



Plenary Session: Strategies to help people change

**From Primary Health Care to  
Specialized Treatment  
Centres: a gap difficult to  
bridge**      Dr Antoni Gual

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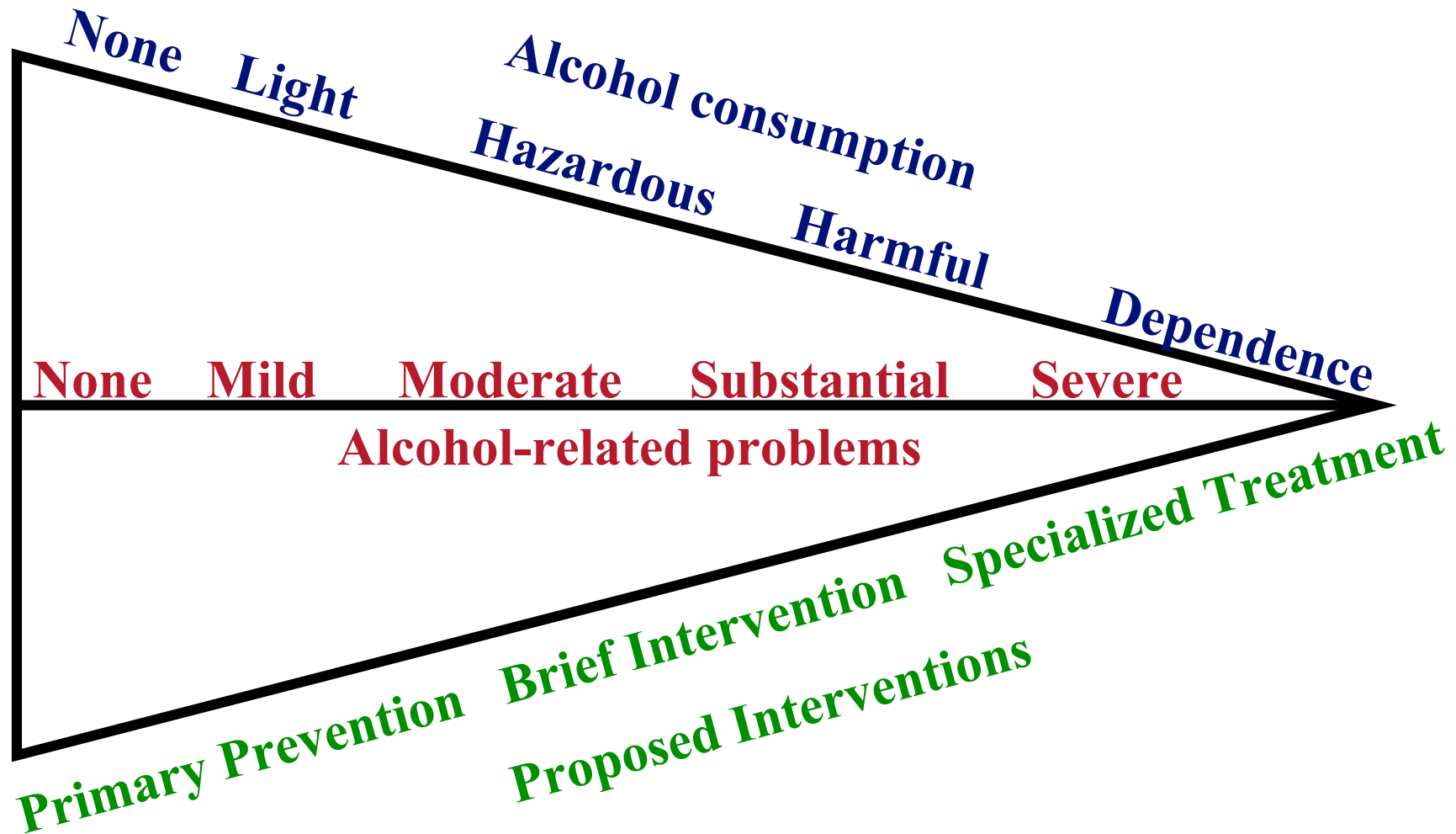
**MIND THE GAP**

# The gap to be bridged:

- Alcohol problems as a **continuum**, ranging from hazardous drinking to severe dependence
- **Continuum** of care as a need and as a right

BRIDGE THE GAP

# Alcohol consumption, related problems and associated responses



# What does the patient need?

<b>Patients' condition</b>	Intervention	
	PHC	ST
No need to change		
Self change		
Change with brief advice		
Change with brief treatment	←	→
Change with specialized treatment (ST)	←	→
Change with inpatient treatment	←	→
No change with treatment	←	→

# What does the patient with alcohol problems need?

- A friendly self-change environment
- Easy access to the GP to talk about alcohol
- Early identification of problems
- Options to be treated at a PHC or specialized setting
- Referral as an easy and fast choice
- Coordination between Health professionals who are responsible of his/her treatment

# What does the GP need?

- Updated training on early detection and brief interventions for alcohol related problems
- Training on how to manage and to refer patients with alcohol dependence
- Referral centres
- Specialized support to promote shared care
- Feedback on the clinical evolution of referred patients

# What does the alcohol specialist need?

- Full integration in the Health System:
  - Physical
  - Legal
  - Economical
- Better knowledge of PHC
- Training in SBI
- Training as trainer



How can the needs of patients,  
PHC professionals and alcohol  
specialists be met?

- Training
- Integration
- Coordination

# Which are the main obstacles to promote this change?

## **In PHC settings**

- Lack of time & training
- Unwillingness of patients
- Lack of financial support
- Referral difficulties

## **In specialized settings**

- Focus on dependence
- Long waiting lists
- Scarce number of centres

## **In the Health System**

- Alcohol dependence as a ‘second class’ illness
- Specialized centres not fully integrated in the Health System (Alcohol not seen as a priority by policymakers)

# The role of NGO's

- Alcohol services are not fully integrated in the Health System in many European countries
- NGO's are providing professional and non professional help to individuals suffering alcohol related problems
- NGO's are contributing to the creation of a friendly self-change society

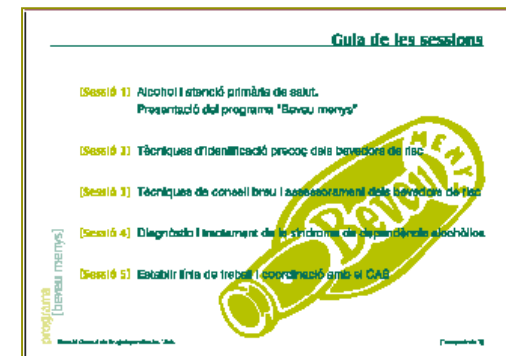
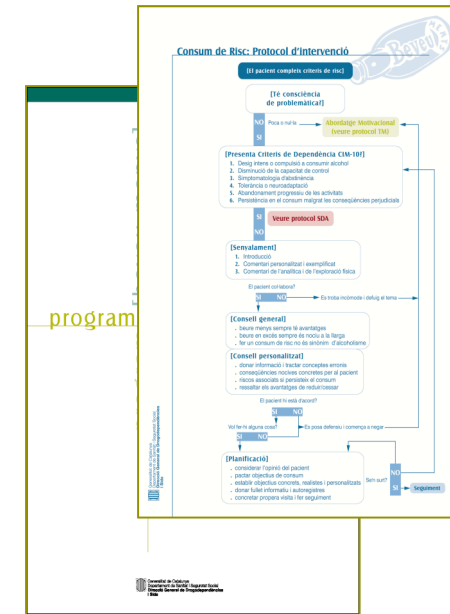
From theory to practice:  
the Catalan experience

# Bridging the gap in Catalonia: the Beveu Menys Program

- Dissemination of SBI in the whole country:
  - 6.090.040 inhabitants
  - 344 PHC Centres
  - 7000 Health Professionals (aprox)
  - 72 Trainers
- 5 hours of training delivered by alcohol specialists as CME courses inside the PHC Centres

# The training module

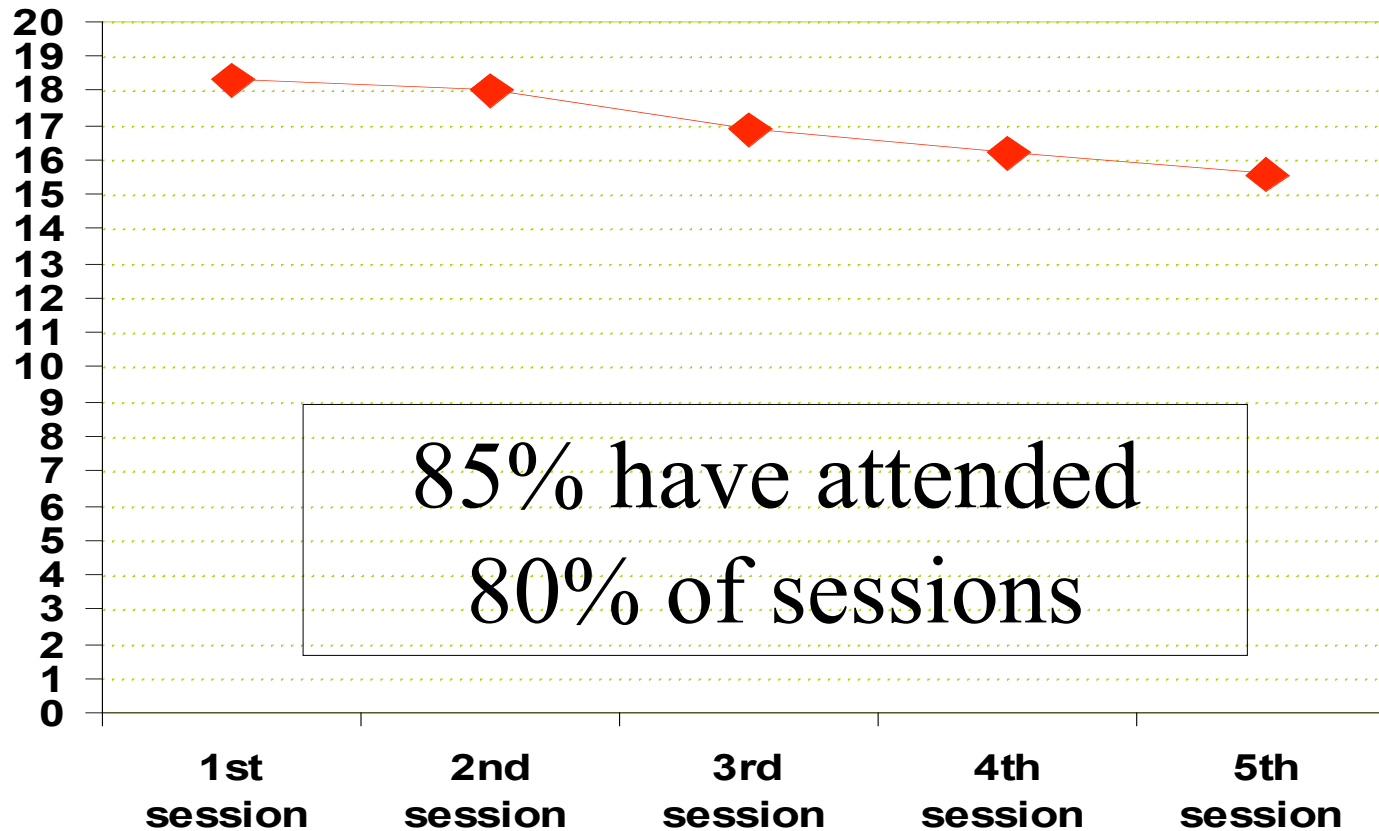
- Duration: 5 hours
- Style: Motivational, flexible
- Contents: Alcohol and PHC Screening  
Brief interventions  
Alcohol dependence  
Coordination



# The trainers

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

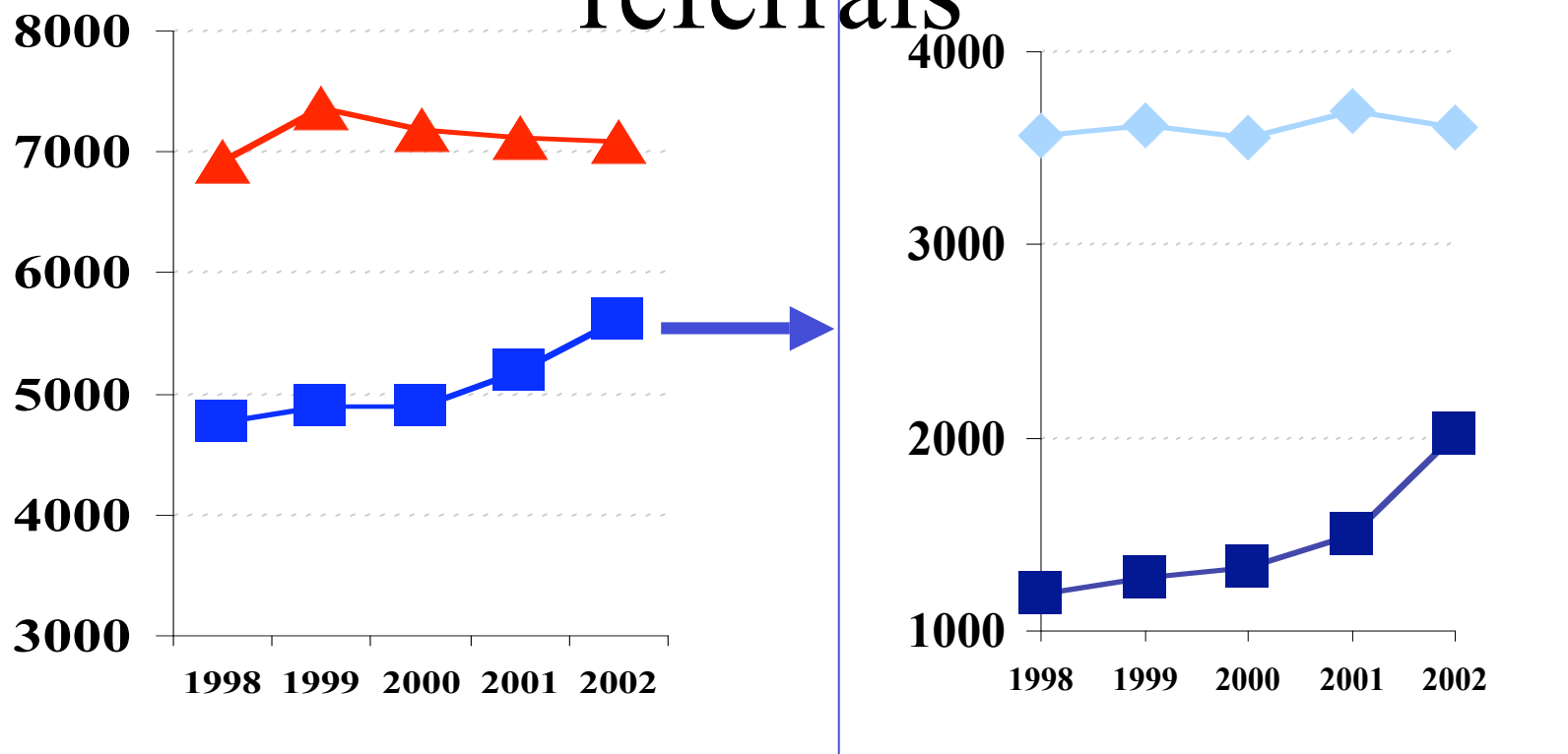
# What's the impact of training on Health Professionals (n = 4237)



**Attendance at each training session**



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



**Referrals to the network of specialized centres**

— Alcohol

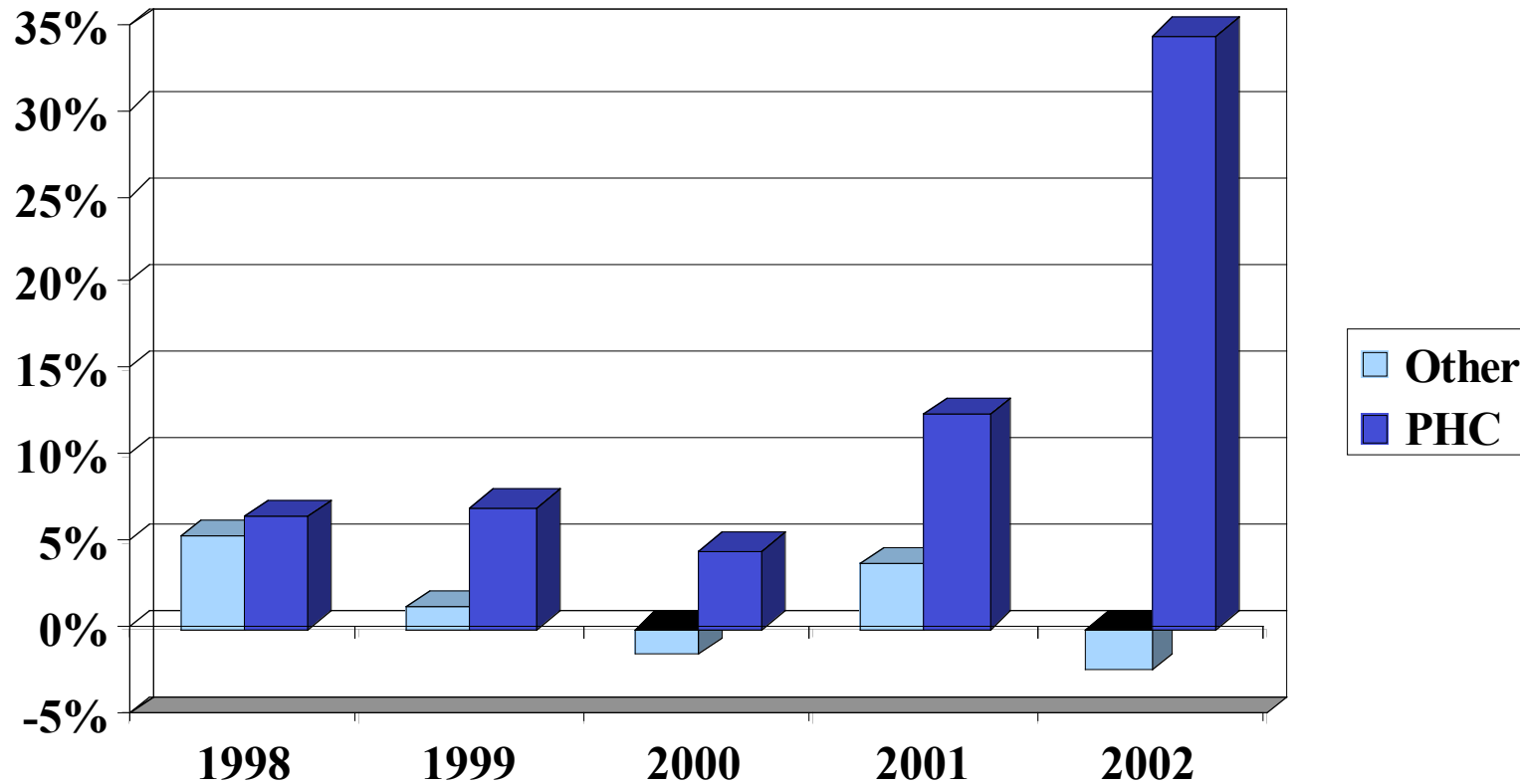
— Other drugs

**Alcohol referrals**

— PHC

— Other sources

# Evolution of alcohol referrals to specialized centres (annual increases)



# What's the impact of training on alcohol specialists\*

	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

# What can we learn from this experience?:

- Alcohol poses a difficult challenge to health systems all over Europe
- Coordination is essential and possible, but infrequent
- More resources should be allocated to the whole system.
- 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.

MINUTE GAP

# Key points

- **Treatment facilities must cover the whole range of alcohol related problems with a stepped care philosophy**
- **There's a need for coordination between PHC and specialized centres, according to every country's health system**
- **Policymakers should give priority to the full integration of alcohol specialized services into the Health System as a first step to bridge the gap between PHC and alcohol specialists.**