“Prevention and early intervention for alcohol-related harm: Learning from best-practice examples in Europe”

PORTUGAL
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SUMMARY

- Alcohol consumption in Portugal;
- National Alcohol Referral Network;
- Psychotherapeutic Interventions;
- Futures Directions;
NATIONAL DATA: PORTUGAL VS. EUROPE REGION*

- **PORTUGAL**: the annual alcohol consumption *per capita* (15+ years) was *12,3 liters of pure alcohol* compared to 2010 (13,1%)

- Similar to the global tendency in the WHO Europe Region: 9,8 liters in 2016 vs. 11,2 litres in 2010;

- **Only alcohol consumers → differences are almost non-existent**: 17,8 liters in Portugal vs. 17,2 liters Europe;

- **Portugal type of consumption**: ↑ wine & ↓ spirits comparing to Europe Region;

*Global Information System on Alcohol and Health (GISAH) for 2016*
NATIONAL DATA (2016/2017)*

*IV National Survey on the Use of Psychoactive Substances in the General Population (15-74 years old)

- Prevalence alcohol consumption throughout life 85%
- 58% in the last 12 months & 49% in the last 30 days
- [15-34 age group] the prevalence’s were slightly lower (83%, 52 and 41% respectively).
- Average daily consumption → 19.4 grams of alcohol per capita
- Comparing to 2012 → an increase of binge drinking in almost all age groups
NATIONAL DATA (2016/2017)*

*IV National Survey on the Use of Psychoactive Substances in the General Population (15-74 years old)

- Increase harmful use and alcohol dependence in the general population (15-74 years old);
- Increase more relevant among women and in consumers ≥ 45 years old;
- Increase situations reported of children and youngest exposed to behavior related to alcohol consumption;
- Increased mortality in road accidents under the influence of alcohol;

- Decrease in per capita consumption;
- Less easiness of access to AB in ages ≤ 18 years old (legal minimums);
- Mean age of drinking onset increased 16 to 17 years old;
- Decrease prevalence of consumption among men and youngest;
- Decrease in hospitalizations with a diagnosis of alcoholic hepatitis or cirrhosis;
NATIONAL DATA OF YOUTH DRINKING*

* HBSC/WHO 2014; FLASH EUROBAROMETER 2014; ECATD-CAD 2015; ESPAD, 2015

2011 vs. 2015:

- Decrease prevalence of consumption among young people → more pronounced among 13-16 years;
- Decrease prevalence of drunkenness and binge drinking → more pronounced in young males;
- Prevalence of consumption and harmful consumption lower than the European averages;
- 25% of 16-year-old students considered the daily intake 1 to 2 drinks to be high risk, rising to 70% in the case of 4/5 drinks;
HEALTH DAMAGE & SOCIAL PROBLEMS

- 13.828 in outpatient treatment in the public network;
- 4.399 began treatment;
  - 3352 new admissions;
  - 1047 readmitted;

- Deaths: 2515 related to alcohol (2.27% of total deaths);
  - Increase of 9% compared to 2015

Mean N.º Years of life lost due to alcohol related diseases → 13.6 years

- Social Problems:
  - 302 situations children and young people exposed to behavior related to alcohol consumption → higher data from the last five years !!!

  - 19 848 alcohol-related driving offenses with BAC ≥ 0,12% → 28% all crimes against society & 6% crimes filed in 2017
CARE OF ALCOHOL RELATED PROBLEMS

NATIONAL ALCOHOL REFERRAL NETWORK

**Main Goal:** provide each patient with the appropriate intervention at every service from the Ministry of Health based on the level of risk/severity.

- **Level 1:** Precocity detention, binge drinking, hazardous drinking patterns, harmful use (e.g. primary care settings)
- **Level 2:** Binge drinking, Harmful use, mutual consumption, light/moderate alcohol (e.g. integrated units ARSLVT, emergency rooms)
- **Level 3 - UAL:** Alcohol dependence, psychiatric and substance use disorders/dual diagnosis (e.g. general hospitals, mental health services, UAL's)

Step-care approach - Skinner (ARF) 1990, 1994
CARE OF ALCOHOL RELATED PROBLEMS
National Alcohol Referral Network (NARN)

The main goals:

✓ To develop and maintain a continuum of care;
✓ To deliver services in the most effective and appropriate manner;
✓ To provide a system of mutual case information exchange;
✓ To coordinate and plan healthcare services referral and monitoring;
✓ To reduce fragmentation and or duplication of services;
✓ To develop system-wide patient treatment plans;
✓ To implement high quality and useful research;
Outpatient and Inpatient Treatment Services

Multidisciplinary Team

- Psychiatrists: 2 full time, 4 part-time
- Physician specialist in Addiction: 1
- Physician specialist in Public Health: 1
- Psychologists: 6
- Social Service workers: 4
- Nurses: 9
- Technical Assistances: 4
- Operational Assistances: 8
UNIDADE ALCOOLOGIA DE LISBOA
Specialized Unit for Alcohol Related Problems & Good Practices

One of the clinical standards recommendations for treatment is the existence of different levels of intervention (Slattery et al., 2003) → choice opportunity;

@UAL: 4 Different Levels of Intervention:

✓ Precocity detention: binge drinking, psychoeducation & motivational intervention
✓ Outpatient Treatment Programs: Brief Intervention (precocity detention, hazardous and harmful use) & Classic Outpatient Program (Treatment As Usual and Sequential Combined Treatment);
✓ Intensive Outpatient Programs: Intermediary level between classic outpatient treatment & inpatient treatment focusing in RP in the first months of treatment and maintenance stages: PPR & PTI (Relapse Prevention Groups & multifamily approaches);
✓ Inpatient Treatment Program: detox + psychotherapeutic program; 4 weeks; 25 allocated beds; Minnesota &12 Steps Approach;
Primary Care Setting → lack of psychotherapeutic interventions due to lack of contracted psychologists;

• Brief and Early Advice usually conducted by doctors and nurses in primary health centers based on Babor & Hoggins-Biddle Manuals (2001, 2001a):
  ✓ “Brief Intervention for Hazardous and harmful drinking. A manual for use in Primary Care”;
  ✓ “AUDIT. The Alcohol use disorders identification test. Guidelines for use in Primary Care”;

Barriers, cultural prejudices, moral judgments, devaluation and stigmatization regarding patients with alcohol-related problems:

  Imperative need of formation;

  Specially concerns regarding vulnerable populations at risk: women and elderly.
PSYCHOTHERAPEUTIC INTERVENTIONS
Prevention & Early Intervention

- **2016** → The Portuguese Psychologists Association (OPP) published a Guideline for Psychological Intervention on Alcohol-Related Problems, as well as for the necessary referral;

- **Main goal** → Help Portuguese psychologists and psychotherapists to learn how to...
  - Conduct psychotherapeutic interventions within the framework of prevention and early interventions,
  - Referral to specialized Units all over the country;

PSYCHOTHERAPEUTIC INTERVENTIONS

Treatment: “The therapeutic relationship heals!”

✔ Psychotherapists work at multidisciplinary teams (inpatient and outpatient settings) at national service and private settings → higher ratio of psychologists than in any other national mental health structures;

✔ Treatment is understood as a biopsychosocial process in alternative to the “disease model of addiction”;

✔ The therapeutic relationship anchors the patient in treatment...

   ❏ it sets the stage for other therapeutic tasks during the recovery process;

   ❏ Offers the possibility of a new relational experience that may constitute a healing alternative to the early ones that contributed to the addictive vulnerability → a new relational experience that is attuned and affirming;
PSYCHOTHERAPEUTIC INTERVENTIONS
Treatment: “The therapeutic relationship heals!”

Main Goal

Motivate people made good use of treatment leading to positive and meaningful changes in their alcohol use and a wide range of other related and unrelated issues (e.g. greater capacity to trust and depend on others and feel worthy of being loved)

Initial Goal

To learn about the nature of one’s alcohol/drug use from a collaborative exploration.

It is human relationships, sufficiently flexible, safe and enlightened, the only antidote against alcohol and / or other substances & all other contemporary addictions.
FUTURE DIRECTIONS

✓ Human resources → to develop innovative treatment responses outside the traditional “abstinence-only” addiction treatment model & show this evidence to decision makers and politicians;

✓ Alcohol consumers need the safety, structure and therapeutic space provide by psychotherapy traditions, as essential ingredients in the effective treatment of this populations;

✓ Many users across the spectrum of severity are out of health treatment facilities because they did not seem to be identified or to be interested in what our programs are offering;

✓ Better connection with primary heath care centers → formation & training in alcohology to:

✓ Increase ability to treat hazardous, harmful and dependence

✓ Reduce cultural prejudices, devaluation and moral judgments;
FUTURE DIRECTIONS

✓ HARM REDUCTION (HR) approaches → able to include alcohol consumers:
  ✓ discussing with them alternatives adapted to their different social contexts and needs;
  ✓ to facilitate the referral of these users to the treatment structures;

✓ The common goal → alcohol being no longer “the poor relative” of harm reduction in Portugal when comparing to other drugs;

✓ Prioritize preventive actions → which have been losing continuity in the last years and reinforcement, specially among adolescents and their parents;
Thank you!

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