

Presentation and discussion of country profiles

Dr. Anderson synthesized the results of the survey on country profiles and concluded that:

- 2/3 have a governmental policy on management of alcohol use disorders, but only 1/4 a non-governmental policy. Brief interventions in general practice are a core component of the policies;
- About one half have clinical guidelines, but there are very few studies of their implementation and very little implementation of training programmes;
- Specialist services are reasonably well developed, but primary health care services are not;
- About half the countries have undertaken efficacy studies, but there is very little cost effectiveness research;
- The AUDIT seems to be available and well studied;
- About half the countries have studied the attitudes of general practitioners, but there is very little implementation research; and
- While there are studies on the prevalence of alcohol use disorders, there is almost no information on the clients' experience of reducing alcohol consumption.

The following remarks were made.

Dr. Pas remarked that the questions were not clearly stated and that there could probably be some misunderstanding when answering them. He suggested reframing together the questions in order to clarify them to everybody.

Dr. Scafato suggested two points:

- First the source of information and the indicators used need to be mentioned and identified in order to be able to compare countries.
- The Expert Group need to identify core indicators to obtain information about the primary health care settings.

Finally, it was mentioned that the survey information, once revised in the light of the above remarks could be rewritten as a publishable paper form about the current situation in the European Countries.

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
Finland (see: Country Profile – Finland) Dr. Kaija Seppä Medical School University of Tampere,	<ul style="list-style-type: none"> -AUDIT as part of driving assessment -Finnish Alcohol Action Plan: to create a network of GPs in PHC responsible of alcohol and drug issues (2/2001) -Research evidence, public and professional discussion on the topic (increasing interest on prevention as part of alcohol policy) 	<ul style="list-style-type: none"> -lack of physicians in communal health centres -lack of interest among GPs towards preventive (especially alcohol) issues -how to change attitudes and motivate – GPs not willing to participate in training 	<ul style="list-style-type: none"> -key actors in PHC organizing regional activities -attractive training programme -extra fee for preventive work -topic-related vacancies at universities 	<ul style="list-style-type: none"> -Political goodwill regionally and centrally. To gain this we need: <ul style="list-style-type: none"> -more research evidence (economical evaluation) -active experts to communicate -mass media and ministry level involvement
England (see: Country Profile – England) Dr Eileen Kaner University of Newcastle upon Tyne	<ul style="list-style-type: none"> -Publication of a National Alcohol Harm Reduction Strategy -But a consultation exercise only -Strong focus on young drinkers -Strong criminal justice slant -Under emphasis on health, hazardous drinkers, alcohol-related problems in mainstream population 	<ul style="list-style-type: none"> -The strong alcohol lobby in the UK -A glut of health initiatives in PHC -Low morale of PHC professionals – recruitment & retention problems -Lack of incentives for alcohol-related work -Over-focus on alcohol dependence by PHC professionals 	<ul style="list-style-type: none"> -A comprehensive national alcohol strategy -Top-down endorsement of alcohol-related intervention work -Financial or professional incentives for alcohol-related work -Recognition of the full range of alcohol-related problems -A balance in focus on illicit drugs versus alcohol 	<ul style="list-style-type: none"> -Government will -Recognition of the issue -Confidence to act -Money for alcohol-related intervention & research

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
<p>Sweden (see: Country Profile – Sweden)</p> <p>Preben Bendtsen Ass Professor, Dept of Social Medicine and Public Health, University of Linköping</p>	<p>-No significant advances regarding implementation but...</p> <p>-The topic is regularly discussed at scientific meetings and in the Swedish medical journal.</p> <p>-The government has passed an action plan for prevention of alcohol related problems (2000/2001)</p> <p>- Some few reports from regularly screening of primary health care patients has been published</p>	<p>-Integrating screening into routine care in a natural way, not disturbing the existing daily routines.</p> <p>-Testing screening in a more selective group of patients – i.e. hypertension, mental disorders, diabetes, etc.</p> <p>-Insufficient knowledge about simple procedures and possible results</p>	<p>-Integration of screening methods into the health care's normal office context</p> <p>-A national demonstration study</p> <p>-Many more health professionals in basic education and training</p>	<p>-A new approach taking office routines into consideration</p> <p>-Gather and motivate some of the most experiences GPs in the field</p> <p>-Basic resources and support from purchasers of care</p>
<p>Germany (see: Country Profile – Germany)</p> <p>Michael N. Smolka Central Institute of Mental Health Department of Addiction Medicine Mannheim</p>	<p>-Implementation of a special training with certificate for Addiction Medicine</p> <p>-Publication of a manual for Brief Intervention in alcohol use disorders</p> <p>-Start of federal funding of four addiction research networks</p> <p>-Action plan "Drogen und Sucht" of the health ministry</p> <p>-Reimbursement of Brief Intervention in alcohol use disorders during a 2 year pilot phase by the health insurances in Mecklenburg-Vorpommern</p>	<p>-No evidence based guidelines published</p> <p>-No funding for implementation of Brief Intervention available</p> <p>-No sufficient reimbursement of Brief Intervention in alcohol use disorders by GPs</p> <p>-Insufficient training of GPs in addiction medicine</p> <p>-Lack of interest among GPs</p>	<p>-Publication of guidelines for Primary Health Care</p> <p>-Internet access to these guideline</p> <p>-Action plan for implementation of interventions according to these guidelines</p> <p>-Training programs for GPs</p>	<p>-Funding for implementation and evaluation of evidence based management of alcohol use disorders in Primary Health Care</p> <p>-Financial incentives for GPs treating patients with alcohol use disorders</p> <p>-More interest and support by government and health insurances</p>

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004	To make them possible we need
<p>Italy (see: Country Profile – Italy)</p> <p>Emanuele Scafato Director,</p> <p>Istituto Superiore Di Sanita' Roma</p>	<ul style="list-style-type: none"> - interest by the medical associations in co-operating to the implementation of a few specific training programs for GPs - interest by the local health authorities in co-organising training programs for PHC professionals on the subject of identification and management of alcohol risk and problems among their clients - the “pilot” design of an early detection strategy (IPREDA/ISS) in collaboration with GPs to be further tested and evaluated in a demonstration project (PRISMA) involving public and private partners at the community level 	<ul style="list-style-type: none"> -lack of financial incentives for GPs -lack of a specific National/Regional programme for general practice and PHC -co-operation among addiction services and formalised linkage with GPs still to be promoted -lack of "evaluated" results to prove the efficacy of the pilot chosen strategy -the idea of process, evaluate and evaluate effective HP strategies by health authorities and administrators is still missing 	<ul style="list-style-type: none"> -lack of financial incentives for GPs -lack of a specific National/Regional programme for general practice and PHC -co-operation among addiction services and formalised linkage with GPs still to be promoted -lack of "evaluated" results to prove the efficacy of the pilot chosen strategy -the idea of process, evaluate and evaluate effective HP strategies by health authorities and administrators is still missing 	<ul style="list-style-type: none"> -Support and solicit the political willingness to share the responsibility of the prevention and management of AR problems -Regional or national funds -Contribute to share a common perspective among the Italian relevant Alcohol Centres

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
<p>Slovenia (see: Country Profile – Slovenia)</p> <p>Marko Kolsek</p> <p>Department of Family Medicine Medical faculty University of Ljubljana,</p>	<p>-Implementation of systematic training for EIBI during specialisation of family medicine (winter 2000/2001) -3-Q AUDIT included in a cardio-vascular risk questionnaire that is used by GPs for systematic preventive check-ups for adults (20% of patients from GP's list should be screened per year) – January 2002 -beginning collaboration with the Ministry of Health to support wide reframing understanding among PHC teams all around the country and among the population as a whole (winter 2002/2003)</p>	<p>-lack of time and trainers for training GPs for EIBI -GPs work overload (so they are not motivated enough to learn new approaches) -how to change attitudes towards alcohol that are based on alcohol culture</p>	<p>-Agreement on alcohol policy nation wide -Implementation of the new project for reframing understanding and EIBI training supported by the Ministry of Health -Implementation of the basics for the management of alcohol use disorders in PHC at curriculum for nurses</p>	<p>-Money and human resources to run the project and other plans -Willingness of the Ministry of Health -motivation of GPs</p>
<p>Netherlands (see: Country Profile – Netherlands)</p> <p>Dr. Brigitte Boon, research coordinator NIGZ Netherlands</p>	<p>-Project "scoring results" - Government policy to define guidelines - RCT's on minimal interventions - Standardisation of registration</p>	<p>- National policy is interpreted by regional policy makers -No progress in development of guidelines - Not enough attention for implementation</p>	<p>- National guidance of regional policy -Definite conduction of all policy plans -Better cooperation between scientists and prevention workers - Structural finance of evidence based projects</p>	

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
Portugal (see: Country Profile – Portugal) João Breda General Health Directorate	-National Alcohol Action Plan: to develop legal and health promotion policies on alcohol, GP training included... -National brief intervention pilot project to begin in 2003... -Constitution of an expert group and training on brief intervention...	-GP adherence... -Money -Some important agents don't believe in BI -lack of interest among GPs towards health promotion -Change in governmental policy over Primary Care and Health Centres...	-Pilot study in 10 health centres on brief intervention... -Research publication on effectiveness... -2004 generalization to all country...	
Czech Republic (See: Country Profile – Czech Republic) Ladislav Csémy, PhD. Prague Psychiatric Centre, Dept. Soc. Psychiatry	-First attempt to work with GPs in the field of alcohol prevention Supportive factors: <ul style="list-style-type: none"> • Goals are congruent with the objectives of the health policy of the country • More understanding from the side of the general public as well as the media • Well functioning network of regional centres of public health 	-Unclear position in the project -Insufficient funding from domestic resources -Modest interest of GPs to be involved in alcohol related problems of the patients -Lack of experience with community oriented prevention projects	-Creating network for support of the project (public health centres, medical students, professional associations, health insurance agencies etc.) <ul style="list-style-type: none"> • Adapt and publish guidelines, manuals.. • Organize training seminars • Evaluate feedback 	

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
<p>Ireland(see: Country Profile – Ireland)</p> <p>Rolande Anderson, Project Director, Irish College of General Practitioners, Dublin</p>	<p>-ICGP Project “Helping Patients with Alcohol Problems” March 2000- February 2003. -National Conference – “Alcohol and Young People”, October 2001. -Alcohol Aware Practice Pilot Study (six months) commenced 4 September 2002</p>	<p>-Funding -GP Attitudes -GP Confidence</p>	<p>-Expanded AAP Study -Central Government Funding -Training for GPs and Practice Nurses -More committed personnel -Special Type Consultation Fees</p>	<p>-Belief that it is worthwhile amongst GPs -Shifts in attitudes – GPs – Governmental – Health Boards -Funding increases</p>
<p>Catalonia (Spain) (See: Country Profile – Catalonia)</p> <p>Lidia Segura Directorate General of Substance Abuse and Aids Government of Catalonia</p>	<p>-SBI in Health Plan -Adaptation of the Drink less Program -Development of the training package for GP -Validation of the ISCA and the AUDIT short forms -Dissemination of the SBI training to 25% of all PHC centres of Catalonia</p>	<p>-Difficulties in the coordination between PHC centres and Specialist Treatment Services -Lack of time to implement interventions in PHC -Difficulties in maintaining support strategies to GP -Difficulties in maintaining training strategies -Difficulties in designing appropriate Media Campaigns</p>	<p>-Effective dissemination of the SBI in the PHC centres -Increase in the coordination activities among professionals -More strategic alliances -Increase in the sensitizing of population at risk through media campaigns -Shared Treatment between PHC centres and specialist centres</p>	<p>-More reinforcement to GP -More time per visit -Maintaining the training strategies to GP -To increase coordination resources -Change in professionals attitudes</p>

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
Belgium (see : Country Profile – Belgium) L Pas and B Garmyn	<ul style="list-style-type: none"> -Creation of ministerial drug coordination ? 8 ministers of health ; 38 ministers total ! 17/4/02 Roundtable Fed Min Health : access youth alcohol + industry : own code of deontology ? - Alcohol related press releases reactions of politicians + drugs & safety hot topics -Simple strategies worthwhile as Audit -Awareness of multidisciplinary collaboration need 	<ul style="list-style-type: none"> -Fitting different agenda's -Local municipality actions autonomy -Community health promotion area's with preset health targets -Need of comprehensive approach to GP -Keeping GP involved -Demonstration of PHC benefits (effects) <p><u>Policy Needs</u></p> <ul style="list-style-type: none"> -Alcohol not formal (Flemish) health target -Insufficient facilities for skills Training -Conditions collaboration with mental health 	<p><u>Planned Steps</u></p> <ul style="list-style-type: none"> -Further documentation reducing AUDIT questions -Pilot integrated psycho social assessment -Recommendation followed by QA guide end 2003 -Renewed pre-test in local GP groups of QA 2003/2004 -Incorporation in community health promotion : Provincial & Flemish Communication strategy about safe use autumn 2003 Round table conferences in EU project ? Collaboration with French branch WHO IV ? -Increased collaboration/support mental care : <ul style="list-style-type: none"> -Projects HBC, depression , suicide , violence <u>incl alcohol</u> -<u>Specific project</u> : (demonstration project WHO IV?) 	<ul style="list-style-type: none"> -Means for disseminating available knowledge -Priority setting for alcohol compared to drugs -Acceptation of guideline by validation committee : postponed end 2003 at request WVVH -Comprehensive communication strategy adults planned 2003 -Proof of effectiveness of PHC role added to Community action

Country (file) Country representative	Most significant advances in PHC since 1 st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004	To make them possible we need
<p>Bulgaria (See: Country Profile – Bulgaria)</p> <p>Dr. Alexander Kantchelov, M.D. National Centre for Addictions</p>	<p>-National Health Care System reorganized -GP system established -Policy-making levels, namely Ministry of Health and National Health Insurance Fund, sensitized about alcohol-related problems and the issue of PHC and BI raised -Alcohol and drug-related problems included among the priorities of the National Health Insurance Fund</p>	<p><u>Political Level</u> -Overall situation in the country relatively unstable, political parties focused on short-term and ignoring long-term health investments -Strong alcohol lobby -Focus on drugs, alcohol issues largely neglected</p> <p><u>Cultural level</u> -Culture traditionally tolerant to alcohol consumption -High levels of alcohol consumption regarded as signs of strength and bravery -Alcohol-related problems attached solely to alcoholism</p> <p><u>Professional Level</u> -GPs overloaded and not interested in prevention and Health Promotion -Understanding – focused on alcoholism and dependence</p>	<p>-Alcohol-related problems and interventions included in the GP package stated by the National Frame Contract -Training programs for GPs on alcohol-related problems and interventions given training credits -National Strategy on Alcohol created</p>	<p>-Willingness and support from the Ministry of Health, National Health Insurance Fund and Parliament Health Commission -Lobby of politicians and policy-makers to be formed -Increased activity of the institutions, organizations and experts, working in the field of PHC and alcohol-related problems</p>

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
Poland (see : Country Profile – Poland) Professor Jerzy Mellibruda The State Agency for Prevention of Alcohol Related Problems and Institute of Health Psychology	-Training of physicians -Training of medical students -Training of nurses -Short cooperation with one of regional insurance system	-Low level of motivation of physicians for implementation of early intervention -High level of drinking among physicians -Lack of financial resources -Invasion of pharmacy business into health care -Lack of general knowledge and skills necessary for effective cognitive-behavioural influence on patient attitudes and behaviour	Elaboration of more advanced and effective method of intervention <ul style="list-style-type: none"> - finding of research based evidence of effectiveness - Creating of international source on support and promotion of early intervention policy - Cooperation from the side of health authorities - New pilot projects - Public campaign 	

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004	To make them possible we need
France (See: Country Profile – France) Dr. Phillipe Michaud	<ul style="list-style-type: none"> -continuing development of alcohol care units within hospitals and outside - introduction of early detection and brief intervention as one of the three major objectives of public alcohol strategy - mass media campaigns on health-threatening drinking and 'risk levels' - creation of a National agency for prevention and health education, which endorses the objectives - availability of a intervention kit for GPs 	<ul style="list-style-type: none"> -GPs work alone in their offices : we need to adapt the screening techniques - fears about 'loosing the client' - lack of time (# lack of money ?) - lack of knowledge, of know-how, of interest about alcohol-related problems - A challenge : a consensus among French alcohol specialists and policy-makers on alcohol-related harm and hazardous drinking 	<ul style="list-style-type: none"> -Integration of EIBI training in medical curriculum - training of trainers (more is better) - mass media campaigns on the theme 'it's normal to speak about drinking with your doctor' - an extra-fee for preventive acts during medical consultation 	<ul style="list-style-type: none"> -No major changes in governmental policy about drugs - Convinced medical opinion leaders about the effectiveness, cost-effectiveness and feasibility of brief interventions in medical routine - a commitment of government and of national social insurance fund - money for the implementation of a national training strategy

Country (file) Country representative	Most significant advances in PHC since 1st January 2000	Barriers and challenges in implementation in 2003-2004	Key advances we would like to see in 2003-2004 in Finland	To make them possible we need
Denmark (see : Country Profile – Denmark) Dr. Barfod	<p>- In more counties in Denmark local CME-groups are working with the alcohol matter inspired by the work of the Danish Alcohol Group.</p> <p>-As the only representative from general practice/family medicine the leader of the WHO-collaborative project in Denmark was asked to join the committee mentioned in P2a (Ministry of Health). The report from the committee is very good by means of handling alcohol problems in primary and secondary health care.</p>	<p>-GPs still think it is too difficult to raise the subject in the consultation.</p> <p>-Training GPs in helping people change drinking behaviour takes long time.</p> <p>-Most traditional educational methods are not efficient. Training with simulated patients is probably the best but too expensive in daily CME</p> <p>-The reorganization of the National Board of Health has paralysed the Center of Prevention for one to two years.</p> <p>-We are now facing serious recruitment problems in general practice and the problems will increase the coming 10-15 years. Only few GPs can be expected to take in new fields of work which will augment their workload.</p>	<p>-That the National Board of Health takes the leader role of promoting in education GPs, more actively than just sending out a book now and then, a book which nobody reads. In Denmark education is offered by advisory boards of the counties, scientific, industrial and professional groups, colleges or councils of very different kinds.</p>	<p>-Last year The National Board of Health was reconstructed, and a department called Centre of Prevention was formed. I believe the new employees will be ready to meet (some of) my thoughts.</p>

