

EIBI in EUROPE



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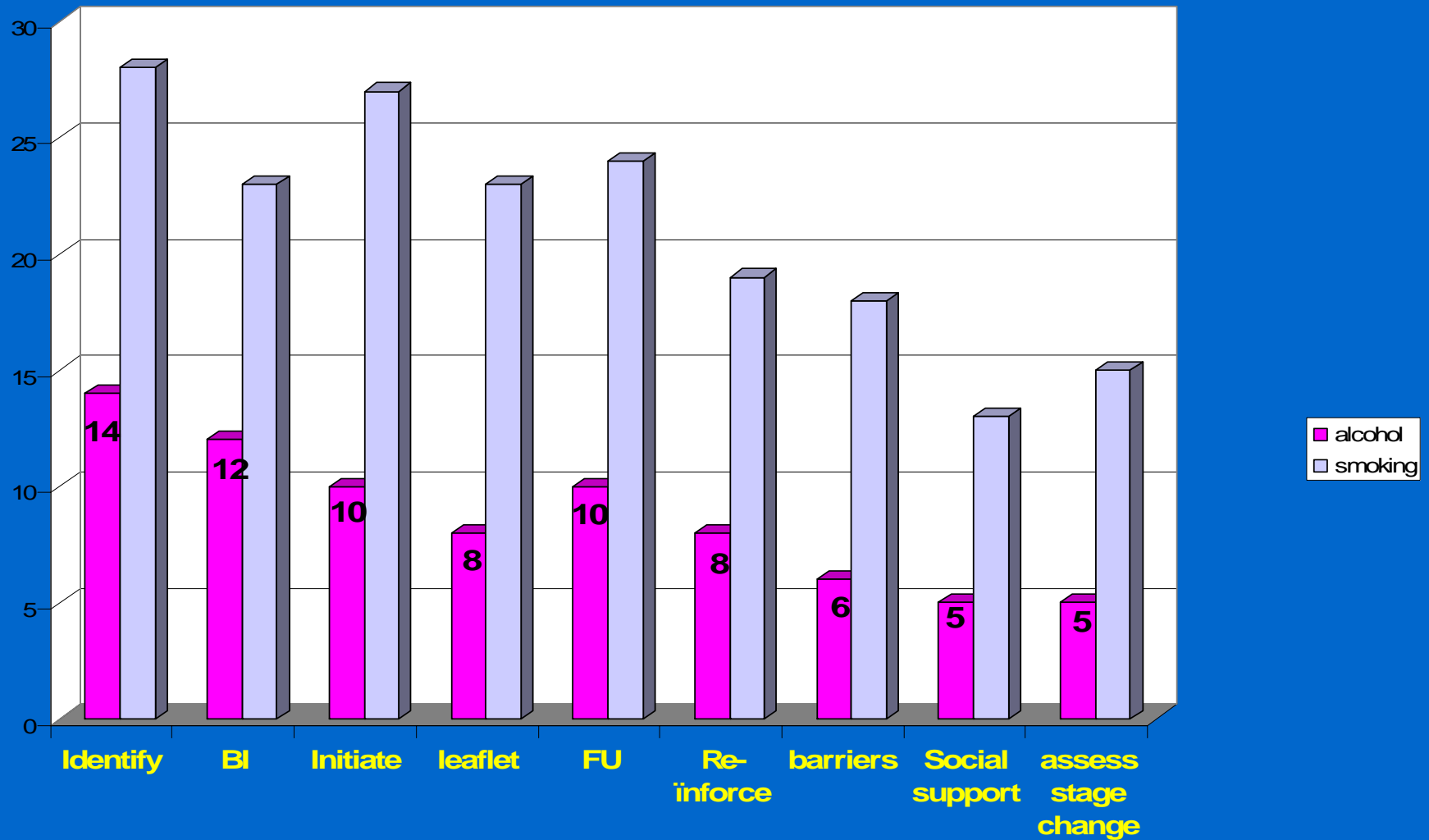


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OVERVIEW

- EUROPEAN BACKGROUND & PHASE III
- CUSTOMISATION STUDIES IN PHASE IV
- GENERAL CONCLUSIONS

European PHC programmes (1995, L Pas & B Garmyn)



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WHO- collaborative trial

- Phase 1: Development of AUDIT test
- phase 2: Effect brief intervention
- phase 3: Dissemination trial GP
- phase 4: Customisation to country

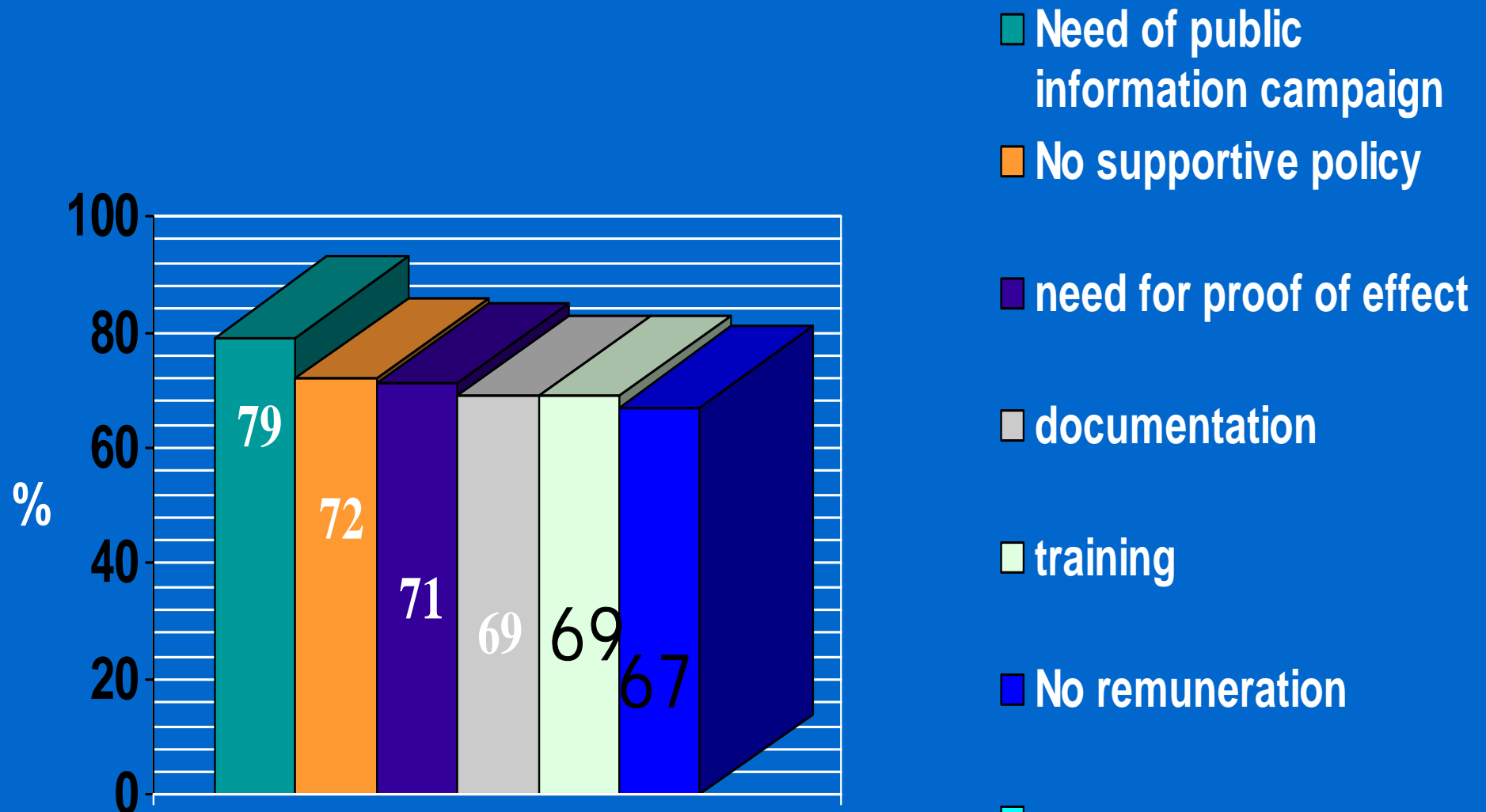
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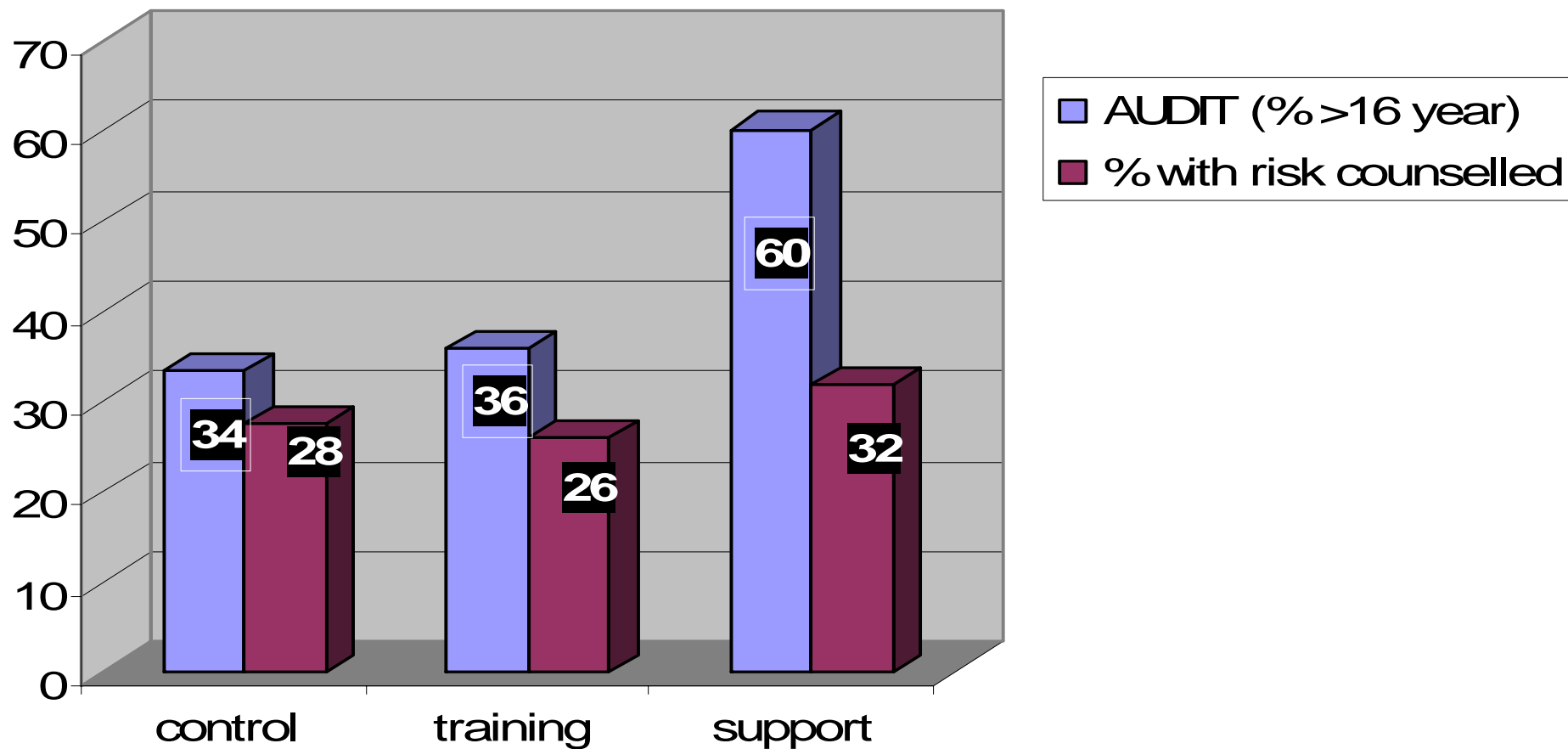
Need public GP support policy

View of GP (WHO phase III)





Screening en counseling according to support (Flemish arm WHO PHASE III)



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WHO- collaborative trial

- **Phase 1: Development of AUDIT test**
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Questions :

- **What EIBI strategy acceptable?**
- **How promote PHC involvement?**

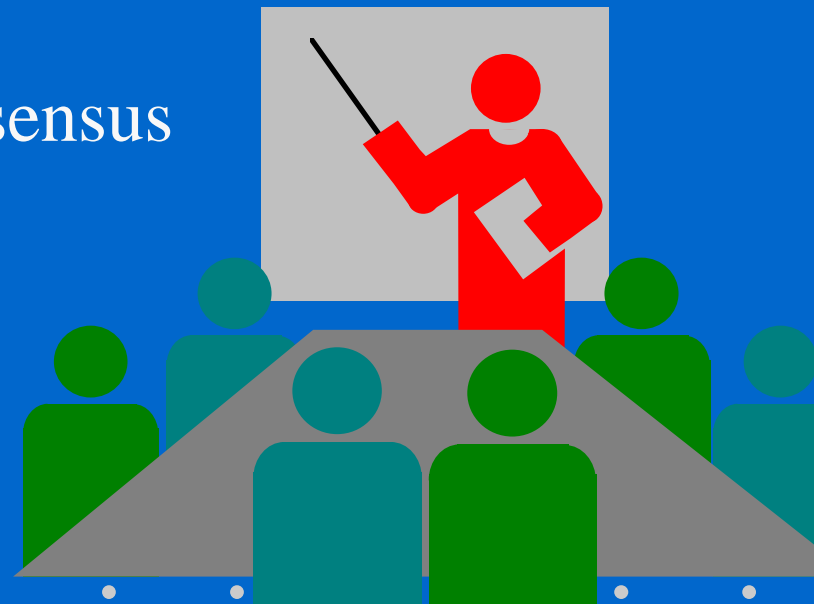
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Applicability in real (GP) world ?

- **Large group of persons with overuse**
 - Dependent also detected
- **Relation of overuse with health problems**
 - Attitude defined by dealing with dependent?
- **Feasibility of early identification shown**
 - Optimal test ?
- **Reduction of intoxications and mean use**
 - Brief advise versus other more elaborate approaches ?
 - PHC-role versus collaborative multisectorial action ?

Customisation by qualitative research

- **Focusgroup research :**
 - Define acceptability materials and methods
 - Identify problems to dissemination and care
- **Delphi study**
 - Develop broadly based consensus



Phase IV in Region Friuli

PL Struzzo (Italy)



- Previous anti-alcoholism strategy
- Good support by GPs associations
- But negative impact on practitioners
- Willingness to change, but
- Proposed EIBI too time consuming

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Customisation Friuli Region

- **Focus groups : method GP**
 - First 3 questions of Audit (without package)
 - Deal with alcohol integrated into life style
- **Consensus conference :**
 - Acceptance of principle questionnaire use & BI

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Delphi study :

- GP support for cycle of change
- EIBI defined as innovative tool for PHC

AND :

- NEED : Train the trainers
- NEED : Increase awareness among population
- New strategic approach to general population
- Collaboration of :
 - Structures
 - Experts
 - PHC-professionals

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Flemish Focus groups : GP-view of alcohol problems



1) Experiences strongly influence involvement

- heavy problems in difficult social contexts
- unrealistic expectations and disappointments if involved

2) Powerlessness, hesitation and legitimacy problem

3) Hidden character

4) Vague differentiation of alcohol problems

- patients one can help / one cannot

5) Ambivalence in Care model :

- Somatic & Reactive approach versus Family Physician responsibility

6) Relations : (to) strong link with patient & family

7) Relationship with specialised care to be improved

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Preconditions to promote EIBI in Flanders

1) Differentiate GP view on alcohol problems

- 1) Recommendation for good clinical practice (=guidelines)
- 2) CPD project with modern teaching techniques & IT
- 3) Outreach to support practices (if finances permit)

2) Array of choice for different GP & PHC settings

- 1) Clinical opportunistic approach (trauma, violence, psychosom ...)
- 2) Fast, 5 shot or Audit to be considered according to cases
- 3) Screening in specific situations or motivated practices
- 4) Embedded in general applicable health behaviour strategy (ABC)

3) Model for collaborative care

4) Embedded in public alcohol policy

- 1) Involvement of health promotion units (health target)
 - 2) Communication policy
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UK FOCUS GROUPS

Hutchings D, Cassidy P, Kaner E, Dalloio E, Pearson P, Heather N. (submitted for publication)
Qualitative study of patients' and professionals' views on implementing alcohol screening and brief interventions in primary care: implications for the new GP contract.

- Agreement :

alcohol discussions expected and accepted

by patients and professionals in specific contexts :

- new patient registration,
- certain clinics
- when related to the presenting problem

- Disagreement :

- effectiveness of brief interventions (professionals)
- who should carry them out (professionals & patients)

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UK FG CONCLUSIONS

- **Targeted rather than universal screening** more acceptable to patients and professionals
- **GP taking on alcohol as an enhanced service** receive training and financial support to carry out alcohol-related work
- **New UK contract offers opportunities**
- **Risk GPs out of alcohol work completely** if the service is not funded



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Finnish GP approach

Opportunistic screening (AUDIT) :

- during health check-up
- or when :
 - Trauma
 - High blood pressure
 - Depression, anxiety or insomnia
 - Abdominal complaints
 - Hang-over
 - Abnormal GGT, CDT or MCV
- if AUDIT 8-14
 - Written advice
 - New appointment
- If AUDIT >14
 - referral to communal alcohol team (A-clinic)



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Results : no change



- **Asked about alcohol during consultation :**
 - 19.1% (125/655) at baseline
 - 19.7% (151/768) at follow-up ($p=0.784$)
- **Heavy drinkers advised :**
 - 13.4% (13/97) at baseline
 - 14.9% (17/114) at follow-up ($p=0.754$)

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Professional knowledge & attitudes

- **Survey to all nurses and GP's**
- **at beginning (Sept 1998)**
- **at end of implementation (Sept 2000)**
 - RR 59.1% (150/254) at baseline
 - RR 57.9% (147/254) at follow-up

Kaija Seppa et al. Tampere University Finnish Action Research.

Table 1. knowledge and training needs for brief intervention

| | All | | |
|--|----------|-----------|---------|
| Percentage of who... | Baseline | Follow-up | p-value |
| ...know the content of brief intervention well. | 18.1 | 34.7. | 0.001 |
| ...know structured questionnaires. | 23.6 | 60.1. | 0.000 |
| ...know the definition of heavy drinking. | 64.1 | 69.9 | 0.362 |
| ...expressed need for training in detection of heavy drinkers. | 46.7 | 28.1 | 0.001 |
| ...expressed need for training in doing brief intervention. | 57.1 | 40.4 | 0.004 |

Table 2. Attitudes regarding brief intervention

| Percentage of who... | All | | p-value |
|--|----------|-----------|---------|
| | Baseline | Follow-up | |
| ...have positive attitudes towards discussing alcohol with patients. | 68.0 | 55.1 | 0.022 |
| ...think patients take positive attitudes towards being asked about their alcohol consumption. | 90.7 | 90.5 | 0.945 |
| ...think detection and treatment of early phase alcohol abusers is appropriate for their work. | 41.2 | 37.0 | 0.457 |
| ...know how talk about alcohol drinking with patients. | 64.9 | 66.0 | 0.840 |
| ...know how to motivate patients to undergo treatment. | 13.8 | 15.2 | 0.739 |

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Finnish conclusions

- Knowledge increased
- Activity BI unchanged 3 years
- Attitudes not developed positively
- Implementation slower than expected
- even in collaboration with the professionals

- Increasing motivational skills : special challenge for the future

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‘Beveu Menys’ training A Gual & J Colom (Catalonia)



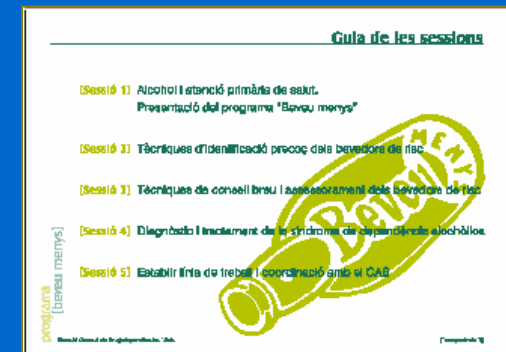
- **Dissemination of SBI in Catalonia:**
 - 6.090.040 inhabitants
 - 344 PHC Centres
 - 7000 Health Professionals (aprox)
 - 72 Trainers
- **5 hours of training**
- **By alcohol specialists (10% psychologists)**
- **CME inside the PHC Centres**
- **80 % participation**

The training module

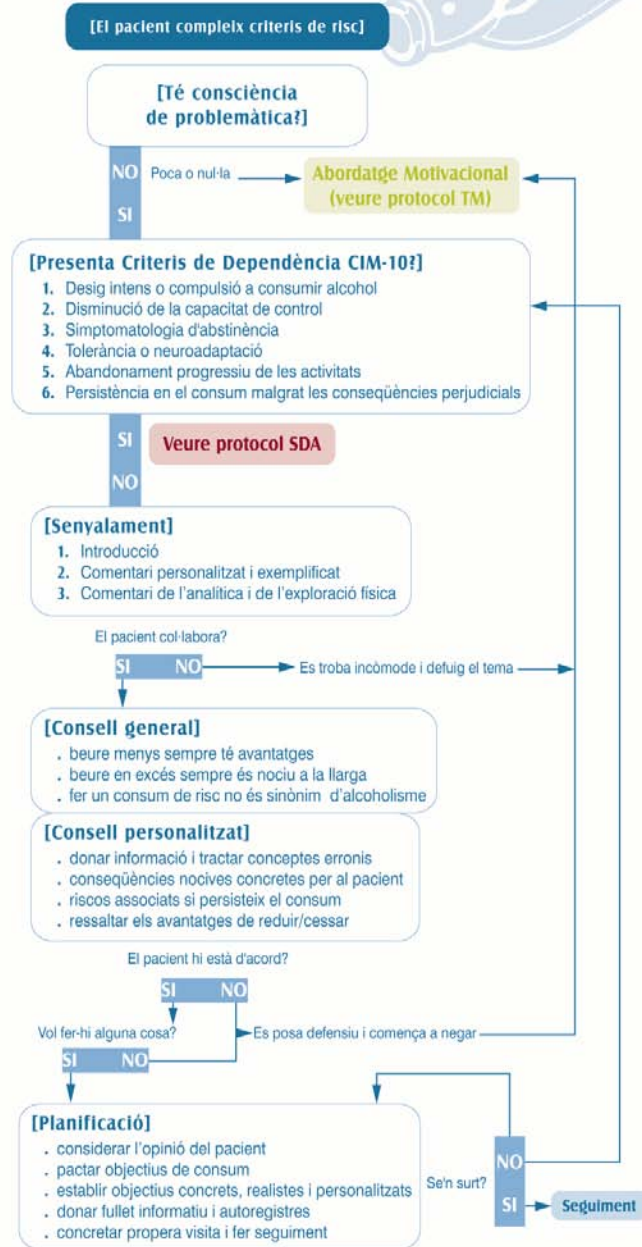
- Duration: 5 hours
- Style: Motivational, flexible
- Contents: Alcohol and PHC



Screening
Brief interventions
Alcohol dependence
Coordination



Consum de Risc: Protocol d'intervenció



principles

- Risk approach
- Standard BI
- Personalised
- Agreement
- FU

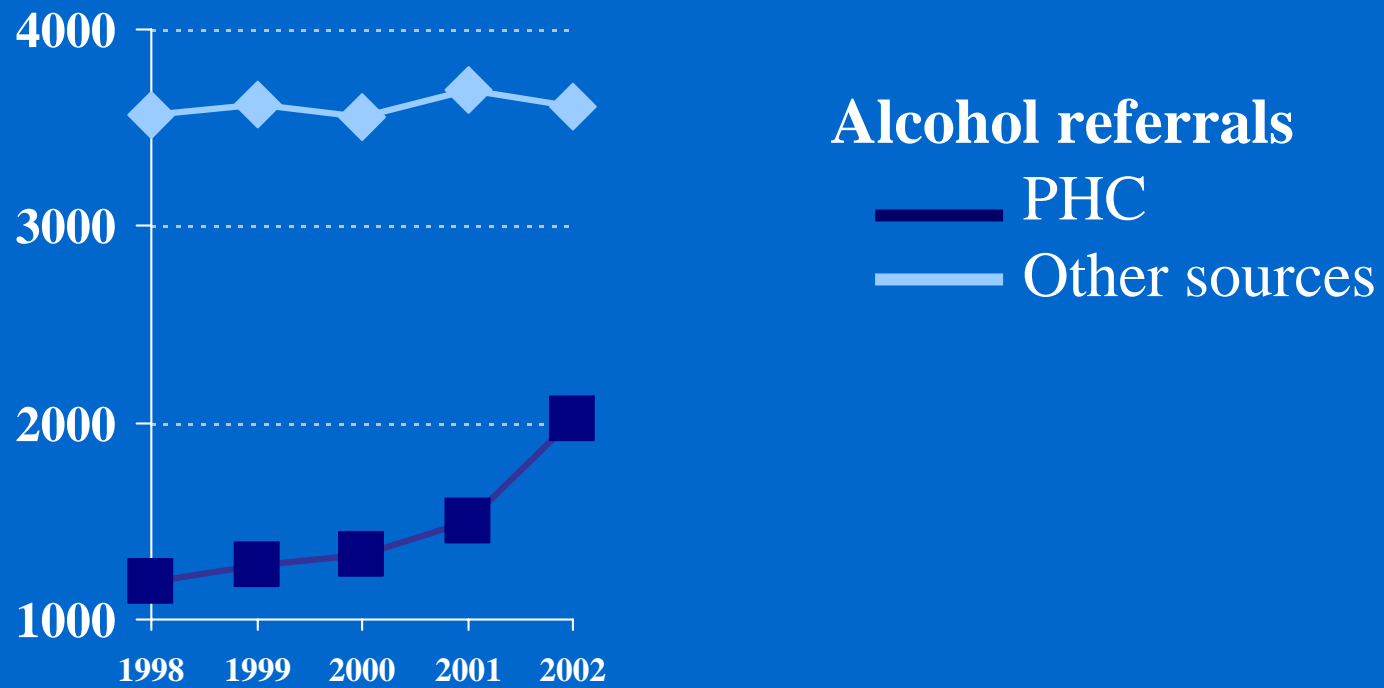
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Train the trainers approach

- **Catalan Network on Addictions**
- **Working in same geographical area.**
- **Sharing common patients.**

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Increase of referrals



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Phase IV in France

P Michaux pour 'Boire moins c'est mieux'

Region Île-de-France, 2000-2003

1. Customise methods to GP in France
2. Develop alliances to mobilise GP for EIBI
3. Evaluate the effectiveness of incentives
4. Create a framework for alcohol-related problems and a new global response



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'Boire moins c'est mieux' :

- **Efficient and acceptable screening tool :**
'FACE' questionnaire (5 questions asked by the doctors)
- **Short one-shot session for brief intervention :**
SIMPLE ADVICE (WHO Sidney) + FRAMES (10 min counselling)
- **Two patient booklets free of charge on GP's request**
 1. Information
 2. motivation for change & tips to reduce consumption
- **One-evening teaching session for GP :**
habitual format for CME

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Pre/post study incentives

- 4 suburbs of Paris
- In all training sessions for GPs
- 2 consecutive 3-month periods in 2003
- In second 3 m: extra-fee for trained GPs
each screening test (2 €) and each BI (10 €)
- Other incentives tested :
 - Telephone marketing
 - Community action : media campaign, awareness of decision makers and non-profit organisations, telephone pool...

Study overview

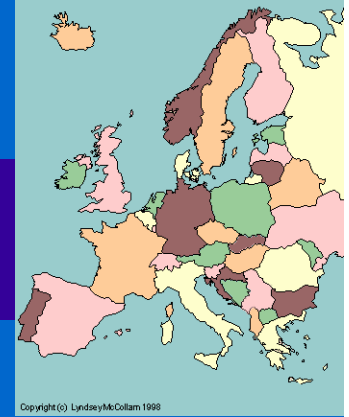
| | Evry | Cergy-Pontoise | Marne-la-Vallée | Saint-Quentin en Yvelines | TOTAL |
|---------------------------------|------------------|-----------------------|------------------------|----------------------------------|----------------|
| Population (census 1999) | 79 726 | 178 656 | 246 607 | 142 737 | 647 726 |
| Distance from Paris | 28 km (S) | 30 km (NW) | 13 km (E) | 25 Km (SW) | |
| Number of GPs | 60 | 138 | 203 | 115 | 516 |
| Dissemination strategy | None | None | Fee | Community action | |

Pre/post study incentives 4 regions

- GPs' participation to training is 6 times more important with telephone marketing ($p < 0.001$)
- GPs' screening and BI activity after training is 7 times more important with economic incentives ($p < 0.001$)
- No evidence for a better medical activity after community mobilization (NS; smaller numbers? Short duration?)
- Though a high level of public receptivity
- High level of satisfaction in trained GPs (qualitative evaluation)
- little changes in perceptions

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Common issues in EUROPE:



- **Acceptable EIBI :**

- Adapted to PHC-setting and relate to variability practices
- Targetted screening and opportunistic approaches
- In stepwise collaborative model with mental health
- In public alcohol policy + community support

- **Conditions for implementation :**

- Telemarketing, outreach, tailor-made + local ownership
- Train the (PHC)-trainers, financial incentives ...?

- **Challenges :**

- Skills Improvement by minimal training
 - Attitudes
 - Collaboration special care
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