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: Cristina Ribeiro

Organization and position: Institut on drugs and drug addictions

Address (name and number of street, postal code, town): Departamento de Tratamento e

Reinserção

IDT, I.P.

Praça de Alvalade nº7 - 10º

1700-036 Lisboa

e-mail: cristina.ribeiro@idt.min-saude.pt

Telephone: Tel:211119000 - 700041

Fax:

Email: cristina.ribeiro@idt.min-saude.pt

Website: http://www.idt.pt/browser.asp

Country: Portugal

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.

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

Population size of the country/region: 10 356 117 in habitants

Date of completing the tool (dd-mm-yy): 24/09/08

•	ide or region-wide formal or informal coalition or partnership that gement of hazardous and harmful alcohol consumption?
	Yes No
If yes:	
What is the name of t	he coalition?
When was it establish	ned?
Care Services and als	now this coalition because there were structural changes in Primary Health so according to the Governmental Organic Law, the Institute on Drugs and responsible for Alcohol matters
Legislação e Regulan	nentação Interna:
Decreto-Lei nº 221/20	007, de 29 de Maio - Lei Orgânica do IDT,IP.
Portaria nº 648/2007	de 30 de Maio - Estatutos do IDT,IP.

Please describe the aim of the coalition in one sentence:

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

Please add any extra comments here There is an Action Plan concerning Alcohol Related Problems that includes campaigns adressed to priotity groups such as people in workplace, young people, drivers etc

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					

Please add any extra comments here We are redefining an Action Plan that includes screen and brief interventions for Primary Health Care after the New Organic Law (Decreto-Lei nº 221/2007, de 29 de Maio)

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?			Institute on Drugs and drug addiction
3.2. Monitors health outcomes at the population level from managing hazardous and harmful alcohol consumption?			Institute on Drugs and drug addiction Ministery of Health
3.3. Monitors the quality of care provided for managing hazardous and harmful alcohol consumption?			Institute on Drugs and drug addiction
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?			Infarmed
3.6. Provides information on managing hazardous and harmful alcohol consumption to health care providers?			Institute on Drugs and drug addiction

Please add any extra comments here

Research and knowledge for health

4.	consumption with spe	esearch programme for managing hazardous and harmful alcohol 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

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 Some information not available

We are implementing protocols with different institutions for undergraduate and pos graduate curricular programs

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 hazardous and harmful alcohol consumption	on ma	anagin	g	
		Yes, a governmental written policy on managir 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	aging h	azard	ous and	
		No, there are no governmental policies on man harmful alcohol consumption	naging	hazar	dous and	
Reso	(and complete docu e add any extra com lução do Conselho d ge hazardous and h	de Ministros Nº 166/2000 refers the importance armful consumption ernmental policy on managing hazardous and ha	e of po	licies		
			Yes	No		
	A strategy on training	g for health professionals				
	<u> </u>	search strategy for managing hazardous and				
		t interventions by primary care professionals	\boxtimes			
	Intensive support for treatment facilities	managing alcohol dependence in specialised				

Please add any extra comments here

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

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: Dr. João Goulão (Coordinator)

Organization and position: Institut on drugs and drug addiction

Intituto da Droga e da Toxicodependência

Address: Praça de Alvalade nº7 - 10º

1700-036 Lisboa

Telephone: Tel:211119000

Email: joao.goulao@idt.min-saude.pt

Website: http://www.idt.pt

Please add any extra comments here The alcohol matters are now under the responsible of the Institute on drugs and drug addiction that oversees and manages the services for alcohol treatment and it has a Coordinator. This Institut stablish the connection with Primary Health care and other levels of care

Legislação e Regulamentação Interna:

Decreto-Lei nº 221/2007, de 29 de Maio - Lei Orgânica do IDT,IP.

Portaria nº 648/2007 de 30 de Maio - Estatutos do IDT,IP.

Funding health services and allocating resources

9.	Is there government funding for services for the management of hazardous and harmful alcohol consumption?			
			Yes No	
	If no,			
			Funding is being prepared	
10.	O. 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 This activity is financed by the general budget of the Portuguese Government

11. 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

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

12. If yes, please state the proportion:

13. 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

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):

Please add any extra comments here

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 Some information is not available.

There are experimental models of computer records being tested and the new action plan for alcohol will propose protocols and other kind of suports for Primary Health Care Providers

Protocols and guidelines

16.	•	linary clinical guidelines for managing hazardous and harmful alcohol country/region that have been approved or endorsed by at least one onal 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)
	•	e filename for document reference(s): ment reference template(s))
	If no:	Guidelines are being prepared
Please	e add any extra com	ments here
17.		d clinical guidelines for managing hazardous and harmful alcohol here been any studies in your country on their implementation or
		Yes No
		e filename for document reference(s): ment reference template(s))
	If no:	
		Studies are being prepared

Please add any extra comments here

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		
Dentists		\boxtimes		
Addiction specialists		\boxtimes	\boxtimes	

Please add any extra comments here A specific Primary Health Care Reform was implemented and there are PHC Profissionals that receive an extra payment for providing services in areas such as tobaco and we are preparing a specific adittional service for alcohol problems.

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

Please add any extra comments here Some information is not available.

Those guidelines and written policies are being prepared in some specific areas

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 Some information not available

There is a specific training program at national level and also training programs in hospitals and addiction units

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):

Please add any extra comments here Information is not available when it is not filled

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			,
Patients with hazardous or harmful alcohol consumption are given advice			
Advice meets quality criteria			
Practice protocols and guidelines are followed			
The effectiveness of interventions for hazardous and harmful alcohol consumption			
The cost effectiveness of interventions for hazardous and harmful alcohol consumption			
The use of the AUDIT questionnaire			
The attitudes of health care providers to managing hazardous and harmful alcohol consumption			
Increasing the involvement of health care providers in managing hazardous and harmful alcohol consumption			

Please add any extra comments here Some information not available yet.

Some studies in PHC are being prepared

Some publications:

Marinho, Tato. "O álcool e os jovens "Rev Port Clin Geral 2008;24:293-300

Fonseca, Marinela. "Álcool e gravidez" Rev Port Clin Geral 2008;24:277-80

Clemente Lima, Fatima. Prevenção dos problemas ligados ao álcool em cuidados primários de saúde. Rev Port Clin Geral 2008;24:317-22

Ribeiro, Cristina. "Papel do Médico de Família na detecção e intervenção nos problemas ligados ao álcool a nível dos Cuidados de Saúde Primários". Revista Portuguesa de Clínica Geral 2004; 20; 101-18

Ribeiro, Cristina. "Álcool "Impacto no indivíduo e na sociedade. Qual o papel dos Cuidados de Saúde Primários?" Rev Port Clin Geral 2008;24:269-74

Ribeiro, Cristina . Impacto dos Problemas Ligados ao álcool na Europa. Que estratégias são necessárias Revista dependências, Março/Abril 2007,12 . Lisboa: IDT,IP

Ferreira -Borges, C - Intervenções breves nos Cuidados de Saúde Primários In Ferreira -Borges ,C e Cunha Filho,H - Alcoolismo e Toxicodependencias : Manual Técnico 2.Lisboa:Climepsi 2004

Some epidemiologic studies are also referred:

Antunes, C. e Feijão. F. (2001), European School Survey Project on Alcohol and other Drugs ESPAD 99, Síntese dos Principais Resultados apresentados na Conferência de Imprensa.

Balsa, et al., (2007). Il Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa – 2007, Investigações Sociológicas, Faculdade de Ciências Sociais e Humanas, Universidade Nova de Lisboa

Balsa, et al., (2001). Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa – 2001, CEOS - Sociológicas, Faculdade de Ciências Sociais e Humanas, Universidade Nova de Lisboa

Feijão, F. (2007). Adolescentes e Consumo de Substâncias Psicoactivas, Revista Toxicodependências, Vol. 13, N. 1, 59-80, Lisboa: IDT,IP

Feijão, F. (2008). Inquérito Nacional em Meio Escolar 2006 - Consumo de Drogas e outras Substâncias Psicoactivas: Uma abordagem integrada, Resultados Preliminares, Apresentação em Congresso (Évora).

Feijão, F. e Lavado, E. (2003). Estudo sobre o Consumo de Álcool, Tabaco e Droga – Portugal, Observatório de Drogas e Toxicodependências, IDT

Feijão, F. e Lavado, E. (2003). Os Adolescentes e o Álcool – Portugal- 2003, Lisboa: IDT

Feijão, F., e Lavado, E. (2004). Inquérito Nacional em Meio Escolar – 2001 – Ensino Secundário: Consumo de drogas e outras substâncias psicoactivas, Instituto da Droga e da Toxicodependência.

Inquérito Nacional de Saúde 1995/1996: dados gerais. Lisboa : Instituto Nacional de Saúde Dr. Ricardo Jorge (INSA) e Observatório Nacional de Saúde

Inquérito Nacional de Saúde 1998/1999 : dados gerais. Lisboa : Instituto Nacional de Saúde Dr. Ricardo Jorge (INSA) e Observatório Nacional de Saúde

Inquérito Nacional de Saúde 2005/2006: dados gerais. Lisboa : Instituto Nacional de Saúde Dr. Ricardo Jorge (INSA) e Observatório Nacional de Saúde

Gameiro, A. (1997). Hábitos de Consumo Alcoólicos em Portugal. Editorial Hospitalidade

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			

Please add any extra comments here in this area there are some missing information.

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			
Help from a nurse			
Help from a pharmacist			
Help from a dentist			
Help from friends or family			
Advice from the Internet			
Specialist clinic			
Self-help group			
Help line telephone service			
Willpower alone			

Please add any extra comments here Information not available