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MINISTERIO DE SALUD

# Brief interventions as part of an Alcohol Care and Prevention National Program : the Chilean experience.

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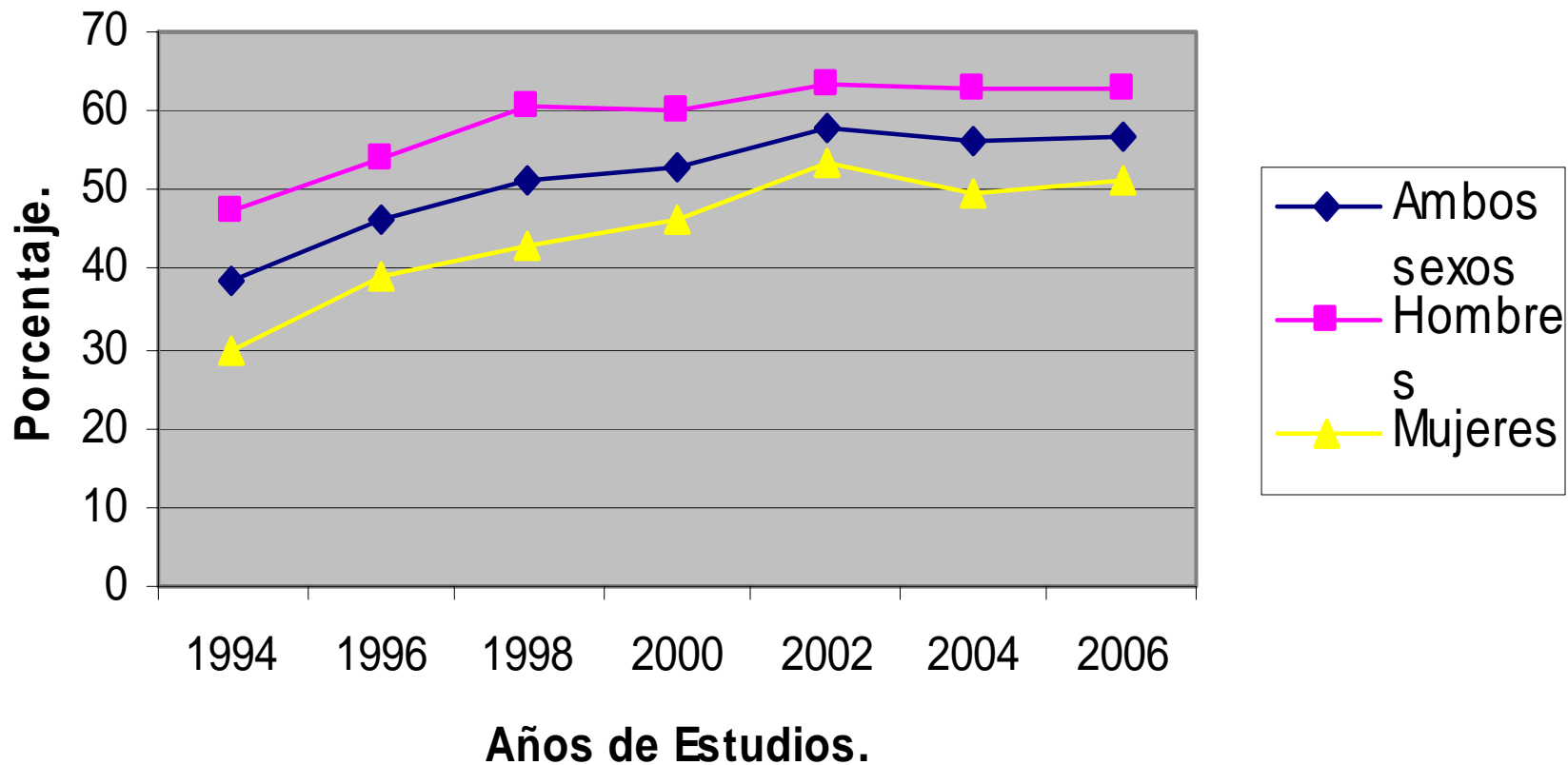
Alcohol and drug problems in developing countries . The role of brief interventions for improvement of care and prevention.

5 th. International Conference of INEBRIA.

# Consumo de Alcohol en población 12 a 64 años.

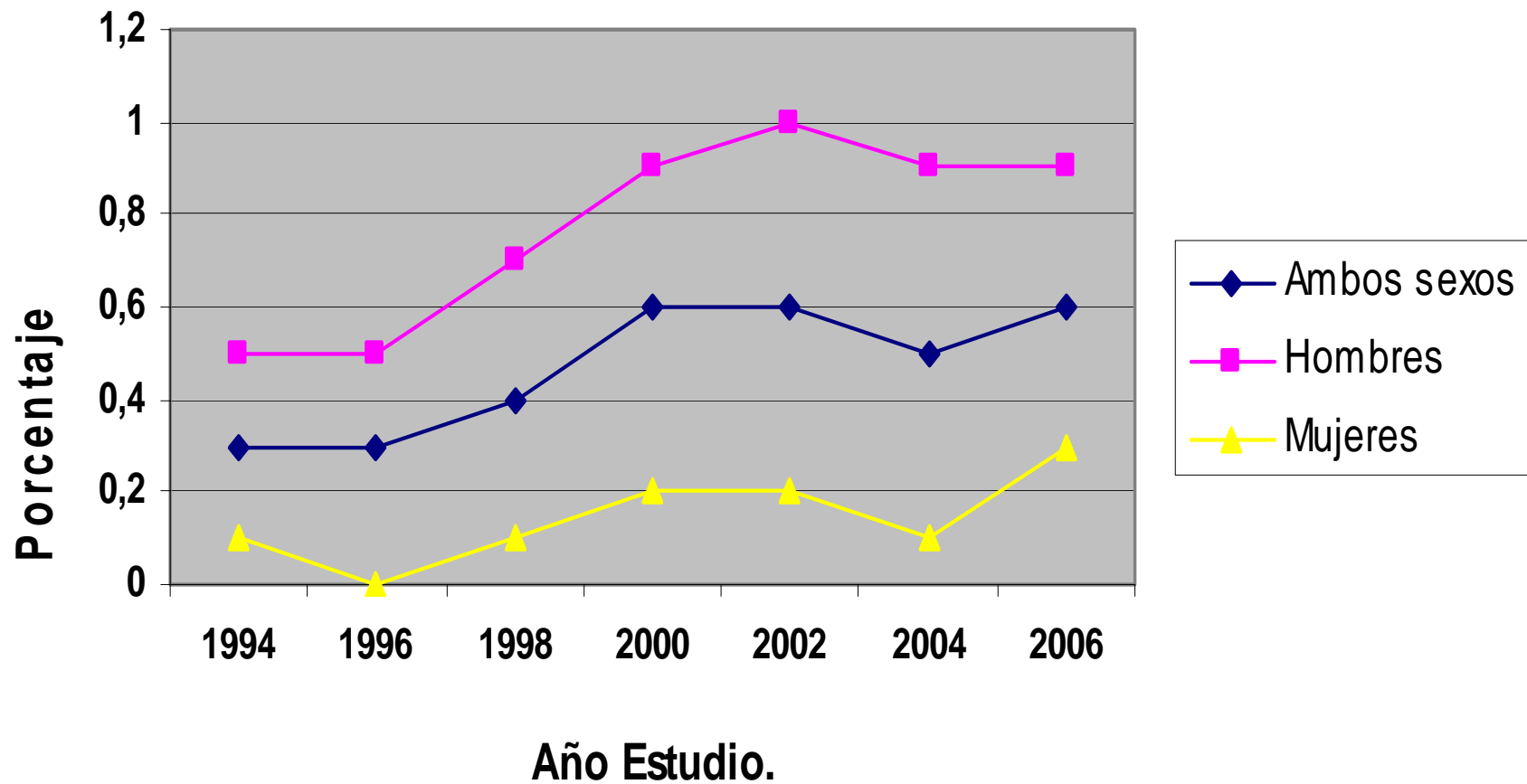
## Prevalencia último mes.

Fuente : Conace, 2007.



# Consumo de cocaína. Prevalencia último mes.

( Fuente Conace, 2007)





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# Burden of Diseases and Attributable Burden Study 2004

**AVISA = AVPM + AVD**

**(Daly's )**

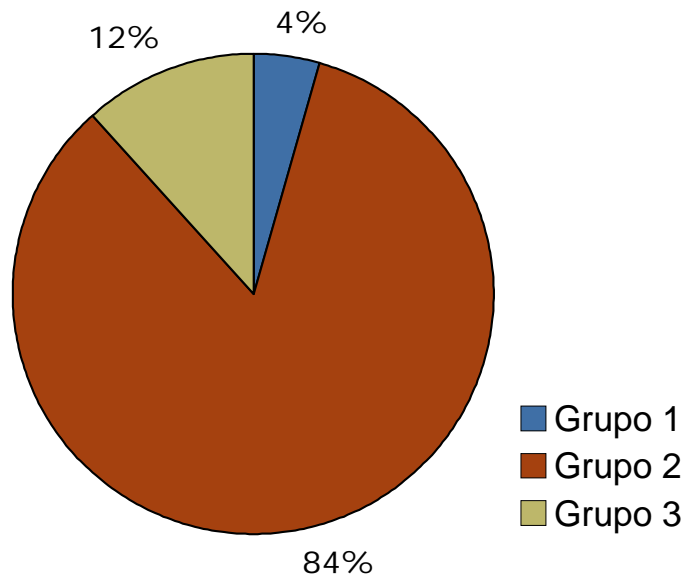
$$\int_{x=a}^{x=a+L} DCx e^{-\beta x} e^{-r(x-a)} dx$$



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# Results

## Distribution of AVISA by Group of Diseases.



**TOTAL AVISA PAÍS**

**3.761.788 años**

**AVISA Males:**

**1.833.500 años**

**AVISA Females:**

**1.928.288 años**

# Principales causas de AVISA por Subgrupo

## Chile 2004. Ambos sexos

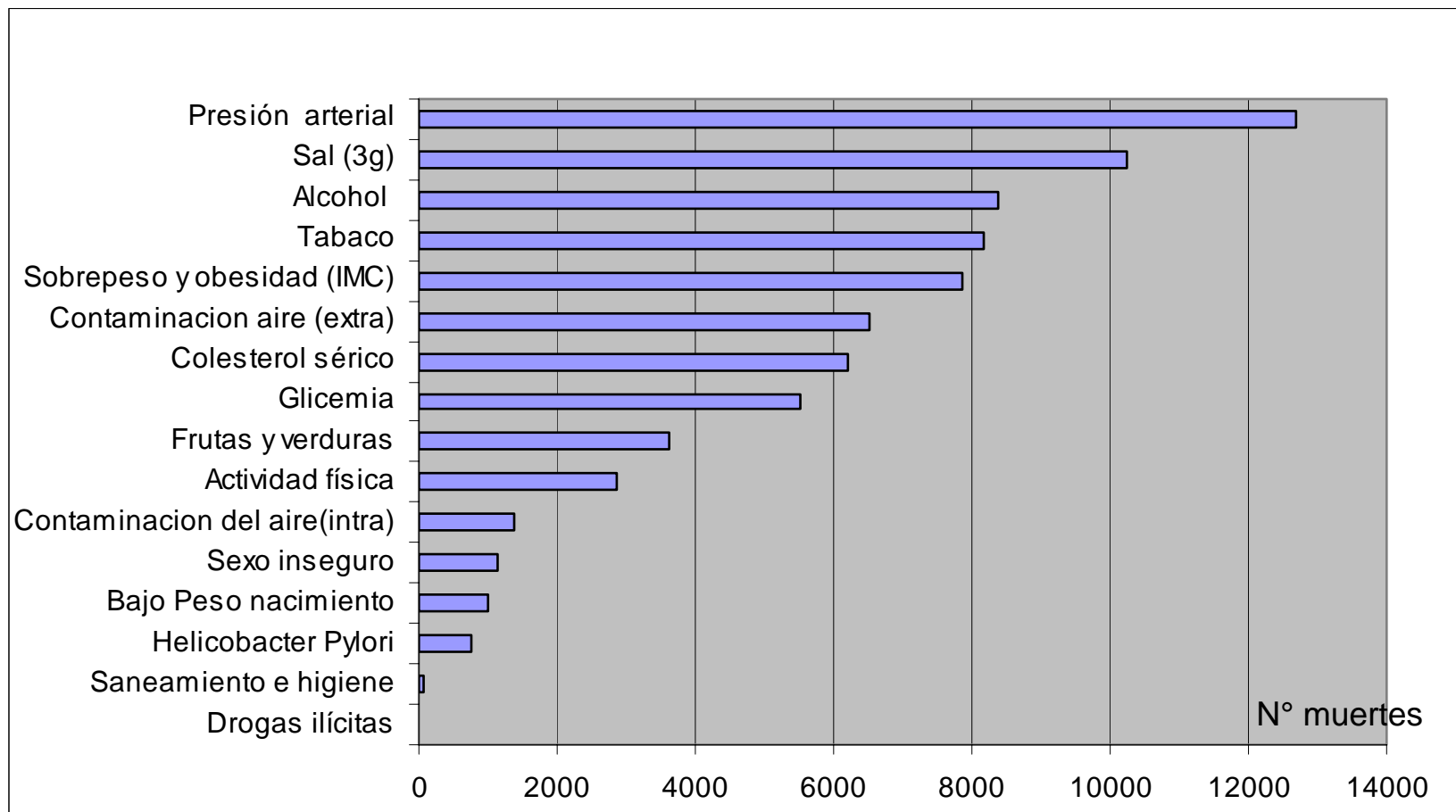
Ambos Sexos	AVISA	%
Condiciones neuropsiquiátricas	871.758	23,2%
Enfermedades Digestivas	594.067	15,8%
Enf. Cardiovasculares	453.940	12,1%
Lesiones no intencionales	291.438	7,7%
Enf. Musculoesqueléticas	291.381	7,7%
Enf. Órganos de los sentidos	241.709	6,4%
Neoplasias Malignas	221.529	5,9%
Lesiones intencionales	142.836	3,8%
Enf. Respiratorias crónicas	110.748	2,9%
Tr. Endocrinos y metabólicos	93.572	2,5%
Perinatales	78.249	2,1%
Enfermedades Genitourinarias	78.134	2,1%
Diabetes Mellitus	74.531	2,0%
Anomalías congénitas	57.213	1,5%
Condiciones Orales	52.305	1,4%
Infecciosas y Parasitarias	38.833	1,0%
Deficiencias Nutricionales	20.853	0,6%
Infecciones Respiratorias	20.080	0,5%
Otras Neoplasias	18.564	0,5%
Condiciones Maternas	5.303	0,1%
Enfermedades de la piel	4.753	0,1%
	3.761.796	100,0%

**83 %  
AVISA**

	Ambos Sexos	AVISA
1	Enfermedad Hipertensiva del Corazón	257.814
2	Trastornos depresivos unipolares	169.769
3	Trastornos de las vías biliares y vesícula	157.087
4	Dependencia al alcohol	124.312
5	Cirrosis Hepática	122.088
6	Accidentes de Tránsito	121.643
7	Violencia	101.675
8	Úlcera péptica	91.744
9	Trastornos de la audición de aparición en la adultez	76.406
10	Diabetes tipo II	72.230
11	Enfermedades Cerebrovasculares	70.811
12	Enfermedad Isquémica del Corazón	65.220
13	Trastornos ansiosos	62.693
14	Cataratas	60.590
15	Caídas	57.673
16	Trastornos de la visión relacionados con la edad	54.044
17	Esquizofrenia	51.624
18	Alzheimer y otras demencias	51.204
19	Obesidad	44.590
20	Trastornos de ánimo bipolar	41.213
21	Lesiones autoinflingidas	41.161
22	Migraña	38.481
23	Glaucoma	38.395
24	Enfermedad Obstructiva Crónica	37.816
25	Hernia núcleo pulposos	36.253

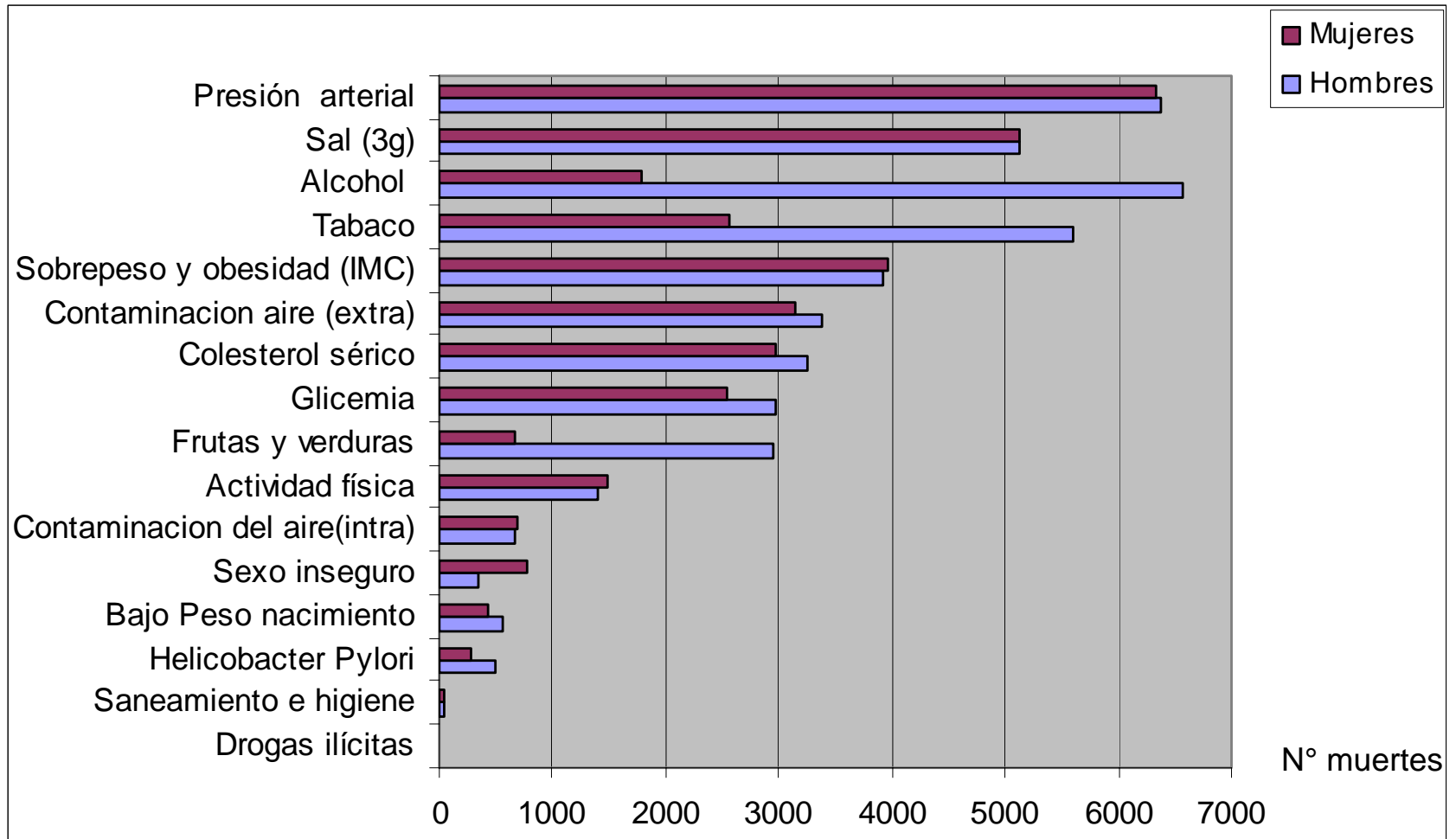
**AMBOS SEXOS**  
**AVISA: PRIMERAS**  
**25 CAUSAS**  
**ESPECIFICAS.**

# Risk Factors Attributable Mortality, Chile 2004

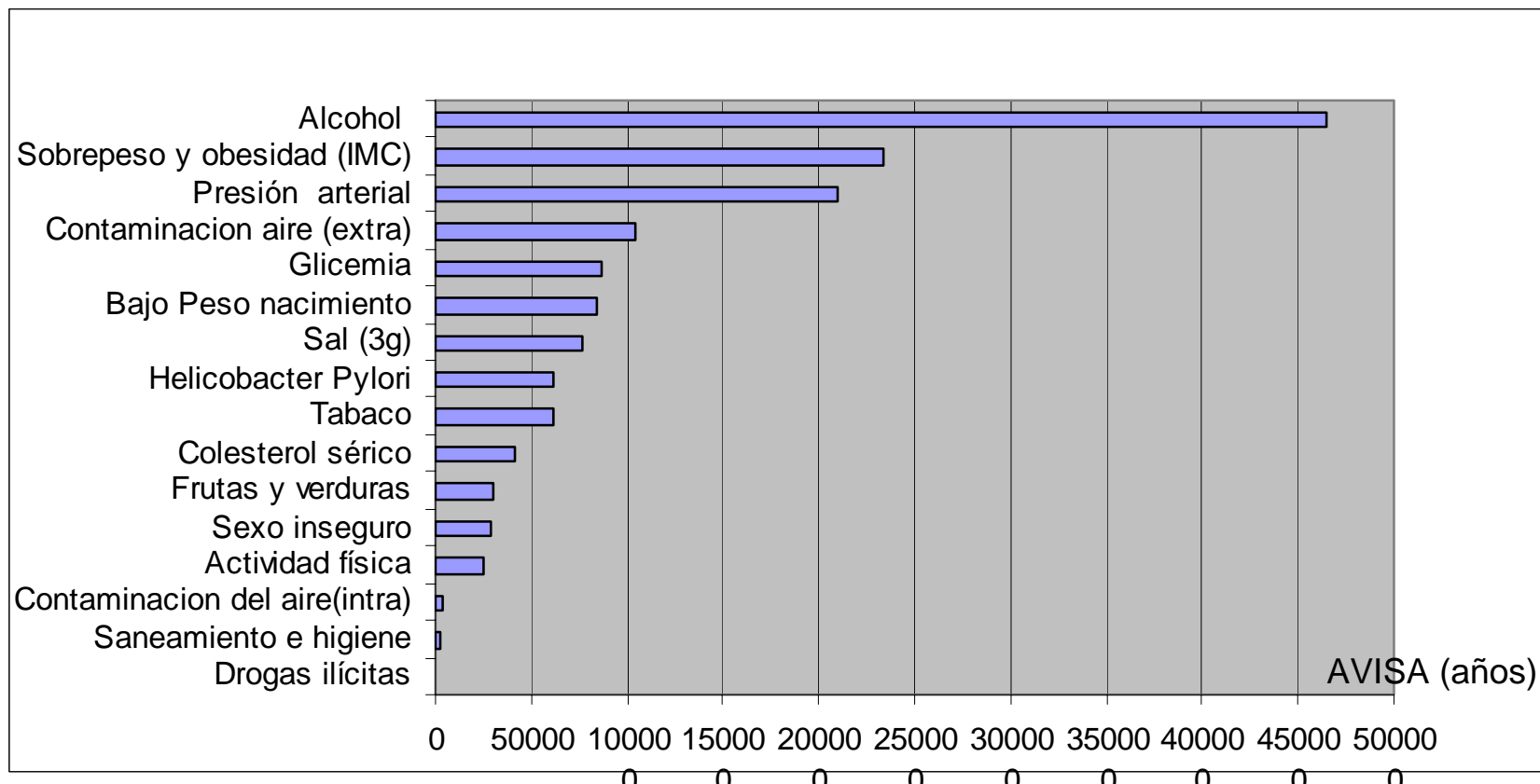




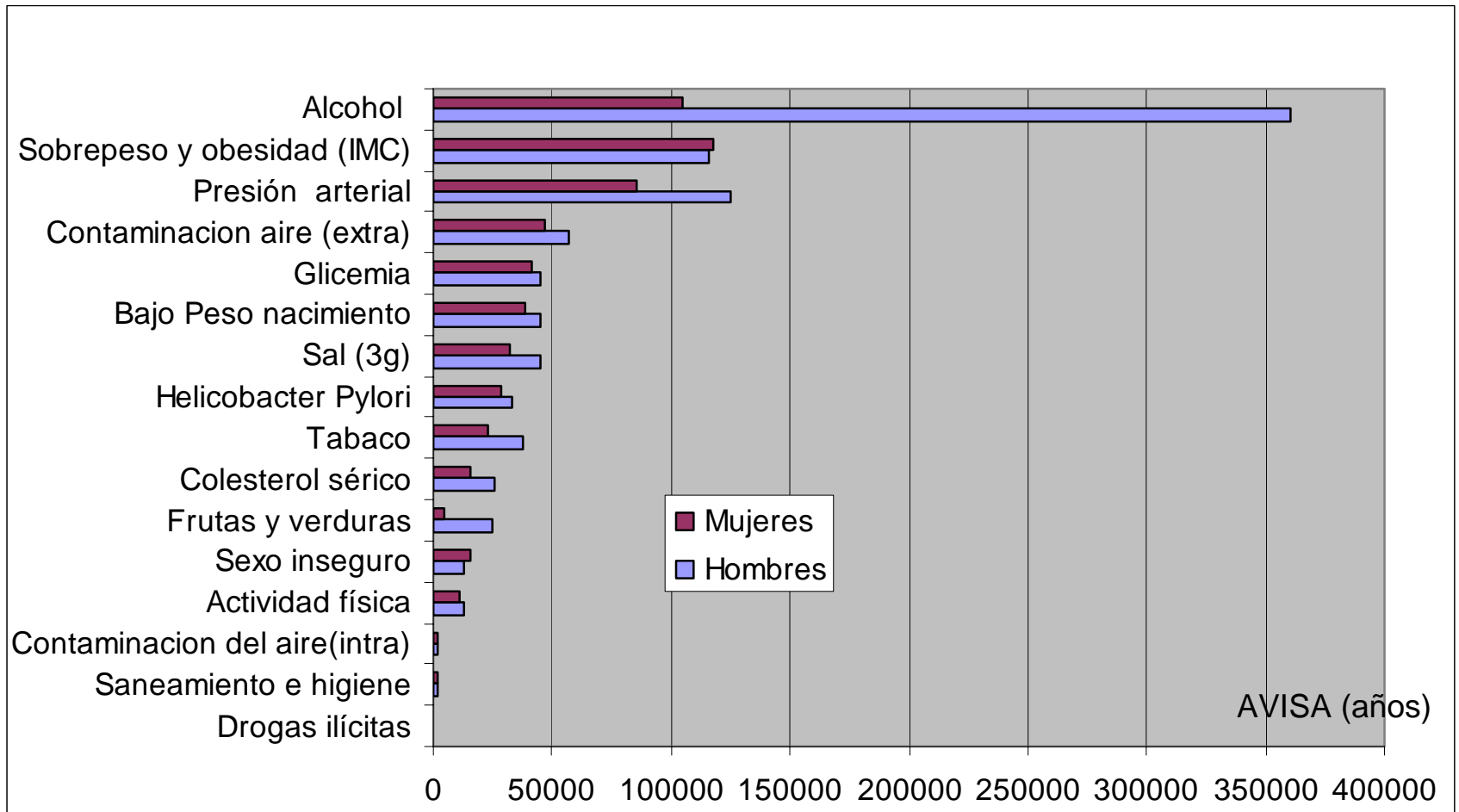
# Risk Factors Attributable Mortality and Gender, Chile 2004.



# Risk Factors Attributable AVISA, Chile 2004



# Risk Factors Attributable AVISA and Gender, Chile 2004

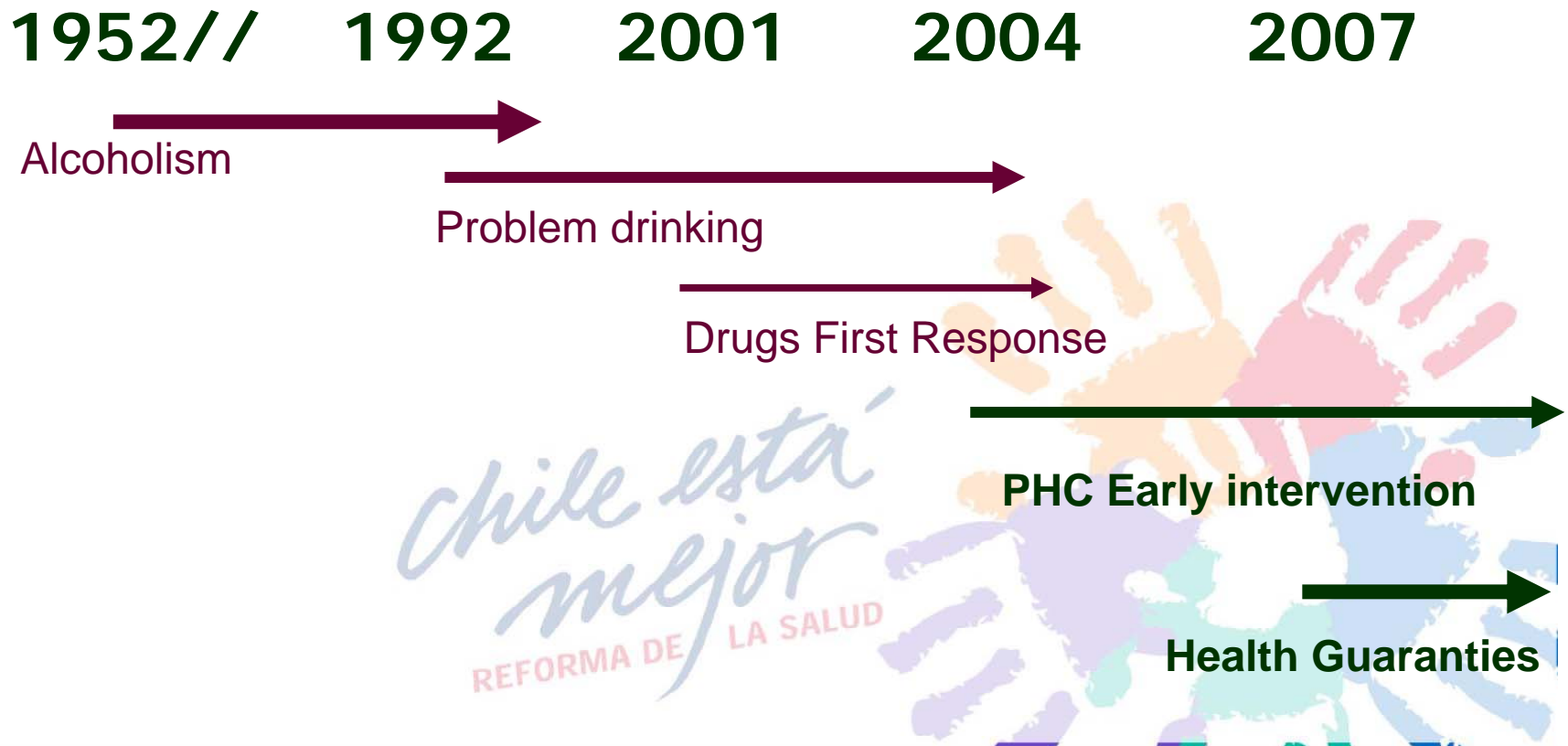


# Interpretación de pesos relativos de cada FR en el total de la carga

Factor de riesgo	AVISA	%
Consumo de alcohol (esc2)	464755	12,4
Sobrepeso y obesidad (IMC elevado)	234107	6,3
Presión arterial elevada	210287	5,6
Contaminacion aire extradomiciliario	104630	2,8
Glicemia elevada	86427	2,3
Bajo Peso nacimiento	83724	2,2
Consumo de sal (3g)	77252	2,1
Infección por H. Pylori	61612	1,6
Consumo de Tabaco	61.093	1,6
Colesterol sérico	41246	1,1
Baja ingesta de Frutas y verduras	29624	0,8
Sexo inseguro	28419	0,8
Falta de Actividad física	24540	0,7
Contaminacion del aire intradomiciliario	3475	0,1
Malas condiciones de Saneamiento e higiene	2903	0,1
Consumo de drogas ilícitas	470	0,0
<b>TOTAL CARGA PAIS</b>	<b>3741798</b>	

\* porcentajes no son sumables entre factores de riesgo, ya que las enfermedades asociadas a estos, se superponen y existe interacción entre los factores de riesgo.

# Alcohol and Drug Programs in last decades in Chile : increasing and innovating, but .... are we in the correct way ?





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## Services provided by PHC in Addictions.

<b>Years</b>	<b>Program</b>
1952 – 1995.	<b>Alcoholism Program.</b> Component of chronic illness program ( diabetes, hypertension, epilepsy and alcoholism).
<b>1992 – 2005.</b>	<b>Problem drinkers early detection program.</b> (Secondary prevention focus through a short questionnaire).



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## Services provided by PHC in Addictions.

<b>Years</b>	<b>Program</b>
2001 – 2004.	<b>First Response Drug Treatment Plan.</b>  (introduction of illicit drugs users care in PHC : 8 sessions).
2005 -	<b>PHC Prevention and Treatment Program for Drug and Alcohol Problem Use and Dependency.</b>



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## Services provided by PHC in Addictions.

<b>Years</b>	<b>Program</b>
<b>2006 –</b>	<b>Preventive Medicine Examination ( general health checking) :</b> <b>(component for problem drinking early detection included : AUDIT and brief educative intervention).</b>
<b>2007 -</b>	<b>Explicit Guarantees System on Health Care for Alcohol and Drugs Harm Use and Dependency of in minors of 20 years old.</b>





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# Health Reform in Chile, 2005.

- 1. Provide structure and basis for a stronger power of Health Authority in the country.**
- 2. Introduce a potent state commitment on access, quality, opportunity and financial support of health care ( Explicit Guarantees System , GES).**
- 3. Provide norms for patients rights and duties in health care systems.**



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# Current Treatment Plans in Chilean network.

1. **Basic Ambulatory ( Guarantee in GES).**
2. **Intensive Ambulatory**
3. **Community Ambulatory**
4. **Residential**
5. **Residential Modified for Comorbidity Care**
6. **Short Stay Inpatient Care**
7. **Follow Up**

*Chile está  
mejor*  
REFORMA DE LA SALUD



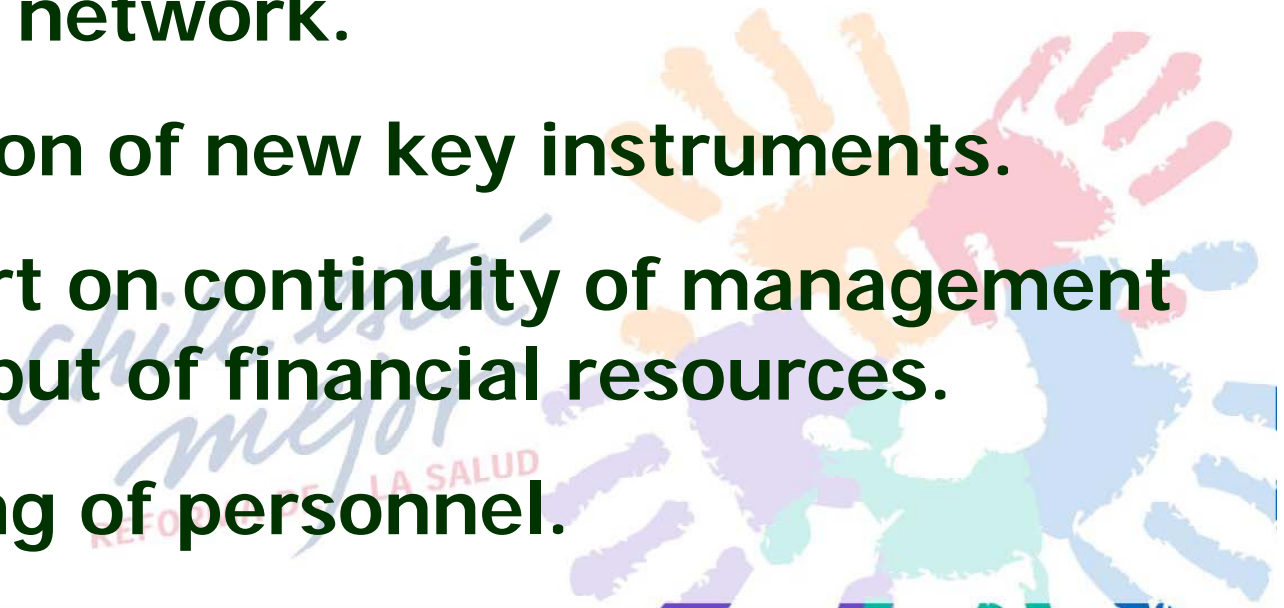
# Alcohol and Drugs Treatment Network in Chile, Public Sector.

## March, 2008.

Type of PHC Facility	All type facilities	PHC Program	Drug Problems Specialty Level	Law Enforced Drug Dependents
Family health centre	144	50		0
Community family health centre	74	0	0	0
Urban general health centre	214	198	53	0
Rural general health centre	142		0	0
Type 4 Hospitals	101	43	17	6
Rural health post	1168	10	0	0
Primary care emergency service	159	0	0	0
<b>PHC Facilities</b>	<b>1868</b>	<b>301</b>	<b>70</b>	<b>6</b>
Community Mental Health Centre	45	7	51	2
Day Hospitals	39	0	3	1
Hospitals Types 1, 2 and 3	88	0	17	10
Thereapeutic Communities	120	0	72	98
<b>Specialty Level Facilities</b>	<b>292</b>	<b>7</b>	<b>143</b>	<b>111</b>
<b>General Total</b>	<b>2160</b>	<b>308</b>	<b>213</b>	<b>117</b>

## Efforts of integration of Addictions in PHC, some examples.

- a) Incorporation of key human resources in PHC network.
- b) Adoption of new key instruments.
- c) Support on continuity of management and input of financial resources.
- d) Training of personnel.



## **Current developments on Alcohol and Health in Chile :**

### **1. Legislative changes :**

- alcoholic beverages publicity restrictions,**
- educative messages in labels,**
- increasinsg administrative sanctions on drinking and driving.**

### **2. Drinking and driving intersectorial and regional preventive work coordination.**

## **Current developments on Alcohol and Health in Chile :**

- 3. Brief interventions protocols in PHC national level ( in preparation).**

## **Brief Interventions offers :**

- the evidences on effectiveness needed by a national plan,
- experiences on different formats,
- experiences and instruments to train personnel,
- feasibility to joint efforts with other countries during its implementation

# **Introduction of a nation wide Brief Intervention protocol, needs a :**

- a) formal and authoritative norm from the Ministry of Health,**
- b) thecnical protocol,**
- c) continuous skills training process to PHC professionals,**
- d) registering form, simple but functional,**
- e) regular interaction with spetialists ( " mental health consultantcy"),**
- f) regular evaluation and feedback,**
- g) Incentive mechanism for providers.**



# **The format.**

## **1. Evaluation phase :**

- a) AUDIT use, self or assisted application.
- b) Individual and / or group interview by a health trained PHC professional.

## **2. Intervention phase :**

- a) 3 to 4 individual or group control sessions, during 6 months.
- b) GGT universal use, at least 2 times ( additional objective checking).

## **3. Follow up evaluation. One year after control.**

- a) By phone ? ; by e mail ? ; presential ?; all them ?.

Thank you.

