



# The 'Beveu Menys' Program

## Evaluation of the dissemination process

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# Brief introduction to Catalonia





# Brief introduction to Catalonia

- The Generalitat is the institution in which the self-government of Catalonia is politically organised.
- Program on Substance Abuse was created in 1989 within the Health Department
- Catalonia has developed a particular model to deal with alcohol related problems, in the frame of a global strategy on drug dependencies



# Guidelines of the Program on Substance Abuse

- Addictions are diseases and must be treated within the Health System
- The Program on Substance Abuse must deal with all drugs, including alcohol and tobacco
- Alcohol is an important Health determinant and it is one of the targets of the Health Plan for Catalonia

# Catalan Drug Addiction Network





# Implementation of Brief Intervention packages for drinkers at risk in PHC

## The “Beveu Menys” Program

- In 1995, we joined the Phase III of the World Health Organization Collaborative Project on Alcohol 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 Care Centers.



# The Beveu Menys Program

- Dissemination of SBI in the whole country: 6.090.040 inhabitants
- 5 hours of training delivered to the PHC professionals (n = 7915) as CME courses inside the PHC Centres (n = 345)
- By trainers from the Addictions Treatment Network (n = 72)



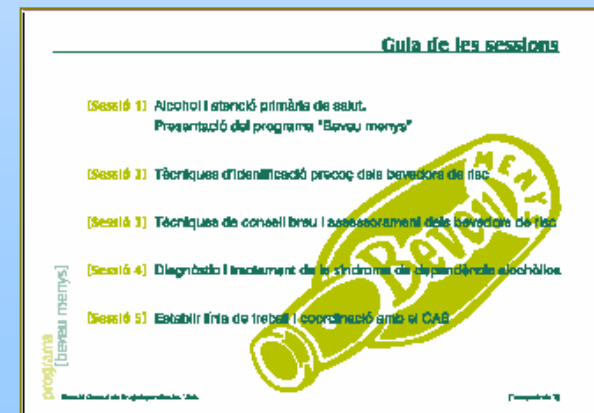
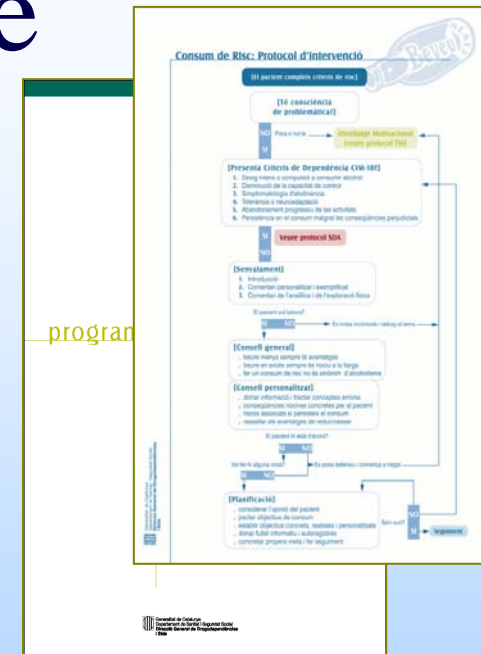
## The trainers

- Alcohol specialists. Staff in Centres of the Catalan Addictions Treatment Network
- 88% physicians; 10% psychologists.
- Working in the same geographical area.
- Sharing common patients.
- Participating in the customization process
- Trained as trainers in intensive weekend workshops

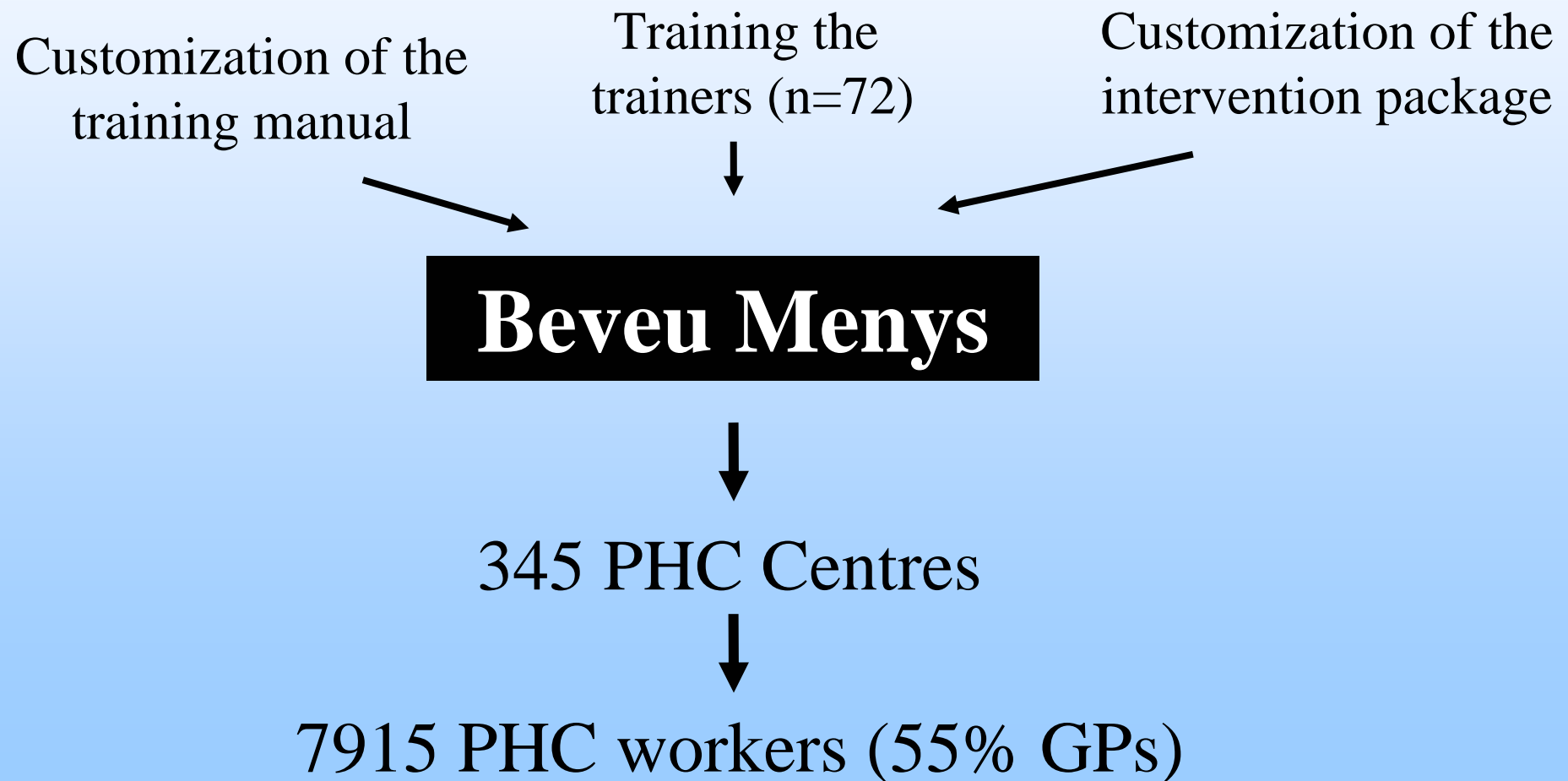


# The training module

- Design: Customization of the Drinkless Package
- Duration: 5 hours delivered by alcohol specialists as CME courses
- Style: Motivational, flexible
- Contents: Alcohol and PHC Screening  
Brief interventions  
Alcohol dependence  
Coordination



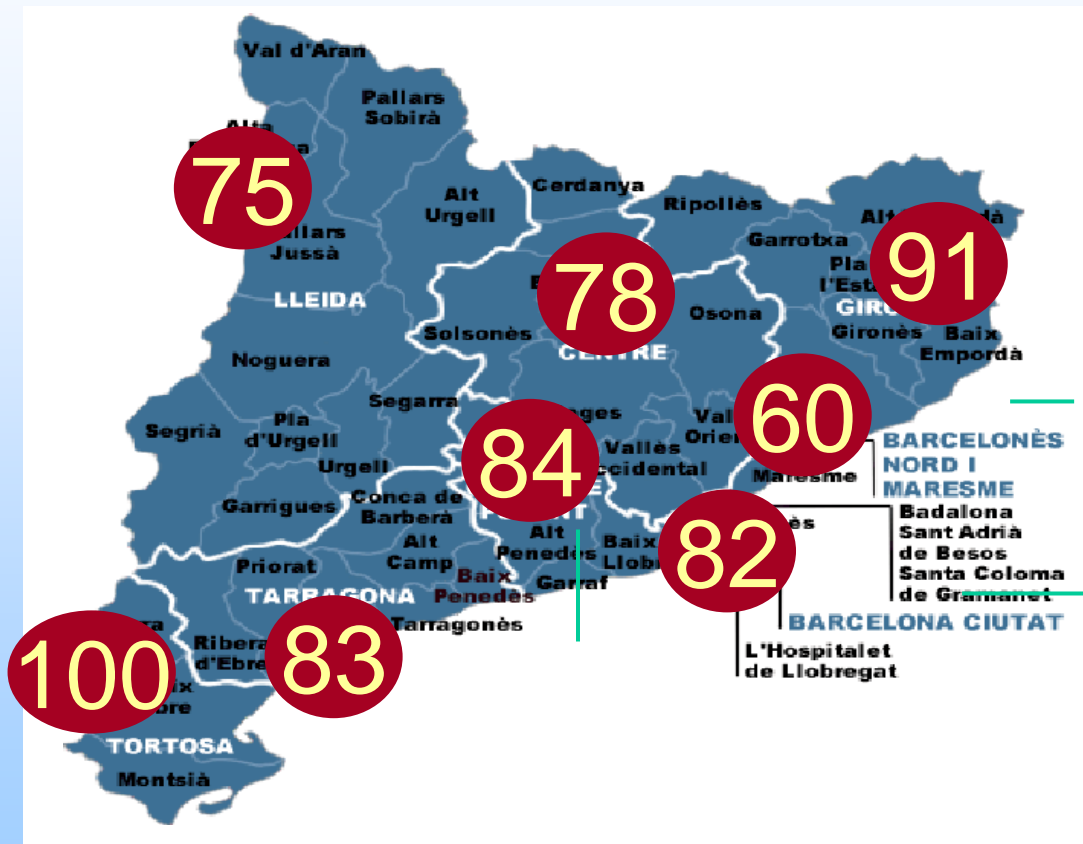
## Dissemination of the “Beveu Menys”



# Dissemination of the “Beveu Menys”: Actual Status

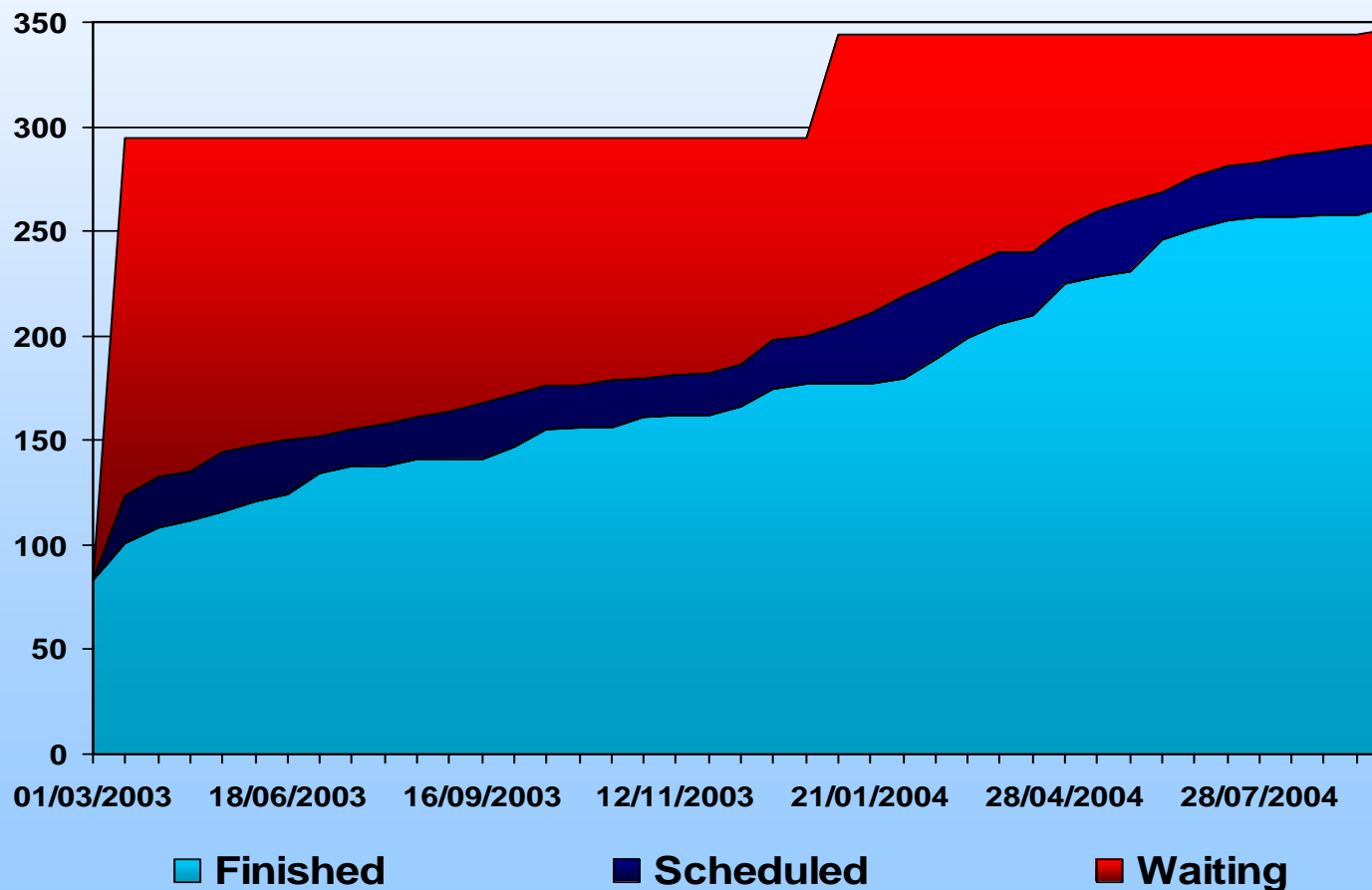
- **262 (76%) PHC Centers finalized training course**
- **30 (9%) PHC Centers scheduled**
- **4361 PHC professionals trained**
  - **42% GPs**
  - **48% Nurses**
  - **10% Other professionals**

# Dissemination by Health Regions \*



\* Updated 30/9/2004. Data shown in percentages

# Dissemination of the “Beveu Menys”: Actual Status



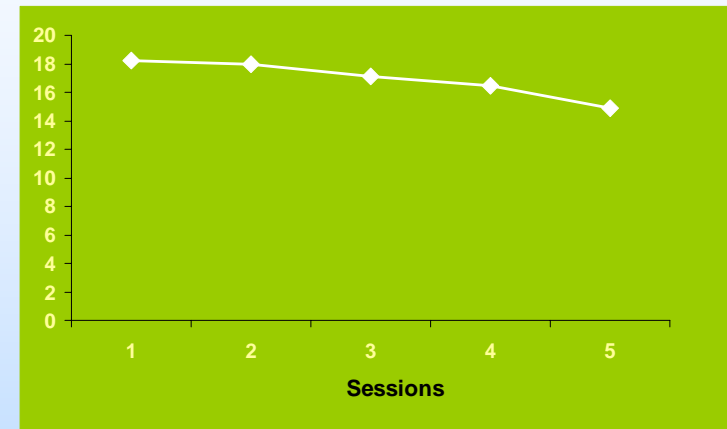
# Dissemination of the “Beveu Menys”

## What we have achieved

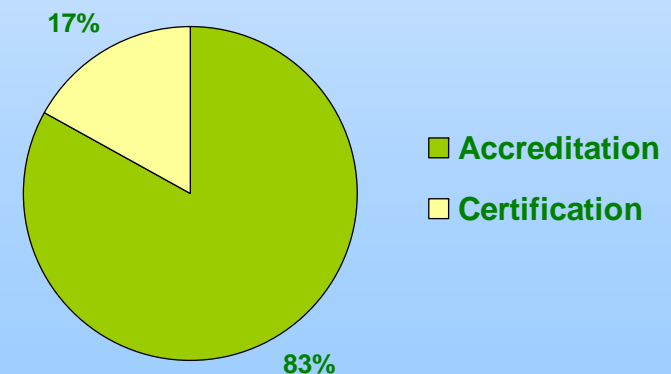
	Goal	Achieved	% Achieved
2002	171	63	36,84
2003	124	102	82,25
2004	50	97	194
Total	345	262	76

# Acceptance of the Course

- **Rate of Attendance high and maintained during all sessions**



- **83% participants received accreditation, meaning that they attended at least 80% of the total sessions.**

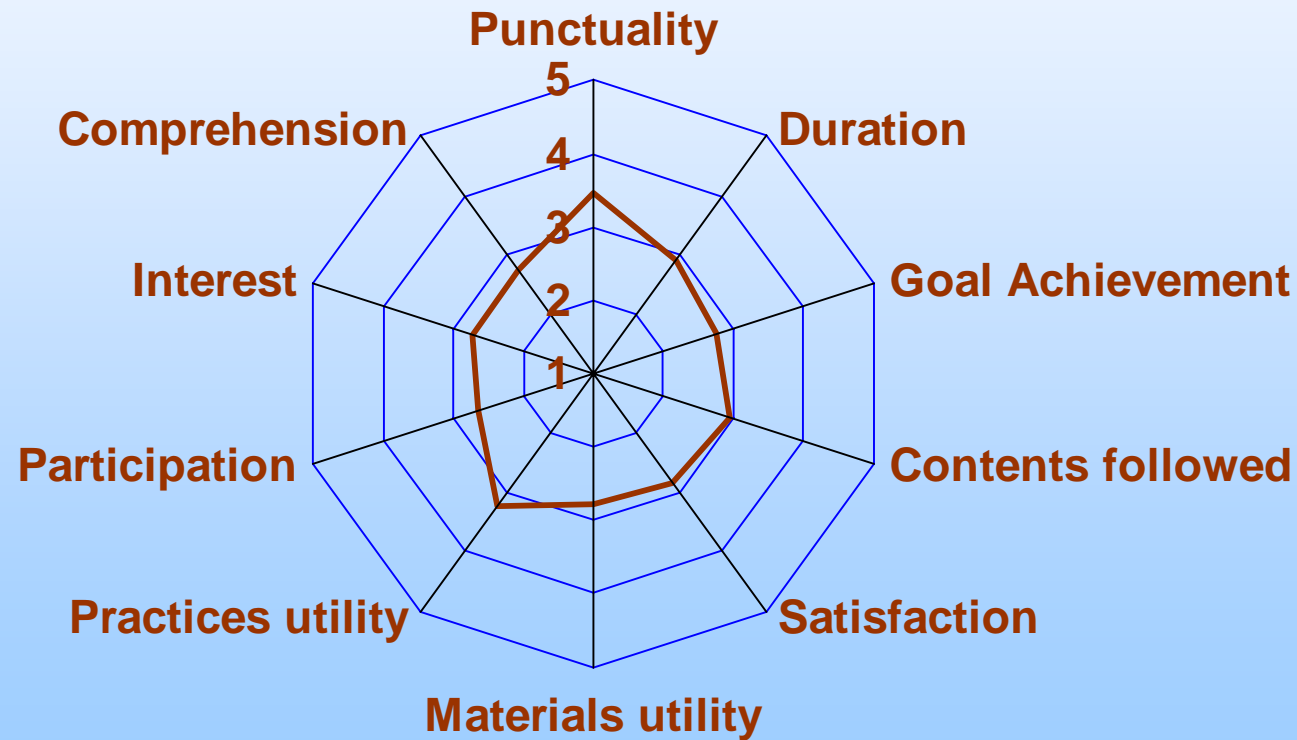


# What's the impact of training on trainers?\*

	Strongly disagree		-/+		Strongly agree		
To have PHC teams trained in alcohol is important	0	2	0	2	4	29	63
Coordination between PHC and specialists is impossible	47	39	4	8	2	0	0
To train PHC professionals is useless	24	45	6	6	8	10	0
To train PHC professionals pays off	6	6	10	18	20	24	14

\* Results are shown in percentages. N=49

# Trainers' perspective



# Evaluation: Methods

## □ Sampling:

- Randomization without replacement
- 10% of the centers (all around Catalonia)
  - N=30; 2 did not participate
    - Closed for refurbishment
    - Did not accept to participate
- Achieved N=28 (93.3%)

## □ Design:

- Pre post
- Expected changes: 10-20%

## □ Timing:

- Baseline and 3 month follow up measurements

## Evaluation: Methods (II)

### □ **Targets and source of information:**

- GPs & nurses interviews (3/centre)
- Medical records audit (30/centre)
- Patients questionnaires (40/centre)

### □ **Variables:**

- Attitudes
- Knowledge
- Behaviour



## Evaluation: Methods (III)

Source	Baseline			3-months		
	Expected	Achieved	%	Expected	Achieved	%
Professionals	84	80	95	84	67	80
Patients	1120	973	87	1120	1027	92
Medical Records	840	851	101	840	809	96



# Evaluation: GPs & nurses questionnaires



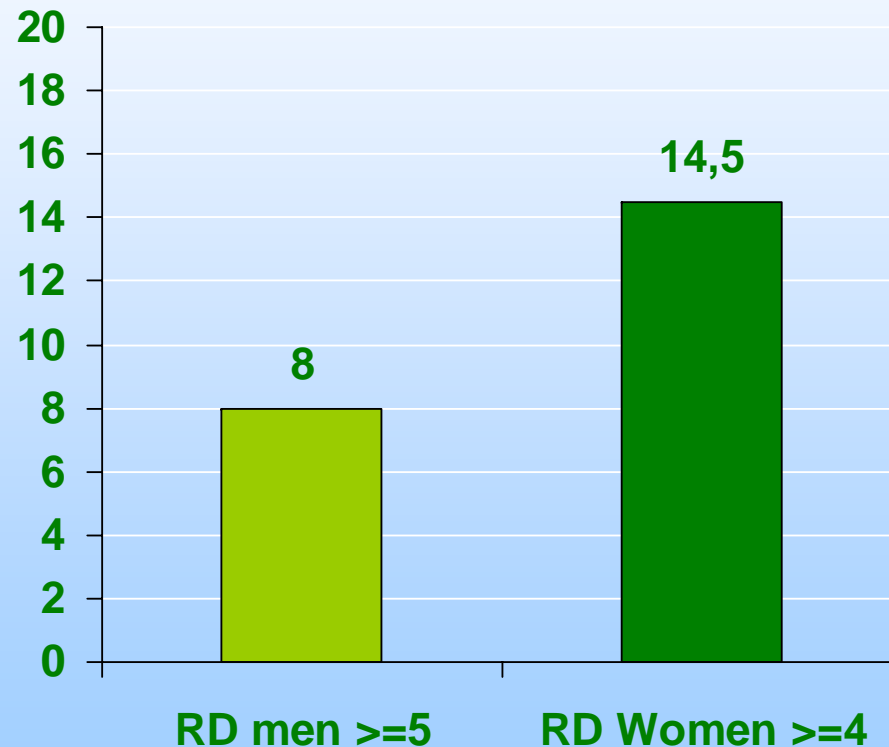
# Professionals: Baseline Findings

- 69% of PHC professionals are women
- Around 45 years old
- 55% GP and 45% Nurses
- 60% of men are GP
- PHC Experience:  $14 \pm 8$  years
- GPs have significantly more visits per week  $160 (\pm 49)$  than nurses  $85 (\pm 50)$

## Professionals: Baseline Findings (2)

- Alcohol is rated 6th in terms of health determinants
- Around 50% have less than 4 hours of training on alcohol. Only 15% of them in the field of prevention
- 49% use clinical impression, they are not used to standardized instruments
- 48% do not know safe limits and 42% don't know SDU alcohol grams equivalence
- 10% are risky drinkers

# Are PHC professionals risky drinkers? \*



\* Data obtained with the Audit 3 Questionnaire

## Perceived barriers: GPs vs Nurses

Barriers	GP		Nurses		Analysis
	N	%	N	%	p
<b>I have enough training</b>	<b>32</b>	<b>72,7</b>	<b>15</b>	<b>41,7</b>	<b>&lt;0.005</b>
Not enough prepared to give advice to risky drinkers	13	29,5	15	41,7	n.s.
Not enough prepared to give advice to alcohol dependents	15	34,1	17	47,2	n.s.
It's a patient's life intrusion	2	4,5	3	8,3	n.s.
Patient's bad reaction	7	15,9	4	11,1	n.s.
<b>Not enough time</b>	<b>18</b>	<b>40,9</b>	<b>6</b>	<b>16,7</b>	<b>&lt;0.05</b>

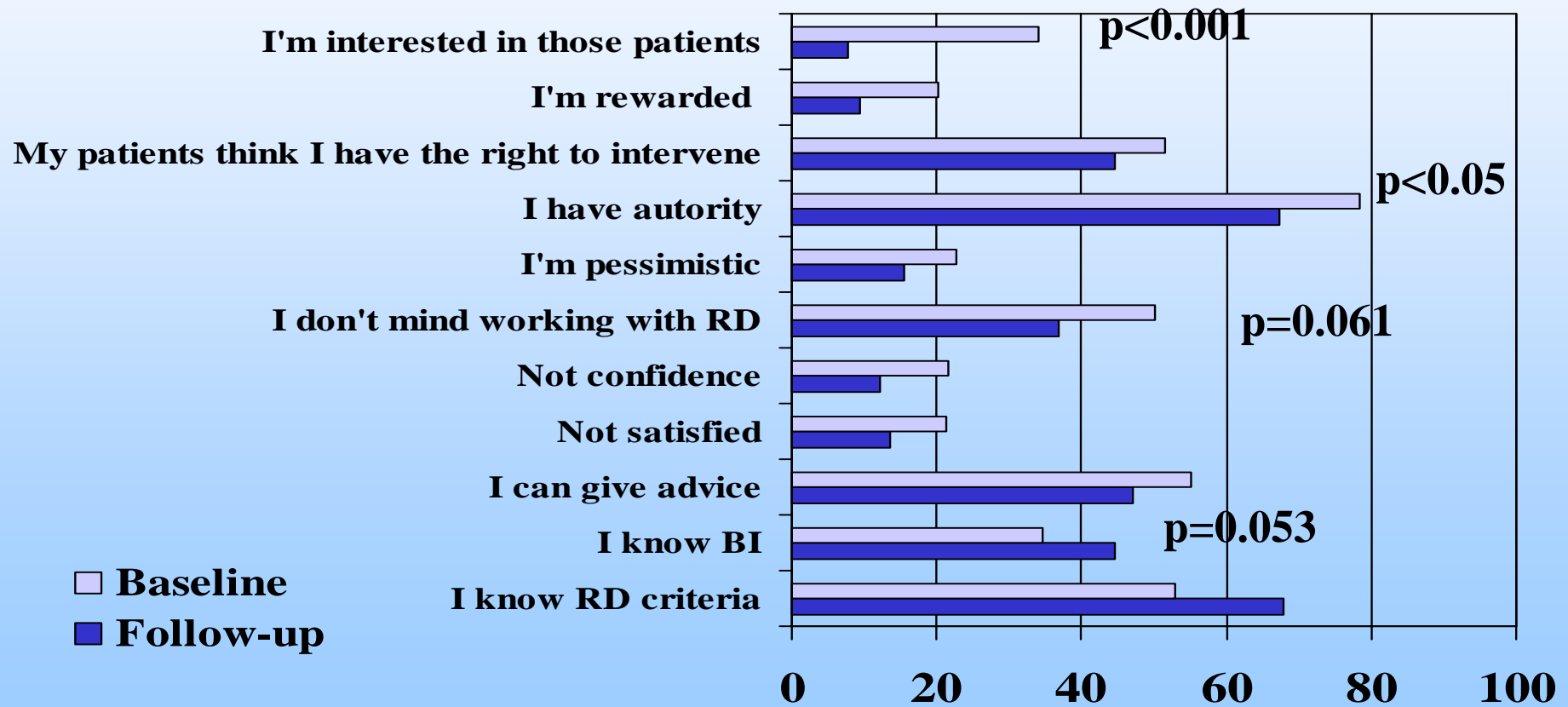


# Drink Less Evaluation

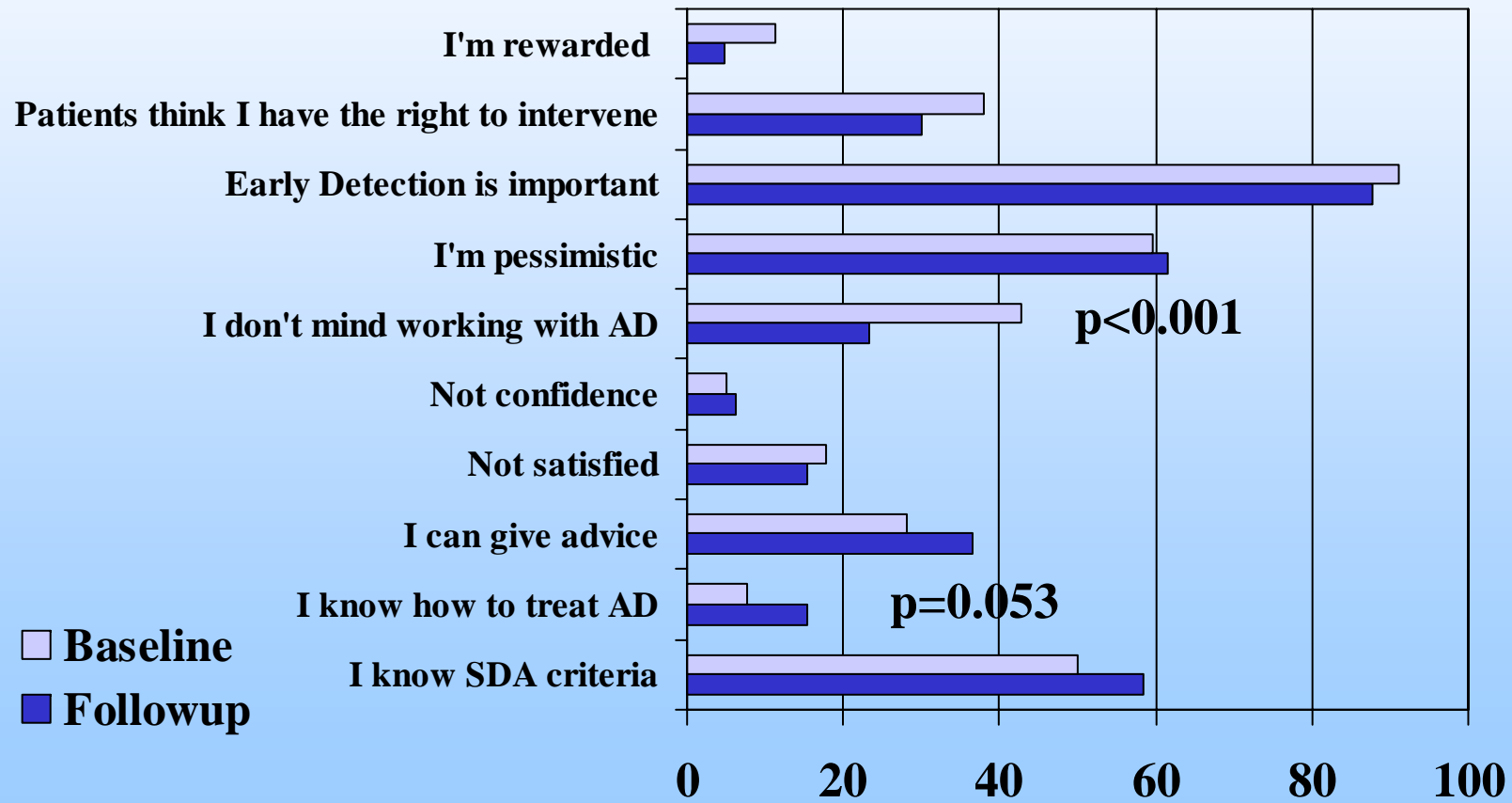
	++	+	+/-	-	--
Global evaluation	15	68,3	16,7	0	0
Useful to give advice	10	40	41,7	8,3	0
Increase skills	10,2	40,7	42,4	6,8	0
Helps in daily clinical work	6,8	69,5	10,2	13,6	0
Helps to screen	8,1	31,7	43,3	16,7	0

- Results are shown in percentages (N=63)
- Attended 94% of professionals interviewed

# Knowledge and Attitudes versus Risky Drinkers



# Knowledge and Attitudes vs Alcoholics



# Changes in Professionals at 3 months

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



# Evaluation: Medical Records

## Medical Records : Baseline Findings

- Patients are mainly women around 50 years old and with primary education
- Alcohol consumption explored in 27%.  
Mainly without protocols and less than expressed by professionals (48%)
- Risky Drinking underdiagnosed (3%)
- Brief Advice and shared treatment is rare



# Medical Records: Results

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



# Evaluation:

## Patients' Exit Poll questionnaire



# Patients Baseline Findings

- Mainly women around 50 years old
- They go to the PHC Center once a month or once every three months
- Only 45% were asked about their consumption and only 15 received advice
- They don't know safe alcohol limits
- 1 in 4 males and 1 in 7 women are risky drinkers.

# 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
<b>Never Screened</b>	<b>493</b>	<b>51,1</b>	<b>542</b>	<b>53,4</b>	<b>n.s</b>

## Risky Drinkers (whole sample)

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### Risky Drinkers

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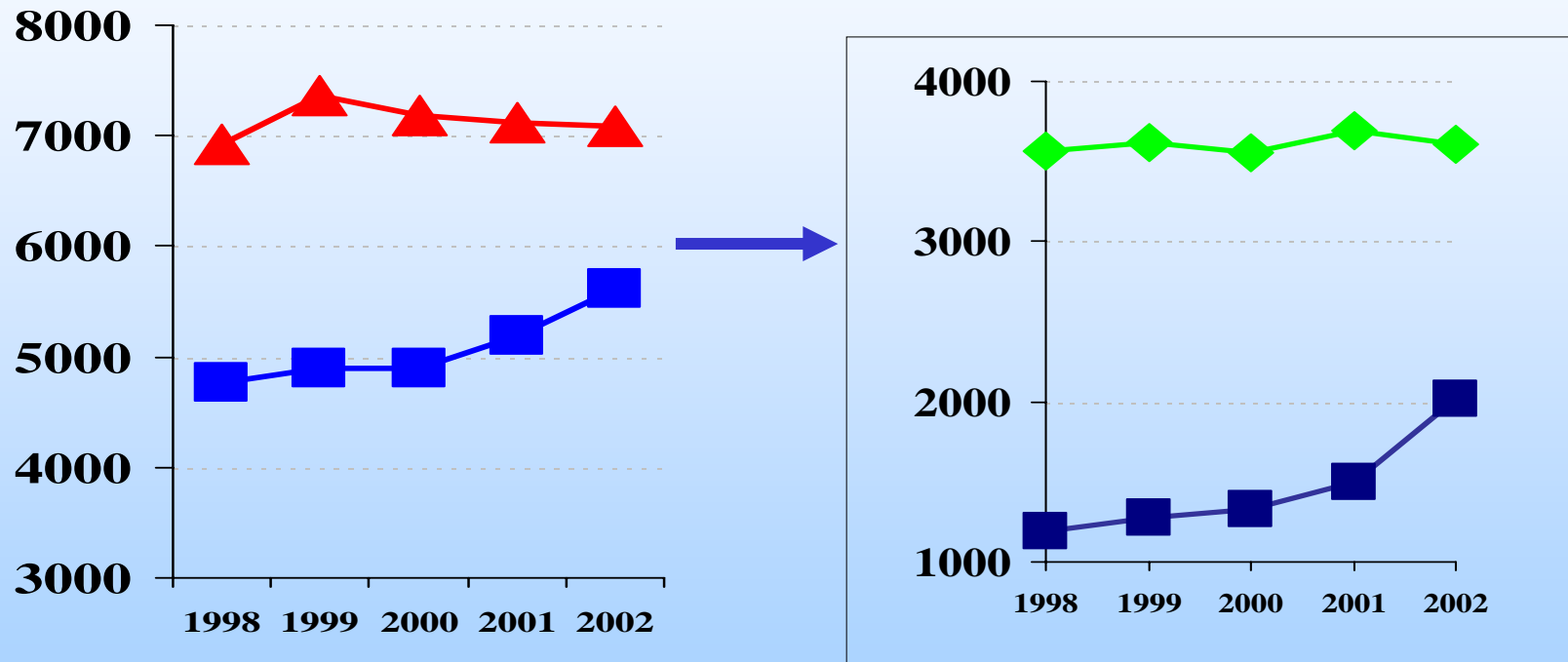
<b>Male</b>	<b>1.83**</b> (1.4-2.4)
<b>Visit once every year</b>	<b>5*</b> (1.45-17.25)

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**\*\*p<0.001; \*p<0.05**

**Not significant were studies, age and profession,**

# 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



## Conclusions: Dissemination Process

- High level of dissemination
- Course welcomed by PHC professionals
- Trainers' keep a positive opinion on their work and on the trainees attitudes
- Attendance maintained during all sessions

## Conclusions: Baseline results

- PHC professionals do not have enough training on alcohol prevention programs
- They are not used to standardized instruments
- Around 10% of them are risky drinkers
- Screening less often than reported (27 vs 48%)
- Risky drinking diagnosed much less than expected (3 vs 19%)
- Shared treatment very rare



## Conclusions: Follow-up results

- Attitudes of PHC professionals tend to show higher levels of satisfaction while using SBI
- Professionals report an increase in their knowledge and a higher use of screening instruments
- No changes were observed through the MR and the Exit Poll Questionnaire
- Screening and counselling rates remain stable and low when objectively measured
- Referral rates for alcohol dependence to specialized Centres experience a marked increase

# What can we learn from this experience?

- Alcohol poses a difficult challenge to Health Systems all over Europe.
- 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.