THE ASSESSMENT TOOL

A tool to describe the available services for the management of hazardous and harmful alcohol consumption¹ at the country or regional level

The aim of this instrument is to develop a comprehensive tool that can be used to describe the available services for the management of hazardous and harmful alcohol consumption at the country or regional level. It is not a tool that will be completed in one day or at one time; rather it is a tool that will be gradually completed over time, building up a detailed and sophisticated profile of the management of hazardous and harmful alcohol consumption. The aim of the tool is to identify currently what is going on, and to identify deficiencies or areas in the country that need further work and strengthening.

Within each country or region, it is suggested that one person is nominated for ensuring that the tool is completed and returned.

It is suggested that the tool is completed by country or regional coalitions or partnerships that are set up to support the development of services for managing hazardous and harmful alcohol consumption. If no such coalition or partnership exists, it is suggested that a coalition is formed, with its first task to complete the tool. The tool can also be completed through meetings with individual experts. The tool can be divided into separate sections for different experts to complete. Certain questions require opinion or expert judgement; in this case, consensus can be achieved at meetings of coalitions or partnerships.

The tool:

- Provides a baseline description of services for managing hazardous and harmful alcohol consumption, identifying areas where services may require development or strengthening;
- Provides a mechanism for monitoring service provision over time;
- > Allows sharing of information and examples of practice; and
- > Provides a mechanism for coalitions or partnerships to discuss and have a shared view on services for managing hazardous and harmful alcohol consumption.

¹ Hazardous alcohol consumption is a level of consumption or pattern of drinking that is likely to result in harm should present drinking habits persist. Harmful drinking is defined as 'a pattern of drinking that causes damage to health, either physical or mental'.

Completion of the tool²

It is preferable that you complete the tool electronically as a word document.

Within the tool there are <u>text boxes</u>. Just place the cursor in the text box and type. (Pressing the tab key moves you from box to box). You can also cut text from other documents and paste them into the text boxes. There are no limits to the size of the text boxes.

Within the tool, there are <u>check boxes</u>. Just place the cursor in the check box that you want to mark and left click the mouse. If you want to correct the check box, just left click the mouse again.

Where you see **[Document Reference]** in the Assessment Tool, please provide the information listed below using this PHEPA Document Reference Template, one for each document. Please copy the closed blank form and then save the completed form with a file name in the format: PHEPAquestionnumbercountry.doc (no spaces). Example: PHEPA22.1Catalonia.doc. At the point where you see the relevant **[Document Reference]** in the tool, please insert the file name of this document.

Where you see **[Organization Reference]** in the Assessment Tool, please provide the information listed below using this PHEPA Organization Reference Template, one for each organization. Please copy the closed blank form and save this completed form with a file name in the format: PHEPAquestionnumbercountry.doc (no spaces). Example: PHEPA3.1Catalonia.doc. At the point in the tool where you see the relevant **[Organization Reference]** in the questionnaire, please insert the file name of this document.

Where data is not available, please do not collect or estimate it, but mark that it is not available. Where the answer is not known, please indicate this in the extra comments box that is placed after each question.

The timetable is that the tool should be completed and returned to Peter Anderson by email by 30th September 2008: peteranderson.mail@gmail.com. It is preferable to return the tool if it is 75% to 80% completed, rather than waiting for it to be 100% completed.

If you have any queries, please contact Peter Anderson by e-mail.

² The tool was first developed in 2004 by Peter Anderson. It has been revised for the European Commission funded PHEPA Project, with assistance from the partners of the Project.

THE ASSESSMENT TOOL

A tool to describe the available services for the management of hazardous and harmful alcohol consumption at the country or regional level

Please cross the box, place a cross in the table or type your answer where indicated.

PARTI

Personal details of contact person for completion of tool

Name: Pas Lodewijk

Organization and position: Domus Medica, head of research department

Address (name and number of street, postal code, town): St Hubertusstraat 58, 26090 Berchem

Telephone: 00 32 475 266470

Fax: 0032 2 7318062 (practice)

Email: leo@pas.telenet.be

Website: www.domusmedica.be

Country: Belgium

If you are answering for a jurisdictional³ region rather than a country as a whole, which jurisdictional region is it? Flanders

Please note: unless you state otherwise in the tool, it will be assumed, if you are completing the questionnaire for a jurisdictional region other than a country, that all your answers are for this jurisdictional region.

Population size of the country/region: 10.000000

Date of completing the tool (dd-mm-yy): 2/12/2008

³ Such a jurisdictional region could be a region within a country or a municipality

Is there a country-wide or region-wide formal or informal coalition or partnership that deals with the management of hazardous and harmful alcohol consumption?



If yes:

What is the name of the coalition? Flemish working groupon EIBI province of Flemish Brabant

When was it established? after the 17th november 2007 training meeting

Please describe the aim of the coalition in one sentence: develop multidisciplinary coordination of training on eibi and collaborative care for GP, pharmacists, social services and menal health

PART II

A. COMMUNITY ACTION AND MEDIA EDUCATION

1. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about <u>why</u> heavy drinkers should reduce their alcohol consumption (e.g., the harm done by alcohol) and that provide information on <u>how</u> to reduce their alcohol consumption (e.g., you don't need do it alone, effective help is available, etc.) If so, were they publicly funded?

	Provide information about why heavy drinkers should reduce their alcohol consumption	Provide information on how to reduce their alcohol consumption	Were the campaigns publicly funded		-
	If yes, please tick box	If yes, please tick box	Fully	Partial	No
	DOX	DOX			
Television	\boxtimes		\boxtimes		
Radio					
Newspapers			\boxtimes		
and magazines					
Billboards					
Other (please					
state)					

Please add any extra comments here A progressive annual national campaign was lanched by Flemsih association against alcohol and drugs and receievd publi attention on TV after press releases. It is oriented towards use of alcohol by younger, , at workplace , by women, in sport facilities

C. HEALTH CARE INFRASTRUCTURE

Integrated health care system

2. To what extent on a scale from 0 to 10, would you say that the management of hazardous and harmful alcohol consumption is integrated in the health care system, including cooperation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as hypertension or diabetes?

Not at all Fully										
0	1	2	3	4	5	6	7	8	9	10
	\boxtimes									

Please add any extra comments here cardio vascular risk assessmenta nd Diabetes reciev a lot of attention; alcohol almost none

Structures for quality of care

3. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
3.1. Has the responsibility of preparing clinical guidelines for managing hazardous and harmful alcohol consumption?	\boxtimes		DOMUS MEDICA ADAPAT GROUP
3.2. Monitors health outcomes at the population level from managing hazardous and harmful alcohol consumption?			Public surveys by INstitute of public health
3.3. Monitors the quality of care provided for managing hazardous and harmful alcohol consumption?			but in preparayion in phepa project : electornic recoridng in practice
3.4. Reviews the cost effectiveness of interventions for managing hazardous and harmful alcohol consumption?			but a document was made by phepa team for the flemish alcohol policy backgraound data
3.5. Reviews the safety of pharmacological treatments for managing alcohol dependence?			
3.6. Provides information on managing hazardous and harmful alcohol consumption to health care providers?	\boxtimes		DOMUS MEDICA and VAD

Research and knowledge for health

4.	consumption with spe	esearch programme for managing hazardous and harmful alcoho ecifically allocated funding from governmental, government appointed I organizations (excluding the pharmaceutical companies and the
		Yes, from governmental organizations
		Yes, from government appointed organizations
		Yes, from non-governmental organizations
		No

Please add any extra comments here pilot project on EIBI in occupational health

5. To what extent on a scale from 0 to 10, would you say that education on managing hazardous and harmful alcohol consumption is **formally** part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Not at all	Fully
Medical students		
Undergraduate/	0 1 2 3 4 5 6 7 8	9 10
basic professional training		
Postgraduate professional training	0 1 2 3 4 5 6 7 8	9 10
Continuing medical education	0 1 2 3 4 5 6 7 8	9 10
Nursing students		
Undergraduate/	0 1 2 3 4 5 6 7 8	9 10
basic professional training		
Postgraduate professional training	0 1 2 3 4 5 6 7 8	9 10
Continuing medical education	0 1 2 3 4 5 6 7 8	9 10
Pharmacy students		
Undergraduate/	0 1 2 3 4 5 6 7 8	9 10
basic professional training		
Postgraduate professional training	0 1 2 3 4 5 6 7 8	9 10
Continuing medical education	0 1 2 3 4 5 6 7 8	9 10

Social worker students	
Undergraduate/	0 1 2 3 4 5 6 7 8 9 10
basic professional training	
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10
Psychology students	
Undergraduate/	0 1 2 3 4 5 6 7 8 9 10
basic professional training	
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10

Please add any extra comments here VAD mainly provides training to social services and mental health delegates; they are well attended; DOmus Medica mainly organises quality circles training and intervision of GP trainers; they are less attended

Health care policies and strategies for managing hazardous and harmful alcohol consumption

6.	Are there official written policies on managing hazardous and harmful alcohol consumption from the Government or Ministry of Health? Please mark all that apply:						
	Yes, a governmental written stand alone policy on managing hazardous and harmful alcohol consumption						
	Yes, a governmental written policy on managing hazardous and harmful alcohol consumption which is part of an overall alcohol policy or strategy						
		No, but there is a governmental policy on man harmful alcohol consumption in preparation	aging h	azard	ous and		
		No, there are no governmental policies on man harmful alcohol consumption	naging	hazard	bns auob		
alcoh	(and complete docu e add any extra com ol and drug conferer nal level such a stra	rnmental policy on managing hazardous and ha	sh parli count	amen ry rep	t. at ort		
			Yes	No			
	A strategy on training	for health professionals		\boxtimes			
		search strategy for managing hazardous and					
	A strategy to support	interventions by primary care professionals	\boxtimes				
		managing alcohol dependence in specialised					
			_				

Please add any extra comments here managing alcohol dependence is organised at national level by health insurance system; support is a policy doocument untill now; an

implementation strategy is sposored through VAD but his is not oriented specifically to primary care altough materails were developed; at level of scientific society competing tasks conferred by the ministry within the same budget hinder implementation policy

Structures to manage implementation within health services

8. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages services for hazardous and harmful alcohol consumption?



Please provide his/her contact details:

Name: Witpas Alexander

 $Organization\ and\ position:\ administration\ of\ Flemish\ Ministry\ ,\ department\ responsible\ for\ Health\ ;$

resposible officer for alcohol and drugs policy, adjunct to director

Address: Koning Albert II - laan 35, bus 33 - 1030 Brussel

Telephone: 32 2 553 35 76

Email: alexander.witpas@wvg.vlaanderen.be

Website: www.zorg-en-gezondheid.be

Funding health services and allocating resources

9.		governmen onsumptio	t funding for services for the management of hazardous and harmfuln?
			Yes
			No
	If no,		
			Funding is being prepared
10.	Is the am	ount of fur	nding reviewed from time to time?
			Yes
			No
	If yes,		
			Annually reviewed
			Reviewed every 2 to 5 years
			Reviewed every 5 years or longer
			Other (please specify):

Please add any extra comments here based on pilotproject (occupational health ane e cehck for students

11.	•	alcohol taxes specifically earmarked or allocated (this means und the costs of services for managing hazardous and harmful alcohol
		Yes
	$\overline{\boxtimes}$	No
12.	If yes, please state	the proportion:
13.		ey raised from the tax actually spent on the costs of services for ous and harmful alcohol consumption?
		Yes
		No
14.		f tax allocated for services for managing hazardous and harmful alcohol wed from time to time?
		Yes
		No
	If yes,	
		Annually reviewed
		Reviewed every 2 to 5 years
		Reviewed every 5 years or longer
		Other (please specify):

Please add any extra comments here this issue was discussed at preparation of national policy in drugs cell but disregarded

D. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

15. To what extent on a scale from 0 to 10, do you consider that the following screening and support systems are available for **primary health care providers** in managing hazardous and harmful alcohol consumption?

Availability of:	Not at all Fully
Screening instruments to identify at risk drinkers	0 1 2 3 4 5 6 7 8 9 10
Case notes or computer records to record alcohol risk status	0 1 2 3 4 5 6 7 8 9 10
Protocol charts or diagrams as an aid for managing hazardous and harmful alcohol consumption	0 1 2 3 4 5 6 7 8 9 10
Support by facilitators or advisors for managing hazardous and harmful alcohol consumption	0 1 2 3 4 5 6 7 8 9 10
Systems to follow-up patients for monitoring and advice	0 1 2 3 4 5 6 7 8 9 10

Please add any extra comments here collaborative care protocol developed but not promoted; material available on web but little in use; record systelm unde rnegotiatoion but excjhange format defined inphepa project team

Protocols and guidelines

16.		nary clinical guidelines for managing hazardous and harmful alcohol country/region that have been approved or endorsed by at least one nal body?
		Yes
		No
	If yes:	
		Stand alone guidelines for managing hazardous and harmful alcohol consumption
		Part of other clinical care guidelines (e.g. mental health guidelines)
		filename for document reference(s): E ent reference template(s))
	If no:	Guidelines are being prepared
		caracimise and semig propared
	e add any extra comn ation of other retaine	nents here Phepa guidelines were not accepted as such , d guidelines under review by adapt group
17.	consumption, have th	clinical guidelines for managing hazardous and harmful alcohol ere been any studies in your country on their implementation or
	adherence?	Yes No
	• •	filename for document reference(s): ent reference template(s))
	If no:	
		Studies are being prepared

Please add any extra comments here implementation projects have been doen using international guidelines: WHO trial strand III; implementation of ecatod project EU; phepa project trainings and pilot Flemish Brabant

18. Are the following health care providers reimbursed for managing hazardous and harmful alcohol consumption, or is the management of hazardous and harmful alcohol consumption within their terms of service (contract) and part of their normal salary?

	for ma hazardo harmful	oursed naging ous and alcohol mption	Managing hazardous and harmful alcohol consumption within terms of service and part of normal salary		
	Yes	No	Yes	No	
General practitioners			\boxtimes		
Nurses working in general practice				\boxtimes	
Doctors in hospital			\boxtimes		
Nurses in hospitals				\boxtimes	
Pharmacists				\boxtimes	
Dentists				\boxtimes	
Addiction specialists			\boxtimes		

Please add any extra comments here role of pharamacists in health education and advice udner discussion; pilot of common training planned by phepa team

19. For the following professional groups, are there specialized guidelines or protocols, a written policy on managing hazardous and harmful alcohol consumption by the professional association, training for managing hazardous and harmful alcohol consumption within professional vocational education and training for managing hazardous and harmful alcohol consumption within accredited continuing medical education?

For the following professional groups, are there the following for managing hazardous and harmful alcohol consumption:								
	Specialized guidelines or protocols		written policy on managing hazardous and harmful alcohol consumption by professional association		Training for managing hazardous and harmful alcohol consumption within professional vocational training		Training for managing hazardous and harmful alcohol consumption within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners		\boxtimes	\boxtimes				\boxtimes	
Nurses in general practice		\boxtimes		\boxtimes				
Nurses in general hospitals		\boxtimes		\boxtimes				\boxtimes
Specialist nurses		\boxtimes		\boxtimes		\boxtimes		\boxtimes
Pharmacists		\boxtimes		\boxtimes		\boxtimes		\boxtimes
Midwives		\boxtimes						
Psychiatrists		\boxtimes		\boxtimes				\boxtimes
Obstetricians		\boxtimes		\boxtimes		\boxtimes		\boxtimes
Addiction specialists		\boxtimes				\boxtimes		\boxtimes

E. INTERVENTION AND TREATMENT

Availability and accessibility

20. On a scale from 0 to 10, to what extent do you think that patient help for hazardous and harmful alcohol consumption is obtainable (obtainable means that patients can get the help) in the following settings?

Help is obtainable from:	Not at all Fully
General/family practice	0 1 2 3 4 5 6 7 8 9 10
Hospital clinics	0 1 2 3 4 5 6 7 8 9 10
Pharmacists	0 1 2 3 4 5 6 7 8 9 10
Specialist clinics	0 1 2 3 4 5 6 7 8 9 10
Addiction services	0 1 2 3 4 5 6 7 8 9 10

Please add any extra comments here little numebr of addictioon centers; although available largely many GP still disregard asking about alcohol

If completing for a region, please state when the answers apply for the country and not the reg	con	mpleti	ina for	a region.	please state	when the	answers appl	v for the	country	and not	the re	aio
---	-----	--------	---------	-----------	--------------	----------	--------------	-----------	---------	---------	--------	-----

F. HEALTH CARE PROVIDERS

Clinical accountability

21. To what extent do you estimate on a ten-point scale that the following health care professionals consider advice for hazardous and harmful alcohol consumption as part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all Fully
General practitioners/ Family doctors	
Nurses working in general practice	0 1 2 3 4 5 6 7 8 9 10
Pharmacists	0 1 2 3 4 5 6 7 8 9 10
Midwives	0 1 2 3 4 5 6 7 8 9 10
Dentists	0 1 2 3 4 5 6 7 8 9 10

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

Please add any extra comments here actual involevement of GP beining evaluated by europreview study

Treatment provision

22. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice) in your country or region, and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their alcohol consumption	2000	more patients with alcohol problems are asked about it; this is about 15 %	regional survey of CENTRUM LOGO
Patients with hazardous or harmful alcohol consumption are given advice	NO		
Advice meets quality criteria	NO		
Practice protocols and guidelines are followed	NO		
The effectiveness of interventions for hazardous and harmful alcohol consumption	NO		
The cost effectiveness of interventions for hazardous and harmful alcohol consumption	NO		
The use of the AUDIT questionnaire	1997		anderson , thesis
The attitudes of health care providers to managing hazardous and harmful alcohol consumption	1997		idem
Increasing the involvement of health care providers in managing hazardous and harmful alcohol consumption	1997	telephonic promotion followed by personal contact is most effective stratgey toward implementation in practice of screening	Kaner et all, Anderson at all

If completing for a region, please state when the answers apply for the country and not the region
Please add any extra comments here

G. HEALTH CARE USERS

Knowledge

23. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning hazardous and harmful alcohol consumption and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that hazardous and harmful alcohol consumption can be dangerous to their health	2000	awreness of safe drinking levels is generally available for mean weekliy comsmpution, not for numebr of drinks per occasion	Centrumlogo survey, not published by internal survey data in newsletter
People know about effective methods to reduce hazardous and harmful alcohol consumption	no		

Help seeking behaviour

24. Have there been any surveys, studies, or publications which provide information on the proportion of hazardous and harmful alcohol users who have ever used one of the following methods to reduce their alcohol consumption and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	under		
	progress in		
	europreview		
	study		
Help from a nurse	NO		
Help from a pharmacist	No		
Help from a dentist	no		
Help from friends or family	no		
Advice from the Internet	under		
	progress by		
	VAD pilot		
	project		

Specialist clinic		one thind of -11	d
openant omno	ongoing each	one third of all	see document
	year	problems dealth with in	collecetd for
	registration in	mental health relate to	Flemish Policy on
	mental health	alcohol or alcohol and	alcohol :
	services	other drug use	url :
			http://www.zorg-
			en-
			gezondheid.be/u
			ploadedFiles/sub
			site02/cijfers/Mid
			delengebruik%20
			in%20Vlaanderen
			,%20een%20stan
			d%20van%20zak
			en_def(1).pdf
Self-help group	no		
Help line telephone service	annual report	does not specify	
	of vad on drugline	specific problems for	
		which atel help is	
		provided on drugline	
Willpower alone	no		