

How Brief Interventions Are Becoming Part of the Brazilian Public Health System?

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PAI-PAD Program of Integrated Actions for Prevention and
Attention of AOD Problems in the Community
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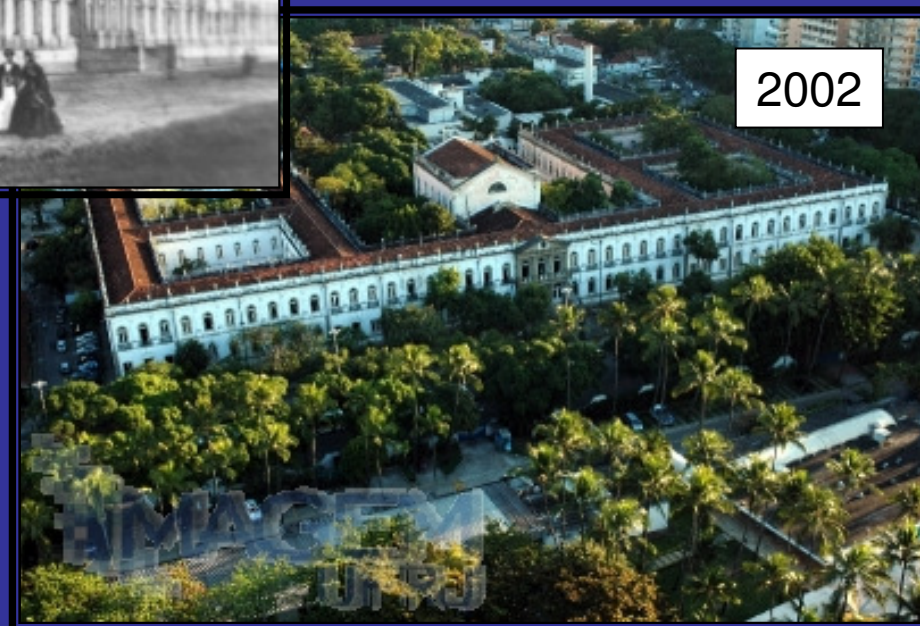
Short Historical Review

- ❖ Colonial Time – 1500 - 1822
- ❖ Imperial Time – 1822 - 1889
- ❖ Republican Time – 1889 - 1932
- ❖ Period post Vargas' dictatorship – 1946 - 1964
- ❖ Military regime – 1964 - 1988
- ❖ Economic Crisis and New Constitution – 1988
- ❖ Contemporary Period



1852

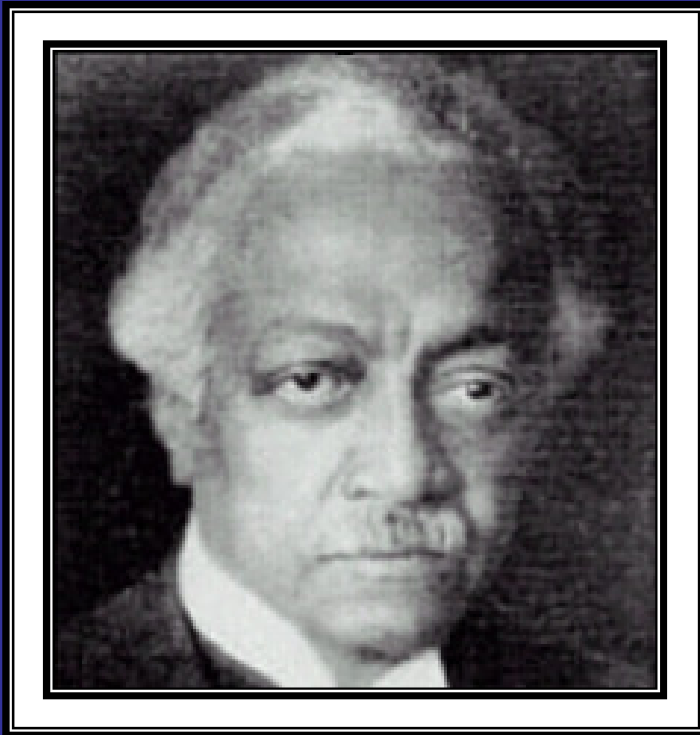
First Brazilian Hospital for the Mentally Ill, grounded by D. Pedro II, Emperor of Brazil



2002

Today: Forum of Science and Culture, Federal University of Rio de Janeiro

Juliano Moreira



- 1st nation-wide restructuring of the psychiatric care
- Colony-Hospitals (self-sustainable country farm-hospitals)
- Introduction of labor therapy

Actual “Psychiatric Reform”

- Mental Health Conferences (three levels: national, state & municipality): initiated in 1986
 - Reports, Recommendations & Guidelines
 - Democratic assembly process with elected representatives of institutions and patient organizations
- Critical Aspects
 - Municipal Health Counsels
 - Three-side financial support: federal, state and municipality

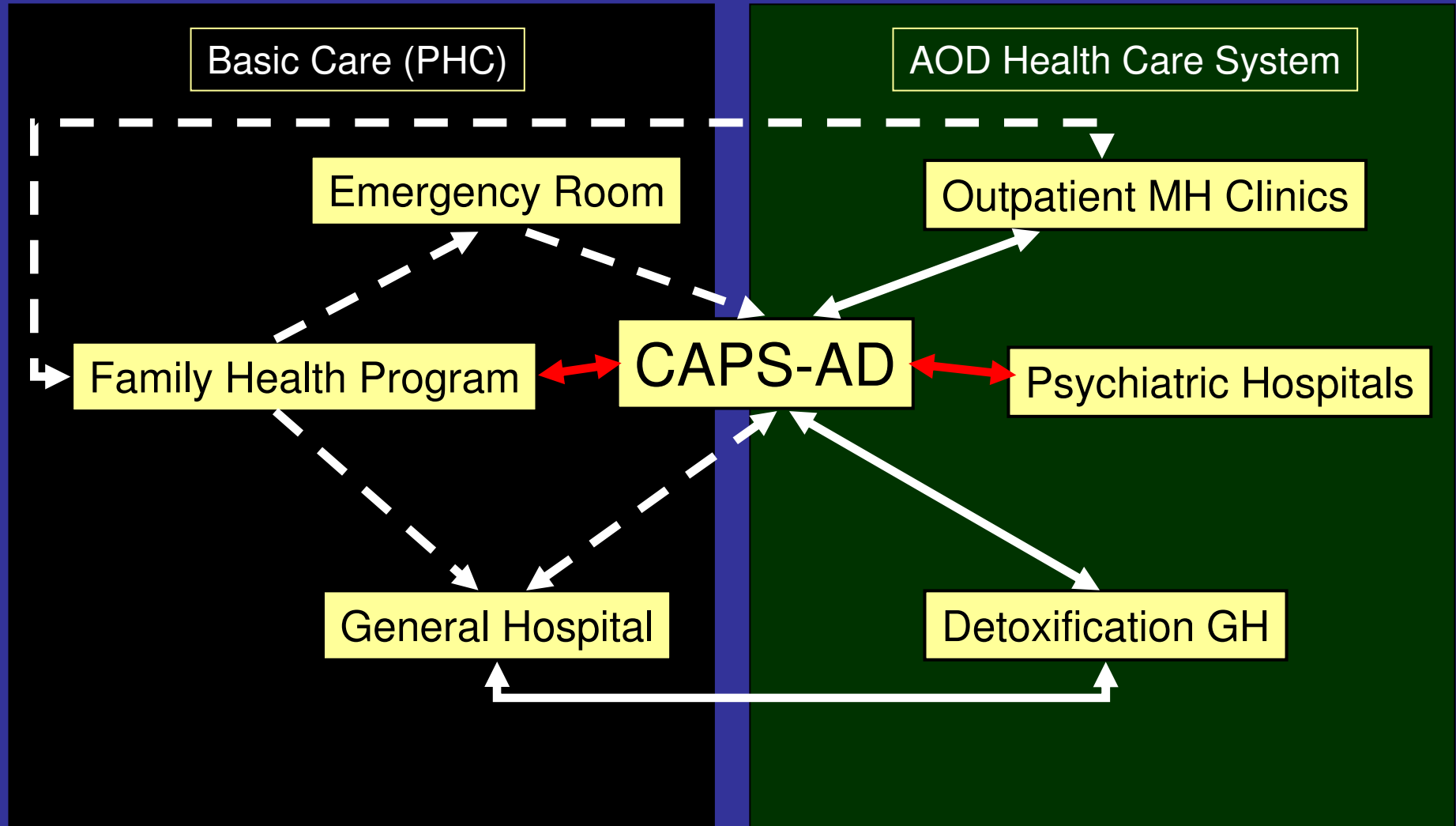
Psychiatric Reform: Goals (1)

- Changing the focus to more extra-mural alternatives of care
 - Introduction of Community Psychosocial Centers (CAPS)
- Enhancing the ties with the primary health care, family medicine and general health

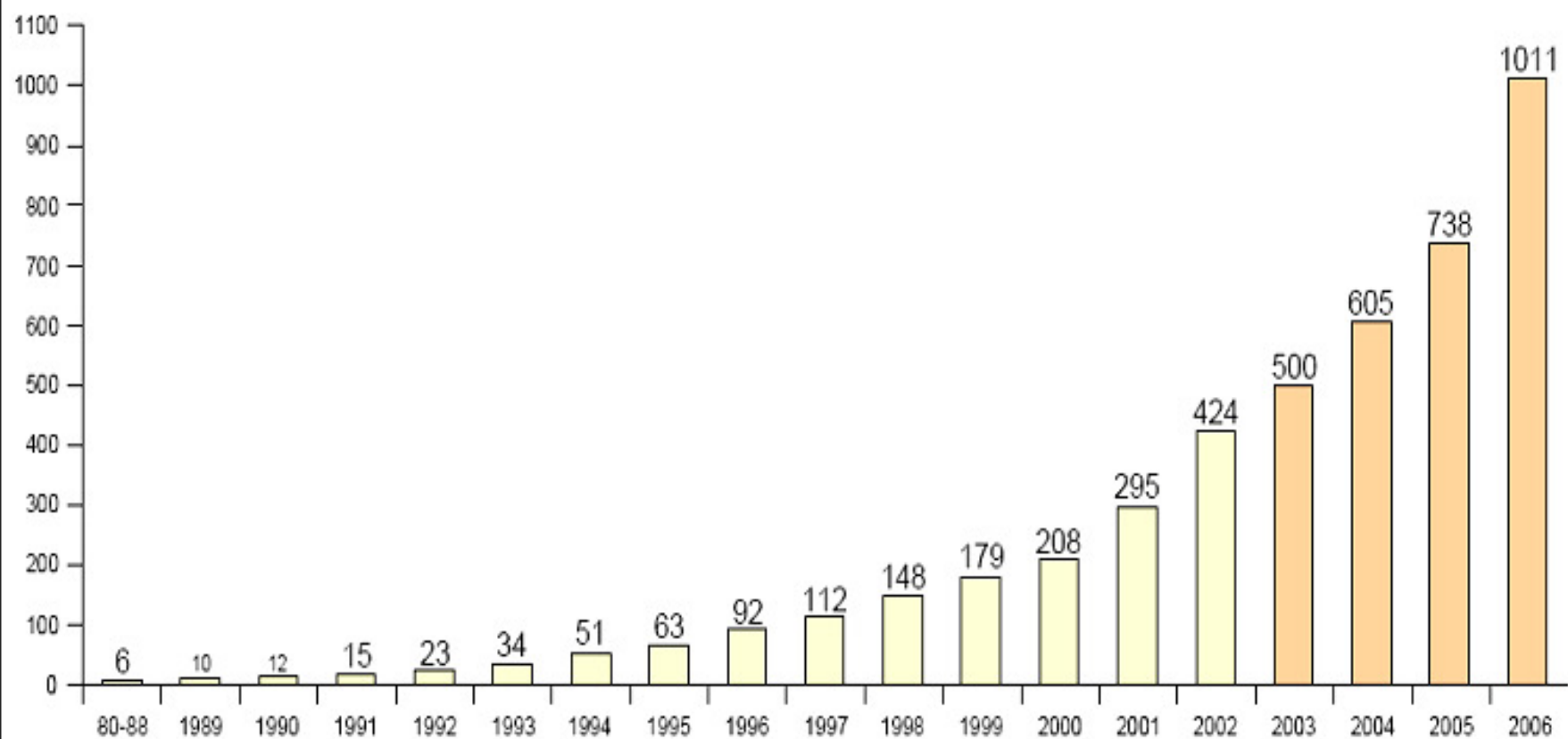
Psychiatric Reform: Goals (2)

- Since 2002, the Brazilian Federal Government determines by Federal Regulations that the National Mental Health Coordination of the Ministry of Health is the responsible agency for the **National Health Care System for Alcohol & Drugs Problems** (including: health promotion, prevention, treatment and rehabilitation)

Structure



Development of the Brazilian Programme of Community Centers of Psychosocial Attention (1980 - 2006)



Source: Brazilian Ministry of Health, 2007

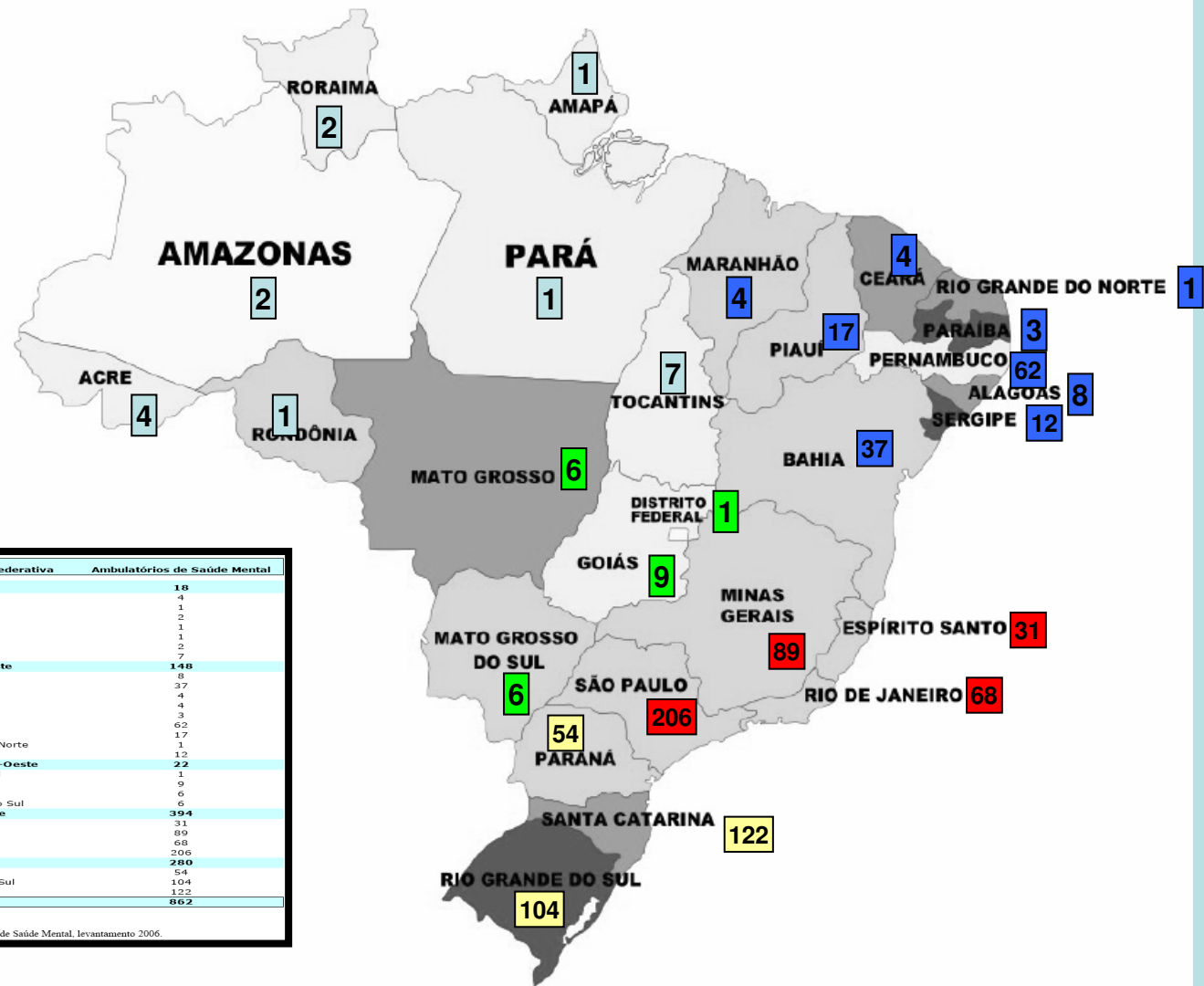


Mental Health Outpatient Clinics

“We didn't make advances, or just very little, on collecting reliable data about the number, type and functioning of outpatient clinics”

(**862 services**, according to a survey performed by the National Mental Health Coordination in December 2006)

Fonte: Ministério da Saúde/Coordenação de Saúde Mental



Fonte: Coordenação de Saúde Mental, levantamento 2006.

Development of the System

- The first service constituted under the model of a Center of Psychosocial Attention for AOD Problems in Brazil was grounded in Ribeirão Preto – SP, in 1995/1996.
- PAI-PAD was established in 1999 as a program of the Medical School of Ribeirão Preto - USP (University of São Paulo) dedicated to the improvement of the public health system to integrate Alcohol Problems as a priority for the Primary Health Care

- 2002 – Alicante, Spain – WHO SBI Pilot Projects in Developing Countries, Brazil & South Africa
- 2003 – Symposium for Alcohol Policy in the Health Sector, Ribeirão Preto, SP, with the participation of the National MH Coordination and with strong support of the Health Department of the State of São Paulo.
- 2003 – Official document of the National Mental Health Coordination establishing the Principles of the Integral Care for AOD Problems, which includes for the first time the mention of SBI as a strategy for the basic health system.

A POLÍTICA DO MINISTÉRIO DA SAÚDE PARA A ATENÇÃO INTEGRAL A USUÁRIOS DE ÁLCOOL E OUTRAS DROGAS

Série B. Textos Básicos de Saúde

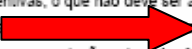
Brasília – DF
2003

Analisando os dados contidos na Tabela abaixo, verificamos que o maior percentual de gastos é decorrente do uso indevido de álcool (87,9%); corroborando consenso mundial de que as intervenções voltadas para minimizar os custos do gasto indevido de substâncias psicoativas devem dedicar atenção especial às drogas de uso ilícito, especialmente o álcool.

TABELA I - MORBIDADE HOSPITALAR NO SUS - CAP V - TRANSTORNOS MENTAIS DECORRENTES DO USO DE ÁLCOOL E OUTRAS SUBSTÂNCIAS PSICOATIVAS - 1998 A 2001

Morbidades – CID-10	1988	1999	2000	2001	Valor Total	% Gastos
Transtornos mentais e Comportamentais decorrentes do uso de álcool	53.731.366	57.152.025	57.489.540	60.145.523	232.518.454	87,9%
Transtornos mentais e Comportamentais decorrentes do uso de outras substâncias psicoativas	7.155.124	7.811.570	7.802.547	9.061.261	31.830.502	13,1%
Total gastos anuais	60.886.490	64.963.595	65.292.087	69.206.704	264.348.956	100%

(Fonte: DATASUS, MS)

A constatação acima se torna mais importante mediante o fato de que poucos consumidores (os mais acometidos, em verdade) recebem atenção do sistema de saúde, e que a atenção hospitalar, em um modelo latrogênico, ultrapassado e excludente de oferta de cuidados, não contempla as necessidades da maioria dos indivíduos que têm poucos problemas com o álcool, os quais constituem parcela maior da população de consumidores – portanto, com maior probabilidade e risco para desenvolver problemas mais graves, devendo ser alvo de intervenções preventivas, o que não deve ser absolutamente ignorado, dentro de uma perspectiva de saúde pública. Destas  **Intervenções breves** podem ter efeitos benéficos que ultrapassam as suas populações-alvo. A oferta de serviços extra-hospitalares, inseridos na comunidade e complementados por outros programas assistenciais promove condições para a reversão deste panorama.

Analisando a tabela a seguir, podemos observar que tal fato é corroborado pela evolução comparativa entre gastos com as redes hospitalar e substitutiva em Saúde Mental, entre 1997 e 2002.

Ministry of Health Determination (PORTARIA Nº 2.197/GM 14 October 2004)

- Article 3 – The basic attention component consider the integral attention to AOD users provide by basic attention unities, general outpatient clinics, family health program and the community health agent, with the following characteristics:
 - *§ II – communitarian insertion and activity, ... early detection, brief counseling and brief interventions to reduce or stop consumption, as well early referral...*

PAI-PAD Activity

- **Municipalities enrolled in the Region of Ribeirão Preto**

- Altinópolis
- Barrinha
- Batatais
- Cássia dos Coqueiros
- Cajuru
- Jaboticabal
- Monte Alto
- Pontal
- Ribeirão Preto
- Serrana
- Sta. Cruz da Esperança
- Sertãozinho

*Training and Post-Training Supervision of FHT and Health Managers

*Distribution of Materials

*Alert Campaigns

*Process Assessment

- **Other Regions**

- State of São Paulo
 - Region of Taubaté/SJ Campos
 - Region of Franca
 - Municipality of Lavrinha
- State of Minas Gerais
 - Collaboration with Juiz de Fora
 - Demonstration Project in Uberaba
- State of Paraná
 - Demonstration Project in Londrina
- State of Amazonas
 - Municipality of Coari, Collaboration with the Federal University of Amazonas
- State of Sergipe
 - Project Rondon

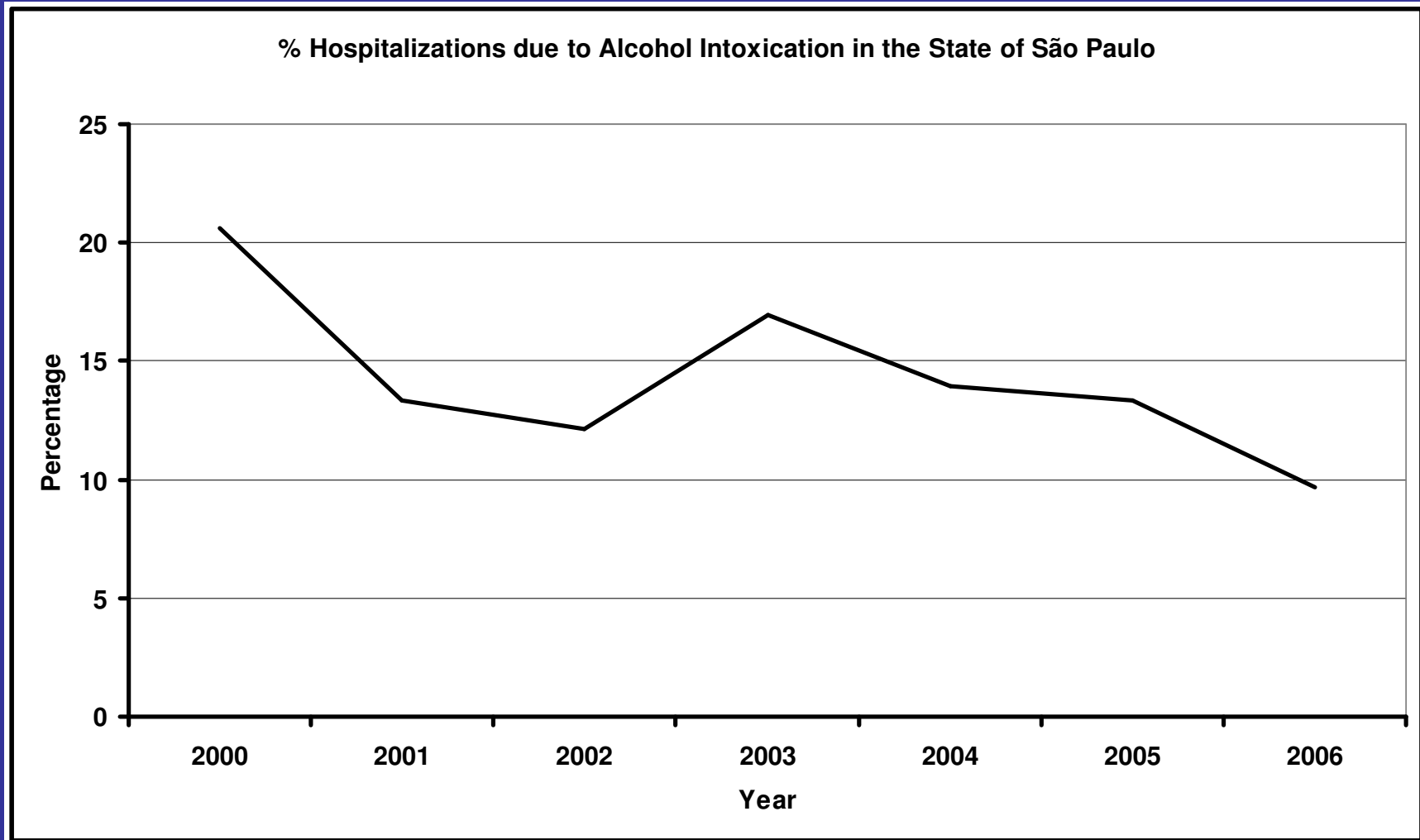
*Distribution of Materials

*Technical Support

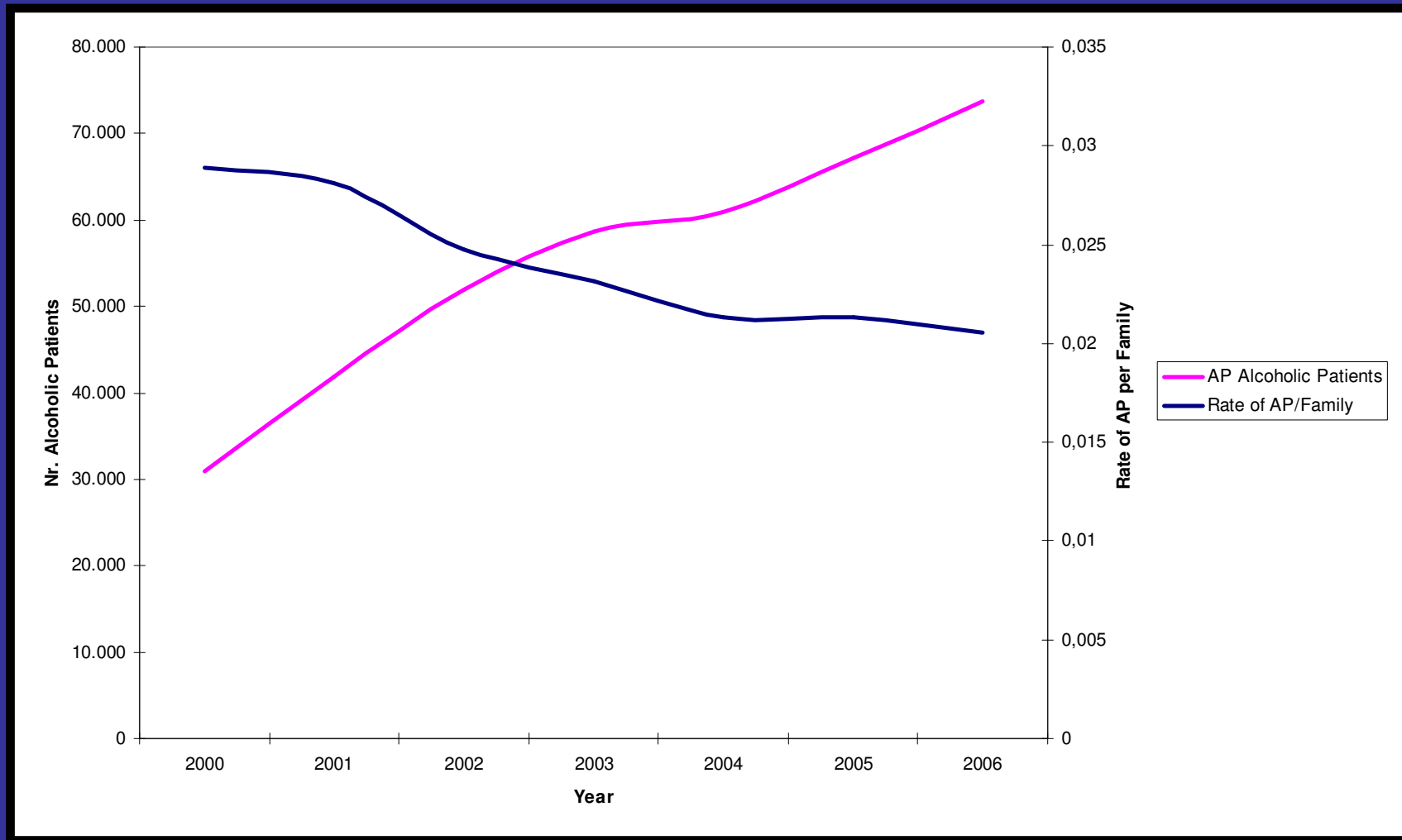
*Training of Trainers

Other activities: INEBRIA LATINA (www.inebrialatina.org), PAI-PAD Website (www.fmrp.usp.br/paipad), graduate students of health professions, postgraduate program, collaboration with the College of Nursing (CICAD and RSMAD)

Hospitalizations due to Alcohol Intoxication

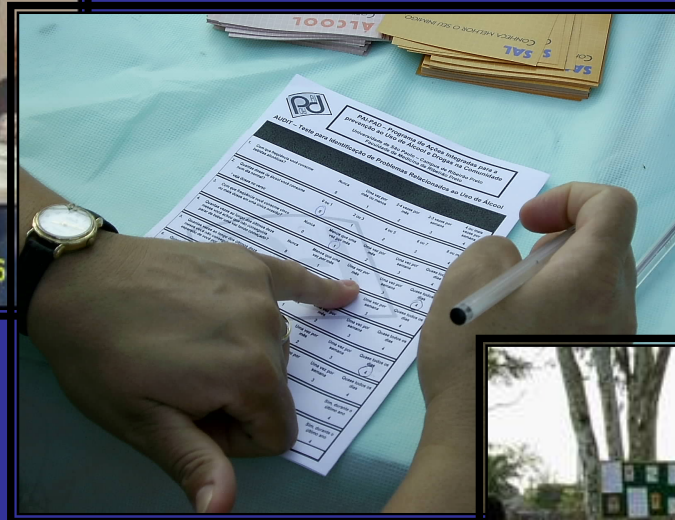


Family Health Program x Alcoholism Identification in the State of São Paulo



- 2006 – Implementation and Dissemination of SBI officially supported by the Health Department of the State of São Paulo (budget/year: 200,000US\$)
- 2007 – National MH Coordination decides to promote a pilot demonstration project for the implementation of SBI in three states (São Paulo, Paraná & Minas Gerais), as part of the national policy for integration of mental health in the basic health system
- ***2008 – National MH Coordination will support the INEBRIA Conference in Brazil***

Impossible Dream ?





Thanks to:
WHO, PAHO, Univ. Connecticut,
INEBRIA (Catalonian
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Paulo, National Mental Health
Coordination of the Ministry of
Health & PAI-PAD team and...

