WORKSHOP D:
BRIEF INTERVENTIONS IN THE SPANISH-SPEAKING WORLD

Beveu Menys e-learning and internet-based intervention tools. Facilitating the implementation of EIBI in Catalonia.

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Beveu Menys implementation. Iteration process.

Beveu Menys e-learning tool.

“Veus el que beus” Internet-based intervention.
Beveu Menys
Implementation
Iteration process.
Supportive policy context
Increasing preventive activities on alcohol by PHC professionals.

Source: Anderson et al 2003, WHO Phase III Collaborative project.
Beveu Menys Implementation. An iteration process.

2002-2005

- Customized Training program
- Training the trainers
- Customized intervention materials

DISSEMINATION

- 352 PHC centres
  - 9,764 Professional

2006-2010

- Customized training program
- Training the trainers
- Customized intervention materials

Launch of XaROH

IMPLEMENTACIÓN

Programa Beveu Menys
Beveu Menys Implementation. An iteration process. Primary results.

• 340 (98%) courses completed and 6311 professionals accredited

• Improvement in the attitudes of professionals regarding the subject of alcohol and their role

• Improvement in knowledge on the subject (SDU, equivalent values in grams)

• Increase in the use of standardized instruments

• Changes in the implementation of screening of alcohol consumption in clinical histories in PC (from 32% of patients screened in 2000 to 42% in 2005)

• Increase in referrals of the most severe cases (alcohol dependents) from PC to the specialized network
The Beveu Menys Program: an iterative process

Creation of work groups

- Institutional alliances
- Creation of the Network of Referents in Alcohol XaROH. Responsible for the implementation of the program.
- Nursing and alcohol work group.

Contractual incentives

- Annual introduction of an alcohol screening target in the contract with providers and follow-up
The Beveu Menys Program: an iterative process

Development of new strategies

- Updated training in the program, this time with joint participation as trainers by referents from primary care and the specialized network
- Publication of new materials
- Adaptation of instruments to suit needs from the Clinical history
- Improvement of the website and on-line means of communication: bulletin
- Adaptation of the program to e-learning and to internet-based intervention
Materials

Programa Beveu Menys

Guía didáctica
Alcohol y Atención Primaria de Salud
Formación y actualización

Documentación de trabajo
Alcohol y Atención Primaria de Salud

Formador del CAS
Documentación administrativa y de evaluación
Alcohol y Atención Primaria de Salud

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Programa Beveu Menys
• To keep PC and specialized care informed on alcohol matters

• Monographic contents in coordination with the training-the-trainers workshops and continuous training workshops: alcohol and transculturality, etc.
Beveu Menys

e-learning tool
Beveu Menys
Training tools

From usual training

Builds on and complements, improves already existing training and training materials for PHC professionals

To e-learning EIBI

Programa Beveu Menys
Beveu Menys
E-learning tool

• First on-line course on the updated Beveu Menys programme to facilitate the training and implementation of the tools for early detection and brief intervention in alcohol problems among all primary healthcare professionals.

• Organized by the Program on Substance Abuse in collaboration with the Institute of Health Studies.

• The methodological design and virtual learning environment created by the GEC-UOC Group
**Beveu Menys**  
E-learning tool: Methodology

- Interactive. Combines theory and practical contents with the resolution of clinical cases.

- Entirely virtual and structured in four sections.

- Designed to impart the technical knowledge and skills necessary for the early detection of and brief intervention in alcohol problems.

- Administered in the virtual campus of the IES, with the support of tutors who respond to doubts raised by trainees, in the form of a reactive tutorial.

- Exchange among professionals allowed through forums and debates.
Beveu Menys
E-learning tool: Methodology

Duration: 8 hours of reading materials on-line, with a delivery schedule of 3 weeks

Qualification: satisfactory or unsatisfactory, bearing in mind that the professional will have to read the material and answer the various self-evaluation questionnaires (knowledge and satisfaction).

Accreditation: Continuous medical education
Beveu Menys
E-learning tool: contents

- How are alcohol problems tackled in PHC?
- How is risky consumption of alcohol identified?
- How should we intervene once risky consumption has been detected?
- How should cases of alcohol dependence be handled?
Two different clinical cases (hazardous and harmful drinkers) describing the EIBI and motivational interventions by PHC professionals.
“Veus el que beus?”
Internet-based intervention tool
Veus el que beus?
Introduction

• Wide dissemination of EIBI strategies can be facilitated by using internet applications.
• There is already some evidence about the reliability of internet-based assessment tools and the effectiveness of internet-based brief motivational interventions that focus on problem drinking.
• In Spain, some initiatives already exist “elalcoholytu”
• The aim of this study is to present the results of an internet-based assessment tool to measure alcohol consumption developed in the framework of the Drink-less project in Catalonia.
Veus el que beus?
Social marketing tools

From information leaflet

To I-based EIBI

Builds on, complements and improves already existing bilingual information leaflet and for general population available in consultancy and waiting room
**Veus el que beus?**

Internet-based intervention tools

**From I-based assessment**

Builds on a previous internet-based assessment tool to measure alcohol consumption (daily drinks and type of beverage consumed during a usual week) that provides simple tailored feedback for decision-making of individuals.

**To I-based EIBI**
Veus el que beus?
Internet-based intervention

Adaptation of the Drinkers-check up to Catalan/Spanish for online intervention in the general public:

- www.veuselquebeus.net
- www.vesloquebebes.net

Internet-based intervention which has proven efficacy (Hester et al, 2005).
Veus el que beus?
General contents

Public part:
- Home
- Program overview
  - includes AUDIT to allow everyone to test the program and decide if using the program will be useful
- Privacy and confidentiality
- About us
- Contact
- Copyright

Private part (formal registration):
- Look at my drinking
- Get Feedback
- Decide what to do
Veus el que beus?
Look at your drinking

AUDIT whether the program will be worth the time and effort
BDP how much and how often the person drinks
DrInC possible consequences of drinking
SADQ-C how much the person may have come to depend on drinking
SOCRATES current level of motivation for changing
**Veus el que beus?**
*Get (customized) feedback*

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Much I Drink</td>
<td>Feedback based on answers in the BDP and the number of standard drinks consumed in a typical week. Results compared to Catalan adults.</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>Feedback about own risk levels and risk factor of tolerance.</td>
</tr>
<tr>
<td>Consequences</td>
<td>Measures consequences experienced from drinking, both recently and over lifetime.</td>
</tr>
<tr>
<td>Dependence</td>
<td>Measures how much the respondent has come to depend on drinking. It also looks at how respondent compares to others in his/her ability to control his/her drinking.</td>
</tr>
<tr>
<td>Motivation</td>
<td>Compares respondent’s current level of motivation for changing with other drinkers</td>
</tr>
</tbody>
</table>
Veus el que beus?
Decide what to do

- Readiness to change

- Weighing pros and cons

- List the reasons for changing your drinking
- List the reasons for not changing your drinking
- How important is each of these reasons to you?
- What does it say to you? Do the long term negative consequences (your reasons TO change your drinking) outweigh the short term benefits (reasons NOT to change your drinking)?

It's time to make a change  I'm still undecided  I've decided to NOT change
Veus el que beus?
Decide what to do: It is time to make a change

Two options:

1. to moderate your drinking
   - what moderate drinking is
   - what your chance of success might be
   - and some cautions you might want to consider.
     - MAST to allow respondents to assess dependency

2. to stop drinking
   - Consider how you can get some of the good effects of drinking without drinking (exploring alternatives to get the desired effects), and
   - Develop a change plan that lays out how you're going to change so that your life is better when you aren't drinking.
Veus el que beus?
Decide what to do: Undecided

- Recognize that changing is a big decision
- Customized feedback
- Advise on the importance on reflecting on what respondent has done.
  - Would life work better for me if I changed my drinking?
  - Is my drinking compatible with my values?
  - ...
- Promote discussion of these issues with health professionals to explore further the respondent’s ambivalence.
- Additional material provided
- Advise on discussing results with friends and/or family
Veus el que beus?
Decide what to do: Not ready to decide

• Recognizes that is a respondents decision to change or not to change
• Before exit:
  - Gives the opportunity to check what comes after
  - Provides an informative pamphlet.
  - Provides option to print out of the feedback summary and the list of "good things vs. not so good things about respondent’s drinking"

• If respondent decides to quit the program when signing out is informed that:
  - Data stored in database for 6 months from first registration.
  - Log-on again during this time to review information and/or revise it available.
  - It is also possible to request the deletion of data.
Veus el que beus?
Implementation plans

• Accessibility by internet to general public
  - Promotion through relevant websites
• Embedded in all the “Beveu Menys” activities:
  - Access provided by PHC professionals in daily practice
  - Information provided in waiting rooms from PHC centres and Hospitals
  - Occupational health professionals
• Others:
  - Youth consultancy at schools. “Health and School” program
Veus el que beus?
Research plans

• E-tools validation into Catalan/Spanish
• Assess the best dissemination procedure
  - Two groups from randomized PHC settings:
    • Control group: Waiting rooms
    • Experimental group: In consultancy embedded in PHC professional daily practice with follow-up
  - Output variables:
    • Number of participants and registered participants
    • Number of respondents that complete intervention
    • Characteristics of the respondents that complete intervention
    • Level of satisfaction
    • Professionals evaluation
• Assess effectiveness in reducing respondent’s alcohol consumption and alcohol problems
Conclusions
Conclusions

• Tackling alcohol represents a challenge for the healthcare system.
• Changes do not happen quickly, but rather slowly and always with the application of continuous effort.
• The first changes are observed in the most severe cases.
• PHC professionals’ attitudes can change if they are continuously supported (continuous training, materials, communication, coordination with specialized settings) and incentivized (contractual incentives).
Conclusions

• E-health and e-learning tools are promising ways to provide the needed support to professionals’ work and are widely accessible (high reach).

• Low cost (cheap) and standardized tools.

• Easy translation, adaptation and extrapolation to other population (youth) and health settings (workplace, hospitals).
Thanks!
Obrigada!
Gracias!
Gràcies!

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