SCALA

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

The scale of the problem

Alcohol and heavy drinking cause a wide range of diseases and injuries; and tackling the many individual and societal harms caused by alcohol use disorder (AUD) and harmful alcohol use is a public health priority. This is especially true in Latin America, where alcohol ranks as high as the fourth leading risk-factor for morbidity and premature death.

AUD is highly comorbid with other mental disorders, and over two-fifths of people presenting with AUD in primary care suffer from depression, which is itself the most common mental disorder.

Scaling up the solution

Programmes to prevent and treat AUD in primary health care (PHC) have been shown to be clinically effective and cost-effective, but uptake and implementation in routine practice has remained low, with only modest and short-term public health gains. Studies by the World Health Organization have suggested that this could be improved by embedding PHC activity within broader community and municipal support, as well as training individual health providers.
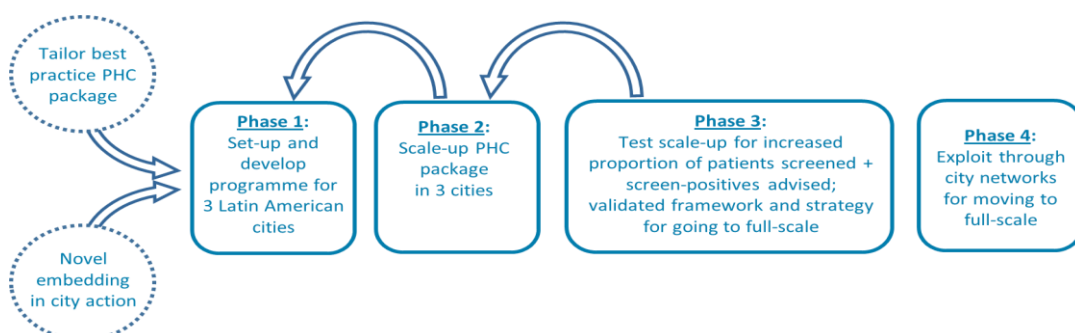
SCALA sets out to test and build on this hypothesis in Latin America; with an 18-month quasi-experimental study to compare the scaled-up implementation of a tailored PCH-based screening and brief intervention programme which has been embedded within on-going supportive municipal action with practice as usual.

Project objectives and process

- Tailored intervention packages for improving prevention, early detection and advice for heavy drinking and co-morbid depression
- Implement and test the embedded scale-up of implementing tailored packages
- Identify barriers and facilitators to scale-up and document the resource requirements
- Produce a validated scale-up framework and strategy, to improve replication

The process of SCALA is based on the Institute for Healthcare Improvement's (IHI) 4-phase framework for 'going to scale', with the steps adapted to suit the field of prevention and management of alcohol problems and comorbid depression, and the setting of primary healthcare in Latin America.

Tailor best practice PHC package

Novel embedding in city action

Phase 1: Set-up and develop programme for 3 Latin American cities

Phase 2: Scale-up PHC package in 3 cities

Phase 3: Test scale-up for increased proportion of patients screened + screen-positives advised; validated framework and strategy for going to full-scale

Phase 4: Exploit through city networks for moving to full-scale

The SCALA Study

The SCALA study will test the hypothesis that the scale-up of implementing a tailored intervention package, embedded in a wider strategy of community and municipal support in Latin American cities, will increase screening and advice rates more than the usual practice, carried out by health care providers alone. SCALA will use a quasi-experimental study to compare PHC-based prevention and management of heavy drinking and co-morbid depression in three intervention districts (municipal areas) within three Latin American cities with service as usual in three comparator districts in the same cities.

The cities taking part in the trial are Bogota (Colombia), Mexico City (Mexico) and Lima (Peru), where matched districts or boroughs (locally governed municipal areas) will be identified and assigned to either "scale-up"/implementation or control conditions. In the implementation districts, primary health care units (PHCUs) will receive training embedded within on-going supportive action at the municipal level (local government, workforce and infrastructure), over an 18-month implementation period. In the comparator districts, practice as usual will continue at both municipal and PHCU levels.

Read the full SCALA study protocol by following this QR Code:

SCALA Partner institutions

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ESADE Business School

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