

How to facilitate the implementation of EIBI: the case of Catalonia



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Director

Lisbon, Portugal,
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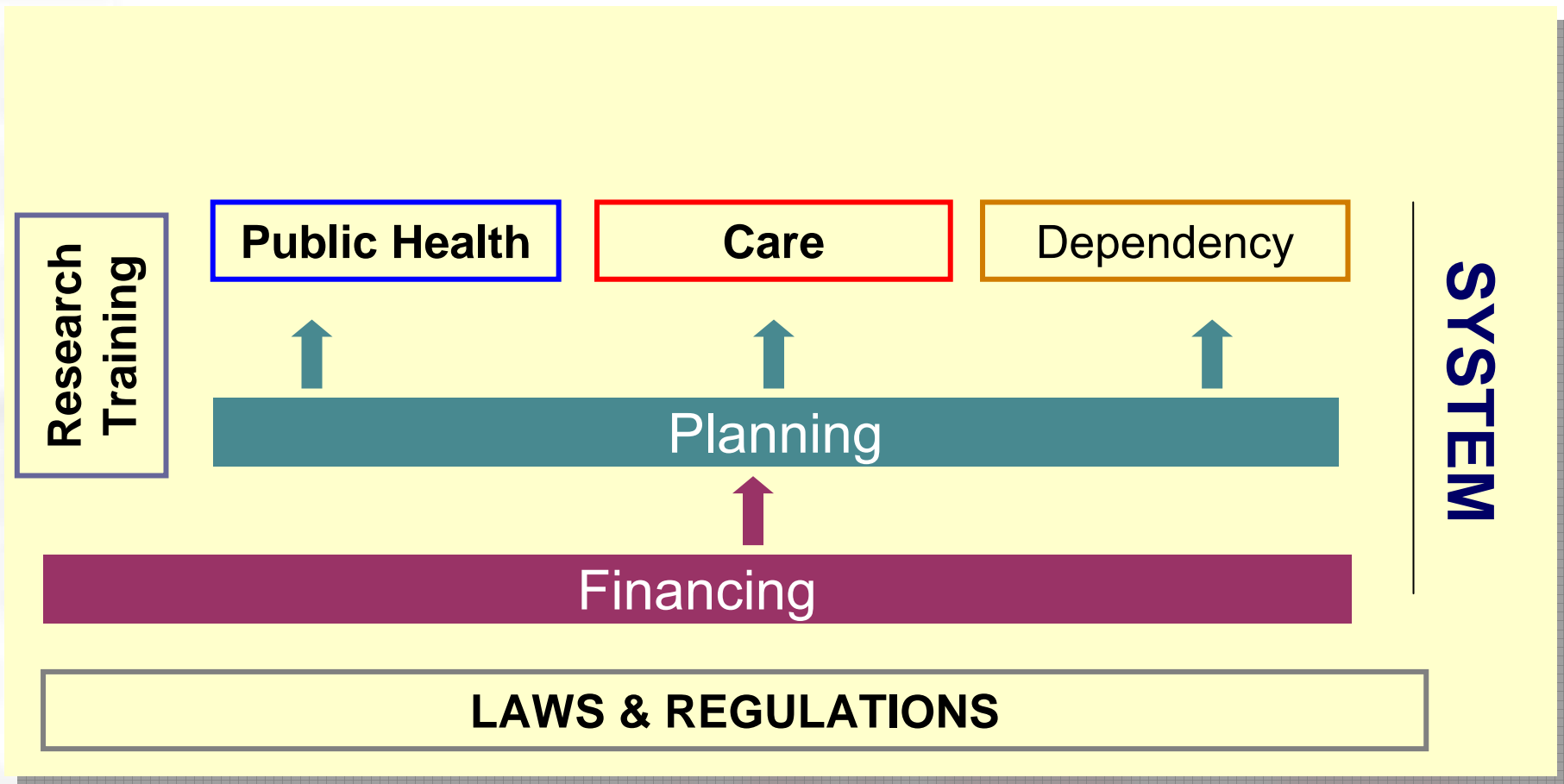
Generalitat de Catalunya
Departament de Salut

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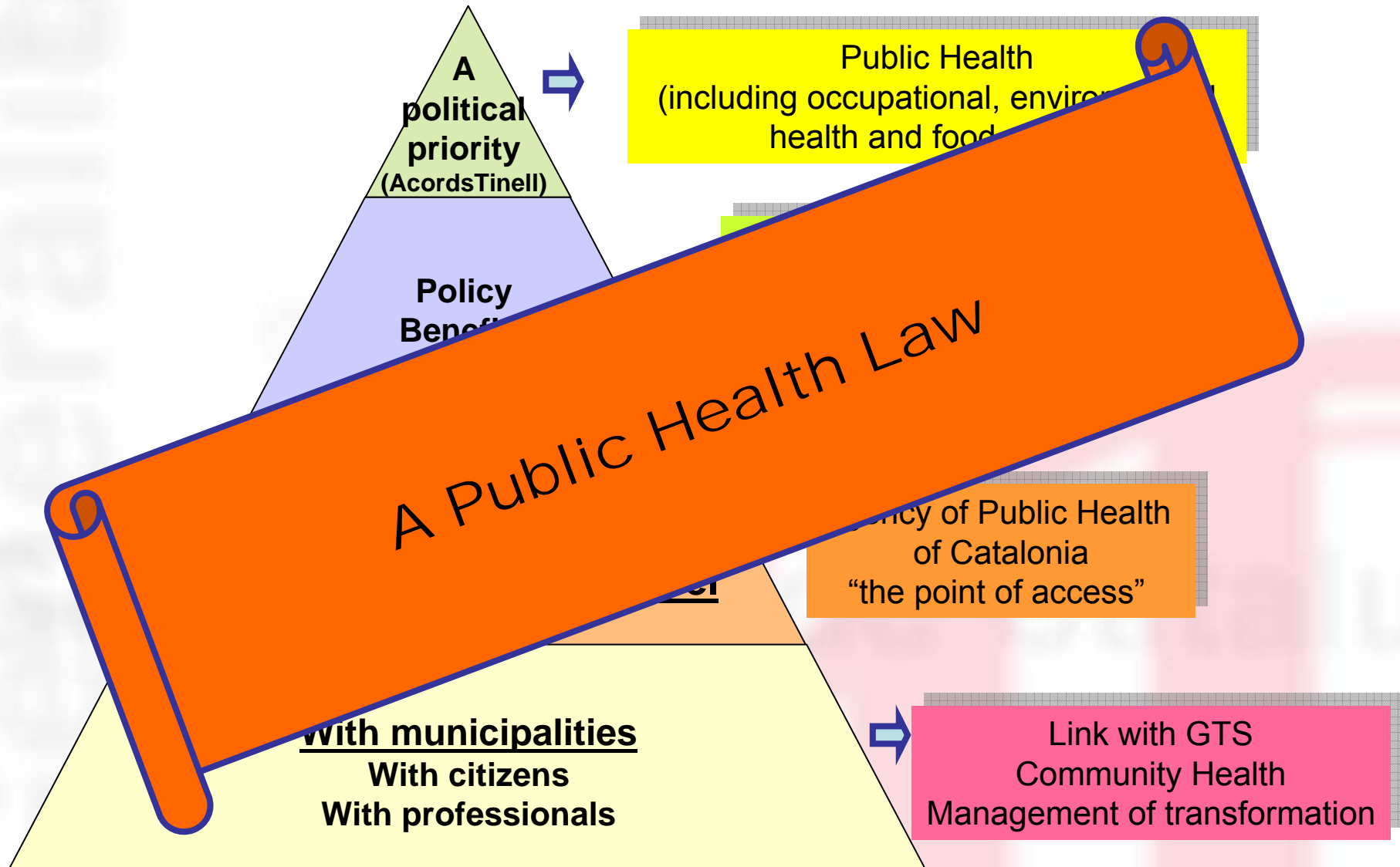
- **A Health System oriented towards prevention. Promoting public health**
- **Linking alcohol policy to Public Health Policy**
- **The role of a Substance Abuse Program**
- **EIBI as part of the alcohol policy**
- **What the catalan experience shows**
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The Catalan Health System



The reform of Public Health in Catalonia



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Linking alcohol policy to public health policy

- Launch the **Catalan Public Health Agency**, in charge of
 - the design and implementation of programs incorporating effective strategies of health promotion & protection, and disease prevention, with the support of epidemiology, monitoring and research.
 - providing support to policy formulation and planning
 - monitoring changes in key determinants and outcome indicators
- Development of a **regional strategy on mental health promotion and mental disorder prevention** in the framework of a global reorganisation of the public health policies and resources.
- Complement the medical approach with **population-based public health interventions** to address the broad dimensions of alcohol problems at the community level.

*Public Health is generally **not understood**
–maybe because when it is effective, nothing happens.*

Surgeon General Jocelyn Elders, 1995

*The **support of the population** to public health is
high... once it understands what it is about.*

H. Taylor, 2002. The Future of Public Health



1 La reforma de la salut pública a Catalunya

La reforma de la salut pública en Catalunya

The Public Health reform in Catalonia

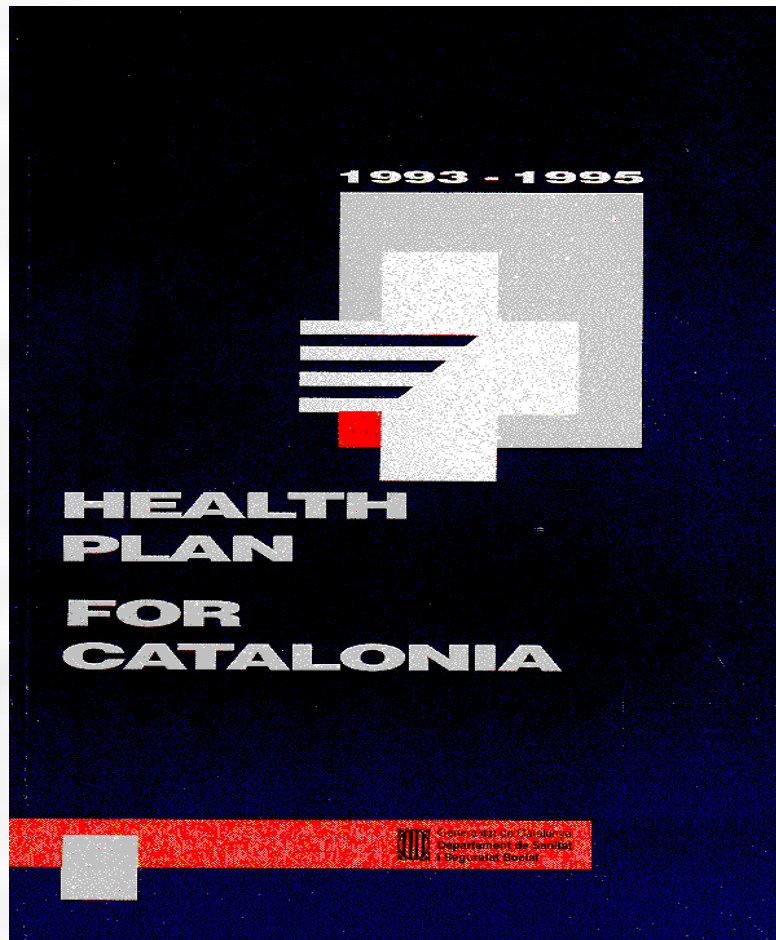
Informe del comitè científic per donar suport al projecte de reordenació del sistema de salut pública a Catalunya.

➡ A better organization for a better service

For more information:
Reforma de la Salut Pública a la web del Departament de Salut:

http://www.gencat.net/salut/dep_san/units/sanitat/html/ca/dir446/index.html

HEALTH PLAN FOR CATALONIA



Two main aims:

- Prevention, early diagnosis and control of drugdependencies
- Promotion of healthy habits.

To be reached through:

- General targets
- Risk reduction targets
- Operational targets

Health Plans in Catalonia

- **1993-1995**
- **1996-1998**
- **1999-2001**
- **2002-2005**
- **2006-2010**

Health Plan 2002-2005

- **Contains three chapters focused on addictive behaviours**
 - **Tobacco**
 - **Excessive alcohol consumption**
 - **Illegal drugs**

Health Plan 2002-2005

Alcohol Chapter

- **Operational targets (of a total of 10):**
 - **Complete dissemination of the “Beveu Menys” Project in the Primary Health Care**
 - **Train other professionals (paediatricians, waiters, etc) with screening and brief intervention strategies on alcohol**

Health Plan 2002-2010

Alcohol Chapter

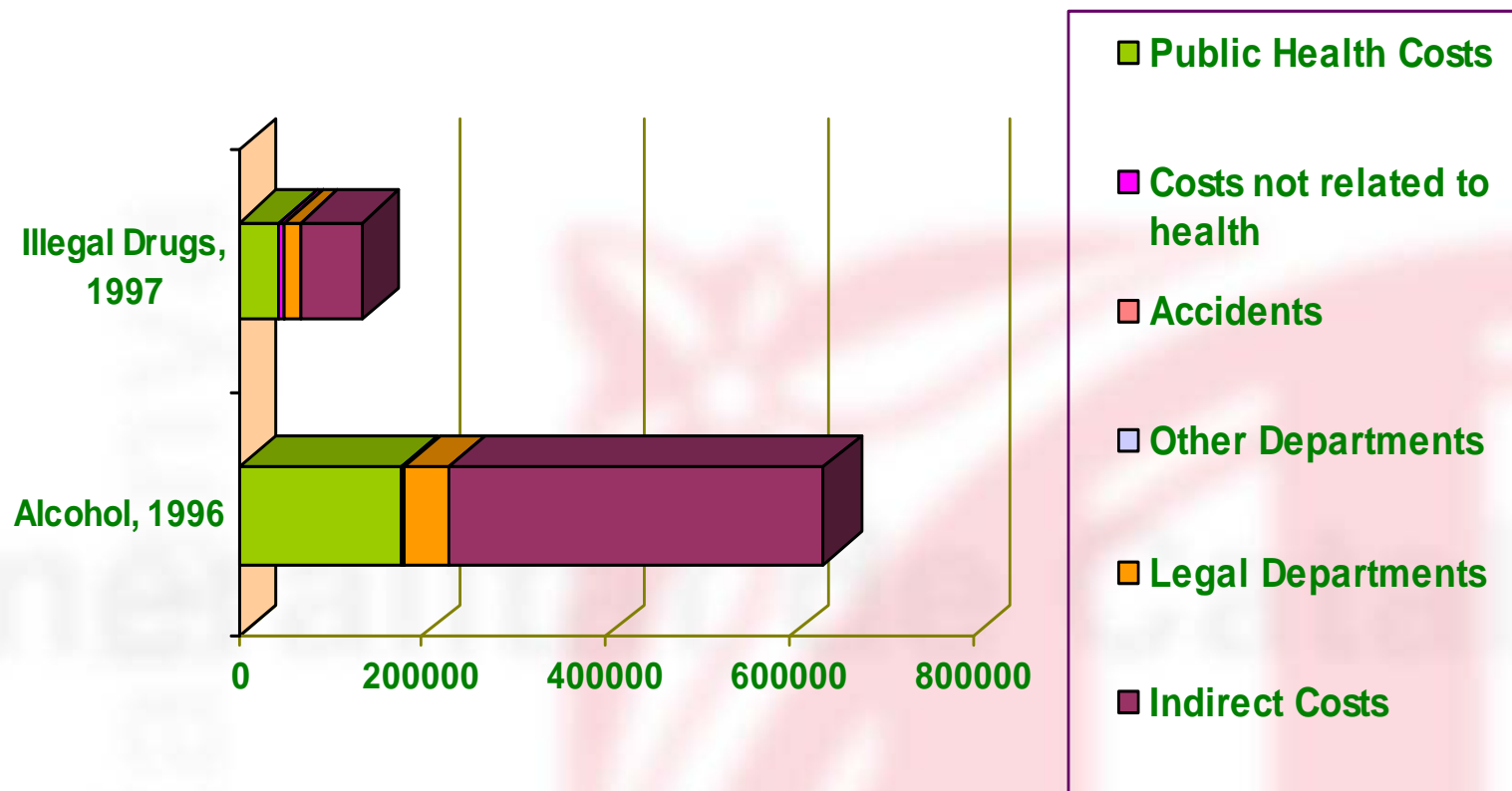
General targets for health until 2010:

- Reduce accidents related to alcohol**
- Reduce morbidity related to alcohol**
- Reduce prevalence of excessive alcohol consumption among general population and specially among young people**

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Alcohol as a drug: overcoming cultural barriers



Sources: Portella et al., 1998
García-Altés et al., 2000

Guidelines of the Program on Substance Abuse

- ❑ Addictions are diseases and must be treated within the Health System
- ❑ The Drugs Plan must deal with all drugs, including alcohol and tobacco
- ❑ Drug and alcohol related problems must be viewed from a Public Health perspective

Guidelines of the Program on Substance Abuse

- Legislative activities
- Prevention activities
- Treatment of addictions. Creation of a network of specialized centers (XAD)
- Harm reduction activities
- Introduction of alcohol related issues in Primary Health Care.
- Strategy to introduce programs of Drugs at Work

Legislative activities

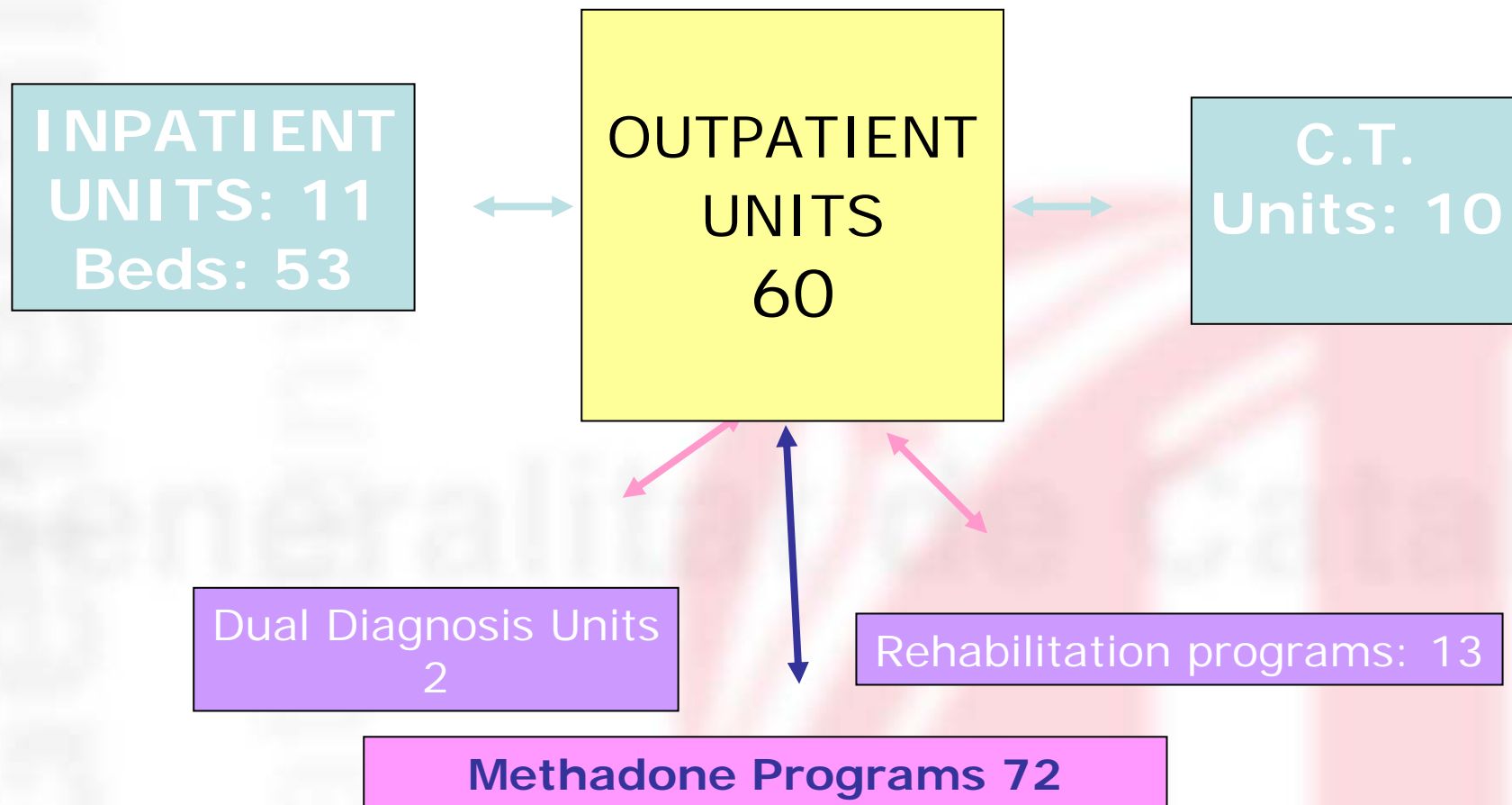
- Two laws (20/85 and 10/91) have been developed by the Catalan Parliament concerning “substances that can produce addiction”.
- They are devoted to issues related with sales and availability of alcohol, establish age restrictions and limits of promotion and advertising
- Those laws are a framework that help to put alcohol consumption in the public health agenda.

Catalan Drug Addiction Network (XAD)

Specialised Resource Network for people with drug addiction related problems.

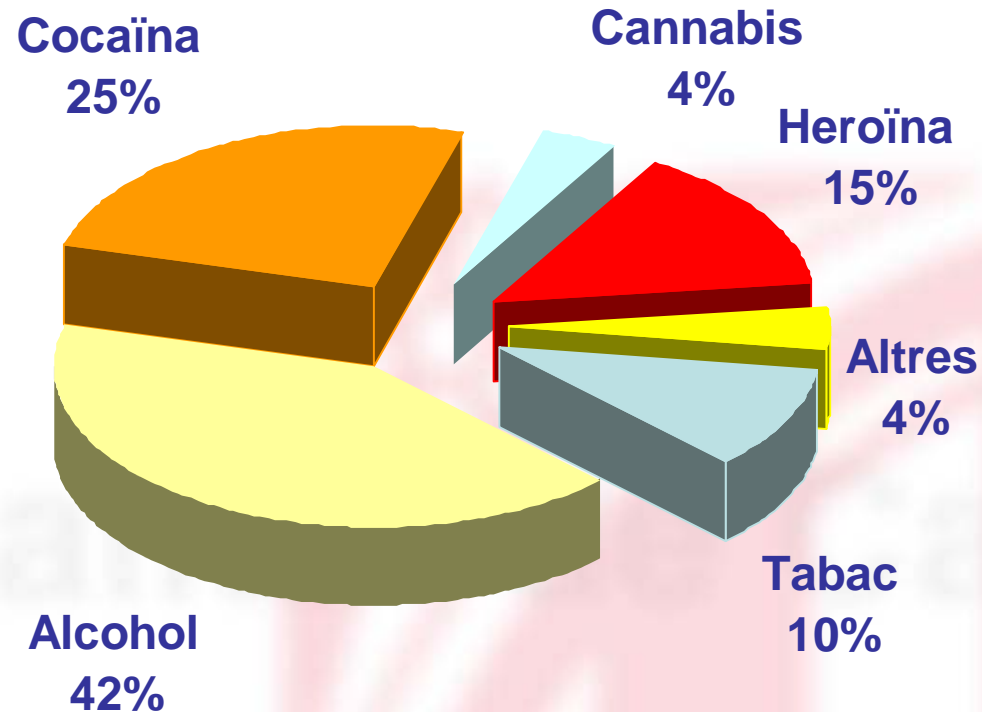
- **Public Health Care Network**
- **Health care to all Drug Addictions**
- **Wide distribution throughout Catalonia**
- **Free access**

Catalan Drug Addiction Network (XAD)



Admissions to treatment- 2004

N: 14.537



Font: Òrgan Tècnic de Drogodependències

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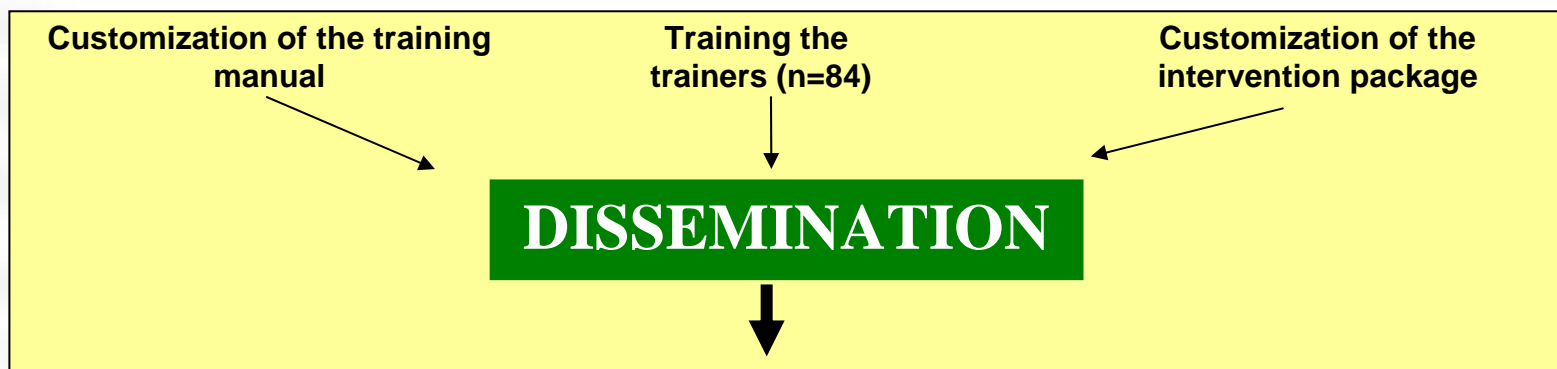
The Implementation of EIBI in Catalonia

The “Beveu Menys” program

- In 1995, we joined the Phase III Of the World Health Organisation Collaborative Project and Primary Health Care
- In the framework of the Phase IV of the WHO Project we started in 2002 the dissemination of the “Beveu Menys” in all the Primary Health Centres
- We have entered the iteration/implementation phase in december 2005
- International collaboration provided an important support at the beginning

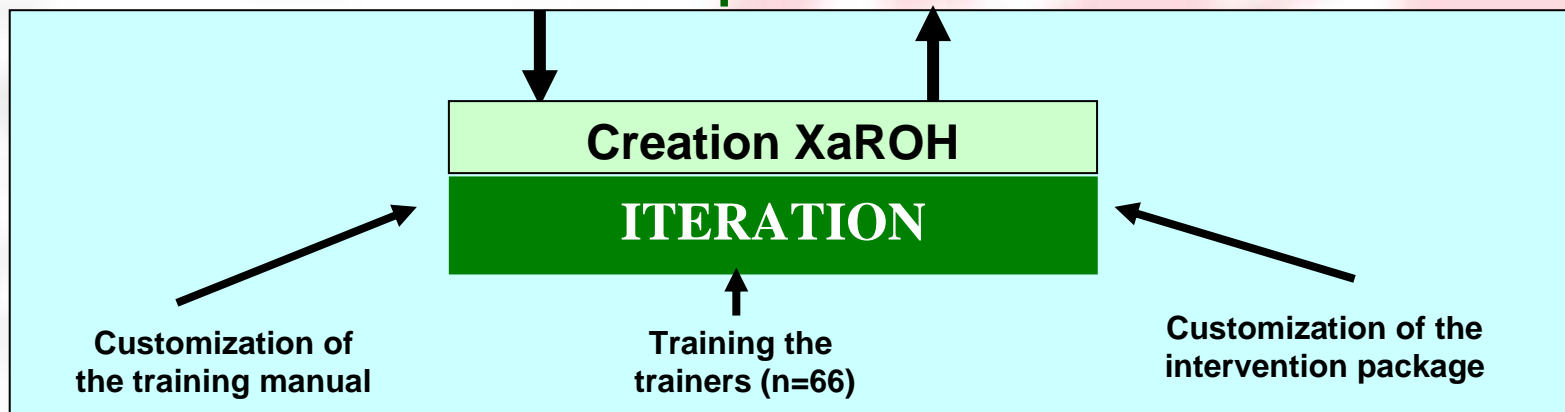
The “Beveu Menys” Program

2002-2005

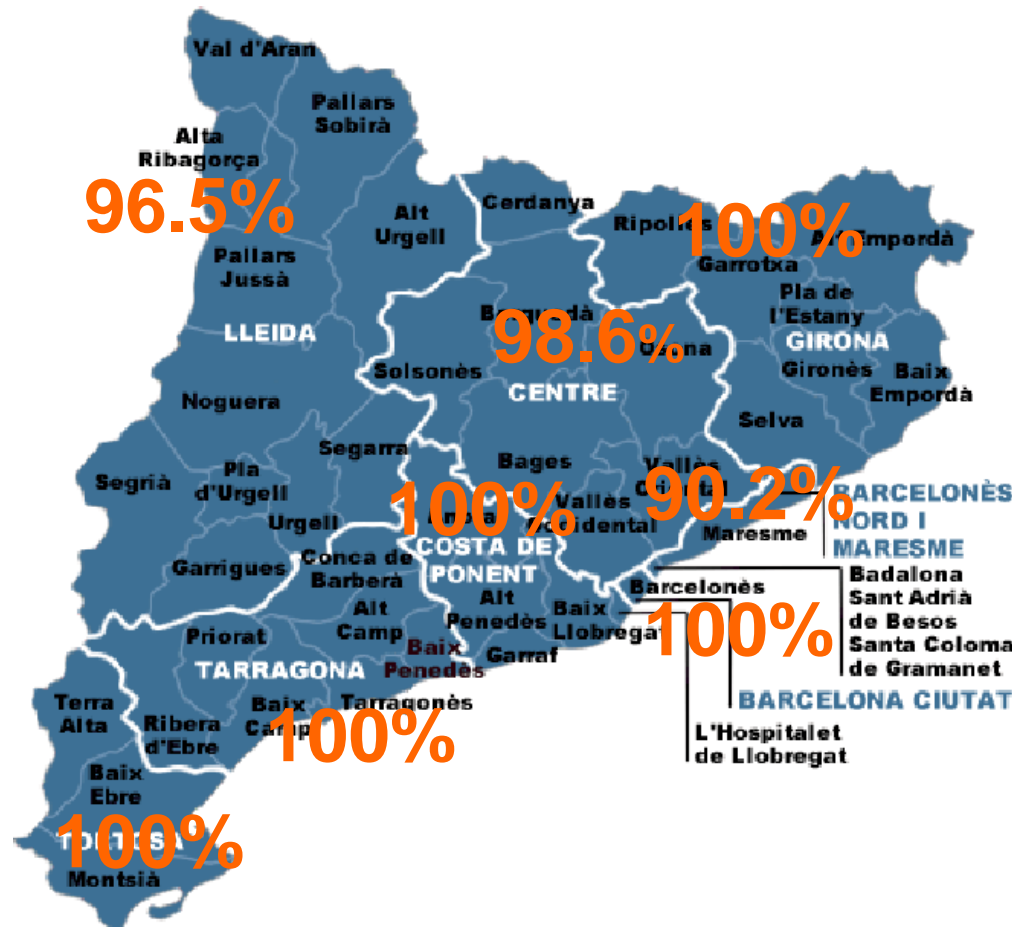


347 PHC Centres
7915 PHC professionals

2005-2008



What have we done?



December 2005:

- 84 trainers
- 340 trainings
- 98 % PHC centres
- 7915 professionals
- 900.000 € spent
- Training packages:
 - 8687 PHC
 - 109 trainers (XAD)
- Bulletins: 21

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Changes in Professionals at 3 months

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	55	68,8	41	61,2	n.s.
I'm satisfied to help to change alcohol habits	50	62,5	50	84,7	p<0.05
I have enough training	47	58,8	41	61,2	n.s.
SDU contents in grams	43	57,3	49	87,5	p<0.001
Risky Drinking Criteria	39	51.3	36	63,2	n.s.
Use of standardized instruments	6	7,9	24	42,1	p<0.01
% Patients screened (x;sd)	46,71	32	21,60	25,4	p<0.001
% Risky drinking/day (x;sd)	3.93	4.80	5,14	6,8	n.s
% AD /day (x;sd)	1,17	1,6	2,32	4,42	n.s

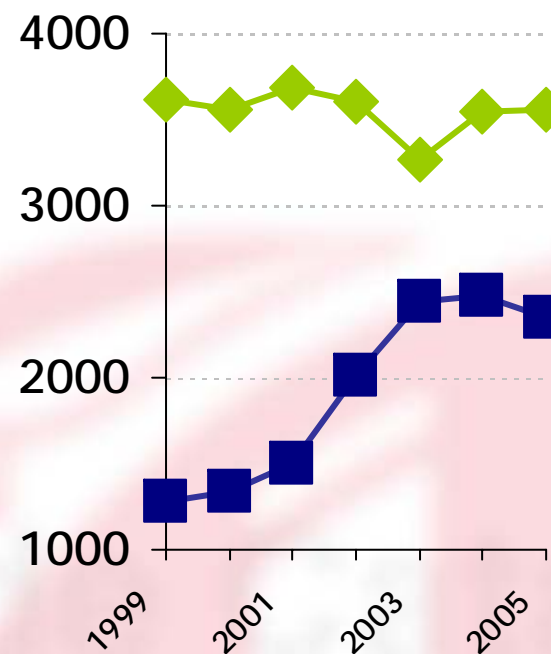
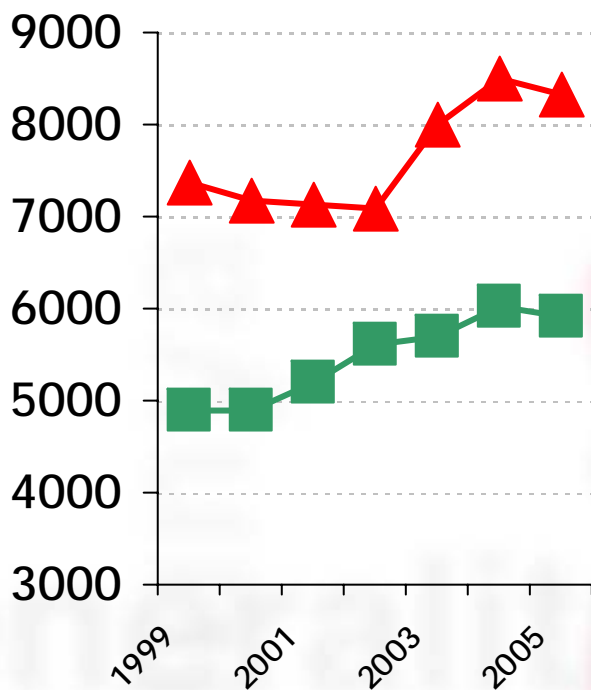
Medical Records: Results

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	488	57,5	452	55,9	n.s.
MR opened (X, SD)	7.35	4.94	7.51	5.39	n.s.
Age (X, SD)	54.85	19.60	52,52	21,56	n.s.
Screened last 3 Months	75	8.8	74	9.2	n.s.
Risky Drinking	2	3,2	3	4,6	n.s.
Alcohol Dependent	3	4,8	1	1,6	n.s.
Shared treatment	1	1,6	1	2	n.s.

Patients Results

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	620	64,1	627	61,5	n.s.
Risky drinkers	185	19,3	180	18,7	n.s.
Age (Mean and SD)	52,8	18,6	54,6	19	n.s
Once a month	322	33,6	362	35,6	n.s
Primary Studies	640	67	685	67,8	n.s.
Working	432	44,7	410	39,9	p<0.03
Never Screened	493	51,1	542	53,4	n.s

What's the impact of training on Health Professionals: increase of referrals



Referrals to the network of specialized centres

- Alcohol
- ▲ Other drugs

Alcohol referrals

- PHC
- ◆ Other sources

The process evaluation

Focus groups: **strengths**

TRAINERS & PHC DIRECTORS

- ❑ Facilitation of the contact and approach between Drug Addiction Network and PHC
- ❑ Good acceptance of the courses by the PH professionals, specially nurses
- ❑ High interest on motivational approach by PHC
- ❑ Referral rates for alcohol dependence to specialized centres a marked increase
- ❑ Demand of continuity strategies

The process evaluation

Focus groups: **weaknesses**

TRAINERS & PHC DIRECTORS

- ❑ Lack of time of PHC professionals: priority is given to treatment vs preventive interventions
- ❑ No agreement on the implementation level
- ❑ Lack of facilities for the implementation: Medical Records, computerized records.
- ❑ Lack of contractual agreement related to the intervention

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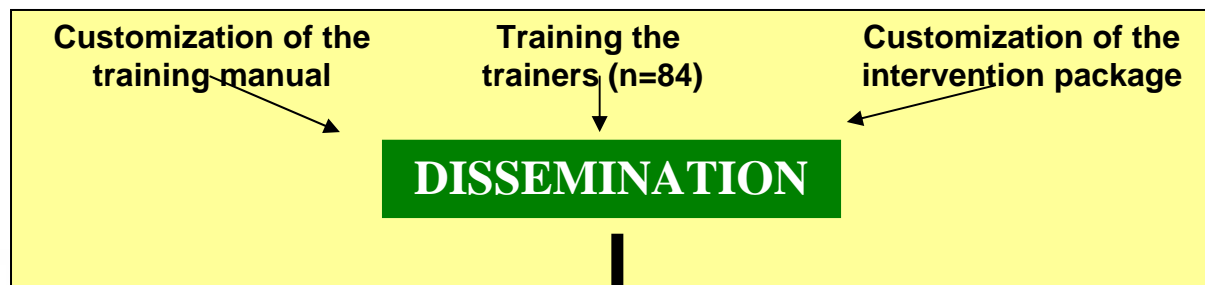
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What have we learnt from the initial experience?

- Alcohol poses a difficult challenge to the Health System.
- The change will not appear dramatically. Slow changes are to be expected if continuous work is done. The first movement in PHC appears with the most severe cases.
- Implementation should be reinforced through contractual incentives
- Future developments should enhance the nurses role, and promote a more active implication of PHC workers
- More resources should be allocated to the whole system.

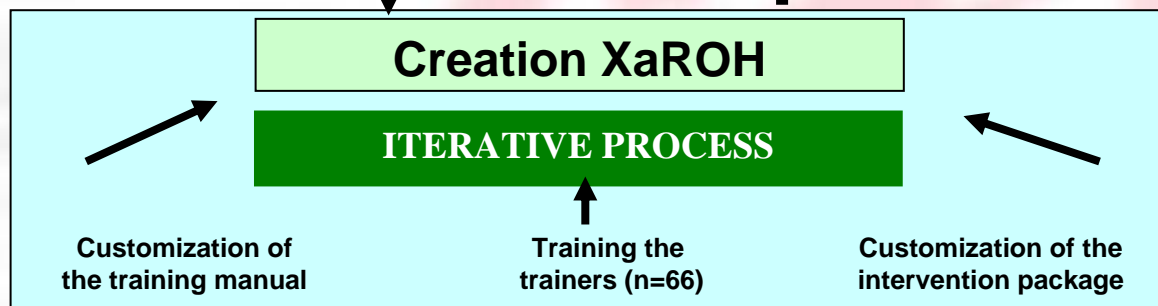
The “Beveu Menys” Program ITERATION PROCESS

2002-2005



347 PHC Centres
7915 PHC professionals

2005-2008



The “Beveu Menys” as an iterative process

1. Creation of working groups

- PHC network (**XaROH**): Alcohol referents are responsible for the implementation of SBI strategies in hazardous and harmful drinkers in their PHC.
- Alcohol and Primary Health Group (**opinion leaders in PHC**)
- **Nursing working group.**

2. Contractual incentives

- Introduction of an **Alcohol Screening Indicator** in the Health System Contract.
- Inclusion of the preventive work on alcohol consumption in the **professionals' personal contract goals**

PHC contract for providers 2006: Alcohol indicators

Common objectives

To screen 50% of the population

To reduce 10% the prevalence of risky drinkers

AP05	Atenció primària						
		<table border="1"> <tr><td>Accessibilitat</td></tr> <tr><td>Resolució</td></tr> <tr><td>Eficiència</td></tr> <tr><td>Coordinació</td></tr> <tr><td>Satisfacció</td></tr> </table>	Accessibilitat	Resolució	Eficiència	Coordinació	Satisfacció
	Accessibilitat						
	Resolució						
	Eficiència						
Coordinació							
Satisfacció							
	Cribratge del consum d'alcohol en població adulta						
Descripció	percentatge de població de 15 anys o més atesa i assignada amb registre actualitzat del consum d'alcohol en la història clínica d'atenció primària (HCAP)						
Àmbit	UP, sector sanitari, regió sanitària, Catalunya						
Periodicitat	anual						
Font	font d'informació: entitat proveïdora unitat responsable: regions sanitàries						
Formula	numerador: població de 15 anys o més atesa i assignada amb registre del consum d'alcohol denominador: població de 15 anys o més atesa i assignada						
	<ul style="list-style-type: none"> - <i>població atesa i assignada</i>: nombre de persones que tenen assignat metge en l'equip d'atenció primària (EAP) d'acord amb els criteris d'assignació vigents i que ha tingut un o més contactes amb l'EAP en el termini de temps definit - <i>registre del consum d'alcohol</i>: quantificació en l'HCAP del grau de consum d'alcohol mitjançant algun instrument de cribatge estandaritzat (AUDIT, AUDIT3, ISCA o altres instruments que facin referència a quantitat i freqüència: grams per dia o per setmana, UBE [unitats de beguda estàndar] per dia o per setmana) - la data del registre a de ser inferior a dos anys 						
Just							
Referència	<ul style="list-style-type: none"> - Pla de salut 1999-2001: "Abans de la finalització del període vigència d'aquest Pla de salut, s'haurà detectat el consum d'alcohol d'almenys el 70% de la població de més de 17 anys atesa pels equips d'atenció primària" - Pla de salut 2002-2005: "D'aquí a l'any 2005 cal augmentar en un 30% la utilització per part dels professionals de l'atenció primària d'instruments de cribatge estandaritzats i validats (AUDIT, AUDIT3, ISCA i altres)" 						
Presentació							
Observacions	<ul style="list-style-type: none"> - Programa Beveu menys: http://www.gencat.net/salut/depsan/units/sanitat/html/ca/alcohol/bvms01.htm - Questionari AUDIT: http://www.gencat.net/salut/depsan/units/sanitat/pdf/transp15.pdf - Questionari ISCA: http://www.gencat.net/salut/depsan/units/sanitat/pdf/transp16.pdf 						

The “Beveu Menys” as an iterative process

3. Development of new strategies

- Website improvement and on-line tools
- Development of virtual training
- Adaptation of the BM tools for the existing computerized **medical records** in PHC settings

4. Final aim: to transfer the program to the health system. To move from a program managed by the PSA to a Program fully integrated in the PHC system

Framing EIBI in a wider alcohol policy

- Full integration of the alcohol policy in the Public Health and in the Mental Health Strategy
- Improving the epidemiological surveillance on alcohol consumption and alcohol problems
- Better monitoring of the accomplishment of the regulations on alcohol specially those related with promotion and advertising
- Continuation of the dissemination of EIBI in primary health care and spreading the initiative to other health settings (hospitals, emergencies, etc.) and non-health settings (Health and School Program)
- Development and promotion of workplace based prevention programs in the framework of the national strategy on drug prevention.
- Reduce alcohol-related traffic casualties
- Working towards the development of a national, multisectorial and comprehensive alcohol policy

THANK YOU!!

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www.gencat.net

