

**Integrating preventive interventions for  
hazardous and harmful alcohol  
consumption into primary health care  
professionals' daily work**

**STRATEGY FOR POLAND**

Artur Mierzecki, Jadwiga Fudala, Krzysztof Pacholik,  
Maciej Godycki-Cwirko  
on behalf of  
The College of Family Physicians in Poland

## SUMMARY

The level of alcohol consumption in Poland reached 9.21 liters per capita and is one of the world's highest. The risk group consists of people who consume more than 10 l for men and 7.5 l of pure alcohol for women, there being a far higher proportion of men. Nearly 16% of men and 2% of women are hazardous or harmful drinkers, consuming the doses that increase the risk of health, psychological and social damage. In the group of hazardous drinkers are more often: people at the age of 18–39, single, with elementary education (in women's case - with higher education), unemployed, in ordinary working positions (in women's case-independent position) and non-religious and non-practicing persons. In the case of men the greatest increase in the number of hazardous drinkers was observed at the age of 50.

The modification of the alcoholic beverages consumption structure in last 10 years shows the decreasing role of wine and increasing importance of spirit drinks. It was assumed that the amount of alcohol in one liter of beer reaches 5.5% and wine (alcohol mead) – 12%.

To sum up, according to the statistics from the last few years some worrying trends are observed: 1) increase of the level of alcohol consumption per capita, 2) increase of economic access to alcohol, 3) increase of the access to the alcoholic beverages. The statistical data confirm that drinking is a serious problem and occurs commonly in Poland.

In 2007 - 328,082 persons were registered as suspected of committing crimes of certain selected categories, in which sobriety tests are usually carried out. Sobriety of 255,753 such suspects has been tested and the results showed that 200,551 of them, i. e. 61.1% of people suspected of committing crimes of selected categories, were intoxicated.

When it comes to minors, in 2007, as far as the abovementioned categories of punishable offences are considered, 47,050 perpetrators were caught, of which 20,690 were tested for alcohol intoxication. 3,491 of them turned out to be intoxicated, which is 7.4% of the total number of perpetrators of offences of selected categories.

Altogether in 2007, there were 159,346 cases of driving under the influence of alcohol and driving while intoxicated. There were 23,745 cases of driving under the influence of alcohol including 15,771 cases of driving mechanical vehicles and 135,601 cases of driving while intoxicated including 73,500 cases of driving mechanical vehicles. Compared to the data from 2006, the number of drunken

drivers decreased by 41,846 persons. In 2007, the number of accidents with the participation of persons under the influence of alcohol amounted to 6,503. In 2007 inspectors of National Labor Inspectorate controlled the employers' compliance with the obligation of establishing the circumstances and reasons of 2,516 accidents at work, in which 3,153 people were injured. The supervision revealed inter alia that the alcohol consumption was 1.2% of all accident causes investigated by the labor inspectors in 2007. In 2005 for 2,379 accidents the alcohol was the background of 0.8% of them and in 2003-2004 only 0.6% of the total number of accidents.

In 2007 the supervision recorded 134 accidents at work, in which one of the defined causes was alcohol consumption, intoxicants or psychotropic drugs). In these accidents 138 persons were injured. The alarming fact is that these numbers are also increasing.

In families with alcohol problem, meaning those in which at least one person presents harmful drinking for himself or for the family members, there are about 3-4 million people, including 1.5-2 million of children; 2.5 million people abusing alcohol and 600-700 thousands of alcohol dependent persons. Several millions of adult citizens live with so-called Adult Child of Alcoholic Syndrome. As emerges from the research of Institute of Health Psychology of Polish Psychological Association in at least 66% of families with alcohol problem domestic violence occurs. About 17% of respondents, with an insignificant decrease comparing to 2005, claimed that in their families memorable unpleasant situations due to alcohol drinking took place. It was most frequent in families of the respondents who declared drinking more than 6 l of pure alcohol per year.

In 2005 13% of respondents confirmed that they know people who were victims of domestic violence. In a study from 2008 that percentage increased to more than 16%. The great majority (more than 89%) of domestic violence incidents were related to alcohol. The percentage of the respondents' families, in which during the recent year domestic

- violence occurred, decreases. In 2002 more than 13% of questioned persons confirmed
- violent incidents in their families, in 2005 that percentage declined below 13%. In 2008
- about 9% of respondents claimed that domestic violence in their families occurred.
- In most cases the violent situations in a personal respondents' experience were related to
- alcohol consumption.

It is important to remember that all domestic violence data, due to victims' and witnesses' fear, may not fully show the real scale of the problem. The more objective evaluation of this phenomenon range is possible thanks to services intervention procedure "Blue Charts" in cases of domestic violence incidents. In 2005 the police intervened more than 96000 times (about 16% of total number of interventions) using the mentioned procedure. The observed upward tendency is

connected with the greater readiness to reveal this episodes but on the other hand with the greater professionalism of services obliged to intervene and giving assistance.

Data of The State Agency for Prevention of Alcohol Related Problems show that in 2007 because of public order disturbances 95 permits for the sale of alcohol were withdrawn. More than every third questioned person (36%) had contact with an inebriated or drunk person who accosted others, started the conversation, used vulgarities or offended others. In 34% of cases the victim of provocation was the respondent, in others the aggression was addressed towards someone else and the respondent was a witness.

The majority of verbal or physical aggression was observed by the respondents who drank small dose of alcohol whereas the aggression from the drunk people was experienced by those who drink more than 12 l of pure alcohol per year.

The National Program for Prevention of Alcohol Related Problems for 2006–2010 elaborated by State Agency for Prevention of Alcohol Related Problems in Warsaw (Poland) and accepted by Ministry of Health, among the main strategies of action, provides increase of the number of interventions addressed to hazardous and harmful drinkers by primary health care and specialist doctors and nurses.

In Poland the legal basis for resolving alcohol related problems is constituted by The Act of October 26th, 1982 on Upbringing in Sobriety and Counteracting Alcoholism.

This act determines national policy directions on alcohol, regulates the issues such as prevention and resolving alcohol-related problems, indicates the tasks from that area and subjects responsible for its accomplishment. It describes also the financial resources of these tasks, regulates the functioning of the alcoholic beverages market defining the rules of supervising the turnover of these drinks. Moreover, the act describes the rules for promotion and advertisement and formulates the penal regulations of the turnover and advertisement of alcohol, implements the strategies for alcohol abusing persons, determines the basis of the withdrawal treatment and indicates the competencies and tasks of The State Agency for Prevention of Alcohol Related Problems.

The organs assigned by legislatoion to accomplish the tasks from the prevention and resolving the alcohol-related problems are the state administration and the local self-government administration authorities, National Broadcasting Council and non- government organizations, the Catholic Church and other churches and religious associations.

The National Program for Prevention of Alcohol Related Problems indicates the tasks for the state administration authorities, National Broadcasting Council and The State Agency for Prevention of Alcohol Related Problems which coordinates the accomplishment of the program and integrates all three fields (central, voivodships and local community) formulating coherent problems categories

and operative goals . Preserving the distinct forms of management determined in the Act of Upbringing in Sobriety and Counteracting Alcoholism, and financing the prevention and resolving alcohol-related problems strategies on particular levels of administration Program creates the basis for realization of the integral policies towards alcohol.

The rest of the Report refers to the screening and brief interventions in primary health care, guidelines, protocols and aids, training, engaging primary health care providers, financial aspects, specialist support, monitoring and preparing for the introduction of the strategy.

The coordinators of the project are the College of Family Physicians in Poland in cooperation with The State Agency for Prevention of Alcohol Related Problems, which is directly responsible to the Minister of Health for implementation of the alcohol-related programs. The country-wide campaign of State Agency for Prevention of Alcohol Related Problems refers to responsible alcohol drinking. The official motion of College of Family Physician in Poland was sent to National Health Fund according to National Program for Prevention of Hazardous and Harmful Alcohol Consumption. The presented report was elaborated by College of Family Physicians in Poland using The Stage Agency for Prevention of Alcohol Related Problems data.

## CONTENTS

Introduction

The use of alcohol

The harm done by alcohol

- a/ Health
- b/ Crime/ public disorder
- c/ Productivity at work
- d/ Family and social networks
- e/ Summary of harms

Measures to reduce the harm done by alcohol

Effectiveness and cost-effectiveness of screening and brief interventions for hazardous and harmful alcohol use in primary health care

- a/ Effectiveness of SBI
- b/ Cost-effectiveness
- c/ Implementation

Current policies

Integrating screening and brief interventions in primary health care

- a/ Principles
- b/ Practice-based guidelines, protocols and aids
- c/ Training
- d/ Engaging primary health care providers
- e/ Funding and reimbursement
- f/ Specialist support and knowledge centres
- g/ Monitoring the progress of the strategy
- h/ Preparing for the introduction of the strategy
- i/ Managing the strategy
- j/ Communicating about the strategy

Research needs

Bibliography

Appendix: Abstract from the Action Plan of The National Program for Prevention of Alcohol-Related Problems for the Years 2006–2010.

## INTRODUCTION

The level of alcohol consumption in Poland has reached 9.21 liters per capita and is one of the world's highest. In the European Union alcohol is the third most important risk factor for ill-health and premature death after smoking and raised blood pressure, being more important than high cholesterol levels and overweight.

The National Program for Prevention of Alcohol Related Problems for 2006–2010 elaborated by the State Agency for Prevention of Alcohol Related Problems in Warsaw, Poland, and accepted by Ministry of Health, among the main strategies of action, provides an increase in the number of interventions addressed to hazardous and harmful drinkers by primary health care and specialist doctors and nurses.

Adequately trained primary health providers may undertake the early identifying and intervening with patients whose drinking is hazardous or harmful to their health at the asymptomatic level. Identification and brief intervention for alcohol consumption among patients in primary health care provides an opportunity to educate patients about the risks of hazardous and harmful alcohol use. Information about the amount and frequency of alcohol consumption may inform the diagnosis of the patient's presenting condition, and it may alert clinicians to the need to advise patients whose alcohol consumption might adversely affect their use of medications and other aspects of their treatment. Of utmost importance for screening and brief intervention programs is the fact that people who are not dependent on alcohol find it easier to reduce or stop their alcohol consumption, with appropriate assistance and effort, than those who are dependent.

Hazardous alcohol consumption is a level of consumption or pattern of drinking that is likely to result in harm should present drinking habits persist. The World Health Organization (WHO) describes it as a regular average consumption of 20g-40g of alcohol a day for women and 40g-60g a day for men. Harmful drinking is defined as a pattern of drinking that causes damage to health, either physical or mental. WHO describes it as a regular average consumption of more than 40g of alcohol a day for women and more than 60g a day for men.

Alcohol dependence is a cluster of physiological, behavioral and cognitive phenomena, in which the use of alcohol takes on a much higher priority for a given individual than other behaviors that once had greater value. Alcohol increases the risk of the wide range of social harms in a dose dependent manner. For the individual drinker, the higher the alcohol consumption, the greater the risk. Harms done by someone else's drinking range from social nuisances such as being kept awake at night through more serious consequences such as marital harm, child abuse, crime, violence and

ultimately, homicide. Harm to others is a powerful reason to intervene for hazardous and harmful alcohol consumption.

Alcohol is a cause of injuries, mental and behavioral disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, skeletal diseases, reproductive disorders and pre-natal harm. Alcohol increases the risk of these diseases and injuries in a dose dependent manner, with no evidence for a threshold effect. The higher the alcohol consumption, the greater is the risk.

A small dose of alcohol consumption reduces the risk of coronary heart disease. However the exact size of the reduction in risk and the level of alcohol consumption at which the greatest reduction occurs are still debated. Better quality studies and those that account for possible influencing factors find less of a risk and at a lower level of alcohol consumption. Most of the reduction in risk can be achieved by an average of 10g alcohol every other day. Beyond 20g of alcohol a day the risk of coronary heart disease increases.

The risk of death from alcohol is a balance between the risk of diseases and injuries that alcohol increases and the risk of heart disease that alcohol in small amounts decreases. The level of alcohol consumption with the lowest risk of death is zero or near zero for women under the age of 65, and less than 5g of alcohol a day for women aged 65 years or older. For men, the level of alcohol consumption with the lowest risk of death is zero under 35 years of age, about 5g a day in middle age, and less than 10g a day when aged 65 or older.

There are health benefits from reducing or stopping alcohol consumption. All acute risks can be completely reversed if alcohol is removed. Even amongst chronic diseases, such as liver cirrhosis and depression, reducing or stopping alcohol consumption are associated with rapid improvements in health.

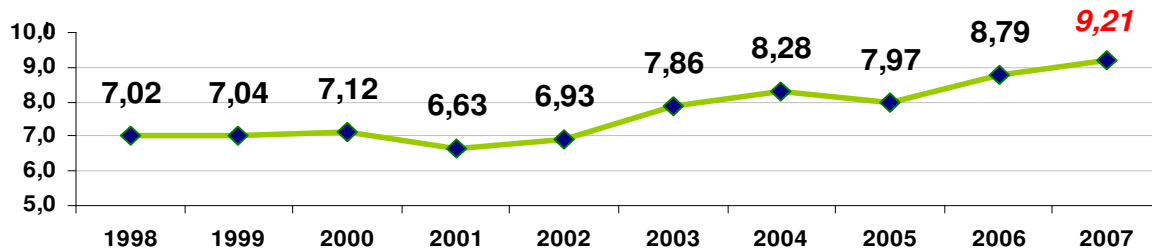
The primary health care providers have an opportunity to identify those adult patients with hazardous or harmful alcohol consumption. Primary health care involves the treatment of many common physical and mental conditions. Their causes in the use of alcohol need to be addressed and managed. It is of particular importance to reduce the risk of harm to others.

This report was elaborated by the College of Family Physicians in Poland using the Stage Agency for Prevention of Alcohol Related Problems data.

## THE USE OF ALCOHOL

The level of 100% alcohol equivalent consumption in Poland in one year increased by 0.42 l from 8.79 l in 2006 to 9.21 l in 2007 (Fig. 1).

Fig. 1. The level of 100% alcohol equivalent consumption per capita in liters in the last 10 years (Central Statistical Office data)



The risk group consists of people who consume more than 10 l for men and 7.5 l of pure alcohol for women, there being a far higher proportion of men (more than 19% of drinking men belong to the risk group, in women's case it refers to 2.4% of them).

The study, based on Alcohol Use Disorders Identification Test (AUDIT), shows that nearly 16% of men and 2% of women are hazardous or harmful drinkers, consuming the doses that increase the risk of health, psychological and social damage.

In the group of hazardous drinkers are more often: people aged 18–39 (it refers to every tenth women in this age group); single (bachelors, unmarried women and divorced); with elementary education (in women's case - with higher education), unemployed (increase in the number of hazardous drinking men by 48%), in ordinary working positions (in women's case-independent position) and non-religious and non-practicing persons. In the case of men, in this period, the greatest increase of the number of hazardous drinkers was observed at the age of 50 (increase by 50%).

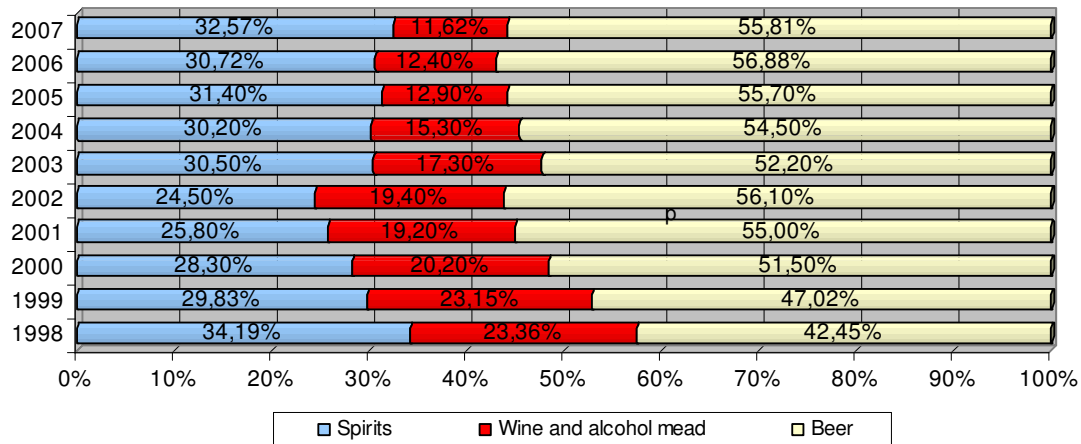
The study by the Institute of Mother and Child in Warsaw, Poland, (2003) showed that nearly 21% of pregnant women from Warsaw and the neighborhood drinks alcohol. Furthermore, the comparison of the country-wide studies results from 2005 ordered by The State Agency for Prevention of Alcohol Related Problems revealed that nearly 33% of women aged 18-40 drank alcohol during pregnancy. However, the comparison of the research results from 2008 and 2005 shows the desired behavior change. In the group of women who were pregnant, 12% of them admit to alcohol consumption when pregnant, whereas in 2005 the rate of such cases reached 16.5%. During pregnancy younger

women, those with a higher educational level and who consume on average more than 6 l of pure alcohol per year, are more likely to drink alcohol.

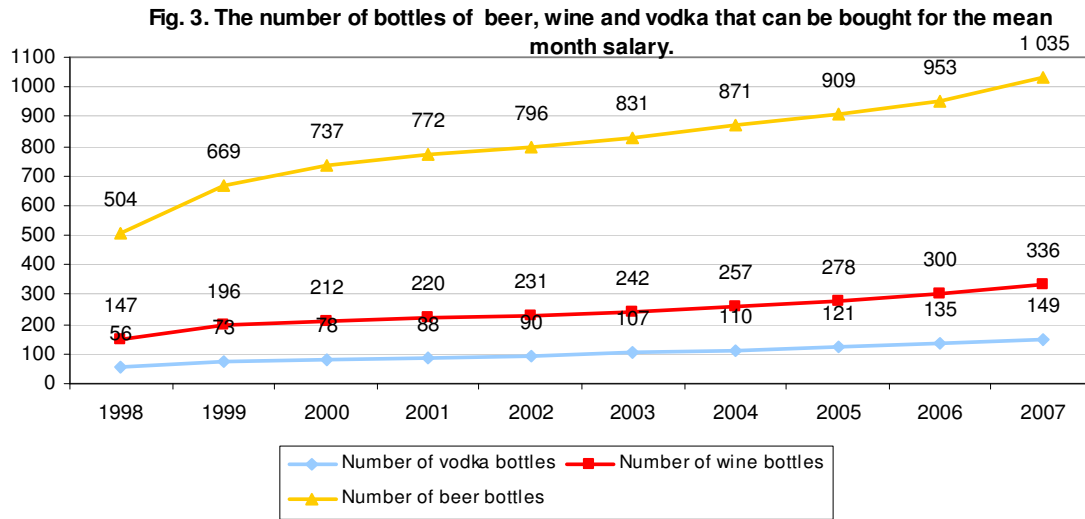
Moreover the obtained data confirm the stereotype in the Polish-wide consciousness that beer has the lowest risk of harmful consequences, wine is regarded as a little bit more dangerous than beer and vodka is the most dangerous form of alcoholic beverages (Public Opinion Research Center). The same dose of pure alcohol consumed in different forms (beer, wine, vodka) is less disturbing when it is contained in beer; a little bit more when it is in wine and the highest level of anxiety occurs when it is served in vodka.

The modification of the alcoholic beverages consumption structure in last 10 years shows the decreasing role of wine and increasing importance of spirit drinks (Fig. 2). It was assumed that the amount of alcohol in one liter of beer reaches 5.5% and wine (alcohol mead) – 12%.

**Fig. 2. Changes in the alcoholic beverages consumption in last 10 years (Central Statistical Office data)**

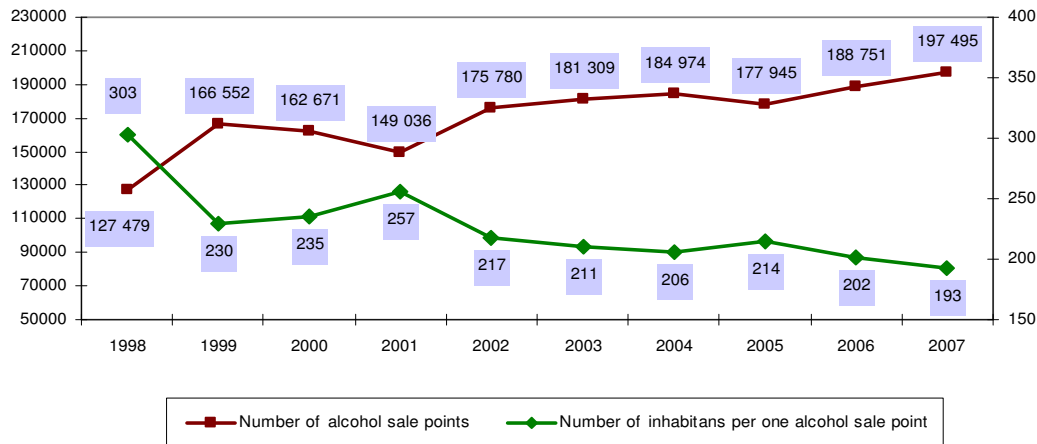


Compared to recent years, in 2007 the insignificant raise of alcoholic drink prices occurred (by 0.6%). However a disadvantageous phenomenon, observed from 2000, is the decrease of the prices of high content alcohol drinks ( spirit products and liquors) and simultaneous increase of the prices of low content alcohol drinks ( wine and beer). Currently, in comparison to 1998 for the mean month salary it is possible to buy three times more bottles of vodka and wine and twice as much bottles of beer (Fig. 3).



Besides economic access the significant influence on the alcohol consumption level has been the access to the alcoholic drinks sale in last 10 years and the decrease of the number of inhabitants per one alcohol selling point (Fig. 4).

**Fig.4. The number of points selling alcohol and the number of inhabitants per one point.**



The group of the people drinking the most, which reaches 9.2% of the overall number of alcohol consumers, drinks 43.1% of the overall alcohol consumed whereas the biggest group ( people who do not drink a lot) drink only 8% of the total consumed alcohol amount (Tab. 1).

Such a high concentration of alcohol consumption causes serious health and social consequences.

**Table 1.** Relation of number of alcohol drinkers to the amount of consumed alcohol.

Alcohol consumption per year	The percentage of alcohol drinkers per year	The percentage of consumed alcohol per year
to 1.2 liters	42.5%	8.0%
More than 1.2 do 6 liters	37.1%	23.7%
More than 6l do 12 liters	11.5%	25.3%
More than 12 liters	9.2%	43.1%

The percentage of people who accept the alcohol initiation under 18 years of age has significantly increased. In 2008 that perception was declared by 21% of women ( in 2005 nearly 15%) and about 26% of men ( in 2005 – 20%).

In 2007 a little bit more than 8% of respondents admitted to alcohol consumption in the workplace. In comparison to 2005 an insignificant increase of the drinking in the workplace is observed.

To sum up, according to the statistics from the last few years some worrying trends are the observed increase in:

- the level of alcohol consumption per capita
- economic access to alcohol
- the access to the alcoholic beverages.

The statistical data confirm that drinking is a serious problem and occurs commonly in Poland.

## THE HARM DONE BY ALCOHOL

### a/ Health

The most common alcohol related diseases are injuries, high blood pressure, liver diseases (cirrhosis, inflammation, steatosis), gastrointestinal dysfunctions, cardiovascular diseases, immunological disorders, reproductive and sexual disorders, pre-natal harms, some cancers and mental disorders such as depression and anxiety. In Europe alcohol consumption is responsible for ¼ of all sudden deaths of young people at the age of 15-29. Annually, a few thousands of people in Poland die because of directly and indirectly connected with alcohol abuse reasons, and a half of them are deaths directly caused by alcohol drinking. In Poland about 20% of patients of emergency rooms are those who abuse alcohol.

According to the National Institute of Hygiene in Warsaw, Poland, data from 2006 comparing to 2005 increased by:

- 16% the number of deaths because of mental disorders connected with alcohol use (1,808 of death in 2006 to 1,553 in 2005), highlighting that the number of women dying from that cause increased by 21%
- 4% the number of deaths caused by liver diseases (to 6,843 in 2006 from 6,596 in 2005), highlighting that the number of women dying from that cause increased by 7%
- 7% the number of deaths caused by alcohol intoxication (from 1,724 in 2005 to 1,851 in 2006), highlighting that the number of women's deaths increased by 24%

The increase of the above-cited indexes is the effect of alcohol intake, rising from 2003, especially in spirit alcohols, and a confirmation of models of drinking changing for worse.

The cost of alcohol related diseases was estimated in European Union countries in 2003 at 17 billion Euros. An additional 5 million Euros are spent on the treatment and prevention of harmful alcohol drinking and dependence.

### b/ Crime/public disorder

Information provided by the State Agency for Prevention of Alcohol Related Problems show that in 2007 Polish districts filed 127 motions with courts on account of contravention of provisions of the Act on Upbringing in Sobriety and Counteracting Alcoholism (Ustawa o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi) concerning sale of alcohol to the minors (art. 15 of the said act) and

5 motions by reason of contravention of provisions of the Act on Alcohol Products Advertising (Ustawa dotycząca reklamy produktów alkoholowych) (art. 13 of the said act).

At the same time 1,263 permits for the sale of alcohol were withdrawn – including inter alia: 221 permits because of selling alcohol to the minors, 152 – for not fulfilling requirements stipulated in the permit, 95 – for disrupting public order, 70 – for selling alcohol to the intoxicated.

Police data show a direct connection between alcohol and crime. In 2007 - 328,082 persons were registered as suspected of committing crimes of certain selected categories, in which sobriety tests are usually carried out (meanwhile total number of suspects amounted up to 540,604). Sobriety of 255,753 such suspects has been tested and the results showed that 200,551 of them, i. e. 61.1% of people suspected of committing crimes of selected categories (62.6% in 2006), were intoxicated.

When it comes to the minors, in 2007, as far as abovementioned categories of punishable offences are considered, 47,050 perpetrators were caught (total number of perpetrators of offences of all categories: 54,747), of which 20,690 were tested for alcohol intoxication. 3,491 of them turned out to be intoxicated, which is 7.4% of the total number of perpetrators of offences of selected categories (7.3% in 2006).

Throughout the country, Police filed 21,318 motions for prosecution on account of violating art. 43 of the Act on Upbringing in Sobriety and Counteracting Alcoholism with the Petty Offences Courts and gave 358,363 mandatory fines. 91 motions for punishment were filed with the courts by the Police for contravention of art. 45 of the act. 1,057 persons were fined on the same grounds. In 2007 there were 97 cases of breach of professional duty of sobriety (art. 180 of the Penal code [k.k.]).

Polish Police Headquarters data show that in 2007 proportion of the intoxicated in selected crime categories was as follows:

**§ manslaughter:**

- o 845 suspects, of which 448 intoxicated (53 %);
- o among them 26 minors, of which 9 intoxicated (35 %);

**§ bodily harm:**

- o 9,706 suspects, of which 2,156 intoxicated (22 %);
- o among them 2,912 minors, of which 98 intoxicated (3 %);

**§ rape:**

- o 1,111 suspects, of which 392 intoxicated (35 %);

- o among them 118 minors, of which 11 intoxicated (9 %);

**§ armed robbery, extortion:**

- o 15,975 suspects, of which 4,132 intoxicated (26 %);
- o among them 5,129 minors, of which 341 intoxicated (7 %).

Information provided by the Bureau of Prevention and Traffic of the Polish Police Headquarters shows that in 2007 drunk drivers caused 3,420 accidents in which 409 persons were killed and 4,928 were injured. With reference to the total number of car accidents, drunk drivers amounted up to 6.9 % of all perpetrators.

Altogether in 2007, there were 159,346 cases of driving under the influence of alcohol and driving while intoxicated. [According to the Polish law there is a significant distinction between driving under the influence of alcohol and driving while intoxicated. Driving under the influence of alcohol consists in driving while having 0.2–0.5 promile of alcohol in the blood and driving while intoxicated consists in driving while having more than 0.5 promile of alcohol in the blood.] There were 23,745 cases of driving under the influence of alcohol including 15,771 cases of driving mechanical vehicles and 135,601 cases of driving while intoxicated including 73,500 cases of driving mechanical vehicles. Compared to the data from 2006, the number of drunken drivers (this category comprises both driving under the influence and driving while intoxicated) decreased by 41,846 persons.

In 2007 – 54,578 drunk drivers' driving licenses were withdrawn by the Police (74.6% of all cases of driving license withdrawal).

In 2007, the number of accidents with the participation of persons under the influence of alcohol amounted to 6,503.

**c/ Productivity at work**

Insobriety at work is still a frequent cause of absence and reduced productivity of employees in a different economic areas, and the scale of this phenomenon increases.

Information from the Prevention and Promotion Department of Main Labor Inspectorate show that in 2007 inspectors of National Labor Inspectorate controlled the employers' compliance with the obligation of establishing the circumstances and reasons of 2,516 accidents at work, in which 3,153 people were injured. The supervision revealed inter alia that the alcohol consumption was 1.2% of all accidents causes investigated by the labor inspectors in 2007 ( altogether in 2005-2007 reached

3%). In 2005 for 2,379 accidents the alcohol was the background of 0.8% of them and in 2003-2004 only 0.6% of the total number of accidents.

In 2007 the supervision recorded 134 accidents at work ( including: 100 accidents resulting in death, or severe or massive injury), in which one of the defined causes was alcohol consumption, intoxicants or psychotropic drugs). In these accidents 138 persons were injured. The alarming fact is that these numbers are also increasing (in 2005 - 73 cases were entered including 73 resulting in death, or severe or massive injury).

#### **d/ Family and social networks**

In families with alcohol problem, meaning in which at least one person presents harmful drinking for himself or for the family members, there are about 3-4 million people, including 1.5-2 million children; 2.5 million people abusing alcohol and 600-700 thousands of alcohol dependent persons.

Several millions of adult citizens live with so-called Adult Child of Alcoholic Syndrome. As emerges from the research of Institute of Health Psychology of Polish Psychological Association in at least 66% of families with the alcohol problem the domestic violence occurs.

About 17% of respondents, with insignificant decrease comparing to 2005, claimed that in their families memorable unpleasant situations due to alcohol drinking took place. It was relatively most frequent in families of the respondents who admitted drinking more than 6 l of pure alcohol per year.

In 2005 13% of respondents confirmed that they know people who were victims of the domestic violence. In study from 2008 that percentage increased to more than 16%. The great majority (more than 89%) of domestic violence incidents were related to alcohol.

The percentage of the respondents' families, in which during the recent year domestic violence occurred, decreases. In 2002 more than 13% of persons questioned confirmed violent incidents in their families, in 2005 that percentage declined below 13%. In 2008 about 9% of respondents claimed that the domestic violence in their families occurred.

In most cases the violent situations as a personal respondents' experience were related to alcohol consumption.

It is important to remember that all domestic violence data, due to victims' and witnesses' fear, may not fully show the real scale of the problem. The more objective evaluation of this phenomenon range is possible thanks to services intervention procedure "Blue Charts" in cases of domestic

violence incidents. In 2005 the police intervened more than 96000 times (about 16% of total number of interventions) using the mentioned procedure. The observed upward tendency is connected with the greater readiness to reveal this episodes but on the other hand with the greater professionalism of services obliged to intervene and giving an assistance.

Data of The State Agency for Prevention of Alcohol Related Problems show that in 2007 because of the disturbance of the public order 95 permits for the sale of alcohol were withdrawn (the total number of withdrawn permits was 1,262). More than every third questioned person (36%) had a contact with inebriated or drunk person who accosted others, started the conversation, used vulgarisms or offended the others. In 34% of cases the victim of provocation was the respondent, in others the aggression was addressed towards someone else and the respondent was a witness.

Every sixth respondent (17%) met insober or drunk person who were physically aggressive. In every fourth case the respondent was the victim, in others the aggression was addressed towards someone else and the respondent was a witness.

The majority of verbal or physical aggression was observed by the respondents who drank small dose of alcohol whereas the aggression from the drunk people was experienced by those who drink more than 12 l of pure alcohol per year.

### **e/ Summary of harms**

Among many current social problems in Poland alcohol related problems are particularly important. It is due to the scale of the results of alcohol abuse and economic costs born by the national budget – estimated by WHO at 2-3% of gross national product (in 2005: 4.87–7.3 billions of Euros). Alcohol consumption has a great influence on the physical and mental health of both individuals and families and the consequences refer not only to harmful drinkers but also the whole population. Alcohol abuse indicates many social harms like public safety disturbance, crime, car accidents, domestic violence, poverty and unemployment. Therefore the activities towards prevention and resolving alcohol-related problems should be the subject of special care of government administration and local self-governments.

The following factors contribute to intensification of above-cited problems:

insufficient knowledge and harmful social attitudes towards alcohol-related problems;

too high accessibility and promotion of alcoholic drinks;

high level of alcohol consumption and hazardous models of drinking.

## MEASURES TO REDUCE THE HARM DONE BY ALCOHOL

In Poland the legal basis for resolving alcohol related problems is constituted by The Act of October 26th, 1982 on Upbringing in Sobriety and Counteracting Alcoholism (Dz. U. z 2002r. Nr 147, poz. 1231 z późn. zm.).

This act determines national policy directions on alcohol, regulates the issues such as prevention and resolving alcohol-related problems, indicates the tasks from that area and agents responsible for their accomplishment. It describes also the financial resources of these tasks, regulates the functioning of the alcoholic beverages market defining the rules of supervising the turnover of these drinks. Moreover, the act describes the rules for promotion and advertisement and formulates the penal regulations of the turnover and advertisement of alcohol, implements the strategies for alcohol abusing persons, determines the basis of the withdrawal treatment and indicates the competencies and tasks of the State Agency for Prevention of Alcohol Related Problems.

The organs assigned by legislation to accomplish the tasks from the prevention and resolving the alcohol-related problems are the state administration and the local self-government administration authorities, National Broadcasting Council and non- government organizations, the Catholic Church and other churches and religious associations.

The National Program for Prevention of Alcohol Related Problems indicates the tasks for the state administration authorities, National Broadcasting Council and the State Agency for Prevention of Alcohol Related Problems that coordinates the program accomplishment and integrates all three fields (central, voivodships and local community) formulating coherent problems categories and operative goals . Preserving the distinct forms of management, determined in the Act of Upbringing in Sobriety and Counteracting Alcoholism, and financing the prevention and resolving alcohol-related problems strategies on particular levels of administration Program creates the basis for realization of the integral politics towards alcohol.

## EFFECTIVENESS AND COST-EFFECTIVENESS OF SCREENING AND BRIEF INTERVENTIONS FOR HAZARDOUS AND HARMFUL ALCOHOL USE IN PRIMARY HEALTH CARE.

### a, b/ Effectiveness of SBI and cost-effectiveness

At this level of implementation of the projects connected with the prevention of the hazardous and harmful drinking in Poland it is difficult to estimate precisely the effectiveness and cost of SBI because, at present, the regional programs are mainly proceeded. The country-wide programs of prevention of hazardous and harmful drinking is currently at the last stage of the project and settlements of all interested organizations and government administration in Poland. On the basis of the pilot course for family physicians (based on this project) it is difficult to judge ultimately the results of the implementation, planned for the next year, on the whole area of Poland.

### c/ Implementation

The identification of harmful and hazardous drinkers is a great responsibility for the primary health care providers. Screening among patients in primary health care providers and giving the advice to patients from the risk groups, aimed at inducing limitation of the alcohol consumption to the level regarded as safer for health, is a very effective method of reduction the alcohol related health harms.

Within the prevention of early identification and brief intervention local self-governments are financing the courses for doctors, nurses and other health care providers. From 2002 the number of local communities organizing such a trainings is systematically decreasing. In 2007 only 48 local communities prepared the report on this activity (Table 2). The number of doctors and nurses who attend these courses decreases but at the same time an increase of well trained representatives of other occupations ( psychologists, social workers, therapists) is observed.

**Table 2.** The number of local communities and health care providers trained at identification and brief intervention.

Lear	The number of local communities organizing	Trained doctor	Participating nurses	Other trained	Total numer of trained

**Primary Health Care European Project on Alcohol (PHEPA)**

	courses from identification and brief intervention				
2002	137	399	666	807	1,872
2003	82	791	621	701	2,113
2004	80	919	370	525	1,814
2005	60	589	336	329	1,254
2006	47	313	320	312	945
2007	48	147	218	635	1,000

From the reports prepared by Marshals' Offices it emerges that the self-governments of Malopolskie and Wielkopolskie Voivodships took up the activities from early alcohol related problems identification and interventions towards patients in primary health care. In Malopolskie Voivodship three courses for 45 doctors and nurses were organized, whereas in Wielkopolskie Voivodship – 2 courses for 109 doctors and nurses. Within the pilot "Program of hazardous and harmful alcohol drinking prevention" on 30th of September 2008 in Szczecin the course for family physicians titled " Identification of hazardous and harmful alcohol drinking and brief and extended intervention in the family physicians practice" took place. It was organized by the College of Family Physicians in Poland in cooperation with the State Agency for Prevention of Alcohol Related Problems. Similar meeting is planned for the October 2008 in Lodz. The College of Family Physicians in Poland submitted the preliminary version of program of prevention of hazardous and harmful drinking to National Health Fund, so far without any response.

The College of Family Physicians in Poland and also the State Agency for Prevention of Alcohol Related Problems are participating in the project addressed to European Union members called "PHEPA II – Project on disseminating brief interventions on alcohol problems in Europe wide". The aim of the project is the continuation of activities aimed at standardization of the method of early identification and brief intervention among professionals in primary health care in UE Member Countries towards hazardous and harmful drinkers. The State Agency for Prevention of Alcohol Related Problems, as a participant of this project, organized the meeting dedicated to generalization of methods of early identification and brief intervention in primary health care. In this meeting took part, inter alia, the representatives of the College of Family Physicians in Poland, Institute of Psychiatry and Neurology, The Polish Chamber of Physicians and Dentists and Medical University in

Warsaw. In Istanbul (Turkey) the meeting took place, as a part of the PHEPA II project, participated by the representatives of the State Agency for Prevention of Alcohol Related Problems. The meeting was dedicated to discussion about the process of implementing the second phase of the project.

## 6. Current Policies

Current politics of Poland towards problems induced by inappropriate alcohol consumption is included in the National Program for Prevention of Alcohol Related Problems 2006-2010.

### The systemic guidelines of the program:

Acceptance in economic life that alcohol is a specific commodity, different from other products, in effect requiring special legal, administrative and financial regulations allowing for a somewhat higher level of control than is applicable to other products in a market system. The activities should be aimed at improving the effectiveness of the government's control system of the alcoholic market.

In social and political life giving priority to actions and decisions serving prevention and resolving of alcohol-related problems, falling within the areas of responsibility of the health, education, labor and social policy, justice, national defense and the internal affairs ministries as well as the voivodship and the local community level self-governments.

Ensuring systemic funding for the Program through earmarked allocations from the budgets of the health and other ministries, the Offices of the Marshals and through extra budgetary funds collected by the local community self-governments by way of fees for permits to sell alcohol.

Improving operational efficiency of State entities, associations and foundations involved in implementation of program of prevention and resolving alcohol-related problems.

The effective implementation of the Program requires the cooperation of the government administrative organs and particular levels of self-governments and National Broadcasting Council.

Units of the state central administration and National Broadcasting Council, guided by the principle of State complementarity, should focus primarily on tasks falling outside the competencies of local communities and provide professional support to efforts undertaken by those communities. The primary role in this respect falls to the State Agency for Prevention of Alcohol-related Problems, which carries out the tasks defined in the Act and co-ordinates implementation of the National Program and reports on the results to the Council of Ministers. It also carries out the tasks assigned in the Act to the Minister of Health and is supported through co-operation with appropriate services of respective ministries, the Voivodes and the Voivodships Administrations (the regional level).

The Minister of Health provides the integral policies on alcohol and alcohol-related problems and supervises the educational-correctional tasks' accomplishment, aimed at reduction of problems and health, social and economic alcohol-related harms.

The voivodship self-government, acting through its plenipotentiary for resolving of alcohol-related problems and the co-operating voivodship-level services shall ensure co-ordination of implementation of the Voivodship Program of Prevention and Resolving Alcohol Related Problems constituting an integral part of the National Program, with substantive and organizational support from the State Agency for Prevention of Alcohol-related Problems. It also provides substantive and organizational support to the local self-governments and NGOs active in the voivodship in the field of addressing alcohol-related problems.

It is recommended to have the priority targets and action strategies defined in the Program adopted as an integral part of the Voivodship Programs of Prevention and Resolving Alcohol-related Problems and included under the comprehensive voivodship development strategy.

The local community self-governments, implementing the tasks defined in the Act through the Local Community Programs of Prevention and Resolving Alcohol Related Problems, obtain substantive and organizational support from the Voivodship Administrations and the State Agency for Prevention of Alcohol Related Problems. In order to execute specific tasks they may form supralocal alliances and cooperate with county (or powiat -the intermediate self-government level) institutions.

Non-government organizations and specialized institutions play a fundamental role in implementing the tasks defined in Program on the central and the voivodship level.

Government administration and local authorities work together with self-help groups for people with alcohol problems, lending them appropriate support and accepting their assistance.

m. The Council of Ministers:

- accepts the premises of social-economic policy presented in the form of National Program of Prevention and Resolving Alcohol Related Problems,

- presents to Parliament an annual report on implementation of the Act on Upbringing in Sobriety and Counteracting Alcoholism.

Program implementation requires a stable and rational system of financing implementation of statutory tasks:

The funds for financing the tasks of the State Agency for Prevention of Alcohol Related Problems are reserved under the budget of the Ministry of Health as Chapter 85154 - Counteracting alcoholism.

Resources for financing the tasks of individual ministers and National Broadcasting Council are reserved under their budgets.

Funds for financing the Voivodship Program of Prevention and Resolving Alcohol Related Problems are reserved in budgets of individual voivodships. For the accomplishment of the tasks defined in the Program, actions will be taken to allow for financing the voivodship-level program additionally with funds collected in fees from permits for wholesalers of beverages with alcohol content of up to 4.5% by volume and beer and also beverages with alcohol content from 4.5% to 18% by volume, and for the issuing permits for additional places in business.

The local community level program of prevention and resolving alcohol problems are financed with: local communities' own resources,

supplementary resources collected by local communities as fees for the use of permits to sell alcoholic beverages.

The national documents of which the accomplishment corresponds to the accomplishment of the National Program of Prevention and Resolving Alcohol-related Problems are:

National Health Program (Target number 6)

The Government Program "Common room, work and stage – sociotherapy in rural areas"

The Government Program of Improvement of Citizens' Safety "Safe Poland"

Gambit – National Program of Traffic Safety

Program of the Mental Health Care (in preparation)

National Program of Counteracting of the Family Violence System

National Program of Counteracting of Drug Addiction

The European documents to which the present Program corresponds are:

**1.** "Framework for Alcohol Policy in the WHO European Region" accepted in September 2005 in Bucharest during the 55th WHO Plenary Session of the European Region. This document says that:

- every UE Member Country has an obligation to provide a high level of prevention of
- alcohol related harms,
- the policies on alcohol and activities undertaken should be based on reliable research
- according to effectiveness. In the event of the lack of validated data the activities aimed at the population's health take precedence,

- alcohol problems require dialogue and the engagement of many sides i.e. official subjects,
- trade and civil, however the guidelines of the public health guidelines referred to
- alcohol must be established by the public health representatives,
- alcohol is a specific product and should not be treated like other goods because of the harms
- caused by alcohol use

**2.** "European Declaration on Alcohol" accepted in Paris in 1995 by Ministers of Health of European WHO Region which calls the member countries to comprehensive politics towards alcohol including five basic ethical rules and goals and ten strategies of action on alcohol

- Conclusions – Motion of the European Council from 5th of June 2001 about the strategy of
- UE towards the reduction of alcohol-related harms.
- Recommendations of the European Council from 5th of June 2001 referred to alcohol use by
- minors, especially children and adolescents
- Directive Television Without Frontiers (containing regulations of international broadcasting
- of television programs) of which 15th article regulates the issues of alcohol advertisement

Presented Program refers to realized in 1992-1999 and 2000-2005 in European region, European Alcohol Action Plan. This program was coordinated by WHO and realized under the auspices of European Council. Poland was an active participant in accomplishment of this program and played an important role in preparation of the project of its continuation in 2000-2005.

Main strategies of action:

Previous Polish experiences and "WHO guidelines of establishment of national politics towards alcohol in European Region" allows to indicate the following strategies towards alcohol-related problems:

**1. Public education development in cooperation with mass media aimed at:**

Giving information about the problems, harms and risky behaviors caused by alcohol drinking and abusing, consequences of these behaviors and methods of prevention and treatment of harm to health and society in this area.

promoting healthy life styles, sobriety and abstinence.

**2. Wider availability and quality of school and environmental prevention programs including programs addressed to:**

### Primary Health Care European Project on Alcohol (PHEPA)

- parents, improving their pedagogical competences and
- sellers including the legal and ethical responsibility connected with the alcohol
- market
- systematic control of accessibility to the alcohol particularly towards the compliance
- to the prohibition of the alcohol sale to minors and increasing the effectiveness
- of the law's enforcement in a case of disturbances of the alcoholic beverages
- turnover rules and trade outside the legal selling points network.
- specialists' training in health care, education, welfare, judiciary, local social
- leaders and self-help environments in modern methods of resolving alcohol-
- related problems
- the increase in number of doctors' and nurses' interventions in primary and
- specialist health care towards hazardous and harmful drinkers in particular
- taking up the activities aimed at the reduction of the alcohol consumption by
- pregnant women. The increase of the number of health care providers and
- medical students trained at applying of above-cited methods.
- the increase of availability and effectiveness of the therapeutic and rehabilitating
- programs for dependent/harmful drinkers and their family members (adults and
- children) harmed because of that
- Creating labor programs aimed at prevention of drunkenness at the workplace and
- intervention with persons abusing alcohol.
- the increase of availability and effectiveness of the programs of assistance for
- domestic violence victims, implementing correctional-educational programs
- for perpetrators and development and improvement interventions procedures in
- incidents of domestic violence
- the increase of availability and effectiveness of the programs for insober drivers and
- implementing correctional-educational programs for people arrested for driving
- under the influence of alcohol, and towards recidivists also the therapeutic

- programs. The amendment in that area.
- implementing the rules of supervision decreasing the destructive consequences of
- behavior of drunk persons in public areas i.e. stadiums and railway stations
- intensifying the potential of the local population to develop implemented strategies
- in the range of local communities' and voivodships' prevention and alcohol-
- related problems resolving, the partnership networks creating and experts'
- forum to exchange the information and improve the cooperation for resolving alcohol
- problems
- the support of activities of non-government organizations and self-help environments
- aimed at prevention or reduction of alcohol related harms
- collecting and transferring data, studying and monitoring the phenomena and
- resources in alcohol problems, the analysis of economic and social costs and
- the effectiveness of undertaken correctional and preventive activities.

**Expected Program results:**

Reduction of the global amount of consumed alcohol in society by 20%

Change of the structure of alcohol intake by decreasing the share of the high alcohol content drinks in overall population by 10%

**Prevention of the new alcohol caused problems:**

- decrease of the number of hazardous drinkers by 20%
- decrease of the scale of the public insobriety by 25%
- decrease of the scale of insobriety of traffic participants by 10%
- decrease of the percentage of drunk under-aged by 15%

Decrease of the scale and diseases caused by previously existing problems:

- increase of the number of persons obliged to take up withdrawal treatment
- finishing the therapy program by 20%
- increase of the population participating in alcohol dependence therapy in penitentiary
- institutions by 15%

## INTEGRATING SCREENING AND BRIEF INTERVENTIONS IN PRIMARY HEALTH CARE.

### 7. a/ Principles

#### **Main aim**

The aim of the program is the prevention of alcohol-related harms by holistic activities (educational-diagnostic) in primary health care with hazardous and harmful drinking patients and sending to the specialists the patients who need their help including dependent patients.

#### **Detailed aims:**

- a) The evaluation of patients' drinking models
- b) Early identification of hazardous and harmful drinking patients
- c) Improvement of patients' awareness regarding alcohol-related harms
- d) Improvement of the relationship between doctor and drinking patient
- e) Improvement the effectiveness of the treatment of alcohol-related diseases
- f) Identification and sending to the specialist alcohol dependent patients
- g) Providing support for the dependent patients' families
- h) Decrease of the health care and social costs by decreasing the number and severity of complications due to alcohol consumption

### **b/ Practice-based guidelines, protocols and aids**

Services included in Program are given by family physicians to people from the list of their patients during practice's opening hours, Monday till Friday between 8 a.m. and 6 p.m., excluding statutory holidays . In order to achieve the goals the informative action about the Program will proceed with cooperation with the local self-governments and medias (information i.e. in the internet, press, broadcasts and television). The Program includes the specialists of family medicine, internal medicine or general practice realizing the contract with the National Health Fund in primary health care.

**The scheme of the preventive visit in the family practice includes:**

- a) interview referred to the patient's alcohol consumption ( AUDIT-C and AUDIT)
- b) physical examination
- c) additional laboratory tests such as gamma-glutamyl transferase level (GGT), the aminotransferases AST and ALT, carbohydrate-deficient transferrin(CDT) and Erythrocyte Mean Cell Volume (MCV) – it will be discussed with the National Health Fund.
- d) evaluation of patient's status according to alcohol drinking
- e) establishment of the further strategies
- f) preliminary assessment of educational stage and establishing the recommendations according to further education
- g) making the decision if the patient needs to be referred to the specialist
- h) The Chart of Preventive Examination fulfillment

During the second visit the doctor assesses the laboratory tests and consultations and makes the final evaluation. Those patients who need that will be referred to the dependence treatment specialists.

The consultation of specialists of dependence and other specialist consultations due to the final evaluation will be realized in a range of contracted by National Health Fund specialist ambulatory care.

Services described in Program will be given to the patients who were not previously included to the prevention program of hazardous and harmful drinking.

**Detailed elements:**

All adult patients should participate in screening towards hazardous and harmful drinking including the episodes of being drunk by questioning about the amount and frequency of alcohol consumption and by asking first three questions from (AUDIT-C) by WHO, elaborated for identification of hazardous and harmful drinking in primary health care. They were checked in practice and validated. The men patients who gain 5 or more points in AUDIT-C test or who drink 210g of alcohol or more per week and also female patient whose test result is 4 or more or consume 140g of alcohol or more

per week will be invited to take part in the full version of AUDIT-C consisting of 10 questions to extend the evaluation.

In men patients with AUDIT test result 8-15 points or who drinks 280g of alcohol or more per week and female patients with the result 8-15 or who consume 140g of alcohol or more per week the family physicians implement the brief intervention. It includes the following:

returnable information transfer that patient's drinking is qualified as a hazardous drinking

giving information about the particular dangers of continuation of hazardous drinking

facilitating the opportunity to formulate the goal of change of drinking model

giving an advice about alcohol consumption reduction to less than 280g of alcohol per week for men and to 140g per week for a women;

ensuring the patient that the harmful drinkers are not alcohol dependent and that they are able to change their drinking models

In men who in AUDIT test gained 16-19 points or who consume at least 350g of alcohol per week and in women who gained 16-19 points or who drinks not less that 210g of alcohol the primary health care doctor will proceed with the brief intervention.

**It will include:**

proceeding with the brief intervention described above

assessment of the level of advancement of the disease

adjustment of the advice to the stage of change regarding the fact that if the patient is at the stage before the change implementation then the consultative session of advice giving should be more focused on reversible influence to motivate the patient to take up the activity. If the patient already thinks about the activity (contemplative stage) the benefits of that activity, the risk of delaying and how to start .should be emphasized. If the patient is already prepared the activity should be focused on goals creating and making sure that the patient will involve into alcohol dose reduction, providing the further strategies, in which from the beginning the strategies of support are involved; returnable information, and companionship in establishing and maintaining possible to reach realistic goals, paying the attention to the situation when during couple of months the patient has difficulties with achieving and maintaining the goal at drinking then providing of the higher level of intervention will be considered – referral to the Dependence Treatment Centers.

### **c/ Training**

Special courses preparing the professional for participating in the Program will be organized by the College of Family Physicians in Poland in cooperation with the State Agency for Prevention of Alcohol Related Problems. The pilot course entitled "The program of hazardous and harmful drinking prevention" took place on 30th of September 2008 in Szczecin, the second is planned for October 2008 in Lodz. Altogether, in these pilot courses 50 doctors will participate. The aim of these courses, after the evaluation by the participants, is more essential courses' preparation. In 2009 every family physician in Poland will attend this course. Starting the country-wide education will be preceded by training the team of lecturers (family physicians and specialists of dependence treatment).

### **d/ Engaging primary health providers**

The doctors participating the Program will show the certificate confirming the assessment and proceedings skill with the drinking patients issued by the College of Family Physicians in Poland in cooperation with the State Agency for Prevention of Alcohol Related Problems. Participation is permitted in the Program for the family medicine, internal medicine or general practice specialists realizing the contract with National Health Fund in primary health care.

### **e/ Funding and reimbursement**

The Program is financed by National Health Fund. The way of financing- for the service due to the contract for the primary health care (similarly to the smoking prevention program).

The cost of the two-levels preventive visit with the assessment of patient's risk, readiness for a change and short or extended intervention – to discuss with the National Health Fund and, additionally, the costs of the laboratory tests agreed with National Health Fund.

### **f/ Specialist support and knowledge centers**

In a case of the necessity for patient education, and in the absence of the possibility of such education in primary health care, the patient should be referred to the Dependence Treatment Centers.

The dependence treatment specialist who consults the patient completes the card of the visit and writes the recommendations in a way that the family physician had a full information about the patient's progress.

Indications for sending the patient for the specialist consultation other than to Dependence Treatment Center – patients with:

- cardiological symptoms – directly to the cardiologist
- symptoms of insufficiency of peripheral circulation – directly to the vascular surgeon or angiologist
- the symptoms of renal failure – directly to nephrologists
- the symptoms of neuropathy – directly to neurologist.

Every hazardous or harmful drinker could join the program once in 3-4 years.

### **g/ Monitoring the progress of strategy**

Monitoring of the real Program implementation should be based on the reports including:

- a) the effectiveness of implementation: - the number of patients from the list of the doctor realizing the Program included in Program
- b) number of people affected:
  - qualified as hazardous and harmful drinkers groups
  - who made the attempt of the alcohol consumption reduction
  - referred for withdrawal treatment

### **h/ Preparing for the introduction of the strategy**

The State Agency of Prevention of Alcohol Related Problems is preparing to the actions aimed directly at the patients by organizing the program “Count the Promiles” and planning the activities in local communities, also by brochures.

The form of preparation to the cooperation with family physicians was publishing two books translated from English - “Alcohol and Primary Health Care. Clinical Guidelines on Identification and Brief Interventions” by P. Anderson, A. Gual, and J. Colom as well as “Alcohol and Primary Health Care. Training Program on Identification and Brief Interventions” by A. Gual, P. Anderson, L. Segura, and J. Colom (published by Parpamedia), and also pilot courses for family physicians in two polish medical universities. These courses may become the curriculum of the specialization and a form of doctors’ preparation to country-wide preventive program financed by National Health Fund.

### **i/ Managing the strategy**

The coordinators of the project are the College of Family Physicians in Poland in cooperation with the State Agency for Prevention of Alcohol Related Problems, which is responsible for implementation of the alcohol-related programs directly before the Minister of Health.

### **j/ Communicating about the strategy**

The country-wide campaign of the State Agency for Prevention of Alcohol Related Problems refers to responsible alcohol drinking. The official motion of the College of Family Physician in Poland was sent to National Health Fund according to National Program for Prevention of Hazardous and Harmful Alcohol Consumption. The planned information for polish doctors in the most popular monthly Lekarz Rodzinny (Family Physician).

## RESEARCH NEEDS

### **Further studies on this topic are needed:**

The evaluation of doctors mastery of the information given on the preliminary courses dedicated to hazardous and harmful alcohol drinking.

The opportunities for using knowledge about hazardous and harmful alcohol drinking

The barriers to training in hazardous and harmful alcohol drinking.

The effectiveness of the strategies of the State Agency for Prevention of Alcohol Related Problems aimed at patients according to the expenditures.

The long term "sentinel"-like studies should be considered to obtain not the result of an action but the result of preserved activity enlightening the patients of primary health care.

## BIBLIOGRAPHY

- Anderson P, Baumberg B. Alcohol in Europe. Institute of Alcohol Studies: London, 2006.
- Anderson P, Gual A, Colom J. Alcohol and Primary Health Care: Clinical Guidelines on Identification and Brief Interventions. Department of Health of the Government of Catalonia: Barcelona, 2005.
- Ceny w gospodarce narodowej w 2001 r. GUS: Warszawa.
- Ceny w gospodarce narodowej w 2007 r. GUS: Warszawa.
- Cherpitel CJ, Ye Y, Moskalewicz J et al. Screening for alcohol problems in two emergency services samples in Poland: comparison of the RAPS4, CAGE and AUDIT. *Drug and Alcohol Dependence* 2005;80,201–207.
- Dane dotyczące wpływu alkoholu na zdrowie. Państwowy Zakład Higieny: Warszawa, 2006.
- Gual A, Anderson P, Segura L et al. Alcohol and Primary Health Care: Training Programme on Identification and Brief Interventions. Department of Health of the Government of Catalonia: Barcelona, 2005.
- Kodeks Karny. Stan prawny na dzień 24.11.2005. Wyd. Prawnicze Lexis: Warszawa, 2007.
- Mierzecki A, Gąsiorowski J, Godycki-Ćwirko M, Miączyńska M. Ocena pierwszych szkoleń lekarzy podstawowej opieki zdrowotnej w zakresie rozwiązywania problemów alkoholowych. *Prob Med Rodz* 2001;3,2:26-31.
- Mierzecki A, Godycki-Ćwirko M. Zagadnienia profilaktyki i promocji zdrowia. Akasis: Łódź, 2000.
- Mierzecki A, Wiśniewska M, Erber H et al. The comparison of the alcohol consumption model in the first year medical students in Szczecin and Greifswald. *Zdrowie Publ* 2006;116(4):568-571.
- Ministerstwo Gospodarki: Warszawa, 1998.
- Narodowy Program Profilaktyki i Rozwiązywania Problemów Alkoholowych na lata 2006 – 2010 opracowany na podstawie art. 3 ust. 3 pkt. 1 ustawy o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi przez Państwową Agencję Rozwiązywania Problemów Alkoholowych. Wydawnictwo PARPA: Warszawa, 2007.
- Profilaktyka i rozwiązywanie problemów alkoholowych w samorządach lokalnych. Zestawienia statystyczne. Wydawnictwo Edukacyjne PARPA: Warszawa, 2006.
- Projekt sprawozdania Ministerstwa Zdrowia z realizacji ustawy o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi za rok 2007 przygotowany przez Państwową Agencję Rozwiązywania Problemów Alkoholowych. PARPA: Warszawa, 2008.

Raport dotyczący ogólnopolskiego badania ankietowego zrealizowanego na temat świadomości szkodliwości alkoholu wśród kobiet ciężarnych. PBS: Sopot, 2005.

Rocznik Statystyczny 2005. Publikacja GUS on-line. Text available on: [www.stat.gov.pl/gus](http://www.stat.gov.pl/gus). Access 23.09.2008.

Sprawozdanie Państwowej Agencji Rozwiązywania Problemów Alkoholowych za rok 2007. PARPA: Warszawa, 2008.

World Health Report 2002, Reducing Risks, Promoting Healthy Life. WHO, 2002.

Wzory konsumpcji alkoholu w Polsce w latach 2002-2008. Fundacja Centrum Badania Opinii Społecznych (na zlecenie PARPA): Warszawa, 2008.

## APPENDIX

Measures to reduce the harm done by alcohol

Abstract from the Action Plan of The National Program for Prevention of Alcohol-Related Problems for the Years 2006–2010.

Health and developmental harms caused by alcohol drinking by adults

### **Target 1.**

Extending knowledge about alcohol's influence among doctors and other health care providers.

### **Target 2.**

Decreasing the number of hazardous and harmful drinkers.

### **Target 3.**

Decreasing the number of drinking pregnant and breastfeeding women.

### **Target 4.**

Increasing the number of identifications of health problems and harms caused by alcohol consumption among the patients of primary and specialist health care.

### **Action strategies:**

Implementing within the educational program of students of medicine and graduates of medical schools, modules referring to alcohol consumption and dependence, as well as methods of prevention.

Implementing within program of specialization, psychiatric particularly, modules referring to alcohol consumption and dependence as well as methods of prevention.

Implementing within the diagnostic standards the obligation of screening for alcohol-related problems and intervention towards harmful drinkers.

Education of medical environments about alcohol dependence, alcohol-related health harms and early diagnosis methods as well as brief intervention on alcohol abusers by courses, specialist press and publications and internet portals.

Public education concerning alcohol consumption health consequences, including harms for fetus by popular informative publications, country-wide campaigns, courses and local interventions. Teaching of individual controlling and models of alcohol consumption.

Implementing in the pregnancy charts and gynecological interview protocols questions referring to alcohol consumption and recommendations of abstinence.

### **Alcohol related health harm**

#### **Target 1.**

Reduction of the mortality and psychophysical degradation of persons with alcohol dependence.

#### **Target 2.**

Increasing of percentage of people using the professional alcohol dependence therapy.

#### **Target 3.**

Improvement of health and social functioning of alcohol dependent persons who maintain abstinence.

#### **Target 4.**

Increasing of percentage of alcohol dependent persons receiving assistance and support from self-help environments (active abstainers clubs and AA groups).

#### **Target 5.**

Shortening the period from dependence diagnosis to specialist intervention.

#### **Strategies of action:**

Increase of availability of professional alcohol dependence therapy

Improvement of the mental and physical health care of patients receiving withdrawal treatment

Continuation of the certification program for specialists in psychotherapy of dependence and instructors of the dependence therapy

Implementing the accreditation program of treatment centers

Supporting the self-help environments for alcohol dependent persons

Development of therapeutic program for specific populations, cross-dependent, youth, handicapped, institutions' boarders etc.

Promotion of Dependency treatment centers' services

Extending competences of communal committees members in motivating to take up the dependence treatment

Education of judges from the Family Law Departments in dependencies and family problems according to the procedure of dependence treatment obligation

Amendment to statutory provisions referred to institutions of commitment to dependence treatment, aimed at the adjustment to current administrative, legal and social circumstances.

Alcohol-related health and psychosocial harm of family members including domestic violence

**Target 1.**

Improving the psychosocial situation of co-dependent persons by increasing the number of people participating the professional assistance programs.

**Target 2.**

Decreasing domestic violence in families with alcohol problem.

**Target 3.**

Decreasing the risk of social exclusion of family members with alcohol problem.

**Target 4.**

Improvement of psychosocial situation of Adult Children of Alcoholics.

**Strategies of action:**

Increasing the availability and effectiveness of co-dependence psychotherapy program offered by treatment centers to family members

Implementing of legal and administrative intervention against violence and other alcohol-related family dysfunctions

Improving the quality and availability of correctional and educational program for perpetrators of violence

Increasing the availability and quality of therapeutic and educational programs for victims of domestic violence

Organizing local social associations and community groups for counteracting domestic violence

Extending competences of services ( police officers, welfare workers, healthcare workers, judiciary, form-masters) in counteracting domestic violence

Increasing availability of the social therapy centers for Adult Children of Alcoholics (training specialists working with ACA, promotion of programs for ACA, creating and implementing new methods of therapeutic assistance)

Supporting the non-government organizations and self-help groups offering help for alcoholics' family members ( co-dependent, violence victims, adults and children)

Promotion of therapeutic services for co-dependent and Adult Children of Alcoholics

Crimes and offences caused by inebriated persons, in particular drunken drivers

**Target 1.**

Decreasing of the number of traffic accidents related to alcohol use, in particular road casualties.

**Target 2.**

Decreasing the number of drunken drivers.

**Target 3.**

Reduction of threats to the safety and public order disturbance caused by drunk persons.

**Target 4.**

Decreasing the number of crimes and offences caused by drunk persons.

**Strategies of action:**

Systematic police sobriety controls of the drivers, especially after 22 p.m., during the weekends, holidays and home-coming after leave

Implementing the legal possibility of permanent driving license revocation for drivers who repeatedly drive under the influence

Improvement of the traffic law by introducing obligatory participation in a special correctional-educational programs as a condition for reclaiming the license by drunken drivers

Introducing specific programs for drivers who in the last 12 months were detained for a second time for driving under the influence

Social education and extending the personal knowledge about the influence of alcohol on the organism and psychomotor condition (i.e. in driving schools)

Organizing obligatory trainings about the influence of alcohol on the organism for professional drivers, including drivers of uniformed services

Increase of the level of enforcement of the law in public drunkenness, in particular compliance with the ban on selling and drinking alcohol in public transport as well as ban on drinking alcohol in public areas

Local activities to increase public safety during sport and entertainment events, establishing and introducing the effective interventions towards drunk persons in public baths.

Extending the competences of public services (i.e. Police, City Guard) in interventions aimed at drunk persons

Introducing therapy for alcohol-dependent convicts in penitentiaries

Increasing the social awareness of the inevitability of penalties for non-observance of traffic law about driving under the influence of alcohol by advancing the penalization and making a better use of sanctions regulated by law.

Alcohol-related economic harms

**Target 1.**

Evaluation of the real scale of alcohol-related economic harms.

**Target 2.**

Decrease of the economic harms at the workplace caused by drunk employees.

**Target 3.**

Decrease of the other economic harms caused by alcohol consumption (i.e. accidents and insurances costs)

**Strategies of action:**

Training supervisors in early identification of alcohol problems and appropriate intervention

Introducing and promoting the preventive and educational campaigns at the workplace

Facilitating access of alcohol dependent employees to assistance in professional alcoholism treatment centers and self-help environments

Evaluation of economic costs of alcohol abuse.