

What's the aim of the Phepa Project?

The project aims to integrate health promotion interventions for hazardous and harmful alcohol consumption into primary health care professionals' daily clinical work. It will achieve this by preparing: European recommendations and clinical guidelines on best practice for health care purchasers and providers; a training program for primary health care professionals; a comprehensive Internet site database on good practice, providing the evidence base in the domains of efficacy, economics, health outcomes and policy; and a series of country specific dissemination strategies. The aims support the European Community's Public Health strategy and the European Charter on Alcohol and the European Alcohol Action Plan, of the World Health Organisation.

How does the Phepa Project relate to what has already been done in the field?

There is a strong evidence base for the efficacy, cost effectiveness and utility of health promotion interventions for hazardous and harmful alcohol consumption in primary health care settings. Much of this work has been undertaken through a series of international collaborative studies involving EU countries on the detection and management of alcohol-related problems in primary health care coordinated by the World Health Organization. The project will draw on the general experience of the previously EU funded project, "Health Promotion in General Practice and Community Pharmacy - A European Project" and its reports and partners, applying its relevant findings to the specificity of interventions for hazardous and harmful alcohol consumption. Screening instruments have been developed and tested, the efficacy of interventions demonstrated, the current practices and perceptions of primary health care physicians assessed, and the methods for encouraging the uptake and utilizations of interventions. The challenge is now to integrate health promotion interventions into daily clinical work.



How will be the aim achieved?

To achieve the project aim the following activities have been planned.

List of Activities	Months
Create European expert group of public sector, health care Professional, non-governmental, scientific and private sector organisations to be active throughout project	1 st - 6 th
Create country based action groups of public sector, health care professional non-governmental, scientific and private sector organisations to be active throughout project	1 st - 6 th
Collect background data on countries	1 st - 6 th
Draft recommendations and clinical guidelines and seek endorsement at European and country level	1 st - 12 th
Create and develop Internet site database on good practice, providing the evidence base and maintain throughout project	1 st - 12 th
Document exiting experiences of primary health care based interventions	6 th -12 th
Develop and adapt existing training program (skills for change of the WHO) for primary health care professionals	6 th -18 th
Prepare strategy for implementing primary health care based interventions in pilot areas or country wide	12 th -18 th
Document implementation strategies	12 th -18 th
Pilot test training program	18 th -24 th
Case study evaluation and make recommendations for future actions	18 th - 24 th

Who funds the project?

The "Primary Health Care European Project on Alcohol" receives fundings from the European Commission and the Department of Health of the Autonomous Government of Catalonia

Which organizations and institutions are involved in the project?

European Commission- Directorate-General Health and Consumer Protection-Unit G 3
Government of Catalonia-Health Department-Program on Substance Abuse

Who constitutes the Phepa Team?

In order to achieve the project objectives we have been working under a simple organization composed by different people and groups: researchers and research assistants, administrative personnel, partners and observers.



Project Team

The majority of the people (with the exception of Dr. Anderson) under this group are settled up in Barcelona and there are two subgroups: researchers and administrative personnel.

Researchers

Role	Name Title	Affiliation	E-mail
Manager	Colom, Joan Director General	Program on Substance Abuse	joan.colom@gencat.net
Leader Researcher	Gual, Antoni PhD MD	Alcohol Unit of the Hospital Clinic	tgual@clinic.ub.es
Leader Researcher	Anderson, Peter PhD MD	Public Health Consultant	PDAnderson@compuserve.com
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Research Assistant	Montserrat, Olga Psychologist	Program on Substance Abuse	olga.montserrat@gencat.net

Administrative personnel

Researchers have the administrative support of the following people:

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Partners

We have 13 country representatives that act as partners and country based team leaders

Country	Name Title	Affiliation	E-mail
Belgium	Pas, Leo MD	Scientific Society of Flemish General Practitioners (WVVH)	leo@pas.telenet.be
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Sweden	Bendtsen, Preben MD	Linköping Universtiy Hospital	prebe@ihs.liu.se



Observers

We have 5 country representatives that act as observers of the whole project procedure

Country	Name Title	Affiliation	E-mail
Hungary	Sineger, Eleonóra MD	Hungarian Association of Addictologists	sineger@axelero.hu
Slovenia	Kolsek ,Marko MD	Department of Family Medicine	marko.kolsek@mf.uni-lj.si
Poland	Mellibruda, Jerzy Professor	State Agency for the Prevention of Alcohol Related Problems	jurekm@wp.pl
Czech Republic	Sovinova, Hana MD	National Institute of Public Health	sovinova@szu.cz
Bulgaria	Kantchelov, Alexander MD	National Centre for Addictions	al.kantchelov@aster.net

Experts

Participate in the project guiding the whole procedure

Country	Name Title	Affiliation	E-mail
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United Kingdom	Rollnick, Steven Professor	College of Medicine University of Walles	rollnick@cf.ac.uk



More about the project

1. Project Summary
2. Project Application
3. Interim Report (December 2004)

* European Commission Health Promotion Programme

1. [Decision No521/2001/EC of the European Parliament and of the Council of 26 February 2001](#)
2. [Call for proposals 2002](#)
3. [Integrated Work Plan 2002 for the Public Health Programmes](#)

