SCALE-UP OF PREVENTION AND MANAGEMENT OF ALCOHOL USE DISORDERS AND COMORBID DEPRESSION IN LATIN AMERICA

SCALA TRAINING MANUAL

(short form of training)

Acknowledgements

This project has received funding from the **European Union's Horizon 2020 Research and Innovation programme** under Grant Agreement no. 778048.

CONTENTS

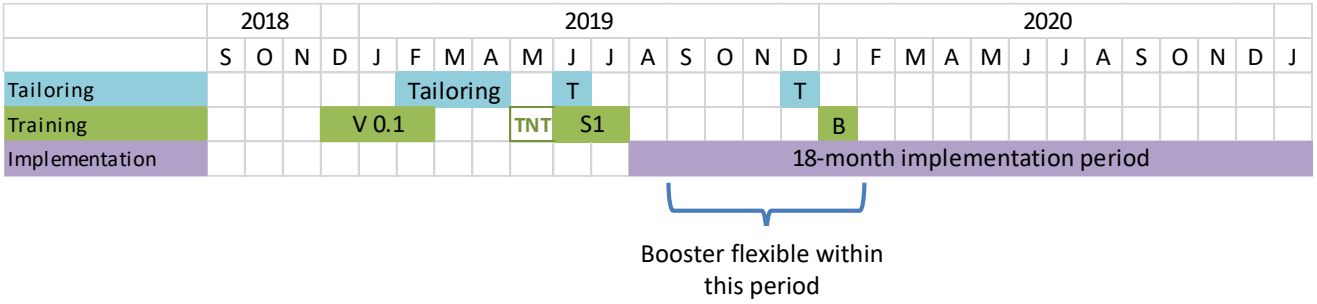
Executive Summary

The aim of the SCALA training package is to prepare and support the PHC teams in scale up municipal districts to implement the SCALA SBI programme during the study implementation period and beyond.

The primary training methodology adopted is a modelling strategy, based on model videos, with the training package (session and materials) tailored to the PHC settings and system in the SCALA Latin American scale-up municipalities.

The SCALA training comprises:

- 1 x 2hour training session (S1) immediately prior to the 18-month study implementation period, delivered by trained trainers (who have received TNT). This can be any time in the 2 months before implementation, depending on the availability of trainers, participants and training space etc.
- 1 x 1hour tailored booster sessions (B1) – based on tailoring (T) through an online questionnaire in previous months, and peer-led trouble-shooting in first twelve months of scale-up phase



How to use this manual:

This SCALA training manual gives suggestions for the preparation and planning of your training course, session plans and suggestions on how to run SCALA training sessions. Hand-outs and other course material can be found in the Annexes at the end of this document, and are indicated in the session plans.

Use the 2 PowerPoint presentations (Session 1 & Booster Session) to present the material and as a guide through the SCALA training and booster sessions.

Use the 2 videos to model the conversations involved in clinical processes of screening (Video 1), and scree brief intervention/advice (Video 2), as indicated below in Session 1, Units 2 & 3.

Session 1

- **Before session 1**

Training space and group sizes:

- The training space for the 1-hour session should be booked for 3 hours to allow for networking and internal PHCC planning of next steps after the training.
- The optimal size for training groups would be 15-25 professionals (ideal ratio: 1 trainer per 10 professionals).
- Training space should be set up in a U-shape without fixed tables (to allow for splitting/joining for small- and whole-group activities).

Certificates

As a motivation to complete the training, it is recommended that the Latin American partners arrange for the SCALA sessions to be accredited by a known and valid institution (e.g. a public body, professional association or university). You will need a means to verify attendance (e.g. a signature list or whatever means you commonly use). Issuing personalised certificates will also require some administrative time after the course. We have found that the certificates can also sometimes be used to encourage return on the evaluation/feedback.

Local tailored aspects:

- Choosing trainers – Latin American partners to make this decision. Our recommendation: A mixed team of 2 trainers (general clinical professional and specialist in alcohol) or Second option (if only one trainer): clinical professional with experience in SBI. Also see the spirit of the training sessions below.
- Group composition - Latin American partners should make the decision of whether groups should be mixed health PHC professionals (GPs and nurses), or have sessions/units tailored to different professionals. Our preference would be for mixed groups of the whole PHCC.
- Timetable of sessions – Latin American partners to find most convenient 3-hour slot, or 2x1.5hr slots for PHC professionals (e.g. lunch time slots? After work? In turns?), and how many breaks needed (if any in a 2-3 hour session)

Spirit of the SCALA training (must be clear and acceptable to the trainer(s)):

- Active role of professionals – the professionals must come prepared to participate actively, not passive recipients of knowledge.
- Practical approach – the training aims to give professionals tools and techniques to use in their practice.
- Real life consolidation of techniques – the trainer(s) must transmit and reassure participants that the SBI methods become more natural and more agile with practise and that they should start using the techniques immediately following the sessions.
- Participation is voluntary – no professionals will be forced to participate or respond if they don't feel comfortable (to avoid generating resistance)
- Respectful attitude – for different professional profiles and differences of opinion
- Shared and agreed values – as shown in WHO Hand-out 1.2: agreement suggestions – (see Annex 1)

Reminders (and baseline measures – WP4)

We suggest sending reminders via e-mail or memo (mechanism to be decided by the centres according to normal communication channels) 1 month, 2 weeks (with all background material) and 1 week before the training session. The reminders should be synchronised with any other info sent out re SCALA (e.g. evaluation).

Advance material:

The following material (Annex 1 – advance material pack) will be **sent 1 week in advance** of the session to the trainees to save time in the training course:

Material	Format	Local tailoring by trainer
- SCALA Project flyer	- 2 page	
- Introduction to the SCALA training: Information on the trainer (with photo, short bio etc.) and the training course (aim, intended training outcomes, agenda + participation agreement – based on WHO Hand-out 1.2: agreement suggestions)	- 2 page	- Photo and bio of trainer
- SCALA protocol slides + SCALA Provider Booklet (Guide for healthcare professionals – definitions, SDU, screening, brief advice, referrals)	- 5 pages (slides) - 10 pages (booklet)	
- Patient Leaflet (explanation/guide to brief advice)	- 1 page	
- Clinical pathway (diagram)	- 1 page	
- E-mail/memo reminder and session info (logistical info and aims/agenda of session 1)	- 1 page (e-mail)	- Channel of reminder and wording to be added by SCALA partners or trainer

- **Session 1 plan (2 hours)**

Unit 1 - Generic concepts + Attitudes to alcohol (30 mins)

Activity	Group format	Method	Time	Materials	Local tailoring by trainers
Welcome and warm-up	Whole group	Ice-breaker (to be defined in tailoring stage)	5’	(To be defined in tailoring stage)	- Choose acceptable ice-breaker activity (or use the quiz teams)
Impact and costs of alcohol use	Whole group or 2 teams	Quiz: Quick revision of local impact/costs, patterns of use, SDU & risky levels	10’	Slides or app of quiz based on the SCALA patient booklet (Annex 2) or introduction to the topic (see material sent before session 1) - as a live multiple choice quiz (either on an app or hands up exercise)	- Decide if you do the quiz with ‘Hands up’ or app - Quiz questions 7 and 8: Use local statistics.
Attitudes towards alcohol	5-6 small groups (of 3-5 people each)	Each group discusses 1-2 statement(s) from WHO attitude worksheets for 5 mins Feeds back to whole group overall opinion and points of discussion (1 min per group) – highlight key attitudes.	15’	Slides 5-10 selected statements from WHO worksheet 2.1 (Annex 3) on cards (2 per sheet).	

Unit 2 - Screening for alcohol problems and comorbid depression (50 mins)

Activity	Group format	Method	Time	Materials	Local tailoring by trainers
Beginning the conversation	Whole group	Elicit experiences of talking about alcohol with patients – how did it come up. Present 3 different ways: opportunistic, patient-led, planned Elicit phrases that could be used for each type & suggest	10’	Slides with example phrases adapted from WHO beginning the conversation hand-out 5.1 (Annex 4)	
Screening tools and skills	Whole group	Explain SCALA screening criteria. Present AUDIT-C and PHQ-2 and where to find them in material Highlight the key skills for screening (which they will see in the video)	5’	Slides with screening flow diagram and scales and key skills Screening scales: AUDIT (-C), PHQ-2 and PHQ-9 as hand-outs	
Modelling and practicing screening	Whole group → role play in pairs → whole group	- Watch video A (Screening Alc- / Dep-) and video B (Screening Alc+ / Dep-) - Put in groups of 2 (doctor, patient) and explain they have 5 minutes to role-play the screening part of consultation, using the skills and scales seen in the videos and hand-outs - Role-play screening situation with predefined patient roles (hand out cards assigning those in patient role to be either negative screening, alcohol only or alcohol and depression) - Swap roles, new cards and repeat role-play	25’	See video plan + scripts (Annex 5) video A (Screening patient Alc- / Dep-) video B (Screening patient Alc+ / Dep-) Role play cards giving details on patient condition and severity (a third negative screening, a third alcohol only, a third alcohol + depression) – (See Annex 6) Screening scales and key Role-play instructions slide/ sheet	
De-briefing	Whole group	Verbal feedback on role-playing exercise and short discussion	10’		

Unit 3 - Brief intervention on alcohol (45 mins)

Activity	Group format	Method	Time	Materials	Tailoring
Brief intervention	Whole group	- Present steps of brief intervention for alcohol, refer to provider booklet. - Introduction of core skills + change talk - Highlight 5 key messages	10’	Slides based on SCALA provider booklet + Key messages decided in collaboration with WP2 (5 “what you do” + 4 “How you do it” Slides based on WHO Unit 7 Hand-outs (Annex 7) and 5 key messages as agreed in SCALA meetings	
Modelling and practicing brief advice	Whole group → role play in pairs → whole group	- Watch video B (BI for alcohol) - Put in groups of 2 (doctor, patient) and explain they have 5 minutes to role-play the BI part of consultation, using the skills and scales seen in the video. - Role-play brief intervention situation in groups of 2 - Swap roles and repeat role-play	20’	See video plan + scripts (Annex 5) Video B (BI for alcohol) Role-play instructions slide/ sheet	-
De-briefing	Whole group	Verbal feedback on role-playing exercise and short discussion	10’		
Wrap up	Whole group	Recap and close session	5’		

Booster session

A booster session of 1 hour will be delivered in the in first six months of scale-up phase (with flexibility to allow for staggered booster sessions and availability of trainers), and based partly on responses to the tailoring questionnaire, collected in the month before each booster session.

Spirit of the booster session

The booster session serve two functions: to refresh key aspects of the SCALA intervention and trouble-shooting of common and specific barriers or obstacles in SBI for alcohol.

We propose that the main part of the booster session could adopt a *peer-led problem-solving* approach, with several implications for methodology and attitude:

- The difficulties or barriers to implementation will be identified by the professionals themselves in the run up to the booster session (elicited through the tailoring questionnaire);
- Difficulties and barriers will be raised and selected for discussion by the participants in the session;
- Solutions will be offered by peers in small and whole group formats;
- Although the trainers will be expert in SBI in PHC, it is not expected that the trainers should have the answers to all possible questions or problems that participants might raise, and the trainers should be comfortable to open the questions to the group and mediate discussion (e.g. summarising suggestions)

Before the Booster session

The following material will be sent 2 weeks in advance of the session to the trainees:

Material	Format	Tailoring
- Reminder and Schedule of booster session (dates and aims)	- 1 page (e-mail)	- Local language + availability
- Tailoring survey (to identify barriers and facilitators to screening and brief advice – in synergy with the process evaluation work task 5.2 - see draft questionnaire in Annex 8)	- Online questionnaire	- Latin American Spanish

- **Booster sessions, activities and on-site material**

Activity	Group format	Method	Time	Materials	Tailoring
Refresh	Whole group	- Welcome and 1-2 free comments on progress - Present summary of key concepts + SBI process	5’	Summary slides of key concepts based on training session slides	- Highlight areas identified in booster tailoring questionnaire.
Trouble shooting	Individual → Small groups (5 - 6 people) → whole group	- Elicit / raise specific problem areas or barriers - small-group guided discussions - Identify practical solutions – interactive whole group method (for a suggestion of how this can be done, please see step-by-step peer-led trouble-shooting in Annex 9).	45’	Flip charts and post-its to record solutions	- Problems raised are specific to the PHCC (identified both through the tailoring questionnaire and in the session)
Wrap-up	Whole group	- Summarise take home points from the session’s discussions	10’	Slide of take home points + board/flip charts	

- **After the Booster session**

A tailored summary mail should be sent round after the booster session with the barriers and solutions identified (and contact info for further support).

Annexes

- **Annex 1 – Advance material**

Instructions:

1. Download or print the SCALA flyer and project brochure (protocol slides, provider and patient booklet, care pathway) to send or give to the participants before the training.
2. Complete the information about the trainers and save / print to send or give to the participants before the training.

SCALA Project flyer

SCALA

SCALE-UP OF PREVENTION AND MANAGEMENT OF ALCOHOL USE DISORDERS AND COMORBID DEPRESSION IN LATIN AMERICA

La magnitud del problema

El alcohol y su uso excesivo son la causa de una amplia variedad de enfermedades y daños. El abordaje de la gran cantidad de daños individuales y sociales debidos al trastorno por uso de alcohol (TUA) y al uso excesivo de alcohol es una prioridad de salud pública. Esto es especialmente relevante en América Latina donde el alcohol se sitúa en la cuarta posición de los principales factores de riesgo de morbilidad y muerte prematura. El TUA presenta una elevada comorbilidad con otros trastornos mentales, y más del 40% de los pacientes diagnosticados con TUA en Atención Primaria padecen depresión que, a su vez, es el trastorno mental más frecuente.

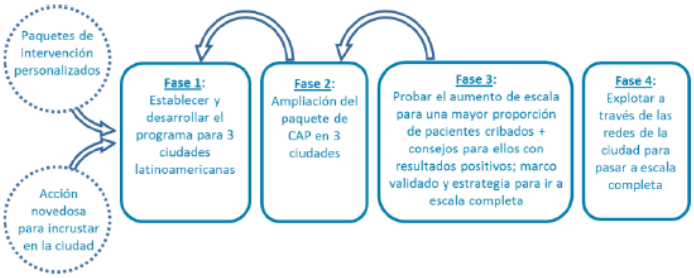
Implementación escalonada de la solución

Aunque los programas de prevención y manejo del uso excesivo de alcohol en el contexto de Atención Primaria (AP) han demostrado ser clínicamente eficaces y coste-efectivos, el nivel de adopción e implementación de estos programas en la práctica clínica habitual sigue siendo bajo, por lo que los beneficios de salud pública son modestos y a corto plazo. Algunos estudios de la OMS han sugerido que esta situación se podría mejorar si las actividades de la AP estuvieran integradas en un apoyo comunitario y municipal más amplio, así como mediante la formación de los proveedores de salud individuales

SCALA tiene la intención de evaluar y basarse en esta hipótesis en América Latina, mediante un estudio cuasi-experimental que compara la implementación escalonada de un programa de cribado e intervención breve personalizado en el contexto de AP, integrado en un plan de acción municipal de apoyo continuo, con la práctica clínica habitual.

Objetivos del proyecto SCALA

- Paquetes de intervención personalizados para mejorar la prevención, detección precoz y consejo para el uso excesivo de alcohol y depresión co-mórbida en Colombia, México y Perú.
- Evaluar si la implementación escalonada integrada de los paquetes personalizados mejora el cribado y de la intervención breve en municipios urbanos de países de ingresos medios.
- Identificar barreras y facilitadores a la implementación escalonada y documentar los requisitos de recursos para un análisis económico.
- Producir un marco y una estrategia de implementación escalonada validados, teniendo en cuenta el estigma y la igualdad, con el fin de mejorar la reproducción de los paquetes SCALA personalizados alrededor del mundo.



El proceso de SCALA está basado en el marco de 4 fases para implementar de forma escalonada del *Institute of Health Improvement* (IHI) de los Estados Unidos. Los pasos de este marco han sido adaptados para adecuarlos al área de prevención de problemas por uso de alcohol y depresión co-mórbida y al contexto de atención primaria en América Latina.

El estudio de SCALA

El estudio de SCALA evaluará la hipótesis según la cual la implementación escalonada de un paquete de intervención breve personalizado, integrado en una estrategia más amplia de apoyo comunitario y municipal en ciudades de América Latina, incrementará los niveles de cribado y consejo para el uso excesivo de alcohol y depresión co-mórbida en mayor medida que sólo la práctica habitual de los proveedores de atención sanitaria. SCALA utilizará un estudio cuasi-experimental que compara la prevención y manejo del uso excesivo de alcohol y depresión co-mórbida en el contexto de AP en tres distritos de intervención (áreas municipales) en tres ciudades latinoamericanas con la práctica habitual en tres distritos de comparación situados en las mismas ciudades.

Las ciudades que participan en el estudio son Bogotá (Colombia), Ciudad de México (México) y Lima (Perú). En estas ciudades se identificarán distritos o barrios (áreas municipales con gobierno local) emparejados y se les asignará o bien a la condición de implementación escalonada, o bien a la de control. En los distritos de implementación, las Unidades de Atención Primaria (UAP) recibirán una formación integrada en el plan de acción de apoyo continuo a nivel municipal (gobierno, trabajadores e infraestructura locales) durante un período de implementación de 18 meses. En los distritos de comparación se continuará con la práctica habitual tanto a nivel municipal como a nivel de UAPs.

Sigue el código QR para leer la publicación sobre el Protocolo de Estudio de SCALA :

Entidades Participantes

Maastricht University

ESADE Business School

Technische Universität Dresden

Nuevos Rumbos

Universidad Peruana Cayetano Heredia

Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz

Newcastle University

Fundació Clínic Barcelona

Universitätsklinikum Hamburg-Eppendorf

Contacto

E-mail: peteranderson.mail@gmail.com | Web: www.scalaproject.eu

SCALA

Este proyecto ha sido financiado por el Programa de Investigación e Innovación Horizonte 2020 de la Unión Europea con el nº. de acuerdo de subvención 778048. Los contenidos de esta página web representan exclusivamente las ideas de los científicos que participan en el proyecto, y son únicamente de su responsabilidad. La Comisión Europea declina cualquier responsabilidad derivada del uso de la información de sus contenidos

Introduction to SCALA Training (2 pages)

Photo	Trainer's names and affiliation(s): *Trainers: Please complete the first section with your professional information.* Trainers' short bios: *(150 words approx.. – mention your own training background and any experience in the alcohol/brief intervention fields)* Trainers contact (optional):

SCALA Training Course aim and learning outcomes

The aim of the SCALA training is to increase health professionals' confidence and ability to screen, offer brief advice and referral to patients with risky or problematic alcohol use and (where identified) co-morbid depression in primary care centres.

Participant Learning Outcomes:

After the SCALA sessions, the participants should be able to:

- Screen and identify patients with different degrees of alcohol problems and co-morbid depression
- Provide brief advice to patients with high-risk alcohol use
- Offer treatment as usual to patients with co-morbid depressive symptoms
- Offer treatment as usual to patients with more severe symptoms of problematic alcohol use / depressive symptoms.
- Employ basic motivational techniques in screening, intervention and patient visits in general, and identify counter-productive practice.

SCALA Training Course outline

Trainers: Please complete the outline with the correct logistic information (date, time, location of training sessions).

Day/Session 1 (2 hours) - *date & time*

- Unit 1 - Generic concepts + Attitudes to alcohol (30 mins)
- Unit 2 - Screening for alcohol problems and comorbid depression (45 mins)
- Unit 3 - Brief intervention on alcohol (45 mins)

Participation agreement (based on WHO Handout 1.2. Group agreement suggestions)

To maximise the effectiveness of the course, it is useful to lay some simple and intuitive ground rules in the form of an agreement for participation. By coming along to the training sessions, you agree to the following statements and conditions.

√ *Respect each other, even when we disagree.* We need to recognize diversity and our differences. Discussing alcohol use and alcohol problems can sometimes be sensitive and raise strong feelings and emotions. It is important to acknowledge and accept these differences and each other's right to express views and feelings, even if we do not always agree with them.

√ *There should be no "put-downs" (snubbing or humiliating people).* If we do not agree with a view or an opinion we all have a right to challenge that view. We also have to respect people's right to express that view or opinion, even though we may not agree with them. We should, therefore, challenge the view or behaviour and not the person. We are also responsible for considering and managing the effect of our views and behaviour on others and on their feelings.

√ *Listen to what other people say without interrupting them.* Everyone should be afforded the same opportunity to participate and to be listened to. People should be given the opportunity to speak and express their views and opinions without interruption. This course has been designed to ensure that people can participate equally.

√ *Be on time.* As trainers we commit ourselves to finishing the sessions on time, and we expect that participants will also arrive and return from breaks on time.

√ *Participate actively and constructively.* The more we put into training, the more we will get out of it. The training course is designed to be interactive with lots of opportunities for active participation and for sharing information and knowledge and learning from each other. We commit ourselves to giving our best to each unit and practice session to maximize our own learning and to give active and constructive feedback to others when it is called for.

√ *Ask questions as needed.* We come to training from different starting points. It is the responsibility of each participant to make sure they understand by asking when things are not clear or if they want additional information.

√ *Respect confidentiality.* It is important that people feel comfortable expressing their views and opinions in the knowledge that whatever is said is not repeated outside the course. Participants are not expected to share any personal information that they do not feel comfortable about, whether about their own behaviour or that of family or colleagues. Anything that is shared should remain confidential, including information or opinions about organizations or patients.

√ *Enjoy the course.* We learn best when we are relaxed and enjoying ourselves. It is up to all the participants to ensure that the session is enjoyable by getting involved with the activities, giving their opinion and providing feedback where they can.

SCALA Protocol slides (pending final and translated versions)

Scale-Up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression

A Protocol

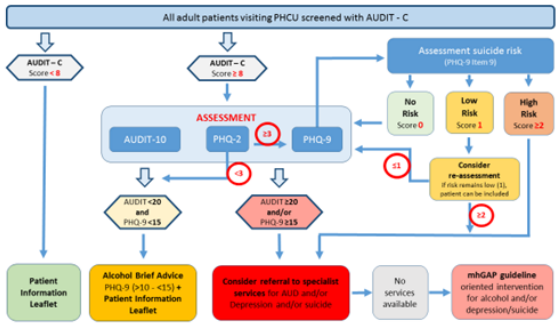
OTHER LOGOS

SCALA

SCALE-UP OF PREVENTION AND MANAGEMENT OF ALCOHOL USE DISORDERS AND COMORBID DEPRESSION IN LATIN AMERICA

OTHER LOGOS

Care Pathway



Alcohol Screening

It is recommended you complete alcohol screening with all adult patients. If you see a patient who has already completed the alcohol screening there is no need to repeat this unless yourself or a colleague has recommended ongoing monitoring of alcohol consumption.

AUDIT C

This three item tool should be used with all adult patients.

Patients who score 0-7 should be given positive feedback on their lower risk drinking status and a copy of the patient alcohol leaflet 'Drinking and Me'.

Patients who score 8 or more should go on to complete the seven additional questions that make up the full AUDIT 10 questionnaire and should also be screened for depression using the PHQ 2.

AUDIT 10

Patients who score 8-19 on the AUDIT 10 should be provided with a few minutes of verbal brief advice and should be given the patient brief advice booklet to take away with them. These patients should also be screened for depression. For patients who score close to the cut off point of 20, use your clinical judgement to consider if there are any indications the patient would benefit from referral to specialist services.

Patients who score 20 or more on the AUDIT 10 could be dependent on alcohol. Use your clinical judgement to consider if referral to specialist alcohol treatment services is appropriate and screen for depression with the PHQ2. Patients who you consider do not require referral should be provided with a few minutes of verbal brief advice and a copy of the brief advice booklet.

Depression Screening

Aim to conduct depression screening with all patients who score 8 or more on the AUDIT C questionnaire.

PHQ-2

Complete the two PHQ – 2 questions with the patient. Patients who score 3 or more should complete the seven additional questions that make up the PHQ-9. Patients who score 0-2 need no further screening or action.

PHQ-9

Patients who score 15 or more on thePHQ-9 could be clinically depressed. Use your clinical judgement to decide if referral to specialist services for treatment of depression is required and remember to screen for suicide risk. If you decide referral is not required, provide the patient with a copy of the Self management for Low Mood and Depression' leaflet.

Patients who score 10-14 should be provided with a copy of the 'Self management for Low Mood and Depression' leaflet and be screened for suicide risk. For patients who score close to the cut off point of 14, use your clinical judgement to consider if there are any indications the patient would benefit more from referral to specialist services.

Patients who score 3-9 should receive positive feedback and be screened for suicide risk.

Suicide Risk Screening

Question 9 of the PHQ-9 can be used as a quick screen for suicide risk.

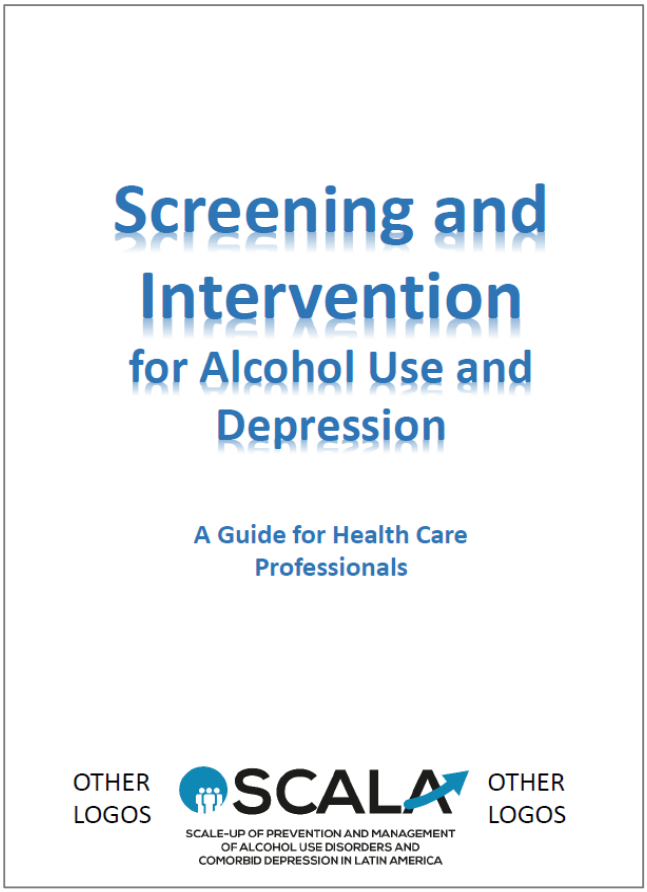
Assess PHQ – 9 Question 9 score

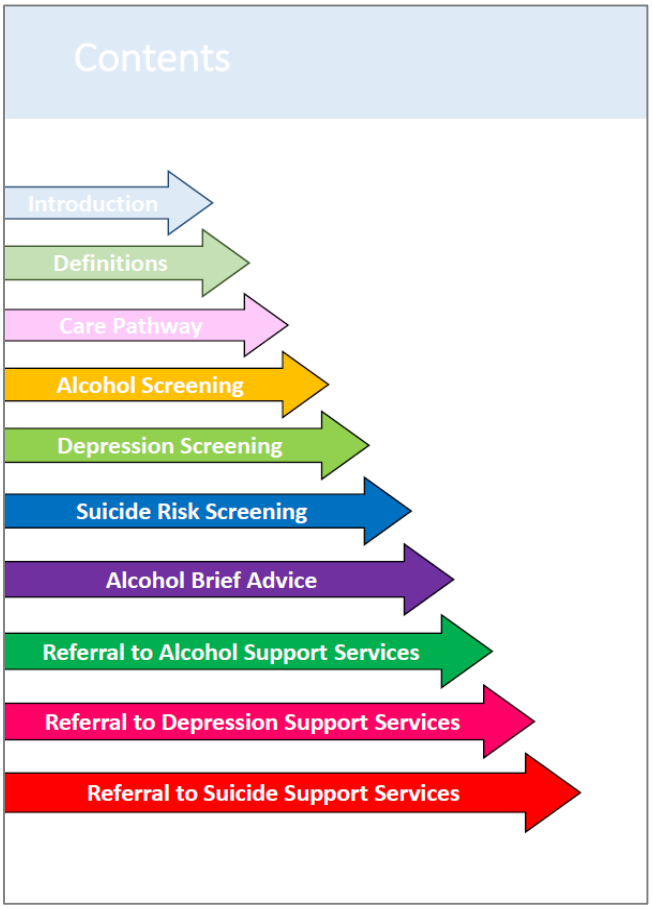
Patients who score 0 on this question are not likely to present a risk of suicide. No further action is required for suicide risk.

Patients who score 1 on this question could present a low risk of suicide. As such, monitoring is indicated. Use your clinical judgement but arranging a two week follow up visit to reassess suicide risk is recommended. Patients who remain stable at score of 1 on this question can be included and receive the appropriate SCALA materials (as judged by their screening scores)

Patients who score 2-3 on this question may present a risk for suicide. Referral to specialist services is indicated. Use your clinical judgement to assess whether referral to additional treatment and support is required or if monitoring is appropriate.

SCALA Provider Booklet (pending final and translated versions)





Patient Leaflet (pending final and translated versions)

Your screening score indicates that you may be at risk of experiencing harm as a result of your drinking.

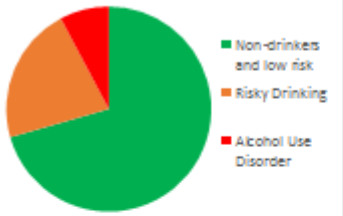
You can reduce the risk of harm to yourself and others by limiting the amount you drink:

- Do not have more than 2 standard drinks on one day
- Even on special occasions you should never have more than 4 standard drinks.

Any drinking can bring risks Don't Drink at all if you:

- Are pregnant or breast feeding
- Are under 18
- Are driving
- Are taking medications
- Before during or after exercise
- Have a history of drug or alcohol use disorder

Most people are low risk drinkers



Benefits of cutting down

Alcohol can cause lots of problems for your body, mind and wider life. Cutting down your drinking reduces your risk of:

- Accidents & Injury
- Stroke & High Blood Pressure
- Cancer
- Liver Damage
- Brain Damage
- Drink Driving

There are also lots of other benefits:

- Better sleep
- Lose Weight
- Better Relationships
- More Energy
- Better Mood
- Save Money
- Better Memory

Set Yourself a Goal

If you want to change your drinking it's important to set goals to work towards. And keep track of your progress. Use this space to record your first step to changing

Where Can I Find out More?

Call:

Habla Franco: 1815
Lugar de Escicha: (51 1) 445 6665 or (51 1) 447 5837

Go Online:

www.hablafranco.gob.pe
http://www.cedro.org.pe/lugar/registro1.htm

Use an App:

Habla Franco App available from Chatea Ahora

Drinking & Me

SCALA

OTHER LOGOS

OTHER LOGOS

Understanding the Limits

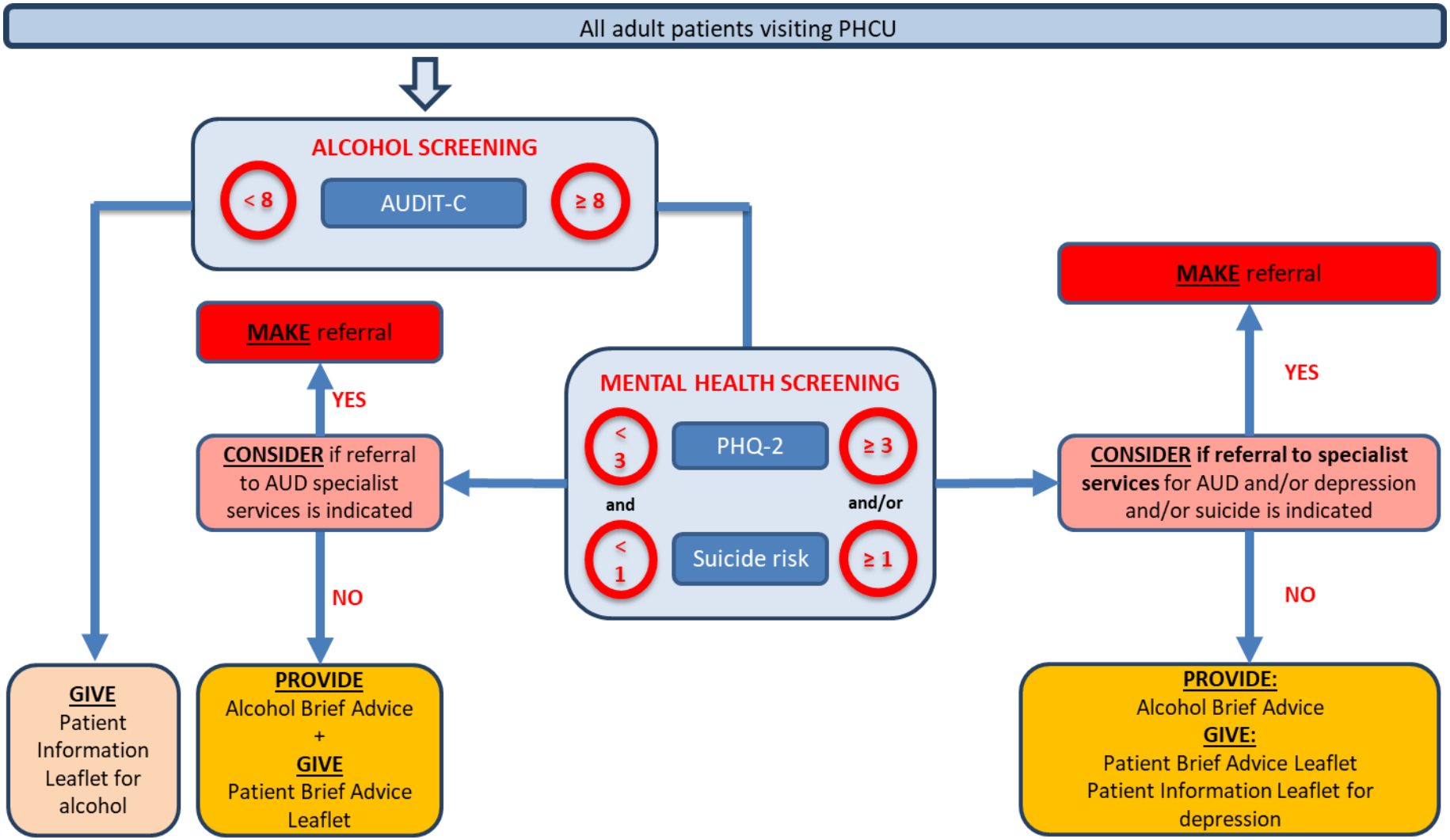
Different drinks contain different amounts of alcohol. When we use the word 'drink' we mean a standard drink which contains approximately 10 grams of pure alcohol.

1 Standard Drink:	250ml Beer (5%)	100ml Wine (12%)	30ml Spirits (40%)	30ml Spirits (40%)
2 Standard Drinks:	500ml Beer (5%)	200ml Wine (12%)	60ml Spirits (40%)	

How can I reduce my drinking?

- Set yourself a daily or weekly limit and stick to it
- Count your drinks
- Stick to smaller servings and avoid refills
- Alternate alcoholic and non-alcoholic drinks like water
- Avoid having alcohol at home
- Look for friends who don't drink or do so in moderation
- Avoid drinking on an empty stomach or have your first drink with a meal
- Avoid too many salty snacks – these make you thirsty
- Avoid drinking to cope with stress or boredom
- Alternate alcoholic and non-alcoholic drinks like water

Clinical pathway



- **Annex 2 – Quiz based on SCALA patient booklet**

Quiz – What do you know about alcohol?

(answers on slides)

1. Alcohol consumption can increase your risk of pneumonia

   true / false

2. Which types of alcohol do not cause cancer?

   a. Beer
   b. Wine
   c. Rum
   d. All types

3. Name 4 mental health or cognitive problems that are linked to alcohol consumption…

4. How many grams of alcohol are there in a standard drink?
   a. 8g
   b. 10g
   c. 12g
   d. 14g

5. Which typically has the highest alcohol content?
   a. A small glass of wine (100ml)
   b. A can or bottle of beer (330-355ml)
   c. A single shot of spirits (30-40ml)

6. What is the recommended upper limit for occasional/binge drinking which should never be passed to stay safe?

7. What percentage of the general population are high-risk drinkers or have probable AUD (AUDIT over 8)? (local tailoring)
   a. 5%
   b. 10%
   c. 17%
   d. 25%

8. What percentage of the general population are abstinent (don't drink at all)?

- **Annex 3 – Attitudes to alcohol**

You can print the sheets like the following page (one page (2xA5) for each small group, as shown in example below).

Full list of Statements from WHO Hand-out 2.1:

Statement	Ranking
You have to die of something, so you should enjoy life and not worry too much about lifestyle advice.	
Health advice changes so often that there is no point in trying to follow it.	
It is easy to spot someone who drinks too much alcohol.	
Alcohol problems affect children and young people in ways that smoking does not.	
Drinking to excess is embedded in our culture and is here to stay.	
It is rude not to join in if you are offered an (alcoholic) drink in company with others.	
All the fuss about alcohol is missing the point – drugs cause more problems.	
Standard drink measurements are too complicated for the general public to understand.	
Alcohol relaxes you when you are stressed.	
Men and women drink differently, think about alcohol differently, and are judged differently for it.	
People who drink heavily are not going to change after a short conversation; they will need intensive specialist treatment.	
Advising someone to cut down drinking when it is their main pleasure in life is unfair.	

***Tailoring**: The Latin American partners/CABs/UPs should rank the statements (1= most relevant → 12 = least relevant) to show the 6 priority statements which are <u>the most challenging in their countries</u> (e.g. because they are widely held by medical professionals or by the general population OR because they are never considered). Please note, there may also be cultural points to consider in addressing these statements in the training session (e.g. extended harm from drug wars being a particular problem)*

Instructions for the activity:

In small groups, discuss one or two statements for about 5 minutes. Use the questions as a guide (e.g. below):

-

Statement 1: You have to die of something, so you should enjoy life and not worry too much about lifestyle advice.

- As a group, do you generally agree or disagree with the statement?
- If you cannot reach consensus as a group, choose 'we are not sure' and write a list of points for and against the statement.

Statement 6: It is rude not to join in if you are offered an (alcoholic) drink in company with others.

- As a group, do you generally agree or disagree with the statement?
- If you cannot reach consensus as a group, choose 'we are not sure' and write a list of points for and against the statement.

- **Annex 4 - WHO Handout 5.1: Beginning the conversation**

Three ways in which alcohol can arise (***local tailoring****: pick 2 of each list*):

Opportunistic (practitioner-led) is when an opportunity arises to discuss alcohol in response to an issue, symptom or event. An issue or problem that could relate to alcohol use, or be affected by alcohol, may provide an opportunity to start a discussion about alcohol in a way that is relevant to the patient's concerns.

Practitioner links the presenting issue (social/medical/other) to alcohol

- Another aspect that can affect your condition is lifestyle, including drinking alcohol. Do you enjoy a drink? Could we talk about that a little?
- Some people with similar symptoms find that these issues can be affected by their alcohol use, without them realizing. … Can I ask you, do you drink alcohol?
- Some people find that alcohol helps them to ... (relax when they're stressed; sleep when they have problems with sleeping, escape from their worries). How have you been coping?
- It is surprising how even small amounts of alcohol can affect the symptoms you describe or the reason for your visit. By exploring your alcohol use we would be in a better position to know if this was a factor for you. Would that be okay? Can I ask you what you would usually drink in a week?
- We find that for many people who …. (get into fights/arguments, fall and injure themselves, can't sleep), alcohol can be a factor. Do you think your attendance here today is connected to alcohol in any way?
- We'll come back to treatment options in a moment, but one thing that might help us to get to the bottom of this is alcohol. Do you drink at all?
- I'm wondering if there are any other factors that might be affecting you at the moment. Something that we haven't picked up yet is alcohol. What do you know about how alcohol can affect this?

Patient-led is when a patient brings up the topic of alcohol or is looking for information on alcohol. This provides an automatic way in.

Patient mentions alcohol…

- It sounds as if you've been worrying about your drinking. Would you like to talk about that?
- You've mentioned that you've stopped drinking just now. Is there a particular reason for that?
- You mentioned that you were very drunk on Friday so are not clear how (an incident/injury) happened. Did you drink more than usual?
- Actually, I've got some information here about alcohol that I can give you to take away with you. Is drinking something that you're concerned about just now?
- You mentioned that your wife has been telling you to cut back on your drinking. She obviously cares about you. What about you, do you think you should cut down?

Planned (practitioner-led) is when a practitioner systematically raises the topic of alcohol with all patients, or all patients in a specific group, as part of a routine assessment or initiative.

Practitioner mentions alcohol to all patients

- We ask everyone who registers as a new patient some general lifestyle questions, and next on the list is alcohol. Would it be okay if I ask you about that?
- We are taking part in a new programme/campaign, and we're talking to everyone we see about their alcohol use. Would you mind if I ask you a few questions about this?
- We find that many of the people who visit the practice for … (disease/ condition) find their symptoms improve if they cut down on their alcohol consumption. So now we ask everyone here for … (disease/ condition) about that. Do you drink alcohol at all? Would you mind if I ask you a few questions?

- **Annex 5 – Video Plan + scripts**

We will make two model videos (of 2 different consultations, 2 different actors as patients). The final training videos can either be used or made in-situ for each country (at the country's cost).

- Video A - SBI consultation with patient without alcohol problems
- Video B- SBI consultation with patient with alcohol problems and without depression

Video script A (Sofía): alcohol -

Voice over: Sofía presents at the GP's with discomfort when urinating and the need to go to the toilet often. After tests and a physical examination, her doctor diagnoses cystitis without complications.

GP: So, for this problem of going to the toilet, I'm sure it is cystitis, so I'm prescribing you medication with which you should notice an improvement very quickly. You will have to take this pill for three days and they already will get rid of all the symptoms. Does that sound ok?

Sofía: Perfect. Thank you very much doctor.

GP: Great. If you don't mind, before you leave, I would like to ask you a few questions about habits which can be important to your health, and aspects of lifestyle which we are checking with all our patients. Do you agree? **[Ask for permission to evaluate]**

Sofía: Yes, go ahead.

GP: I would like to ask you first about your alcohol consumption. How often do you consume any alcoholic drink? **[AUDIT 1]**

Sofía: Every Saturday having dinner with my husband.

GP: Every Saturday?

Sofía: Almost always, there are some times when we don't have dinner together.

GP: Should we say between 2 to 4 times a month?

Sofía: Yes, more or less.

GP: When you drink, how many alcoholic drinks do you have in a normal day? **[AUDIT 2]**

Sofía: …One beer

GP: You only have one. And on special occasions: do you ever end up drinking more? How often would you have 5 or more alcoholic drinks in a single day? **[AUDIT 3]**

Sofía: Not often. On some occasions I might have two or three but it is very rare.

GP: So you never would get up to 5 drinks.

Sofía: No, never.

GP: Perfect. From what you tell me, your drinking is not of a level that really causes problems. In any case, with alcohol less is always better and no quantity is completely safe, so if you don't mind, here is a leaflet about alcohol which you may want to read. **[Advice to stay within low risk, to remember that no alcohol consumption exists without risk and to offer leaflet]**

Sofía: So you're telling me I don't have to worry?

GP: You shouldn't be worried at all, but avoid drinking more

Sofía: Perfect. Thank you.

Video script B (Juan)–: alcohol +, depression -

Voice in off: Juan has gone to his primary health care doctor for a bad burn on his hand. The doctor diagnoses a grade II burn that needs topical treatment and hydration.

GP: Fortunately, although this burn must be sore, it is not very serious. You need to use an ointment two times a day to keep it hydrated. Don't worry, this will make it better; in a few days this will have returned to nomal.

Juan: Perfect, thank you.

GP: If you don't mind, before finishing the visit, we are routinely checking of the lifestyle habits of our patients and I would like to ask you a few questions about this. Do you have time? **[Ask for permission to evaluate]**

Juan: Yes, today I can stay a bit

GP: The first thing would be about your alcohol consumption: how often do you drink alcohol? **[AUDIT 1]**

Juan: On the weekends, Friday and Saturday.

GP: A couple of days per week, right?

Juan: Yes

GP: And on these days that you drink: How many alcoholic drinks do you usually have in a normal day? **[AUDIT 2]**

Juan: Normally, when I leave work or at about 5 PM with my friends, we have six beers and a rum and Coke.

GP: So you have approximately eight alcoholic drinks on the days that you go out: is it like that?

Juan: Yes, more or less.

GP: On the days when you drink, you have more than six drinks, a couple of days a week. Correct? **[Corresponding to AUDIT 3]**

Juan: That's the usual case, yes

GP: The other thing I would like to ask you about is your frame of mind: during the last 2 weeks, have you been bothered at all by having little interest or pleasure in doing things? **[PHQ1]**

Juan: No, the truth is that I am fine.

GP: Good. And during the last 2 weeks, have you felt low, depressed or without hope? **[PHQ2]**

Juan: No, for the time being, I feel fine, both in work and in the family, everything is going well.

GP: Ok, well that's all. If you allow me, I'd like to comment a little on the results of this small test that I have just asked you.

Juan: Yes, thank you

GP: As far as your frame of mind is concerned, you come out perfectly well. As for your alcohol consumption, it probably doesn't seem so to you, but you are drinking amounts that carry some medical risk. That is to say, you're drinking in a way that can seriously harm your health in the future. Have you ever thought that? **[Step 1: Feedback on screening score]**

Juan: I'm a little surprised to hear that because I only drink occasionally, not every day.

GP: It is true that you only drink at the weekends; but you are drinking 8 or 9 drinks per evening and it would be desirable to not drink more than 4 alcoholic drinks on each day. Obviously it is you who has to take decisions about your life and health, **[Step 2: Assign responsibility]** but from the medical point of view going over these limits increases a lot of risks for your health. It is especially important that if you are going to drive or do some other activity requiring care, you don't mix it with alcohol **[Step 3: Explain situations of high risk].**

Juan: Sure, I hadn't thought about that. I will think it over.

GP: In fact, it is normal since often we do not see the risks of the alcohol, on the other hand we know that the alcohol is a substance that can cause many illnesses like cancer, liver problems, … it causes a lot of accidents **[Step 4, explaining other risks].**

Juan: Sure, ok.

GP: It would be better not to go over four drinks in one day **[Step 5: to explain levels of low risk]**

Juan: Ok.

GP: Juan, if you don't mind, I can give you this leaflet that contains more detailed information about what we have been saying on the risks of drinking alcohol **[Step 6: present the leaflet].** It can help you to be more informed, to go over it and see if you decide to reduce a little what you drink at the weekends.

Juan: Ok, I will look at it by myself at home.

GP: If you have any doubts, I will be pleased to talk them over with you.

Juan: Alright, thank you

GP: Thank you Juan, I hope that burn gets better quickly.

- **Annex 6 – Role-play cards**

The role-play cards are designed to allow training participants to act the role of a patient with a particular condition (alcohol problem, alcohol + co-morbid depression), so that the other can practice screening.

The cases are designed to challenge stereotypical ideas of the type of people who have alcohol problems, to reduce the preconceptions and, hopefully, the stigma these patients face.

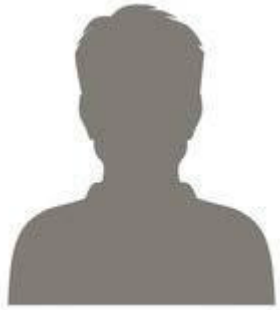
Print out as many as are needed for each pair to have one card (for the patient); mix them up and move all cards round one pair when they swap.

Patient 1: Marcela

- You are a 32-year-old woman married with Miguel (34 years old). You have two children (8 and 3 years old). You work in a call centre 10 hours a day, six day a week. Your husband is unemployed.
- This appointment with the GP is because you have urine infection
- You also feel stressed, sad, worried and tired.
- Since Manuel was made redundant, a year ago, you've progressively increased your alcohol intake. You drink two glasses of beer during lunch and two glasses during dinner. Each Saturday night, you drink around eight beers.
- On Saturday nights, you feel out of control with regards to your alcohol consumption. Other days you feel that you have your drinking under control. You waste Sunday morning doing nothing productive because of having a hangover and you often aren't able to keep your engagements with your husband and children (e.g. sport with children). You feel guilty after every Saturday binge drinking episode.
- Your husband is very concerned about your drinking behaviour and the state of your mood.
- During the last three months, you you've felt down and without interest about the children or leisure activities more than half the days. You don't do any leisure activity at the moment, either alone or with your husband.
- You feel you can't get to sleep without a beer on week days. You feel restless, don't have much energy, feel bad about yourself, trouble concentrating on things and without appetite from Sunday night until Friday morning. Fortunately, you don't have thoughts that you would be better off dead or of hurting yourself in some way.
- You have known your general practitioner for a long time and you feel very comfortable with him/her. You really appreciate his/her opinion, even though you don't like the idea of being referred to a specialized centre.

Alcohol + , Depression +

Patient 2: José Eleuterio



- You're 54-year-old man who is married with Anita (52 years old). You've three children, Marcos (30 years old, businessman, lives with his partner and their baby not far from you in the city), Laura (25 years old, university student, lives alone in the same city) and Pablo (15 years old, at school, living with you and Anita). You work in housing construction as the foreman. Your wife works as a homemaker.
- This appointment is because you have back pain since last week.
- You feel happy with your family and work, and spend every Saturday afternoon with your friend playing your favorite sport: soccer.
- In the last three years, since Laura and Marcos left home, you spend more time out and after work you drink four beers and a whisky shot with your colleagues. Saturday afternoon, you drink eight beers after football match.
- Saturday night, you feel out of control regarding alcohol. Other days you feel that you have your alcohol consumption under control. You are not able to keep your engagements (e.g. with your wife or 15-year-old son)or to be productive on Sundays because of having a hangover. However, you never drink first thing (before breakfast) However, Anita has mentioned several times that you should try to drink less.

Alcohol + , Depression -

Patient 3: Marta

- You're a 28-year-old woman and single. You have a part-time job you love in a book shop (4 hours per day, four days per week). You have a very bad relationship with your parents and you've recently broken up with your long-term boyfriend (Tony) because he was having an affair.
- This appointment with the GP is because you have stomach ache.
- You feel alone, sad and angry.
- One year ago, you noticed the first signs that somewhat was going wrong in your relationship. Since then, after work you spend two or three hours drinking beers with your best friend (Amanda). Every evening, you drink four beers. On Friday night, you go out to a Club and drink four strong mojitos. Sometimes you go out drinking on Saturday night too.
- On Fridays/some Saturday nights, you feel out of control regarding alcohol. On week days you feel that you have your alcohol consumption under control. You often skip meeting up with friends (e.g. to go shopping or visit an exhibition), especially on Sundays because of having a hangover or not feeling able to face people. You feel guilty after every binge drinking episode, but hardly ever drink in the mornings to recover or cannot remember events of the drinking nights. Two years ago, on a night out, you were drunk and you hit your best friend because you thought she was flirting with your boyfriend.
- Amanda has told you that she doesn't want to go out with you if you don't drink less.
- During the last three months, you feel down and without interest in your work or in art (which has been your passion up till recently). You don't read books anymore.
- You can't sleep without a drink, except for Sunday and Monday. You feel restless, with low energy, bad about yourself, trouble concentrating things and without appetite from Sunday night until Friday morning. Fortunately, you don't have thoughts that you would be better off dead or of hurting yourself in some way.
- This is the first appointment with your new general practitioner and you have very good references. However, you want to know him/her better before accepting any referral to specialist or similar recommendation.

Alcohol + , Depression +

Patient 4: Magdalena

- You are a 54-year-old woman who is married to Fernando (55 years old). You have a son named Miguel (30 years old, lawyer, and lives with his partner in a nearby city).

- You work as insurance salesperson. Your husband is a butcher.
- This is a regular visit to check cholesterol levels. You do not have any other relevant health problems.
- You feel happy with your family and work, and have several hobbies (swimming, playing cards, etc.)
- You drink beer a couple of times during the week, with a maximum of two beers on these days. On weekends, on Saturday, you often have a beer or two during dinner with your husband.

Alcohol - / Depression -

- **Annex 7 – Change-talk**

WHO Handout 7.1A. Evoking change talk using open questions – basic

Basic level: questions for change talk

Desire ✔ How would you like things to change? ✔ What do you hope you can change? ✔ Tell me what you do not like about how things are now. ✔ What would you like to be different?	*Reasons* ✔ What concerns you? ✔ Why would you want to cut down? ✔ What might be the benefits of drinking less? ✔ What are the reasons to change as you see them?
Looking forward ✔ How would you like your life to be in a year? ✔ What do you hope for over the next five years? ✔ In what way do you want to feel better?	*Looking back* ✔ Can you remember a time before you were drinking like you've described? What was different? ✔ How did you cope before?
Querying extremes: no change ✔ What most concerns you about your drinking in the long run?	*Querying extremes: change* ✔ If you cut down today, how would you hope to feel different?
Whenever you hear change talk, you can ask open questions that encourage elaboration. ✔ In what way? ✔ Tell me more? ✔ What else?	
Avoid questions that will lead to sustain talk. **X** Why do you drink in the way you've described? **X** What's stopping you from cutting down? **X** What worries you about drinking less?	

- **Annex 8 – Tailoring questionnaire for barriers and facilitators for booster sessions**

The questions in this draft questionnaire to detect barriers and facilitators for booster sessions are guided by the SCALA intervention and training package, and the structure of Barrier Analysis (BA) questionnaires: https://www.fsnnetwork.org/barrier-analysis-questionnaires-0

This online questionnaire should be configured so that the responses are sent to the professional by e-mail once completed, with the recommendation that they can print it out for discussion at the forthcoming booster session.

Question	Response field
1. Full Name	[free text]
2. Position / Health provider role	Nurse / GP / Psychologist
3. Have you carried out ***screening*** **for alcohol problems** since the SCALA programme started?	Yes/No
a. What aspects of screening for alcohol problems would/do you find difficult? (please identify personal, social or structural barriers)	[free text]
b. What reasons, tools or support (would) make screening for alcohol easier? (please identify personal, social or structural facilitators)	[free text]
4. Have you carried out ***screening*** **for co-morbid depression** since the SCALA programme started?	Yes/No
a. What aspects of screening for depression would/do you find difficult? (please identify personal, social or structural barriers)	[free text]
b. What reasons, tools or support (would) make screening for depression easier? (please identify personal, social or structural facilitators)	[free text]
5. Have you given ***brief advice*** **for alcohol problems** since the SCALA programme started?	Yes/No
a. What aspects of giving brief advice for alcohol problems would/do you find difficult? (please identify personal, social or structural barriers)	[free text]
b. What reasons, tools or support (would) make giving brief advice for alcohol problems easier? (please identify personal, social or structural facilitators)	[free text]

THANK YOU FOR YOUR VALUABLE INPUT!

Your responses will help us shape the training and support given in the next booster session (DATE) to overcome the barriers you have identified.

- **Annex 9 – step-by-step peer-led trouble shooting**

Although trainers may wish to adopt their own methods for the booster session, we provide here an example (based on experience of such a session for community participation initiatives in PHC) with detailed instructions of how a 45-minute peer-led trouble-shooting session might be carried out for a group of 30 participants.

Step	Method	Time
1. Introduce the activity	Ask professionals to reflect individually for 1 minute on what they have found difficult in carrying out the SCALA SBI techniques with real patients (they can jot these down to remember them) – remind them that they have been asked about this also in the barriers and facilitators online questionnaire.	1 min
2. Define main difficulty	Ask professionals to now pick the main difficulty or barrier that they experience, and write a short description of it (1-2 sentences). To add humour (always good for the atmosphere), you could ask them to give the problem a film title to characterize it (e.g. 'Lost in translation' to describe a difficulty in explaining clearly the system of standard drinks). If some have more than one problem, this is ok – ask them to write 2 brief descriptions/titles.	2 mins
3. Discuss main difficulty in small groups	Put professionals into mixed groups of 5-6 Each should present and explain their main difficulties (1 minute each explanation + 1 minute for immediate peer feedback) The group then has 5 minutes to decide on the most frequently occurring or tricky problem to solve.	18 mins
4. Vote on problem to discuss	Each group should present their most tricky problem to the whole group (1 min each), while the trainer notes the title and 2-word description on a board as a memory aid (use words the group have said) The whole group then votes on the problem they would most like to see addressed in the session (you can do this simply by showing hands or by giving all stickers to vote – which takes longer)	8 mins
5. Define and understand the problem	Ask the person who proposed the problem to describe the difficult situation in a little more detail and allow a few questions from members of the whole group to clarify any doubts (the trainer has to time manage this to avoid unnecessary in-depth explanations – the problem should resonate with many people, so remind them that we are trying to address the general problem, not specific situation)	4 mins
6. Suggest and receive possible solutions	Members of the whole group can then suggest ways to avoid or work around the problem identified – instruct those making suggestions to be brief, respectful and practical/constructive and to base their suggestions on their own experience where possible – remind those receiving suggestions not to be defensive or try to justify why they experience the problem. The suggestions are aimed to help ALL in the group.	10 mins
7. Summarise	Summarise the main suggestions made and ask the whole group to evaluate their usefulness. Take 1-2 other comments on this specific problem at this point, before returning to wrap up the session.	2 mins