

Beyond the dissemination of the Beveu Menys: new strategies for the on-going process

Lidia Segura, Antoni Gual, Olga Montserrat, Joan Colom
Program on Substance Abuse. Health Department of the Government of Catalonia (Spain)

INTRODUCTION

Catalonia has developed a particular model to deal with alcohol-related problems within the framework of a global strategy on drug dependencies. Excessive alcohol consumption has been always considered a major public health problem and a priority by the Catalan Health Strategy. A specific strategy to provide adequate training and support to PHC professionals to implement SBI in their daily clinical work has been developed. A training-the-trainers program targeted at professionals from the addictions field was delivered. In the framework of the Phase IV of the WHO Collaborative Project on Management of Alcohol-related Problems in Primary Health Care¹⁻⁴ we started in 2002 the dissemination of the "Beveu Menys" in all the Primary Health Care Centres and we expect to finish it by the end of 2005. A parallel, qualitative evaluation (questionnaires, Focus groups, etc.) has been implemented as a fundamental part of the iterative process of implementation.

Objectives

The aim is to integrate the qualitative information collected through the different instruments to better understand the developments achieved and to better design the future steps of the on-going implementation process.

METHODS

Evaluation and Subjects

The qualitative evaluation has been implemented through questionnaires and focus groups with the key stakeholders (trainers and PHC coordinators and professionals). All instruments were aimed at sampling relevant information and discussing different topics and practical issues in order to integrate the Health Professionals' points of view in the design of the next interventions.

Focus Groups

All the 72 program trainers were invited and 70% of them participated in the focus groups. More on the focus groups carried out below:

	Trainers	Coordinators
Number of groups	8	3
Invited	72	33 (10% of all PHC)
Attended	48 (66%)	26 (78,7%)
Main topics covered	-General evaluation -Main advantages and roadblocks -Ideas for the facilitation of daily clinical work	

Questionnaires

Questionnaires were administered before the focus groups were carried out. 80% of the total questionnaires expected were responded. See below:

	Trainers	Coordinators
Expected	72	33
Responded	55 (76%)	29 (88%)
Males	26 (47,3%)	14 (48,3%)
Topics covered	-Training involvement -General evaluation -Roles	-Training evaluation -Coordination evaluation

RESULTS

Focus Groups

The program strengths and weaknesses according to both trainers and PHC coordinators are listed in the following table:

Strengths		Weaknesses	
Trainers	Coordinators *	Trainers	Coordinators
•Better coordination between CDAN and PHC	•Well received by PHC professionals, especially nurses.	•Lack of Information about the program	•Alcohol prevention is not a priority
•High interest on motivational Interview	•Increase referral rates of AD	•Lack of time of the PHC for CME	•Lack of training in BI and MI.
•Demand for continuation strategies		•Trainers no time for prevention	•Not included in the MR
		•Lack of time of the PHC for preventive intervention	•Lack contractual agreement for the implementation

* Courses have evidenced a need of training that was not previously perceived

Questionnaires

Responses (5 likert-scale) from trainers (T) and coordinators (C) to several items of the questionnaires are show in % in the tables below:

	--		-		- +		+		++	
	T	C	T	C	T	C	T	C	T	C
The program is useful to achieve the final goals	11	0	16	4	9	21	33	41	31	34
The tools provided are useful	0	0	0	18	9	22	29	46	62	14
The program contents are appropriate	4	0	14	29	11	14	11	46	60	11
It is important to train PHC with the program	2	0	9	10	7	24	11	42	71	24
Coordination among PHC and specialists centres is possible	0	0	2	18	7	11	6	25	85	46

CONCLUSIONS

-In general the program was positively evaluated by both groups, the trainers tending to be more enthusiastic about it.
 -Both groups coincide in saying that the program has improved the coordination between specialists centres and PHC resulting in an increase of referral rates of alcohol dependents.
 -Both groups agree that the lack of time of the PHC for preventive interventions and the lack of contractual agreement for the implementation are the main constraints of the project.

NEXT STEPS

Future developments to facilitate the implementation of EIBI should include:

1. Its reinforcement through contractual incentives
2. The enhancement of nurses' role through specific protocols and guidelines
3. A more active implication of PHC in the continuous medical education on alcohol problems. The settlement of a network of reference figures on alcohol in PHC setting (XaROH).
4. The adaptation of the Computerized Medical Record in PHC to the aims of the program

Bibliografía

1. Saunders JB, Aasland OG. WHO Collaborative Project on the Identification and Treatment of Persons with Harmful Alcohol Consumption. Report on Phase I: Development of a Screening Instrument. Geneva: World Health Organization; 1987.
2. Babor TF, Grant M. Project on Identification and Management of Alcohol-related Problems. Report on Phase II: A randomized clinical trial of brief interventions in the primary health care setting. Geneva: World Health Organization; 1992.
3. Babor TF, Grant M, Acuda W, Burns FH, Campillo C, Del Boca FK et al. A randomized clinical trial of brief interventions in primary care: summary of a WHO project. *Addiction* 1994 Jun;89(6):657-660.
4. Monteiro MG, Gomel M. World Health Organization project on brief interventions for alcohol-related problems in primary health care settings. *Journal of Substance Abuse* 1998;3:5-9.

Key words: Alcohol, Primary Health, Early identification, Brief Intervention

Acknowledgements: Authors acknowledge all CDAN and PHC professionals for its contribution to this study that has received partial funds from ISCIII (Red de Centros C03/09).

More information: beveumenys.salut@gencat.net

[programa beveu menys]