



International Network on
Brief Interventions for Alcohol
Problems.



Unidade de Dependência de Drogas (UDED)
Departamento de Psicobiologia

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Implementation of screening tools and Brief Intervention by health professionals trained with a distance learning course

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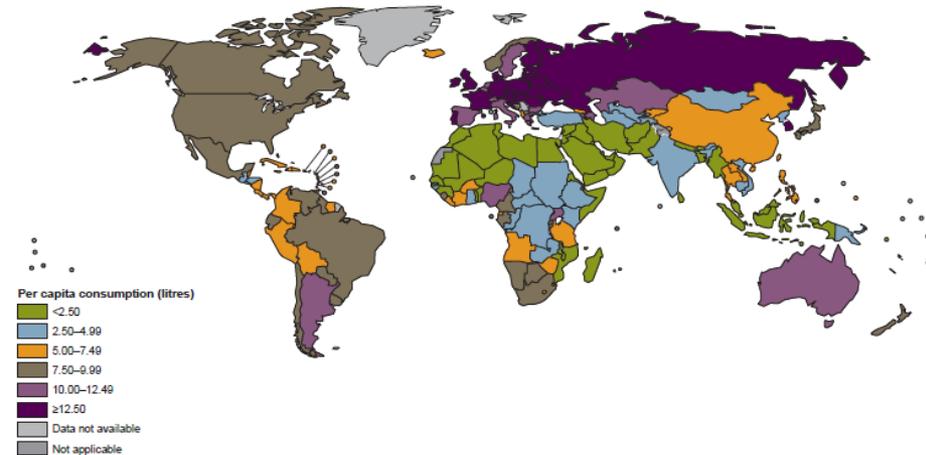
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Alcohol Use

In the world:

- About 2 billion people consume alcohol;
- 76.3 million present disorders due to alcohol abuse.

Figure 1. Total adult (15+) per capita consumption, in litres of pure alcohol, 2005^a



^a Best estimates of 2005 using average recorded alcohol consumption 2003-2005 (minus tourist consumption; see Appendix IV for details) and unrecorded alcohol consumption 2005.

Global status report on alcohol and health. WHO, 2011

In Brazil:

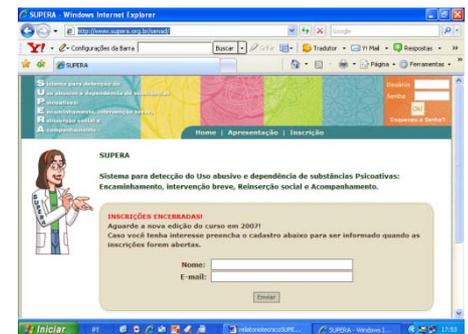
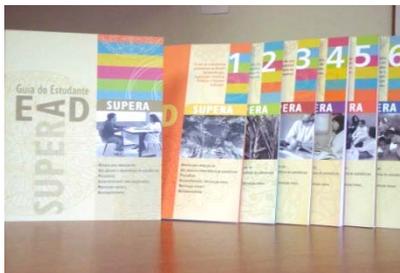
- Alcohol dependence: 12.3% of the adult population and Tobacco 10.1%
- The lifetime use of illicit drugs: 22.8% of the population.



Introduction

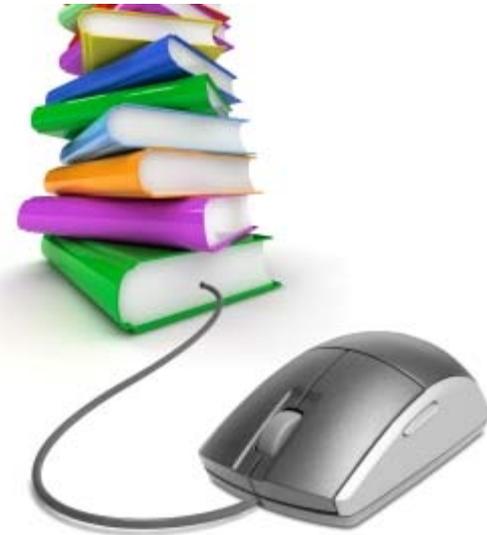
- It is important to think about public policies to deal with this reality and to train health professionals who will attend people with alcohol or other drug related problems;
- In Brazil, there is "SUPERA", a Distance Learning course that was developed in a partnership of the Universidade Federal de São Paulo (UNIFESP) with the Brazilian National Secretary on Drug Policy (SENAD).

The aim of the course is to train health professionals to do Screening, Brief Intervention and Referral to Treatment (SBIRT).





Introduction



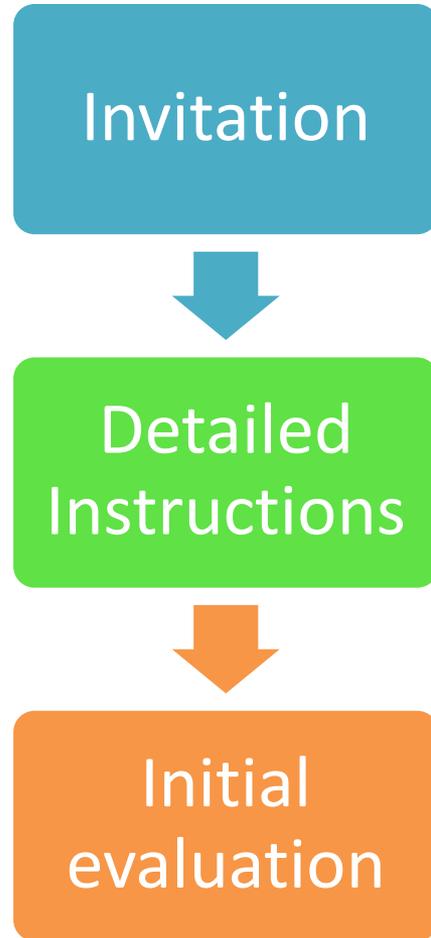
- Distance Learning (DL) has been improving and it may be considered a good alternative to train health professionals.
- SUPERA course represents an alternative form of education that aims at reaching a large number of people with low cost, improving education and updating information on drug abuse.

Objective

To evaluate the use of Screening and Brief intervention (SBI) by health professionals who were trained in the 2nd and 3rd editions of the Brazilian Distance Learning (DL) course SUPERA

Methods

Invitation



Approved participants from the 2nd
and 3rd editions of SUPERA

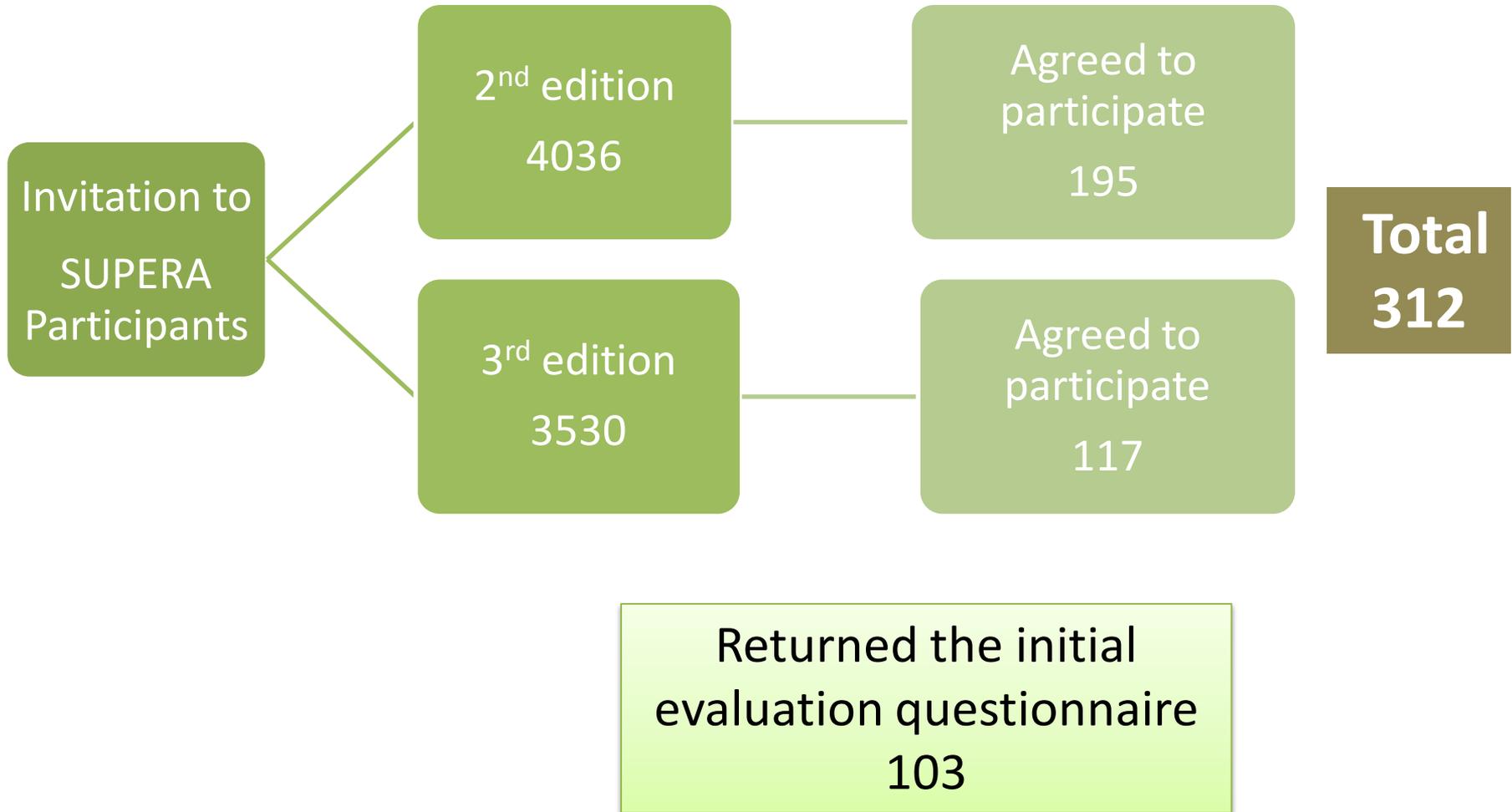
Detailed
Instructions

Sent by email

Initial
evaluation

Questionnaire on their current use of
Screening tools and Brief interventions

Methods



Results

Profile of participants (2nd and 3rd editions of the SUPERA)

	SUPERA 2 nd edition	SUPERA 3 rd edition
Approved	4036 (81%)	3530 (70.2%)
Failed	69 (1.4%)	81 (1.6%)
Dropouts	879 (17.6%)	1414 (28.2%)
Brazilian Region	SP (15.5%) and MG (14%)	BA (13%) and MG (10.5%)
Gender	Female (82.5%)	Female (83%)
Educational level	Graduated (77%)	Graduated (76%)
Economic class	B (60%)	B (57%)
Course	Nursing (18%) and psychology (28%)	Nursing (35%) and psychology (12%)
Workplace	CAPS (23%) and PSF (11%) - (PHC services)	PSF (54%) - (PHC services)
Course Satisfaction	Excellent (84%)	Excellent (82%)

Profile of participants who answered the initial evaluation

- ❖ Brazilian Region, the same distribution observed in the total;
- ❖ PSF (38%), CAPS (25%), UBS (11%) and others (26%) – PHC Services;
- ❖ Psychology (31%), nursing (28%) and others (41%);
- ❖ Female (82.5%) and Male (17.5%);
- ❖ Graduated (82%) and others (18%);
- ❖ Age: 37(9)/mean (SD);
- ❖ Economic class: A (15%), B (60%), C (23%) and D (2%).

Initial Evaluation Questionnaire

- Likert scale of 5 points: 1 (nothing) to 5 (maximum)

Medians (inter quartile) (P75% - P25%)

Statements:

- They often acted as multipliers: 4(1)
- They had little difficulty to implement the techniques: 3(1)
- They are very involved and motivated to implement the screening instruments and Brief Intervention : 4(2)

USE OF SCREENING TOOLS OR BI (%)	
AUDIT	58
ASSIST	55
Any Brief Intervention (BI)	77
Alcohol BI	77
Tobacco BI	67
Others Drugs BI	65

LEVEL OF DIFFICULTY TO IMPLEMENT SCREENING TOOLS AND BRIEF INTERVENTIONS (%)

		REPORTED 12-18 MONTHS AFTER THE END OF THE COURSE					
		None (10%)	Insignificant (13.5%)	Little (44%)	Much (29%)	Extreme (3%)	TOTAL
PREDICTED AT THE END OF THE COURSE	Lack of time	17	12	41	29	0	19
	Lack of management support	18	36	36	9	0	12
	Lack of colleagues support	0	10	33	48	9.5	24
	Lack of ability to perform	0	0	37.5	50	12.5	9
	Others	0	10	70	20	0	11
	No problem	18	14	50	18	0	25

IMPLEMENTATION OF SCREENING TOOLS AND BRIEF INTERVENTIONS (%)

INTENDED TO USE SBI (AT THE END OF THE COURSE)	REPORTED USE OF SBI (12-18 MONTHS AFTER THE END OF THE COURSE)					
	AUDIT Applied	TOTAL	ASSIST Applied	TOTAL	IB Applied	TOTAL
Yes, as proposed	57	53	51	53	81	53
Yes, with adaptations	64	42	61.5	42	77	42
No	40	5	40	5	60	5

AUDIT

HOW MUCH PARTICIPANTS BELIEVED THEY WERE ABLE TO APPLY (%)

REPORTED 12-18 MONTHS AFTER THE END OF THE COURSE	Applied AUDIT	PREDICTED AT THE END COURSE					TOTAL
		Unable (2%)	Fairly Able (5%)	Reasonably Able (35%)	Very Able (42%)	Completely Able (16%)	
None		0	10.5	39	47	3	41
From 1 to 19		2	2	37	41	17	49
More than 20		0	0	11	22	67	10

ASSIST

HOW MUCH PARTICIPANTS BELIEVED THEY WERE ABLE TO APPLY THE ASSIST (%)

REPORTED 12-18 MONTHS AFTER THE END OF THE COURSE	Applied ASSIST	PREDICTED AT THE END COURSE					TOTAL
		Unable (0%)	Fairly Able (36.5%)	Reasonably Able (43%)	Very Able (43%)	Completely Able (13%)	
None		0	14	38	48	0	45
From 1 to 19		0	2.5	37.5	42.5	17.5	43
More than 20		0	0	27	27	45	12

Brief Intervention (BI)

How much participants believed they were able to perform a BI (%)

REPORTED 12-18 MONTHS AFTER THE END OF THE COURSE	Performed BI	PREDICTED AT THE END COURSE					TOTAL
		Unable (0%)	Fairly Able (4%)	Reasonably Able (22%)	Very Able (47%)	Completely Able (27%)	
	No	0	15	25	50	10	22
Yes	0	1	21	46	32	78	



Conclusion



- These results show that health professionals trained with Distance Learning Courses can apply Screening tools and Brief Interventions;
- However, they also suggest that some of them (who reported feelings of insecurity on their skills) may need some supervision or improvement in order to develop their skills or motivation levels to carry out the learned techniques;
- A follow-up evaluation project is taking place in which we will evaluate the effectiveness of the training as well as the Screening and Brief Intervention applied by the health professionals throughout the evaluation of the patients submitted to SBIRT.

Supported by

- SENAD

(Secretaria Nacional de Políticas sobre Drogas –
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- UNIFESP

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- AFIP

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- CAPES

(Coordenação de Aperfeiçoamento de Pessoal de Nível Superior)



Thank you all!!!

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