve sustained long-term reductions in risky drinking behaviors among AED attendees in Hong Kong. These findings suggest that extending ABI with low-intensity digital support may be insufficient for addressing entrenched high-risk or episodic drinking patterns like binge and heavy drinking. Future interventions should consider integrating real-time coping mechanisms or ecological momentary strategies to more effectively reduce alcohol use in clinical emergency settings.

Key words/phrases: Chat-based support; Risky drinking; Alcohol brief intervention (ABI);

Col statement: The presenters have no conflicts of interests to declare.

Abstract B5.4. Long term effects of Digital vs. Face-to-face intervention for harmful alcohol use

Authors: Magnus Johansson (1,2), Olle Wiklund (1,2), Kristina Sinadinovic (1), Ulric Hermansson (1), Anne H. Berman (1,3), Sven Andréasson (2,4), Philip Lindner (1,2). 1. Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden 2 Centre for Dependency Disorders, Stockholm Health Care Services, Region Stockholm, Stockholm, Sweden 3. Department of Psychology, Uppsala University, Uppsala, Sweden 4. Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Digital interventions for alcohol problems have been used for over 25 years as a way of broadening the reach of alcohol interventions and address common obstacles for seeking help like availability and stigma. Digital brief interventions have been shown to lead to reduced alcohol consumption and reduced alcohol-related problems among users, directly after the intervention or at follow-up a few months later. But few studies have presented long-term outcomes and none from patient records.

Method: In the current study self-reported consumption data at one- and two-years follow-up was analyzed together with two to seven years patient records data from a randomized controlled non-inferiority trial. The original study was conducted in 2015-2018 at a well-established clinic treating AUD. Patients signed up for the study and completed baseline assessment via the clinic website and were then contacted by phone. After meeting with a physician for assessment, participants were randomized to brief cognitive behavioural treatment via internet or face-to-face. The same treatment material and the same psychologists were used in both groups. The non-inferiority limit was set to 5 drinks (60 grams of alcohol) a week. Previously published results* showed non-inferiority of ICBT at six months follow-up. Long-term follow-up was conducted at 12 and 24 months. Patient records data from primary care and specialized care was collected for up to seven years.

Results: Randomized patients (n=303) had a mean age of 49 years (sd=12) and 38% were women. Mean weekly alcohol consumption at baseline was 24 (sd=14) drinks and mean score on the Alcohol Use Disorders Identification Test was 21 (sd=5). Further, 16% had symptoms of generalized anxiety and 26% of depression. Digital intervention was non-inferior to Face-to-face at one and two years. Mean weekly alcohol consumption was reduced to 11 drinks at two years. Survival analysis did not show differences in when participants in digital vs face-to-face received a new alcohol-related diagnosis.

Conclusion: No significant long-term differences were found between internet- and face-to-face therapy. Reductions in alcohol consumption were maintained.

Key words/phrases: Harmful alcohol use; digital intervention; non-inferiority; randomized controlled trial; long-term follow-up

Col statement: M.J. configured the internet platform and co-authored the programme used in the study. The programme is licensed under creative commons and the internet platform Drupal is open-source. All authors are or have been employed by Stockholm Center of Dependency that the study clinic and the Addiction eClinic are a part of and offers face-to-face and internet-based treatments for alcohol use disorders. There are no other competing interests.

C1. Symposium: PEACHD Key results and challenges

Authors: PEACHD Consortium and Project Officer

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Scope: The PEACHD project has piloted strategies to implement tailored screening and brief motivational intervention (SBMI) programmes to prevent cancer and other non-communicable diseases (NCDs) in primary health care and community care settings; addressing multiple lifestyle risk factors: smoking and second-hand smoke, alcohol use, physical inactivity, unhealthy diet, overweight, and sun exposure. The project focuses on reaching people with low socioeconomic status (SES), migrants, and Ukrainian refugees, in three European countries: the Czech Republic, Poland, and Spain (autonomous region of Catalonia).

This session presents an overview of the PEACHD project management, achievements, and challenges structured around each partner's work; and will also highlight the priorities and intentions of European Union's Health and Digital Executive Agency (HaDEA) in funding this endeavour.

The session will provide an opportunity for discussion of the project outputs with the conference participants and broader stakeholders, including plans for exploitation and uptake of the project outputs.

Perspectives to explore:

- How does the PEACHD project fit into the global objectives of HaDEA and the Commission's Beating Cancer Plan. What are the project's responsibilities in terms of reporting, impact and sustainability.
- What concrete outputs are coming out of the project, and what have been the main challenges along the way? What comes next for each of the project teams?

Key words/phrases: Multi-risk factor cancer prevention; EU Project management; Tailoring SBI interventions; New SBI agents; Migrant and lower-SES target groups

Col statement:

C3. Symposium: Expanding Brief Interventions in Latin America: Evidence from Clinical Outcomes and Digital Training

Authors: Maria Lucia Formigoni (1), Erika Leon Ramirez (2), Joao Ricardo Nickenig Vissoci (3), Marcela Tiburcio Sainz (4), Divane de Vargas (5)

(1) Departamento de Psicobiologia - EPM - Universidade Federal de São Paulo (UNIFESP) - Evaluation of the Brazilian SUPERA Course: two decades of a nationwide DL Training on SBIRT

(2) Departamento de Enfermagem Aplicada - Universidade Federal de Minas Gerais (UFMG) - Effectiveness of two models of Brief Intervention in Primary Health Care: A Comparative Study

(3) Duke University, North Carolina, USA. - Maternal Alcohol Consumption and the Risk of Fetal Distress: Findings from the BRISA Birth Cohort

(4) Departamento de Ciencias Sociales en Salud, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Mexico. - Development of Clinical Skills for Remote Intervention in Addictions: The Impact of the PAADD Training Course

(5) School of Nursing of University of São Paulo - EEUS, Brazil

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Objective: To discuss and integrate recent Latin American evidence on alcohol use and to examine the effectiveness and scalability of brief interventions and training strategies to inform practice and policy.

Introduction: This symposium brings together recent evidence from Latin America addressing alcohol use across different populations, contexts, and stages of the life course. The presentations cover complementary perspectives, including maternal and perinatal health risks, the effectiveness of brief interventions in primary care, and large-scale capacity-building initiatives through distance learning and digital platforms. Together, they highlight both the advances achieved in implementing evidence-based strategies and the persistent challenges in translating knowledge into routine practice.

Learning points: The symposium highlights important lessons on scaling up SBIRT initiatives within diverse health care systems in Latin America. Brazil and Mexico's experiences demonstrate the importance of strengthening health professionals' education strategies, and monitoring of substance use in the population is important for preventing substance-related health problems.

Activities:

1. Evaluation of the Brazilian SUPERA Course: two decades of a nationwide DL Training on SBIRT: Maria Lucia Formigoni will present the results of a survey responded by 2,344 out of the 81,447 health professionals and social workers approved in one of the 13 editions (2006-2019) of Brazilian SUPERA Distance Learning course, which was aimed to develop skills on Screening, Brief Intervention and Referral to Treatment (SBIRT). (This presentation will be online or with a prerecorded video).
2. Effectiveness of two models of Brief intervention in Primary Health Care: A Comparative study: They will present the results of a cluster-randomized clinical Trial with follow-ups at 90, 180, and 360 days, conducted in 14 primary care units (clusters) in São Paulo, Brazil, with 202 patients enrolled in the experimental (FAES) and control groups (FRAMES). (Author will attend in person).
3. Maternal alcohol consumption and the risk of fetal distress: findings from the BRISA birth cohort: They will present a cross-sectional study, part of Brazilian Ribeirão Preto and São Luís Birth Cohort Studies, analyzed 5,212 mother-infant pairs. Maternal alcohol use was self-reported during an interview at childbirth. Adjusted analysis showed significantly increased risks for fetal distress across all stages of pregnancy (This presentation will be online or with a prerecorded video).
4. Development of clinical skills for remote intervention in addictions: The impact of the PAADD training course. This study evaluates an online training program designed to equip Mexican healthcare professionals with the competencies needed to implement the web-based Help Program for Drug Abuse and Depression. While participants demonstrated excellent clinical performance in applying Cognitive-Behavioral Therapy and Motivational Interviewing

techniques remotely, the results reveal a significant paradox: their proficiency did not reduce their hesitation to adopt digital tools in daily practice.

Key words/phrases: SBIRT training; brief interventions; primary health care; digital health interventions; alcohol use prevention

Col statement: The authors declare no conflict of interest.

C4. Session title: What shapes the lifestyle behaviours: peers, contexts, influence

Abstract number: C4.1. Brief Internet-Based Intervention to Reduce Alcohol Consumption in University Students

Authors: Daniela Romero Reyes(1), Juan Antonio Moriano León (2), José Luis Ybarra Sagarduy (1). 1. Universidad Autónoma de Tamaulipas, México 2. Universidad Nacional de Educación a Distancia, España.

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: Brief Internet-Based Intervention to Reduce Alcohol Consumption in University Students: An Exploratory Randomized Clinical Trial

Introduction: Hazardous alcohol consumption among university students remains a significant public health challenge. Theoretically grounded internet-based interventions (IBIs) have emerged as effective strategies for addressing this issue within the student population. This study aimed to evaluate the efficacy of a brief IBI developed under the framework of the Theory of Planned Behavior (TPB). The central hypothesis posited that participants in the experimental group would exhibit significantly lower drinking intentions and alcohol consumption levels compared to a control group.

Methods: An experimental design was implemented, involving an experimental group (n=38) and a waitlist control group (n=38), with assessments conducted at baseline and one month post-intervention. Following the initial follow-up, the control group (n=36) also received the intervention.

Outcomes/results: Findings indicate that the intervention successfully reduced the number of drinks consumed per occasion in the experimental group. Notably, within the "at-risk" subgroup, significant reductions were observed in monthly consumption, quantity per occasion, and frequency of drinking days. Furthermore, the descriptive norm decreased in the experimental group, suggesting that targeting social norms is a critical mechanism for behavioral change. Interestingly, the intervention increased self-efficacy regarding alcohol refusal and management in the control group upon implementation.

Conclusions/implications: This brief IBI proved effective in mitigating alcohol use, particularly among high-risk university students. The observed shifts in descriptive norms and enhanced self-efficacy highlight the intervention's capacity to modify key cognitive determinants of consumption. These results support the utility of digital TPB-based approaches in academic settings; however, further experimental research is recommended to validate these findings and assess long-term sustainability.

Key words/phrases: University students, alcohol consumption, internet-based brief intervention, Theory of Planned Behavior, subjective norms.

Col statement: "The presenters have no conflicts of interest to declare"

Abstract number: C4.2. A social network agent-based model of university student drinking and digital intervention uptake

Authors: Marcus Bendtsen (1) 1. Department of Health Medicine and Caring Sciences, Linköping University, Sweden

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Problematic alcohol consumption among university students remains a persistent public health challenge. Alcohol use is strongly shaped by peer environments, and intervention uptake is also shaped by peer social context. Research on digital alcohol interventions typically treats students as independent individuals, overlooking the social networks through which both drinking norms and intervention engagement spread. We present an agent-based model in which drinking behaviour and digital intervention uptake are conceptualised as two interacting contagion processes operating on the same student social network.

Methods: We developed an agent-based model to simulate 1000 university students over one academic year (40 weeks). Students were embedded in a Lancichinetti-Fortunato-Radicchi benchmark network with heterogeneous community structure, capturing the clustering and bridging characteristics of university social life. Drinking behaviour updates weekly as a weighted function of personal baseline and perceived peer norms. Digital intervention uptake spreads through peer recommendation as a second contagion process, with higher personal drinking levels dynamically reducing adoption probability and thereby linking the two processes. Intervention effects operationalise personalised normative feedback, where uptake partially corrects the agent's perceived peer drinking norm toward the true population mean. Model parameters were derived from published studies and meta-analyses where available. Four strategies for selecting which students to reach first were compared across proportions of students initially offered the intervention ranging from 5–30%: random selection, betweenness centrality (prioritising students who bridge different social clusters), highest-risk drinkers, and social influencer targeting (prioritising highly connected students). Outcomes were assessed at 40 weeks across 200 Monte Carlo replications per condition.

Results: The targeting strategies substantially influenced reductions in risky drinking prevalence but had less effect on overall uptake. Highest-risk targeting consistently produced the lowest risky drinking prevalence across all conditions, reducing it from 23% at baseline to 9.5% when 30% of students were initially offered the intervention, compared with 10.5% under social influencer targeting and 12% under random or betweenness targeting. Influencer and betweenness targeting produced the highest proportion of peer-recommended engagement at low coverage: when only 5% of students were initially offered the intervention, 33% of total uptake was driven by peers. This suggests that network-informed targeting is more useful when resources are limited.

Conclusions: Our findings suggest that how students are selected for digital alcohol intervention delivery, not only whether they receive it, influences population-level impact. Targeting highest-risk students produced the greatest reductions in risky drinking prevalence, while targeting highly connected students improved peer-driven uptake when only a small proportion of the student population can be reached. Agent-based modelling of student social networks may provide a useful tool for planning and optimising campus alcohol intervention strategies before real-world implementation.

Key words/phrases: Agent-based model; Alcohol intervention; Peer influence; University students; Digital intervention

Col statement: The presenters have no conflicts of interests to declare

Abstract number: C4.3. Peer-led brief intervention reduces alcohol use among university students: 12-month randomized trial

Authors: María Lavilla-Gracia (1, 2), María Pueyo-Garrigues (1, 2), Navidad Canga-Armayor (1, 2) 1. School of Nursing, Community, Maternity and Paediatric Nursing, University of Navarra, Pamplona, Navarra, Spain 2. Instituto de Investigación Sanitaria de Navarra (IdiSNA), Pamplona, Navarra, Spain

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Harmful alcohol consumption remains highly prevalent among university students and is associated with significant health, social and academic consequences. Brief alcohol interventions, particularly the Brief Alcohol Screening and Intervention for College Students (BASICS), have demonstrated effectiveness in reducing risky drinking. However, evidence on the long-term impact of peer-led brief interventions in European university settings remains limited. This study aimed to evaluate the 12-month effectiveness of a peer-led BASICS intervention among Spanish university students.

Methods: A parallel two-arm randomized controlled trial was conducted with 308 undergraduate students who reported at least one episode of heavy drinking in the previous month. Participants were randomly assigned to either a peer-led BASICS intervention (n = 154) or a control group (n = 154). The intervention consisted of a single face-to-face session based on motivational interviewing and personalized feedback. Outcomes were assessed at baseline, 1 month and 12 months. The primary outcome was weekly alcohol consumption at 12 months. Secondary outcomes included weekend drinking, drinks on the heaviest occasion, binge drinking frequency, estimated blood alcohol concentration, alcohol-related consequences, motivation to change and self-efficacy. Linear mixed-effects models were used to assess intervention effects over time.

Outcomes/Results: At 12 months, the intervention group showed significantly lower alcohol consumption compared to the control group. Mean weekly consumption was 8.93 drinks in the intervention group versus 12.35 in the control group, with a between-group difference of 3.42 drinks (95% CI: 1.66–5.18). Significant reductions were also observed in weekend drinking (mean difference: 3.08 drinks; 95% CI: 1.59–4.56), drinks on the heaviest occasion (3.27 drinks; 95% CI: 1.79–4.76) and binge drinking frequency (0.93 episodes; 95% CI: 0.54–1.32). Additionally, the intervention group showed lower estimated peak blood alcohol concentration during a typical week (difference: 0.05 g/L; 95% CI: 0.04–0.07) and on the heaviest occasion (0.07 g/L; 95% CI: 0.05–0.10), as well as fewer alcohol-related consequences (difference: 3.28 points; 95% CI: 1.74–4.82). Motivation to reduce alcohol use and self-efficacy were also significantly higher in the intervention group at 12 months.

Conclusions/Implications: A single-session peer-led brief alcohol intervention produced sustained reductions in alcohol consumption and related harm among university students over 12 months. These findings support the effectiveness of peer-led SBI approaches in health promotion and highlight their potential as scalable strategies for reducing alcohol-related risks and preventing non-communicable diseases in university populations.

Key words/phrases: brief alcohol intervention; peer-led intervention; university students; randomized controlled trial; alcohol consumption

Col statement: The presenters have no conflicts of interests to declare

C5. Primary prevention in Emergency Departments and Acute Care

Abstract number: C5.1. Protocol for evaluating intervention cost and effectiveness for non-injury patients in Tanzania

Authors: Catherine A. Staton^{1,2}, Kim Madundo^{3,5}, Alice Andongolile, Francis Sakita^{3,5}, Ashley J. Phillips^{1,2}, Jeremy Bray⁶, Joao Ricardo Nickenig Vissoci^{1,2}, Blandina T. Mmbaga^{2,3,4,5}

Affiliations

1. Department of Emergency Medicine, Duke University School of Medicine, Durham, NC, USA
2. Duke Global Health Institute, Duke University, Durham, NC USA
3. Kilimanjaro Christian Medical Centre, Moshi, Kilimanjaro, Tanzania
4. Kilimanjaro Clinical Research Institute, Moshi, Tanzania
5. Kilimanjaro Christian Medical Centre University, Moshi, Tanzania
6. UNC Greensboro, Greensboro, NC, USA
7. UNC Greensboro, Greensboro, NC, USA

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Background: "Punguza Pombe Kwa Afya Yako" (PPKAY) and text-based boosters significantly reduces binge-drinking and overall alcohol use among injury patients who presented at the Kilimanjaro Christian Medicine Center Emergency Department (ED) with alcohol use disorder (AUD) at 3 months post-discharge. Literature from high-resource setting supports a screening and brief intervention and referral to treatment (SBIRT) for injury patients, while the WHO suggests implementing an SBIRT for all patients in primary/emergency care. As such, non-injury patients might also benefit from this intervention, and might increase the reach of this intervention. Now that this has been implemented for injury patients, describing potential benefits for non-injury patients in an expanded population with no change in health service resources is imperative. Our study protocol aims to determine the effectiveness of this intervention in an expanded non-injury population and understand potential increase in benefit with limited to no change of costs at the hospital level.

Methods: This will be a hybrid type 1 implementation effectiveness trial comparing the effectiveness of the PPKAY among injury and non-injury patients while describing the health system level costs and sustainability. This will be a two arm parallel randomized controlled trial comparing usual care (non-injury), and PPKAY (non-injury patients) with injury patients receiving PPKAY. Our primary effectiveness outcome will be alcohol use (quantity) at three months post hospital discharge. Our implementation outcomes will be intervention fidelity, cost, and sustainability.

Results: Preliminary results will allow us to describe the potential benefit to patients of this expanded population in terms of reach, effectiveness and cost-effectiveness, cost, burden and sustainability. Expanding this population might be costly with minimal benefit or might be effective without any change in cost. As such, this hybrid trial is expected to guide future regional implementation actions.

Conclusion: The PPKAY effectively reduces alcohol related harms for injury patients. Now that these health services are in place for this population, further description of the potential improved effectiveness and cost effectiveness is warranted to guide implementation planning.

Key words/phrases: Alcohol drinking; brief intervention; sustainability, cost effectiveness, effectiveness

Col statement: The authors declare no conflicts of interest.

Abstract number: C5.2. Feasibility of culturally adapted brief intervention in emergency departments in northern Tanzania

Authors: Joao Ricardo Nickenig Vissoci (1) , Joao Vitor Perez de Souza (1), Francis Sakita (2), Kennedy Ngowi (2), Kim Madundo (2), Ashley Phillips (1), Blandina Mmbaga (2), Catherine Staton (1) 1. Department of Emergency Medicine, Duke University 2. Kilimanjaro Clinical Research Institute, Moshi, Tanzania, KCMC University, Moshi, Tanzania

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Alcohol is a growing burden of disease worldwide and especially in low- and middle-income countries (LMICs). Tanzania has particularly high levels of heavy episodic drinking compared to neighboring countries in Sub-Saharan Africa. Despite the high level of alcohol use and alcohol-related consequences in Tanzania, treatment options and capacity are limited in the country. Studies suggest up to 30% of injury patients in the Emergency Department (ED) have harmful or hazardous drinking behaviors. Previous pragmatic trial of a culturally adapted BI (“Punguza Pombe Kwa Afya Yako (PPKAY)) found effective by reducing over 1.2 binge drinking events for adults per 4 weeks compared to usual care. We aim to evaluate the feasibility of implementing PPKAY across the Northern zone of Tanzania.

Methods: We use a framework guided mixed-methods approach to evaluate the feasibility of implementing PPKAY across 14 healthcare facilities in northern Tanzania using CFIR framework and co-designing sessions. The study is conducted in facilities from Kilimanjaro, Arusha, Tanga, and Manyara regions. The study population includes acute injury patients presenting to emergency departments, healthcare providers, and health system leaders from participating facilities. The primary outcomes are the prevalence of harmful alcohol use, defined as an Alcohol Use Disorders Identification Test (AUDIT) score ≥ 8 , and alcohol consumption prior to injury.

Outcomes/results: A total of 188 participants have been enrolled, and 10 in-depth interviews have been conducted. The median participant age was 31.5 years (interquartile range: 25–47.5 years), with males comprising the majority of participants (125, 66.5%). The most common mechanisms of injury were road traffic injuries (58, 30.9%) and falls (57, 30.3%). Regarding alcohol use characteristics, 12 participants (6.4%) reported experiencing lifetime withdrawal symptoms, mean AUDIT score was 3.5 (6.2), and (34, 18.1%) met criteria for harmful alcohol use. The study is expected to prepare us to conduct an innovative hybrid implementation trial to implement PPKAY, across health facilities in the Northern zone part of Tanzania in future

Conclusions/implications: Preliminary findings indicate that harmful alcohol use among injured patients presenting to emergency departments is a common challenge across participating health facilities, highlighting the need for implementing PPKAY. The identification of patients with a history of alcohol withdrawal further underscores the necessity for integrating structured referral pathways for physical and mental health support along with the PPKAY implementation. Our PPKAY implementation aims to reduce alcohol use, alcohol-related injuries, and strengthen the continuity of care within the health system.

Key words/phrases: Implementation research; emergency medicine; Tanzania; brief intervention; feasibility

Col statement: The presenters have no conflicts of interests to declare

Abstract number: C5.3. Two-Year Outcomes of a Brief Intervention to Reduce Harmful Alcohol Use for Emergency Department Injury Patients

Authors: Catherine A. Staton (1, 2), Joao Vitor Perez de Souza (1, 2), Paige O’Leary (1), Linda Minja (3, 4), Alice Andongolile (3, 4), John A. Gallis (2), Francis Sakita (3, 5), Kim Madundo (3, 5), Ashley J. Phillips (1, 2), Joao Ricardo Nickenig Vissoi (1, 2), Blandina T. Mmbaga (2, 3, 4) 1. Department of Emergency Medicine, Duke University School of Medicine, Durham, NC, USA 2. Duke Global Health Institute, Duke University, Durham, NC, USA 3. Kilimanjaro Christian Medical Centre, Moshi, Kilimanjaro, Tanzania 4. Kilimanjaro Clinical Research Institute, Moshi, Tanzania

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background: In a pragmatic trial, a culturally adapted brief intervention, "Punguza Pombe Kwa Afya Yako" (PPKAY) and text-based boosters promoting alcohol reduction significantly reduced binge-drinking among injury patients who presented at the emergency department (ED) with alcohol use disorder (AUD) at 3 months post-discharge. Using data from additional follow-up assessments, this study aims to examine the long-term sustainability of the intervention's effectiveness for over two years post-discharge.

Methods: This was a randomized controlled trial conducted at the Kilimanjaro Christian Medical Centre in Moshi, Tanzania. Adult injury patients with prior alcohol use or AUD were enrolled at the ED. They were randomly assigned to one of three arms: standard treatment, PPKAY with standard texts, or PPKAY with personalized texts. The intervention's impact was evaluated using mixed effects, zero-inflated negative binomial models, with effects presented as predicted means. The primary outcome measure was the self-reported number of binge-drinking days in the last 28 days assessed at baseline, 3-, 6-, 9-, 12-, and 24-months post-discharge.

Results: A total of 513 patients were enrolled and randomized: 171 to standard care, 168 to PPKAY with standard texts, and 174 to PPKAY with personalized texts. Throughout the follow-up period, patients in the intervention arms reported lower binge-drinking compared to the standard care arm, but these differences were not statistically significant except for the last timepoint. At 24 months, we observed a significant reduction in binge-drinking in both intervention arms compared to control, PPKAY with standard texts: (predicted mean difference: 0.5 days [95% CI: -1.1, -0.02], $p=0.043$), and PPKAY with personalized texts (0.7 days [95% CI: -1.2, -0.1], $p=0.012$).

Conclusion: This exploratory analysis showed that PPKAY, a brief ED based intervention, has potential for long-term benefit of reducing binge-drinking events among injury AUD presenting at ED. Given that PPKAY is neither resource-intensive nor costly, it represents a potentially valuable addition to EDs in resource-limited settings. Future studies with adequate power to assess long-term effects are necessary to provide definitive evidence and to explore the implementation of the intervention in other populations.

Key words/phrases: Binge drinking; emergency medicine; Tanzania; brief intervention

Col statement: The presenters have no conflicts of interests to declare

D2. Workshop: Advancing SBIRT in Africa: Lessons from an INEBRIA/ICUDDR Meeting in Uganda

Authors: Jeremy Bray (1), Claire Biribawa (2), Laurie Krom (3). 1. University of North Carolina - Greensboro 2. Makerere University 3. International Consortium of Universities for Drug Demand Reduction (ICUDDR)

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: The African context: Presented by Claire Biribawa, this presentation will give an overview of the African context that motivated the need for an INEBRIA thematic meeting. This component will synthesize African country perspectives, highlighting current SBIRT-related activities, implementation contexts, and gaps across health and community systems. It will also discuss how alcohol and other substance use patterns shape the need for locally adapted SBIRT models including work conducted as part of the WHO SAFER initiative.

The INEBRIA/ICUDDR partnership: Presented by Laurie Krom, this presentation will describe the rationale for a partnership between INEBRIA and ICUDDR to help facilitate the thematic meeting in Uganda. It will provide INEBRIA members with an introduction to ICUDDR and highlight the complementary strengths of the two organizations—linking INEBRIA’s expertise in research and implementation with ICUDDR’s global higher education network and focus on workforce development. It will describe how this partnership model can support scalable, locally grounded SBIRT capacity-building efforts. Finally, the presentation will include the benefits and challenges of the joint effort to host a thematic meeting.

Themes from the thematic meeting in Kampala: Presented by Jeremy Bray, this presentation will present the overall structure of the meeting and the key themes and priorities that emerged from it. Attendees at the thematic meeting identified four key priorities for advancing SBIRT in Africa: adapting SBIRT to the African context; developing implementation strategies to ensure quality and fidelity; developing an evidence base that speaks to key stakeholders at multiple levels; and building a data infrastructure to support research and implementation efforts. Themes will be presented within the context of the priorities identified by thematic meeting attendees and plans for future collaboration, including the possible creation of an INEBRIA Africa chapter, will be discussed.

Looking to the future: Moderated by Jeremy Bray and organized as a discussion among the three presenters and the audience, the final presentation will reflect on the outcomes of the thematic meeting. It will also provide an opportunity to discuss the benefits of strengthening ongoing collaboration between INEBRIA’s members and ICUDDR’s university network as a way to further promote SBIRT in Africa and other regions across the globe. Active audience participation will be encouraged and any audience members who attended the thematic meeting will be asked to reflect on their experience.

Key words/phrases: Africa; INEBRIA thematic meetings; International Consortium of Universities for Drug Demand Reduction; collaborations

Col statement: The presenters have no conflicts of interests to declare.

D3. Workshop: Beyond PEACHD: Expert SWOT on Scaling Multi-Factor Brief Interventions for Vulnerable Groups

Authors: Fleur Braddick (1), and PEACHD Consortium partners (2)

1) Clínic Research Foundation Barcelona (FRCB-IDIBAPS), Spain

2) See <https://peachd4health.eu/about-peachd/#whoswho>

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background to the theme: Health inequalities in cancer and other NCDs are driven by the clustering of multiple common behavioural and social risk factors, including alcohol use, tobacco, poor diet, low physical activity, chronic stress, and limited access to preventive support(1). Groups experiencing vulnerability (demographic, physical, cultural, literacy) often face disproportionate exposure to these risks while also encountering barriers to accessing conventional health promotion services. Screening and Brief Intervention (SBI) programmes offer a pragmatic, scalable response to support healthy behavioural change, in alignment with health promoting policies. Yet the majority of BI programmes remain single-risk-factor focused and insufficiently embedded within community and social care settings. The EU co-funded PEACHD initiative (2024-2027), building on the WHO BRIEF Project(2), by piloting multi-factor BI programmes targeted at forced migrants and those living with low socioeconomic status (SES), has advanced understanding of how these BI approaches can be adapted for disadvantaged populations and delivered by diverse agents across different contexts.

Refs:

(1) Meader, N., King, K., Moe-Byrne, T., Wright, K., Graham, H., Petticrew, M., ... & Sowden, A. J. (2016). A systematic review on the clustering and co-occurrence of multiple risk behaviours. *BMC public health*, 16(1), 657.

(2) World Health Organization. "Integrated brief interventions for noncommunicable disease risk factors in primary care: the manual: BRIEF project."

Rationale/objective of the workshop

This 60-minute interactive workshop (up to 30 participants) aims to identify priorities and build strategic capacity for the exploitation and extension of PEACHD outcomes through a structured SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis with expert stakeholders. Participants will share insights and collectively examine the practical issues around embedding, sustaining and scaling up multi-factor BI programmes targeting different underserved populations. The session will generate actionable recommendations for policy, practice, workforce development and future research collaborations.

List of presentations/activities

1. Short framing presentation: Outline, key outcomes and learning points from PEACHD (10 mins)
2. Introduction to SWOT methodology and workshop process and materials (5 mins)
3. Small-group SWOT analysis for people experiencing vulnerability across core implementation domains (25 mins)
4. whole-group prioritisation and consensus discussion (15 mins)
5. Summary of key points and opportunities for future collaboration (5 mins)

Expected outcomes/learning points

Participants will gain practical insight into implementing multi-factor BI programmes in disadvantaged settings, understand common barriers and enabling factors, and contribute to a collaborative set of guidelines for embedding and expanding multi-factor BI systems internationally. Outputs will inform future PEACHD activities, publications and implementation planning.

1. Welcome and scene-setting (5 mins)

A very concise overview of the rationale of PEACHD, outline of the project and headline lessons emerging to date, as context and a springboard for the exercise.

2. SWOT framework and instructions (5 mins)

Introduction to the SWOT method, workshop process and materials and explanation of breakout task. Participants will be split into small groups (5-8 people per group), encouraged to form groups with people they don't know to maximise cross-country and cross-sector perspectives.

3. Small-group expert SWOT exercise (25 minutes)

All participants (5-8 people per group)

Each group will nominate a rapporteur, focus on a specific target group and setting, and consider the following implementation domains, using a bespoke workshop template:

- Setting up processes:
 - o stakeholder engagement and partnerships
 - o recruitment and training of BI agents
- Developing and tailoring tools:
 - o support tools and materials
 - o monitoring and evaluation
- Continuation:
 - o sustainability and financing
 - o scale-up and transferability

Groups will identify (internal) strengths, weaknesses, (external) opportunities and threats across the domains, recording priority actions to build on the positive, and minimise or mitigate the negative.

4. Report-back, discussion and prioritisation (20 minutes)

Group rapporteurs + chair

Rapporteurs present their group's key points in 3-5 minutes each (depending on the number of groups). Through a rapid round of sticker voting and facilitated discussion, participants will identify converge on and reformulate the most critical priorities for successful roll-out and scale-up of BI approaches for groups experiencing vulnerability.

5. Closing synthesis and next steps (5 minutes)

Workshop rapporteur:

Summary of the main points and ideas for future collaborative outputs, guidance development and implementation networks. (the outputs of this workshop may be fed forward to the final closing plenary of the conference).

Key words/phrases: Health inequalities; Vulnerable populations; Implementation science; Multi-risk factor prevention; Forward-looking SWOT exercise

Col statement: The presenters have no conflicts of interests to declare

D4. New format session: Intervention Skills Training Using Matched AI Standardized Clients & an Enhanced Feedback Model

Authors: Win C. Turner PhD, LADC, USA CoAuthor = (1) Michael Zafiropoulos (Zenobits Ltd)

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text: The new innovative format will allow for a 45 minute demonstration, review and discussion of pilot study results using an emerging and advanced training method utilizing LLM's latest capacity (2026) to offer interventionists conversationally responsive simulated "matched" clients (populations served) coupled with enhanced MI adherence feedback to interventionists. Background: Limited access to practice clients remains a critical barrier to developing clinical competencies and adopting evidence-based interventions (EBIs). Students and seasoned clinicians alike experience significant anxiety when first delivering effective structured interventions such as Motivational Interviewing (MI), Screening Brief Intervention and Referral to Treatment (SBIRT-BNI), and Cognitive Behavioral Therapy (CBT). Recent advances in large language models (LLMs) now offer a timely and scalable solution — enabling real-time, responsive simulated client interactions that reduce this barrier.

Objective: The workshop and study main aims focus on demonstrating and discussing the evaluation of a voice to voice AI system with new language detection capacities enabling naturalistic client interactions and adherence feedback to help clinicians increase competencies for Motivational Interviewing (MI) brief intervention skills. Unlike traditional text-based tools, this innovation uses large language models to provide realistic, spoken simulations that mimic the nuances of actual patient interactions. The system incorporates a scaffolded feedback engine that evaluates practitioner performance against established clinical standards, offering both real-time guidance and post-session summaries. Early results from expert reviews indicate high levels of realism and accuracy, with veteran trainers finding the AI-driven feedback consistent with human judgment. By removing the logistical barriers of accessing practice on clients, this technology aims to accelerate competency and ensure higher fidelity in evidence-based interventions. Ultimately, the advancements in clinical skills training using language responsive AI-standardized clients and embedded competency feedback offers a scalable solution for known barriers to fidelity and outcomes moving EBIs from training to everyday practice.

Expected outcomes: Workshop participants whether researchers, university students, new healthcare professionals, and practitioners different experience levels in EBIs & across various healthcare settings will be able to see a demo, learn about results and discuss this new unique clinical skills training model.

The 45 minute session will demonstrate and explain a new model of clinical skills training using the latest voice to voice LLM (2026) to offer increased access and ease for practitioners learning new intervention skills to practice. Evidence based brief interventions often rely on practitioner's competence to deliver essential elements of the model and often with minimal coached practice. Older models using digital simulations were limited all to text not allowing the process elements of natural human interactions. AI advancements allow a much more sophisticated training to practice opportunity allowing real time and summarized adherence feedback and even individual to response feedback for self paced improvements. During the workshop: part one will be a 15 minute demonstration where participants will experience a brief MI intervention and the resulting enhanced adherence feedback to witness the full impact of the unique practice and coaching environment. Part two of the workshop 15 minutes will provide and explanation of results from the initial acceptability and feasibility pilot as well as a larger pilot underway. The final part of the workshop will be 15 minutes of participant input and discussion topics will include: perspectives on enhanced simulated practice, lessons learned, successes, barriers, and future efforts to improve and disseminate the training to practice methods.

Key words/phrases: Clinical Skills Training: AI Simulation Clients: Motivational Interviewing: Adherence Feedback: Clinical Competency Development

Col statement: None

D5. Symposium: Reducing Suicide Risk with Brief Interventions – learning lessons from Brief Alcohol Interventions

Authors: Courtney Bagge (1) University of Michigan Medicine, United States of America

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Background to the theme: Suicide remains a major public health problem, with over 700,000 people dying by suicide worldwide each year. Prevention efforts range from broad public health strategies to targeted interventions. While psychotherapies, such as cognitive behavioural therapy, have long addressed potential drivers of suicide risk (e.g., depression), only more recently have researchers developed treatments that directly target suicidal thoughts and behaviours. Several of these approaches reduce suicide-related outcomes, but many are time-intensive and were not designed to fit within existing health systems. This symposium highlights brief, suicide-specific interventions developed for high-risk clinical touchpoints to reduce suicidal thoughts and behaviours. Because this research group also studies brief interventions for alcohol and drug use, the symposium will also discuss connections between suicide-specific brief interventions and the broader alcohol brief intervention field.

Objective of the symposium: This symposium presents recent and ongoing randomized controlled trials of three brief suicide prevention interventions. The studies span different stages, from active recruitment to recently completed and published. The interventions include: (1) motivational interviewing focused on strengthening reasons for living; (2) a new program that promotes use of virtual Hope Boxes; and (3) crisis line facilitation, all designed to reduce suicide risk during periods of acute distress. The motivational interviewing/safety planning and virtual Hope Box trials recruit from inpatient psychiatry, while the crisis line facilitation trial is based in participants in alcohol use disorder treatment. The discussant brings broad experience conducting emergency department screening and brief intervention research for risky alcohol use and other health behaviours. The primary objective of the symposium is to present new information about brief suicide prevention interventions and to shape the dialogue about how to utilize high-risk clinical visits to identify and intervene in those at greatest risk for suicide.

List of presentations:

- 1) - Using Motivational interview-enhanced safety plan with multiple augmentation strategies for suicidal teens;
- 2) - Virtual Hope Box Enhanced Intervention for High-Risk Suicidal Veterans Following Inpatient Care.;
- 3) - Crisis Line Facilitation as a new intervention to address suicide risk in adults seeking alcohol use disorder treatment;
- 4) - (Discussant) – Building on the legacy of alcohol brief intervention research to prevent suicide following high-risk clinical visits.

Expected outcomes:

This symposium will provide an overview of recent research on brief interventions to reduce suicidal thoughts and behaviours. By the end of the symposium, attendees will understand: (1) potential intervention points to reduce suicide risk in high-risk individuals; (2) the framework and core components of three brief suicide prevention interventions; (3) research methods used to evaluate brief suicide prevention interventions; (4) new and emerging areas of research on brief interventions to reduce suicidal thoughts and behaviours; and (5) key similarities and differences between emerging suicide-focused brief interventions and prior alcohol-focused brief intervention research.

- 1) – Using Motivational interview-enhanced safety plan with multiple augmentation strategies for suicidal teens.
Background: Suicidal adolescents remain at significant risk for recurrent suicidal crises. We evaluated a multi-component intervention consisting of a brief safety planning intervention enhanced with Motivational Interviewing (MI-SP) and augmented with different combinations of post-discharge support.
Methods: Hospitalized adolescents (N=300) were initially randomized to MI-SP alone or MI-SP with supportive texts delivered daily after discharge. Non-responders within 2 weeks were re-randomized to added counsellor-facilitated support consisting of either booster calls or web-based portal communication.
Results: We will present results on intervention sequences with more vs. less promising effect on lowering post-discharge suicide attempts.

Discussion: Implications for developing an adaptive intervention (individualizing type and intensity of support) for suicidal adolescents will be discussed.

2) – Virtual Hope Box Enhanced Intervention for High-Risk Suicidal Veterans Following Inpatient Care.

Background: Although the Virtual Hope Box (VHB) smartphone app was created to support suicide prevention, it is unknown whether app use can reduce suicidal behaviors. We developed an intervention, which includes the Virtual Hope Box app and its enhanced facilitation (VHB-EF), to provide awareness, active engagement, and support of VHB, with the aim of reducing Veteran suicide attempts post-hospitalization.

Methods: Veterans hospitalized with a recent suicidal crisis (current n=60, recruitment ongoing) are randomized to VHB-EF or treatment as usual and followed for 6 months.

Results: We will present preliminary results regarding participant confidence in using the VHB when suicidal.

Discussion: Planned next steps and the potential impact of positive trial results will be discussed.

3) – Crisis Line Facilitation as a new intervention to address suicide risk in adults seeking alcohol use disorder treatment.

Background: Individuals with alcohol use disorder are at significantly increased risk of suicide, yet few targeted interventions exist for this high-risk group. This study examined whether Crisis Line Facilitation (CLF), an intervention designed to increase use of suicide prevention crisis lines, reduces subsequent suicidal behavior among adults receiving alcohol use disorder treatment.

Methods: Adults in alcohol treatment (N = 297) with a history of suicide attempt were randomized to CLF or treatment as usual and followed for 12 months.

Results: Suicide attempt rates decreased from pre- to post-treatment, but there were no differences between CLF and treatment as usual in the likelihood of suicide attempts during follow-up.

Discussion: These results differ from a prior CLF trial that found reductions in suicidal behavior. We will discuss possible reasons for the null findings, including the influence of other service use.

4) (Discussant)-Building on extensive research on brief alcohol and other health behaviours interventions,

The discussant will highlight how this work has informed the development of suicide prevention strategies for patients following high-risk clinical visits, explore key connections between alcohol misuse and suicide risk, and discuss how lessons learned from alcohol intervention research are being applied to improve suicide identification and prevention

Key words/phrases: Suicide prevention; Addiction Treatment; Brief Interventions; Mental Health

Col statement: Mark Ilgen is employed by the University of Michigan and the US Department of Veterans Affairs. The work presented here is based on research funded by the US Department of Veterans Affairs and the US National Institute on Alcohol Abuse and Alcoholism. The views expressed are his own and do not reflect the opinions of the funders. He has no other relevant disclosures for this presentation. Courtney Bagge is employed by the University of Michigan and the US Department of Veterans Affairs. The work presented here is based on research funded by the US Department of Veterans Affairs. The views expressed are her own and do not reflect the opinions of the funders. She has no other relevant disclosures for this presentation. Ewa Czyz is employed by the University of Michigan. The work presented here is based on research funded by the National Institute of Mental Health. Frederic Blow is employed by the University of Michigan. The work presented here is based on research funded by the US Department of Veterans Affairs and the US National Institute on Alcohol Abuse and Alcoholism. He is the National Huss Family/Hazelden Betty Ford Foundation Research Chair on Treatment of Older Adults with Substance Use Disorders, for which he receives compensation. The views expressed are his own and do not reflect the opinions of the funders. He has no other relevant disclosures for this presentation.

E1. Session title: Harnessing Evidence and Expertise for Behaviour Modification Action

Abstract number: E1.1. Barriers and Facilitators to Implementing Brief Interventions to Prevent Multiple NCD Risk Factors

Authors: Laura Perdiguer BSc, MPH (1, 2), Olena Tigova BSc, MSc, MPH, PhD (1, 2, 3), Montse Ballbè BSc, MSc, PhD (1, 2, 4), Silvia Matrai MSc, MAS (5), Hugo López-Pelayo MD, PhD (4, 5, 6), Fleur Braddick BSc, MSc (5), Miroslav Barták PhD (7), Benjamin Petruželka Mgr, PhD (7), Linda Kočvarová Mgr, MBA (7), Joanna Nieróbca, MA, MBA, PhD (8), Claudia Costa Pereira BSc, MSc (9), Eloisa Antonaglia MSc (10), Andreea Sima BSc, MSc (11), Lidia Segura MSc, PhD (12), Cristina Martínez RN, BA, PhD (1, 2, 3, 13, 14) 1. Cancer Control and Prevention Group, Institut d'Investigació Biomèdica de Bellvitge (IDIBELL), L'Hospitalet de Llobregat, Spain 2. Tobacco Control Unit, Cancer Control and Prevention Program, Institut Català d'Oncologia (ICO), L'Hospitalet de Llobregat, Spain 3. CIBER en Enfermedades Respiratorias (CIBERES), Madrid, Spain 4. Addictions Unit, Psychiatry and Psychology Service (ICN), Institute of Neurosciences, Hospital Clínic de Barcelona (HC), Barcelona, Spain 5. Health and Addictions Research Group (Grup de Recerca Emergent, 2021 SGR 01158, AGAUR), Institut d'Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS), Barcelona, Spain 6. Medicine Department, Medicine and Health Sciences Faculty, University of Barcelona (UB), L'Hospitalet de Llobregat, Spain 7. Charles University (CUNI), First Faculty of Medicine, Department of Addictology, Prague, Czech Republic 8. Medical University of Warsaw (MUW), Department of Psychiatry, Warsaw, Poland 9. Institute on Addictive Behaviours and Dependencies (ICAD), Lisbon, Portugal 10. Erasmus University Rotterdam (EUR), Rotterdam, The Netherlands 11. Maastricht University (UM), Maastricht, The Netherlands 12. Secretariat of Public Health, Department of Health, Generalitat de Catalunya (GENCAT), Barcelona, Spain 13. Department of Public Health, Maternal Health and Mental Health, Faculty of Nursing, University of Barcelona (UB), L'Hospitalet de Llobregat, Spain 14. Philip R. Lee Institute for Health Policy Studies, University of California San Francisco (UCSF), San Francisco, United States

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Eighty percent of non-communicable diseases (NCDs) can be prevented by reducing modifiable risk factors. These diseases disproportionately affect certain vulnerable groups, who are often simultaneously exposed to multiple risk factors. While integrated primary preventive strategies – such as modifiable risk factors screening and brief interventions (SBIs) - addressing several factors at once exist, little is known about determinants influencing their implementation. This review aimed to identify barriers and facilitators to implementing integrated SBIs, with a focus on health inequalities, and targeting adults without diagnosed NCDs.

Methods: A systematic review was conducted as part of the PEACHD project following the PRISMA guidelines and searching in PubMed and CINAHL. Manuscripts published between January 1, 2014 and April 9, 2024 were identified using a search strategy covering six modifiable risk factors (tobacco use, alcohol consumption, insufficient physical activity, unhealthy diet, sun exposure, and poor weight control) and five inequality axes (gender, environment, low-socioeconomic status (SES), displaced people, and low use of self-initiated resources due to limited access). These factors and the axes mirrored the PEACHD pilot characteristics. Studies were included if they reported on NCD preventive SBIs targeting at least two risk factors and one inequality axis. Determinants of SBI implementation were classified as barriers or facilitators across five domains of the Consolidated Framework for Implementation Research.

Results: Of 2,259 articles screened, 30 met the inclusion criteria. The most frequently addressed combination of risk factors was tobacco use and alcohol consumption. A simultaneous approach was undertaken in most cases to address the risk factors. Primary care emerged as the most frequent setting for delivering integrated SBIs. Interventions typically targeted adults of both sexes, including university students and vulnerable populations such as displaced individuals and those in remote rural areas. The most frequently identified implementation determinants fell within three CFIR domains. In the Outer Setting, limited healthcare access for disadvantaged groups was a barrier, whereas supportive environments (urban design, access to healthy food and sports facilities, community–healthcare sector collaborations) acted as facilitators. In the Inner Setting, limited resources and time constraints as well as the lack of gender, SES, or

cultural adaptation hindered implementation, while strong cross-sector collaboration enabled it. Within the Characteristics of Individuals domain, gender stereotypes were identified as barriers, whereas social support networks and digital self-monitoring tools functioned as facilitators.

Conclusions/implications: Few SBIs integrate multiple risk factors while also addressing inequalities. Strengthening SBI implementation will require equity-focused strategies that embed gender-sensitive and culturally adapted approaches and leverage self-directed digital tools to enhance reach, sustainability, and effectiveness. Interventions should favor low-complexity, evidence-based models with adaptable components. Integrated SBI programs should prioritize delivery within primary care while strengthening formal partnerships with community organizations to mitigate resource and time constraints. Strengthening cross-sector collaboration and working with the communities in the design and implementation of interventions are essential for the success of preventive programs. Going beyond primary care settings is key to address inequalities by reaching underserved, high-risk populations. Finally, sustainable financing mechanisms, including reimbursement for preventive services, and evaluation systems should be established to ensure long-term integration and effectiveness of integrated SBIs. Lessons learned were used for implementation of the PEACHD pilot.

Key words/phrases: Systematic review; brief interventions; multifactorial interventions; non-communicable diseases; inequalities

Col statement: The presenters have no conflicts of interests to declare

Abstract number: E1.2. Using AI to carry out systematic reviews in brief interventions

Authors: Dorothy Newbury-Birch (1), Jennifer Ferguson (1)

1. Teesside University, United Kingdom

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: EXPLORING HOW TO USE AI FOR LIVING SYSTEMATIC REVIEWS OF BRIEF INTERVENTIONS.

The Mobilising Evidence Through AI and User-informed Synthesis (METIUS) is an £11.5 million ESRC funded project. It is part of the ESEC £126 million funded work. The goal is to provide timely, comprehensive, and reliable living evidence synthesis capability, covering all major social questions, used by policymakers and others around the world to improve people's lives. The project is working very closely with the Campbell Crime and Justice Group of the Campbell Collaboration. We are keen on how this work can help us do faster and policy relevant systematic reviews of brief interventions for alcohol and other drugs. The plan is to develop "living reviews" that can be used and updated in a timely manner.

At present we know that it can take a long time to get evidence into practice and we are working together to find out how to use AI to help us make this quicker. This project will help policymakers achieve better results for less money by providing timely summaries of the state of current knowledge through a transparent scientific process known as evidence synthesis. We will do this with four different exemplar projects: education, criminal justice, international development and the environment. It is imperative that we work with academics, policy makers, stakeholders and members of the public to develop this work.

This work is urgently needed to help achieve the missions and priorities of all levels of UK government; to support the "rescue plan" for the Sustainable Development Goals. Our current inability to utilise research effectively is compromising our collective ability to develop effective policy in the criminal justice system.

This session will explore what the project is, what the aims are and what you think we need to move the work forward to be able to make the changes that we want to see. We will explore what the key issues in brief interventions that would make for 'living reviews'

Key words/phrases: brief interventions/workshop/systematic reviews/living reviews.

Col statement: Both speakers are co-applicants on the METIUS study which will pay for travel to the conference (ESRC-UKRI)

Authors: Alexandra Pinto; Claudia Pereira; Graça Vilar

Conference theme: Hard to reach groups (e.g., those with migrant, refugee status and living with lower SES, among others)

Full abstract text:

Introduction: Populations across Europe are undergoing profound transformations driven by mobility, migration, ageing, social inequalities, and rapidly evolving communication patterns. At the same time, alcohol consumption and other lifestyle-related risk factors are becoming more complex and less visible, while evidence linking harmful alcohol use to cancer continues to grow. In this changing context, the core public health objective remains to reduce harmful alcohol consumption and, ultimately, the burden of cancer and other non-communicable diseases (NCDs). The PEACHD project responds to this challenge by exploring integrated approaches to prevention, including the role of stakeholder engagement in the adaptation and implementation of these strategies.

Methods: This work draws on the experience developed by the WorkPackage 2 team within the PEACHD project, focusing on stakeholder mapping and consultation. The activity involved the systematic identification of relevant stakeholders with recognised expertise in the thematic areas addressed by the project, in the context of alcohol consumption, cancer prevention, and other lifestyle-related risk factors. In parallel, the mapping was extended to emerging areas, reflecting the complexity of a rapidly changing context. The process included stakeholder characterisation, analysis of their role within health and prevention systems, and their consultation as a contribution to the implementation and scalability of integrated interventions.

Results: The mapping process identified a diverse stakeholder ecosystem, encompassing not only traditional health system actors but also representatives from sectors such as social services, community organisations, communication, digital innovation, and other emerging fields. The findings highlight the importance of integrating multidisciplinary perspectives to address the increasing complexity of health behaviours and risk factors. Stakeholder consultation further emphasised the relevance of collaborative approaches and the need to adapt prevention strategies to evolving social, technological, and communication contexts.

Conclusions/Implications: The work developed within PEACHD WorkPackage 2 underscores that stakeholder mapping and engagement are critical components for the design and implementation of effective and sustainable prevention strategies. In a rapidly evolving context, it is essential to consider not only traditional actors but also to integrate expertise from emerging areas. This approach enables the anticipation of challenges, fosters innovation, and strengthens cross-sectoral responses, contributing to more robust strategies for the prevention of harmful alcohol consumption, cancer, and other NCDs.

Key words/phrases: Stakeholders; PEACHD Project; Multi-factor brief interventions; Alcohol consumption; Cross-sector collaboration

Col statement: The presenters have no conflicts of interests to declare

E2. Session title: Diverse providers - prevention professionals' needs

Abstract number: E2.1. A culturally adapted brief intervention for alcohol use disorder among tribal populations in India: a randomized controlled trial

Authors: Author: Dr. Himanshi Singh, IIT Jammu, India

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Alcohol use among tribal adolescents in India is a growing public health concern, deeply intertwined with cultural practices surrounding traditional beverages like Mahua (**Madhuca longifolia**). Unlike general adolescent drinking, tribal alcohol use is normalized through community rituals and intergenerational tradition, making intervention particularly challenging. Hazardous drinking during adolescence impairs neurological development, increases school dropout rates, and deepens social marginalization—effects severely compounded in already underserved tribal communities. Despite the scale of this problem, culturally tailored, evidence-based interventions for this population remain largely absent from the literature.

Methods: This randomized controlled trial recruited 120 tribal adolescents aged 13–17 years from rural Rajasthan who screened positive for hazardous drinking (AUDIT-C ≥ 5). Participants were randomly assigned to either a culturally adapted Brief Intervention (BI) group or a treatment-as-usual (TAU) control group. The BI was grounded in the FRAMES model (Feedback, Responsibility, Advice, Menu of options, Empathy, Self-efficacy) and motivational interviewing, delivered across four counselling sessions over two weeks. Cultural adaptation involved community consultations, use of local dialects, and reframing alcohol reduction in terms of family honour and personal aspirations meaningful to tribal youth. Outcomes — AUDIT-C scores, drinking frequency, and readiness to change — were assessed at baseline, 2 weeks, and 8 weeks.

Results: At baseline, both groups were comparable (BI: $M = 9.6$, $SD = 2.4$; TAU: $M = 9.8$, $SD = 2.5$). At 8-week follow-up, the BI group demonstrated a significant reduction in AUDIT-C scores ($M = 5.9$, $SD = 1.9$) compared to minimal change in the TAU group ($M = 9.1$, $SD = 2.2$; $p < .001$; Cohen's $d = 1.64$). Significant between-group improvements in drinking frequency and readiness to change were also observed. Over 90% of BI participants rated the intervention as culturally relevant and acceptable, highlighting strong community fit.

Conclusions and Implications: This trial demonstrates that a culturally adapted Brief Intervention can significantly and meaningfully reduce hazardous alcohol use among tribal adolescents in rural India. The large effect size and high acceptability confirm that cultural tailoring is not merely an ethical consideration but a core driver of intervention effectiveness. For social work practice, these findings advocate embedding FRAMES-based BI skills and motivational interviewing into professional training for practitioners working in tribal contexts. For community health programming, they underscore the necessity of participatory design and locally grounded materials. At the policy level, these results support integrating culturally adapted BIs into India's national adolescent health framework (RKSK), with dedicated funding for tribal populations. Future research should examine long-term sustainability beyond 8 weeks and test scalability across diverse tribal regions.

Key words/phrases: alcohol use disorder, brief intervention, tribal adolescents, Mahua, FRAMES model

Col statement: The author has no competing interests to declare that are relevant to the content of this article.

Authors: Alain Favina (1,2), Joyce Namwase (3), Samuel Maling (2), Godfrey Zari Rukundo (4), Celestino Obua (5), Ronald Omolo Ouma (6), Sarah Nambowa (7), Peace Kellen (8), Edith K. Wakida (5,9)

1. Research Department, Health Development Initiative, Kigali, Rwanda
2. Department of Psychiatry, Faculty of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda
3. Department of Psychiatry, Butabika National Referral Mental Hospital, Kampala, Uganda
4. Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton, Ontario, Canada
5. Department of Research and Development, Alpha Center for Research Administration, Mbarara, Uganda
6. Department of Physiology, Faculty of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda
7. Department of Public Health and Biomedical Sciences, Bishop Stuart University, Mbarara, Uganda
8. Office of Research Administration, Mbarara University of Science and Technology, Mbarara, Uganda.
9. Department of Medical Education and Center for Brain and Behavioral Health, California University of Science and Medicine, Colton, CA, United States of America

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: While Alcohol Use Disorder (AUD) is common in Sub-Saharan Africa, most affected individuals in low- and middle-income countries do not receive timely care. Task-shifting to Community Health Workers (CHWs) can be a strategy in implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) for alcohol use in the African context. In Uganda, CHWs, also known as Village Health Team (VHT) members, are selected from within the communities where they live and are meant to support health initiatives at the household level. Implementing SBIRT for AUD at the household level could therefore increase opportunities for early screening and expand access to treatment through referral pathways. However, before involving CHWs in SBIRT for AUD in rural areas, this approach needs to be evaluated, and CHWs should be consulted. Therefore, this study applied the Capability, Opportunity, Motivation, and Behavior (COM-B) model to examine CHWs' readiness in rural Uganda to screen and refer individuals with AUD.

Methods: A qualitative study was conducted in Keihangara and Kagongo subdistricts of Ibanda District in rural southwestern Uganda. For triangulation, the study included 18 in-depth interviews with CHWs and 3 key informant interviews with healthcare providers. The sample size was guided by data saturation. Guided by the COM-B model, the interview guides explored knowledge, resources, community context, opportunities, and motivation. Data were analyzed thematically using a combined deductive (COM-B-based) and inductive approach.

Results: Eight themes were mapped to the COM-B domains: Capability: (1) knowledge and communication skills, and (2) physical limitations in linking to care; Opportunity: (3) connection to health facilities, (4) social proximity and trust within communities, and (5) availability of structures/tools; Motivation: (6) expected positive outcomes and appreciation, (7) frustration from unsuccessful outcomes and lack of incentives, and (8) gender-based barriers, including stigma and verbal abuse, particularly targeting female CHWs. Across these themes, CHWs reported that they can recognize some AUD symptoms but lack comprehensive training and standardized tools. They also highlighted strong community ties and good relationships with health centers. However, key barriers were identified, including inadequate referral pathways, limited follow-up, lack of feedback, and stigmatization, particularly toward female CHWs.

Conclusion and implication: CHWs possess the capacity and motivation to implement SBIRT in their communities. Maximizing their impact requires targeted training, as well as structured referral and feedback systems and gender-sensitive support. Introducing simple, standardized screening instruments, such as the CAGE or AUDIT, could be a practical first step to strengthen CHWs' role. Such measures could enhance SBIRT screening for alcohol use in the community and improve the early detection and referral for individuals with AUD in resource-limited settings.

Key words/phrases: Community Health Workers, SBIRT, Alcohol use disorder, COM-B, Uganda

Col statement: The presenters have no conflicts of interests to declare

Authors: Francisco Camaralles Guillem (1). 1.- Programa de Actividades Preventivas y Promoción de la salud PAPPs de semFYC. Barcelona. Spain

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Despite strong evidence supporting preventive interventions in primary care, their implementation in routine clinical practice remains suboptimal. Quantifying perceived barriers and facilitators may help guide more effective implementation strategies. The objective of the study was to identify, quantify and rank the main barriers and facilitators perceived by primary care professionals for implementing preventive activities in routine consultations.

Methods: Cross-sectional descriptive study based on two surveys conducted among primary care professionals. One in Barcelona (Sumasalut conference November 2024 with 131 professionals) and other in Madrid (PAPPs conference March 2026 with 38 professionals). Open-ended responses were analysed using thematic content analysis. Responses were grouped into categories, standardizing synonymous terms. Absolute frequencies (n) and relative weights were calculated.

Results: A total of n = 438 responses were analysed (barriers: n = 244; facilitators: n = 194). Barriers: The most frequently reported barrier was lack of time and organisational constraints, accounting for n = 120 (49.2%) of all responses, including workload, time pressure and agenda limitations.

Other relevant barriers included:

- Motivation, attitudes and professional inertia: n = 25 (10.2%)
- Patient-related factors (motivation, resistance and engagement): n = 25 (10.2%)
- Training, knowledge and skills gaps: n = 20 (8.2%)
- Social, cultural and language-related barriers: n = 20 (8.2%)
- Resources, tools and team organization: n = 15 (6.1%)
- Individual professional factors (e.g., confidence, disposition): n = 8 (3.3%)
- Clinical complexity and intervention-related issues: n = 6 (2.5%)
- Preventive culture and unrealistic expectations: n = 5 (2.0%)

Facilitators

The most frequently identified facilitator was availability of time and improved agenda organization, representing n = 55 (28.4%) of responses.

Other key facilitators were:

- Training, knowledge and capacity building: n = 30 (15.5%)
- Availability of simple tools, protocols and system integration: n = 30 (15.5%)
- Motivation, beliefs and professional engagement: n = 22 (11.3%)
- Teamwork and multidisciplinary care models: n = 15 (7.7%)
- Leadership, system support and policy-level factors: n = 12 (6.2%)
- Doctor–patient relationship and communication skills: n = 12 (6.2%)
- Material resources and structural support: n = 10 (5.2%)
- Patient-related and social context factors: n = 8 (4.1%)

Conclusions:

The main determinant of preventive care implementation in primary care is organizational, with time constraints clearly outweighing knowledge gaps. Facilitators mirror these findings, highlighting the importance of structural changes, including agenda redesign and integration of simple tools into clinical workflows. Educational interventions alone are

unlikely to improve implementation without addressing contextual and organizational factors.

Key words/phrases: Primary care prevention, Barriers and facilitators, Implementation science, Time constraints ,Organizational factors

Col statement: The presenter have no conflicts of interests to declare.

Authors: Liam Knowles (1,2) Jane Knowles (1,3) 1. Teesside University 2. Bridges Tees Valley 3. University Hospitals Tees

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: As part of our offer, we deliver training sessions to local organisations, these courses originally focused on Blood Borne Virus Awareness and Identification of Substances, Harm Minimisation and Signs of Substance Use. These have been some of the standard information sessions being delivered to partner organisations. The trainer has 15 years of experience working in Substance Use, lived expertise and is a A-Level Biology and Psychology teacher. What became apparent was that questions in these sessions often went beyond the initial effect of substances and focused on trying to understand why individuals who use substances behave in certain ways. As the training was delivered to Job Centres, Supported Housing Providers and charitable organisations, working with but not exclusively people who use substances, questions often related to motivation. Questions or statements included 'why would they not come to the appointment if their money depends on it?' [Jobcentre], 'we offered them use of the shower, but they just said maybe later, I don't understand' – [Food Bank], 'he was told next warning he would get evicted, he still never sorted his room, he wasn't under the influence, but still never did' [Supported Housing].

Methods: The trainer already was in possession of evidence-based programmes which they had been delivering to, substances users and staff teams within substance use services. These programmes were adapted to suit deliver to individuals who may have less knowledge of substance use. Session content was reviewed and updated where required. A primary focus was explaining behavioural changes through the lenses of synaptic transmission and neurotransmitters. Using basic visual tools, accompanied with real world experiences to show the impact, on task completion. Participants were asked to complete an evaluation sheet at the end of the training. As part of arranging the training we had asked organisers to collate verbal feedback, as we found this to give richer feedback, this was either provided to us at the end or in a follow up email, a request for any noticeable impact was sent 4 weeks later.

Outcomes/results: Evaluation forms were overwhelmingly positive, with some minor suggestions which we implemented. The collected verbal feedback was most interesting, organisations described changes to culture within their staff teams, individual staff members disclosed how they had improved relationships, better results and more positive interactions.

'I always wondered why he seemed down, when he should have been happy, makes sense now' [Mother]

'we have changed how we support people' [Housing Provider]

'knowing this has really reduced stigma' [Mental Health Service]

'the team are still talking about it' [charity at 4 week follow up]

Conclusions/implications: Working with people who use substances is not just about when they are under the influence, its about understanding neurological explanations for certain behaviours, knowledge of this really reduces stigma. Decision making of people who use substances, was clearly infuriating to others who were 'trying to help', this training supported to have greater understanding of that process and change their way of working. This knowledge is needed in substance use services and beyond, to everyone who provides support to benefit people who use substances.

Key words/phrases: stigma; education; neurology; community; behavioural change

Col statement: "The presenters have no conflicts of interests to declare".

E3. Session title: Women's Health, Pregnancy and Gender

Abstract number: E3.1. A pilot study of alcohol screening and motivational counselling in antenatal care in Ukraine

Authors: Kateryna Marushko (1), Yuliia Kotykovych (1), Nataliia Usenko (1) (1) Public Health Center of the MOH of Ukraine, Ukraine

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Prenatal alcohol exposure is the sole cause of fetal alcohol spectrum disorders (FASD), making FASD a fully preventable condition. Alcohol use during pregnancy also increases the risk of other adverse pregnancy and child health outcomes. In Ukraine, antenatal care standards include counselling on healthy behaviours, but alcohol screening and structured brief intervention are not systematically integrated into routine practice. This pilot study assessed the feasibility, acceptability and preliminary effects of introducing an AUDIT-C-based screening and motivational counselling model in antenatal care settings.

Methods: The study was conducted in three antenatal care facilities in Kyiv within the JA PreventNCD project. The intervention combined AUDIT-C screening, brief motivational counselling for women who screened positive, information materials for pregnant women and referral options tailored to the level of identified risk. AUDIT-C was scored as the sum of three alcohol consumption items, with higher scores indicating higher risk. The score was used to assess change between baseline and follow-up and to guide the intervention pathway: basic information for score 0, brief counselling for scores 1–4, and motivational counselling with possible referral for scores ≥ 5 . Healthcare professionals completed online and in-person training focused on AUDIT-C use, counselling structure and non-judgemental communication. A mixed-methods design was used. Quantitative data were collected from pregnant women at baseline and follow-up visits, while implementation outcomes were assessed through healthcare provider questionnaires, debriefing sessions and semi-structured interviews.

Results: The intervention was feasible to implement in routine antenatal visits and was generally well accepted by healthcare professionals. Providers reported that the structured model made discussions about alcohol more consistent and easier to initiate. At the same time, several barriers were identified, including limited consultation time, stigma around alcohol use during pregnancy, different levels of patient readiness to discuss the topic and the need for continued practical support after training. Among pregnant women ($n = 271$), exposure to the intervention was high: at the third visit, 94.5% reported that a doctor had asked them about alcohol use, 86.7% received advice to stop or abstain from alcohol, and 92.6% received an information brochure. More than half of respondents reported that the consultation influenced their alcohol-related behaviour. Mean AUDIT-C scores decreased from 3.18 at baseline to 0.72 at follow-up.

Conclusions: The pilot suggests that AUDIT-C screening combined with motivational counselling can be integrated into antenatal care in Ukraine, provided that healthcare professionals receive practical training and clear implementation tools. The findings support further adaptation and scale-up of the model, with attention to time constraints in routine consultations, referral pathways and continued supervision for providers.

Key words/phrases: alcohol screening; pregnancy; JaPreventNCD; motivational counselling; antenatal care

Col statement: The presenters have no conflicts of interests to declare

Authors: Derek Satre (1, 2), Andrea Altschuler (2), Monique Does (2), Nina Mulia (3), Stacy Sterling (1, 2), Kelly Young-Wolff (1, 2), Alison Moore (4), Shruti Datta (2), Constance Weisner (1, 2), Cynthia Campbell (1, 2) 1. University of California, San Francisco, USA; 2. Kaiser Permanente Northern California Division of Research, Pleasanton, USA; 3. Alcohol Research Group, Emeryville, USA; 4. University of California, San Diego, USA

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Unhealthy alcohol use has been increasing among aging women, and is associated with elevated risk for cancer, liver disease, and psychiatric disorders. Yet few studies have examined this important demographic group with regard to alcohol use patterns, concerns regarding the health impacts of drinking, and experiences with screening and intervention. This qualitative study examined these issues in a diverse sample of women ages 50+ receiving care in an integrated health care system in Northern California, USA.

Methods: Women ages 50+ were identified based on electronic health record data and contacted by phone. Those meeting eligibility criteria (screening positive in primary care for unhealthy alcohol use or having an alcohol use disorder [AUD] diagnosis) completed a qualitative interview. Questions explored changes in alcohol use over time, drinking motivations, history of alcohol-related problems, co-use of other substances, health concerns, and efforts to cut back on drinking, as well as alcohol screening and intervention experiences in the context of primary and specialty care settings; and also explored perceived experiences of sexism/racism in health care. Interviews were conducted with N=30 participants between 4/11/2025-9/16/2025 on the Teams video platform, lasted 49 minutes on average (range 29-84 minutes), and were recorded and transcribed. Four members of the study team developed a code book based on interviewer fieldnotes. Current thematic analyses focus on participants' experiences in the context of health care.

Results: Study participants reported a range of alcohol use patterns, health-related concerns, and prior experiences with primary care and pathways to addiction treatment. Common themes included the impact of depression/anxiety and social isolation after life transitions such as retirement or children leaving home on onset or increased unhealthy drinking and motivation to cut back on alcohol use due to mental and/or physical health concerns (although awareness of adverse impacts was variable). Additional themes included the role of caregiving as both a source of stress and reason to reduce drinking, reluctance to disclose heavy drinking to clinicians, and the extent to which dialogues with clinicians were useful (e.g., when clear feedback on drinking risks in relationship to specific conditions such as depression or liver disease was provided), and linkages to mental health care and addiction treatment when needed. Participants had a range of suggestions for how services addressing unhealthy drinking for women in primary and specialty care settings could be improved.

Conclusions: In this sample of women ages 50+ with a history of unhealthy alcohol use, many reported adverse medical, social and mental health consequences of drinking. Participants described a range of experiences in primary and specialty care: while some experienced helpful alcohol screening and brief intervention-focused discussions with clinicians, others indicated that clear advice regarding alcohol use effects could be provided more consistently. Consideration of patient perspectives and experiences in health care, highlighting adverse health impacts, and attention to comorbid mental health symptoms and social isolation can inform tailored brief interventions and enhance opportunities for prevention of serious alcohol-related consequences in this important patient population.

Key words/phrases: women; older adults; alcohol; prevention; health care systems

Col statement: The presenters have no conflicts of interests to declare.

Authors: Ana Vitória Correa Lima (1), Divane de Vargas (1)

1. School of Nursing of University of São Paulo

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background: Alcohol consumption among women has increased globally, particularly during reproductive age and midlife, contributing to significant physical, mental, and social health burdens. Women also face unique vulnerabilities, including greater susceptibility to alcohol-related harm, gender-based violence, stigma, and barriers to accessing care. Despite these challenges, gender-sensitive interventions remain limited, especially in low- and middle-income countries. Brief Intervention (BI), based on motivational interviewing principles, is a low-cost, time-efficient, and evidence-based approach for reducing risky and harmful alcohol use. However, its effectiveness among women in the Brazilian context remains insufficiently investigated. Objective: This study aims to evaluate the effectiveness of a Brief Intervention in reducing risky and harmful alcohol consumption among women attending a specialized outpatient service for women's health in São Paulo, Brazil.

Methods: This protocol describes a two-arm randomized controlled trial with parallel groups. Eligible participants will be women aged 18 years or older, identified as engaging in risky or harmful alcohol use through the T-ACE and Alcohol Use Disorders Identification Test – Concise (AUDIT-C). Participants will be randomly assigned to either the intervention group or the control group. The intervention group will receive a single face-to-face Brief Intervention session based on the FRAMES model (Feedback, Responsibility, Advice, Menu of options, Empathy, and Self-efficacy), while the control group will receive standard care and structured feedback only. Data collection will include sociodemographic and clinical variables, alcohol consumption patterns, mental health symptoms (Patient Health Questionnaire-4), subjective well-being (WHO-5 Well-Being Index), intimate partner violence (HITS), and reproductive intentions (Desire to Avoid Pregnancy scale). Follow-up assessments will be conducted at 3, 6, 12, 24, 36, 48, and 60 months, allowing for short-, medium-, and long-term evaluation. Data will be analyzed using linear mixed-effects models to assess changes over time and differences between groups.

Expected Results: As this is a study protocol, no results are currently available. It is hypothesized that women receiving the Brief Intervention will demonstrate a greater reduction in alcohol consumption and related risks compared to those receiving usual care. Additionally, improvements in mental health and subjective well-being are expected, as well as potential interactions with experiences of intimate partner violence.

Conclusions: This study will generate robust evidence on the effectiveness of Brief Interventions tailored to women in a real-world outpatient setting. By addressing gender-specific vulnerabilities and integrating mental health, violence, and reproductive dimensions, the findings are expected to contribute to the development of comprehensive and gender-responsive public health strategies. The results may support the implementation and scaling up of Brief Interventions within the Brazilian Unified Health System and similar contexts.

Key words/phrases: Women; Brief Intervention; Alcohol Use; Randomized Controlled Trial; Study Protocol; Women's Health.

Col statement: None

Abstract number: E3.4. Alcohol exposure prevention in pregnancy: SBIRT Guidelines from preconception to breastfeeding

Authors: Inés Zuza Santacilia (1), Soledad Justo Gil (1) (on behalf of the working group on alcohol prevention of the Public Health Commission in the Spanish Ministry of Health) 1. Prevention Area. GS of Health Promotion, Prevention and Health Equity. DG Public Health and Health Equity. Ministry of Health. Spain

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

INTRODUCTION: Prenatal alcohol exposure is a major public health concern, as alcohol is the substance causing the greatest neurobiological harm to the fetus. Effective prevention requires addressing alcohol consumption across the entire reproductive continuum, from the preconception period to pregnancy, postpartum, and breastfeeding, and also involving partners, whose consumption may influence both reproductive health and maternal alcohol use. WHO recommends systematic screening and brief intervention (SBI) for alcohol and other substance use at all stages, emphasizing early identification, continuity of care, and protection against stigma. Pregnancy and preconception care represent a key window of opportunity for behaviour change, particularly when alcohol use is addressed as part of an integrated, supportive, and non-judgmental health approach. Also, addressing alcohol exposure during pregnancy also requires reducing population level alcohol consumption implementing the most cost effective public health actions, in line with the WHO SAFER technical package.

METHODS: Given that SBI is among the most cost effective public health interventions a national consensus guideline was developed to support health professionals in the identification and management of alcohol consumption during the preconception period, pregnancy, postpartum, and breastfeeding. It was developed through a multidisciplinary and intersectoral process involving scientific societies in gynecology, midwifery, nursing, primary and community care, addiction services, and public health, with participation from all Spanish Regions.

RESULTS: The guideline recommends universal screening for alcohol consumption in people of childbearing age and pregnant individuals at key points of care, including preconception visits, antenatal follow-up, postpartum, and breastfeeding consultations. Screening is recommended to be conducted using validated tools such as ASSIST, AUDIT C and AUDIT, integrating alcohol into a broader assessment of substance use and psychosocial risk factors. When alcohol consumption is identified, brief intervention is recommended in all cases, tailored to the life stage and level of risk. Interventions should be empathetic, non judgmental, and based on motivational interviewing techniques, explicitly aiming to avoid stigma and blame. The guideline defines stepped intervention pathways, including intensified follow up and referral to specialized services when appropriate, and highlights the importance of partner involvement and coordinated care. In addition to clinical recommendations, the guideline includes specific actions for health authorities and administrations, supporting SBI implementation through training, organizational support, and coordination across services, in alignment with population level alcohol policies. The document also incorporates risk reduction approaches when abstinence is not immediately achievable, emphasizing continuity of care, interdisciplinary coordination between primary care, maternity services, addiction services, and social care, and the importance of keeping the mother–child dyad together whenever possible. It also highlights the need for systematic postnatal follow up of children with potential prenatal alcohol exposure to enable early identification of developmental needs and timely support.

CONCLUSIONS: Systematic implementation of SBI across all reproductive stages is a core strategy to prevent prenatal alcohol exposure. National consensus guidance can support health professionals, reduce stigma, and promote consistent, evidence based practice. Integrating SBI into routine care should be reinforced through training, clinical protocols, and supportive alcohol policies to maximize public health impact.

Prenatal alcohol exposure is entirely preventable and requires a comprehensive approach involving health systems, healthcare professionals, communities, and public policies.

Key words/phrases: Alcohol Prenatal alcohol exposure Screening and brief intervention (SBI) Fetal Alcohol Spectrum Disorders (FASD) Pregnancy

Col statement: The presenters have no conflicts of interests to declare

E4. Symposium: Health Risk Behaviors Across Time: Insights for Multi-Behavior Change Interventions

Authors: Jennis Freyer-Adam (1, 2), Marie Spielmann (1), Caroline Timm (1), Filipa Krolo-Wicovsky (1, 2), Anika Tiede (1, 2), Gallus Bischof (3), Ulrich John (1) 1. Department of Prevention Research and Social Medicine, Institute of Community Medicine, University Medicine Greifswald, Greifswald, Germany 2. German Center for Cardiovascular Research, Greifswald, Germany 3. Department of Psychiatry and Psychotherapy, University of Lübeck, Lübeck, Germany

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Background to the theme: The majority of chronic diseases are preventable. Alcohol use, tobacco smoking, unhealthy diet and insufficient physical activity constitute major health risk behaviors. With increasing numbers of co-occurring risk behaviors, the risks for chronic diseases and mortality increase. On the population level, different risk behaviors tend to cluster. About one half or more of the general population report two or more risk behaviors. Furthermore, differences in health risk behaviors largely explain greater morbidity and mortality in population subgroups with low versus high socio-economic status. However, little is known about how these risk behaviors develop over time in the general population and in high-risk groups such as adults with alcohol use disorder, where mortality is fourfold compared to the general population. Furthermore, individual multi-behavior change interventions appear to be promising to address multiple co-occurring risk behaviors in people. Hospitalization has been found to provide a window of opportunity or a learnable moment. However, little is known about reach for and satisfaction with proactive multiple health risk behavior screening and brief intervention among general hospital patients.

Objectives: To present and discuss findings on a) long-term trajectories of e.g. alcohol use, nicotine use, physical activity and diet among the general population with any alcohol use and among adults with AUD following treatment; and on b) patient reach and acceptance of a multi-behavior change intervention during and after hospital treatment.

List of presentations:

- 1: Trajectories of Co-Occurring Behavioral Risk Factors and Educational Inequalities
- 2: Trajectories of health behaviors 24 months following treatment among adults with AUD
- 3: Multi-behavior screening and brief intervention in general hospital patients: Reach and Satisfaction.

Learning points: Co-occurring multiple health risk behaviors concern the majority of the general population and of health care patients whether treated for alcohol dependence or for any other disease or injury. Results underscore the importance of multi-behavior approaches and provide an empirical foundation for more targeted and equitable public health strategies. Proactive multi-behavior screening and brief intervention provides the means to reach a large and representative part of the target population.

1) Trajectories of Co-Occurring Behavioral Risk Factors and Educational Inequalities:

Using latent class growth analysis applied to data from 831 adults in a general population sample, this presentation identifies eight distinct trajectories of co-occurring behavioral health risk factors (BRFs) over four years, including alcohol use, tobacco smoking, physical inactivity, and excess weight. The findings highlight substantial heterogeneity in how BRFs cluster and evolve over time, moving beyond single-risk-factor perspectives. Trajectories characterized by multiple BRFs disproportionately affect individuals with lower educational attainment, pointing to persistent social inequalities in behavioral health. At the same time, alcohol use remains prevalent even in otherwise low-risk trajectories. These results underscore the importance of multi-behavior approaches and provide an empirical foundation for more targeted and equitable public health strategies.

2) Trajectories of health behaviors 24 months following treatment among adults with AUD

To study the long-term trajectories of alcohol use, smoking, nicotine use, physical activity, diet and BMI among adults with AUD following treatment, a prospective cohort study was conducted, including 1530 patients seeking treatment at "Unit for alcohol and health" at Stockholm Center for Dependency Disorders, Sweden. Data were collected at treatment entry, six-months, 12-months and 24-months follow-up. The study population includes the large group of socially stable adults with alcohol dependence. At baseline, the mean age was 50 years (range 20 - 86), 40% women, 80% worked and

95% had stable housing. The mean weekly alcohol consumption was 219 gram (SD 188). Over 70% report at least one additional health risk behaviour to alcohol. At the time for the conference, the follow up data, including the 24-month follow up (to be completed in June 2026) will be presented.

3) Multi-behavior screening and brief intervention in general hospital patients: Reach and Satisfaction

To investigate the reach of a proactive brief multi-behavior change intervention and satisfaction with the intervention, general hospital patients aged 18 to 64 years were proactively approached and asked to participate in screening and intervention on health behaviors. Of all eligible patients, 78.9% (n=225) were screened. Of these, 78.2% (those with tobacco smoking) to 85.3% (at-risk alcohol use) participated in the intervention (n=175, 81.8% in total). Of these, 76.0% received 2 or all 3 interventions, and 80.5% rated the intervention as good-very good at follow. While reach, and satisfaction were mostly independent of patient characteristics, low school education was positively related to intervention satisfaction ($p=0.02$). Systematic proactive multi-behavior change intervention may reach and be appreciated by the majority of patients, including most in need and hard to reach subgroups.

Key words/phrases: health risk behaviors, multi-behavior, trajectories, long-term, reach

Col statement: The presenters have no conflicts of interests to declare

Abstract E5. Session title: Youth Multi-Risk Prevention and Mentoring

Abstract number: E5.2. Cuida-te Program: A Comprehensive Brief Intervention Approach to Youth Health

Authors: Author: Natacha Torres da Silva(1); Co-authors: Carolina Cardoso (1), Vânia Lima Bastos (1), Rita Rosado Silva (1), Rosário Cruz (1), Vera Afonso (1) Instituto Português da Juventude e Desporto, I.P., Portugal

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: The Cuida te Program is a national youth health promotion and prevention programme grounded in an evidence based and public health oriented framework. It is based on the assumption, strongly supported by scientific literature, that young people's health and well being are shaped by multiple and interacting determinants, including emotional regulation, mental health, physical health, health literacy, social relationships and life transitions. While brief interventions have traditionally been associated with substance use or addictive behaviours, Cuida te adopts a broader, integrated approach, aligned with contemporary evidence that highlights the effectiveness of addressing multiple risk and protective factors simultaneously. The programme is designed to translate validated scientific knowledge into accessible, youth friendly and scalable interventions embedded in real world settings.

Methods: Cuida te applies brief intervention methodologies that are supported by empirical evidence, including psychoeducation, motivational and solution focused approaches, cognitive behavioural principles, and skills based interventions focused on self regulation, coping and decision making. Interventions are structured, time limited and goal oriented, while remaining adaptable to individual needs, developmental stages and local contexts. The programme addresses a broad range of youth health areas, including emotional well being, anxiety and stress management, mental health promotion, physical health, sexuality, healthy relationships, and risk decision making, moving beyond a narrow focus on substance use or addictive patterns. Cuida te targets both young people (12–30 years) and intermediate actors, such as youth workers, educators and health professionals, who play a key role in early identification and prevention. All interventions are delivered by specialised professionals with specific training in evidence based intervention models, working within multidisciplinary teams that integrate expertise from psychology, health, education and youth work. The programme is supported by a structured national infrastructure, combining youth friendly physical spaces, integrated referral pathways and digital platforms. Delivery channels include schools, youth centres, health services, community organisations, outreach initiatives and online communication tools that facilitate access, continuity and engagement.

Outcomes / Results: In 2025, Cuida te strengthened its implementation as a national, evidence informed and scalable programme, consolidating collaboration across health, education and youth sectors. Monitoring and evaluation data indicate wide and sustained reach, including diverse and vulnerable youth populations. Reported outcomes include improvements in emotional awareness, coping skills, help seeking behaviours and perceived access to specialised support. Among intermediate actors, results show increased competence and confidence in applying brief, evidence based interventions, as well as improved coordination between services. Overall findings reinforce the effectiveness of integrating validated methodologies into youth centred, real world contexts.

Key words/phrases: evidence-based | prevention | brief-interventions | youth | well-being

Col statement: The presenter has no conflicts of interests to declare

Abstract number: E5.3. Tailoring Digital SBIRT for Youth in Low-Resource African Settings: Lessons from a Co-Design Study in Rwanda

Authors: Pierre Mugisha¹, Josiane Ingabire¹, Abimbola Akinyemi¹

1. Arc labs afrika, Rwanda

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background: Brief interventions are effective in addressing behavioral risk factors, yet their implementation in low-resource settings remains limited due to contextual, cultural, and systemic barriers. Youth populations, particularly in underserved communities, often lack access to preventive services, while also being highly engaged with digital technologies. Co-creation approaches—where end-users actively participate in designing interventions—have emerged as a promising strategy to enhance relevance, acceptability, and effectiveness. However, practical frameworks for co-designing digital brief interventions with youth remain underexplored.

This presentation will give an overview of SBIRT principles and the importance of adapting interventions to local contexts; and introduction to co-creation methodologies and their relevance in public health innovation; Presenting a case study : Digital SBIRT in Practice - Presentation of a pilot digital platform designed to deliver AI-supported brief interventions for youth. The presentation will highlight design decisions, challenges, and early insights from implementation in low-resource settings.

Key words/phrases:

CoI statement:

Abstract number: E5.4. Developing a peer-based intervention for adolescents and young adults - alcohol and other drug use and gender equity among youth peer groups

Authors: Tara Carney (1,2,3), Jennifer Belus (4), Anitha Menon (5), Kudakwashe Madzeke (6), Beatrice Chiyokoma (6), Kim Johnson (1), Matias Basera (6)

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background: Adolescents and young adults (AYAs) in Southern Africa face disproportionate risks of alcohol and other drug use (AOD) and exposure to harmful gender norms. These behaviors are often reinforced by structural factors, including interpersonal relationships and the socioeconomic environment in low-to middle-income country (LMIC) settings, but existing interventions most often focus on changing individual behavior. This study describes the development and adaptation of a brief behavioral intervention to reduce AOD use and improve equitable gender beliefs, delivered to AYA peer groups attending vocational training programs in Zambia, Zimbabwe, and South Africa.

Method: The development and adaptation of the intervention was guided by six steps of the ADAPT-ITT framework. In each country, Youth Advisory Board (YAB) meetings, focus group discussions (N=976 participants) and training of vocational training program staff were conducted to obtain feedback on intervention content. YAB members were purposively recruited and selected with the assistance of study vocational training programme partners. The focus group discussion data was analysed iteratively using thematic content analysis.

Results: Participants identified reducing AOD risk behaviour as a priority, and that societal factors such as unemployment, gender inequalities, poverty and lack of social support contributed to AOD. To address these needs, we tailored existing evidence-based interventions (Manhood and RAD-PAL) which have been used in African context and target AOD and gender equity beliefs. Core components of evidence-based interventions were retained with additional content such as the importance of positive social support and building resilience was added. We also ensured that the intervention was interactive and integrative. AYA participants viewed the final adapted intervention, Peer Education for Gender Inclusion and Substance Use in Southern Africa (PEGISUS), consisting of 8 sessions, as appropriate and acceptable for the relevant settings.

Conclusion: Feedback from young people highlighted the acceptability of PEGISUS and how this could be sustainable within the proposed setting, but also made recommendations on topics pertinent to LMIC settings. The use of participatory methods generated adaptations that reflect AYAs needs, concerns and experiences resulting in a modified intervention.

Key words/phrases: alcohol other other drug use; adolescents and young people; tailoring interventions; participatory methods

Col statement: The presenters have no conflicts of interests to declare

F1. Session title: Listening to diverse prevention professionals

Abstract number: F1.1. What We Taught and What We Learned from PEACHD CZ —The Secret of Secrets, or Business as Usual?

Authors: Miroslav & Viktoria TBC (take affiliations from WHO session in programme)

Conference theme: Working with population groups living with disadvantage to reduce inequity

Full abstract text:

Introduction: The goal of the contribution is to present the results of tailoring and piloting CZ PEACHD screening and brief intervention on cancer modifiable lifestyle behaviours. This was piloted with Ukrainian doctors, intercultural workers and refugees from Ukraine in Czechia in 2025 and 2026. Since February 2022, several hundred thousand people from Ukraine have arrived in the Czech Republic, primarily women and children. Some of the new arrivals were also healthcare professionals who, after meeting all requirements, became practicing physicians in the Czech Republic. It was these professionals and multicultural workers and social workers who formed the main group that participated in the PEACHD training and provided brief interventions to people from Ukraine currently living in the Czech Republic.

Methods: We used multiple forms of data collection: questionnaires, interviews held during booster meetings, and online data collection forms completed by trained healthcare and social service professionals.

Results: 48 health and social professionals were trained onsite and 42 were trained online (mostly doctors). Majority of participants expressed good satisfaction with the professional training and confirmed that their skills had improved. The interventions themselves were conducted primarily in a group setting, while women slightly outnumbered men in individual consultations. The main topics of counseling were eating habits, physical activity, and smoking, which experts addressed through interviews and the distribution of materials. Patient/Client support was most often provided through leaflets and mobile apps PREVECAN, while direct referrals to other services were used only minimally. The implementation showed link between social stability and the willingness to change risky behavior among the target group. Virtually all patients/clients experienced a significant shift in priorities. Managing risk factors (cancer modifiable lifestyle behaviours) becomes a secondary concern for clients who lack a stable financial and social foundation. Their primary need is to secure basic living conditions.

Conclusions/implications: The successful implementation of interventions and the likelihood of behavioral change are only possible if sufficient attention is paid to the overall working and living conditions of both Ukrainian professionals and their Ukrainian patients/clients. During the implementation of the brief interventions, patients/clients expressed concerns that information about their health or lifestyle could negatively affect their legal status, the process of extending their temporary protection, or future applications for residence in the Czechia/EU. This must be considered when implementing further interventions for the target group.

Key words/phrases: PEACHD, brief intervention, migration, foreign trained professionals, Prevecan app

Col statement: The presenters have no conflicts of interests to declare.

Authors: Sven Andréasson, Tim Stockwell, Harold Holder, Tanya Chikritzs, Frida Dangardt, Tim Naimi

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text: Binge drinking: a review of health effects and implications for brief interventions

Introduction: Binge drinking has long been recognised as a particularly harmful form of alcohol consumption. It is primarily this form of drinking, with its social and behavioural consequences, that has led to the regulation of drinking in most countries in the world.

Outcomes: Binge drinking involves the rapid consumption of large volumes of alcohol. This leads to a rapid increase in blood alcohol concentration, BAC, which the detoxification enzymes, ADH and ALDH, can't cope with. The result is increasing levels of acetaldehyde and oxidative stress, with increased inflammation throughout the body. The acute effects of binge drinking: trauma, accidents and violence are well known. The long term effects of acetaldehyde and oxidative stress on dementia, alcohol dependence and chronic disease in later life are largely overlooked. Binge drinking accounts for around 50% of all alcohol sales in high-income countries and closer to two-thirds in middle income countries. It is a common pattern of drinking even among drinkers who otherwise are viewed as moderate drinkers.

Conclusions: In this presentation a review of the effects of increased levels of acetaldehyde and oxidative stress will be made, with a focus on the effects on the brain, the cardiovascular system and the liver. The conclusion from this large literature is that in addition to the volume of consumption, the rate of drinking plays a crucial role for the health effects of alcohol.

Implications: This has important implications for brief interventions for alcohol. Patients have a right to know that they can reduce the harm from alcohol by drinking slower. Practitioners need to explain how rapid drinking exceeds the body's capacity to metabolise alcohol. The somewhat revised advice would be "drink less and drink slower".

Key words/phrases: Alcohol, binge drinking, rate of consumption

Col statement: I have no conflicts of interests to declare

Authors: Zrinka Puharic (1) Faculty of dental medicine and Health Osijek

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Alcohol consumption is one of the leading public health problems in Europe, associated with almost every eleventh death. Alcohol-related mortality in the European region is almost three times higher than at the global level, and more than two thousand people die every day from the consequences of alcohol. According to data from the Croatian Institute of Public Health, 65% of adults and almost 70% of younger adults consumed alcohol in the last month, with the highest prevalence recorded in the age group of 25 to 34. Data from the international ESPAD survey from 2024 show that about 90% of students have consumed alcohol at least once in their lives, while 56% have drunk in the last 30 days. About 42% of 16-year-olds have binge-drunk on one occasion, which is significantly above the European average of 30%. The most common reasons for drinking are personal satisfaction and pleasure.

Methods: In Croatia, according to the Law, the sale and serving of alcoholic beverages to persons under the age of 18 is strictly prohibited. New measures that are under public discussion include strict market regulation in line with WHO recommendations, including an increase in excise duty, restrictions on advertising and physical availability of alcohol. Guidelines for “safer nighttime environments” at festivals have also been announced, along with increased supervision by the State Inspectorate over the implementation of the law on the prohibition of sales to minors.

The restriction on the sale of alcoholic beverages in stores from 9 p.m. to 6 a.m. is a fundamental change in the Trade Act, the amendments to which have been submitted for public consultation by the Ministry of Economy. According to the proposal, local government units would make the decision independently “if it is in the interest of protecting public health, protecting public order and peace, protecting cultural heritage or protecting the environment.”

The proposed amendments to the law also stipulate the obligation of the trader or seller to refuse the sale of alcoholic beverages if it is assessed that the buyer is under 18 years of age and he does not voluntarily prove that he is not under 18 by providing the seller with some of his personal documents, as well as in the case of the sale of goods through automated cash registers. When selling alcoholic beverages and beverages containing alcohol online, the trader is obliged to implement a technical solution on his website to verify the customer obtained by automated reading of the machine-readable zone of the identification document, whereby he is obliged to refuse their sale online if the buyer refuses to verify his identity, the proposal states.

A legal entity will be fined between 5,000 and 39,810 euros if it sells alcoholic beverages and other beverages containing alcohol in a store and fails to install a technical solution on its website to verify the buyer's income. The same fine will be imposed on a trader who fails to refuse to sell these beverages online if the buyer refuses to verify the income by automated reading. A fine of between 2,000 and 6,630 euros will be imposed on individuals who violate the law.

Outcomes: According to the Ministry of Health's action plan for addiction prevention until 2026, these measures would significantly contribute to the prevention of alcohol consumption and delinquency in public places.

Implications: they need to be implemented and evaluated

Key words/phrases: alcohol, law, minors, regulation

Col statement: no

Authors: Elina Renko, University of Helsinki, Helsinki, Finland

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Alcohol-related problems are widely viewed as health issues, thus rendering them marginal to the job of social workers. However, social workers who work outside substance abuse practice settings frequently encounter clients with hazardous and harmful drinking habits. This study presents a qualitative analysis of attitudes toward alcohol screening and counseling in adult social work, focusing on how alcohol-related problems are perceived within the field.

Methods: This study uses a Qualitative Attitude Approach (QAA) to explore the construction of attitudes in argumentative talk. It examines the ways in which social workers (n = 14) and their clients (n = 14) construct alcohol-related problems.

Results: Both groups primarily constructed alcohol-related problems as social issues. The interviewees associated this social issue closely with social statuses, as well as with clients' fulfillment of their responsibilities and ability to function well. The alcohol-related problem was attributed not only to the individual, but also to the people around him.

Conclusions: The medicalized view of alcohol-related problems, which highlights the negative impact these problems can have on people's health and well-being, was present in the discussions but less common than the social view. The interviewees saw identifying and managing alcohol-related problems as an essential part of a social worker's job. This social view contrasts with individualistic models of substance abuse treatment.

Key words/phrases: Adult social work; Attitudes; Interviews; Social worker; Client

Col statement: The presenter has no conflicts of interests to declare

Authors: Thaís Soares Pereira (1), Telmo Mota Ronzani (1) 1. Federal University of Juiz de Fora, Juiz de Fora, Brazil

Conference theme: Working with population groups living with disadvantage to reduce inequity

Full abstract text:

Among the aspects of vulnerability experienced by migrant populations, the challenges related to being an adolescent in a refugee situation stand out. Adolescence is a stage marked by physical, biological, and socio-emotional changes that make it a complex period requiring analysis based on its specificities. Health initiatives tend to focus their efforts on childhood and adulthood, often overlooking the particularities of adolescence. At the same time, given these living conditions, migrant adolescents often assume many responsibilities that prematurely adultify them and distance them from the experiences expected for their developmental stage. This makes it urgent that health promotion and prevention actions be grounded in the adolescent's perspective in a non-pathologizing manner. Thus, it is argued that psychosocial interventions aimed at this population should be developed participatorily and based on the principles of Popular Education, in order to respect these adolescents' lived experiences, understand their interests, and foster autonomy and a sense of participation while also promoting social bonds.

However, professionals working with this population, although well-intentioned, do not always feel adequately prepared to engage with them in a participatory way. From this perspective, the objective of the present workshop is to collaboratively construct, through the use of Paulo Freire-inspired popular education tools, an intervention focused on participatory work with refugee adolescents. The proposal is for the workshop to serve as a space for theoretical learning alongside the practical application of Popular Education techniques that can be used in participatory interventions with refugee adolescents, aiming to equip professionals for work with this population. We will begin by constructing a participatory diagnosis that considers both the group's strengths and challenges regarding knowledge about participatory work with refugee adolescents. Next, based on the analyses generated through this participatory diagnosis, we will define the central theme of our work. Starting from the notion that each participant plays a relevant role in the educational process, we will develop a sociodrama aimed at identifying the group's strengths based on each individual's work experience and prior knowledge. In this way, we will outline an action plan for learning, in which each participant will contribute to the collective discussion on how their previous knowledge can support participatory work with refugee adolescents. Finally, the group will be invited to analyze their expectations before, during, and after the training process. Together, we will creatively reflect on and provide feedback regarding the workshop's learning outcomes.

By the end, it is expected that participants will be equipped to apply Popular Education concepts in their health promotion work with refugee adolescents through a participatory methodology that values interculturality and generational diversity. Beyond this, it is also expected that all individuals involved, including the workshop facilitator, will reflect on their own practice based on the contributions of each participant and of the group as a whole.

Component 1: Refugee Adolescence, Vulnerability, and Health Promotion

Facilitator: Primary presenter/workshop leader

Summary: This opening session will introduce participants to the developmental, social, and structural vulnerabilities experienced by refugee adolescents. Special emphasis will be placed on adolescence as a critical life stage requiring targeted, non-pathologizing health promotion and prevention strategies.

Component 2: Participatory Diagnosis of Professional Knowledge and Practice

Facilitator: Workshop leader with participant collaboration

Summary: Participants will engage in a participatory diagnostic process to collectively assess existing strengths, challenges, and knowledge gaps related to working with refugee adolescents through participatory methodologies.

Component 3: Defining Core Themes Through Collaborative Reflection

Facilitator: Workshop leader

Summary: Based on findings from the participatory diagnosis, attendees will collaboratively identify the most relevant themes for intervention development, ensuring the workshop content is responsive to participant realities and professional needs.

Component 4: Sociodrama as a Popular Education Tool

Facilitator: Workshop leader and participants

Summary: Through sociodrama, participants will draw on their own experiences and prior knowledge to identify strengths, exchange perspectives, and co-create practical strategies for participatory work with refugee adolescents.

Component 5: Collective Action Plan Development

Facilitator: All participants

Summary: Participants will collaboratively design an action plan outlining how Popular Education methodologies can be integrated into their professional practices to strengthen health promotion and prevention efforts.

Component 6: Reflective Evaluation and Feedback

Facilitator: All participants

Summary: The workshop will conclude with a collective reflection on participant expectations, learning processes, and future applications, promoting ongoing professional self-reflection and collaborative growth.

Key words/phrases: Refugees; Adolescent; Participatory methodologies; Health Promotion; Prevention of risk behaviors

Col statement: The presenters have no conflicts of interests to declare

Authors: Olle Wiklund (1, 2), Philip Lindner (1, 2), Veronica Ekström (3), Erik Hedman-Lagerlöf (1, 4), Sven Andréasson (2, 5), Magnus Johansson (1, 2) Author details 1 Department of Clinical Neuroscience, Centre for Psychiatry Research, Karolinska Institutet & Stockholm Health Care Services, Region Stockholm, Stockholm, Sweden. 2 Centre for Dependency Disorders, Stockholm Health Care Services, Region Stockholm, Stockholm, Sweden. 3 Department of Social Sciences, Marie Cederschiöld University, Stockholm. 4 Gustavsberg Primary Care Center, Region Stockholm, Stockholm, Sweden. 5 Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden.

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Global status report on alcohol (2024) identifies alcohol as the sixth leading cause of health problems worldwide. More than one third of the adult Swedish population drinks hazardous amounts of alcohol and 5-7% have AUD (Alcohol Use Disorder). A considerable proportion of individuals with high alcohol consumption who would benefit from support to change their drinking patterns never receive it. This gap is driven by multiple interacting factors, including stigma related to alcohol problems, low awareness of available treatment options and limited access to specialized healthcare. These barriers often result in delayed help-seeking and recurring problems that negatively affect mental health, work performance, and overall well-being.

Over the past decade, a growing body of research has demonstrated the effectiveness of digital interventions for harmful use, delivered either as unguided self-help programs or in combination with varying levels of therapist support. A frequently cited advantage of digital interventions is their potential to lower both practical and psychological barriers to care by allowing individuals to seek support in a more discreet, flexible, and scalable way. However, despite this promise, relatively few studies have empirically tested whether digital interventions increase help-seeking and access to care when they are introduced into settings where such support has not previously been available.

The workplace constitutes a particularly relevant yet underexplored context for addressing this gap. A substantial proportion of the population can be reached through employment, and occupational health services (OHS) are uniquely positioned at the intersection of health promotion, prevention, and early intervention. Nevertheless, intervention studies targeting harmful use in work-life settings remain scarce, and evidence is especially limited when it comes to evaluating the effects on help seeking when adding digital interventions in routine occupational health practice.

Methods: To address these gaps, we conducted a pragmatic trial across 11 occupational health services. Digital screening and brief digital interventions for harmful alcohol use were introduced as an add-on to existing practices, which had been in place for several years. The study was designed to evaluate not only clinical and behavioral outcomes, but also implementation processes and contextual factors influencing uptake and use. A mixed-methods approach was employed. Quantitative data were collected using a stepped-wedge randomized design, allowing all participating occupational health services to sequentially implement the brief digital intervention while serving as their own controls over time. Outcomes included help-seeking behavior, alcohol consumption, and mental health indicators. In parallel, qualitative data were collected through longitudinal interviews with occupational health staff. These interviews explored perceived barriers and facilitators to working with harmful alcohol use. To address common barriers to help-seeking, the intervention was designed to be flexible and adaptable. Employees could use the digital intervention anonymously, engage with it as a stand alone self help tool, or use it in parallel with ongoing support from occupational health services. This flexibility allowed the intervention to complement existing practices rather than replace them.

Outcomes/results: Results on help seeking behavior and alcohol use at follow-up will be presented at the conference. As a key outcome of the project, a tested brief digital intervention for harmful alcohol use—together with practical strategies for dissemination to employees—is now available for use by occupational health services and employers.

Key words/phrases: Sustainable brief digital interventions; Harmful use in the Workplace; Pragmatic randomized trial; Feasibility and effects on help seeking; Co-creation with Occupational Health Services.

Col statement: The presenters have no conflicts of interests to declare.

Abstract number: F4.2. Engagement with a GenAI chatbot-delivered intervention for smoking cessation: A secondary analysis

Authors: Mengyao Li (1), Xiaoyun Xie (1), Tzu Tzun Luk (1,2), Shengzhi Zhao(3), Derek Yee Tak Cheung (1), Ziqiu Guo (1), Henry Sau Chai Tong (4), Vienna Wai Yin Lai (4), Tai Hing Lam (3), Man Ping Wang (1)

1. School of Nursing, The University of Hong Kong, Hong Kong, China

2. Alice Lee Centre for Nursing Studies, National University of Singapore, Singapore

3. School of Public Health, The University of Hong Kong, Hong Kong, China

4. Hong Kong Council on Smoking and Health, Hong Kong, China

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Generative artificial intelligence (GenAI) chatbots offer a novel and scalable approach to delivering personalized smoking cessation support through interactive communication. However, evidence remains limited on which smokers engage with chatbot-delivered interventions and how their engagement changes over time. This study aims to identify the engagement trajectories with a GenAI chatbot-delivered smoking cessation intervention and examine their association with biochemically validated abstinence.

Methods: This secondary analysis included 521 adult daily smokers recruited from 33 community sites assigned to the intervention group of a pragmatic cluster-randomized clinical trial nested in the Quit-to-Win smoke-free community campaign conducted in Hong Kong between June 21, 2025 and January 31, 2026. Participants received 3 months of GenAI chatbot-delivered behavioral cessation support via a mobile instant messaging application. All chat dialogues were retrieved, and engagement was defined as any messages (e.g., text, emoji) from the participants each week. For each intervention week, engagement was coded as a binary variable indicating whether the participant responded to the chatbot message or initiated a chatbot conversation. Group-based trajectory modeling was used to identify engagement trajectories based on weekly participants responses to chatbot messages during the intervention period. Ordinal logistic regression was used to examine associations between baseline characteristics and trajectory group membership, and Poisson regression with robust variance was performed to estimate the adjusted relative risks (ARRs) for 3-month biochemically validated abstinence by engagement trajectory, adjusting for sex, age, nicotine dependence, intention to quit, and previous quit attempts at baseline.

Results: Of the 521 participants, 417 were male (80.0%), and the mean (SD) age was 46.94 (15.30) years. Based on model fit indices, parsimony, and interpretability, the 3-trajectory model was selected as optimal (BIC for observations= -2093.10; BIC for participants= -2080.68; AIC= -2059.40; Entropy = 0.853). The model identified 3 engagement trajectories: limited engagement group (385 [73.9%]), in which participants showed limited initial engagement followed by little subsequent engagement; declining-engagement group (88 [16.9%]), in which participants had high initial engagement and gradually declined to a moderate level; and sustained engagement group (48 [9.2%]), in which participants maintained engagement throughout the intervention. Sustained-engagement group membership was associated with age 60 years or older, intention to quit within 30 days, and greater baseline confidence in quitting (all $P < 0.05$). Compared with the limited-engagement group, 3-month biochemically validated abstinence rates were significantly higher in the declining-engagement group (adjusted relative risk [ARR], 2.26; 95% CI, 1.33-3.84), and the sustained-engagement group (ARR, 5.64; 95% CI, 3.60-8.85).

Conclusions: Only a small proportion of participants maintained consistent engagement with the GenAI chatbot-delivered smoking cessation intervention. Sustained engagement was associated with greater biochemically validated abstinence. Further research is needed to identify strategies to improve long-term engagement and enhance the effectiveness of GenAI chatbot-delivered smoking cessation interventions.

Key words/phrases: Generative artificial intelligence; Chatbot; Engagement trajectory; User engagement; Smoking cessation

Col statement: No

Abstract number: F4.3. Using novel technologies to tailor and enhance a digital brief intervention

Authors: Stéphanie Blanc (1, 2), Matthew Vowels (2, 3), Nina Rodriguez (1), Vincent Gaspoz (1), Sophie Paroz (1,2), Jacques Gaume (1,2). 1. Lausanne University Hospital, Lausanne, Switzerland. 2. University of Lausanne, Lausanne, Switzerland 3. The Sense, Lausanne, Switzerland

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Digital interventions may facilitate access to and delivery of brief interventions among hard-to-reach populations. They also enable the collection of large-scale data, offering opportunities to explore intervention mechanisms related to behavioral outcomes. However, developing and refining interventions can be time- and resource-intensive, particularly when involving participants across study stages to ensure relevance to the target population. Furthermore, exploring and analyzing the large amounts of data generated can be challenging. We aim to evaluate the use of novel technologies to support (a) the development of a web-based application for cannabis harm reduction among regular cannabis users; and (b) the analysis of user-generated data collected during a randomized controlled trial testing the effect of this application.

Methods: The development of the application followed an iterative process, including two rounds of prototypes pretesting by regular cannabis users from the target population (N=12, one woman and 11 men), with audio-recorded semi-structured interviews (median duration [Q1-Q3]: 7 min [5.3-12.3]) to gather feedback on the usefulness and appropriateness of the application. We tested a local automatic speech recognition tool (ASR; Corv v.5.24.0) for verbatim transcription of interview recordings, and local large language models (LLMs; DeepSeek R1, Llama 3.1 and Llama 3.3) for qualitative deductive coding of the transcripts. The final version of the application is currently being tested in a randomized controlled trial (expected sample size N=565). User data is recorded through the application platform, including access logs, content of the allocated modules and reminders, completion details such as updates and timelines, tracking of information pages reading, and participants' satisfaction with the application.

Outcomes/results: The local ASR required 13.8 minutes to transcribe 101.8 minutes of interview recordings. The median proportion of incorrectly diarized words (i.e., incorrect speaker attribution) was 2.3% (Q1-Q3:1.7-4.1), and the median word error rate was 5.5% (4.8-7.9). Local LLMs showed instruction adherence rates for interviews coding of 85.4% for DeepSeek R1, 98.8% for Llama 3.1, and 89.6% for Llama 3.3, while model hallucinations rates were 3.3% for DeepSeek R1, 2.5% for Llama 3.1, and 2.0% for Llama 3.3. Compared with human coding, LLM-coded dimensions were mainly rated as moderately to highly relevant (DeepSeek R1: 58.3%, Llama 3.1: 62.1%, Llama 3.3: 59.6%), and the richness of the extracted content was mainly rated as moderate to high (DeepSeek R1: 50.4%, Llama 3.1: 55.4%, Llama 3.3: 51.6%). We will explore advanced modelling of user data, including machine learning algorithms, to predict outcomes related to cannabis use patterns (e.g., use of protective behavioural strategies, frequency of cannabis use, number of hours "high" on a typical day with cannabis use).

Conclusions/implications: Approaches incorporating artificial intelligence tools appear promising for supporting researchers in enhancing digital brief interventions at multiple stages. The rapid expansion of novel technologies raises the question of how they can be meaningfully integrated to strengthen health promotion interventions, calling for further empirical evidence.

Key words/phrases: Digital brief intervention; Tailoring and refining interventions; Novel technologies; Artificial intelligence

Col statement: The presenters have no conflicts of interests to declare.

Authors: Wellington Francisco Rodrigues (1,2,3,4), Micaella Silva Leandro (5), Siomar de Castro Soares (2), Pamela J. Lein (4), Christophe Morisseau (3), Aristóteles Góes-Neto (2) 1. Multidisciplinary Laboratory of Scientific Evidence, University Center of Mineiros (Unifimes), Mineiros, GO 75833-130, Brazil 2. Molecular and Computational Biology of Fungi Laboratory, Department of Microbiology, Instituto de Ciências Biológicas, Universidade Federal de Minas Gerais, Belo Horizonte, MG 31270-901, Brazil 3. Department of Entomology and Nematology and UC Davis Comprehensive Cancer Center, University of California, Davis, CA 95616, USA 4. Department of Molecular Biosciences, Weill School of Veterinary Medicine, University of California, Davis, 1089 Veterinary Medicine Drive, Davis, CA 95616, USA 5. Department of Psychobiology, Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP), São Paulo, SP 04023-062, Brazil

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Background: Screening and brief interventions (SBI) are evidence-based strategies for reducing alcohol-related harm, but their implementation remains uneven across countries. Global surveillance systems provide extensive alcohol-related and socioeconomic data; however, these data are rarely transformed into operational tools capable of identifying where SBI scale-up may be most urgently needed.

Objective: To develop and evaluate an artificial intelligence-assisted global surveillance framework for identifying countries with higher predicted priority for alcohol-related SBI implementation.

Methods: We conducted a global ecological longitudinal study using publicly available country-level data from the WHO Global Health Observatory and the World Bank. The harmonized panel integrated alcohol-related indicators, demographic variables, socioeconomic measures, health-system indicators, and lagged temporal predictors. The analytical framework included 187 country units and 1,683 country-year predictions across the 2011–2019 test window. Regression models predicted next-year alcohol-related risk, while classification models identified high-priority SBI settings. ElasticNet, Random Forest, XGBoost, and LightGBM were evaluated for regression, and logistic regression, Random Forest, XGBoost, and LightGBM were evaluated for classification.

Results: Tree-based models produced more epidemiologically plausible predictions than ElasticNet, which generated negative values for non-negative alcohol-related outcomes in several low-burden countries, including Pakistan, Saudi Arabia, Somalia, Syria, and Yemen. XGBoost showed strong classification performance, with excellent discrimination between high-priority and lower-priority country-year observations. In 2019, the model classified 45 countries as high priority, correctly identifying 39 of 42 observed high-priority countries. The highest predicted probabilities were observed for Ireland, Romania, the Slovak Republic, Portugal, the Republic of Korea, Hungary, Finland, New Zealand, Poland, and Czechia, all with probabilities above 0.999. Priority was not limited to high-income settings, also including countries such as Lao PDR, Cabo Verde, Equatorial Guinea, the Democratic Republic of Congo, São Tomé and Príncipe, Angola, and Gabon.

Conclusions: This AI-assisted surveillance framework translated global alcohol and socioeconomic indicators into actionable SBI priority signals. The approach may support periodic reassessment, targeted prevention planning, and more strategic international implementation of alcohol screening and brief interventions.

Key words/phrases: alcohol; screening and brief intervention; artificial intelligence; global surveillance; machine learning; prevention; public health prioritization.

Col statement: The presenters have no conflicts of interests to declare.

P1. Poster session

Abstract number: P1.01. Improving Prevention and Patient Engagement Through a Primary Care Welcome Visit: Study Protocol

Authors: Co-authors:

Alba Cabricano (1), Sheila Casas (1), Carla Bruguera (1), Lena Reisloh (1), Maria Manera (1)

1. Agència de Salut Pública de Catalunya, Barcelona, Spain

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Prevention and health promotion are core components of primary care. Evidence-based recommendations from the U.S. Preventive Services Task Force and the Programa de Actividades Preventivas y de Promoción de la Salud support systematic implementation of preventive interventions in routine practice. Screening and brief counseling enable early identification of risk factors and promotion of healthy behaviors, including physical activity, diet, and substance use. These interventions are effective, scalable, and feasible across healthcare professionals. A structured welcome visit for newly assigned patients may provide an opportunity to integrate prevention from first contact, identify health needs, enhance patient empowerment, and facilitate access to healthcare and digital resources.

Objective: To evaluate the implementation and impact of a structured welcome visit for individuals aged ≥ 15 years newly assigned to a primary care center, focusing on preventive activities, personalized counseling, digital inclusion, and patient engagement.

Methods: This mixed-methods study combines quantitative and qualitative approaches to assess feasibility, implementation, acceptability, and outcomes. Quantitative data will be drawn from electronic health records and administrative databases (eCAP, SISAP). Key indicators include the number of newly assigned individuals (including transition from pediatric to adult care), proportion of welcome visits completed within six months, and non-attendance rates. Analyses will be stratified by population type, age, sex, population profile, center size, and staffing. Outcome measures include completion of preventive screenings within six months (cardiovascular and behavioral risk factors), activation of digital health platforms such as La Meva Salut, and use of patient-reported outcome measures (PROMs), with comparisons to centers not implementing the intervention. Additional indicators include time from administrative registration to visit, unscheduled urgent care use, and number of trained professionals, assessing whether training influences implementation. The qualitative component evaluates patient and professional experience. Short Likert-scale surveys will assess perceived usefulness, understanding, empowerment, and satisfaction after administrative and clinical encounters. Online surveys and/or focus groups with multidisciplinary professionals will explore barriers, facilitators, perceived value, and organizational factors affecting sustainability.

Expected Results: The intervention is expected to increase uptake of preventive activities and screenings, improve engagement with digital health tools, enhance personalized counseling, and strengthen connections between new patients and primary care teams. It will also identify organizational factors associated with successful implementation and clarify the role of the welcome visit in delivering preventive care.

Conclusions: This study will generate evidence on a scalable primary care intervention centered on prevention at first contact. Findings may support integrating structured welcome visits to improve preventive coverage, patient empowerment, digital inclusion, and equitable access, while informing adaptation across diverse primary care settings.

Key words/phrases: Preventive interventions; non-communicable diseases; primary care; patient empowerment, digital tools

Col statement: The presenters have no conflicts of interest to declare.

Abstract number: P1.02. Effectiveness of BNI Across Latent Classes of Risky Alcohol Use Behaviours in Trauma Patients

Authors: ANAELDERRICK FREDERICK KIMARO

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: Alcohol use is a leading global public health concern, contributing to over 3 million deaths annually, including a substantial proportion from injuries. The African region bears the highest alcohol-attributable burden globally. In northern Tanzania, nearly one-third of trauma patients test positive for alcohol, with alcohol increasing injury risk more than fivefold. Brief interventions such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) are recommended under the WHO SAFER initiative. In Tanzania, the culturally adapted Brief Negotiation Intervention (BNI), Punguza Pombe Kwa Afya Yako (PPKAY), has demonstrated reductions in binge drinking. However, alcohol-related behaviours are heterogeneous, and it remains unclear whether intervention effectiveness varies across behavioural subgroups. This study applies a person-centered approach to evaluate differential effectiveness of BNI across latent classes of risky alcohol use behaviours.

Methods: This study is a secondary analysis of the Pragmatic Randomized Adaptive Clinical Trial (PRACT) registry conducted at the Kilimanjaro Christian Medical Centre (KCMC) Emergency Department between 2020 and 2025. Adult trauma patients screening positive for alcohol use were randomized to usual care or PPKAY (with or without SMS boosters). Latent Class Analysis (LCA) was conducted using ordered indicators from the Drinker Inventory of Consequences (DrInC) impulsivity domain to identify behavioural profiles. Preliminary model selection supported a two-class solution based on model fit, interpretability, and class size. Classes were characterized using sociodemographic, alcohol use, injury, and mental health variables. Planned analyses will assess differential intervention effectiveness across classes using longitudinal mixed-effects models and Difference-in-Differences approaches for outcomes including binge drinking days and alcohol consumption at 3 months.

Outcomes/Results: Preliminary findings identified two distinct latent classes: a lower-risk class characterized by minimal impulsive alcohol-related consequences, and a higher-risk class characterized by frequent impulsive behaviours such as fighting, loss of control, and alcohol-related harm. The higher-risk class was more likely to include younger males and individuals with greater alcohol use severity. These findings confirm substantial heterogeneity in risky alcohol use behaviours among trauma patients. Ongoing analyses will evaluate whether reductions in alcohol consumption and binge drinking differ across these latent classes following BNI exposure.

Conclusions/Implications: This study advances SBIRT implementation science by incorporating behavioural heterogeneity into evaluation of brief intervention effectiveness. Identifying which subgroups benefit most from BNI can inform more targeted, efficient, and culturally responsive alcohol interventions in low-resource emergency settings. These findings have direct relevance for optimizing SBIRT delivery in Africa and support WHO SAFER priorities by improving precision in alcohol harm reduction strategies

Key words/phrases: Brief Negotiation Intervention; Latent Class Analysis; Risky Alcohol Use Behaviours; Trauma Patients; Tanzania

Col statement: The presenters have no conflicts of interests to declare

Authors: Bhawna Sharma

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Psychological distress following cardiac events is common and clinically consequential, yet it remains among the most neglected dimensions of cardiac care in low-resource settings. In India, cardiovascular disease is the leading cause of mortality, with coronary artery disease disproportionately affecting populations nearly a decade earlier than Western counterparts. Significant number of patients post their cardiac event, experience psychological distress, associated with readmission, poor medication adherence, and premature mortality. Caregivers carry a parallel and largely unacknowledged burden. Despite this, psychosocial care is absent from most Indian cardiac pathways, and cardiac rehabilitation remains greatly underutilized. The post-discharge period represents a neglected window for brief psychosocial intervention, one for which no contextually embedded model currently exists in India.

Methods: This paper presents a proposed model developed through a practice-informed, participatory process. Development drew on a synthesis of LMIC-relevant evidence on post-cardiac distress and task-sharing frameworks; qualitative clinical observations across mental health, hospital, and training settings in India; and consultations with cardiologists, nurses, and caregivers to identify unmet needs, barriers, and contextual constraints. The process centered on adapting rather than importing existing frameworks to fit low-resource Indian settings.

Outcomes/results: The model proposes four embedded components deliverable within existing care pathways. First, brief psychological screening at discharge to identify distress in patients and caregivers. Second, evidence-informed psychosocial interventions for mild to moderate distress, delivered by trained, supervised non-specialist health workers through a task-sharing approach. Third, group-based recovery spaces to address social isolation and facilitate peer support. Fourth, competency-based training of frontline workers in cardiac-specific psychosocial care. Clinical observations suggest untreated post-discharge distress consistently drives readmissions, non-adherence, and caregiver burnout yet remains unattributed within routine clinical measurement.

Conclusions/implications: Integrating brief psychosocial interventions into post-discharge cardiac care is both timely and contextually feasible in low-resource settings but depends on deliberate adaptation rather than adoption of high-resource models. This paper invites dialogue around piloting and co-developing this model with hospitals and health institutions in India, and encourages the INEBRIA community to engage with post-discharge cardiac care as an underexplored site for brief intervention research and practice.

Key words/phrases: cardiac care; psychosocial brief interventions; task-sharing; co-creation; low-resource settings

Col statement: The presenter has no conflicts of interest to declare.

Abstract number: P1.04. Tobacco Imagery in Films: Industry Influence, Public Health Risks and Counter-Measures in Europe

Authors: Diana Inga Paegle (presenter), Renata Solimini, Chiara Cattaneo, Professor Constantine Vardavas (co-authors)

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: While some contemporary portrayals of smoking may be driven by artistic or narrative choices, the persistence of tobacco imagery raises concerns about ongoing indirect industry influence and the normalization of tobacco use. This review examines the tobacco industry's influence on film content through funding or other incentives that encourage the inclusion of tobacco-related scenes and imagery. Such content may shape audience behaviors and potentially promote harmful or unhealthy practices, particularly among young people. In the context of Europe's Beating Cancer Plan and the JA-SAFE Joint Action (Work Package 8 on accelerating a Tobacco-Free Generation and analyzing industry tactics), the aim is to develop recommendations that limit the tobacco industry's influence and strengthen public health protection through evidence-based policy and health-promotion actions.

Methods: A scientific literature search was conducted using the Consensus Search Engine, drawing on sources such as Semantic Scholar and PubMed. Additional online searches were performed on relevant institutional websites, including the Truth Initiative, the Centers for Disease Control and Prevention (CDC), and NORC at the University of Chicago. The research question focused on the extent and nature of tobacco-industry influence on film portrayals of tobacco imagery and scenes in recent years.

Outcomes/results: Tobacco imagery in films remains widespread globally, including in recent productions, where it often glamorizes smoking and rarely depicts its negative health consequences. One report from the U.S. Centers for Disease Control and Prevention (CDC) found that one in four youth-rated movies continues to include tobacco imagery, and that the decline in the number of movies featuring smoking stalled between 2010 and 2018. A recent report by NORC revealed that tobacco or nicotine imagery was present in 51% (77 of 152) of top films released in 2024, up from 41% (58 of 141) in 2023. The number of tobacco-related incidents increased by 43%, from 1,989 to 2,854. This growing exposure to tobacco in films is a significant public health concern, given the well-established causal relationship between exposure to smoking in movies and youth initiation of tobacco use.

Conclusions/implications: Stronger policies are needed to curb tobacco imagery in films, reduce youth exposure, and protect public health in line with JA-SAFE objectives. Recommended measures (to be formalized in the forthcoming JA-SAFE guidance on countering tobacco industry influence in films) include: regulating tobacco-industry involvement in film production; introducing mandatory health warnings before films containing tobacco-related scenes; requiring studios to certify that they have not received payments or incentives from tobacco companies; and encouraging governments to discontinue subsidies for films that depict tobacco use. These actions support broader health-promotion and brief-intervention frameworks aimed at preventing NCDs and achieving a tobacco-free generation by 2040.

Key words/phrases: tobacco imagery; film; industry tactics; tobacco-free generation; JA-SAFE

Col statement: The presenters have no conflict of interest to declare

Abstract number: P1.05. DIGITAL INTERVENTIONS TO REDUCE E-CIGARETTE USE AMONG ADOLESCENTS AND YOUNG ADULTS

Authors: Authors/Co-authors: Rake! Lopes Pimentel de Araújo, Erika Gisseth Leon Ramirez, Danielle Vidal Silva Ribeiro, Giovana Luisa Soares de Sousa, Juliana Lemos Rabelo.

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Electronic cigarettes (E-cigarettes) use has been increasing among adolescents and young adults, despite legal restrictions in several countries. Factors such as technological appeal and the mistaken perception of lower risk contribute to this adherence. In this context, digital interventions have emerged as promising strategies for the prevention and cessation of e-cigarette use in the digital generation. Objective: To map and describe digital interventions to reduce e-cigarette use among adolescents and young adults.

Methods: A scoping review was conducted following the PRISMA-ScR and Joanna Briggs Institute (JBI) guidelines, using five databases.

Results: Fourteen studies were included involving digital interventions targeting individuals aged 11 to 40 years. Mobile apps, text messages, social media, video games, and websites were the more common strategies used. Among the highlights are the Quit Genius app, which obtained a 44.5% abstinence rate; the This is Quitting program, with a 24.1% abstinence rate; and the ready4life app, which reduced addictive behaviors (OR = 0.77).

Conclusions: The digital interventions demonstrated efficacy and promising potential despite limitations related to the number of studies, geographic diversity, and methodological standardization.

Key words/phrases: Adolescent; Electronic Nicotine Delivery Systems; Digital Health; Vaping Cessation; Scoping Review.

Col statement: The presenters have no conflicts of interests to declare.

Authors: Lolita Alfred¹; Anastasia Månsson²; Britta Jacobsen³; Francisca Pulido Valente^{4,8}; Hugo López-Pelayo^{5,6}; Lidia Segura-García⁷; Maria Neufeld⁸ ¹ School of Health and Medical Sciences, City St George's, University of London, London, United Kingdom. ² Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden. ³ Department of Psychiatry and Psychotherapy, Hamburg, Germany. ⁴ Public Health Unit Amadora, Local Health Unit Amadora-Sintra, Lisbon, Portugal. ⁵ Health and Addictions Research Group, Institut d'Investigacions Biomèdiques August Pi i Sunyer, Barcelona, Catalonia, Spain. ⁶ Addictions Unit, Psychiatry and Psychology Service, Hospital Clínic de Barcelona; University of Barcelona, Barcelona, Catalonia, Spain. ⁷ Subdirector General of Addictions, HIV, STI and Viral Hepatitis, Public Health Agency of Catalonia, Department of Health, Government of Catalonia, Barcelona, Catalonia, Spain. ⁸ Alcohol, Illicit Drugs and Prison Health Programme, WHO Regional Office for Europe, Copenhagen, Denmark.

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Alcohol use is influenced by a range of individual, social, and environmental factors, some of which may be shaped by work-related conditions, including workplace social norms, organisational culture, job demands, and working patterns. Workplaces are important settings for alcohol prevention, but implementation of preventative interventions remains limited and inconsistent. However, given that there are well established barriers such as stigma, confidentiality, fear of disciplinary consequences, organisational culture and variation between policies, sectors and countries, alcohol prevention initiatives must explicitly address these. Digital Screening and Brief Intervention (SBI) may offer a scalable, confidential and non-stigmatising approach, but evidence on digital alcohol SBI in workplace contexts remains limited. This proposed proof-of-concept study seeks to address this gap through exploring the feasibility of developing a European digital alcohol SBI tool for employees.

Methods: The proposed proof-of-concept mixed-methods study will inform the development and optimisation of a prototype digital alcohol SBI tool for workplace contexts. The prototype digital tool follows an SBI-informed structure including work-context tailoring, an optional AUDIT-C alcohol self-check, personalised feedback, brief advice and signposting to resources and further support. It allows users to build a work profile, select relevant work situations, and reflect on alcohol-related scenarios. Data will be collected through an online survey and focus groups with stakeholders from public health, occupational health, human resources, management, policymaking, research and workplace organisations across selected European countries. Survey data will be analysed quantitatively using descriptive statistics, while free-text responses and focus group data will be analysed thematically.

Outcomes/results: Expected outputs will include identification of core components required for a digital workplace alcohol SBI tool, preferred design features, perceived barriers and facilitators to implementation, and adaptations needed across workplace sectors and national contexts. Findings will be used to refine the prototype and assess whether it is feasible to move towards user testing and implementation research.

Conclusions/implications: This proposed study positions the workplace as a setting where alcohol SBI can extend beyond individual risk screening and brief advice to encourage a broader consideration of work, wellbeing, safety and organisational contexts that may influence alcohol use. A digital employee-facing tool may help overcome barriers to workplace alcohol prevention, such as stigma and privacy concerns, while supporting personalised, non-diagnostic and non-punitive reflection on alcohol. This approach could contribute to embedding SBI and reflection on alcohol in everyday workplace settings where alcohol-related harm is experienced but opportunities for prevention and early identification are limited.

Key words/phrases: Alcohol SBI; workplace; digital health; employees; mix-methods; proof-of-concept

Col statement: The presenters have no conflicts of interests to declare"

Abstract number: P1.07. Micro-Costing Study of Computer-Assisted Screening and Brief Intervention in Pediatric Primary Care

Authors: Md Zubab I. Moid, Madison M. O'Connell, Jeremy W. Bray, Lydia A. Shrier, Alexander G. Fiks, Alessandra Torres, Miranda Griffith, Thatcher Felt, Marie L. Murphy, Sion K. Harris

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Alcohol use among adolescents is a major public health concern that results in substantial health-related and socioeconomic harms. Although a majority of US pediatricians report screening adolescents for alcohol use, less than half report using standardized screening tools or evidence-based brief interventions (SBI). Common barriers to implementing evidence-based SBIs include insufficient time, and lack of familiarity with validated screening tools and experience managing care for patients who screen positive. To help overcome these barriers, we developed a computer-facilitated SBI system for pediatric primary care that includes pre-visit screening and alcohol-related health risk psychoeducation for patients, as well as brief motivational interviewing-style counseling guidance for clinicians. We conducted a multi-site clinician-randomized trial in 6 pediatric primary care practices from the American Academy of Pediatrics Pediatric Research in Office Settings network in 4 states (MA, MT, NY, TX) between 2020-2026; 15 clinicians (11 physicians, 3 nurse practitioners, 1 physician assistant) assigned to the intervention arm completed our training, and 81 screen-positive patients aged 14-17 received the intervention. This analysis examined the initial start-up costs of the intervention for clinicians, as well as the time requirement and cost for ongoing intervention delivery, in anticipation of a future cost-effectiveness analysis.

Methods: We used standard micro-costing study methods including: 1) developing a comprehensive taxonomy of the intervention activities, 2) collecting data on resources used for each activity and their associated costs, and 3) multiplying the resources used by their unit costs and aggregating costs across activities to estimate the implementation cost of the intervention. Costs were estimated in December 2025 US dollars using the US Bureau of Labor Statistics Consumer Price Index for All Urban Consumers, US city average. We included costs for clinician intervention training, fidelity monitoring, site preparation, equipment and materials, and clinician-delivered intervention time. Startup costs were defined as one-time costs required before intervention delivery and were estimated per practice. Ongoing delivery costs were estimated per patient by summing the costs of clinician-delivered intervention time and all materials used during intervention delivery. Other than minutes the pediatrician spent with each patient, no other cost data were gathered from practices.

Results: The minimum directly measurable clinician-related start-up cost was \$19,166 per practice, with the largest portion (46% of total) driven by initial clinician training (\$8,778). The ongoing costs for intervention delivery were \$18.66 per patient, with the intervention requiring an estimated maximum of 11 minutes of clinician time per patient.

Conclusions/implications: The initial clinician start-up costs of this computer-facilitated SBI for adolescents are on the lower end of those found in the literature for other evidence-based alcohol SBIs, which can exceed \$20,000 per clinic. Although not the lowest, the ongoing costs and clinician time burden are also lower than those reported for other alcohol SBIs, where clinician time spent on intervention delivery often exceeds 12 minutes. Our results suggest that a computer-facilitated SBI may be a cost-efficient way to overcome many of the implementation barriers for pediatric primary care.

Key words/phrases: Cost analysis; Adolescents; Pediatric primary care; Screening; Brief Intervention

Col statement: The presenters have no conflicts of interests to declare.

Authors: Mariami Jojua (1), Ilia Nadareishvili (1) 1. David Tvildiani Medical University, Tbilisi, Georgia

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Mental health conditions, including depression and anxiety, represent a growing public health burden globally. In Georgia, a post-Soviet Eastern European country, primary care system remains weak, while access to specialized care is limited. Despite the central role of primary care in early detection and management, mental health problems are often under-identified and unmanaged. Mental health screening and brief intervention (MH-SBI) involves the use of brief, standardized screening tools (e.g., PHQ-9, GAD-7) followed by structured, short counseling interventions delivered by primary care providers to patients identified as at risk. We present a study which aims to evaluate the feasibility and implementation of a mental health Screening and Brief Intervention (MH-SBI) model in primary care settings in Georgia.

Methods: Guided by implementation science frameworks, including the Consolidated Framework for Implementation Research (CFIR) and the Implementation Outcomes Framework (IOF), the study will assess multilevel factors influencing the adoption, acceptability, feasibility, and sustainability of MH-SBI. A mixed-methods design will be employed, including qualitative interviews with primary care providers, patients, and health system stakeholders, as well as quantitative assessment of screening uptake, intervention delivery, and patient outcomes. Based on formative findings, the study will develop and pilot a culturally adapted intervention package, including training modules for primary care providers and practical tools for integrating MH-SBI into routine care. The intervention may incorporate digital or blended learning approaches to enhance accessibility and scalability in rural settings.

Expected outcomes: The expected outcomes include identification of key barriers and facilitators to MH-SBI implementation, development of a contextually tailored and feasible intervention model, and preliminary evidence on its acceptability and effectiveness. The findings will inform national strategies for integrating mental health into primary care and contribute to the broader evidence base on scalable mental health interventions in low- and middle-income country settings.

Key words/phrases: mental health, screening and brief intervention, Georgia, implementation science

Col statement: The presenters have no conflicts of interests to declare

Authors: Lillian Gelberg

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Aim: Cannabis legalization and the availability of high-potency products can increase mental health comorbidities. In addition to being linked to psychosis and suicide, cannabis use (CU) is associated with attention deficit hyperactivity disorder (ADHD), and individuals with ADHD are nearly 3 times more likely to use cannabis. This study aimed to: (1) compare CU among transition-age youth (TAY) in primary care diagnosed with ADHD versus those without mental health diagnoses (MHD), and (2) examine daily CU rates among TAY with ADHD by ADHD medication status. We hypothesized that ADHD would be associated with higher CU and pharmacological treatment would lower CU frequency.

Methods: UCLA Primary Care patients aged 18–29 were screened annually via the Epic EHR portal using the self-administered UCLA Tobacco and Cannabis Questionnaire (WHO ASSIST-based). We reviewed EHR data from January 2021–December 2024 for past 3-month CU among all TAY without MHD (N=19,195) and those with ADHD (N=3,647). Further analyses compared ADHD patients prescribed ADHD medication (N=951) versus not prescribed (N=606). Chi-square tests were used; $p \leq 0.05$ was significant.

Results: Among the 22,842 patients included in this analysis the average age was 24.3 years, 59.8% were female, and the overall prevalence of CU was 31.7%. TAY with ADHD were more likely than those without MHD to report past 3-month CU (43.7% vs. 29.7%), daily CU (23.5% vs. 16.0%), and weekly CU (27.2% vs. 23.7%) ($p \leq 0.001$). Among CU users, ADHD patients were more often moderate-to-high risk for cannabis use disorder (CUD) (54.4% vs. 34.2%, $p \leq 0.001$). Daily CU was higher among ADHD patients not taking medication versus those taking medication (28.1% vs. 20.6%, $p = 0.002$).

Conclusion: Over half of TAY with ADHD and CU were at moderate-to-high CUD risk. CU was more common among ADHD patients regardless of treatment, but ADHD medication was associated with lower CU frequency. Clinicians should screen for CU and discuss risks and treatment options with TAY with ADHD.

Key words/phrases: Cannabis; Transition Age youth; ADHD; Mental Health; Cannabis Use Disorder

Col statement: The presenters have no conflicts of interests to declare

Abstract number: P1.10. Challenges in implementing a digital intervention on alcohol consumption: perspectives of counselors

Authors: Keith Machado Soares¹, Maria Lucia Oliveira de Souza Formigoni¹

1. Department of Psychobiology, Unifesp

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Background: Digital interventions aimed at reducing alcohol consumption have become increasingly recognised as effective, but with low adherence. Furthermore, there are still gaps in the implementation process, particularly with regard to user guidance. This study aimed to analyse the perceptions of professionals involved in the orientation of Bebermenos programme users, as well as the data provided by these users regarding the relevance and expectations of the orientation process.

Methods: This pilot exploratory qualitative study analysed reports on guidance sessions and adherence to orientation sessions. A thematic approach was used for the qualitative analysis to identify patterns related to platform use, adherence, and counsellors' perceptions.

Results: Of a group of 25 participants, 52% did not respond to invitations to schedule orientation sessions after three attempts at contact; 40% attended guidance sessions and 8% expressed a lack of interest in them. Analysis of the contents of the reports identified three main categories: (1) difficulties with using the platform, (2) mismatched expectations of the sessions, and (3) the management strategies adopted by professionals. Participants' main queries related to the programme itself concerned completing the consumption diary, accessing the platform, interpreting progress graphs, setting goals, following the programme structure and the possibility of repeating the Readiness to Change Questionnaire (RCQ). Despite the technical focus of the sessions, participants frequently tried to use the opportunity to discuss motivations, triggers and consequences relating to alcohol consumption. Professionals reported the need to redirect sessions by providing support and guidance to participants to help them engage with specific platform activities focused on reflection and coping strategies.

Conclusions: The findings highlight important implementation challenges, particularly about adherence and the misalignment between user expectations and the purpose of the intervention. Human guidance was found to be important for both technical support and managing user demands. These results suggest the need to improve communication about the objectives of the orientation sessions, as well as integrating strategies that consider participants' needs, to enhance engagement. This study was supported by the São Paulo Research Foundation (FAPESP), grant number 2024/00844-9.

Key words/phrases: Digital intervention; Alcohol use; Implementation; User engagement; Qualitative research

Col statement: The presenters have no conflicts of interests to declare

Authors: Co-authors:

Susana Henriques (1), Carmen Bettencourt (2)

1. Universidade Aberta, Lisboa, Portugal

2. Solidaried'arte, Ponta Delgada – Açores, Portugal

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text:

Introduction: Portugal has one of the most advanced legal frameworks in Europe addressing behavioural addictions. However, despite this robust legislative context, substantial limitations persist in the development of a specialised prevention workforce. Training opportunities for decision- and opinion-makers and policymakers (DOPs), as well as for frontline professionals, remain sporadic and insufficient. This presentation explores the contribution of the European Prevention Curriculum (EUPC) to addressing this training gap and enhancing national capacity for evidence-based prevention. Implemented in collaboration with Portugal's four certified national EUPC trainers, this initiative aims not only to strengthen professional competencies but also to foster a shared professional identity among prevention practitioners.

Methods: Based on several years of hands-on experience in implementing EUPC training in Portugal, the authors carried out a reflective and practice-informed breakdown. This analysis drew on data from pre- and post-training knowledge tests, systematic participants' feedback, and observed institutional outcomes following training cycles. Recurring challenges identified during training sessions were examined alongside broader systemic and structural barriers shaping the prevention field. Data were analysed using a mixed-methods approach to identify consistent patterns and to formulate recommendations aligned with European standards for prevention quality and capacity building.

Outcomes / Results: Comparison of pre- and post-training assessments revealed statistically and practically significant improvements in key domains of prevention knowledge and skills, particularly in distinguishing evidence-based interventions from ineffective or harmful prevention practices. Nevertheless, the analysis also identified a set of persistent structural and professional constraints limiting the reach and impact of EUPC training in Portugal:

- Lack of professional identity: the prevention workforce is highly fragmented, comprising professionals from diverse disciplinary backgrounds without a clearly defined or recognised professional profile.
- Overconfidence among experienced practitioners: senior professionals frequently equate extensive field experience with adequate prevention expertise, reducing openness to evidence-based training.
- Institutional infrastructure gaps: the absence of coordinated national prevention structures hampers strategic articulation and continuity.
- Narrow thematic focus: prevention efforts remain predominantly centred on substance use, despite a broader legal mandate that includes behavioural addictions.
- Absence of formal qualification requirements: neither recruitment criteria nor funding mechanisms explicitly require specialised prevention credentials, weakening incentives for advanced training.
- Language barriers: most high-quality prevention resources and training materials are available only in English, limiting accessibility for Portuguese-speaking professionals.
- Limited scientific dissemination: the lack of a national, peer-reviewed scientific journal dedicated to prevention restricts knowledge circulation and professional development. Together, these factors have constrained participation in specialised prevention training and slowed the professionalisation of the prevention workforce.

Conclusions / Implications: For the EUPC to realise its full potential in Portugal, explicit recognition of evidence-based prevention must be embedded within national strategic and policy documents guiding addiction prevention. In parallel, strong and visible institutional endorsement from academia, civil society, and public administration is essential to legitimise, sustain, and scale the EUPC model. Organisations whose professionals have already completed EUPC training are strategically positioned to act as multipliers and advocates, fostering stronger alignment between research, policy, and practice.

Key words/phrases: Prevention training; European Prevention Curriculum (EUPC); Evidence-based prevention; Health equity; Workforce development

Col statement: The presenters have no conflicts of interests to declare.

Abstract number: P1.12. SBIRT for Cannabis-using Children and Adolescents in Community Settings–The Can-K Feasibility Study

Authors: Diestelkamp, Silke¹, Baldus-Firnhaber, Christiane², Kuttler, Heidi³, Wehrle, Lena⁴, Eichin, Peter⁴, Paschke, Kerstin², Wartberg, Lutz¹

¹Medical School Hamburg, Hamburg, Germany

²German Center for Addiction Research in Childhood and Adolescence, Hamburg, Germany

³Cooptima - Prevention and Health Communication, Loerrach, Germany

⁴Villa Schoepflin, Loerrach, Germany

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Cannabis prevention has gained relevance in Germany following the partial legalization of recreational cannabis use in 2024. However, a systematic community-based prevention approach for young people combining individual Screening, Brief Intervention, and Referral to Treatment (SBIRT) for cannabis-using children, adolescents and young adults (C&A) with structural preventive measures is currently lacking.

Methods: Project Can-K develops and tests a community-based approach to cannabis prevention among young people aged 12–21 years. Can-K aims at adapting structures and concepts of the nationally established alcohol prevention program „HaLT“ to cannabis prevention and comprises two core components: (1) SBIRT for cannabis-using C&A with increased risk of psychosocial problems and (2) community-based structural cannabis prevention measures. Project components are developed in a stepped co-creation process and are implemented in N=8 pilot communities across Germany. SBIRT will be tested in multiple settings to assess feasibility and reach through different access pathways (clinical settings, schools, parents, and online counseling). Structural cannabis prevention measures address the settings school, family and leisure and leverage a strong networking component. Project components are evaluated using a mixed-methods approach based on the RE-AIM framework assessing the dimensions reach, effectiveness, adoption, implementation, and maintenance.

Outcomes/results: Results of project phase 1 (needs assessment) will be presented. The needs assessment comprised a survey of N=157 sites currently running the HaLT programm, focus groups with N=8 prevention practitioners experienced in delivering alcohol SBIRT with young people and semi-structured interviews with N=8 practitioners experienced in community-based structural prevention. In addition, two literature searches (PubMed, PsycInfo) were conducted to assess the current evidence for most effective elements of cannabis-related brief interventions and for screening instruments assessing an increased risk for psychosocial problems among C&A.

Conclusions/implications: Can-K addresses a previously unmet need in cannabis prevention for young people in Germany. Through the systematic adaptation of the established HaLT approach and the implementation of a participatory co-creation approach, the project seeks to maximize reach, effectiveness, acceptability, and implementation feasibility. Overall, the project aims to make a substantial contribution to strengthening sustainable cannabis prevention for young people by developing and testing an evidence-based and scalable prevention concept.

Key words/phrases: Cannabis; children and adolescents; community-based prevention; SBIRT; feasibility study;

Col statement:

Abstract number: P1.13. Lifesaving Potential: Returning Individual Research Result (IRR) and Harm Reduction in SUD Research

Authors: Shirley Stephenson, APRN, PhD, Veronica M. Bucci, BS, Akilah Smith, BA, Stephanie Torello, BA, Ruben Camargo, BA, Maggie Kaufmann, MA, MPH, Sarah Messmer, MD, and Niranjana S. Karnik, MD, PhD

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Introduction: The ethical principles of beneficence and transparency have long guided human subjects research, yet returning individual research results (IRR) to participants has historically been limited due to concerns about misinterpretation, clinical utility, and logistical burden. Evolving ethical frameworks increasingly recognize the provision of IRR as integral to participant autonomy and well-being. This shift is particularly salient in substance use disorder (SUD) research, where real-time information may influence health behaviors, build trust, and reduce risks. Amid widespread fentanyl adulteration of the unregulated drug supply, awareness of which substances may have been present in already-ingested products is critical, particularly for opioid-naïve individuals at increased risk of unintentional overdose. These benefits can be potentiated when coupled with harm reduction resources such as test strips and overdose reversal medications, which can further reduce risks while also conveying respect and empathy.

Methods: CURB-2 (NIDA CTN-0109) was a multi-site, randomized, double-blind, placebo-controlled clinical trial that investigated a novel treatment for cocaine use disorder. The protocol did not specify the return of IRR or require the distribution of harm reduction supplies, although the lead site suggested the provision of intranasal naloxone. In accordance with the Belmont Report and the World Health Organization's Guidance for Best Practices for Clinical Trials, our site offered the study's twice-weekly urine drug screens (UDS) results to all locally enrolled participants (n=31). We also offered fentanyl, xylazine, and benzodiazepine immunoassay test strips, intranasal naloxone, peer support program referrals, and overdose education to all individuals, regardless of eligibility or enrollment status. Resources were delivered non-judgmentally with brief counseling to support result interpretation.

Outcomes: All local participants welcomed their UDS results and several reported behavior changes, including testing their cocaine prior to use and, in some cases, abstaining from use. Two participants who were informed of fentanyl-positive UDS results began consistent testing and had no subsequent fentanyl-positive tests. Two others experienced non-fatal opioid overdoses and subsequently requested additional harm reduction supplies. One of these individuals tested positive for fentanyl at two future visits, then negative for the remaining eight weeks. The other tested negative for the remainder of their enrollment. Despite the demands of a fifteen-week study duration, follow-up rates reached 80%. Several participants identified access to IRR and harm reduction resources as key motivators for continued engagement.

Conclusions/Implications: Returning IRR represents an important advancement in ethical research practice, aligning with beneficence and respect for participants. In SUD research, where risks are acute, timely access to results combined with harm reduction resources can save lives while enhancing engagement, retention, and trust. Our experience demonstrates that returning UDS results alongside education and resources is feasible and impactful. Broader adoption of returning IRR in similar contexts is warranted. As the unregulated drug supply remains unpredictable, integrating participant-centered data sharing in combination with harm reduction tools can play a critical role in reducing risks for participants and improving research outcomes.

Key words/phrases: Research Results; harm reduction; beneficence

COI statement: We have no COI to disclose

Abstract number: P1.14. BRIEF INTERVENTIONS FOR ALCOHOL USE IN ADULT WOMEN: A SYSTEMATIC REVIEW AND META-ANALYSIS

Authors: Talita Dutra Ponce

Conference theme: Working with population groups living with disadvantage to reduce inequity

Full abstract text:

Aims: Historically, alcohol use has been higher among men than women; however, women experience greater alcohol-related harm even at lower levels of consumption. In recent decades, this gender gap has narrowed considerably, accompanied by a marked rise in risky drinking among women. Brief Interventions (BI) have emerged as a key strategy for preventing and reducing harmful alcohol use. This review aims to evaluate the effectiveness of brief interventions, compared with usual care, in reducing alcohol consumption among adult women harmful drinking.

Design: A systematic review and meta-analysis of randomized controlled trials (RCTs) was conducted (PROSPERO ID: CRD420241048125). Search was conducted in PubMed, Web of Science, EMBASE, Scopus, CINAHL, and the Virtual Health Library until September 2025. Risk of bias was independently assessed by two or three reviewers. Setting: inpatient, outpatient, or community settings. Participants: adult women (≥ 18 years) with any level of alcohol consumption. Intervention: brief interventions of varying lengths and delivery modes conducted by healthcare professionals, with follow-up starting at one month. Measurements: frequency of alcohol consumption by days/month (FAC) and number of heavy episodic drinking (HED) days.

Findings: Twenty-three studies met inclusion criteria. FAC - Meta-analysis included five studies (N=442 in the intervention group; N=438 in the control group). The pooled effect resulted in a Standardized Mean Difference (SMD) of 0.11 (CI 95%: -0.24 a 0.02). This indicates a small reduction in alcohol consumption days among women receiving the brief intervention compared with usual care. However, the effect did not achieve conventional statistical significance. HED - Meta-analyses included five studies (N=741 in the intervention group; N=771 in the control group). The pooled random-effects model resulted in a Standardized Mean Difference (SMD) of 0.03 (CI95%: -0.53 to 0.58). This indicates substantial inconsistency among studies. Heterogeneity was high ($I^2 = 96.7\%$, $\tau^2 = 0.3771$, $p < 0.0001$), indicating that the effect sizes varied considerably between studies.

Conclusions: Brief interventions did not show consistent or statistically significant effects in reducing either the frequency of alcohol consumption or heavy episodic drinking among adult women. Brief interventions may still offer modest or short-term benefits immediately after implementation; however, such effects do not appear to be sustained or reliably captured by existing outcome measures.

Key words/phrases: Alcohol Drinking; Brief Intervention; Women; Systematic Review; Meta-Analysis; Heavy Episodic Drinking.

Col statement: The presenters have no conflicts of interests to declare

P2. Poster session

Abstract number: P2.01. Implementing preventive activities in primary care: clinical audit and professional perceptions

Authors: Francisco Camarelles Guillem

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Objectives: To evaluate the degree of recording and implementation of preventive activities recommended by the Programa de Actividades Preventivas y Promoción de la Salud (PAPPS 2024) in adult patients attended in a Primary Care Health Center, as well as to identify the associated factors, barriers and facilitators perceived by healthcare professionals.

Material and methods: Observational, descriptive and cross-sectional study developed in two phases. The first consisted of a retrospective audit of 307 clinical records selected by random sampling, following prior sample size calculation. The second phase comprised a structured survey addressed to 24 healthcare professionals from medicine and nursing. Bivariate statistical analyses and binary logistic regression models were applied.

Results: 50.2% of the patients analyzed showed an adequate recording of the minimum preventive package. The main cause of non-compliance was not the lack of initial recording, but the loss of longitudinal updating of the data, especially in alcohol and tobacco consumption (>85%). The use of structured tools such as AUDIT-C was very low (9.1%). The only statistically significant independent predictor for having an adequate record was diabetes mellitus (OR=2.47; p=0.037). For their part, professionals rated the application of preventive measures as of maximum importance, but identified lack of time in consultation, high acute demand and care pressure as the main organizational barriers. As main facilitators, they demanded more time, specific slots in the agenda and IT improvements with predefined templates.

Conclusions: The implementation of preventive guidelines in daily clinical practice shows moderate compliance, strongly limited by difficulties in maintaining updated information. Current prevention has an opportunistic character driven by chronicity. It is essential to implement structural interventions that provide professionals with more consultation time and agile IT tools to optimize recording and quality of care.

Key words/phrases: Primary care Preventive activities, Clinical audit, Electronic health records, Implementation barriers

Col statement: The presenters have no conflicts of interests to declare.

Authors: Anaelderrick Frederick Kimaro

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction: Alcohol use is a major contributor to injury and non-communicable disease burden in low- and middle-income countries. Our culturally adapted brief intervention, Punguza Pombe Kwa Afya Yako (PPKAY), combined with text-based boosters, has previously demonstrated effectiveness in reducing binge drinking among injury patients presenting to the emergency department (ED) at 3 months post-discharge. As efforts shift toward regional scale-up, there is a need to evaluate how such interventions can be effectively embedded within diverse health system contexts. This study aims to assess both patient-level effectiveness of PPKAY and health system-level implementation using an Artificial Intelligence-based Microplanning (AIM) Tool to support resource allocation and address implementation barriers across a regional hospital network.

Methods: This study will use a nested hybrid implementation-effectiveness design. Trial 1 is a Hybrid Type 2 implementation-effectiveness trial evaluating PPKAY intervention fidelity and effectiveness, measured by quantity of alcohol use in the past 30 days, across 14 hospitals. Intervention fidelity, identified as a key determinant of implementation success, will be assessed using a validated checklist in 10-20% of delivered interventions. Trial 2 is embedded within a larger Hybrid Type 3 design and focuses on system-level implementation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process. This includes development and deployment of the AIM Tool, a data-driven monitoring and dashboard system designed to identify service gaps, support decision-making, and enhance integration of SBIRT within routine care across varied hospital settings.

Outcomes/Results: Anticipated outcomes from Trial 1 include estimates of intervention fidelity, effectiveness, cost, and sustainability of PPKAY implementation across diverse hospital contexts. Trial 2 will generate system-level insights on SBIRT delivery, including referral processes, service utilization, and identification of implementation gaps through the AIM Tool. Together, these findings will provide evidence on how brief interventions can be adapted, monitored, and sustained when embedded within regional health systems.

Conclusions/Implications: Effective regional implementation of SBIRT requires both strong intervention fidelity and supportive health system structures. By integrating patient-level and system-level evaluation, this study will inform scalable strategies for embedding culturally adapted brief interventions within routine care. The findings will support health financing decisions and guide national and regional dissemination of SBIRT, contributing to more sustainable and context-responsive alcohol reduction strategies.

Key words/phrases: SBIRT; implementation science; alcohol use reduction; health systems integration; intervention fidelity

Col statement: The presenters have no conflicts of interests to declare

Authors: Areolina Durán

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Problematic alcohol use is a phenomenon that negatively affects family functioning and the emotional well-being of its members. This study aimed to compare levels of family cohesion, adaptability, perceived family support, and positive and negative affect among Cuban adults living in families with and without problematic alcohol use.

Methods: A total of 392 adults participated (55.9% women; mean age = 41.14 years, SD = 18.86), divided into two groups according to the presence or absence of problematic alcohol use in the family context. Participants completed a sociodemographic questionnaire, the Family Adaptability and Cohesion Evaluation Scale (FACES III), the Family APGAR (perceived family support), and the Positive and Negative Affect Schedule (PANAS).

Results: The analyses revealed statistically significant differences between groups. Participants from families without problematic alcohol use reported higher levels of family cohesion ($t(390) = 6.173, p < .001$) and adaptability ($t(390) = -4.380, p < .001$) compared to those from families with problematic alcohol use. They also reported greater perceived family support ($t(390) = 4.809, p < .001$). Regarding affect, no significant differences were found in positive affect ($t(390) = 1.299, p = .195$), whereas negative affect was significantly higher among participants exposed to problematic alcohol use in the family ($t(390) = -4.722, p < .001$).

Conclusions: These findings suggest that the presence of problematic alcohol use within the family is associated with more dysfunctional family functioning, characterized by lower cohesion, adaptability, and perceived support, as well as higher levels of negative affect. The results highlight the importance of systemic interventions targeting family dynamics in contexts of alcohol-related problems.

Key words/phrases: Family functioning; Alcohol-related problems; Family cohesion and adaptability; Perceived family support; Affect

Col statement: The authors declare no conflicts of interest.

Authors: Ana Vitoria Correa Lima & Divane de Vargas
School of Nursing of University of São Paulo – EEUS Brazil

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Objective: To evaluate the effectiveness of a telephone-based Brief Intervention (BI) in reducing risky and harmful alcohol consumption and improving health-related quality of life among women in Primary Health Care (PHC), as well as to explore associations between alcohol use and quality of life outcomes.

Methods: This randomized controlled trial included women aged 18 years or older attending PHC services who screened positive for risky or harmful alcohol use (AUDIT-C ≥ 3). Participants were randomly assigned to a control group (CG), receiving usual care, or an intervention group (IG), receiving a telephone-based Brief Intervention grounded in motivational interviewing. Follow-up assessments were conducted at 90 and 180 days. Outcomes included alcohol consumption measured by the Alcohol Use Disorders Identification Test (AUDIT) and quality of life assessed by the 12-Item Short Form Health Survey (SF-12), including physical and mental component scores. Linear Mixed Models (LMM) were used to evaluate changes over time and between groups, and exploratory analyses were conducted to assess associations between variables.

Results: A total of 202 women were included (CG=125; IG=77). At baseline, mean AUDIT scores were 11.8 in the CG and 10.8 in the IG. At 90 days, both groups showed reductions (CG=8.2; IG=8.8). At 180 days, the CG showed a slight increase (8.4), while the IG maintained a reduction trend (8.5), indicating a more sustained effect of the intervention. Quality of life improved over time. SF-12 physical scores increased from 77.5 at baseline to 79.8 at 90 days and 83.2 at 180 days. SF-12 mental scores improved from 69.0 to 74.0 and 77.6, respectively. Improvements were more consistent among participants with greater reductions in AUDIT scores. Exploratory analyses suggested an inverse association between alcohol consumption and quality of life, with reductions in AUDIT scores corresponding to increases in both SF-12 physical and mental components. The mental component showed a stronger relationship with changes in alcohol consumption, indicating that reductions in alcohol use may be particularly associated with improvements in psychological well-being. Additionally, participants reporting perceived effectiveness of the intervention (32.5%) demonstrated greater reductions in AUDIT scores and more pronounced gains in SF-12 scores. Over time, the intervention group showed a more stable trajectory in both alcohol consumption and quality of life outcomes compared to the control group.

Conclusion: Telephone-based Brief Intervention appears to be an effective and scalable strategy for reducing risky and harmful alcohol use among women in PHC. The findings suggest that reductions in alcohol consumption are associated with meaningful improvements in both physical and mental quality of life, particularly in mental health domains. These results reinforce the importance of integrating gender-sensitive and remotely delivered interventions into routine care, highlighting their potential to address both substance use and broader health outcomes in women.

Key words/phrases: Women; Brief Intervention; Alcohol Use; Primary Health Care; Quality of Life; Randomized Controlled Trial.

Col statement: None

Abstract number: P2.05. Alcohol use and alcohol consequences among young people and adults with injuries in Tanzania

Authors: Alice Andongolile

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text:

Background: Alcohol use is a major risk factor for injuries, which are the leading cause of significant morbidity and mortality among young people in sub-Saharan Africa (SSA). In Tanzania, high rates of alcohol use disorders (AUD) and heavy episodic drinking have been documented. However, limited studies have examined age differences in alcohol use and related harm among injury patients. Understanding these differences is essential for designing targeted interventions, particularly for populations at heightened risk.

Methods: We conducted a cross-sectional analysis using linked data from the Kilimanjaro Christian Medical Centre (KCMC) Trauma Registry and the Pragmatic Randomized Adaptive Clinical Trial (PRACT). The sample included injured patients aged ≥ 18 years presenting within 24 hours of injury. Alcohol use was assessed using the Alcohol Use Disorders Identification Test (AUDIT), and alcohol-related consequences were measured using the Drinker Inventory of Consequences (DrInC). We compared the prevalence of alcohol use disorder, risk levels, and consequences between young people (18–24 years) and adults (≥ 25 years) using descriptive statistics and age-stratified analyses.

Results: Of the 2,427 injury patients included, young people (18–24 years) had a mean age of 21.5 (SD 1.9), and adults (25+ years) had a mean age of 41.7 (SD 14.3). Of these, 46.5% of young people and 59.4% of adults reported being current drinkers. A higher proportion of adults had consumed alcohol in the past four weeks (28.7%) and within six hours before injury (21.3%) compared to young people (18.9% and 1.4%, respectively). Drinking frequency differed significantly, with adults more likely to drink four or more times per week than young people (14.1% vs. 5.8%, $p < 0.001$). Young people were significantly more likely to report that they or someone else had been injured as a result of their drinking within the past year (14.0% vs. 9.4%, $p = 0.026$). The majority of participants experienced alcohol-related consequences, with young people reporting significantly higher physical consequences (85.7%) than adults (73.5%) ($p = 0.010$). Despite these differences, the prevalence of alcohol use disorder (AUD) was comparable between the two groups (37.2% in young people vs. 39.6% in adults; $p = 0.524$).

Conclusion: Although adults reported more frequent alcohol consumption, young people experienced higher occurrences of alcohol-related harms, including a higher frequency of reporting that they or someone else had been injured due to their drinking, as well as having physical consequences. Despite these differences, both groups exhibited a comparable burden of problematic drinking, as measured by screening positive for AUD on the AUDIT. These findings highlight the need for age-specific interventions: for young people, strategies should target episodic, high-risk drinking behaviors associated with acute harms such as injury, while for adults, interventions may focus on habitual patterns of alcohol use.

Key words/phrases: Alcohol use; Alcohol use disorder; Young people

Col statement: The presenters have no conflicts of interests to declare

Abstract number: P2.06. The impact of an adapted brief intervention for acute injury patients in Tanzania: a case series

Authors: *Kim Madundo^{1,2}, Anaelderrick Kimaro^{2,9}, Ashley Phillips^{3,9}, Linda Minja⁴, Msafiri Pesambili^{5,9}, João Vitor Perez de Souza^{3,6,9}, Alice Andongolile^{4,9}, João Ricardo Nickenig Vissoci^{3,6,9}, Blandina T. Mmbaga^{4,7,8,9}, Catherine Staton^{3,6,9}

1. Department of Psychiatry, Kilimanjaro Christian Medical Centre, Moshi, Tanzania
2. Department of Psychiatry, KCMC University, Moshi, Tanzania
3. Department of Emergency Medicine, School of Medicine, 2301 Erwin Road, Durham, North Carolina, USA.
4. Kilimanjaro Clinical Research Institute, Moshi, Tanzania
5. Department of Emergency Medicine, Kilimanjaro Christian Medical Centre, Moshi, Tanzania
6. Duke Global Health Institute, Duke University, Durham, North Carolina, USA
7. Department of Pediatrics and Child Health, Kilimanjaro Christian Medical Centre, Moshi, Tanzania
8. Department of Pediatrics and Child Health, KCMC University, Moshi, Tanzania
9. GEMINI Research Center, Duke Global Health Institute, Durham NC, USA

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text: The impact and experience of a culturally adapted brief intervention for harmful alcohol use in an emergency care setting (PPKAY: Punguza Pombe Kwa Afya Yako): A case series

Background: Harmful alcohol use is widespread in Tanzania, yet specialized resources to address this remain limited. This case series explores outcomes of three individuals who received a culturally-adapted brief intervention to reduce harmful alcohol use in an emergency department in Kilimanjaro, Tanzania.

Methods: The PPKAY intervention is a 15-minute nurse-delivered motivational interview for adults with acute (< 24 h) injuries, with an Alcohol Use Disorder Identification Test (AUDIT) of 8 or above or self-reported drinking alcohol within 6 hours of injury. The primary outcome was participants' experience of the intervention. Secondary outcomes included number of binge drinking days in the prior month; depression, measured using the Patient Health Questionnaire-9 (PHQ-9); and alcohol-related consequences, measured by the Drinker Inventory of Consequences (DrInC). All outcomes were reported from baseline and at 3-month timepoints. Experience with the intervention was assessed with open-ended questions at a three-month post-intervention survey.

Results: Participants reported fewer binge drinking days, improved self-efficacy in managing triggers, reduced alcohol-related consequences, remission of depression, and strengthened interpersonal relationships. These were corroborated by significantly lower AUDIT, PHQ-9, and DrInC scores. One participant was not able to meet his drinking reduction target, accompanied by an avoidance of discussing interpersonal consequences of alcohol.

Conclusions: Our findings underscore the importance of integrated and targeted early screening and intervention in resource-limited emergency care settings. The narratives emphasize how a brief negotiational intervention can equip individuals with practical strategies to minimize harmful alcohol consumption. Further research is recommended to validate these outcomes in larger cohorts and diverse settings.

Key words/phrases: binge drinking; harm reduction; case report; brief intervention; trauma

Col statement: The authors declare no conflict of interest

Authors: Liam Knowles

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: As an Affected Others service, we are frequently asked by Probation or Social Services to deliver awareness training to family members of people who use alcohol or other substances. Often this relates to the family member being expected to supervise contact with children. This project was to develop an intervention which can be delivered to, to raise awareness beyond standard of identifying substances or signs people are under the influence. The intervention needed to support people to identify behavioural changes, while being accessible to individuals with little or no knowledge of substances. Being required to supervise contact of a parent with their child is an important undertaking, with anxiety increased when this is a requirement from a Family Court, people reported to us that they did not wish decline as their family member would then not have contact with their child but reported lacking confidence in undertaking the role.

Methods: We engaged with our lived experience group to co-design the intervention, this includes many kinship carers who have had experience of supervising contact. A short survey was formulated to rank confidence in different areas, at the time and if anything since had contributed to improvements. We asked those who were about to receive the training to complete a questionnaire about how comfortable they felt supervising access. This was voluntary and the session would still be offered if anyone declined to complete the questionnaire. Due to the confidential nature of the Court Order, it would not be appropriate to include carers routinely in the training delivery, so instead we include some carer testimonials in the literature given out. Post the intervention the same questionnaire was completed to show any changes to confidence and knowledge.

Outcomes/results: Family members who received the intervention all reported feeling more confident in identifying substance use or associated behaviours, with most feeling more aware when somebody presented under the influence. Over half reported feeling more confident in challenging their family member and that they were better placed to ensure safeguarding of the child. From within the current small sample size, all carers have been able to maintain the supervision of the child. Four of the individuals now have unsupervised access, two no longer have contact due to not attendance, once being questioned about substance use and six arrangements remain in place.

Conclusions/implications: Being asked to supervise your loved one seeing their own child is a very difficult situation, the child's safeguarding must come first but while some have a first instinct to say no the role, they agree due to feeling responsible for ensuring contact is maintained. These individuals often have limited personal knowledge of substances and associated behaviours and feel ill equipped. The key success was moving beyond identification of substances which has often been previous focuses but addressing different stages and how each may impact on child safety. A future question may focus on the parent who was required to be supervised and if increased awareness of the supervisor impacted their behaviour.

Key words/phrases: families; affected others; safeguarding; behaviour; identifying risk

Col statement: "The presenters have no conflicts of interests to declare".

Authors: Merle Truubon

Conference theme: Training new professionals / profiles to deliver BI

Full abstract text: Brief interventions (SBI) are an effective approach for supporting health behaviour change; however, their impact depends largely on professionals' communication skills, empathy, and ability to establish a trusting relationship. Delivering effective brief interventions requires not only technical knowledge but also self-awareness, reflective practice, and the ability to create psychologically safe interactions. Despite their importance, these competencies remain insufficiently addressed in health-related higher education.

This paper presents a practice-based course design aimed at supporting the development of future health professionals' emotional and reflective competencies, thereby contributing to competencies relevant for delivering brief interventions. The course integrates principles of emotional learning with cognitive learning goals, drawing on an andragogical framework and a flipped classroom model. It was implemented as a 5 ECTS course focusing on health determinants and multiple behavioural risk factors.

The course was structured to support both intellectual and emotional dimensions of learning. Students were first introduced to principles of adult learning and reflective practice, establishing a foundation for emotionally aware participation—an important competence in brief intervention contexts. Each student then facilitated a seminar on a specific health determinant, supported by structured peer feedback, contributing to the development of a psychologically safe learning community. This environment enabled students to engage with sensitive health topics and practise supportive communication. In a subsequent phase, students worked in pairs to design and deliver seminars for external target groups, applying their knowledge and developing behaviour change-oriented communication approaches in authentic settings, aligned with brief intervention principles. The course concluded with guided group reflection and an individual written assignment.

Student feedback and reflective outputs indicate that the emotional dimension of the course was as significant as its academic content. A safe and supportive learning environment was identified as a key factor enabling active participation, experimentation, and deeper engagement. Students reported increased self-awareness, confidence, and empathy—competencies relevant for the delivery of brief interventions. The process of independently navigating a complex and multifaceted topic also prompted reflection on uncertainty and individual learning strategies. The findings suggest that embedding emotional learning principles—such as intentional community-building, reflective practice, and psychologically safe environments—into health education can support deeper and more meaningful learning outcomes. This approach contributes to the development of competencies relevant for delivering brief interventions across diverse health and community contexts.

Key words/phrases: Brief interventions (SBI); Health promotion education; Competency development; Reflective practice; Psychological safety

Col statement: The presenters have no conflicts of interest to declare.

Authors: Pierre Mugisha

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text:

Introduction: Behavioral risk factors, including harmful substance use, poor mental health, and unhealthy lifestyle patterns, are increasingly prevalent among young people in low-resource settings. However, access to early screening and preventive interventions remains limited due to workforce shortages, stigma, and infrastructure constraints. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach for early intervention, but its implementation is often restricted in underserved communities. Digital technologies offer an opportunity to extend the reach of brief interventions, particularly among youth who are highly engaged with mobile platforms.

Methods: This study presents a pilot digital intervention developed by ArcLabs Africa, designed to deliver SBIRT-aligned services through a mobile-accessible platform. The system integrates self-administered screening tools to assess behavioral risk factors, including substance use and mental health indicators. An AI-driven brief intervention engine provides personalized feedback based on motivational interviewing principles, aiming to enhance awareness and promote behavior change. Users identified as higher risk are guided toward referral pathways, including community-based support services where available. The pilot will be implemented among youth aged 15–30 in selected school and community settings. A mixed-methods evaluation approach will be used, combining quantitative data (user engagement, screening outcomes) with qualitative feedback from participants and stakeholders.

Outcomes/Results (Expected): The intervention is expected to demonstrate high acceptability and engagement among youth populations, improved early identification of behavioral risk factors, and positive changes in awareness and motivation toward healthier behaviors. Additionally, the study will assess the feasibility of delivering scalable digital brief interventions in low-resource contexts, including the effectiveness of AI-driven personalization in enhancing user engagement.

Conclusions/Implications: AI-enabled digital platforms represent a promising approach to expanding access to brief interventions in underserved settings. By leveraging mobile technology and scalable design, this model has the potential to complement existing health systems and address gaps in early prevention. The findings will contribute to the growing evidence base on digital SBIRT implementation and inform future integration of technology-driven interventions into public health strategies, particularly in low- and middle-income countries.

Key words/phrases: Digital SBIRT; Youth health; Behavioral risk prevention; AI interventions; Low-resource settings

Col statement: The presenters have no conflicts of interests to declare.

Authors: Shambhu Dutta Joshi

Conference theme: Outcomes and impacts (including the role of SBI in prevention of cancer and other NCDs)

Full abstract text: Introduction:

In Nepal, alcohol use disorder affects 30.8% of adults attending primary health care facilities (95% CI: 27.4–34.4), with hazardous drinking at 26.7%. Routine screening and brief intervention (SBI) remain virtually absent in rural primary care due to provider training gaps and geographic barriers. Telehealth mentoring offers a scalable solution for embedding SBI in Nepal's federal health system, where primary centers serve disadvantaged rural populations.

Objectives:

To evaluate feasibility, provider fidelity, and effectiveness of telehealth-supported SBI on alcohol consumption and health-related quality of life (HRQoL) among patients with hazardous drinking in rural Nepalese primary care.

Methods:

This study recruited 162 consecutive adult outpatients (≥ 18 years), AUDIT-positive patients ($n=52$) received a single 10–15-minute BI with telehealth follow-up at 1, 3, and 6 months. Primary outcomes: change in AUDIT score and past-week standard drinks (Timeline Follow-Back). Secondary: WHOQOL-BREF

Results:

Screening coverage reached 89%. Among the 52 AUDIT-positive participants (mean baseline AUDIT=14.2, SD=5.8), mean AUDIT score decreased to 7.9 at 6 months ($p<0.001$; Cohen's $d=1.18$). Past-week standard drinks fell 51% (18.7 to 9.1; $p<0.001$). WHOQOL-BREF scores improved significantly in psychological (+14.6 points), social (+12.3), and physical domains (all $p<0.001$). Telehealth mentoring independently predicted higher BI fidelity ($\beta=0.41$, $p=0.001$). Providers reported 87% confidence post-mentoring; no adverse events occurred.

Conclusions:

Telehealth-supported SBI training is feasible and effective in rural Nepalese primary care, reducing harmful drinking and improving HRQoL among disadvantaged populations. This model directly addresses INEBRIA priorities for training new professional profiles and embedding brief interventions in LMIC contexts, offering a low-cost pathway for scale-up.

Key words/phrases: Alcohol ; Developing country ; Telehealth ; Quality of life ; Psychological impacts

CoI statement: None

Authors: Shambhu Dutta Joshi

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text: Introduction:

Hazardous alcohol use drives Nepal's rising liver disease and injury burden, particularly among lower-SES rural communities where homebrew dominates consumption. Participatory co-creation of culturally tailored, telehealth-delivered brief interventions (BI) remains untested in Nepalese primary care, despite the validated Nepali AUDIT-C's potential as a point-of-care tool.

Methods: This study among 148 AUDIT-C-positive adults (≥ 4 women/ ≥ 5 men). Participants were grouped 1:1 to immediate telehealth BI (10-minute culturally adapted motivational session using Nepali idioms and family context, delivered via mobile app + WhatsApp) or 3-month waitlist control. Primary outcome: change in past-week standard drinks at 3 months (Timeline Follow-Back). Secondary: full AUDIT score, WHOQOL-BREF, and feasibility (retention, usability SUS score).

Results: Retention was 93%. Intervention participants ($n=74$) showed a 44% greater reduction in standard drinks versus control (mean difference -7.4 drinks/week, 95% CI -9.8 to -4.9 ; $p<0.001$). AUDIT scores declined by 5.9 points ($p<0.001$). Psychological-domain WHOQOL-BREF improved by 13.8 points ($p<0.001$), correlating with drinking reduction ($r=-0.59$). AUDIT-C app validation showed excellent accuracy (AUC=0.89; sensitivity 87%, specificity 82%). Usability was high (SUS=84/100); 92% found the telehealth format acceptable and less stigmatizing.

Conclusions: This participatory, culturally tailored telehealth BI is feasible and efficacious in reducing hazardous drinking while enhancing HRQoL in rural Nepalese populations living with disadvantage. This strongly supports INEBRIA priorities for tailored embedding of brief interventions in LMIC primary care and working with hard-to-reach groups, warranting larger study for national integration.

Key words/phrases: Alcohol ; primary care ; telehealth ; drinking ; rural ; healthcare workers

Col statement: None

Abstract number: P2.13. Co-producing and evaluating a sports-mediated substance use prevention program for young people.

Authors: Urvita Bhatia

Conference theme: Broader interventions (Going beyond alcohol to address multiple risk factors)

Full abstract text: Background: Adolescence is a period of peak risk for onset and intensification of substance use behaviours, with long-term health harms. Despite the burden of early substance use, prevention efforts in India have been inadequate. We used a systematic intervention development process to develop MeWeSports, to leverage the power of community sport in delaying substance use initiation with its focus on healthy activities and social engagement.

Methods: Step 1- In-depth interviews with adolescents, parents, and experts to understand perspectives on substance use prevention. Step 2- Co-production of MeWeSports using participatory methods with community, youth advisory, and expert groups. Step 3- Mixed-methods evaluation of MeWeSports in a school-based pilot feasibility study (120 adolescents). Data were analysed using descriptive statistics and framework analysis.

Results: Substance use starts in a social context, with experimental use of alcohol and tobacco, followed by drugs. The influence of key agents of socialisation- families and peers, were seen to be dependent on developmental stages. Community-sport was perceived to be an appealing platform, harnessing the potential of multiple positive mechanisms of health behaviours. The universal prevention intervention was recommended to focus on substance use education, mental health promotion, life-skills, and socio-emotional competencies. The pilot-study findings suggest acceptability (to young people) and feasibility (delivered by sport-for-development coaches), and highlighted delivery challenges to address in future research.

Conclusion: MeWeSports demonstrates the potential of a contextualised intervention, with evidence of appropriateness and feasibility in a low-resource context. Our innovation has the potential of being integrated into policies and programmes on mental health, substance use, and sport.

Key words/phrases: Prevention; young people; substance use; sports-based; low-and-middle-income countries

Col statement: The presenters have no conflict of interests to declare.

Abstract number: P2.14. Co-Creation and Implementation Tailoring of Brief Substance Use Prevention for Youth in Foster Care

Authors: Maria Schweer-Collins

Conference theme: Tailoring and embedding brief interventions in different contexts (including co-creation)

Full abstract text:

Introduction. Youth in foster care in the United States (U.S.) exhibit disproportionately high rates of substance use, including a 75% higher risk for illicit drug use and 50% higher risk for alcohol-related problems compared to the general adolescent population. As youth age in the foster care system, their risk for substance use related problems heightens further, with state level estimates showing that 35% of youth in foster care ages 15-18 meet criteria for a substance use disorder, underscoring the need for substance use prevention among early adolescents in the child welfare system. Yet few evidence based interventions (EBI) have been adapted to prevent substance use in this population. This study describes the community-engaged process to co-tailor a brief substance use EBI, Court Appointed Special Advocates (CASAs) Brief Intervention (CBI), for delivery by CASAs who serve approximately 60% of youth in foster care in the U.S.

Methods. A 13-member advisory board (AB) was established, including former foster youth, foster parents, CASA administrators and trainers, and child welfare content experts. Semi-structured interviews were conducted with youth formerly in foster care (n = 12), foster parents (n = 7), and CASA volunteers, trainers, and administrators (n = 13), with additional interviews ongoing (target n = 60 by June 2026). Interviews explored contextual and implementation considerations for delivering CBI to youth ages 11-14 in foster care. A quantitative survey assessing needs, acceptability, and feasibility was administered to all participants. Qualitative data are being analyzed using thematic analysis with coding informed by the Consolidated Framework for Implementation Research (CFIR). Advisory board members participated in iterative interpretation of findings to inform CBI tailoring and implementation.

Outcomes/results. AB members reviewed and refined qualitative interview protocols for acceptability, relevance, and contextual appropriateness. Preliminary thematic analysis of CASA stakeholder interviews highlight key considerations for tailoring substance use prevention for youth in foster care. Content themes include: (1) the importance of non-stigmatizing language when directly addressing personal and familial substance use and (2) the consideration of cross-cutting positive coping and refusal skills that may benefit youth in foster care across substance use and other risk behaviors. Implementation-focused themes also emerged including (1) perceived barriers in delivering prevention within the CASA advocacy role; (2) concerns about role boundaries; and (3) structural constraints related to confidentiality and CASA organizational policies. These findings will be discussed in relation to how they informed tailoring of the intervention content, delivery format, training approaches, and implementation strategies.

Conclusions/implications. This presentation provides a case study of co-creating and tailoring a brief substance use preventative intervention for child welfare contexts. Preliminary findings highlight the value of aligning intervention content and delivery with volunteer roles and the CASA organizational context. Community-engaged adaptation and implementation planning may enhance feasibility, acceptability, and support future scale-up of brief substance use prevention to expand the reach of prevention of substance use to a greater number of youth in child welfare.

Key words/phrases: Brief Substance Use Prevention; Adolescence; Foster Care; Implementation; Community-Based Participatory Research

Col statement: The presenter has no conflicts of interest to declare.