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: Kaija Seppä

Organization and position: University of Tampere, Professor

Address (name and number of street, postal code, town): Medical School, FIN-33014 University

of Tampere.

Telephone: +358 3 35517101

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Email: kaija-liisa.seppa@uta.fi

Website: www.uta.fi

Country: Finland

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

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: 5 500 000

Date of completing the tool (dd-mm-yy): 06-10-2008

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?

	Yes No					
If yes:						
What is the name http://info.stakes		•	•	Alcohol Prog	gramme;	

Please describe the aim of the coalition in one sentence: To prevent harm done by alcohol

When was it established? 2004

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		the campa blicly funde	_
	If yes, please tick	If yes, please tick	Fully	Partial	No
	box	box			
Television	\boxtimes	\boxtimes	\boxtimes		
Radio	\boxtimes	\boxtimes	\boxtimes		
Newspapers	\boxtimes	\boxtimes	\boxtimes		
and magazines					
Billboards	\boxtimes		\boxtimes		
Other (please	\boxtimes	\boxtimes	\boxtimes		
state)					

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 a	all							F	ully
0	1	2	3	4	5	6	7	8	9	10
								\boxtimes		

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?			PHEPA3.1Finland.doc
3.2. Monitors health outcomes at the population level from managing hazardous and harmful alcohol consumption?			
3.3. Monitors the quality of care provided for managing hazardous and harmful alcohol consumption?			
3.4. Reviews the cost effectiveness of interventions for managing hazardous and harmful alcohol consumption?			
3.5. Reviews the safety of pharmacological treatments for managing alcohol dependence?			PHEPA3.2Finland.doc
3.6. Provides information on managing hazardous and harmful alcohol consumption to health care providers?			PHEPA3.3Finland.doc

Please add any extra comments here The responsibilities are on level of ALCOHOL, not on level of hazardous and harmful consumption

Research and knowledge for health

4.	consumption with sp	research programme for managing hazardous and harmful alcohole ecifically allocated funding from governmental, government appointed all 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 Much ongoing research with no funding. Projects have been funded by government but they are not understood as research projects.

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 These are mainly 'educated guesses' - except medical and nursing students the concept of hazardous drinking is not clear, not even to the teachers. Social workers have minimal education on alcohol durig basic training - first after graduating some start working in alcohol field with vocational training. But this is not systematic to all social workers. the same is true with psychologists.

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

6.		ritten policies on managing hazardous and harmfu the Government or Ministry of Health? Please ma			ıly:
		Yes, a governmental written stand alone policy hazardous and harmful alcohol consumption	y on ma	anagin	g
		Yes, a governmental written policy on managi harmful alcohol consumption which is part of a policy or strategy	-		
		No, but there is a governmental policy on man harmful alcohol consumption in preparation	naging h	nazard	ous and
		No, there are no governmental policies on ma harmful alcohol consumption	naging	hazar	dous and
	If yes,				
	•	me for document reference: PHEPA6.1Finland.document reference template)	С		
Pleas	se add any extra co	mments here			
7.	If available, the go consumption include	vernmental policy on managing hazardous and hades:	armful a	lcohol	
			Yes	No	
	A strategy on traini	ng for health professionals			
	A national funded r harmful alcohol cor	esearch strategy for managing hazardous and nsumption			

A strategy to support interventions by primary care professionals

Intensive support for managing alcohol dependence in specialised

 \boxtimes

Please add any extra comments here

treatment facilities

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: Kari Paaso

Organization and position: Ministry of Social Affairs and Health

Address: P.O.Box 33, Fin-00023 Valtioneuvosto, Finland

Telephone: +358 9 16001

Email: kari.paasotm.fi

Website: www.stm.fi

Funding health services and allocating resources

9.	Is there government funding for services for the management of hazardous and harmfu alcohol consumption?			
			Yes	
			No	
	If no,			
			Funding is being prepared	
10.	0. Is the amount of funding 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 Funding for health promotion exists, but it is not allocated in this detail

Is a proportion of alcohol taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of services for managing hazardous and harmful alcohol consumption? Yes No 12. If yes, please state the proportion: Is yes, is the money raised from the tax actually spent on the costs of services for managing hazardous and harmful alcohol consumption? Yes No Yes No

14. Is the proportion of tax allocated for services for managing hazardous and harmful alcohol consumption 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):

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

Protocols and guidelines

16.	Are there multidisciplinary clinical guidelines for managing hazardous and harmful ald consumption in your country/region that have been approved or endorsed by at least health care professional 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): PHEPA16.1Finland.doc ent reference template(s))				
	If no:	Guidelines are being prepared				
Please	e add any extra comn	nents here				
17.		clinical guidelines for managing hazardous and harmful alcohol ere been any studies in your country on their implementation or				
		Yes No				
	If yes, please provide	filename for document reference(s): PHEPA17.1Finland.doc				
		ent reference template(s))				
	If no:					
		Studies are being prepared				

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?

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

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		\boxtimes	
Nurses in general practice	\boxtimes		\boxtimes		\boxtimes		\boxtimes	
Nurses in general hospitals	\boxtimes		\boxtimes		\boxtimes		\boxtimes	
Specialist nurses	\boxtimes		\boxtimes		\boxtimes		\boxtimes	
Pharmacists				\boxtimes		\boxtimes		\boxtimes
Midwives	\boxtimes		\boxtimes		\boxtimes		\boxtimes	
Psychiatrists	\boxtimes		\boxtimes		\boxtimes		\boxtimes	
Obstetricians	\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

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	0 1 2 3 4 5 6 7 8 9 10
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): PHEPA21.1Finland.doc

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	2008	Increasing	PHEPA17.1Finla nd.doc
Patients with hazardous or harmful alcohol consumption are given advice	2008	Increasing	PHEPA17.1Finla nd.doc
Advice meets quality criteria	2008	Getting better	PHEPA17.1Finla nd.doc
Practice protocols and guidelines are followed	2008	More and more	PHEPA17.1Finla nd.doc
The effectiveness of interventions for hazardous and harmful alcohol consumption	2001	Challenging as part of everyday work	PHEPA22. 1Finlan d. doc
The cost effectiveness of interventions for hazardous and harmful alcohol consumption	2004	Highly cost- effective	PHEPA22. 2Finlan d. doc
The use of the AUDIT questionnaire	2005 2008	Increasing	PHEPA22. 3Finlan d. doc, PHEPA17. 1Finlan d. doc
The attitudes of health care providers to managing hazardous and harmful alcohol consumption	2001 2005	Positive	PHEPA22. 4Finlan d. doc PHEPA22. 5Finlan d. doc
Increasing the involvement of health care providers in managing hazardous and harmful alcohol consumption	2003 2008	Takes time but happens	PHEPA22. 6Finlan d. doc PHEPA17. 1Finlan d. doc

If completing for a region, please state when the answers apply for the country and not the region

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	Main findings	Please provide
	information	-	filename for
			document
	Please write		reference
	NO, if		(and complete
	information		document
	not available		reference
			template, one for
			each document)
People know that hazardous	?		
and harmful alcohol			
consumption can be dangerous			
to their health			
People know about effective	?		
methods to reduce hazardous			
and harmful alcohol			
consumption			

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	No		
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	No		
Specialist clinic	No		
Self-help group	No		
Help line telephone service	No		
Willpower alone	No		