Implementation of Strategies in Primary Care Settings to Detect Harmful Alcohol Use : between the ideal and the possible

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Introduction

The abusive use of alcohol is an important public health problem, being related to many diseases. There is a high prevalence of harmful use of alcohol among patients who attend primary health care (PHC) units.

In Brazil (according to the Brazilian Institute of Geography -IBGE) and a National Survey on Psychoactive Substance Use (Galduroz et al., 2004) about 11% of the Brazilian adult population fulfill criteria for alcohol dependence, but only 4% reported having looked for assistance or treatment, indicating that an increase in secondary prevention actions in PHC units is needed.

In developed countries the association of alcohol **S**creening tests (such as AUDIT - Alcohol Use Disorders Identification Test) and **B**rief **I**ntervention (SBI) strategies in PHC units has been proven useful, when applied by researchers or health professionals. The AUDIT may be helpful to give the patient a feedback on his/her consumption level and alcohol related problems.

Multicentric studies, conducted by researchers supported by World Health Organization (WHO), have been evaluating the feasibility and effectiveness of SBI for alcohol disorders in PHC units in developed countries, but there is still few data on the implementation and dissemination of this strategy in developing countries.

Objective

To evaluate the process of implementation of a screening and brief intervention strategy as a routine procedure in PHC units in the Brazilian city of Juiz de Fora, Minas Gerais, Brazil.

Method

After an initial period of contact with the managers of the City Health Secretariat of Juiz de Fora and the Federal University of Juiz de Fora, we held a sensitization meeting and provided a training course to the health professionals in which we complied with the protocol of a multicentric project coordinated by the World Health Organization. Researchers from the Federal University of São Paulo - Ribeirão Preto, the Federal University of Paraná and from other countries participated in the project. The training aimed at qualifying Health professionals to use screening instruments of alcohol use, associated to a brief intervention in the Primary Health Care (PHC). Before and after the training, the participants (20 managers and 82 PHC professionals) answered questionnaires on knowledge and attitude. After the training they participated in interviews and in a focal group in which they discussed the factors that facilitated and made it more difficult to implement the proposal. The researchers also performed a participant observation during the whole implementation process.

Qualitative Results

From the interviews with the managers

- **Reasons for participating** : Institutional weight of the Researchers team (OMS, UNIFESP, UFJF), willingness to receive professional qualification/ continued education
- **Expectations**: : to standardize the screening procedures so as to improve the referral to specialized services
-**Probable barriers**: low motivational level of the health professionals to work with alcohol related disorders and inadequate academic background regarding preventive skills

Evaluation from the PHC health professionals

Individual difficulties: lack of time, work overload and low motivation and inadequate profile, resistance to work with alcohol users

Team difficulties: lack of adequate infra-structure (venue, supplies), high turnover of professionals, causing discontinued action, bureaucratic problems

Acknowledgements

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Difficulties regarding the system organization

- Problems to refer patients to specialized service; inadequate supervision from the specialized services;
- Excess of ongoing projects/ "non-official" projects
- General dissatisfaction regarding Brazilian policy on PHC;
-- Low involvement of the local managers in the project.

Criticism regarding the project

- Time spent in the application of SBI was much longer than previously expected
- Self-application was limited due to low schooling of the population
- limited applicability of AUDIT in workplace medical services

Positive aspects

- Standardization of the procedures
- Changes in concepts and attitudes regarding alcohol related problems after the training
- Improvement in the quality of the actions
- Constant supervision of the health professionals by the researchers working as a motivational boost

Quantitative Results

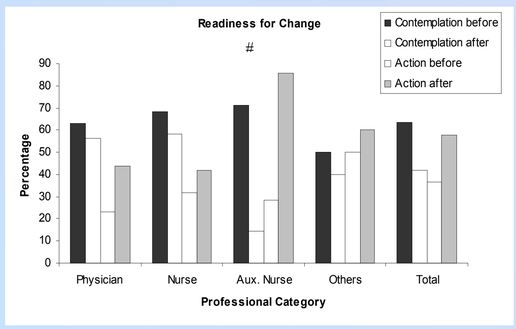

Figure 1: Percentage of professionals (classified by professional category) in the readiness for change phases: pre-contemplation, contemplation and action, before and after training (# p= 0,008, McNemar's test).

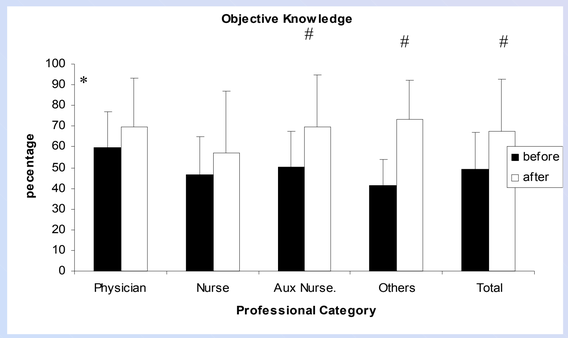

Figure 2: Percentage of maximum possible score in the Objective Knowledge Scale before and after training, by professional category (means + standard deviation)
*** differs from the group "other professionals" (p< 0,05)before training (Tukey's test) # differs from themselves before training (p< 0,05, paired Student's t test)**

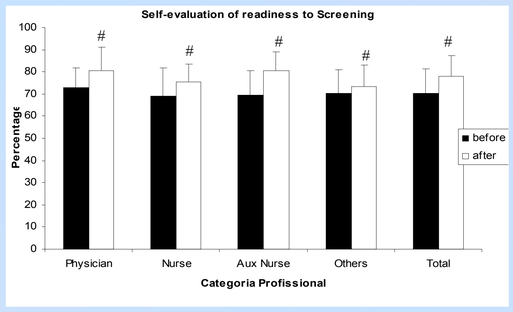

Figure 6: Percentage of maximum possible score in the Self-evaluation Scale of readiness to Screening, before and after training, by professional category (means + standard deviation) # differs from themselves before training (p< 0,05, paired Student's t test)

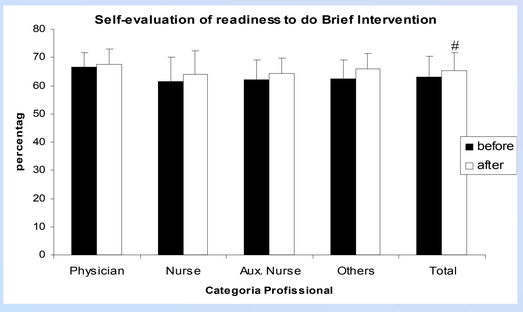

Figure 9: Percentage of maximum possible score in the Self-evaluation Scale of readiness to do Brief Intervention before and after training, by professional category (means + standard deviation) # differs from themselves before training (p< 0,05, paired Student's t test)

Discussion

- Most of the barriers to the implementation of SBI were due to system instability, due to political circumstances (example: elections), high turnover of professionals and infra-structure problems. The low level of motivation to work in general was related to low salaries or disbelief in the proposed health system policy.
- PHC professionals, although theoretically trained to develop preventive actions, were more engaged in treatment actions and concerned about alcohol dependent patients than about risk alcohol users.
- The professionals recognized the need of a clearer and more comprehensive public health policy regarding alcohol disorders
- Although many professionals had changed their attitudes and objective knowledge after training, this was not enough to promote real changes in their practice, that is, to implement the SBI as a routine procedure.
- Despite the not complete adherence to the SBI such as proposed by the researchers team, some professionals reported they had made an adaptation of the model to incorporate it in their routine procedures.

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