

Realist Evaluation of the viability and transferability of the IACA program, an alcohol harm reduction intervention: a mixed-method

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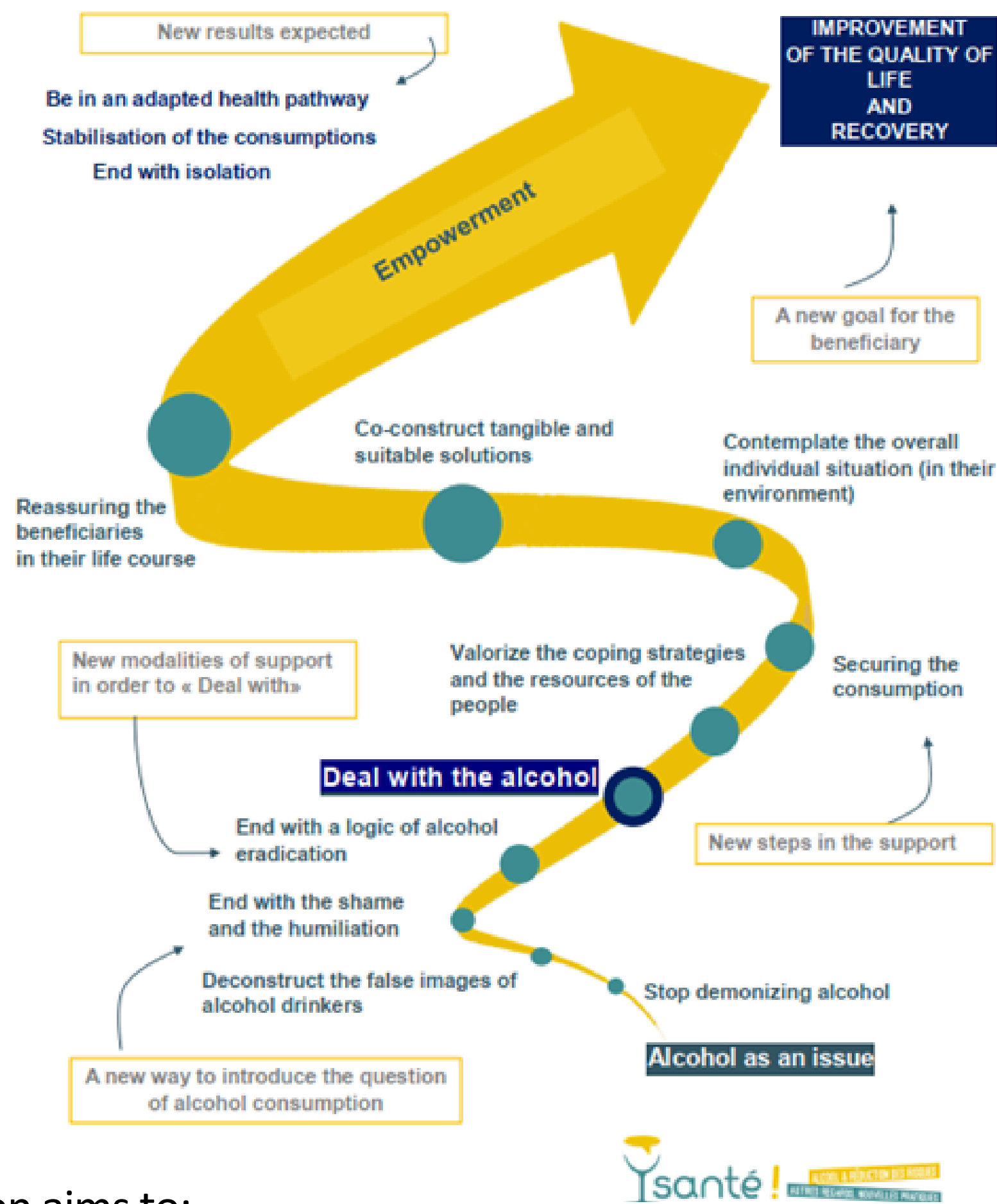
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INTRODUCTION

The IACA! Program, a Harm Reduction program based on the principle of psychosocial recovery for people with Alcohol Use Disorder.



The intervention aims to:

- Provide advice, reassurance, listening, appeasement
- Secure and/or reorganize consumption in order to avoid periods of withdrawal syndrome (vulnerability factors)
- Activate rights to maintain/obtain appropriate and satisfactory social integration
- Provide psychological support
- Adapt, build and coordinate a health path (to avoid break-up or non-recourse)
- Promote social links
- Consolidate long-term alcohol consumption strategies
- IF REQUESTED: Accompaniment for abstinence

OBJECTIVE

- To evaluate the transferability of IACA! to various centers (addictions treatment centers and/ or psychosocial support centers) in terms of results.
- To assess the conditions of transferability, included viability, of IACA!. Is this intervention deployable beyond a research context?

METHODS AND ANALYSIS

Study size

110 beneficiaries expected
23 professionnals
11 addiction treatment/prevention centers

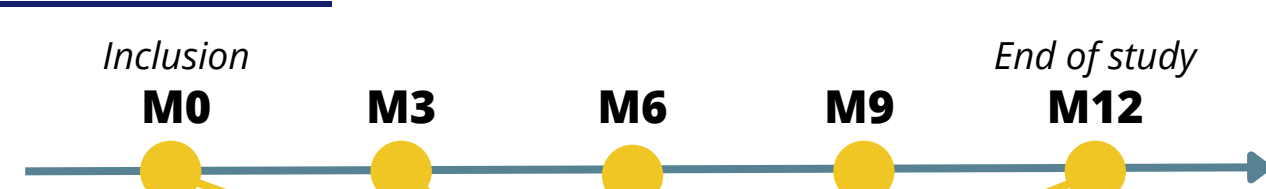
Study duration

Duration of participation: 12 months
Duration of inclusion period: 10 months (april 2021 - january 2022)

Procedure of the research project

Qualitative assessment: beneficiaries and professionals (interviews and observations)

Quantitative assessment: beneficiaries:



Mini International Neuropsychiatric Interview (only at M0) (Sheehan, D.V. et al, 1998)
Addiction Severity Index (McLellan, A. T. et al, 1992)
Craving evaluation scale
Empowerment scale (Rogers, E.S. 1997)

Analysis strategy

A theory-driven evaluation framework using a realist evaluation method and contribution analysis (Douthwaite, B., 2017)

Descriptive prospective analyse, mixed methods, concomittent design

RESULTS

Only 29 users accepted to enroll in the program (Mean age: 44 y.o (SD= 10.3), 65% males, 66% not currently working)

Severity of alcohol use:

- Alcohol use disorder (DSM-5 criteria): n=27/28 (severe for 75%)
- Regular alcohol use (throughout life): 20.7 years (SD=11.1)
- Days of alcohol consumption (in the last 30 days): 26 days (SD=8.1)
- Standard drinks of alcohol per day: 17 (SD=11.8)

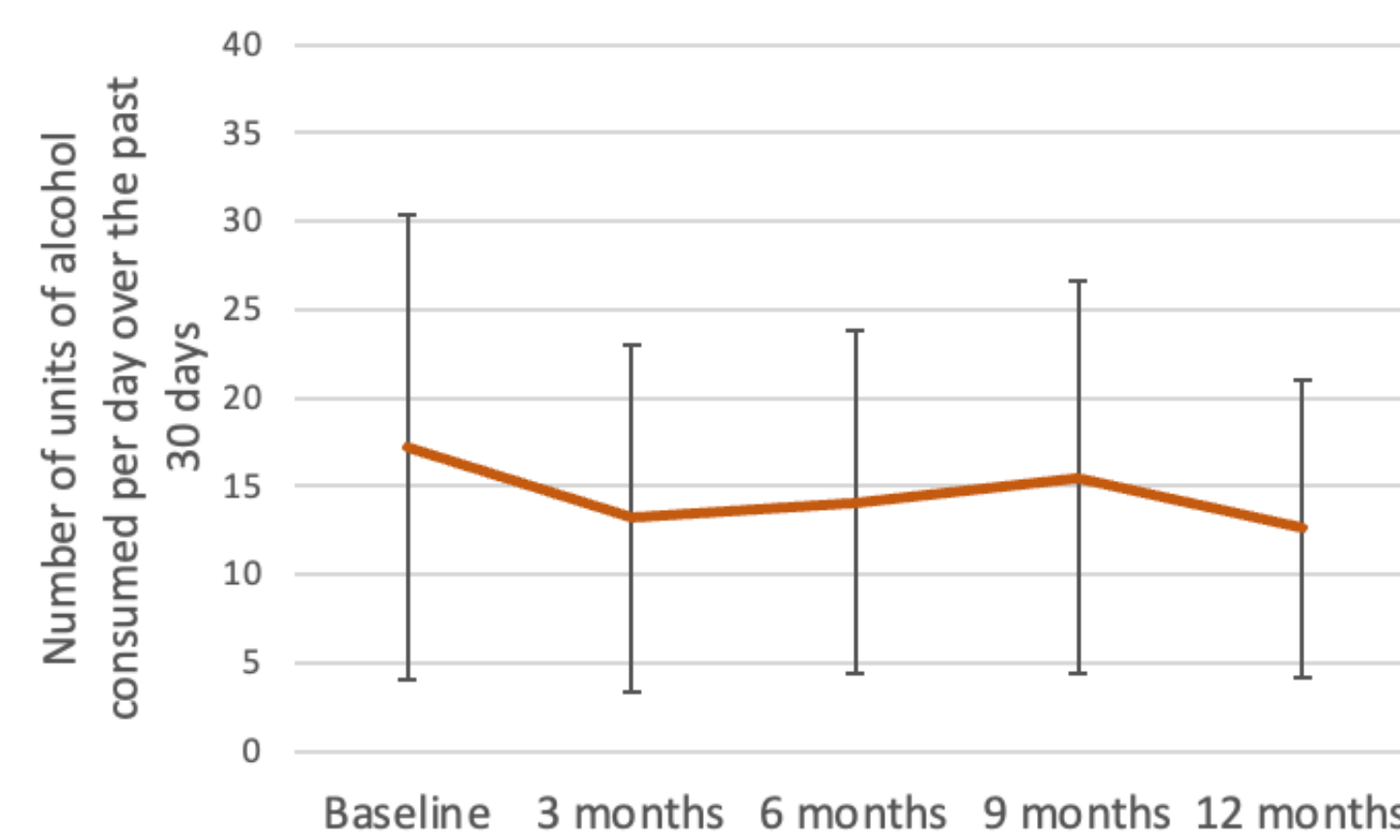


Fig 1: Number of units of alcohol consumed per day over the past 30 days during follow-up (N= 19)

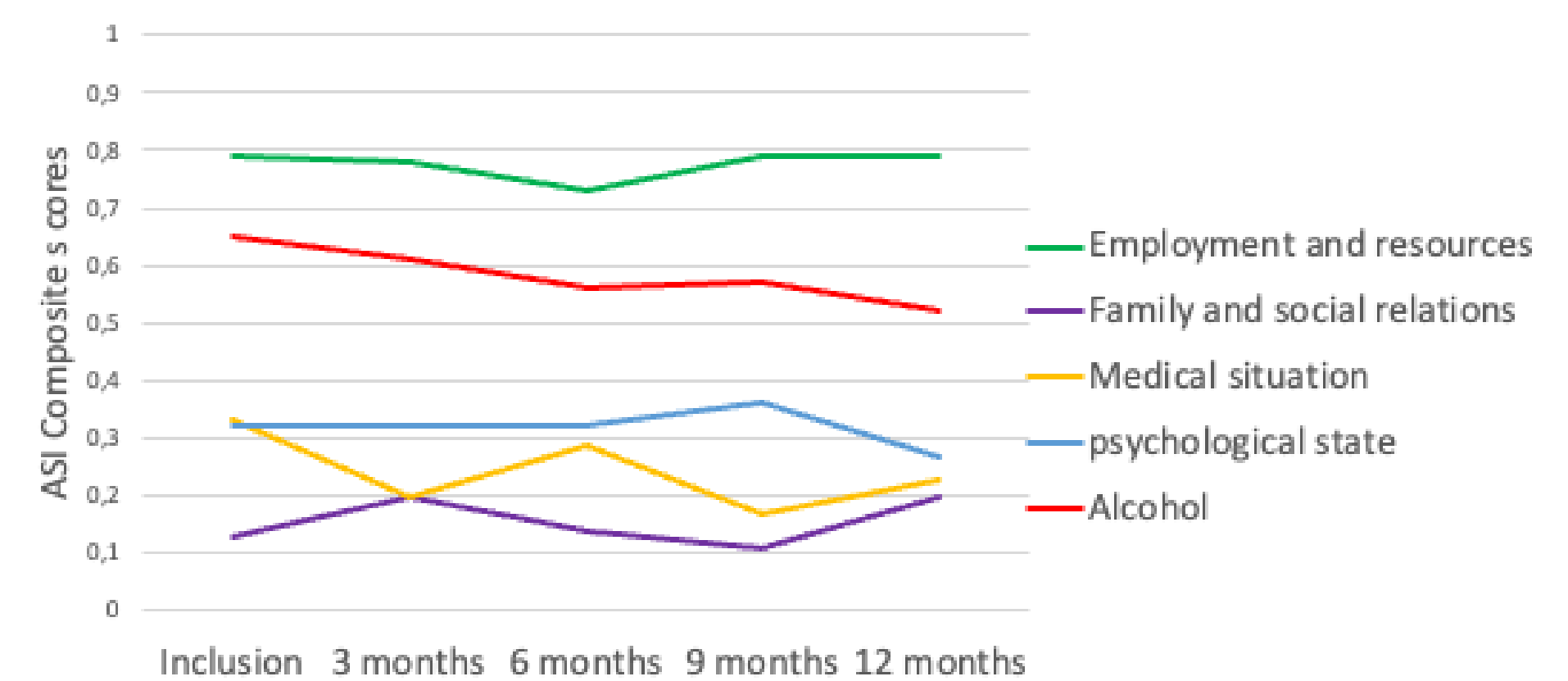


Fig 2: Composite score evolution of beneficiaries during follow-up (N= 19)

Among the 19 participants assessed at the 12-month follow-up, 15 showed improvement in their alcohol use severity (ASI Composite Score), 1 showed stabilization, and 3 showed deterioration.

Observed levers :

- Proactivity and employee availability
- Encompassing and supportive posture
- Practical training in alcohol risk reduction
- Less stigmatizing and confining discourse
- The users as expert in his own situation

Observed obstacles :

- Difficult adaptation in the centers: program implementation difficulties, lack of time
- Lack of human, financial and material resources
- Lack of collective dynamics in the centers

In terms of Viability : Necessity of training teams on a voluntary basis and to include the entire structure to anchor the change

Limitations: small sample size for quantitative analysis (29/110), disparities in program duration, possibility of simultaneous treatment at another alcohol center

DISCUSSION

- Difficulties in transferring the program, the need for the whole team to share the same harm reduction philosophy and the necessary means at their disposal
- Conduct a clinical trial to measure the program's effect on the severity of alcohol consumption in more controlled conditions

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