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: <u>peteranderson.mail@gmail.com</u>. 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.

PART I

Personal details of contact person for completion of tool

Name: Mr. Rolande Anderson

Organization and position: Alcohol Project Director, The Irish College of General Practitioners

Note; On Behalf of the Irish Phepa Team

Address (name and number of street, postal code, town): 4/5, Lincoln Place, Dublin 2

Telephone: 01 6763705

Fax: 01 6346078

Email: rolande.anderson@icgp.ie

Website: www.icgp.ie

Country: Ireland

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: 4.4 million approx

Date of completing the tool (dd-mm-yy): 27.08.08

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?

When was it established?

Please describe the aim of the coalition in one sentence: The wording in this section is problemmatic for us --- but there is no formal or informal structure as outlined. There are working departmental groups or committees at government level. The Health system is mostly geared towards the problem of alcohol dependence. There is a lot of choice for patients in private care but very limited choices for public patients and very few treatment 'beds'. In some areas of the country public services are 'hit or miss'

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

Please add any extra comments here Again the wording of the question here is a problem. The Drinks Industry Social Organisation group, MEAS (Mature Enjoyment of Alcohol in Society) - Irish for respect - run elaborate campaigns - which are of course funded by the drinks Industry. All alcohol advertisements include the advice to learn more by consulting 'drinkaware.ie' which is run by Meas/Drinks industry and therefore by definition is inadequate.

The Health Service Exceutive (Government funded) also ran a media campaign (all listed media outlets again) directed at young people.

The Road Safety Authority who would receive public funding also run a media campaign on drink driving

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

Please add any extra comments here Obviously this involves a judgement and we asked the Health Service Executive for their opinion too.

Structures for quality of care

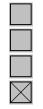
3. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

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

Please add any extra comments here The Irish Medicines Board have responsibility for 3.5 while the answer to 3.6 is unclear although the The Health Promotion Unit of Department of Health (Government policy) and the Health Service Exceutive (implementation of government policy) have responsibility in this area. Question 3.1 is also unclear asit is not formal.

Research and knowledge for health

4. Is there a <u>formal</u> research programme for managing hazardous and harmful alcohol consumption with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the alcohol industry)?



Yes, from governmental organizations

Yes, from government appointed organizations

Yes, from non-governmental organizations

No

Please add any extra comments here Again the problem is the wording - it is not formal as such though the Health Research Board does conduct excellent research - already referenced

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 Very informal and unstructured except for GPs where the situation is a lot better thanks to the Irish College of General Practitioner's alcohol project

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 managing hazardous and harmful alcohol consumption in preparation

No, there are no governmental policies on managing hazardous and harmful alcohol consumption

lf yes,

Please give filename for document reference: (and complete document reference template)

Please add any extra comments here

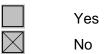
7. If available, the governmental policy on managing hazardous and harmful alcohol consumption includes:

	Yes	No
A strategy on training for health professionals		\square
A national funded research strategy for managing hazardous and harmful alcohol consumption		\boxtimes
A strategy to support interventions by primary care professionals		\boxtimes
Intensive support for managing alcohol dependence in specialised treatment facilities		\boxtimes

Please add any extra comments here

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:

Organization and position:

Address:

Telephone:

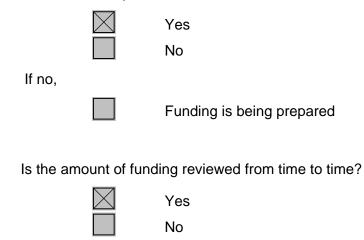
Email:

Website:

Please add any extra comments here Mr. Robbie Breen, (a member of the Phepa Irish team) is the key person in the department of Health regarding alcohol policy though his brief is not specific to hazardous and harmful drinking. The Director of the Health Service Exceutive, Prof Brendan Drumm, has overall responsibility for all government health policy implementation

Funding health services and allocating resources

9. Is there government funding for services for the management of hazardous and harmful alcohol consumption?



If yes,

10.

	Annually reviewed
	Reviewed every 2 to 5 years
	Reviewed every 5 years or longer
\square	Other (please specify):

Please add any extra comments here The Irish College of General Practitioners project is funded by the Health Service Executive. Funding for managing alcohol problems is not ring-fenced and is likely to be reduced during current recession every year. Also the funding is only part of overall funding. Some of the funding for alcohol comes through mental health services. The funding for alcohol problems, such as it is, is mostly directed towards dependence services

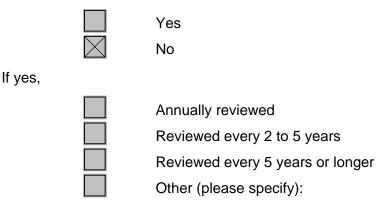
11. Is a proportion of alcohol taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of services for managing hazardous and harmful alcohol consumption?



- **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?



14. Is the proportion of tax allocated for services for managing hazardous and harmful alcohol consumption reviewed from time to time?



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	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
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 The tricky word in this question is 'available'. Thankfully we now have Irish guidelines on alcohol for use in primary care and these are freely available - however it is not clear how much they are used. We also have training programmes. Both these developments have emerged as a result of hard work in Ireland but encouraged by the existence of both Phepa phases. We need more capacity to provide support to Primary Care providers. Computerised records etc are available too but not used widespread.

Protocols and guidelines

16. Are there multidisciplinary clinical guidelines for managing hazardous and harmful alcohol consumption in your country/region that have been approved or endorsed by at least one 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)

If yes, please provide filename for document reference(s): (and complete document reference template(s))

If no:



Guidelines are being prepared

Please add any extra comments here Guidelines are available for primary care but are not multidisciplinary

17. If there are endorsed clinical guidelines for managing hazardous and harmful alcohol consumption, have there been any studies in your country on their implementation or adherence?

\ge	Yes
	No

If yes, please provide filename for document reference(s): PHEPA17Ireland.doc (and complete document 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?

	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	\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		

Please add any extra comments here Not routinely reimbursed though we did reimburse practitioners in the Alcohol Aware Practice Service Initiative (already referenced) which proved to be a great success

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

Please add any extra comments here We are not sure about some of the answers and feel some respondents were not clear on the phrase - 'managing hazarous and harmful drinking' - also some of the guidelines and protocols apart from GPs are likely to be geared towards Dependence rather that hazardous and harmful.

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	
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 The problem in this question is the word 'obtainable'. The issue of training for brief interventions and the whole paradigm shift towards a focus on hazardous and harmful drinking (as opposed to a narrower focus on dependence) is growing in Ireland and there are more requests for training in this area as well as increasing realisation of the importance of prevention and reducing hazardous and harmful consumption.

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

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	August 2006	Patients have no problem being asked about alcohol consumption	PHEPA17Ireland .doc
Patients with hazardous or harmful alcohol consumption are given advice	August 2006	There are differences in consultation styles but most practitioners can do this work with a modicum of training and support	
Advice meets quality criteria	August 2006	Outcomes indicated that 30% of patients made some significant adjustments to their consumption after three month follow-up	
Practice protocols and guidelines are followed	August 2006		
The effectiveness of interventions for hazardous and harmful alcohol consumption	August 2006	See above. In this study we provided Practice Staff with an Alcohol Counsellor on site to help with more difficult cases	
The cost effectiveness of interventions for hazardous and harmful alcohol consumption	August 2006	Clear evidence from the study that cost effectiveness was achieved and specifically on the basis of admissions avoided	

The use of the AUDIT	August 2006	P erhaps a bit	
questionnaire		lengthy and we have subsequently advised practice staff to use the 'Audit C'	
The attitudes of health care providers to managing hazardous and harmful alcohol consumption	August 2006	Some GPs and Practice Nurses still need persuasion that routine questioning about hazardous, harmful drinking is effective. Also some disblief in limits as regards daily/weekly consumption	
Increasing the involvement of health care providers in managing hazardous and harmful alcohol consumption	August 2006	Very gratified that three out of 8 Practice sites have managed to retain their Alcohol Counsellors after funding ran out for the study	

Please add any extra comments here The main study is The Alcohol Aware Practice Service Initiative, already referenced and the same study as listed throughout; Phepa17Ireland.doc

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	August 2006	The study found that there was widespread mis-information on gender differences, weekly limits etc but that when patients were engaged within primary care settings, they readily and easily accepted simple advice when given in a structured way.	PHEPA17Ireland. doc
People know about effective methods to reduce hazardous and harmful alcohol consumption	August 2006	Again the protocols we used helped Practice Nurses, Counsellors and GPs to tackle this issue with excellent results	

Please add any extra comments here Once again the study is the 'Alcohol Aware Practice Service Initiative' already referenced - this was a follow-up and much enlarged study to another one conducted by the ICGP in 2003 called 'The Alcohol Aware Practice

Help seeking behaviour

Have there been any surveys, studies, or publications which provide information on the 24. 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		

Please add any extra comments here Not that we are aware of