



The 'Beveu Menys' Program

Evaluation of the dissemination process

Antoni Gual, Lidia Segura, Olga
Montserrat & Joan Colom



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Brief introduction to Catalonia





Brief introduction to Catalonia

- The Generalitat is the institution in which the self-government of Catalonia is politically organised.
- Program on Substance Abuse was created in 1989 within the Health Department
- Catalonia has developed a particular model to deal with alcohol related problems, in the frame of a global strategy on drug dependencies



Guidelines of the Program on Substance Abuse

- Addictions are diseases and must be treated within the Health System
- The Program on Substance Abuse must deal with all drugs, including alcohol and tobacco
- Alcohol is an important Health determinant and it is one of the targets of the Health Plan for Catalonia

Catalan Drug Addiction Network





Implementation of Brief Intervention packages for drinkers at risk in PHC

The “Beveu Menys” Program

- In 1995, we joined the Phase III of the World Health Organization Collaborative Project on Alcohol and Primary Health Care
- In the framework of the Phase IV of the WHO Project we started in 2002 the dissemination of the “Beveu Menys” in all the Primary Health Care Centers.



The Beveu Menys Program

- Dissemination of SBI in the whole country:
6.090.040 inhabitants
- 5 hours of training delivered to the PHC professionals (n = 7915) as CME courses inside the PHC Centres (n = 345)
- By trainers from the Addictions Treatment Network (n = 72)



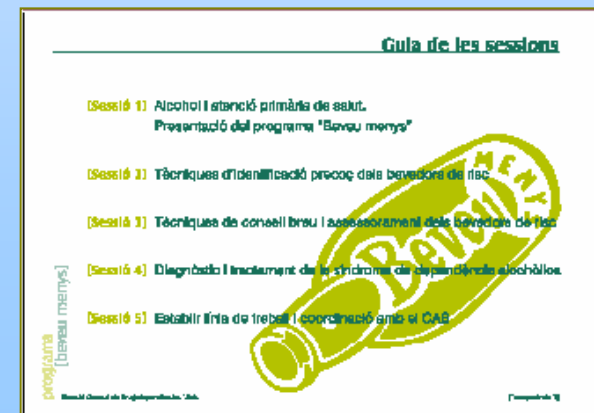
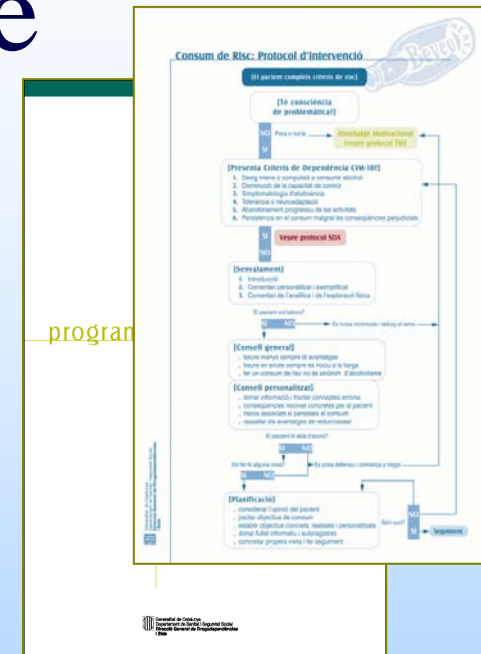
The trainers

- Alcohol specialists. Staff in Centres of the Catalan Addictions Treatment Network
- 88% physicians; 10% psychologists.
- Working in the same geographical area.
- Sharing common patients.
- Participating in the customization process
- Trained as trainers in intensive weekend workshops

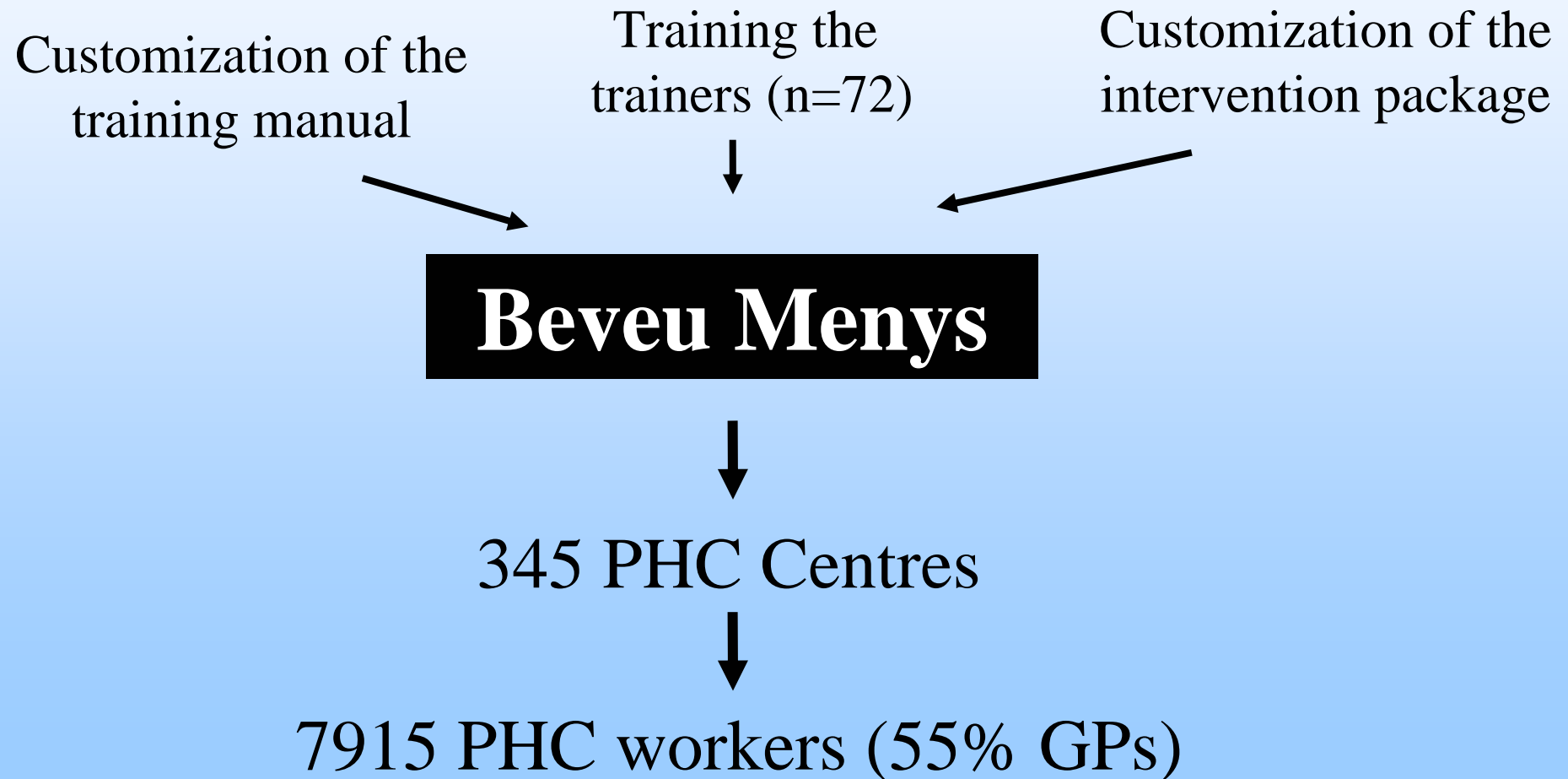


The training module

- Design: Customization of the Drinkless Package
- Duration: 5 hours delivered by alcohol specialists as CME courses
- Style: Motivational, flexible
- Contents: Alcohol and PHC Screening
Brief interventions
Alcohol dependence
Coordination



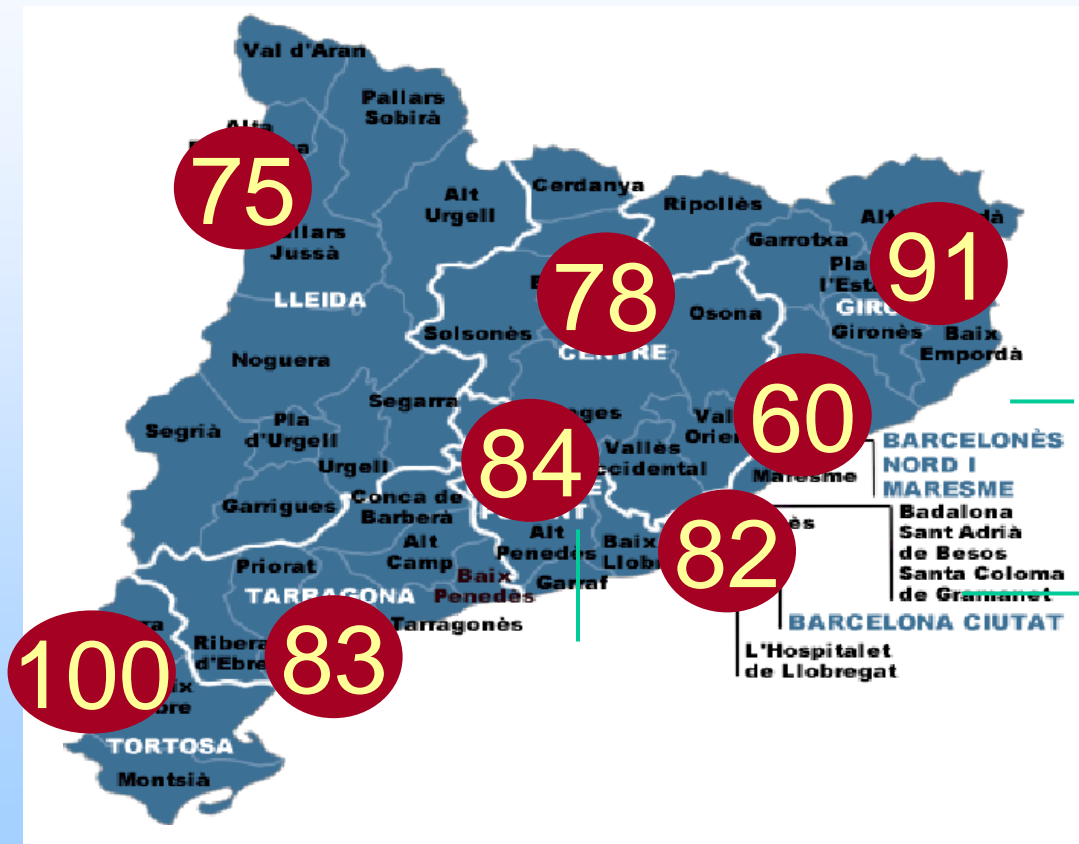
Dissemination of the “Beveu Menys”



Dissemination of the “Beveu Menys”: Actual Status

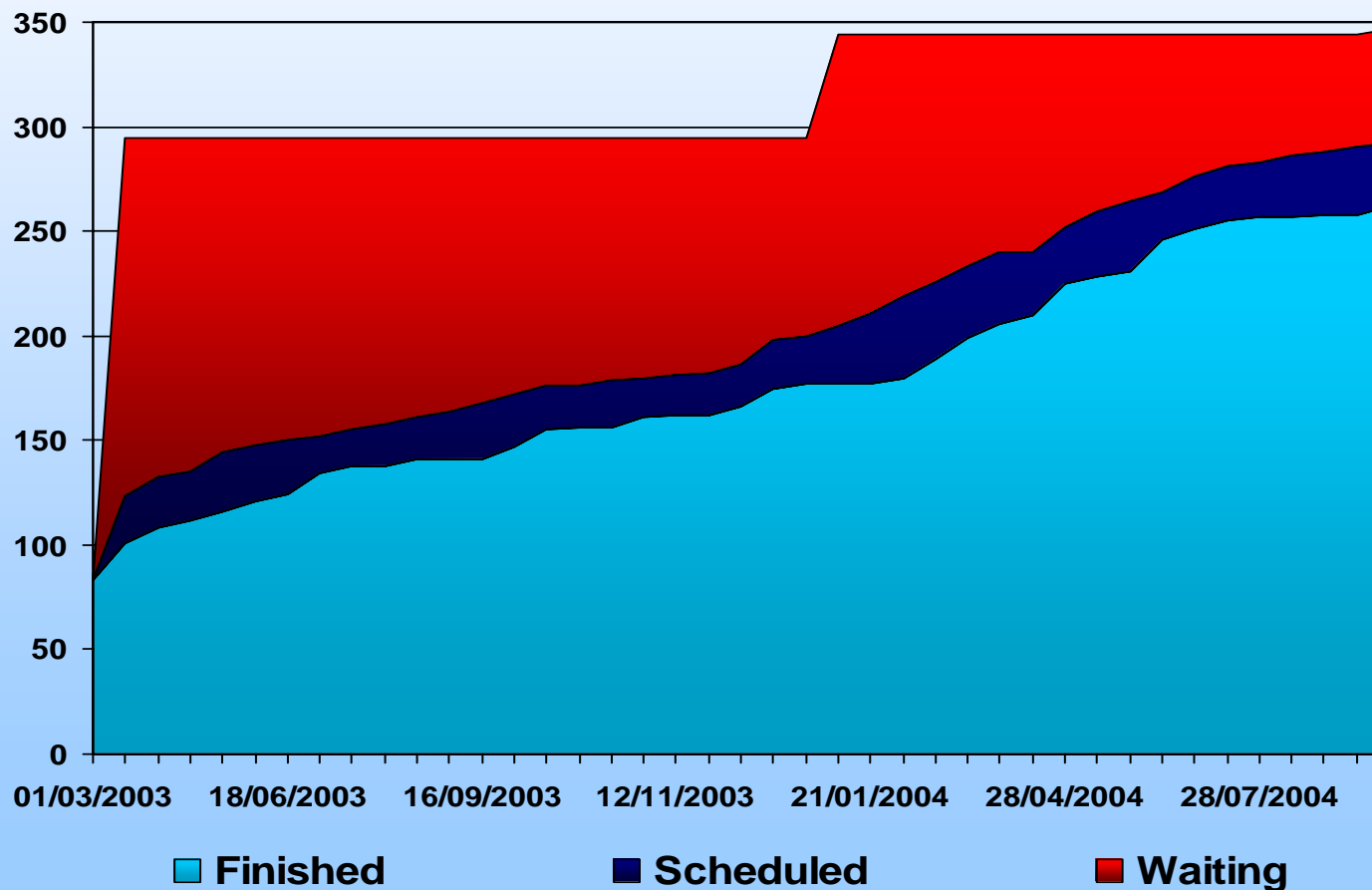
- **262 (76%) PHC Centers finalized training course**
- **30 (9%) PHC Centers scheduled**
- **4361 PHC professionals trained**
 - **42% GPs**
 - **48% Nurses**
 - **10% Other professionals**

Dissemination by Health Regions *



* Updated 30/9/2004. Data shown in percentages

Dissemination of the “Beveu Menys”: Actual Status



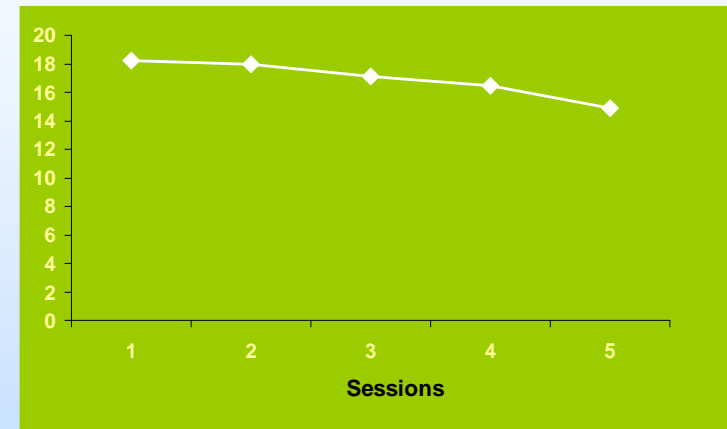
Dissemination of the “Beveu Menys”

What we have achieved

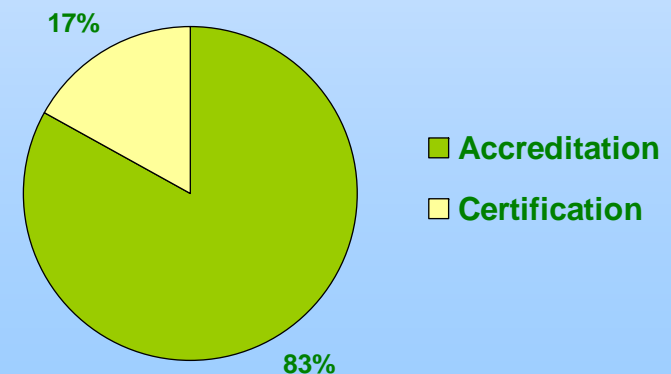
	Goal	Achieved	% Achieved
2002	171	63	36,84
2003	124	102	82,25
2004	50	97	194
Total	345	262	76

Acceptance of the Course

- **Rate of Attendance high and maintained during all sessions**



- **83% participants received accreditation, meaning that they attended at least 80% of the total sessions.**

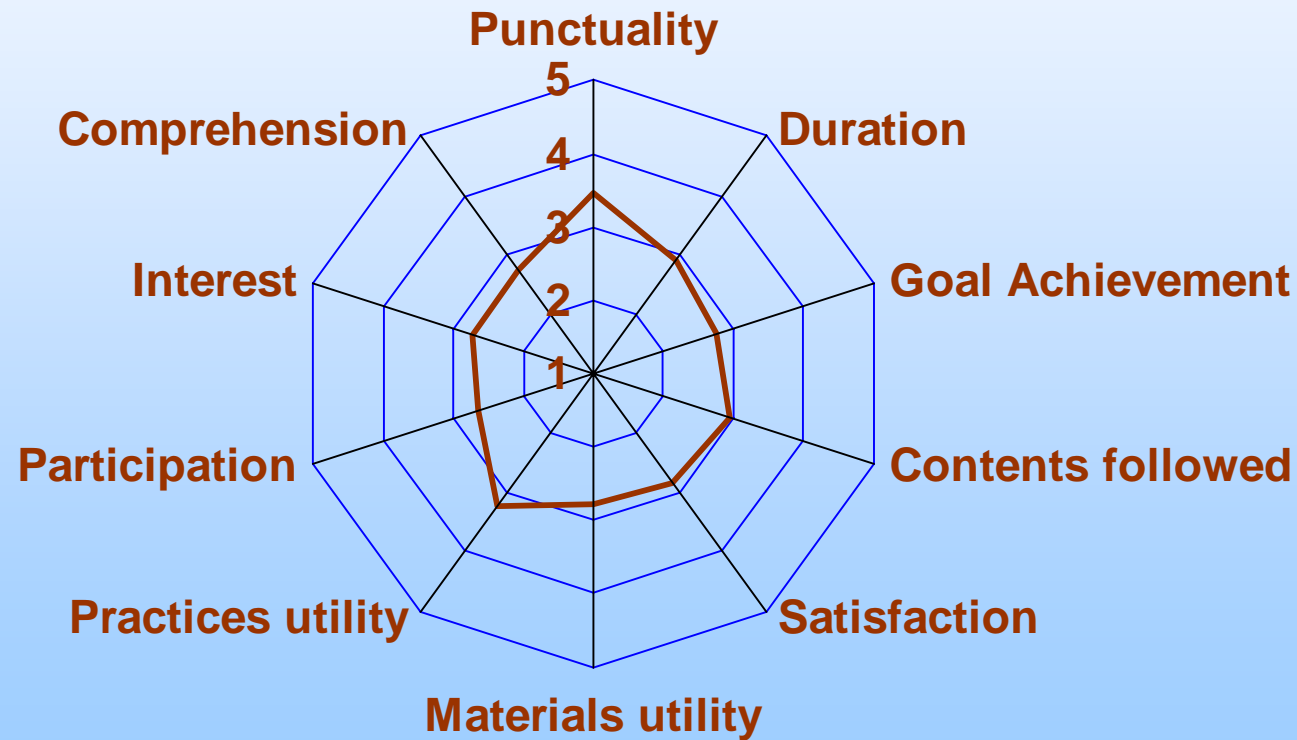


What's the impact of training on trainers?*

	Strongly disagree		-/+		Strongly agree		
To have PHC teams trained in alcohol is important	0	2	0	2	4	29	63
Coordination between PHC and specialists is impossible	47	39	4	8	2	0	0
To train PHC professionals is useless	24	45	6	6	8	10	0
To train PHC professionals pays off	6	6	10	18	20	24	14

* Results are shown in percentages. N=49

Trainers' perspective



Evaluation: Methods

□ Sampling:

- Randomization without replacement
- 10% of the centers (all around Catalonia)
 - N=30; 2 did not participate
 - Closed for refurbishment
 - Did not accept to participate
- Achieved N=28 (93.3%)

□ Design:

- Pre post
- Expected changes: 10-20%

□ Timing:

- Baseline and 3 month follow up measurements



Evaluation: Methods (II)

□ **Targets and source of information:**

- GPs & nurses interviews (3/centre)
- Medical records audit (30/centre)
- Patients questionnaires (40/centre)

□ **Variables:**

- Attitudes
- Knowledge
- Behaviour



Evaluation: Methods (III)

Source	Baseline			3-months		
	Expected	Achieved	%	Expected	Achieved	%
Professionals	84	80	95	84	67	80
Patients	1120	973	87	1120	1027	92
Medical Records	840	851	101	840	809	96



Evaluation: GPs & nurses questionnaires



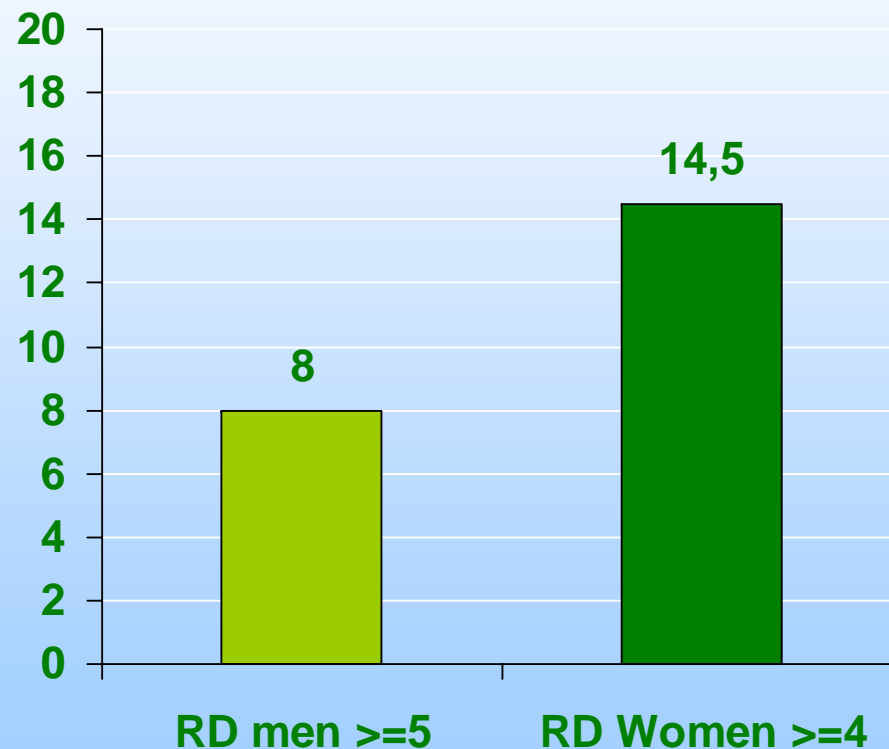
Professionals: Baseline Findings

- 69% of PHC professionals are women
- Around 45 years old
- 55% GP and 45% Nurses
- 60% of men are GP
- PHC Experience: 14 ± 8 years
- GPs have significantly more visits per week $160 (\pm 49)$ than nurses $85 (\pm 50)$

Professionals: Baseline Findings (2)

- Alcohol is rated 6th in terms of health determinants
- Around 50% have less than 4 hours of training on alcohol. Only 15% of them in the field of prevention
- 49% use clinical impression, they are not used to standardized instruments
- 48% do not know safe limits and 42% don't know SDU alcohol grams equivalence
- 10% are risky drinkers

Are PHC professionals risky drinkers? *



* Data obtained with the Audit 3 Questionnaire

Perceived barriers: GPs vs Nurses

Barriers	GP		Nurses		Analysis
	N	%	N	%	p
I have enough training	32	72,7	15	41,7	<0.005
Not enough prepared to give advice to risky drinkers	13	29,5	15	41,7	n.s.
Not enough prepared to give advice to alcohol dependents	15	34,1	17	47,2	n.s.
It's a patient's life intrusion	2	4,5	3	8,3	n.s.
Patient's bad reaction	7	15,9	4	11,1	n.s.
Not enough time	18	40,9	6	16,7	<0.05

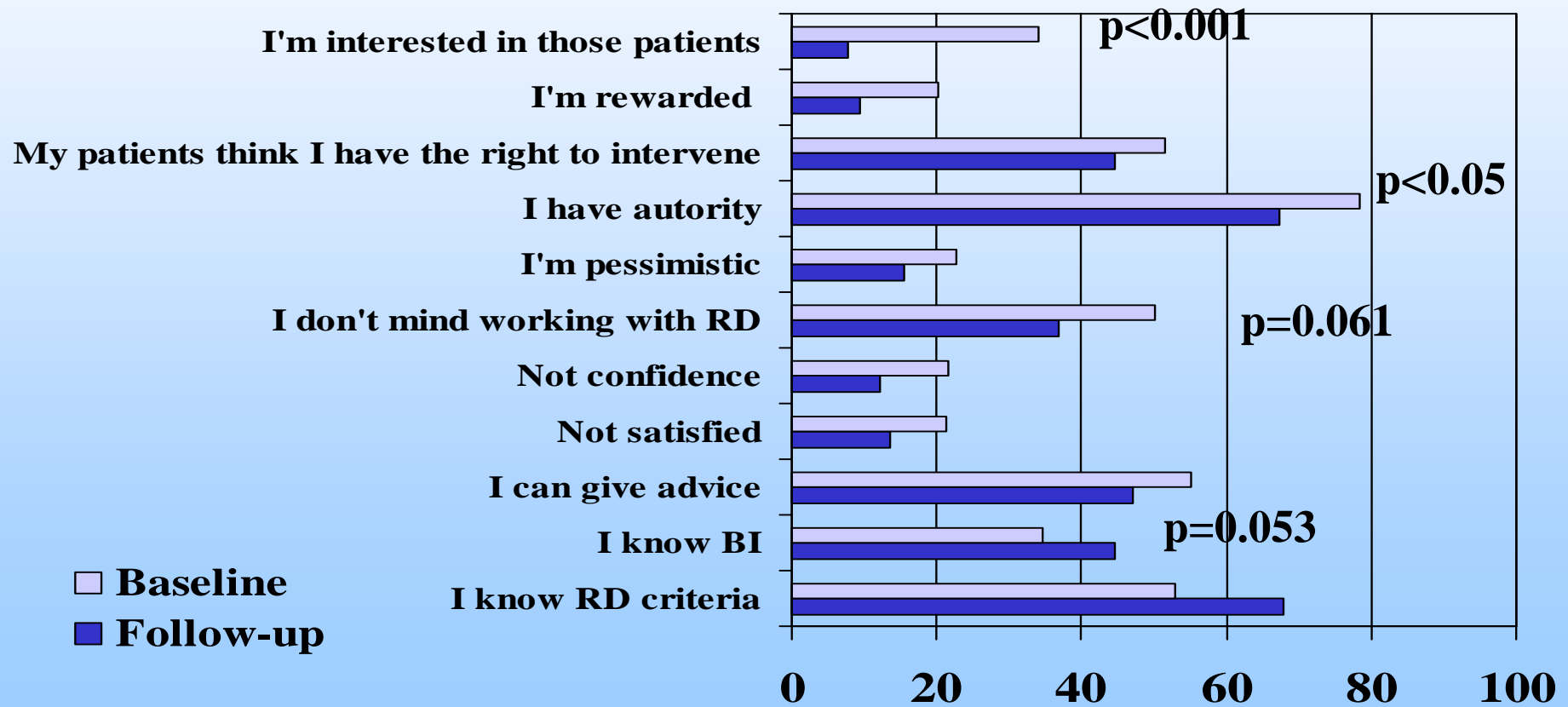


Drink Less Evaluation

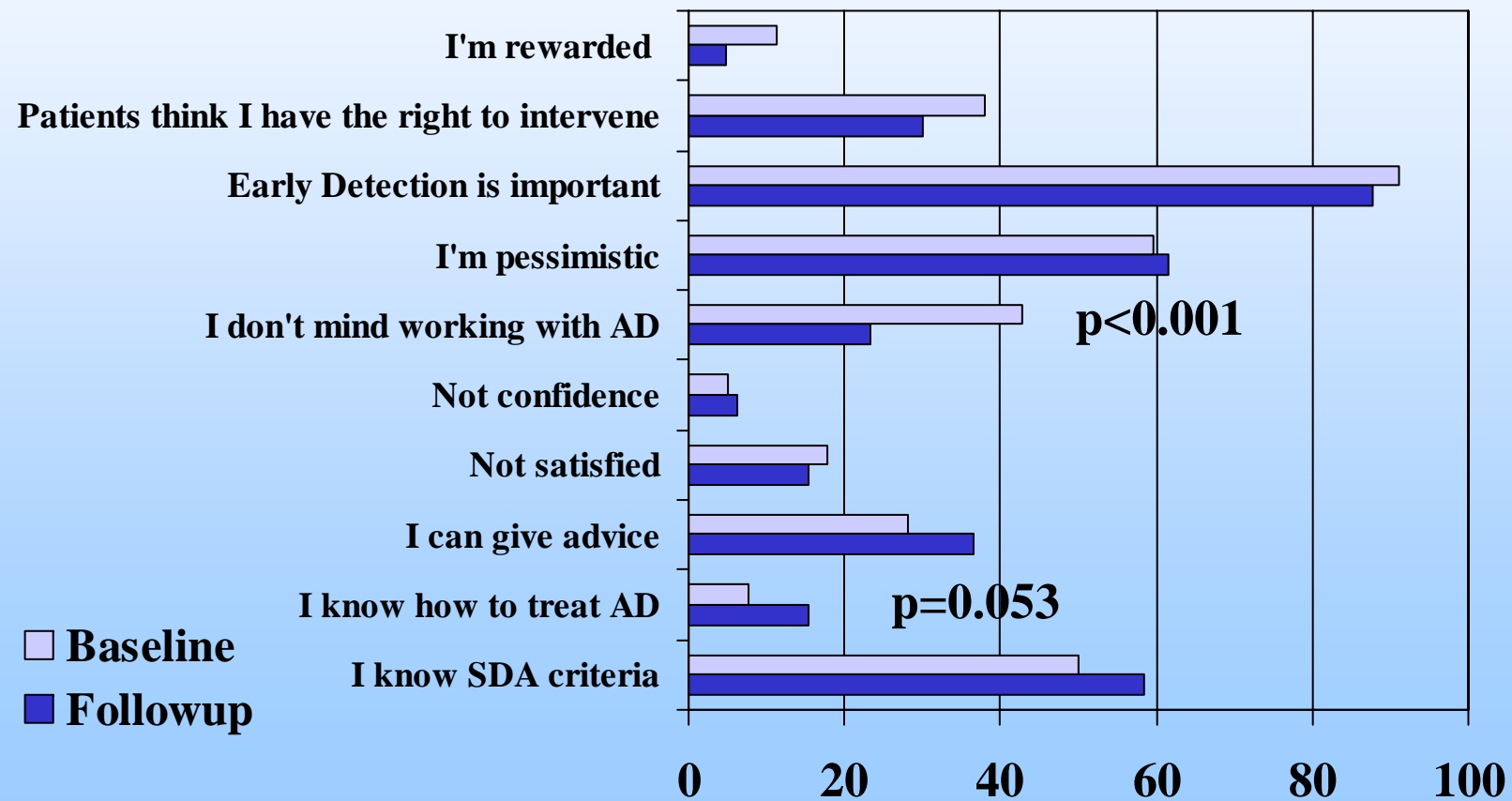
	++	+	+/-	-	--
Global evaluation	15	68,3	16,7	0	0
Useful to give advice	10	40	41,7	8,3	0
Increase skills	10,2	40,7	42,4	6,8	0
Helps in daily clinical work	6,8	69,5	10,2	13,6	0
Helps to screen	8,1	31,7	43,3	16,7	0

- Results are shown in percentages (N=63)
- Attended 94% of professionals interviewed

Knowledge and Attitudes versus Risky Drinkers



Knowledge and Attitudes vs Alcoholics



Changes in Professionals at 3 months

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	55	68,8	41	61,2	n.s.
I'm satisfied to help to change alcohol habits	50	62,5	50	84,7	p<0.05
I have enough training	47	58,8	41	61,2	n.s.
SDU contents in grams	43	57,3	49	87,5	p<0.001
Risky Drinking Criteria	39	51.3	36	63,2	n.s.
Use of standardized instruments	6	7,9	24	42,1	p<0.01
% Patients screened (x;sd)	46,71	32	21,60	25,4	p<0.001
% Risky drinking/day (x;sd)	3.93	4.80	5,14	6,8	n.s
% AD /day (x;sd)	1,17	1,6	2,32	4,42	n.s



Evaluation: Medical Records

Medical Records : Baseline Findings

- Patients are mainly women around 50 years old and with primary education
- Alcohol consumption explored in 27%.
Mainly without protocols and less than expressed by professionals (48%)
- Risky Drinking underdiagnosed (3%)
- Brief Advice and shared treatment is rare



Medical Records: Results

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	488	57,5	452	55,9	n.s
MR opened (X, SD)	7.35	4.94	7.51	5.39	n.s.
Age (X, SD)	54.85	19.60	52,52	21,56	n.s.
Screened last 3 Months	75	8.8	74	9.2	n.s.
Risky Drinking	2	3,2	3	4,6	n.s.
Alcohol Dependent	3	4,8	1	1,6	n.s.
Shared treatment	1	1,6	1	2	n.s.



Evaluation:

Patients' Exit Poll questionnaire



Patients Baseline Findings

- Mainly women around 50 years old
- They go to the PHC Center once a month or once every three months
- Only 45% were asked about their consumption and only 15 received advice
- They don't know safe alcohol limits
- 1 in 4 males and 1 in 7 women are risky drinkers.

Patients Results

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	620	64,1	627	61,5	n.s.
Risky drinkers	185	19,3	180	18,7	n.s.
Age (Mean and SD)	52,8	18,6	54,6	19	n.s.
Once a month	322	33,6	362	35,6	n.s.
Primary Studies	640	67	685	67,8	n.s.
Working	432	44,7	410	39,9	p<0.03
Never Screened	493	51,1	542	53,4	n.s

Risky Drinkers (whole sample)

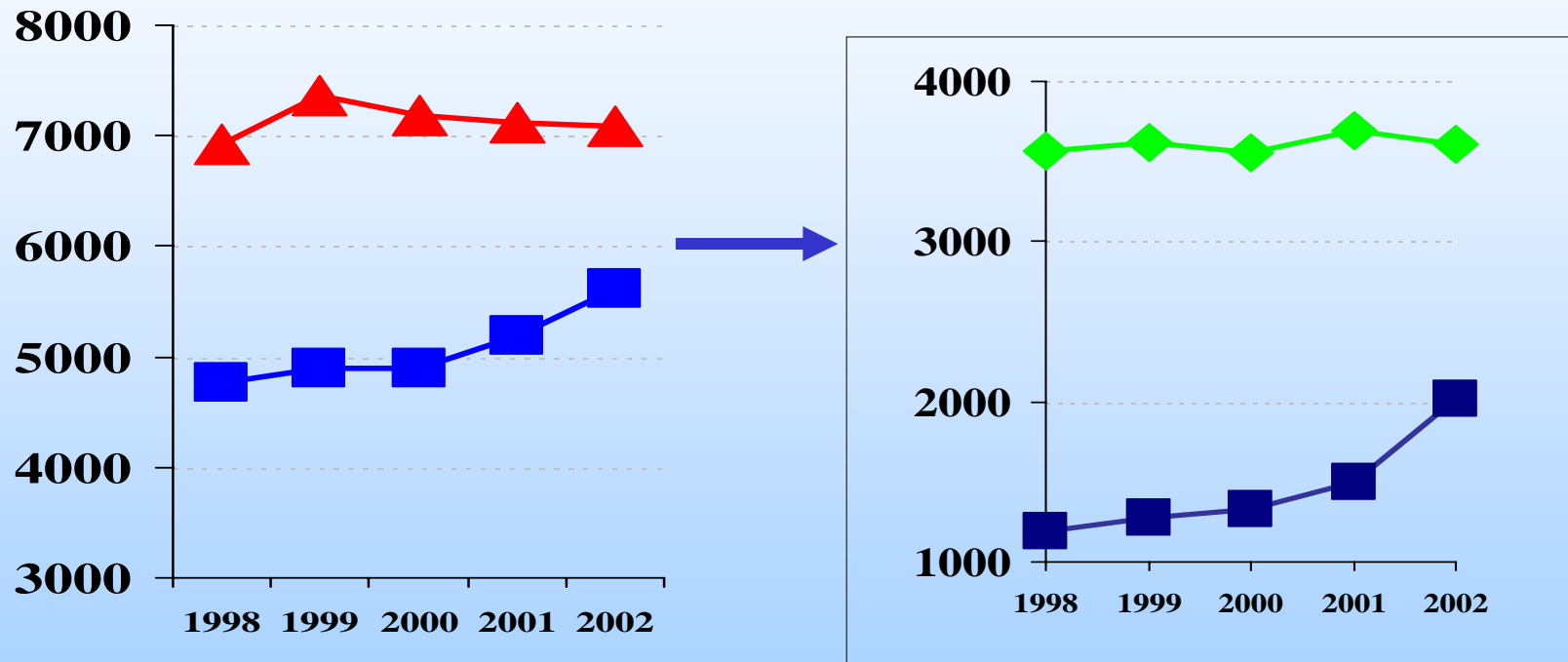
Risky Drinkers

Male	1.83** (1.4-2.4)
Visit once every year	5* (1.45-17.25)

****p<0.001; *p<0.05**

**Not significant were studies, age and
profession,**

What's the impact of training on Health Professionals: increase of referrals



Referrals to the network of specialized centres

-  Alcohol
-  Other drugs

Alcohol referrals

-  PHC
-  Other sources



Conclusions: Dissemination Process

- High level of dissemination
- Course welcomed by PHC professionals
- Trainers' keep a positive opinion on their work and on the trainees attitudes
- Attendance maintained during all sessions



Conclusions: Baseline results

- PHC professionals do not have enough training on alcohol prevention programs
- They are not used to standardized instruments
- Around 10% of them are risky drinkers
- Screening less often than reported (27 vs 48%)
- Risky drinking diagnosed much less than expected (3 vs 19%)
- Shared treatment very rare

Conclusions: Follow-up results

- Attitudes of PHC professionals tend to show higher levels of satisfaction while using SBI
- Professionals report an increase in their knowledge and a higher use of screening instruments
- No changes were observed through the MR and the Exit Poll Questionnaire
- Screening and counselling rates remain stable and low when objectively measured
- Referral rates for alcohol dependence to specialized Centres experience a marked increase

What can we learn from this experience?

- Alcohol poses a difficult challenge to Health Systems all over Europe.
- The change will not appear dramatically. Slow changes are to be expected if continuous work is done. The first movement in PHC appears with the most severe cases.
- Implementation should be reinforced through contractual incentives
- Future developments should enhance the nurses role, and promote a more active implication of PHC workers
- More resources should be allocated to the whole system.