Alcohol Networking in Portugal

New National Strategies in Alcohol Policy

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DGS/DSPSM

INEBRIA 2005
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Summary

I - Alcohol consumption in Portugal
II- Evolution of Alcohol Policy in Portugal
III- New National Strategies in Alcohol Policy
Alcohol Networking in Portugal
I-Alcohol consumption in Portugal

Alcohol consumption in the world - 2002

Fonte: World Drink Trends 2004

Luxemb 11,9
Hungria 11,1
Rep Irlanda 10,8
Rep Checa 10,8
Alemanha 10,4
Franca 10,3
Portugal 9,7
Espanha 9,6
Reino Unido 9,6
Dinamarca 9,5
Austria 9,2
Chipre 9,1

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I-Alcohol consumption in Portugal

[Graph showing the consumption of beer, wine, and total alcohol in liters from 1961 to 2001.]

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## Alcohol Networking in Portugal
### I-Alcohol consumption in Portugal

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Consumption</td>
<td>9.4%</td>
<td>756,000</td>
</tr>
<tr>
<td>Dependent drinkers</td>
<td>7.4%</td>
<td>580,000</td>
</tr>
<tr>
<td>Persons with problems directly related with alcohol</td>
<td>16.6%</td>
<td>1,336,000</td>
</tr>
</tbody>
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Aires Gameiro, 1998
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I-Alcohol consumption in Portugal

Alcoholic Beverages Consumption Habits in Portugal

1980 interviews
Population > 15 years old
Living in Continental Portugal

Source: National Heath Inquiry 1999

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I-Alcohol consumption in Portugal

The prevalence of consumers of alcoholic beverages was 59.4% of the population

- in men (82.2%)
- in women (45.8%) in every age group
- increasing with age until 35 years old in both genders.
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I - Alcohol consumption in Portugal

• The average consumption of ethanol is higher in the male gender (47.3gr) than in female (17.1gr);

• and even higher between 35 and 44 years old, in both genders.
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I-Alcohol consumption in Portugal

• In the female gender there is a slight increase in the country with a strong increase in Alentejo and Algarve

• 35% of the youngsters from 15 to 17 years old declared they have drank the year before the interview
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I-Alcohol consumption in Portugal

- Slight reduction of total alcohol consumption comparing to 1996
- Higher consumption in men
- Increasing consumption with age until 35-44 years in both genders
- Increase of consumption in female and young consumers
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Psychiatry Census, November of 2001

Outpatients
Depression

Emergency
Alcohol related problems 21%

Inpatients
Schizofrenia

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II- Evolution of Alcohol Policy in Portugal

Action Plan against Alcoholism

Government Resolution n.º 166/2000, November 29th

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II- Evolution of Alcohol Policy in Portugal

Action Plan against Alcoholism

Alcohol Health Promotion and Education

Alcohol Clinical and research issues

National Alcohol Network

Legislation and control

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National Health Plan 2004-2010

Preventive interventions over health determinants

- physical activity
- food patterns
- tobacco use
- alcohol drinking.
Specialized Alcohol Centres

- Are integrated in the Health System
- Are involved in prevention programs
- Are involved in alcohol dependent treatment programs
- Should be more articulated with PHC
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• Necessary to organize all this sector of the National Health System

• Identify those professionals in PHC and specialized alcohol centers responsible for the effectiveness of intervention on alcohol consumers
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“ALCOHOL PACKAGE” 2004-2010

- National alcohol program
- Alcohol Network with Integration and Coordination
- New legislation
- Monitoring and evaluation

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National Alcohol Program considers:

- The epidemiological relevance of alcohol in ill health
- The treatment of alcohol abuse in a public health perspective
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National Alcohol Program includes:

National Project “Treatment of excessive consumption of alcohol - Brief interventions in Primary Health Care”
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National Alcohol Program includes other measures such as:

- taxes
- restrictions on alcohol availability
- countermeasures to driving under influence of alcohol
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“ALCOHOL PACKAGE” 2004-2010

- National alcohol program
- Alcohol Network with Integration and Coordination
- New legislatives
- Monitoring and evaluation
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A National Alcohol Network is now being organized with involvement of different actors:

- Primary Health Care
- Mental Health Services (Hospital Dep)
- Alcohol Regional Centers
- Institute for Illicit Drug Addiction
- Non Governmental Organizations
- Scientific Societies and Civil Society
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The main goals of the network are:

- To develop and maintain a continuum of care
- To expedite the delivery of services in the most effective and appropriate manner
- To provide a system of mutual case information exchange
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• 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
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Define four levels of health care
A, B, C and D

- D - Primary Health care centers
- C - Local Health Services
- B - Regional Health Services
- A - Alcohol Regional Centers
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The local diagnosis was based on distinct approaches

• A National Inquiry of local and regional resources

• A description of all departments of care with the elaboration of a guide of all alcohol health care related services

• A National Inquiry of the attitudes and skills of Primary health care professionals to deal with the Alcohol Related problems
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National Inquiry to regional and local resources:

• To identify and assess the health institutions involved in the care delivery to people with alcohol related problems

• It is possible now to have information of all the technical and professional resources existing in the public health system
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Hospital Based Care (Public Sector)

Some national results are:

• 36 Public Healthcare Services answered to the inquiry (85%)
• 82% have Alcohol Related Problems intervention
• 90% with outpatients
• 84% with inpatients
• 84% with patients in emergency services
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Hospital Based Care (Public Sector)

• 50% of those Public health care services have specific team for Alcohol Related Problems
• 53% have some implemented programs
• 34% have research programs
• 39% have training programs
• 72% liaise with Primary health care
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Primary Health care services

Some national results:
- 11 Subregional health authorities answered to the inquiry (61% of total)
- 55% have Alcohol Related Problems intervention
- 45% have Alcohol Related programs
- 55% have specific teams
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Primary Health care services

Some national results:

• 90% liaise with Mental Health Services
• 50% have Alcohol training programs
• Only a very small number of PHC have research programs
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It is now possible to:

• Identify the *key persons* in those process at each level of care delivery

• To make a better liaison between different levels of care
National Inquiry to Primary health care professionals to evaluate the skills to deal with the Alcohol Related problems. The results are now being analysed.
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Some preliminary regional results:

- 86% need training
- 77% have never participated in alcohol related problems training
- 92% think that it is very important to be trained and feel legitimacy to deal with this patients
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- The National training program intends to train future trainers
- Trainers are health professionals whose profile and interest for alcohol problems is relevant
- They can be GP, psychiatrists, nurses, psychologists, etc
Main goal of training program:

Increase skills to do early identification and brief alcohol interventions in Primary Health Care.

The training program can be delivered in two days, with a follow-up six months later where it is possible to discuss difficulties and the best way to solve them.
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Integrating Health Promotion Interventions for Hazardous and Harmful Alcohol Consumption into PHC Professional’s Daily Work – PHEPA

DGS/DSPSM 03/02/05
Main barriers to Screen and Brief intervention in Primary Health Care

- Insufficient time and training
- Lack of help from government policy
- Main incentives related to availability of appropriate support services
Policymakers should give priority to the liaison between alcohol specialized services and PHC as a necessary step to allow effective coordination of services.

Specialized support to promote shared care
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Monitoring and evaluation

- National Coordinator Group
- Training Trainers (2 components – motivational interviewing + BI)
- Contact Regional Groups – trainers / training program + Key elements in PHC
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Monitoring and evaluation

- Meetings with Alcohol Regional Centers
- Dissemination / workshops / materials
- Cronogramme (training program + draft materials)
- Feed-back
- Outcomes
This new phase for alcohol policy in Portugal is a timely and a useful response. This will encourage the development and implementation of national and local community policies and actions to reduce the harm done by alcohol.
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