

INEBRIA

International Network on
Brief Interventions for
Alcohol & Other Drugs



2nd INEBRIA thematic meeting
Bangalore (India)
6th April, 2017

Implementing EIBI in Catalonia The training approach in the “Beveu Menys” (Drink Less project)

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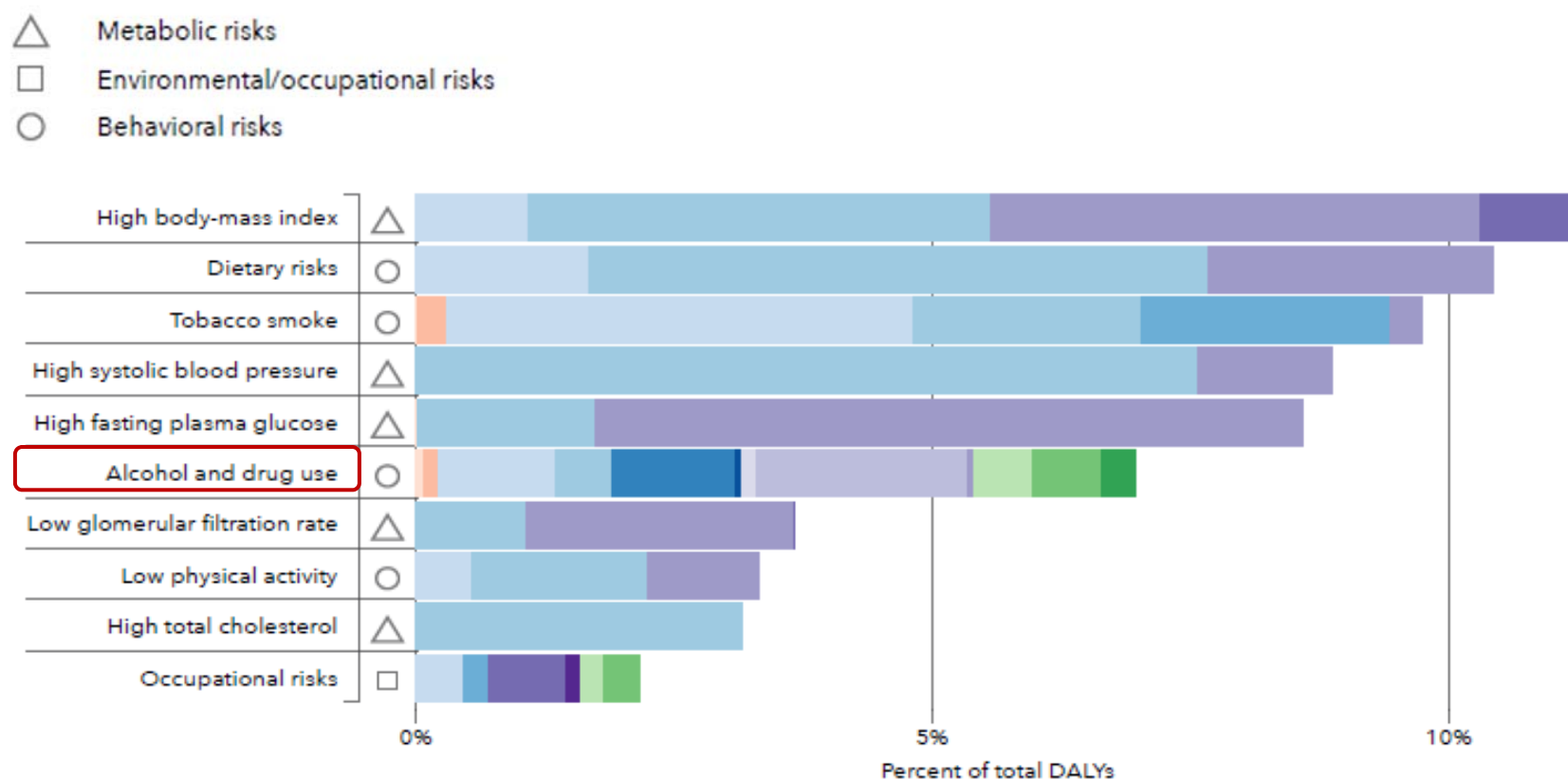
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Introduction

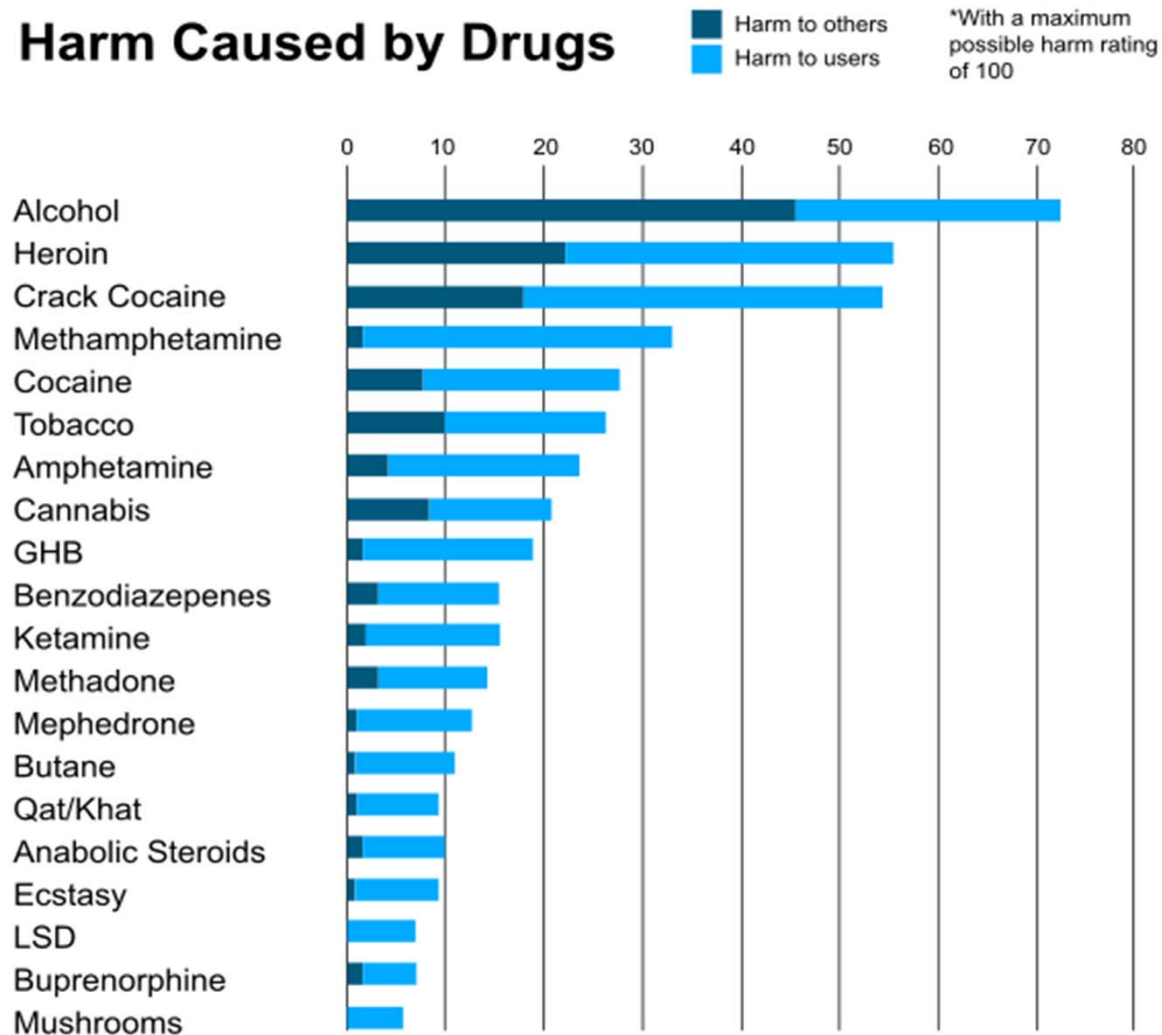
Health risk factors

Burden of disease attributable to leading risk factors. **Spain, 2013**



Introduction

Harm to others



Source : <https://en.wikipedia.org/wiki/File:HarmCausedByDrugsTable.svg>. "Scoring drugs", The Economist, data from "David Nutt, Leslie King and Lawrence Phillips, The Lancet. 2010 Nov 6;376(9752):1558-65

EIBI

Main elements

Include the **early identification** (EI) of patients whose drinking behaviour can be harmful followed by **brief interventions** (BI) addressed to its reduction

Early identification (EI)

Approach to **detect an actual or potential alcohol problem** through clinical judgement or by **screening tools** (e.g. AUDIT, AUDIT-C, FAST), comprising between one and ten questions that can be answered in a few minutes.

Should lead to a brief intervention or to specialized treatment if necessary.

The earlier people with alcohol-related problems are identified, the easier will be to help them.

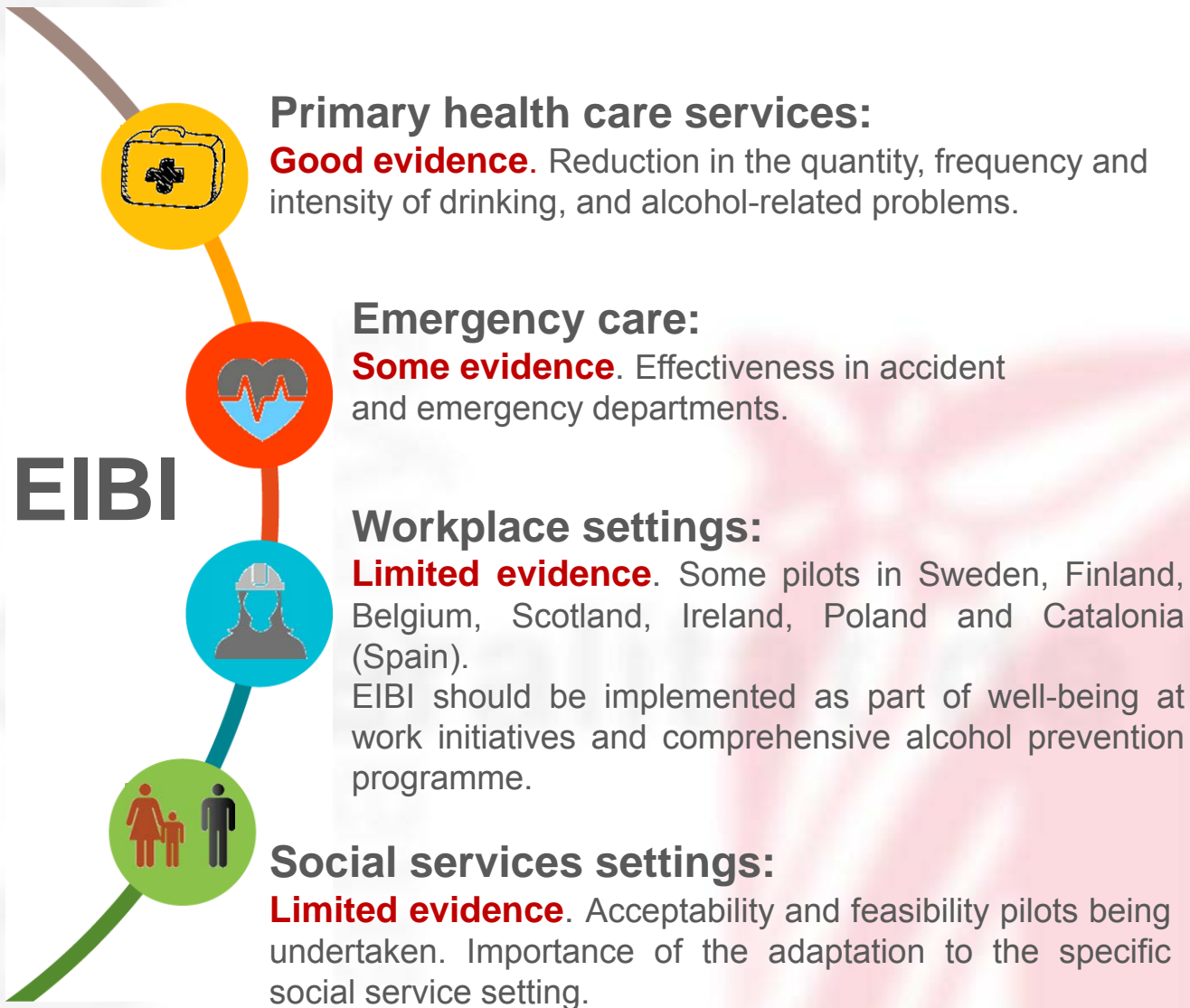
Brief interventions (BI)

Brief interventions are **short advisory or educational sessions** and psychological counseling provided in primary health care settings.

Brief alcohol interventions are typically delivered by physicians, nurses or health workers **to hazardous and harmful drinkers** identified by opportunistic screening in the context of routine primary care.

EIBI

Effectiveness



Computerized or electronic EIBI:

Growing evidence.

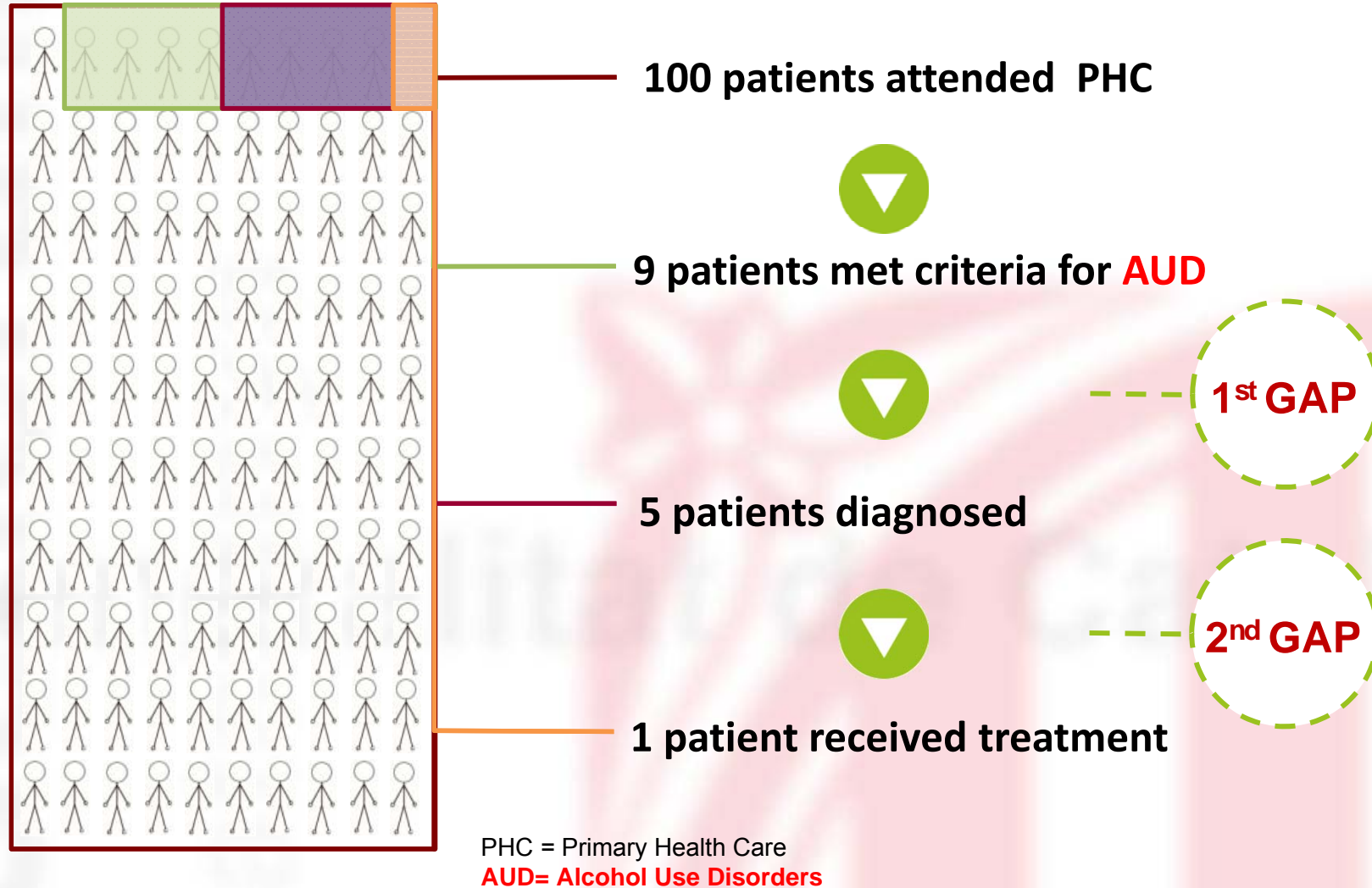
Web-based information and self-help guidance can produce similar outcomes to clinician-delivered brief intervention, particularly among women, young people and at-risk users.

Cost-effectiveness:

Good evidence.
UK studies suggest that brief interventions would yield savings of around £2,000 per life year.

Barriers

Double "Gap"



WHO Collaborative Study

General description

PHASES	OBJECTIVES
Phase I (1983-1989)	Validation of the AUDIT screening instrument
Phase II (1985-1992)	Demonstration of the efficacy of Brief Interventions
Phase III (1992-1998)	Evaluating the most efficacious strategies for implementing brief advice in PHC
Phase IV (1998-2003)	Dissemination and general implementation of early intervention in matters of alcohol from PHC

EC-PHEPA Project

General description

<http://www.phepa.net/>

- ☐ European Commission funded project
- ☐ 24 countries
- ☐ 4 main products:
 - Database of good practices, providing evidence-based information in efficacy, economics, health and policy.
 - **Country information** regarding disseminations experiences and strategies.
 - **European training program** for primary health care professionals
 - European recommendations and **clinical guidelines** for health care purchasers and providers



Implementation

An interaction process

2002-2005



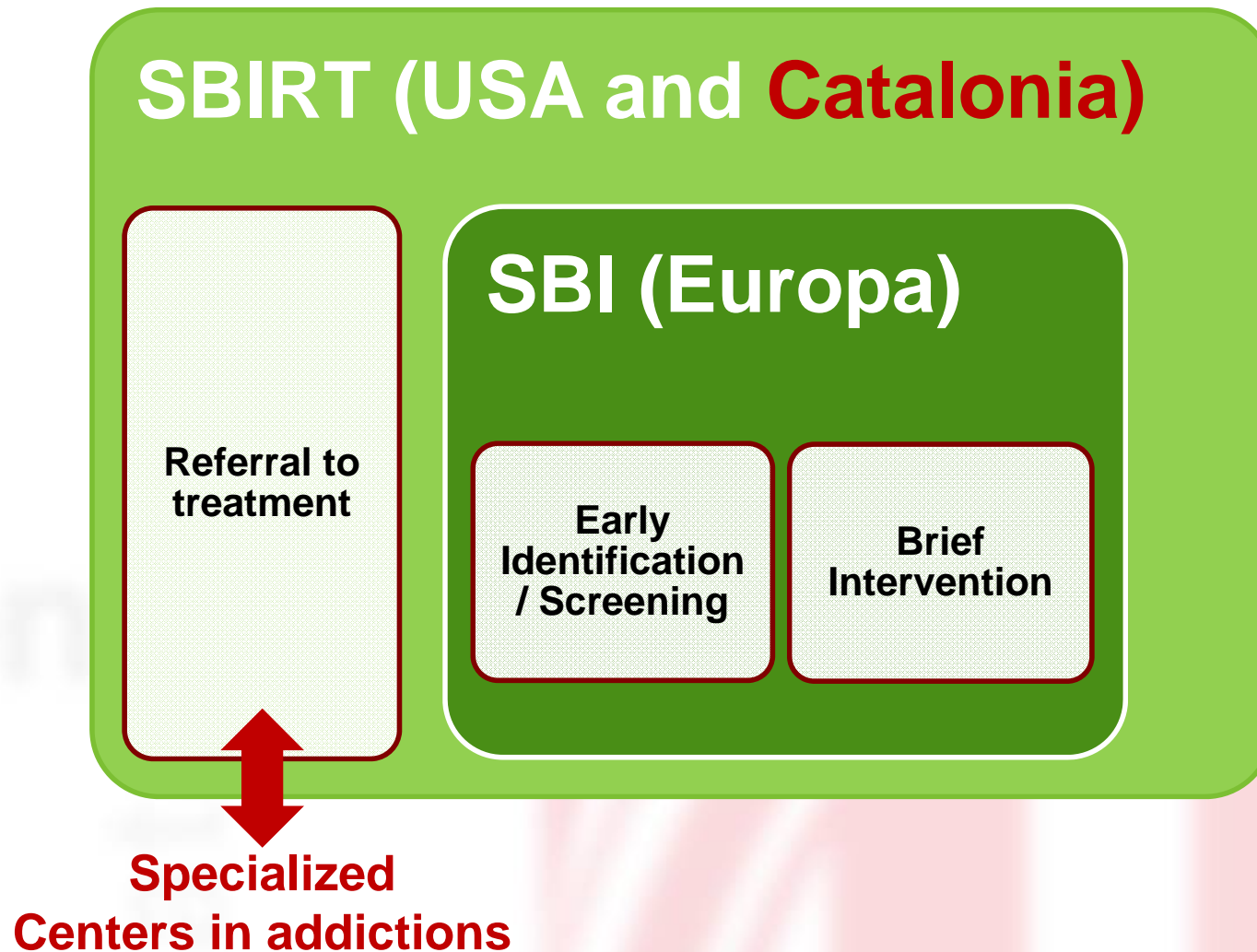
376 PHC

9.000 Professionals PHC

2006-2016



Implementation Model

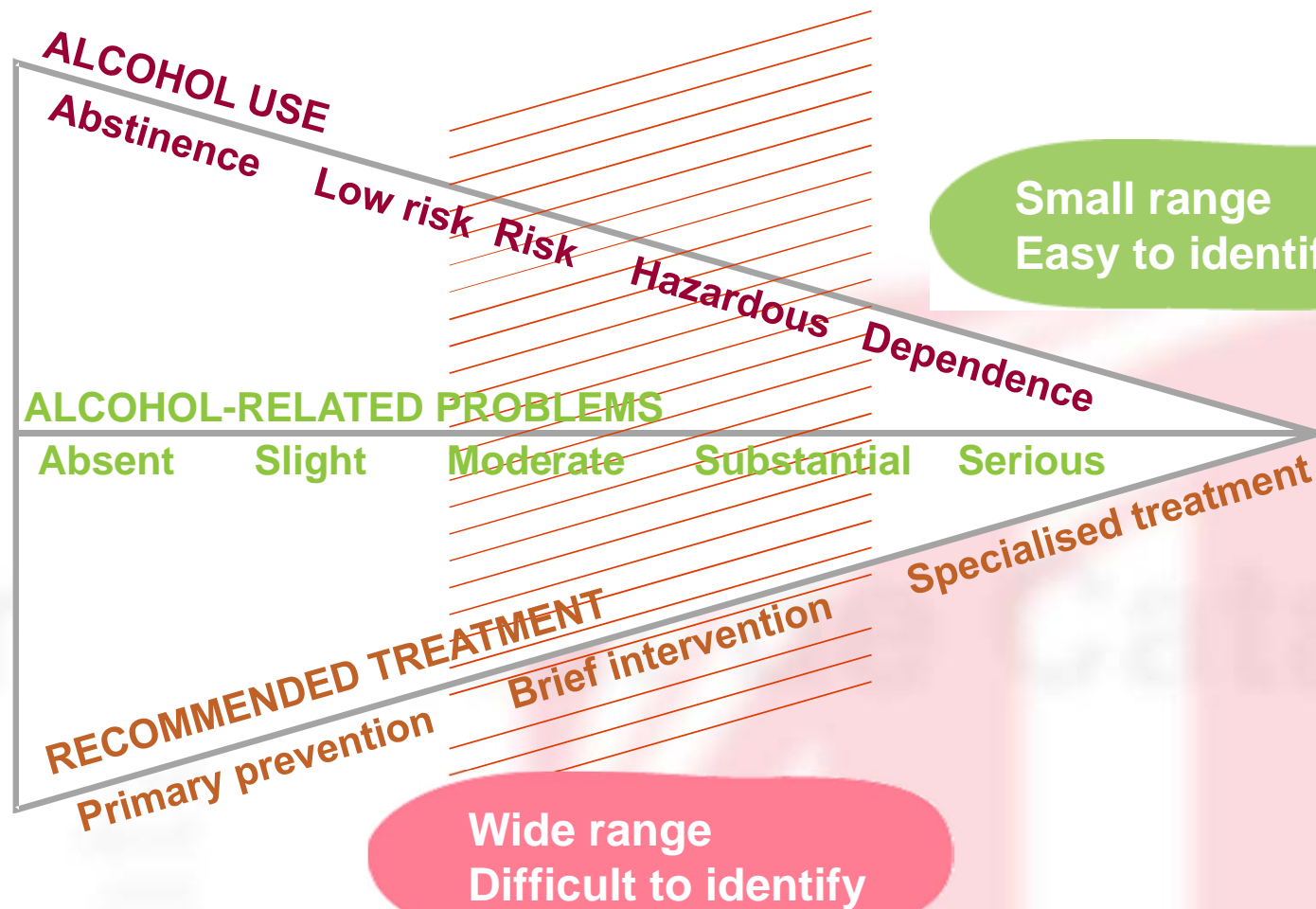


Implementation

Multicomponent programme



Reframing Alcohol continuum



Reframing

Standard drink unit

A standard drink contains, on average, 10 g of alcohol



One glass of wine or cava
One beer
One shot of spirits

1 SD



One glass of brandy
One whisky
One spirit-soft drink mixture

2 SD

Reframing Hazardous use

- A guideline for alcohol consumption is that the risk of harmful consequences increases for the person who drinks and for others.
- It does not translate into current medical or psychiatric problems.
- It is also related to personal or environmental factors.

	MEN	WOMEN
HAZARDOUS USE LIMITS	> 28 SDs weekly ≥ 6 SDs whenever it is consumed	≥ 17 SDs weekly ≥ 5 SDs whenever it is consumed

- Also: ANY CONSUMPTION in persons who drive or carry out dangerous activities (working at a certain height, mechanics, etc.), infants and children under 16, women who are pregnant or breastfeeding, persons suffering an illness or following drug treatments in which alcohol consumption is contraindicated.

Reframing Intervention

Guideline	Criteria	Treatment	Role of the AEP
Moderate use	≤ 28 SDs/week (man) < 17 SDs/week (woman)	Primary prevention	Educational advice, support and modelling
Hazardous use	> 28 SDs/week (man) ≥ 17 SDs/week (woman)	Brief intervention	Identification, assessment, brief counselling and monitoring
Harmful use	Presence of physical or mental damage related to alcohol use		
Alcohol dependence	CIM-10	Specialised treatment	Identification, assessment, derivation and monitoring

Components

Early identification



Also: ANY CONSUMPTION by persons who drive or carry out dangerous activities (working at a certain height, mechanics, etc.), infants and children under 16, women who are pregnant or breastfeeding, persons suffering an illness or following drug treatments in which alcohol consumption is contraindicated.

Components

Brief (motivational) intervention



Professionals

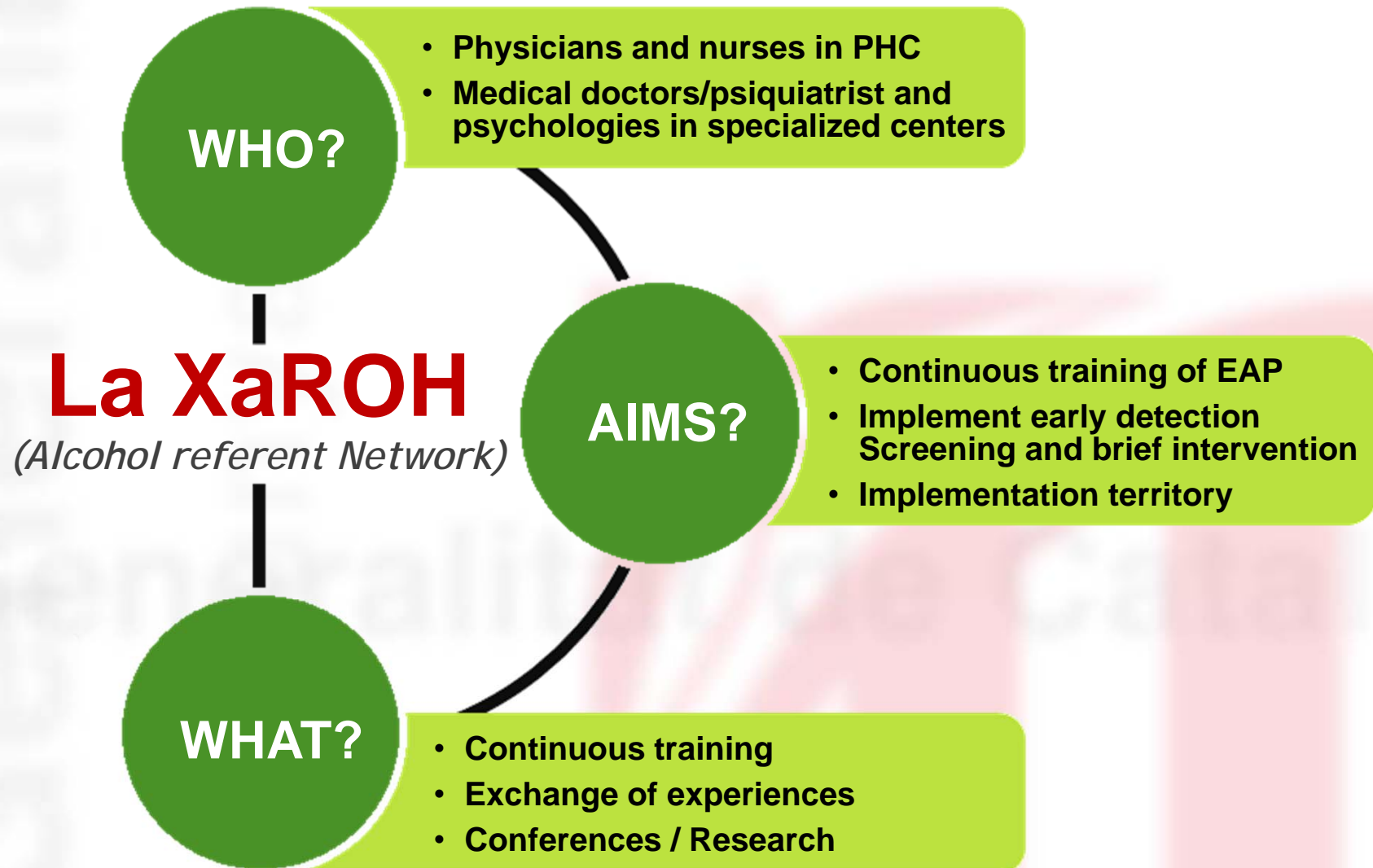
PROFESSIONALS

Training and support
Materials
Web support

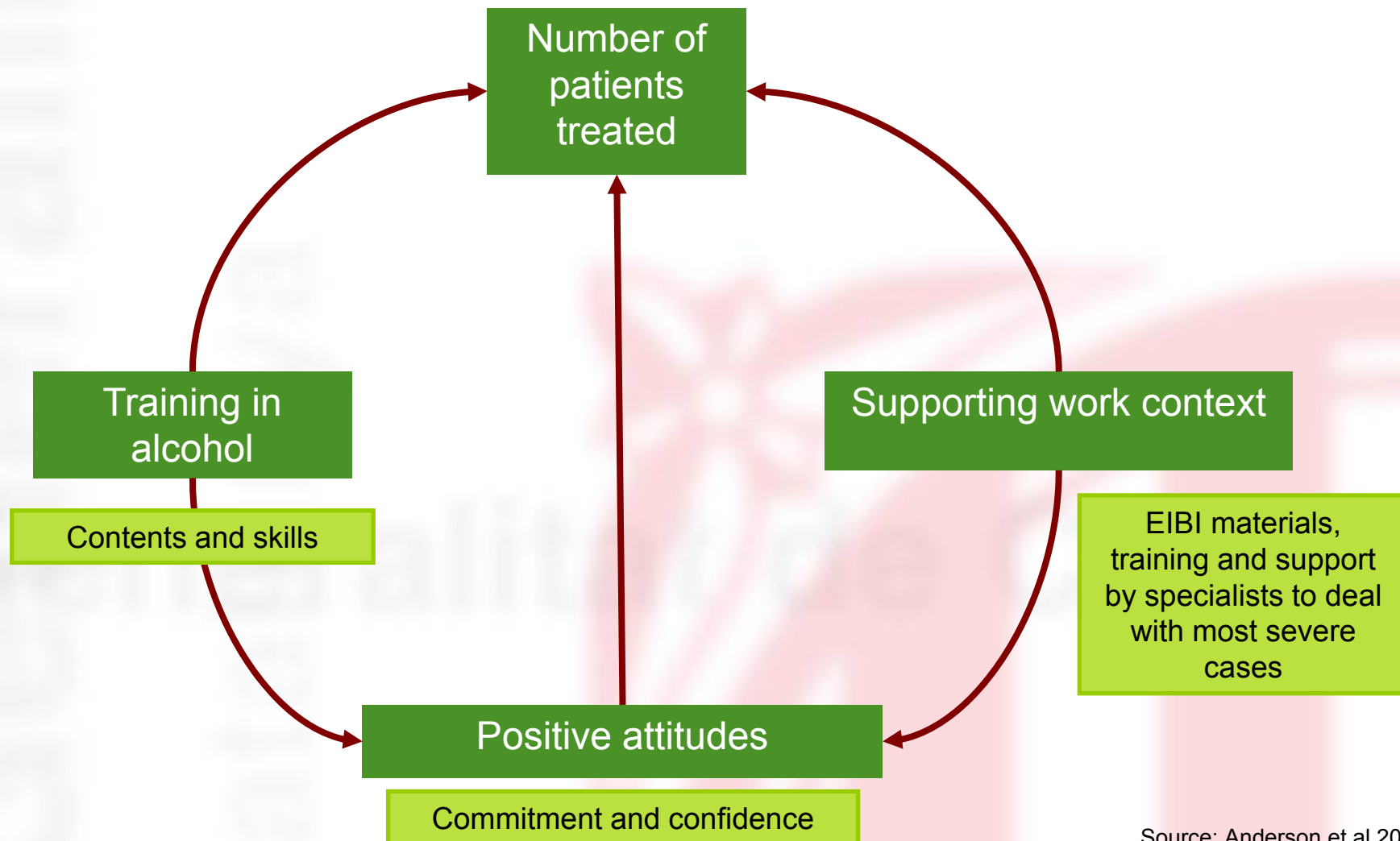
- Launch of a **network of alcohol referents throughout the territory (XAROH)**
 - One referent per PHC and addiction specialized center
- **Training strategy**
 - Training of trainers
 - Continuous training to the XAROH
- **Support:**
 - By specialists and referral to treatment of the most severe cases
- **Resources and materials:**
 - Pocket guide, posters, medical record instructions, etc
 - Specific websites and platform - <http://beveumenys.cat>, [Canal Drogas](#)



Network of alcohol referents



Implementation Professionals



Source: Anderson et al 2003
WHO Phase III Collaborative project

Training approach

Training of trainers

- **Training by peers** (Interdisciplinary group of trainers of the scientific societies: CAMFiC (physicians) and AIFICC (nurses))
- Accredited activities by the Catalan Council for Continuing Medical Education
- **Training objectives:**
 1. Raising awareness alcohol as a major problem of public health and as a risk factor for the individual and collective health
 2. Building capacity on EIBI
 3. Improving coordination with specialized settings
 4. Building capacity of the network referent as a trainer of his own team
- **Contents:** 4 hours (basic) + 4 hours (update)

- The alcohol as a public health problem and as risk factor for the individual and collective health.
- Alcohol screening in PHC
- Brief intervention in risky alcohol consumption
- Treatment of people with alcohol dependence

- New paradigms in alcohol. Overcoming stigma and prejudice.
- Heavy use over time
- Patient-centred care and shared decision-making
- Strategies to talk about alcohol during consultation
- Pharmacological treatment of AUD in PHC

Training PHC teams

- The referent trains the rest of the PHC team
- **Contents:** 2 hours + 1 hour by addiction specialist to coordinate on severe cases

- Screening and brief interventions
- Heavy use over time
- Patient-centred care and shared decision-making
- Strategies to talk about alcohol during consultation
- Pharmacological treatment of AUD in PHC

- Criteria for the PHC treatment and referral to CAS
- Ambulatory detoxification
- Handling drugs during rehabilitation
- Motivational interview in alcoholic patient
- Dealing with the family of alcoholic patients
- Work clinical Alcohol dependence cases

Materials

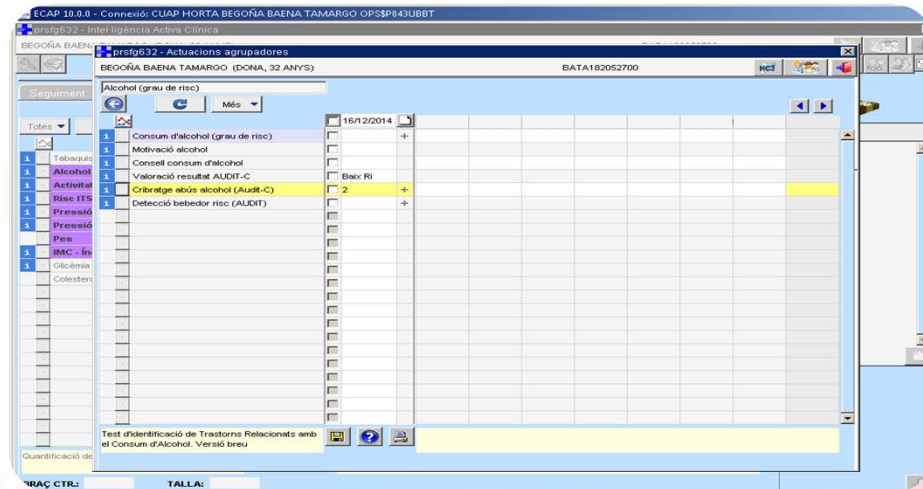


Organization

ORGANIZATION

Accreditation
CATSalut objectives
Registration

- Adaptation of medical record to EIBI



- Inclusion of alcohol indicators in the purchase with providers
- Accreditation and recognition of the alcohol referent in PHC

General Population

GENERAL POPULATION

Materials
Webs
Awareness week

- **Materials for general population:**

- [Leaflet “See what you drink”](#)

- (Catalan and Spanish)



- **Websites with relevant information about alcohol**

- [Canal Drogas - public](#)

- [Alcohol calculator](#)

Introduïu les teves dades:

home dona Edat: Per funcionament de la calculadora cal especificar aquest camp

Consumició	Beure	Alcohol	Alcohol	Beure	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
cerveza										
vi										
compar										
guinys										
sigat										
compar										
compar										

Calcular



- **Alcohol Awareness Week**



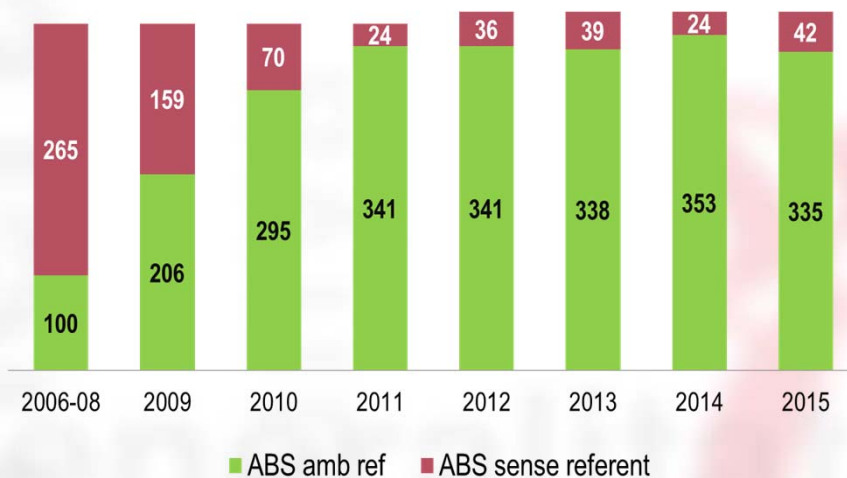
- **Screening week**
 - **Awareness and prevention** of alcohol problems.
 - **Promote intervention in alcohol problems** in primary care.



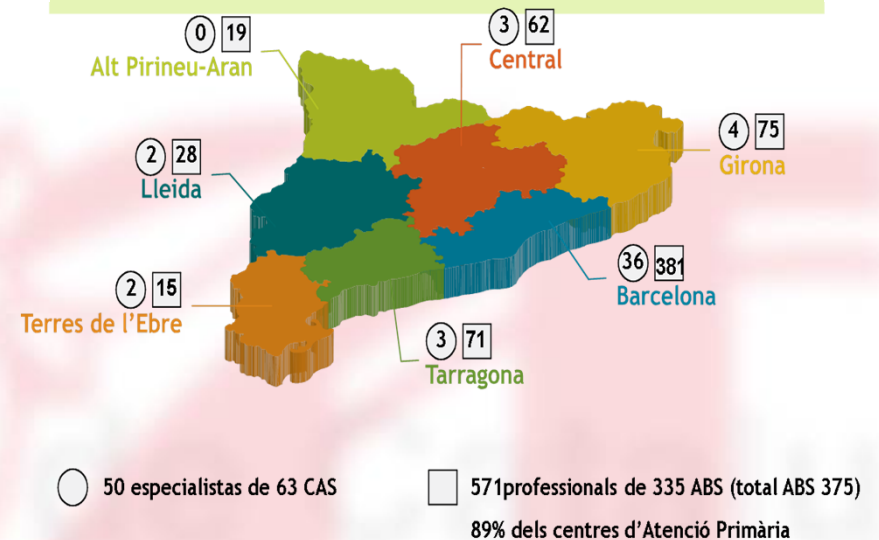
Drink-less “Beveu Menys”

Results - Coverage

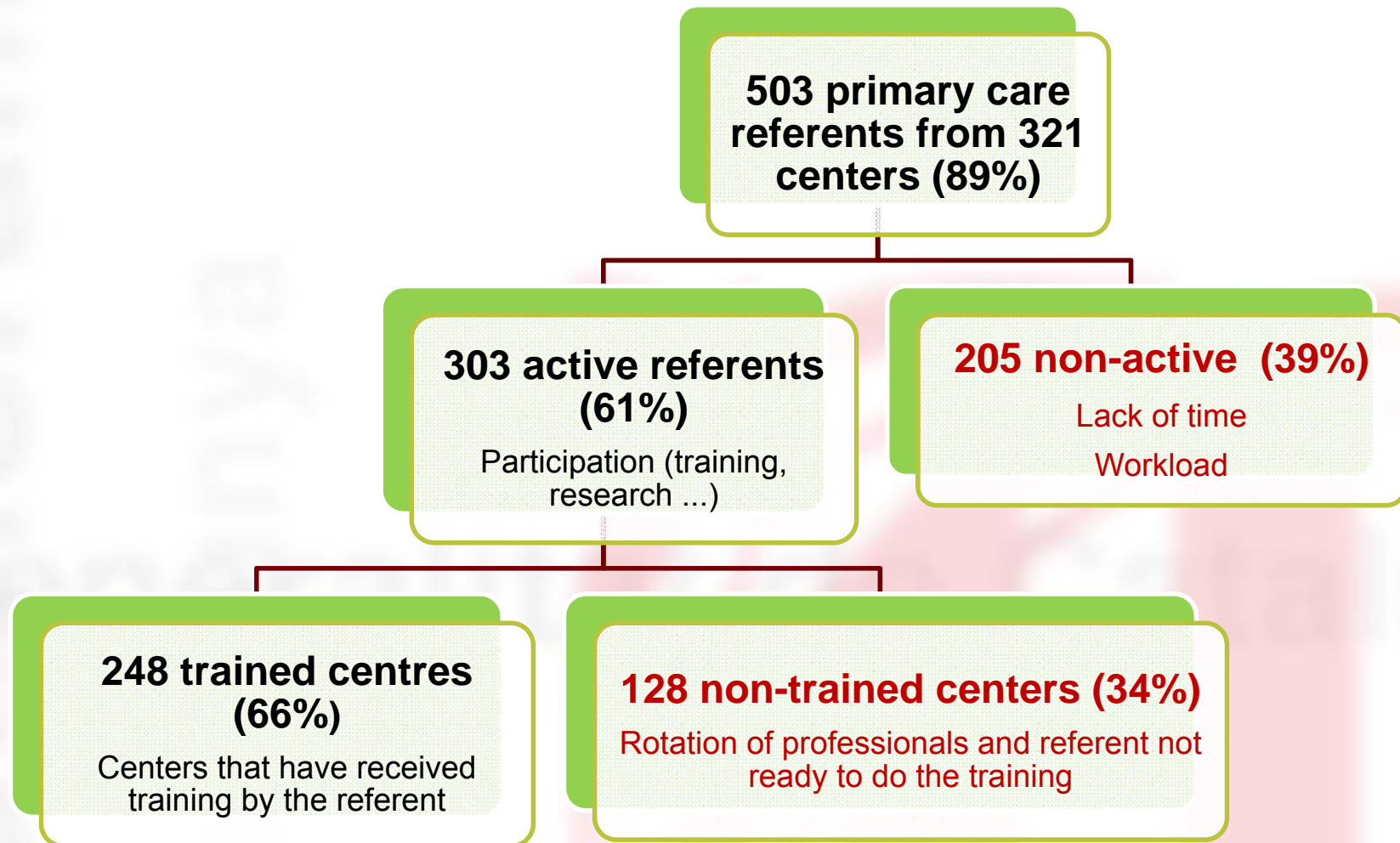
10 Years- Drink Less programme Implementation in Primary Health Care



Professionals of the alcohol referents network(XaROH)

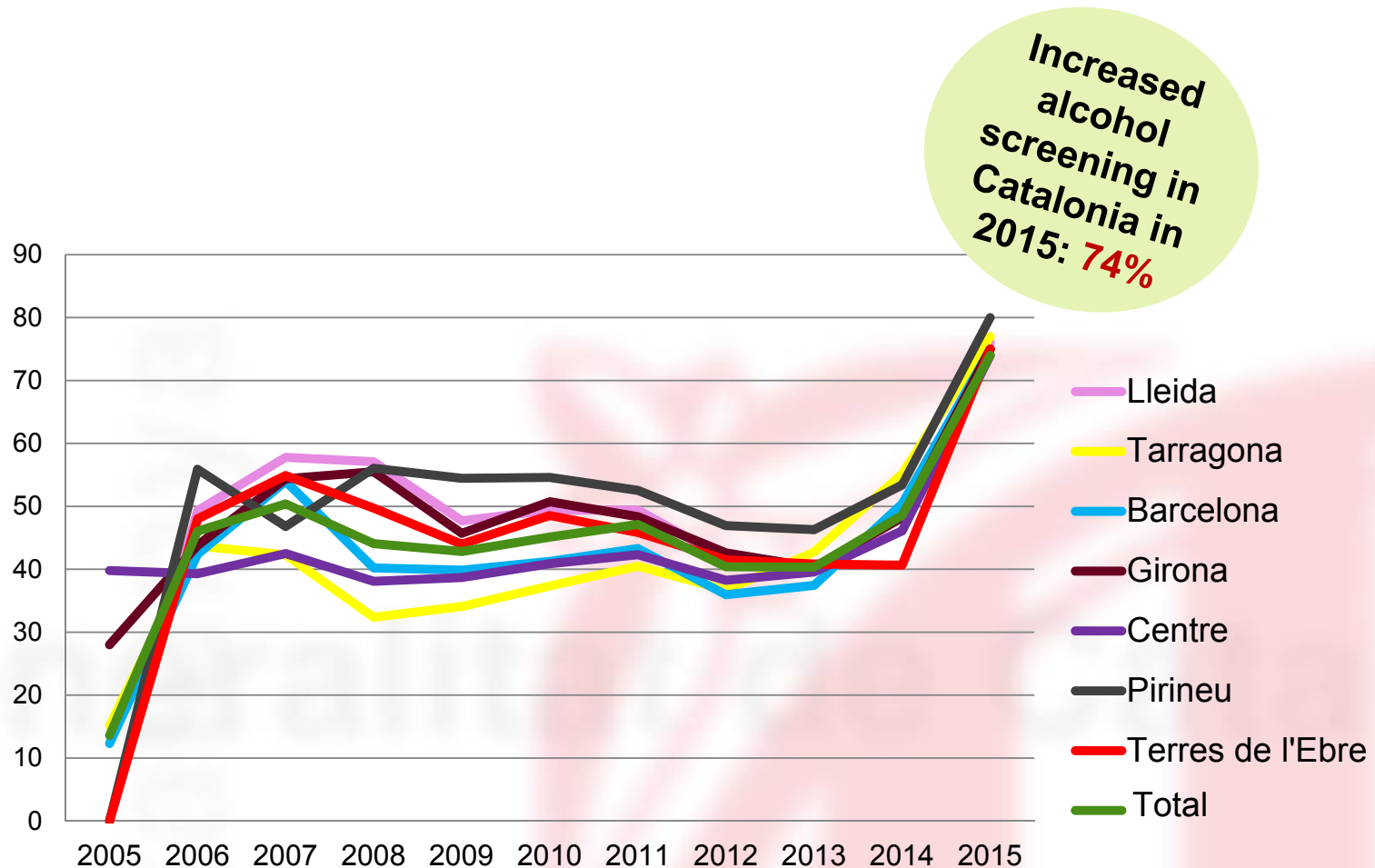


Activity of the alcohol referents



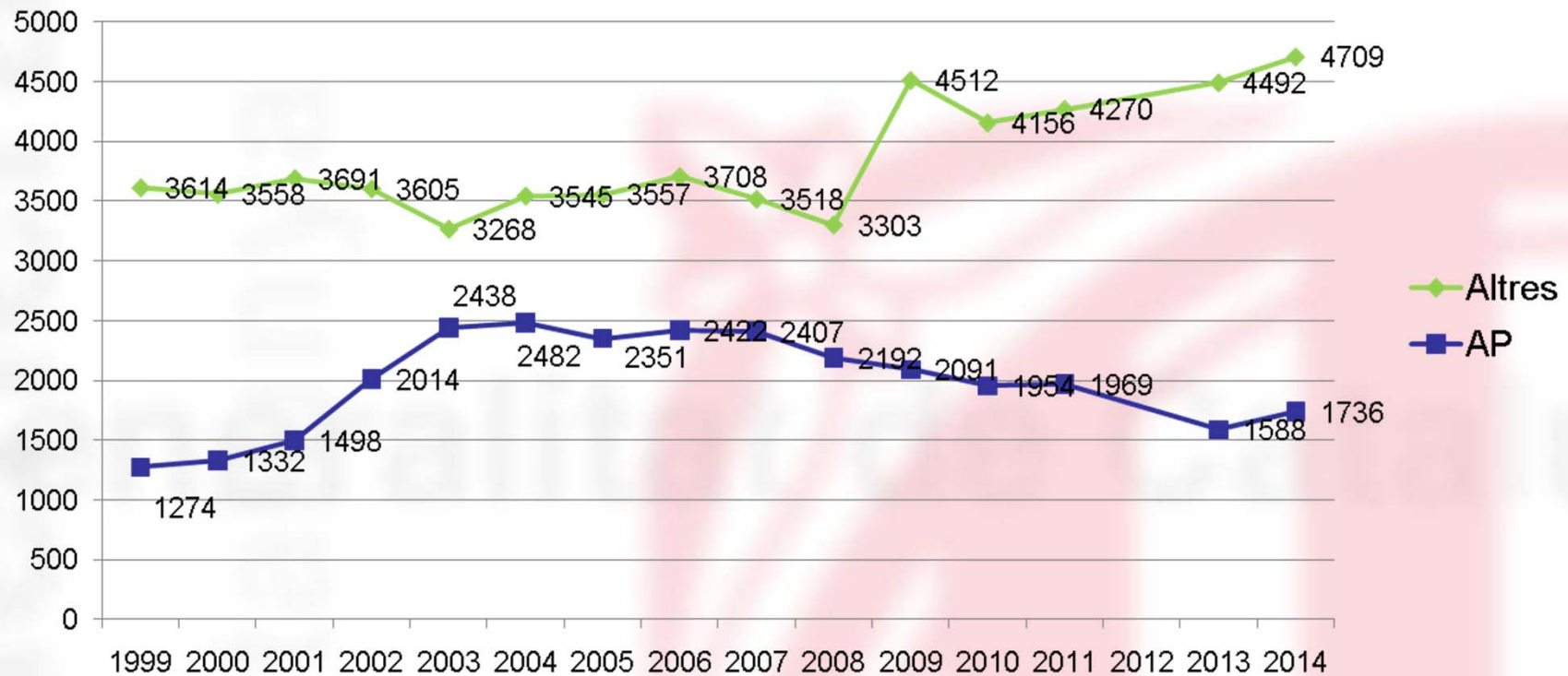
Drink-less “Beveu Menys”

Results – Screening rates



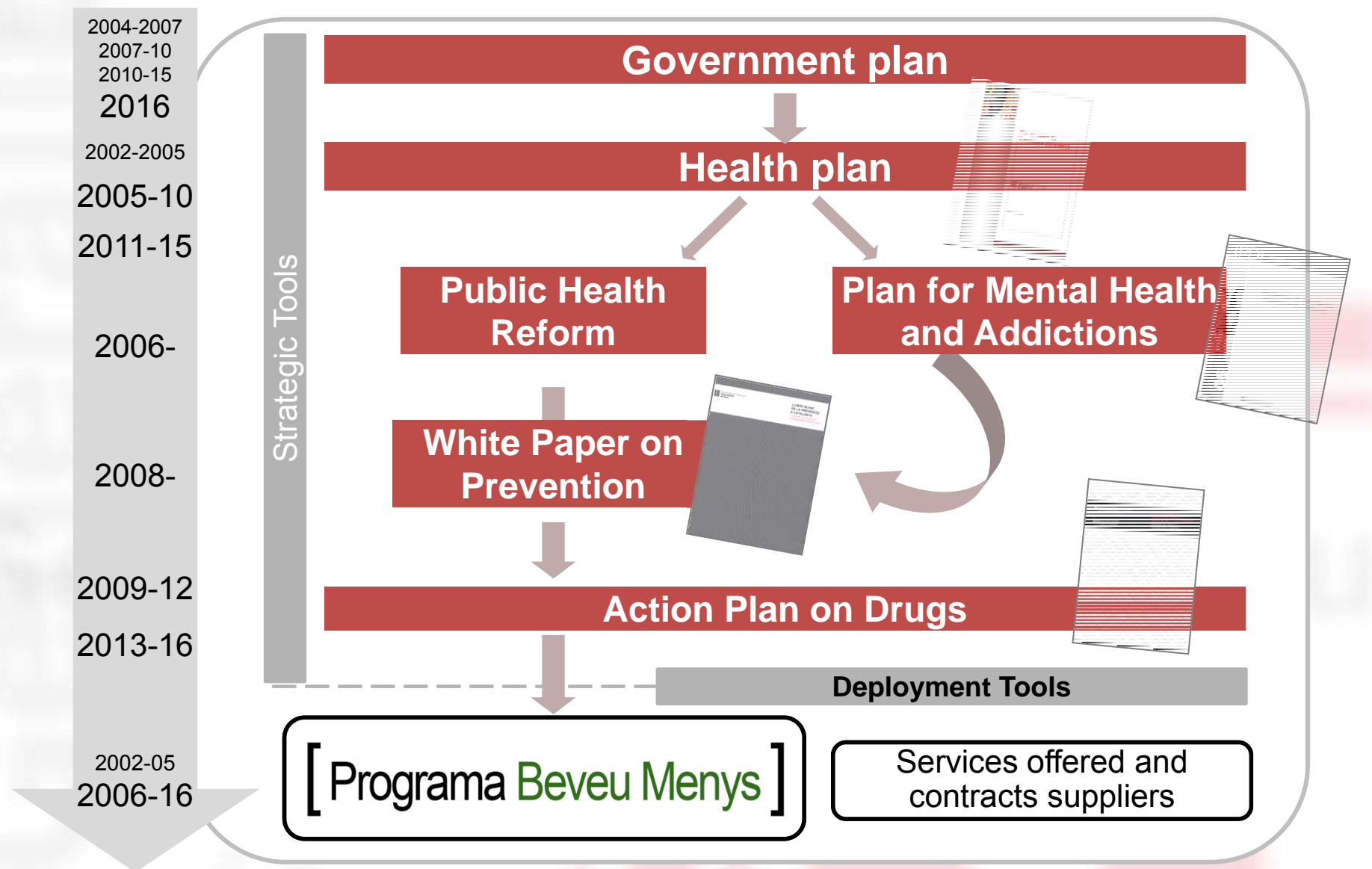
Referral from AP to specialized centers

27% Referrals are from Primary Health Care
73% of referrals from other sources



Source: 2014 Drug Information System

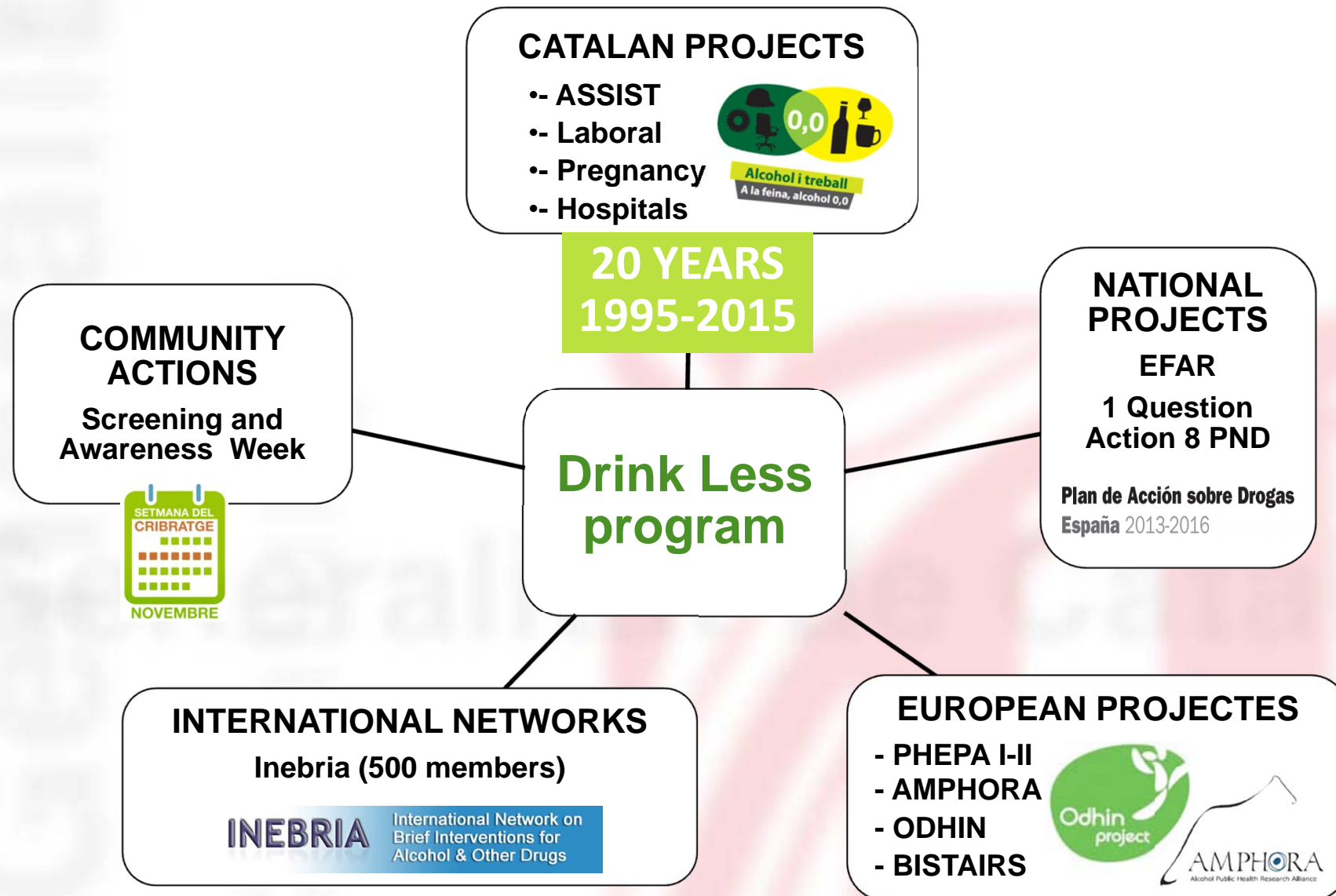
Key element Strategic planning



Conclusions

- ❑ Alcohol consumption is an important public health problem and EIBI under health sector response is among the “best buys” on alcohol policies
- ❑ Tackling of alcohol related problems represents a challenge for the health system. EIBI in PHC is effective and helpful in reducing alcohol related problems
- ❑ Organizational changes in PHC and positive attitudes of professionals is key
- ❑ Changes are possible but rather slow and need iteration, a multicomponent and strategic approach, the involvement of all stakeholders and ongoing support
- ❑ EIBI Strategies should be extrapolated to other health settings such as emergency departments and occupational health services.

20 Years of the Drink Less Program



INEBRIA

International Network on
Brief Interventions for
Alcohol & Other Drugs



International professional network that groups people interested in promoting research in brief interventions for alcohol and other drugs worldwide.

INEBRIA

www.inebria.net

**650 members from 35 countries
13 annual conferences**

Barcelona 2004

Münster 2005

Lisboa 2006

Brussel-les 2007

Ribeirão Preto 2008

Newcastle 2009

Goteborg 2010

Boston 2011

Barcelona 2012

Roma 2013

Varsovia 2014

Atlanta 2015

Lausanne 2016

**Become a member
(free)**

www.inebria.net

Conference 2017

**14 -15 September
NEW YORK, USA**

