

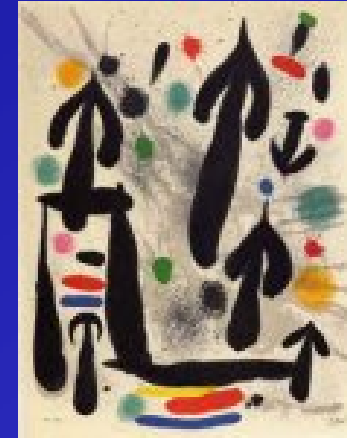


INEBRIA

International Network on
Brief Interventions for Alcohol
problems

INEBRIA INAUGURAL
CONFERENCE

Barcelona, 20-21 October, 2004



Brazil
Brief Interventions WHO-Project

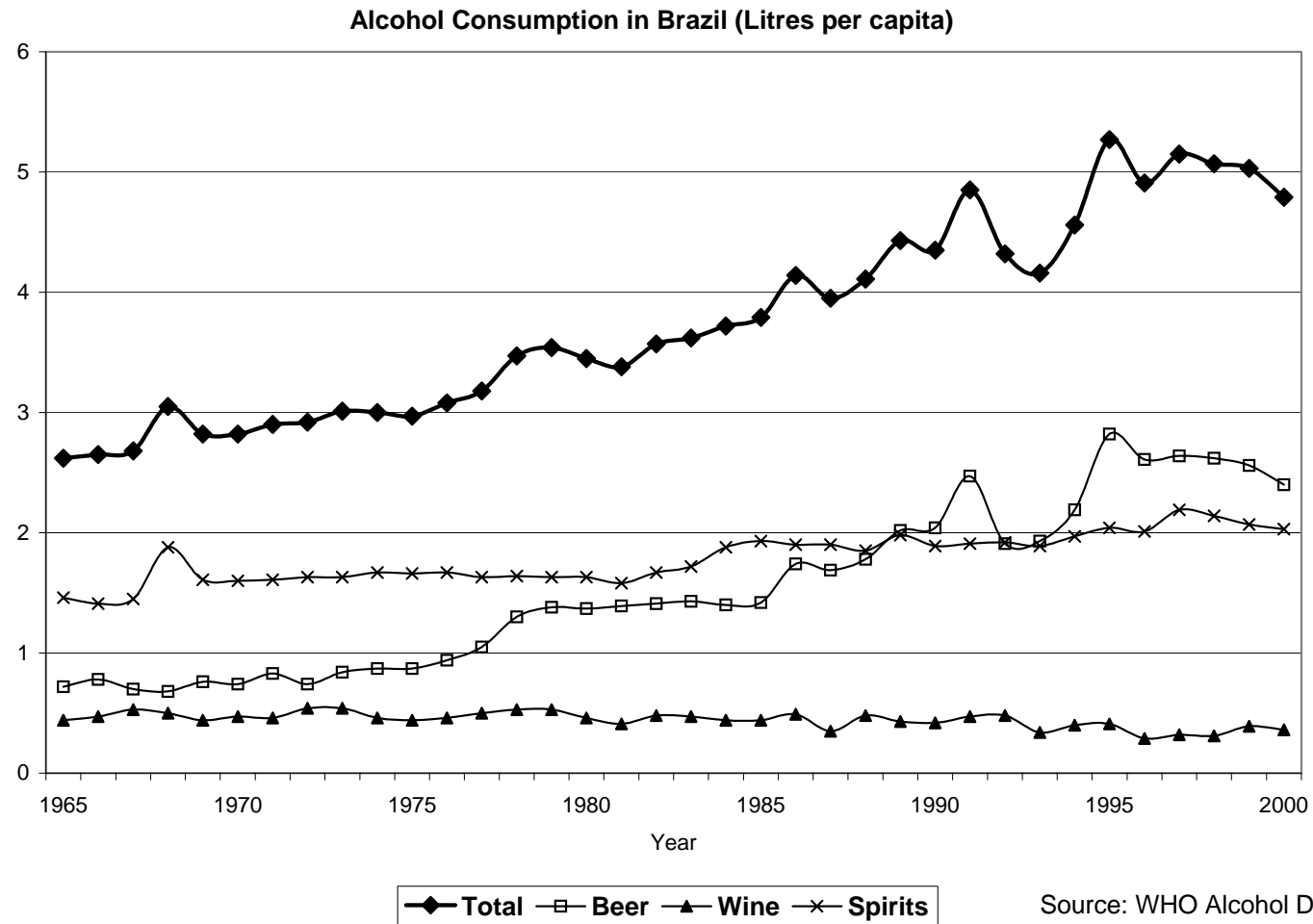


Erikson F. Furtado, PAI-PAD, FMRP-USP, Ribeirao Preto-SP, Brazil, 2004

Lessons from the Brazilian site experience

- Overview about alcohol consumption and alcohol problems in Brazil
- The Brazilian Health System and the Family Health Program
- The PAI-PAD Project for SBI implementation and its progression
- Impressions and lessons from the PAI-PAD experience

Alcohol Consumption

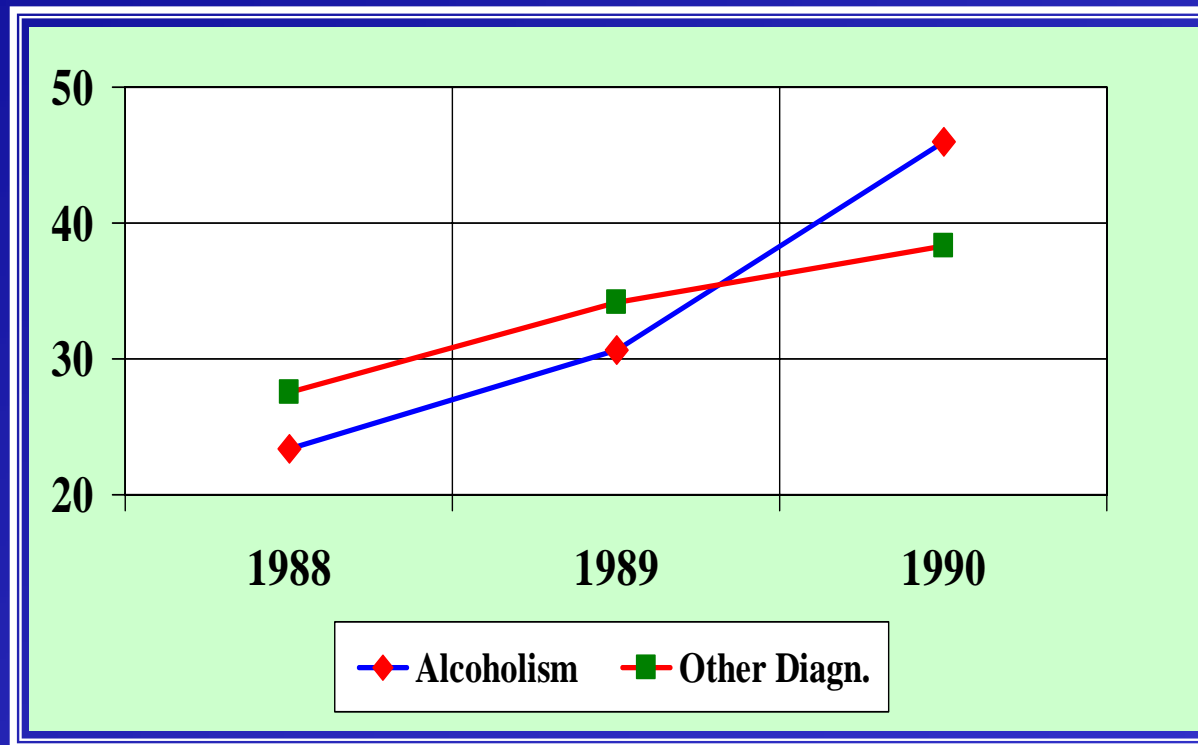


Alcohol and Car Accidents

- 53% car crash victims attending the emergency room – HC-Sao Paulo (mostly, young 15-29 ya males)
- Mortality due by fatal car accidents responds for 28% of all external causes (about 30,000 deaths/year)
- High BAC found among 96.8% of necropsies of fatal victims (IML-SP)

Source: Report of the Brazilian Ministry of Health - 2003

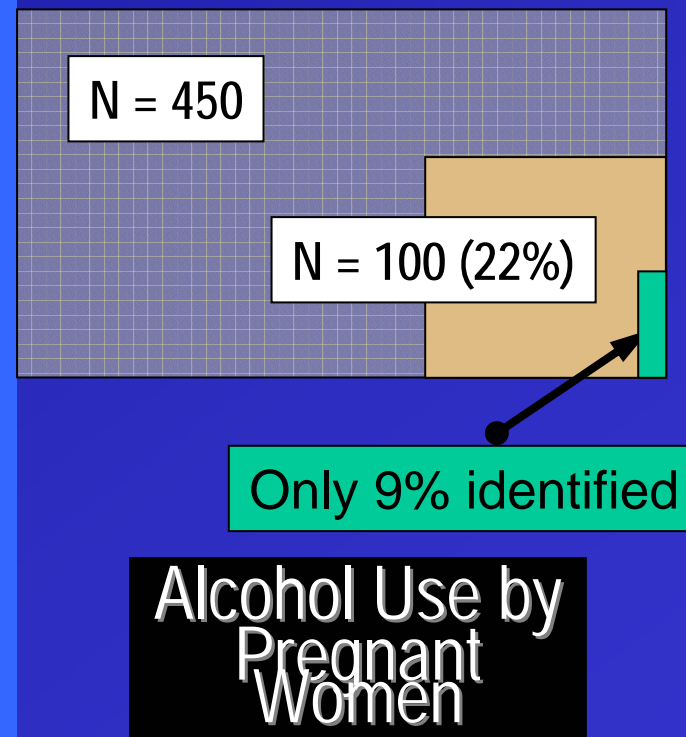
Psychiatric Emergency Room



Hospitalisations Rate
1988-1999

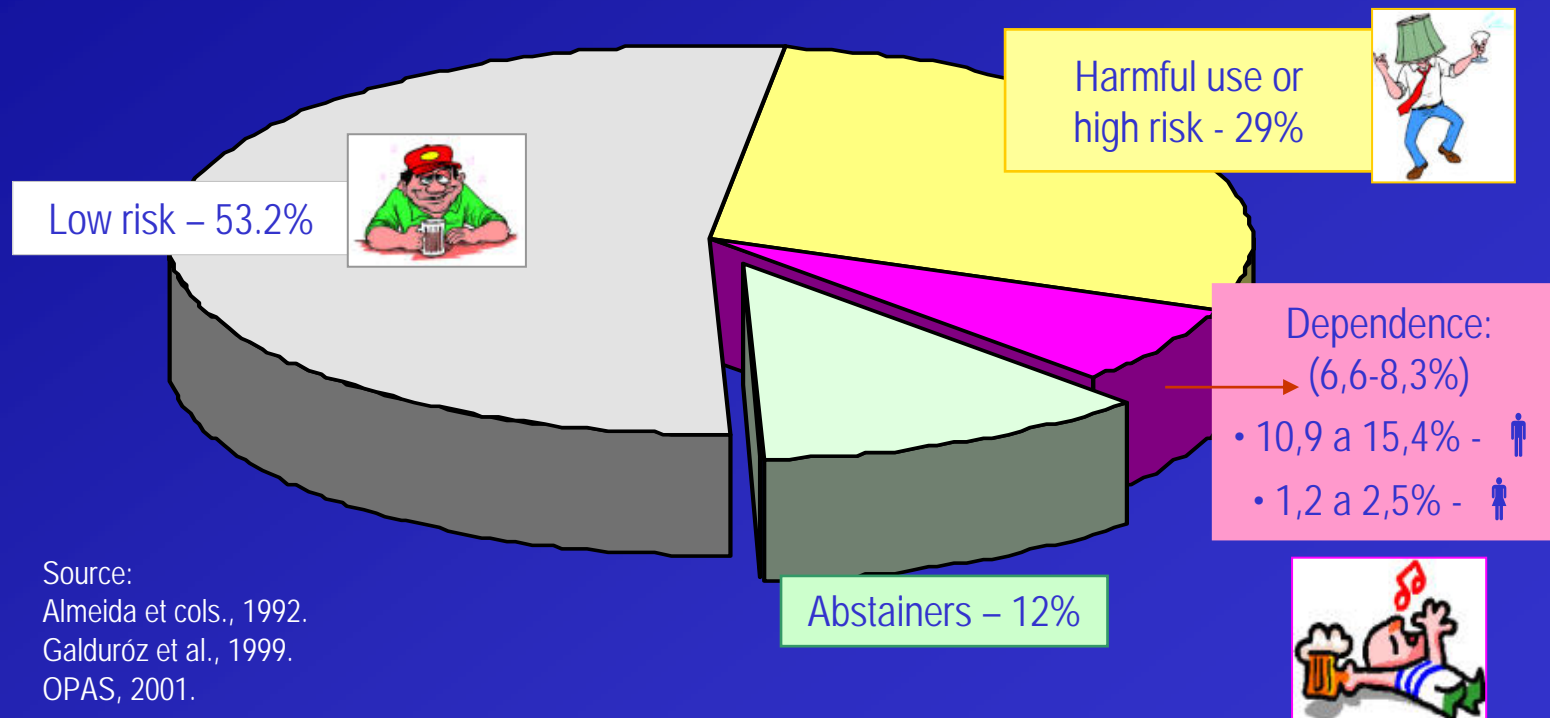
Alcohol Problems not Diagnosed

- Health professionals don't assess risk patterns of alcohol use
- Patients with problematic alcohol use are discriminated
- Risk groups are not routinely assessed



Furtado, Fabbri & Laprega (2002)

Drinking Patterns in Brazil



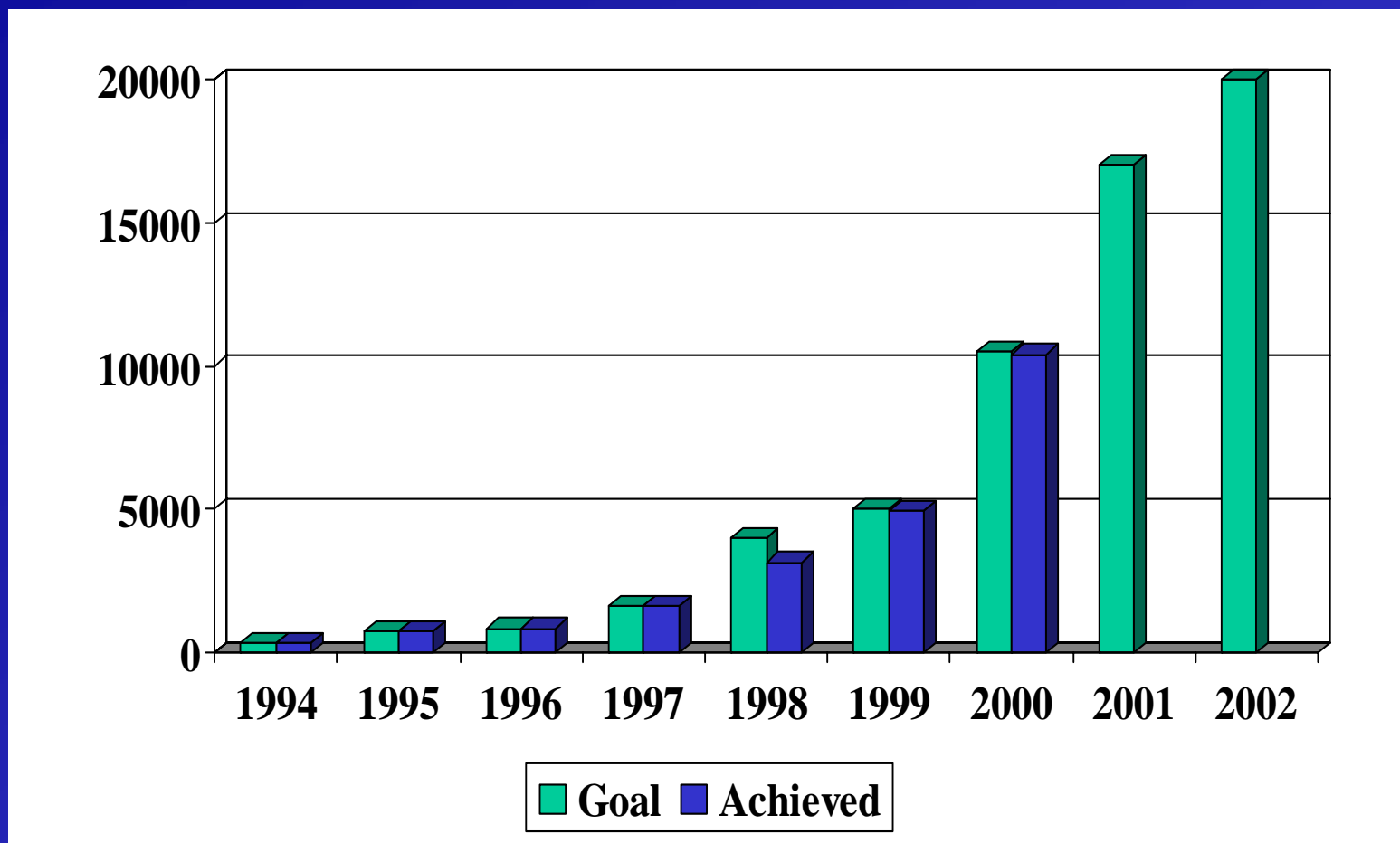
Medical Assistance in Brazil

1994 – Federal Government elects the Family Health Program as core strategy to reorganize and expand the Public Health System (SUS) with the following characteristics:

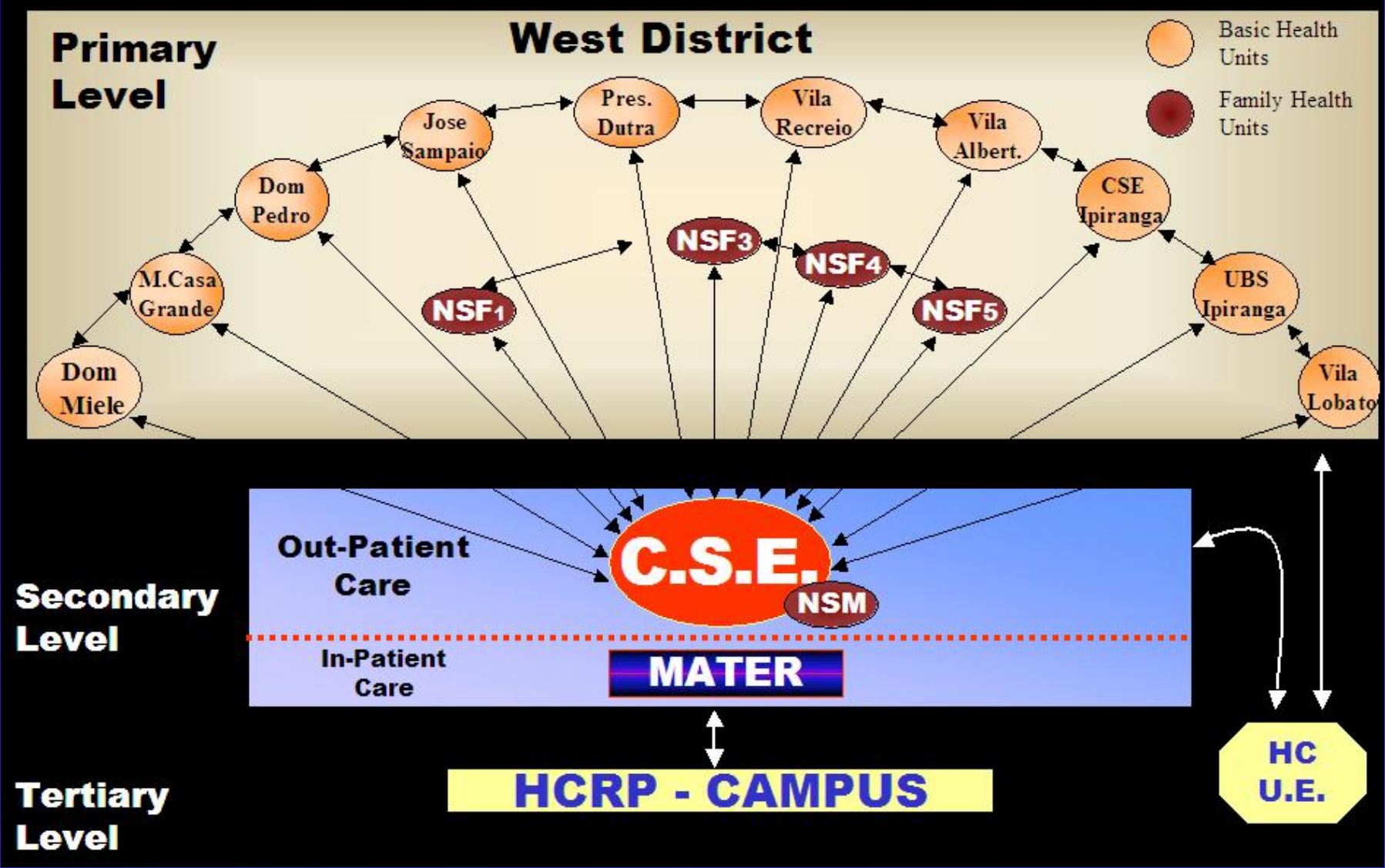
- The family is the focus of attention
- One team for 600 to 1000 families
- Team composition: one family physician, one nurse, 2 nurse helpers and 4 to 6 health agents.
- Local diagnosis and planning
- Multiprofessional approach

Number of Family Health Teams in Brazil

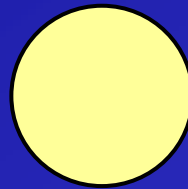
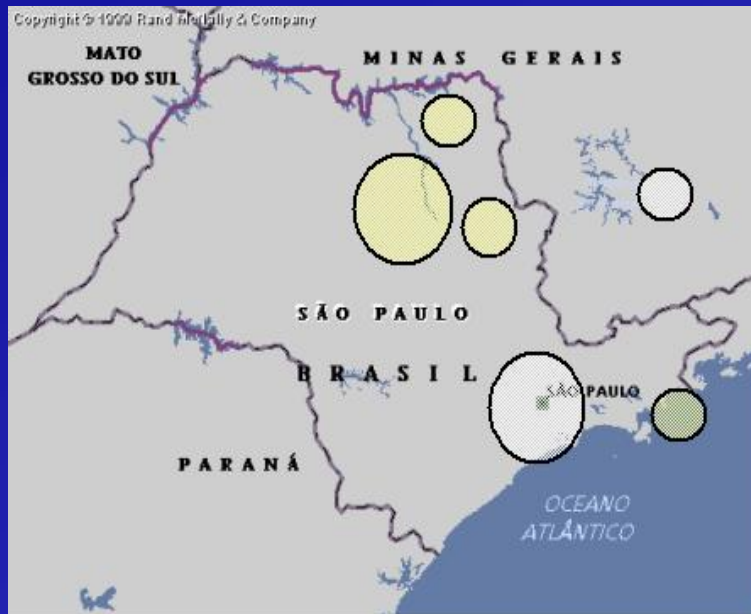
Evolution since 1994



Health System at the West District of Ribeirão Preto



Geographical Implementation in SP



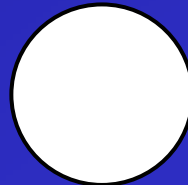
FMRP-USP Ribeirao Preto

Trainings completed:

- FH Teams FMRP
- FH & CH Teams Batatais
- FH Teams Cassia dos Coqueiros

On-going Trainings:

- FH & CH Teams Rib. Preto
- FH & CH Teams S.J. Campos

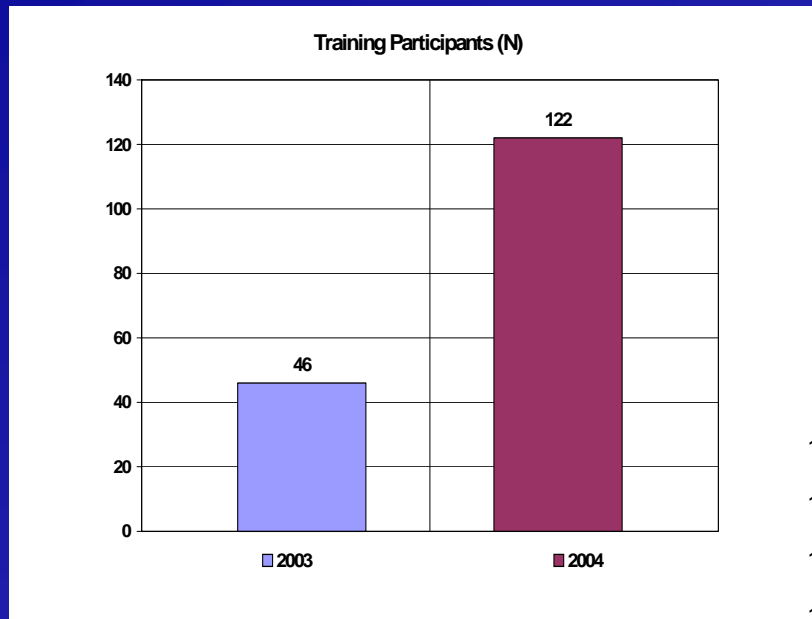


UNIFESP/UFJF Sao Paulo City

On-going Training:

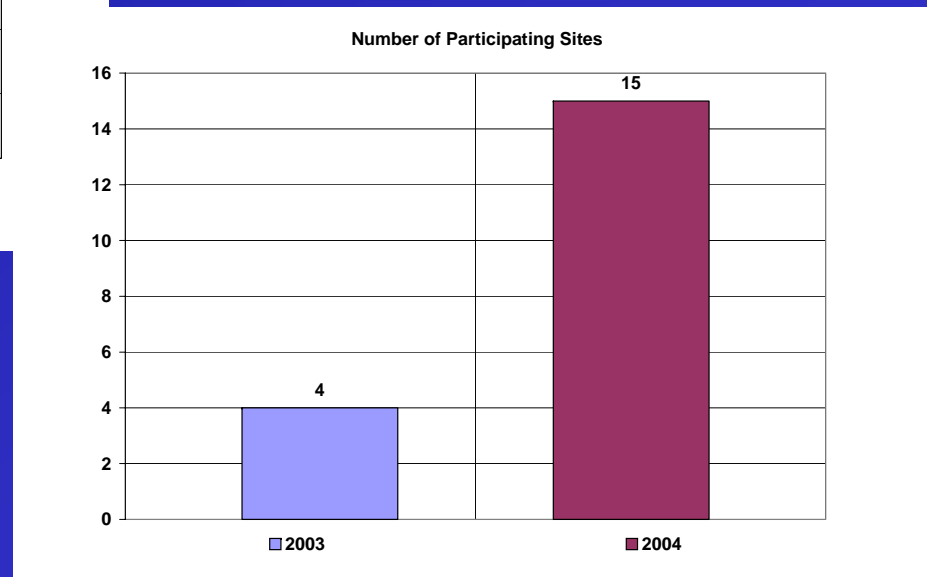
- FH & CH Teams Juiz de Fora

The implementation process

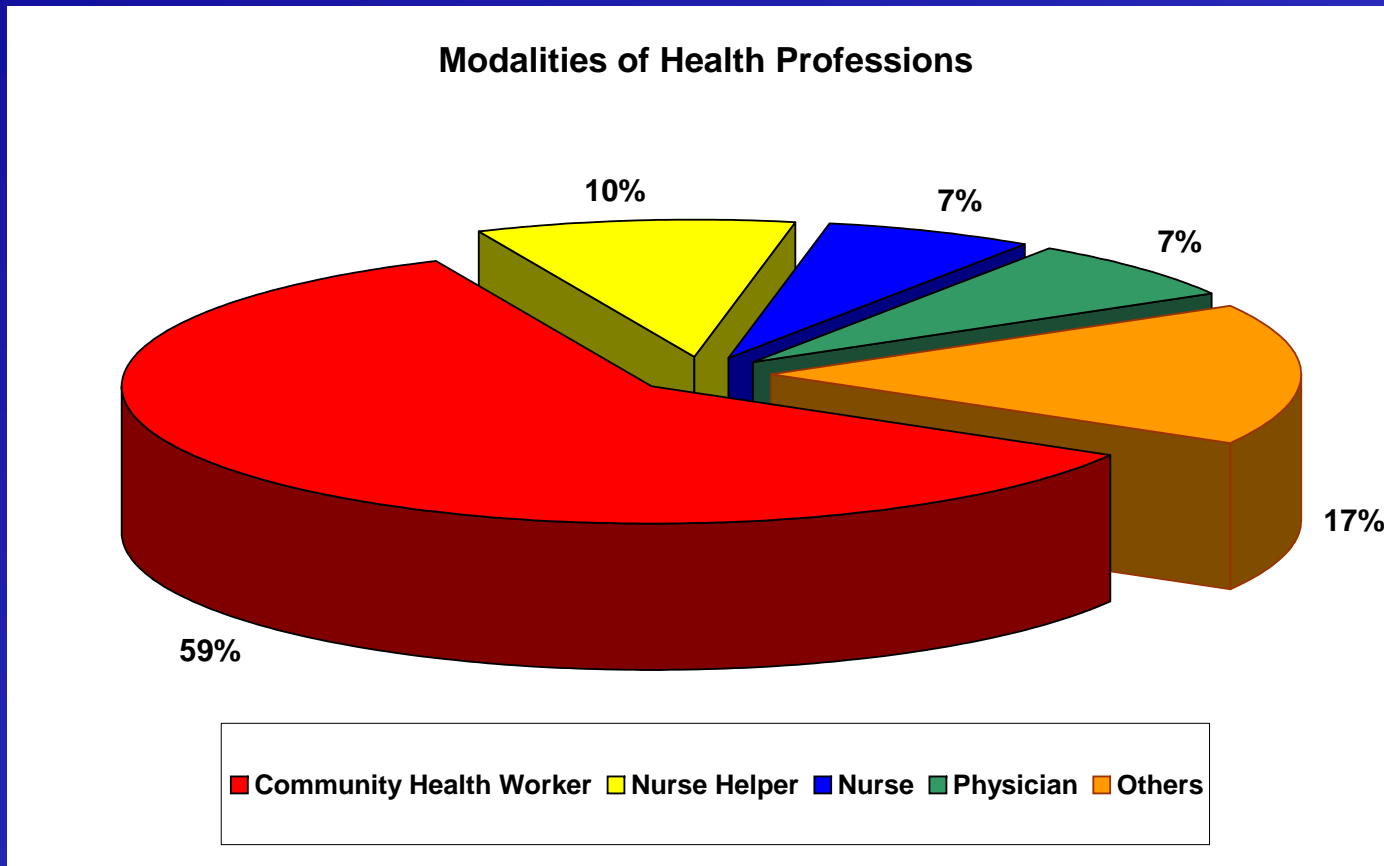


- The implementation program shows an increase in the number of participating sites and people involved, following the sensitization and enrolling of health services managers

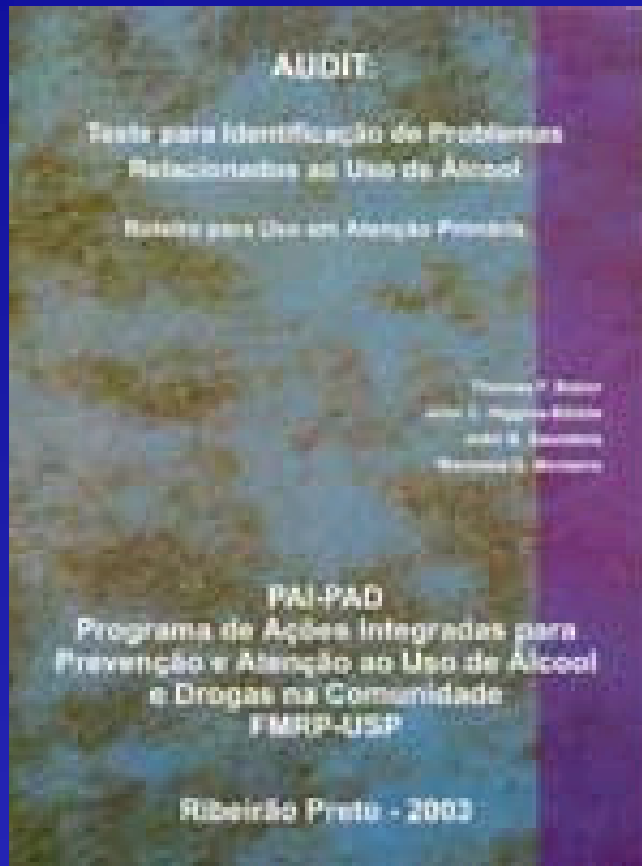
- The first step was the personal engagement of key persons and the building of an alliance of supporters of the program (health managers, health workers and non-profit organizations – AA)



Developing a common training setting

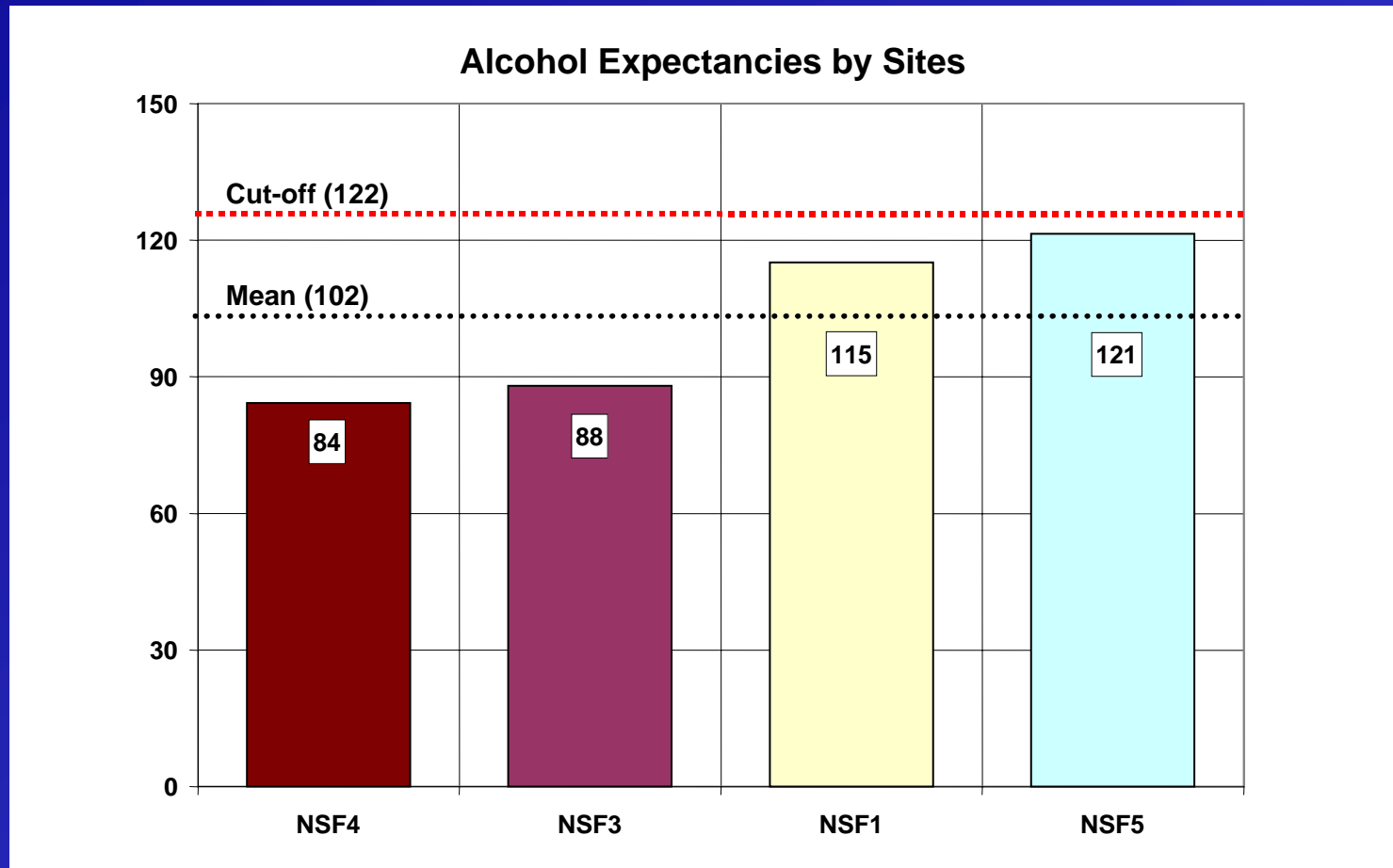


Preliminary Lessons

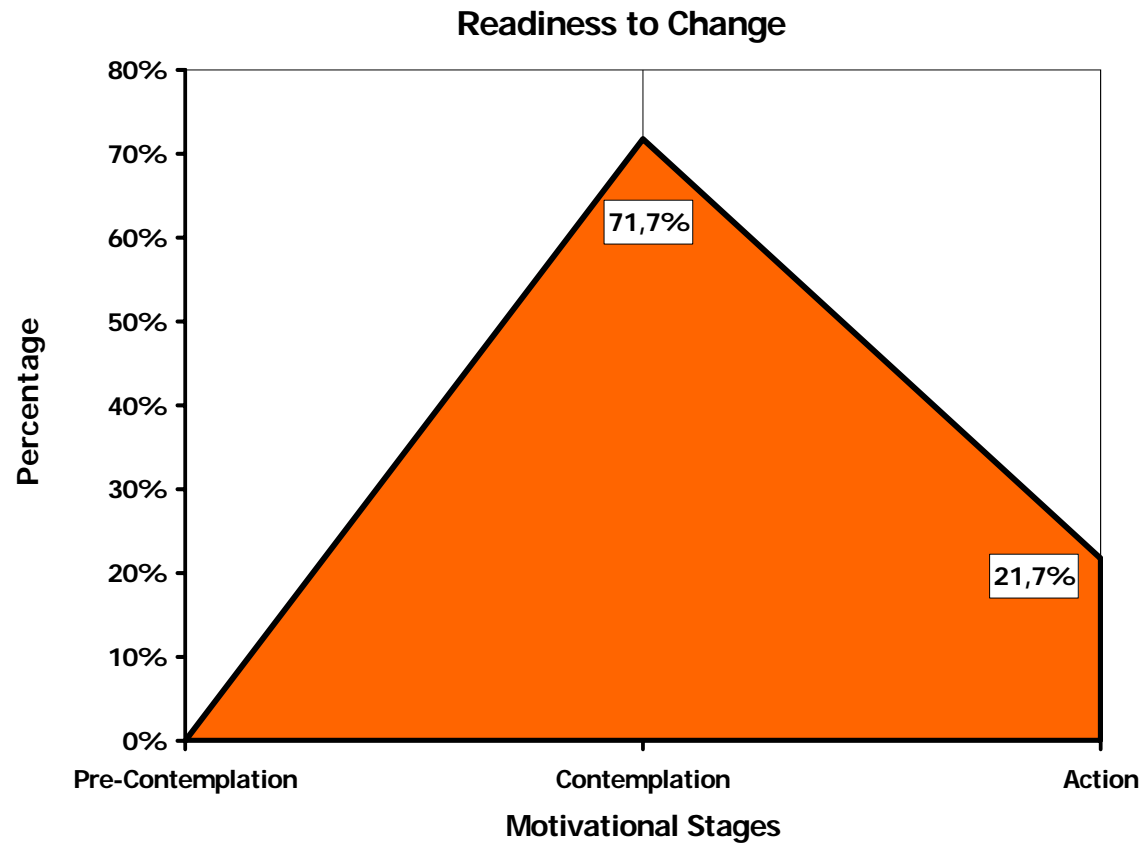


- WHO SBI Manuals - as guideline
 - Adaptation and customization
 - Standard drink in Brazil – 12g
 - Adaptation of language and common expressions used by patients and health workers in the community

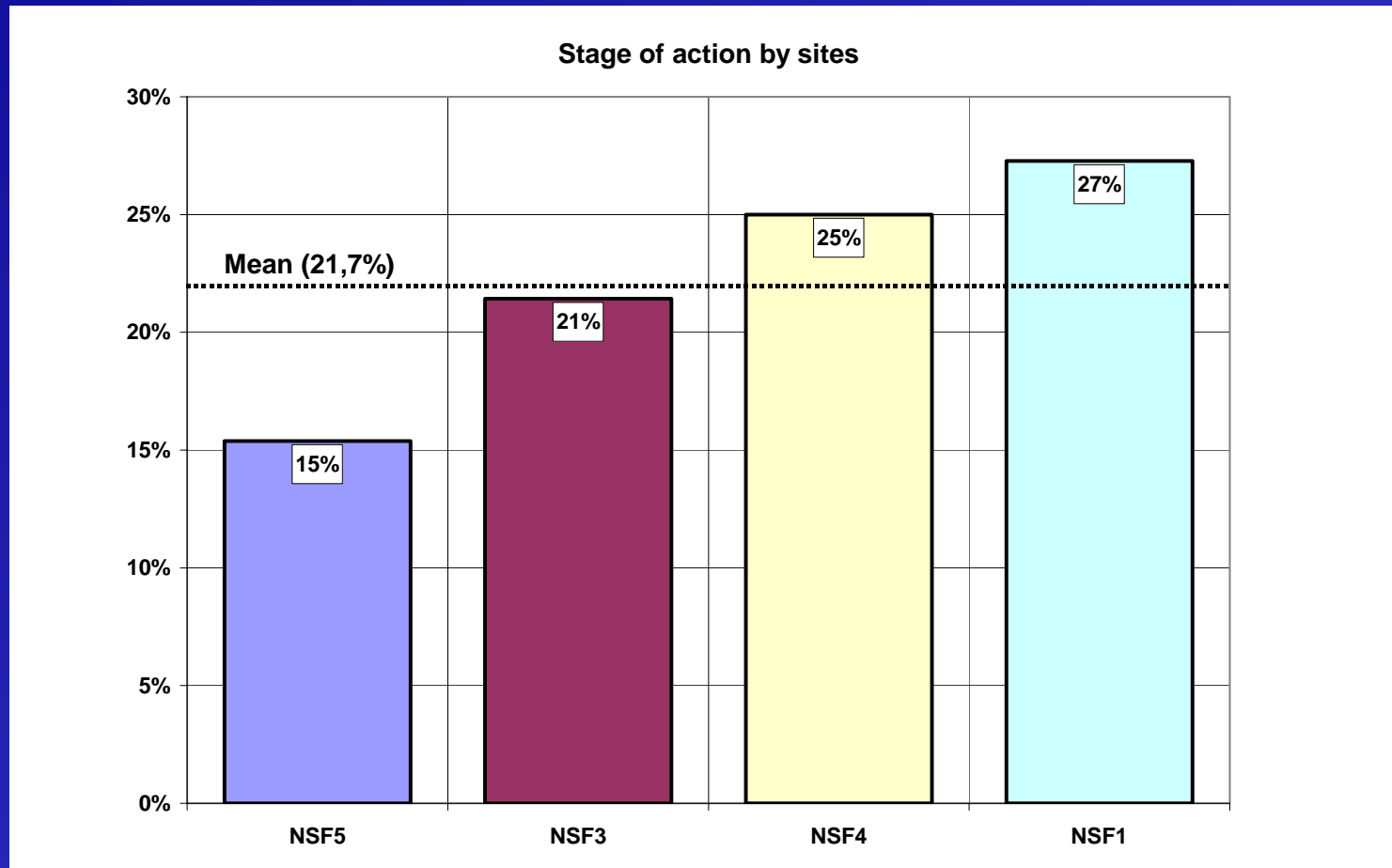
Differences between sites



Motivation to put into practice



Differences between sites



Achieving people trust

- Need to achieve and to sustaine people trust
 - Implicate direct and regular people-to-people contact more than neutral reading of scientific papers or other printed materials
 - Distribution of materials is only the beginning of the process
 - After training is finished people ask and wait for continuous support and supervision



Evaluating the process

- Regular meetings with project supporters and post-training focus groups
 - The involvement of local managers is of fundamental importance
 - The quality and dynamics of social interactions among the members of a family health unit, as well the pattern of alcohol use and expectancies about alcohol, are important issues to be addressed
 - Training without supervision is less effective

Acknowledgments

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