



SOCIETY FOR
THE STUDY OF
ADDICTION

Annual
Symposium
2009

The future of treatment policy

European alcohol treatment policy

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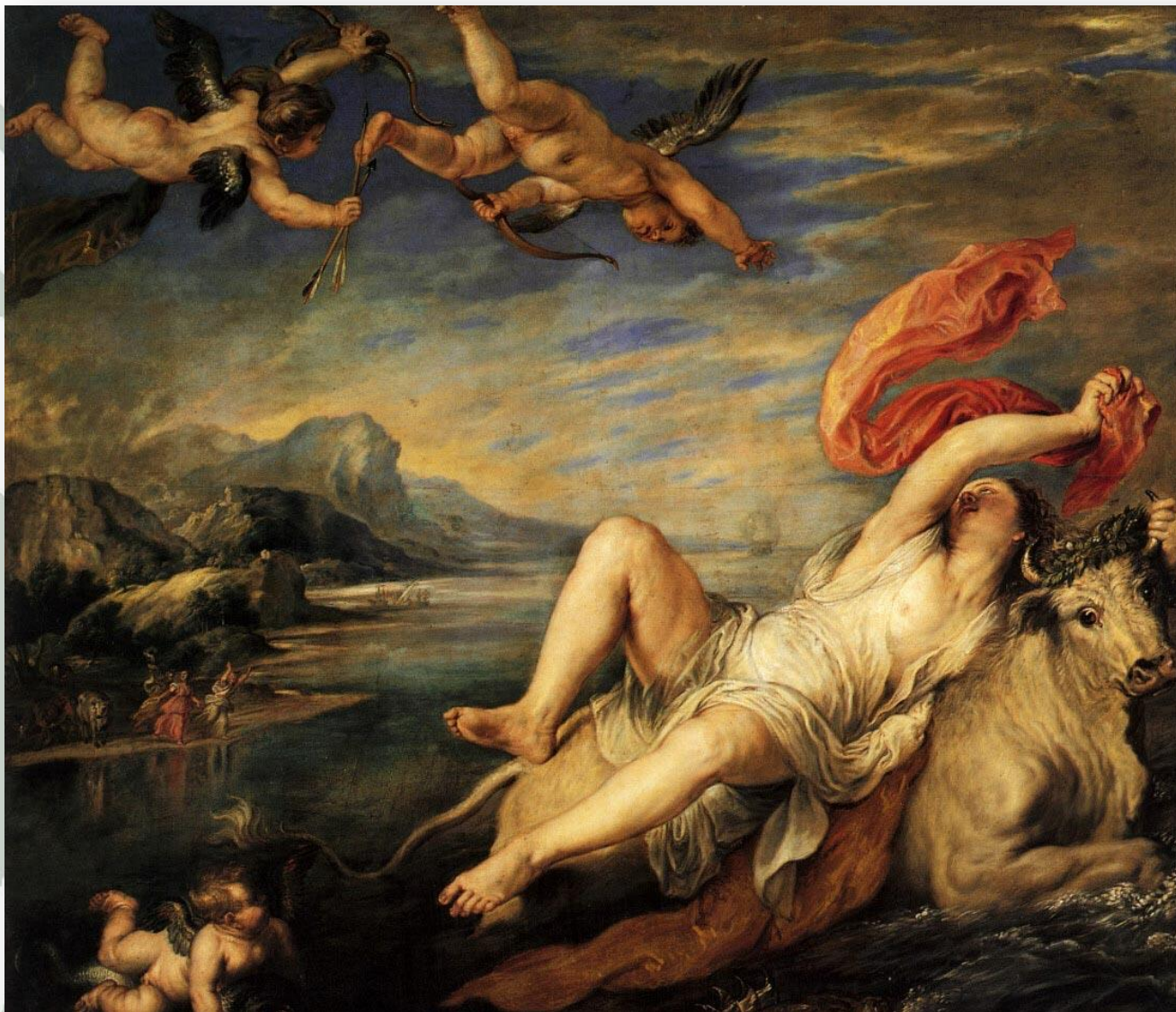


Index

- Europe, a building under construction
- Mapping the treatment of hazardous and harmful alcohol use (HHAU) accross Europe
- Recent tendencies
- Personal experiences
- Ongoing and future research



What is Europe?

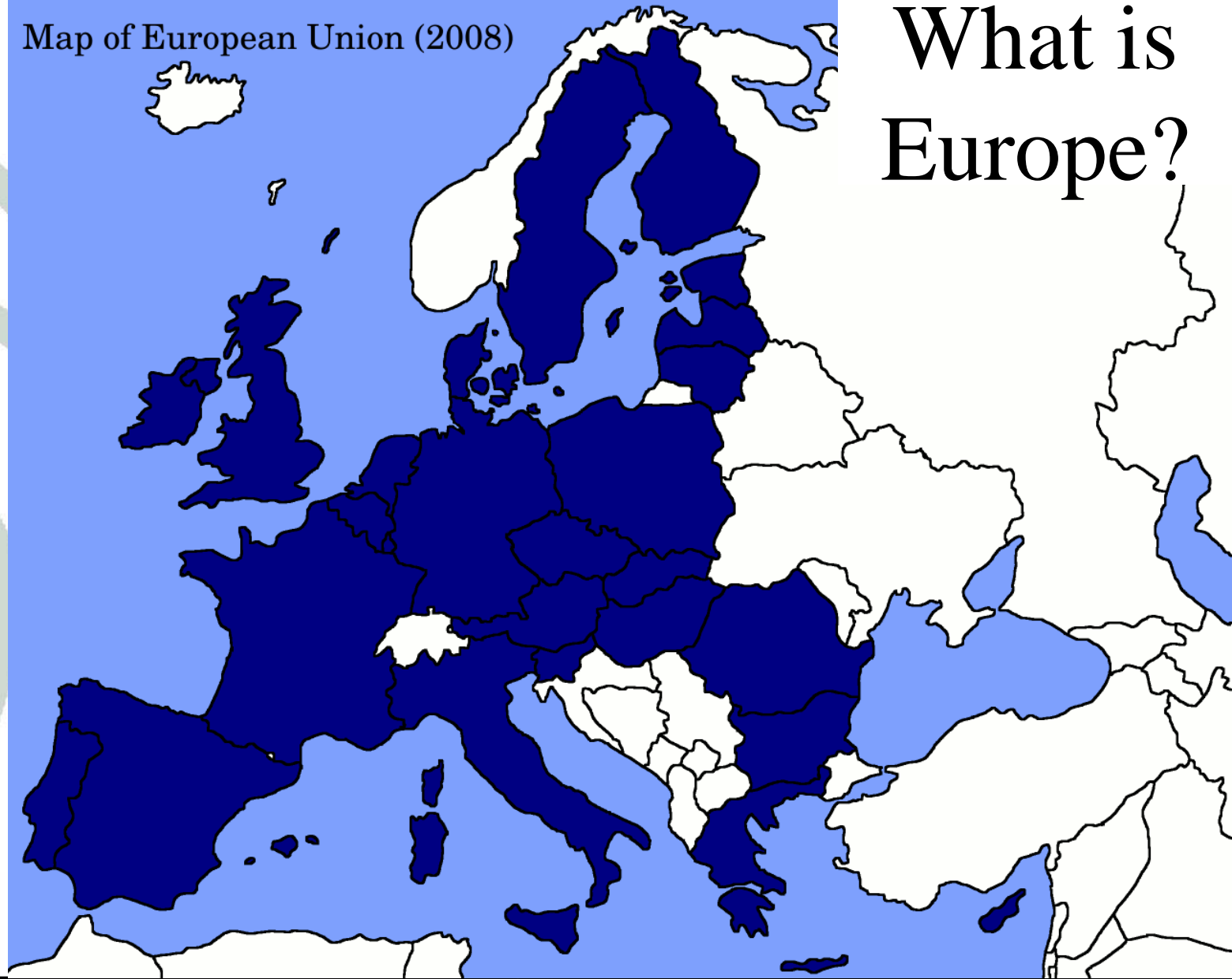


The Seduction of Europa
Tiziano, circa 1560

What is Europe?




Map of European Union (2008)



What is Europe?



Ulysses and the Sirens
Herbert J. Draper, 1909



THE LISBON TREATY

The Readable Version
Second Edition



 FOUNDATION FOR
EU DEMOCRACY

EUROPEAN UNION

CONSOLIDATED VERSIONS

OF THE TREATY ON EUROPEAN UNION AND OF THE TREATY
ESTABLISHING THE EUROPEAN COMMUNITY

TITLE XIII

PUBLIC HEALTH

Article 152



TITLE XIII

PUBLIC HEALTH

Article 152

- Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care.



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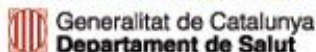
Highlights

European Commission



This project has received funding from the European Communities

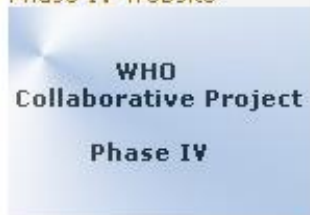
Generalitat de Catalunya



www.gencat.net/salut

This project has received funding from the Health Department of the Government of Catalonia

Phase IV Website



Project on Identification and Management of Alcohol

Welcome to Phepa.net

30/10/2009 20:08

It is an essential resource for those professionals who have to tackle alcohol related problems in primary health care settings. It presents evidence-based information on the management of alcohol problems under different headings: [The harm done by alcohol](#), [Identifying alcohol problems](#), [Intervening with patients](#), etc

Phepa.net has been developed in the framework of the Project entitled "Primary Health Care European Project on Alcohol" funded by the European Commission and the Department of Health of the Autonomous Government of Catalonia. This European Project is aimed at integrating health promotion interventions for hazardous and harmful alcohol use. Phepa.net will achieve this by preparing: [guidelines for health care purchasers and providers](#); a [database on good practice](#), and [a training manual for health care providers](#).

www.phepa.net

What's new?

03/07/2009

Phepa has produced a [final flyer](#) summarizing the final activities carried out by the Project.

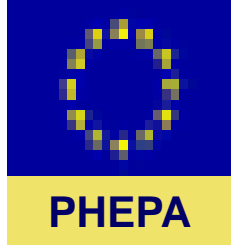
30/04/2009

We are pleased to inform you that the final financial and technical report was sent to the EC.

The report and the all the annexes are posted at the [phepa website](#).

We will continue updating the [phepa website](#), so let us know if there is any document (translated manuals, etc) or progress at country level (relevant news, links or bibliography) you would like us to put in the website.

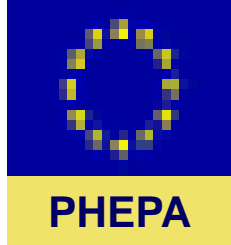
PHEPA looks forward to continuing collaborating with all partners. We would like to remind you that the project is a collaborative effort. We would like to thank you for your contribution to the project. We are looking forward to your future contributions.



Phepa II.

Specific objectives

- To create a sustained **European Platform** of health professionals and brief interventions
- To develop an **assessment tool** and a registry to assess and document the current status of services for brief interventions
- To build an **Internet based resource centre** for health professionals, policy makers and providers
- To roll out a **training programme** throughout Member States to harmonize the skills of European health professionals
- To roll out **clinical guidelines** throughout Member States to harmonize the quality of brief interventions.



ASSESSMENT TOOL –REPORT
Hazardous and harmful alcohol
consumption



Development of the Assessment Tool

- Based on the World Health Organization questionnaires to assess smoking cessation services and enhanced in three phases, including a focus group and an examination by a European expert panel.
- The feasibility of implementation was assessed by 14 individuals, and piloted in 18 countries.
- It was adapted for hazardous and harmful alcohol consumption by Peter Anderson in 2004 with assistance from the partners of the PHEPA project.



Description of the Assessment tool

24 questions distributed across 7 key sections:

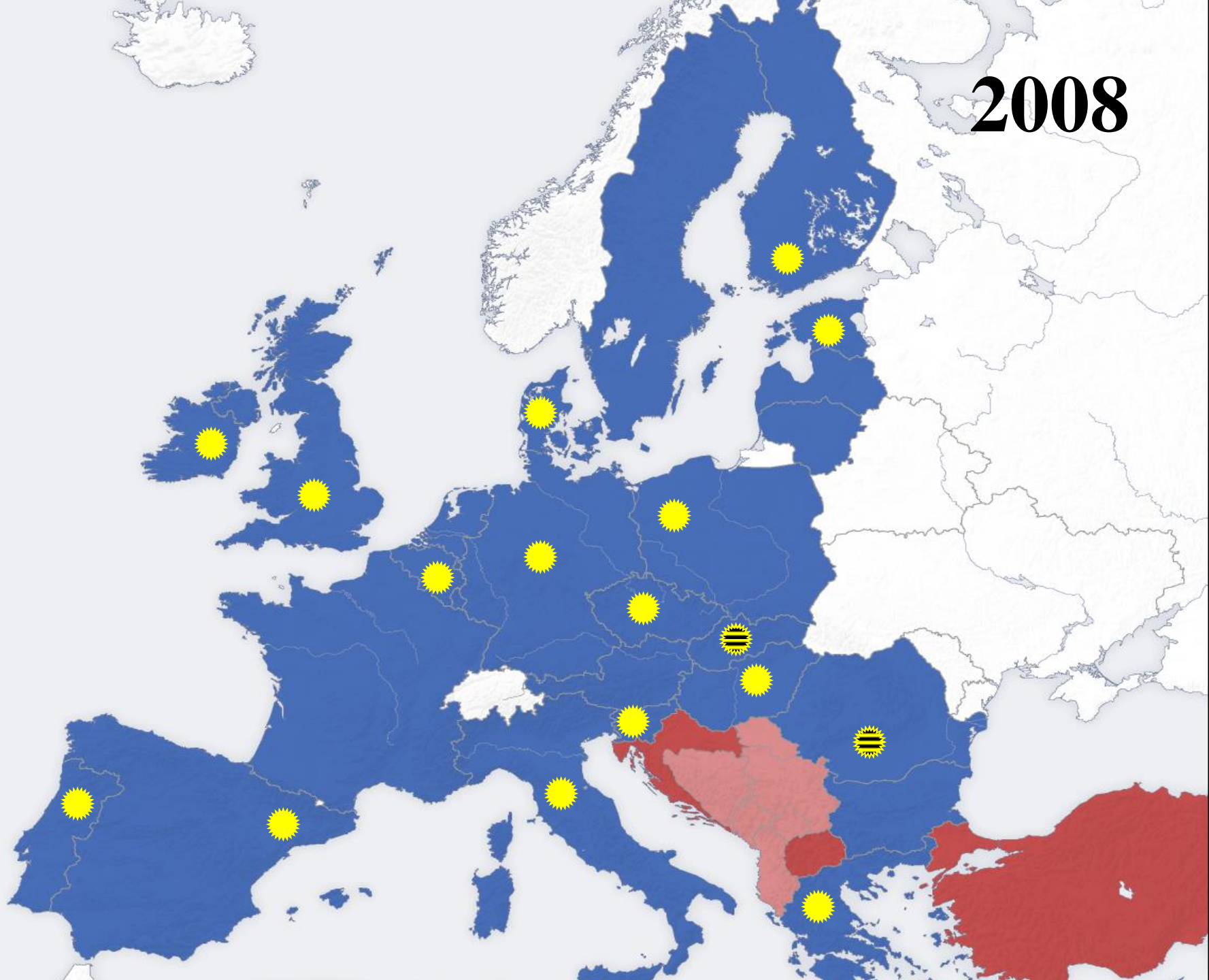
1. presence of a country coalition or partnership,
2. community action and media education,
3. health care infrastructures
4. support for treatment provision
5. intervention and treatment (availability and accessibility)
6. health care providers (clinical accountability and treatment provision)
7. health care users (knowledge and help seeking behaviour)



Data collection

- The participating countries were requested to complete the questionnaire by the end of September 2008.
- 15 partners, collecting data from 13 countries and 2 country regions sent their data on time for the final report.
- For 9 of these countries and 1 region the information had also been collected in 2004

2008





Description of the questionnaire

24 questions distributed across 7 key sections:

1. presence of a country coalition or partnership,
2. community action and media education,
3. health care infrastructures to manage HHAU
4. support for treatment provision
5. availability and accessibility of BI and treatment
6. health care providers (clinical accountability and treatment provision)
7. health care users (knowledge and help seeking behaviour)



Description of the questionnaire

24 questions distributed across 7 key sections:

1. presence of a country coalition or partnership,
2. community action and media education,
- 3. health care infrastructures to manage HHAU**
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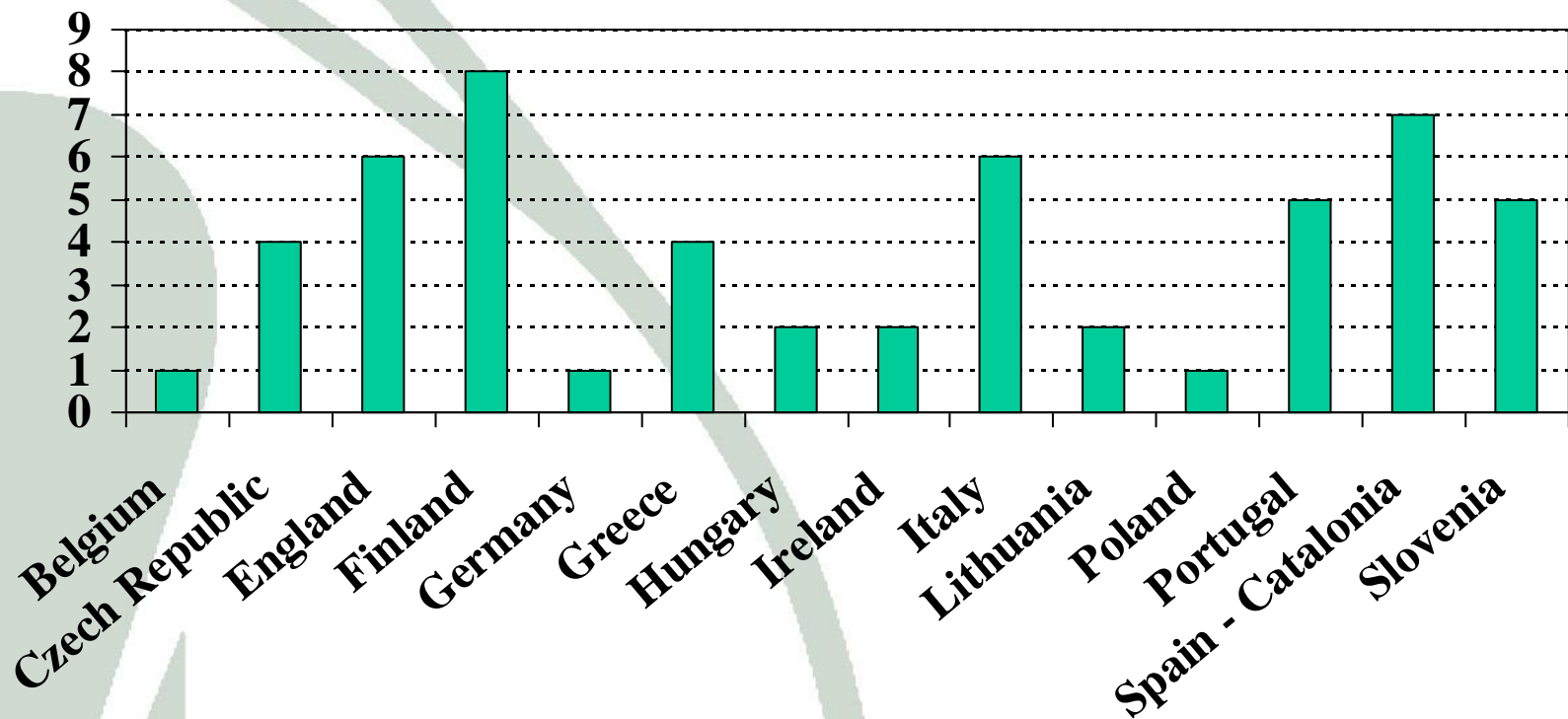


Health Care Infrastructures for the management of HHAU

- Integration into the health care system
- Structures to support quality of care
- Research and knowledge programmes
- Health care policies and strategies
- Structures to manage the implementation of treatment within health services
- Funding strategies

Management of HHAU integrated into the health care system

Scale 0-10



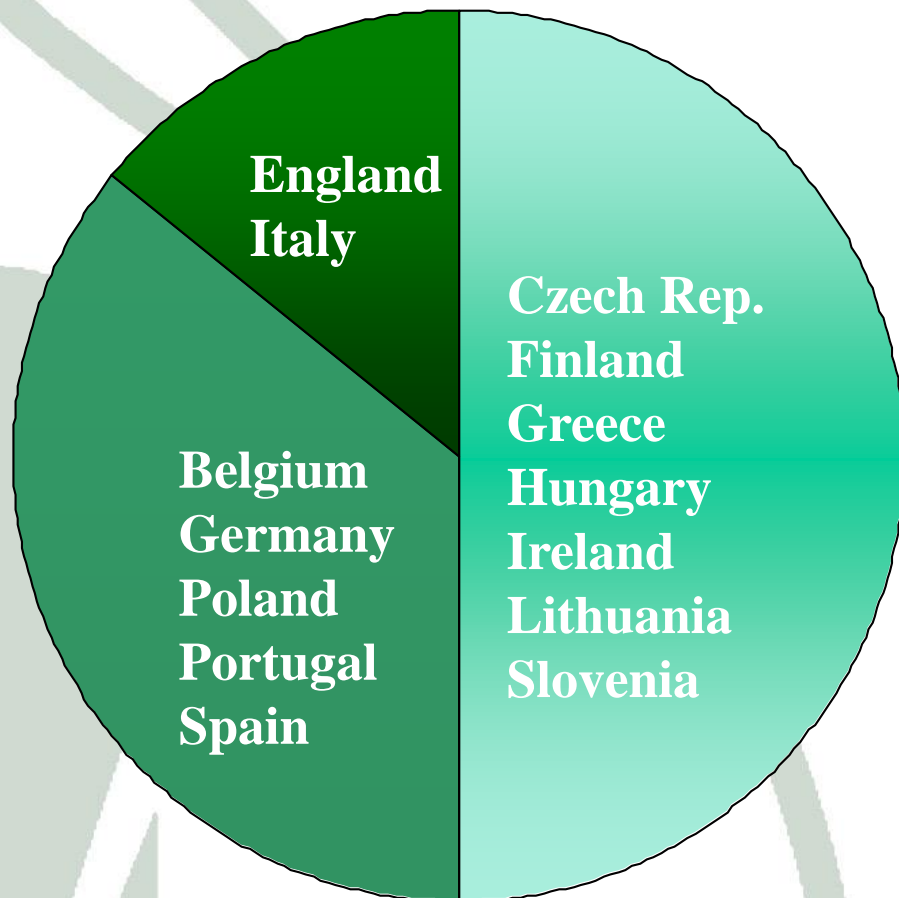
Mean 3,86 ± 2,4

Structures to support quality of care in the treatment of HHAU

Existence of a formal governmental organization, or organization appointed by the government with responsibility of:

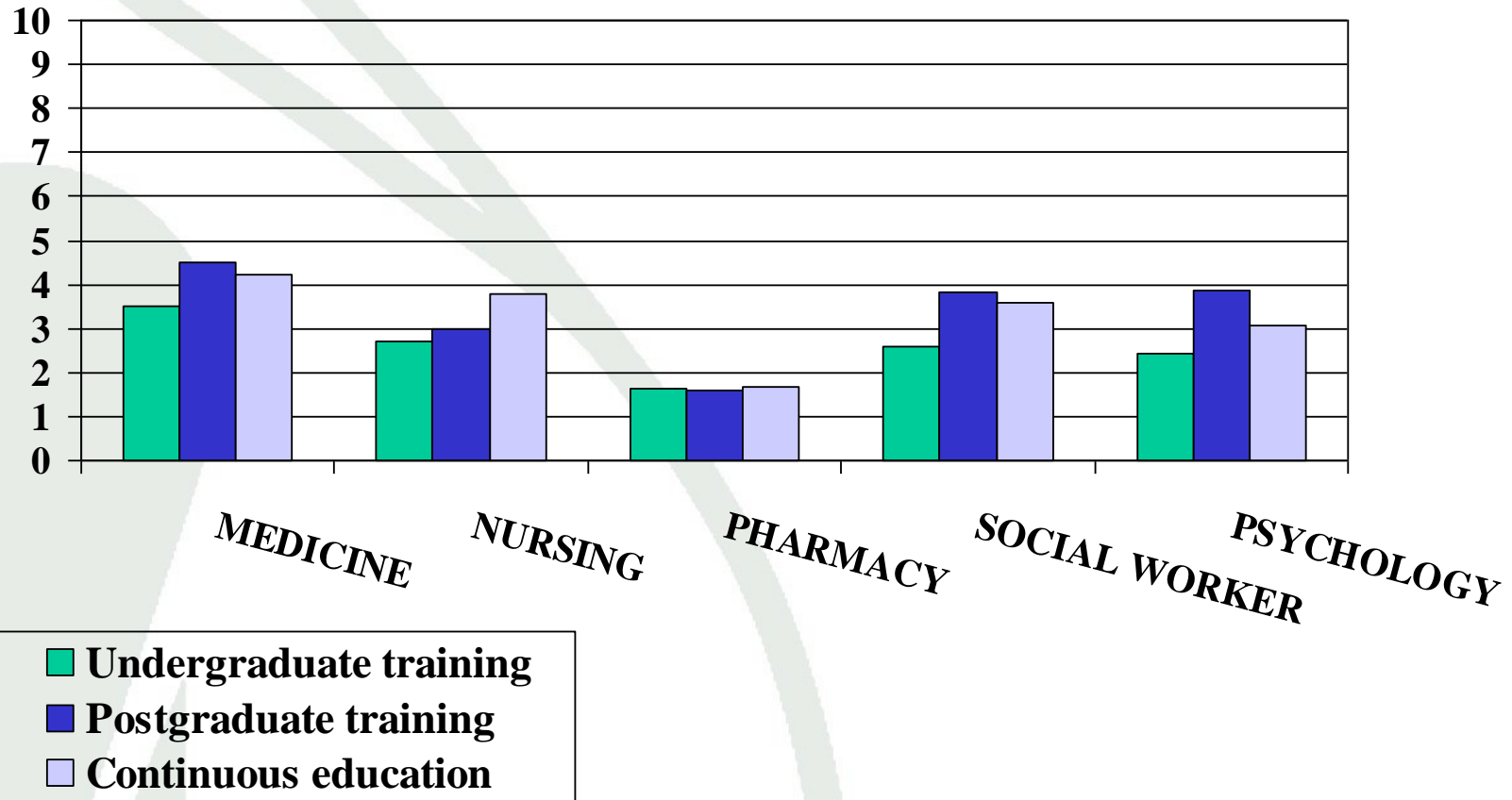
Preparing Clinical Guidelines	50,0%
Monitoring Health Outcomes	57,1%
Monitoring Quality of Care	42,8%
Reviewing Cost-Effectiveness	14,2%
Reviewing Safety of Treatments	64,2%
Informing Health Care Providers	64,2%

Formal Research Programme on HHAU

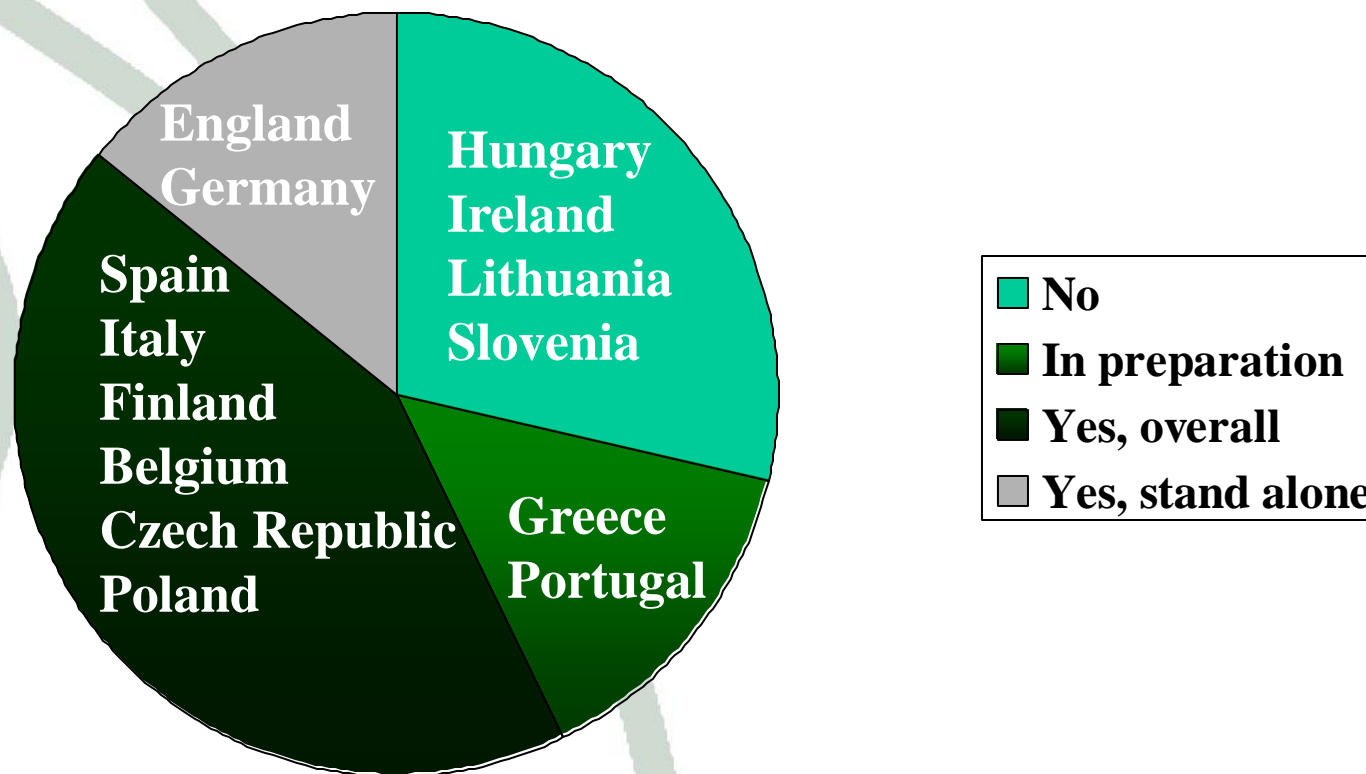


- No
- Yes, governmental
- Yes, gov. & non gov.

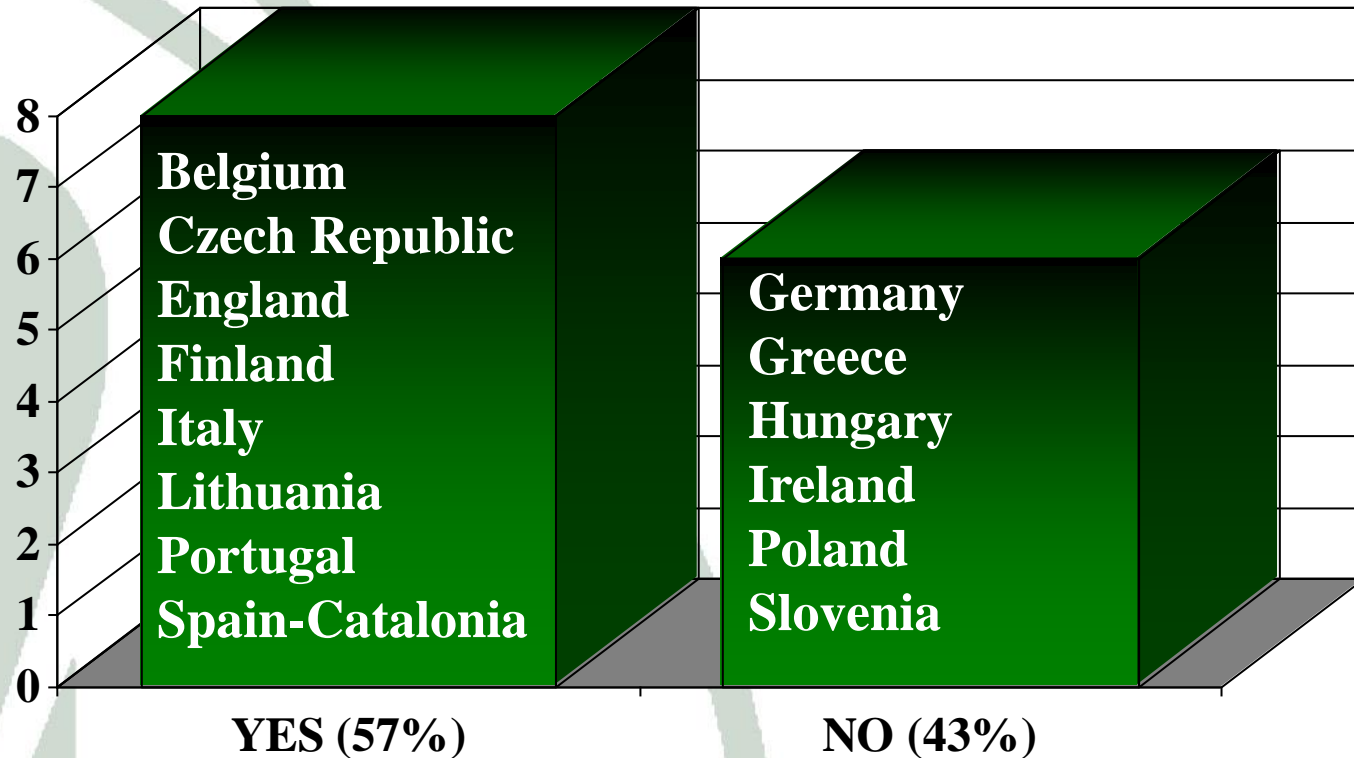
Education in the curriculum of professional training



Written Health care policies and strategies to manage HHAU



Central structures to manage the implementation of treatment for HHAU within health services



Areas included in the governmental policy on managing HHAU

	Management of HHAU policy	Strategy on training professionals	Funded reasearch strategy	Support interventions in PHC	Support treatment for ADS
Belgium					
Czech Republic					
England - UK					
Finland					
Germany					
Greece					
Hungary					
Ireland					
Italy					
Lithuania					
Poland					
Portugal					
Spain - Catalonia					
Slovenia					
Percentage	57%	35%	0%	50%	42%



Description of the questionnaire

24 questions distributed across 7 key sections:

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Support For Treatment Provision

- screening systems
- quality assessment systems
- protocols
- guidelines
- reimbursement for health care providers

Screening & Quality assessment

	Screening tools	Case notes to record alcohol risk status	Protocol charts	Facilitators for HHAU	Follow-up Systems
Belgium	4	3	7	0	2
Czech Republic	5	0	0	2	1
England	8	8	8	8	8
Finland	1	1	1	1	5
Germany	8	2	2	2	2
Greece	5	3	3	4	3
Hungary	7	4	2	6	5
Ireland	8	4	8	5	7
Italy	7	5	5	7	9
Lithuania	2	0	0	0	0
Poland	6	4	0	0	0
Portugal				0	
Spain - Catalonia	7	7	7	7	5
Slovenia	1	1	1	6	8
MEAN	5,3	3,2	3,3	3,4	4,2

Support for treatment provision

Multidisciplinary clinical guidelines for managing HHAU

	Yes / No	Stand alone or part of other clinical care guidelines	Studies on its implementation
Belgium	No	Stand alone	
Czech Republic	Yes	Stand alone	No
England	Yes	Stand alone	No
Finland	Yes	Part of other	Yes
Germany	Yes	Stand alone	Yes
Greece	No		
Hungary	Yes	Part of other	No
Ireland	No		
Italy	Yes	Stand alone	No
Lithuania	No		
Poland	Yes	Stand alone	No
Portugal	No		
Spain - Catalonia	Yes	Stand alone	No
Slovenia	Yes	Stand alone	No
MEAN	64,28%	8/10 stand alone	21,42%

Support for treatment provision

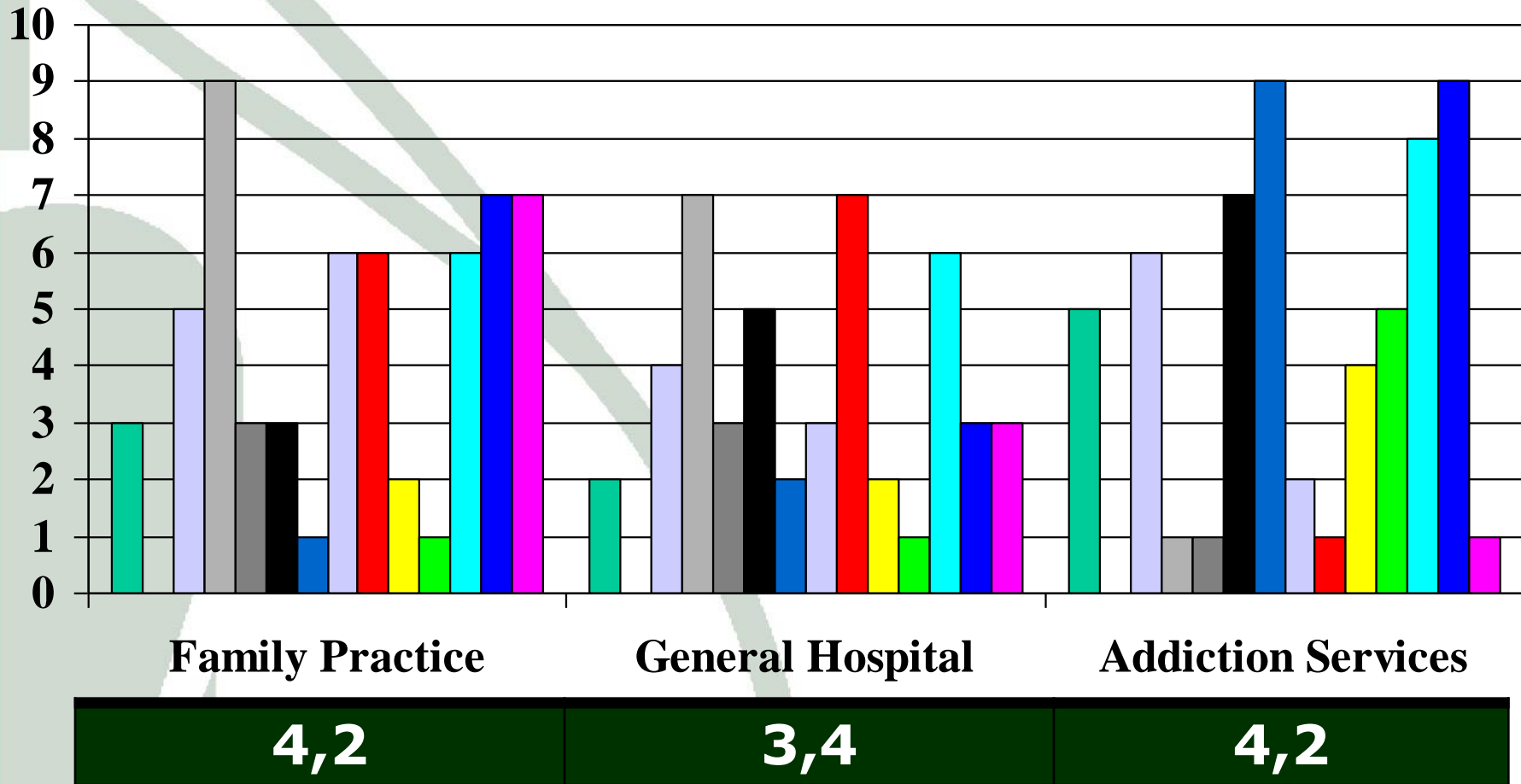


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Availability and accessibility to treatments for HHAU





Description of the questionnaire

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Studies & Surveys on patients' knowledge of the risks of alcohol

Country	Year	Conclusions
Belgium	2000	Awareness of safe drinking levels for mean weekly consumption, not for number of drinks per occasion.
England		Evaluation of the campaign 'Know your limits' pending
Ireland	2006	Widespread miss-information on gender differences and weekly limits.
Spain - Catalonia	2003	People do not know weekly/daily limits.
Slovenia	2003	More than 80% of patients in two communities know that alcohol may be dangerous to their health



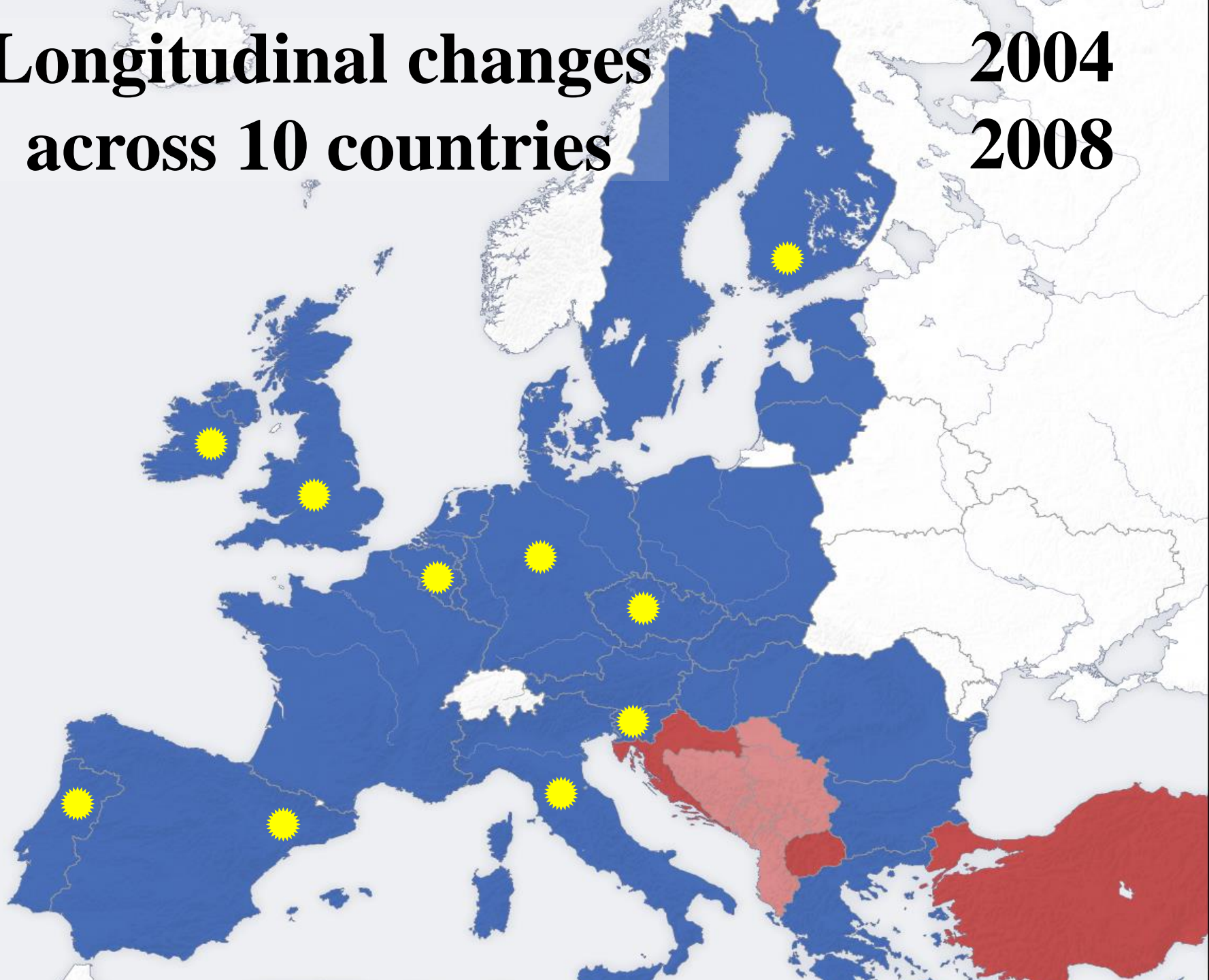
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Longitudinal changes across 10 countries

2004
2008

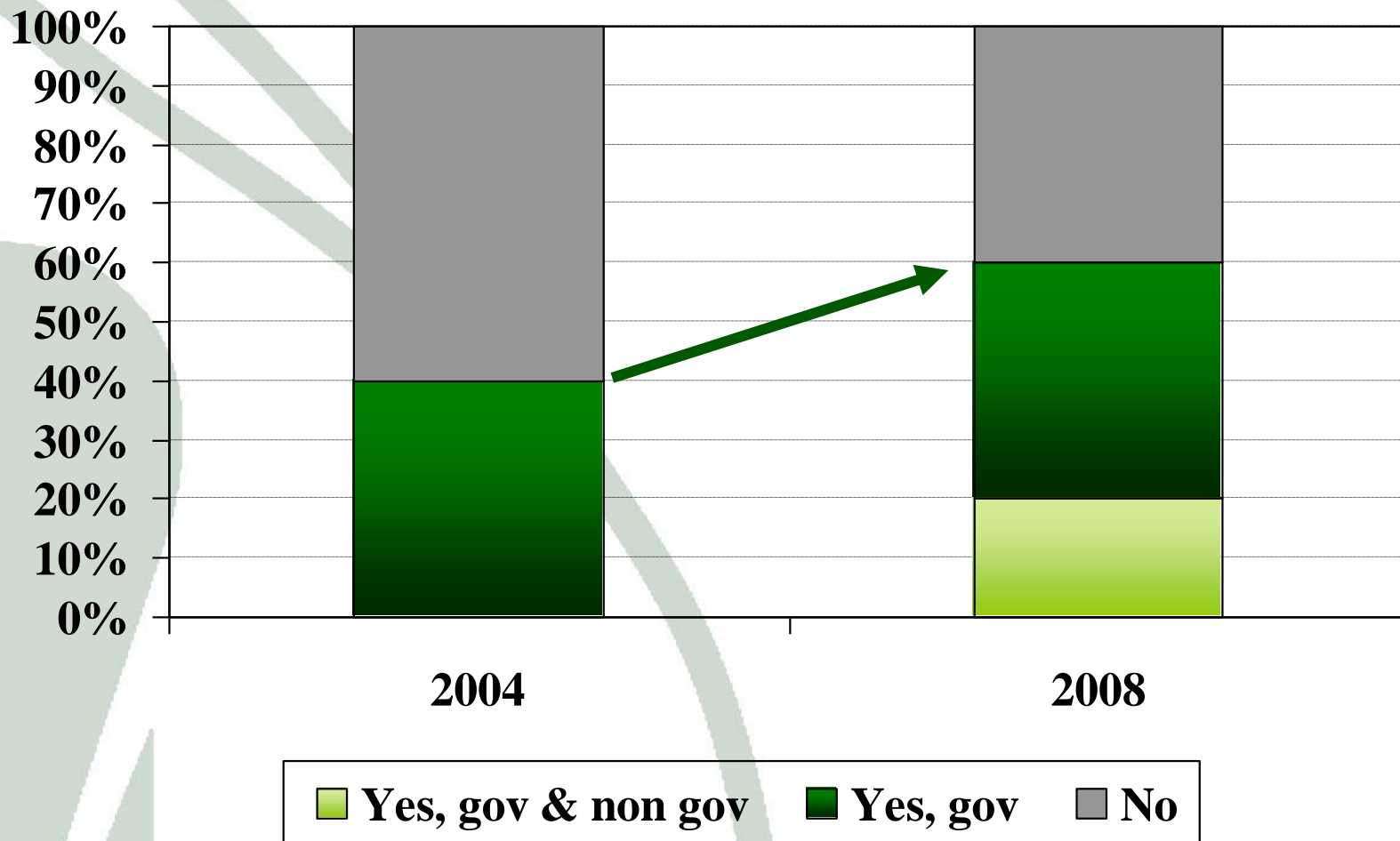


Structures for quality care

Existence of a formal governmental organization, or organization appointed by the government with responsibility of:

	2004	2008
Preparing Clinical Guidelines	20%	60%
Monitoring Health Outcomes	30%	70%
Monitoring Quality of Care	30%	40%
Reviewing Cost-Effectiveness	10%	20%
Reviewing Safety of Treatments	40%	60%
Informing Health Care Providers	60%	70%

Formal research programme

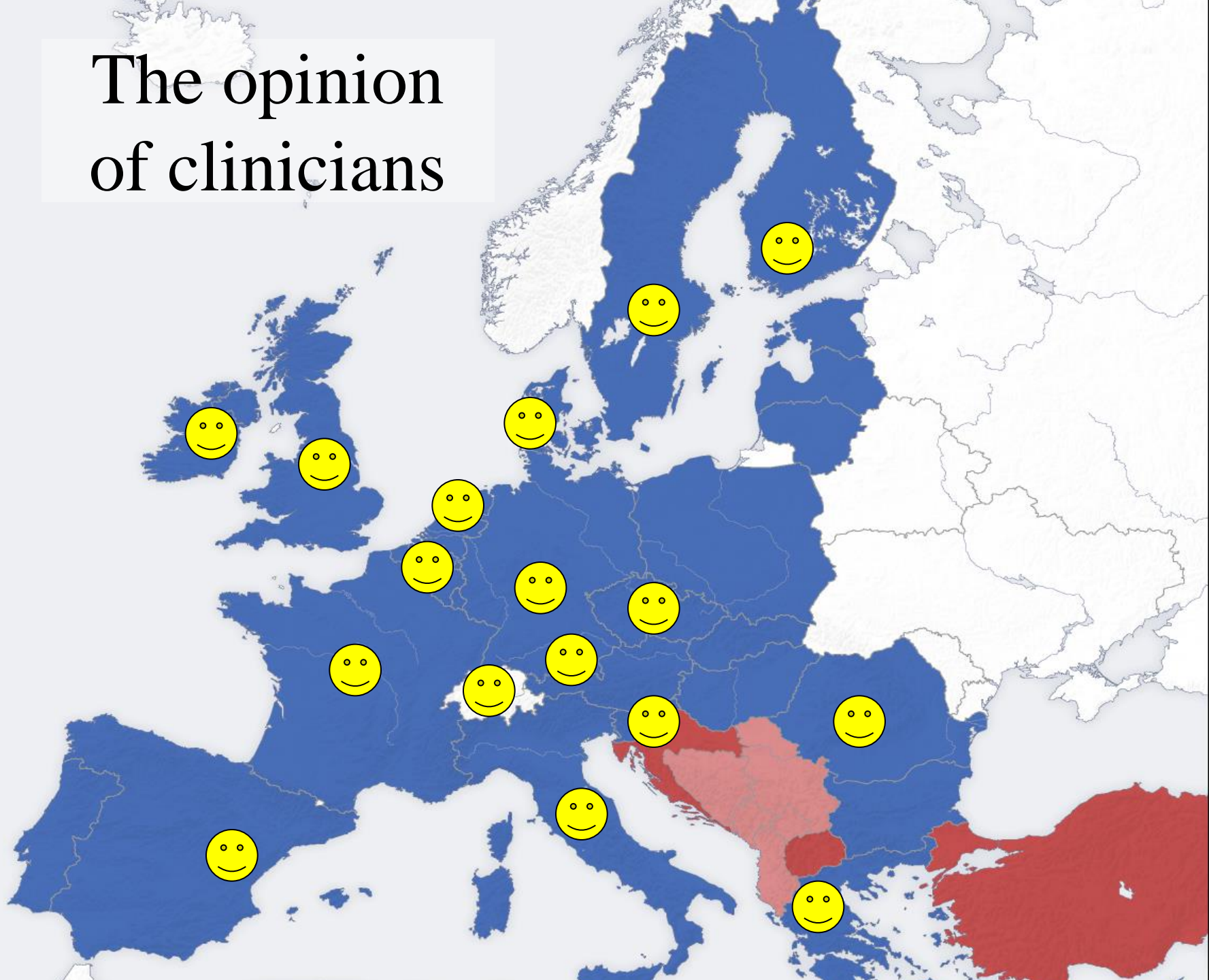




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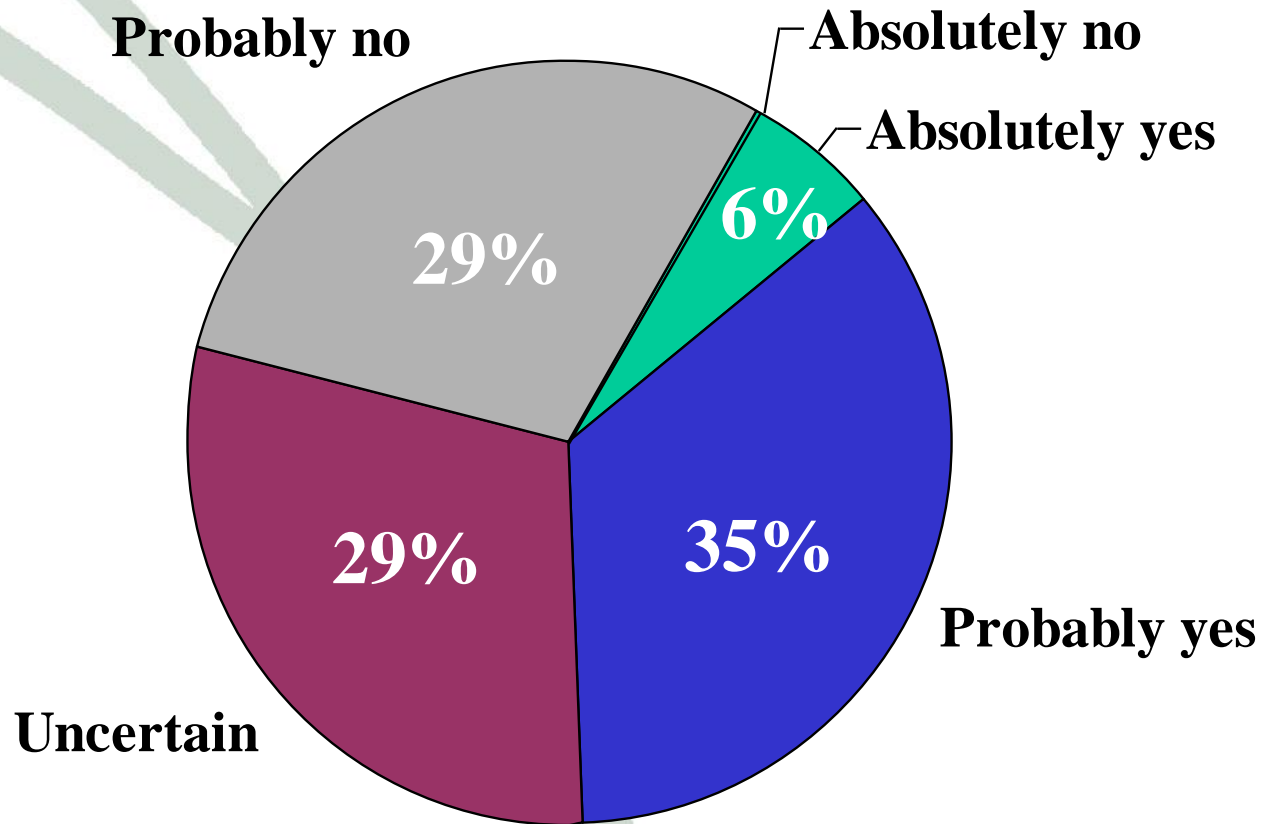
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The opinion of clinicians

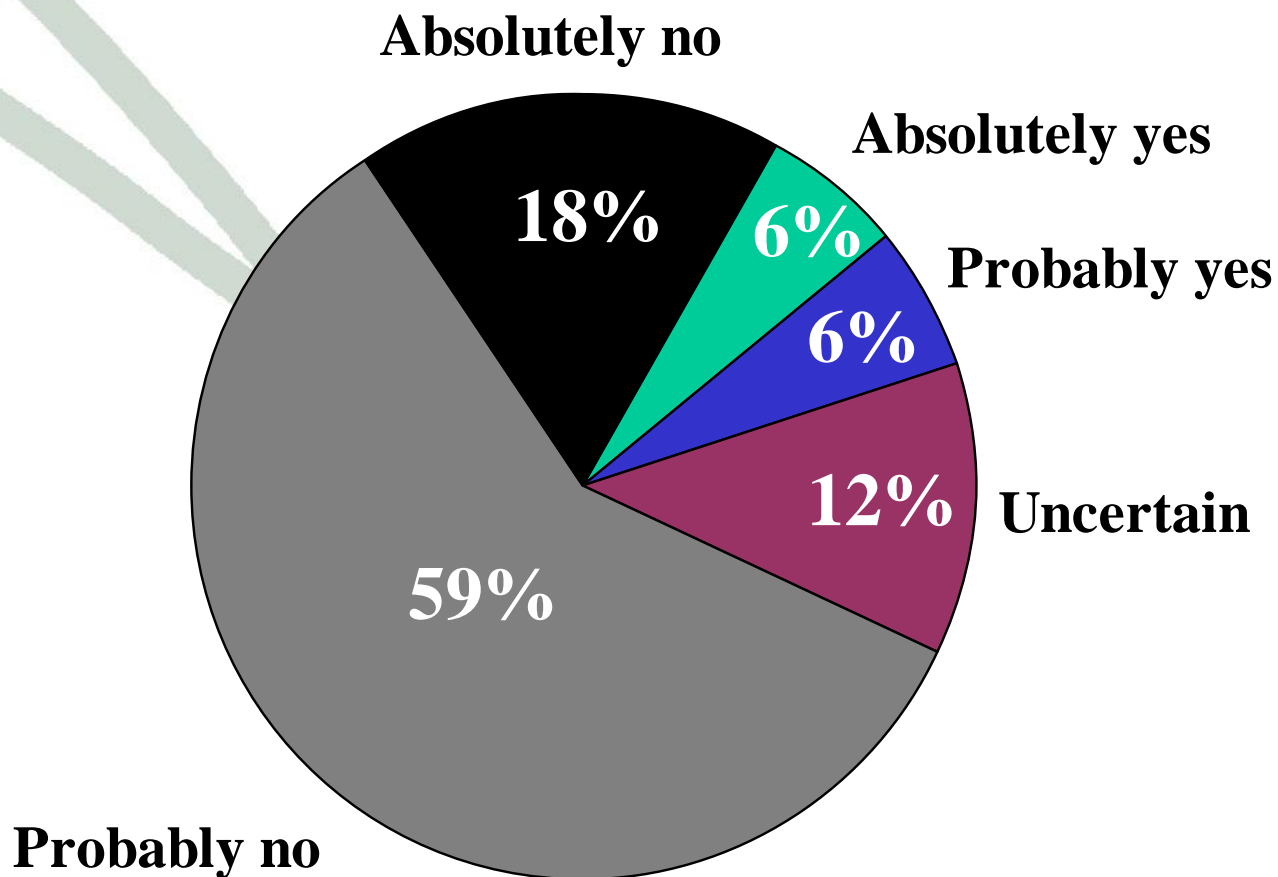



A 40-year old male patient has an appointment for the first time with his GP.

Will he be asked about his alcohol consumption?



If he is asked about his drinking, do you think that the GP or nurse will use a standardized instrument?





If the patient refers that he needs help for his drinking and the GP diagnoses a severe alcohol dependence that needs to be referred for specialized treatment, what will the GP do?

- Refer to outpatient specialized service (10)
- Refer to inpatient centre (6)
- Give him contact details of agencies (2)
- Refer to A & E for outpatient detox (1)

Huge diversity between regions (8)



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AMPHORA

Alcohol Public Health Research Alliance

www.amphoraproject.net





What is AMPHORA?

- A four-year €4million project co-financed by the Seventh Framework Programme for research of the European Commission

What is the purpose of AMPHORA?

- To add European knowledge to alcohol policy and to disseminate this knowledge to those engaged in making policy

Who are the AMPHORA partners?

- 13 European countries
- 33 partner organizations
- More than 50 researchers with a wide range of professional backgrounds and expertise in research methodology





What will AMPHORA do?

- Identify the potential of drinking environments to reduce harm
- Estimate the public health impact of illicit and smuggled alcohol
- Promote the comprehensiveness of alcohol policies
- Better understand the public perception of alcohol problems
- Map the existing infrastructures and evaluate their impact on public health



What will AMPHORA do?

- Prepare a common evaluative framework
- Understand determinants of consumption and harm
- Measure the impact of marketing on young people
- Analyze case studies of policy change
- Evaluate the health impact of brief advice and treatment services



Workpackage 6

Early identification and management

The public health impact of brief interventions and treatment services for alcohol use disorders

WP leader: Colin Drummond, UK.

WP partners:

Austria (C. Goos), Germany (K. Mann), Italy (E. Scaffato),
UK (P Deluca), Spain (A. Gual), Switzerland (G. Gmel)




Hypotheses

- Alcohol policy has an impact on availability of interventions
- Staff attitudes and training are related to uptake of SBI
- Availability of alcohol interventions is currently not based on need
- Alcohol interventions implemented in Europe are effective and cost-effective



Methodology: four studies

1. Descriptive study of alcohol intervention systems in European countries
2. National surveys of alcohol service providers
3. Study of prevalence of alcohol use disorders
4. Impact and cost-effectiveness of interventions



1. Descriptive study of alcohol intervention systems in 6 (+4) European countries

- Survey of key informants
- Semi-structured electronic survey questionnaire
- Current and historical provision of alcohol interventions, policy initiatives, data on access, care pathways, barriers and facilitators to implementation



2. National survey of alcohol service providers

- Electronic/postal survey: 6 countries
- Random sample: 600 PHC, 600 AED, 600 specialist treatment providers
- Based on ANARP, SIPS, and WHO tools
- Implementation of Screening and Brief Interventions & access to specialist treatment



3. Study of the prevalence of alcohol use disorders

- 6 (+4) countries
- Hazardous/harmful drinking, dependence
- CIDI
- Gap between need and access to treatment



4. Impact and cost-effectiveness of interventions

- Meta-analysis of SBI and alcohol treatment trials
- Comparison between EU and non-EU studies
- Modeling of cost effectiveness and interventions (Markov model, Barbosa et al., 2009)



Expected outcomes

- Comparative data on alcohol intervention policy measures and implementation in 10 European countries
- Comparative alcohol needs assessment in 6 countries
- Comparative data on impact and cost-effectiveness of alcohol interventions in Europe



In summary

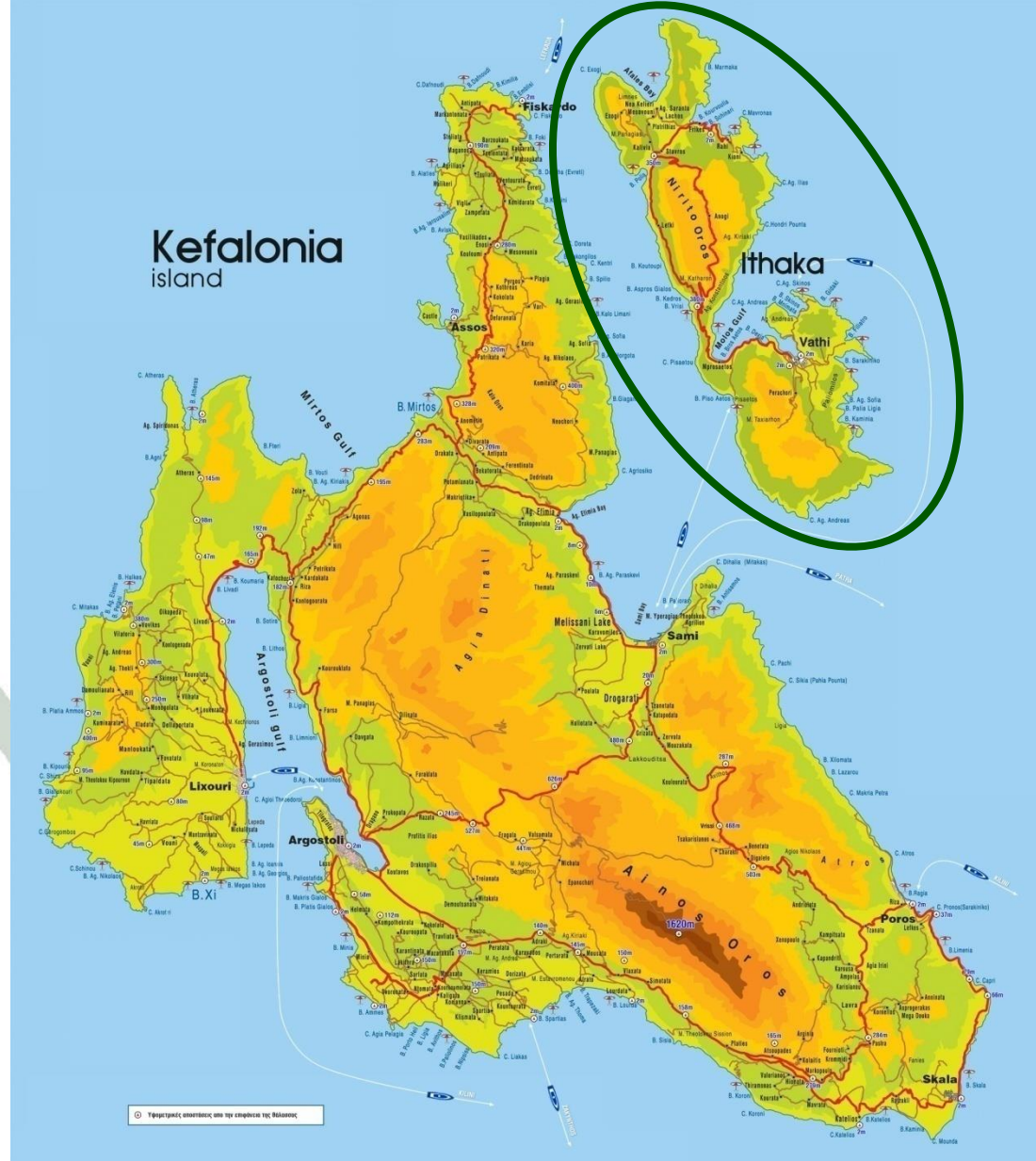
- There is no European policy on the treatment of alcohol related problems
- There is a diversity of approaches, and huge variations between and within member states
- Attention paid to alcohol in health care settings seems to be increasing
- There seems to be a big gap between the needs of the population and the availability of services



Ulysses and the Sirens
Herbert J. Draper, 1909

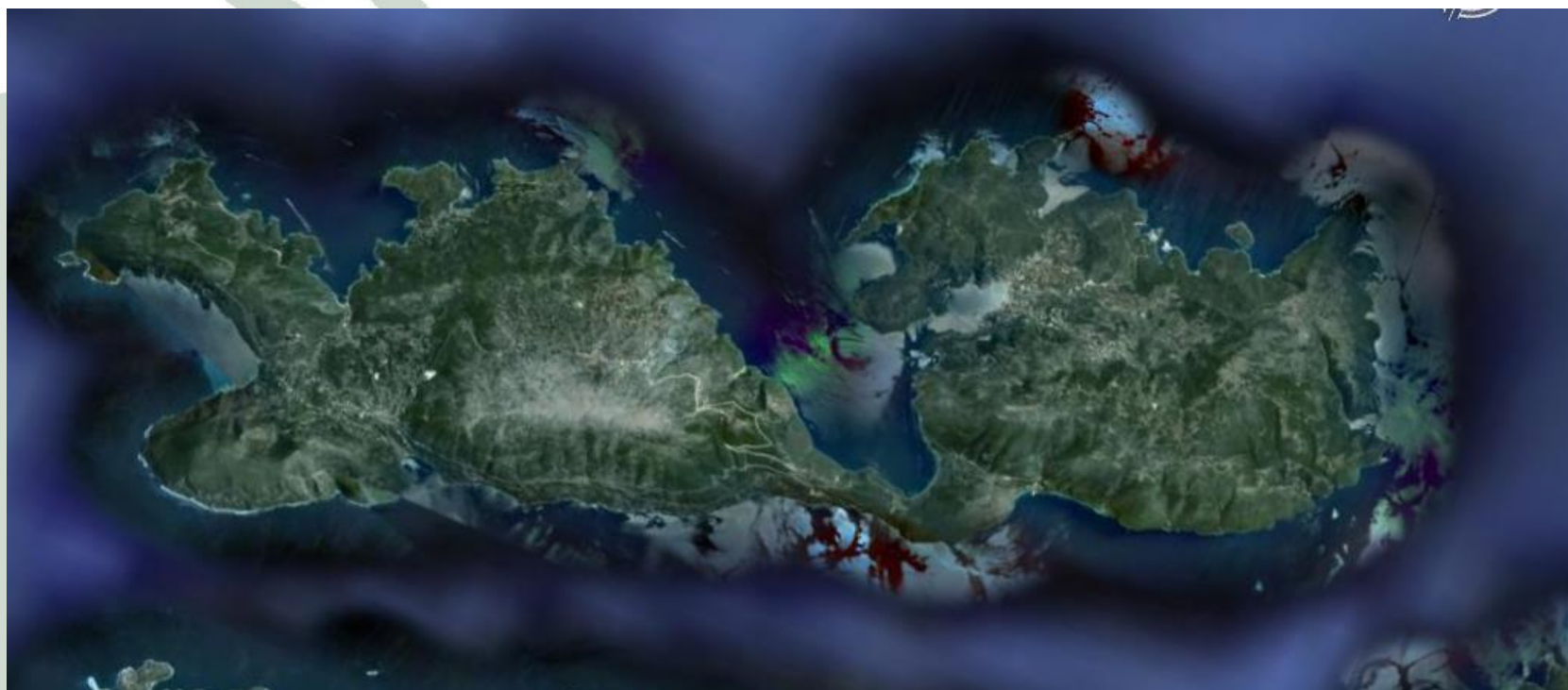


And this is Ithaca





And this is Ithaca






And this is
Ithaca







The etymology of Europa's Greek name (εὐρυ- "wide" or "broad" + οπ- "eye(s)" or "face") suggests that Europa as a goddess could be construed as the intelligent or *open-minded*.

Thanks a lot for your attention !!!

tgual@clinic.ub.es