"PHEPA II"
"Disseminating brief interventions on alcohol problems Europe wide"

Grant Agreement nº2005309
and Amendment nº1

Interim Report
to the European Commission

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1. Introduction

The Project on Disseminating brief interventions on alcohol problems Europe wide (PHEPA II) runs for 33 months from 01/04/2006 to 31/12/2008. The current interim technical implementation report covers the period from 01/04/2006 to 30/09/2007.

The PHEPA II project builds on the scientific evidence for the effectiveness of different strategies in disseminating brief interventions and on the experience of PHEPA I, co-financed by the European Commission, which developed European recommendations, a European training programme and country wide dissemination strategies in 16 European countries.

The project also builds on the experience of Phases III and IV of the World Health Organization's project on early identification and brief interventions in primary care, which included participants from 12 European countries.

The project also supports the Council Conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm, reiterated by the Council Conclusions on alcohol and young people of 2 June 2004 and the 2005 work plan for Community Action in the field of public health that includes the following topic area:

1. The dissemination of best practice on early identification and brief interventions on alcohol problems within the general population.

The project also supports Member States in the implementation of advice by doctors or nurses in primary health care, an action area described as good practice and effective in the Communication from the EC: EU strategy to support MS in reducing alcohol related harm[1].

5.3.2. Experience gained in Member States tends to show that improved enforcement of current regulations, codes and standards, is essential to reduce the negative impact of harmful and hazardous alcohol consumption. Licence enforcement, server training, community- and workplace-based interventions, pricing policy (e.g. reducing "two-drinks-for-one" offers),

[1] COM(2006) 625 final

coordination of public transport and closing times, advice by doctors or nurses in primary health care to people at risk, and treatment, are interventions that appear effective to prevent alcohol-related harm among adults and reduce the negative impact on the workplace. Education, information activities and campaigns promoting moderate consumption, or addressing drink-driving, alcohol during pregnancy and under-age drinking, can be used to mobilise public support for interventions.

The action included in this project is recommended in the Alcohol in Europe Report [2]

X. Advice for hazardous and harmful alcohol consumption and alcohol dependence

Recommendations for advice	Relevant actor
X.1. Integrated evidence-based guidelines for brief advice for hazardous and harmful alcohol consumption should be developed and implemented in different settings upwardly to harmonize the quality and accessibility of care.	(II) MS/region (III) Municipal
X.2. Training and support programmes to deliver brief advice for hazardous and harmful alcohol consumption should be developed and implemented in different settings upwardly to harmonize the skills of primary care providers.	(II) MS/region (III) Municipal
X.3. Resources should be made available to ensure the widespread availability and accessibility of identification and advice programmes for hazardous and harmful alcohol consumption and alcohol dependence.	(II) MS/region (III) Municipal

The action is also consistent with the recommendations of the WHO resolution WHA58.26 on Public-health problems caused by harmful use of alcohol approved during the 58ª World Health Assembly[3] in 2005.

[2] Anderson P and Baumberg B (2006). Alcohol in Europe. London: Institute of Alcohol Studies. Available at:http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm
[3] WHA58.26. Geneva, WHO, 2005 http://www.who.int/gb/ebwha/pdf_files/WHA58-REC1/A58_2005_REC1-sp.pdf

2. Aims and Objectives

The project is aimed to disseminate early identification and brief intervention programmes on alcohol problems within the general population recognizing the considerable evidence for the effectiveness and cost effectiveness of early identification and brief intervention programmes in leading to health gain, and, if widely disseminated, to reducing the disability and ill health resulting from harmful alcohol use in Europe.

The two year project aims to:

1. Create a sustained European Platform of health professionals and policy makers with experience and responsibility for disseminating brief interventions widely within the general population. The Platform will have representation in all partner countries and will meet twice throughout the duration of the project, first in year one, and second in year two. The purpose of the Platform will be to share and document experience, and to identify strengths and weaknesses of the different country approaches to disseminating brief interventions.

2. Develop a model, an assessment tool and a registry to assess and document the current status of services for brief interventions in all partner countries from a health systems perspective. The model will be based on systematic reviews of the literature and will describe all the elements that are required for effective dissemination of brief interventions within a health care systems perspective including the domains of organization of health care, support for providing brief interventions, availability of brief interventions, provision of effective brief interventions by health care providers and uptake of effective brief interventions by the general population. The tool will be based on the final model and will document the current status of brief interventions in each of the partner countries, identifying strengths and limitations in the five health care system domains. The results of the assessment tool will be placed on an Internet site registry to allow sharing of experience from country to country on guidelines, training programmes, and the approaches adopted to ensure widespread uptake of brief interventions.

3. Create and promote the use of an Internet based resource centre for health professionals, policy makers and providers, on brief interventions providing information in the domains of effectiveness, cost effectiveness, policy, epidemiology and evaluation. The resource will be similar to the effective and well used resource for smoking cessation originally developed by the World Health Organization, treatobacco.net.

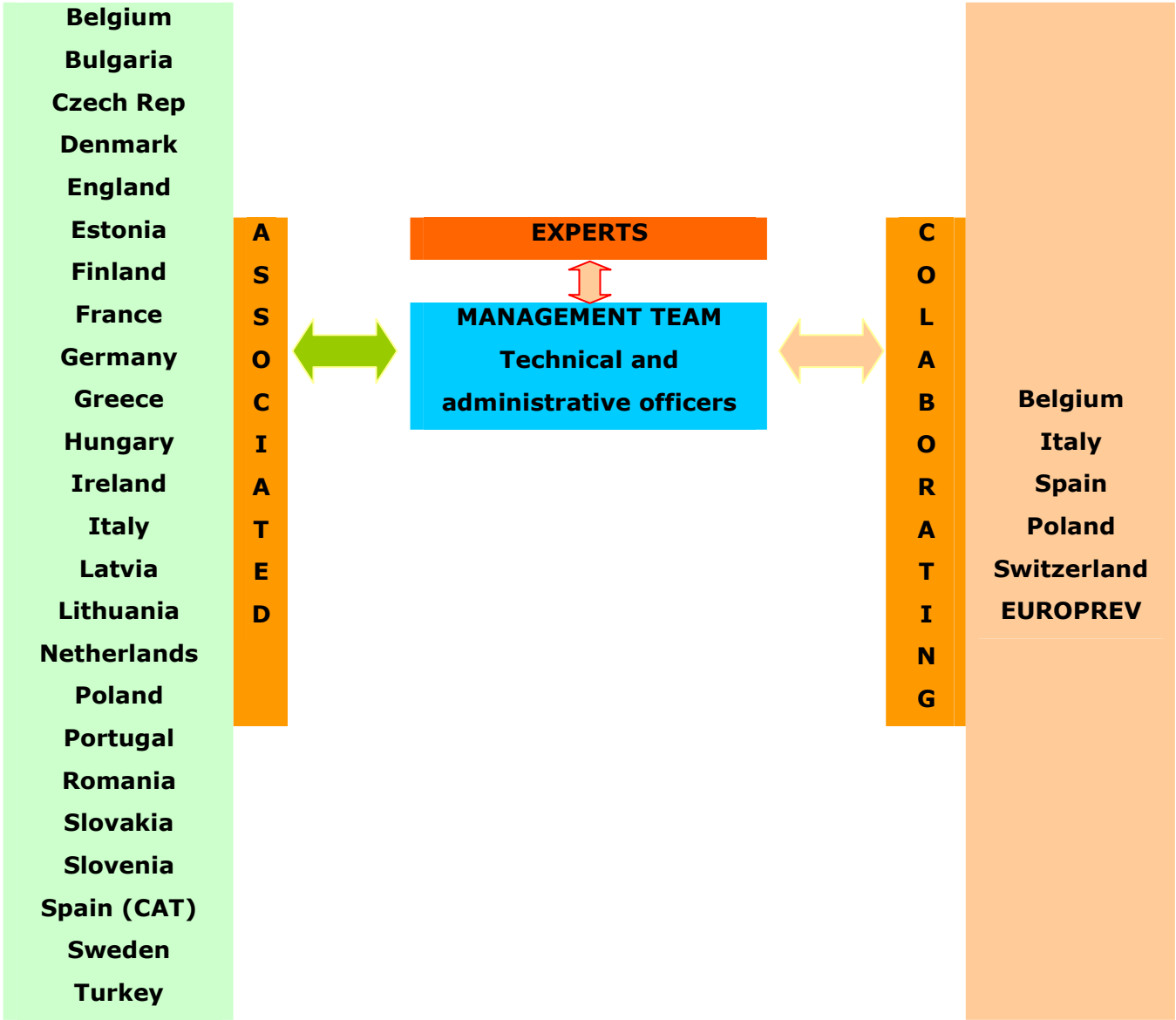
4. Based on the European training programme developed in the PHEPA1 project, to adapt and adopt the uptake of training in the Member States to upwardly harmonize the skills of European health professionals. Evidence has shown that trained health care providers, along with office based support are more likely to deliver early identification and brief intervention programmes for the general population.

5. Based on the European Recommendations developed in the PHEPA1 project, to adapt and adopt the development and implementation of clinical guidelines in the Member States to upwardly harmonize the quality of brief interventions. To ensure uptake and ownership, it is necessary for country based professional associations to developed practice based guidelines relevant to their own country situation and needs of their own health care providers.

3. Organization, responsibilities and infrastructure

The project is managed by the Program on Substance Abuse of the Department of Health of the Government of Catalonia with the contribution of 24 associated and 9 collaborating partners.

The following framework illustrates the PHEPA II Platform organization:



The associated and collaborating partners include representatives from 25 (24 MS and Switzerland) European countries, from governmental and non-governmental bodies, Public Health institutes, professional and scientific organizations representation primary care providers and academic Institutes of general and

family practice. Many of the partners were involved in both the PHEPA I project and the Phases III and IV projects of the World Health Organization.

The Program on Substance Abuse (Alcohol Unit) is responsible for: 1) the technical and financial management and co-ordination of the project' 2) for leading the development of the products' 3) for organizing the meetings' and 4) for writing the reports for the Commission. Within the Unit a **project team** (5 people) was constituted and located in Barcelona (Spain). The technical officers, the technical and administrative assistants of the Project Team are part-time posts funded by the project.

Name	Responsibilities	E-mail
Joan Colom	Project Manager	joan.colom@gencat.net
Lidia Segura	Project Coordinator	lidia.segura@gencat.net
Miriam Torres	Technical officer	miriam.torres@gencat.net
Encarna Moreno	Adminitrative officer	encarna.moreno@gencat.net
Claudia Fernández	Adminitrative officer	claudia.fernandez@gencat.net

The **associated partners** are responsible for: 1) creating the country based teams; 2) developing, together with the Country Based Team, the country strategy' 3) contributing to the roll out within their country of the products; 3) providing comments and feedback on the project products; 4) participating in all the meetings; and 5) preparing the country reports.

The members of each **country based team (CBT)** contribute to the development and dissemination of the country implementation strategy and to the roll out of the project products.

Country	Organization	Contact Person
Belgium	DOMUS MEDICA	Pas, Leo
Bulgaria	Horizonti 21 Foundation	Alexieva, Daniela
Czech Rep	National Institute of Public Health	Sovinova, Hana
Denmark	The Research Unit of General Practice	Barfod, Sverre
Denmark	Danish Alcohol Policy Network-Alkoholpolitisk Landsrad	Damgaard Jensen, Johan
England	Northumbria University	Heather, Nick
Estonia	Estonian Temperance Union	Lauri, Beekmann
Finland	University of Tampere, Medical School	Seppä, Kaija
France	Institute for Secondary Prevention Promotion in Addictology	Michaud, Philippe
Germany	Klinik Für Abhângiges Verhalten und Suchtmedizin	Hintz, Tomas
Greece	Hellenic Society for the Study of Addictive Substances	Diakogiannis, Ioannis
Hungary	Hungarian Association of Addictologists	Singer, Eleonora
Ireland	The Irish College of General Practitioners	Anderson, Rolande J
Italy	Istituto Superiore di Sanitá	Scafato, Emanuele
Latvia	State Addiction Agency	Sarmite, Skaida
Lithuania	Vilnius Centre for Addictive Disorders	Subata, Emilis
Netherlands	The Netherlands Institute of Mental Health and Addiction	Lemmers, Lex
Poland	College of Family Physicians in Poland	Mierzecki, Artur
Portugal	Directorate General of Health	Ribeiro, Cristina
Romania	Ministry of European Integration	Petcu, Cristian Adrian
Slovakia	Research Institute of Child Psychology and Pathopsychology	Nociar, Alojz
Slovenia	University of Ljubljana, Medical Faculty	Kolsek, Marko
Spain	Institut D'Investigacions Biomèdiques August Pi i Sunyer	Gual, Antoni
Sweden	Linköping Universitet	Bendtsen, Preben
Turkey	Tobacco Free Life Association	Soydal, Tahir

9 collaborating partners participate also guiding the execution of the project and its activities. They are responsible for: 1) providing their expertise during the development of the products; 2) contributing to the country based team work; and 3) attending the platform meetings.

Country	Organization	Contact Person
Belgium	General Medicine Scientific Society ASBL	Dor, Bernard
EUROPE	EUROPREV	Godycki, Maciek
Italy	Società Italiana di Medicina Generale	Rossi, Alessandro
Italy	Community Research Centre Martignacco	Struzzo, Pierluigi
Italy	Azienda Sanitaria di Firenze	Allamani, Allaman
Italy	Alcohol Centre, University of Florence	Patussi, Valentino
Netherlands	Radboud University Nijmegen	Laurant, Miranda
Poland	PARPA	Brzozka, Krysztof
Spain	Ministry of Health and Consumer Affairs	Lizarbe, Vicenta

4. Progress on deliverables

The deliverables to be developed and the delivery dates estimated in the project contract are as follows:

No	Deliverable title	Delivery date	Dissemination
D 1	European Platform	Month 1	Reports through Internet and published copies to all stakeholders in all Member States and Commission
D 2	Model of brief interventions assessment tool and registry	Month 6	Through Internet and published copies to all stakeholders in all Member States and Commission
D 3	Assessment tool of brief interventions	Month 6	Through Internet and published copies to all stakeholders in all Member States and Commission
D 4	Registry of Europe wide practice	Month 12	Through Internet to all stakeholders in all Member States and Commission
D 5	Internet resource centre	Month 12	Through Internet to all stakeholders in all Member States and Commission
D 6	Country roll out of country based recommendations and guidelines	Month 18	Through Internet and published copies to all stakeholders in all Member States and Commission
D 7	Country roll out of country based training programmes	Month 18	Through Internet and published copies to all stakeholders in all Member States and Commission

4.1. European Platform *(See Annex 1)*

The purpose of the platform is to create a network of health professionals from the partner countries to promote the dissemination of best practice on early identification and brief interventions on alcohol problems within the general population.

There are already 91 professionals in the platform and the exact numbers and composition of the country varies from country to country from one member to a maximum of nine members. The recommended representation comprises:

- Governmental organizations
- Non-governmental organizations
- Health professional organizations and/or groups
- Scientific organizations and/or groups

Country	Platform Members	Gov	Non-Gov	Health Prof Org	Scientific Org
Belgium	6	2		2	2
Bulgaria	3		1	2	
Czech Republic	2	1		1	
Denmark	4	2			2
England	6		2	2	2
Estonia	3		3		
Finland	4	2			2
France	1				1
Germany	9				9
Greece	2			2	
Hungary	1			1	
Ireland	7	1	1	5	
Italy	8	3			5
Latvia	1	1			
Lithuania	2				2
Netherlands	8	5		2	1
Poland	3	1		2	
Portugal	3	3			
Romania	1	1			
Slovakia	1				1
Slovenia	2				2
Spain	6	5			1
Sweden	6	1			5
Turkey	2			2	
	91	27 (31%)	7 (8%)	21 (23%)	35 (38%)

4.1.1. Meetings *(See Annex 2)*

One Platform meeting has been organized during the period covered by this interim report. The agenda, minutes and list of participants are detailed in Annex 2.

The **meeting** took place on 19th and 20th June 2006 in Tallinn (Estonia) in collaboration with the Estonian partners, Tamara Janson and Lauri Beekmann of the Estonian Temperance Union with the following objectives*:*

- Get to know each other (specially new partners)
- Introducing the project and its objectives
- Summing up the achievements of PHEPA I, and building on its experience and products
- Discussing the elements of the project
- Sharing experiences
- Achieving a strong involvement of all the partners

Brief summary of participants:

	Associated Partners	Collaborating Partners	Experts	Management Team
1st Meeting Tallinn	23 (96%)	3 (33%)	1	3

In addition to these meetings, country based teams were committed to meet twice and in the current period some meetings have already taken place as detailed in the country reports.

4.1.2. Website impact

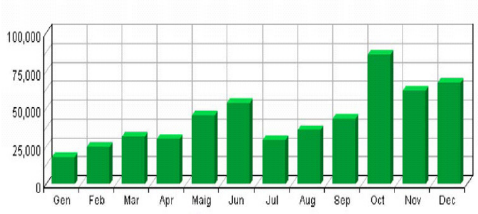
It is quite early to measure the visibility of the platform and project and to measure its impact at a policy level but some progress has been done in the different countries in that direction.

If one googles "alcohol problems in primary health care", PHEPA project appears in second position after the WHO international website.

In the graphics below the PHEPA website access, downloaded documents and visits are detailed during the interim report period as example of its impact.

Web acceesss

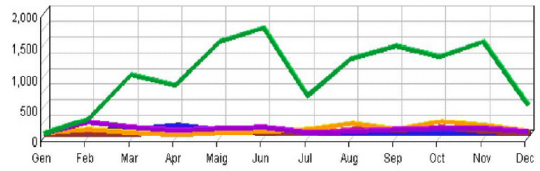
2006



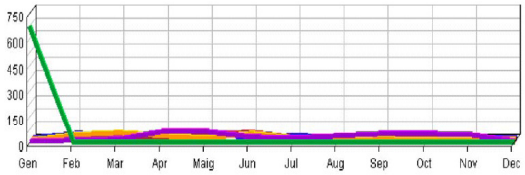
2007

More frequently dowloaded documents

2006



2007



The most downloaded document is the Clinical guidelines represented in the above graph in green. The Training Manual (in pink) is the second one.

	2006	2007
Visits	22.658	6.295
Mean per day	62	17
Mean duration per visit	46 minutes	18 minutes
International visits	88.18%	88,59%
National visits (Spain)	8,38%	11,37%
Individual visitors	8284	3670
Visitors only once	6199	3114
Visitors twice	2085	556

In summary, the web had an excellent utilization rate (number of visits, mean visits per day, etc.) during 2006 but decreased during 2007. It has had more than 29.000 visits during the whole period and around 88% are international. It is expected the number of visitors will increase during 2008, as more products are launched.

Looking at the country of origin of the webpage visitors, among the 20 first countries, 13 participate in the project, Spain and the Netherlands being the most frequent visitors after the USA.

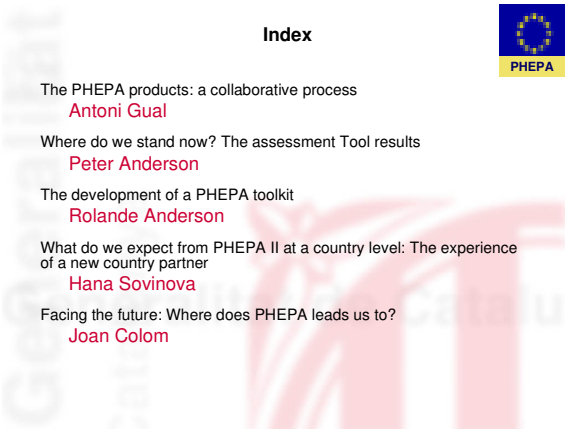
Nº	Country	2006	2007 (position)
1	EUA	14.511	2955 (1)
2	Spain	1898	716 (2)
3	Netherlands	904	366 (4)
4	Unknown	781	
5	UK	673	210 (7)
6	Finland	365	229 (6)
7	Sweden	333	380 (3)
8	Italy	320	344 (5)
9	Western Europe	303	129 (9)
10	Belgium	301	94 (11)
11	Germany	266	78 (12)
12	Australia	248	69 (13)
13	Portugal	229	102 (10)
14	Canada	168	38 (17)
15	Ireland	150	65 (14)
16	France	137	41 (16)
17	Luxembourg	118	44 (15)
18	Brasil	78	
19	Switzerland	69	
20	Poland	64	28 (19)
	China		29 (18)
	Turkey		20 (20)

In 2007
Green= increase
Red= decrease
Blue=equal
Lila=new

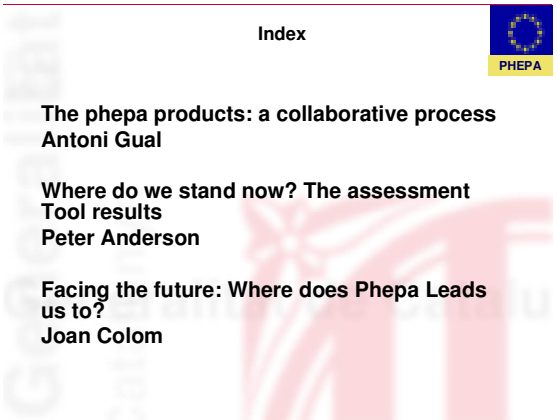
4.1.3. Participation in Workshops

The Phepa project has run some workshops, with different level of participation, in the following meetings:

-Conference "**Bridging the Gap. European Alcohol Policy Conference**" organized by EUROCARE and held in Helsinki (Finland) from 20-22 November 2006 - http://btg.health.fi/?dmy=1&i=701&v=



-The **3nd Annual Conference of the International Network on Brief Interventions on Alcohol Problems** (INEBRIA Http://www.inebria.net) that was held in Lisbon the 26th and 27th of October 2006. Phepa Platform members are also members of INEBRIA aimed at promoting the wide implementation of brief interventions in a variety of settings for hazardous and harmful alcohol consumption at local, national and international levels.



4.2. Model of brief interventions assessment tool and registry

A model to assess and document the current status of services for brief interventions in all partner countries from a health systems perspective has been developed.

The model is based on systematic reviews of the literature and describes all the elements that are required for effective dissemination of brief interventions within a health care systems perspective including the domains of:

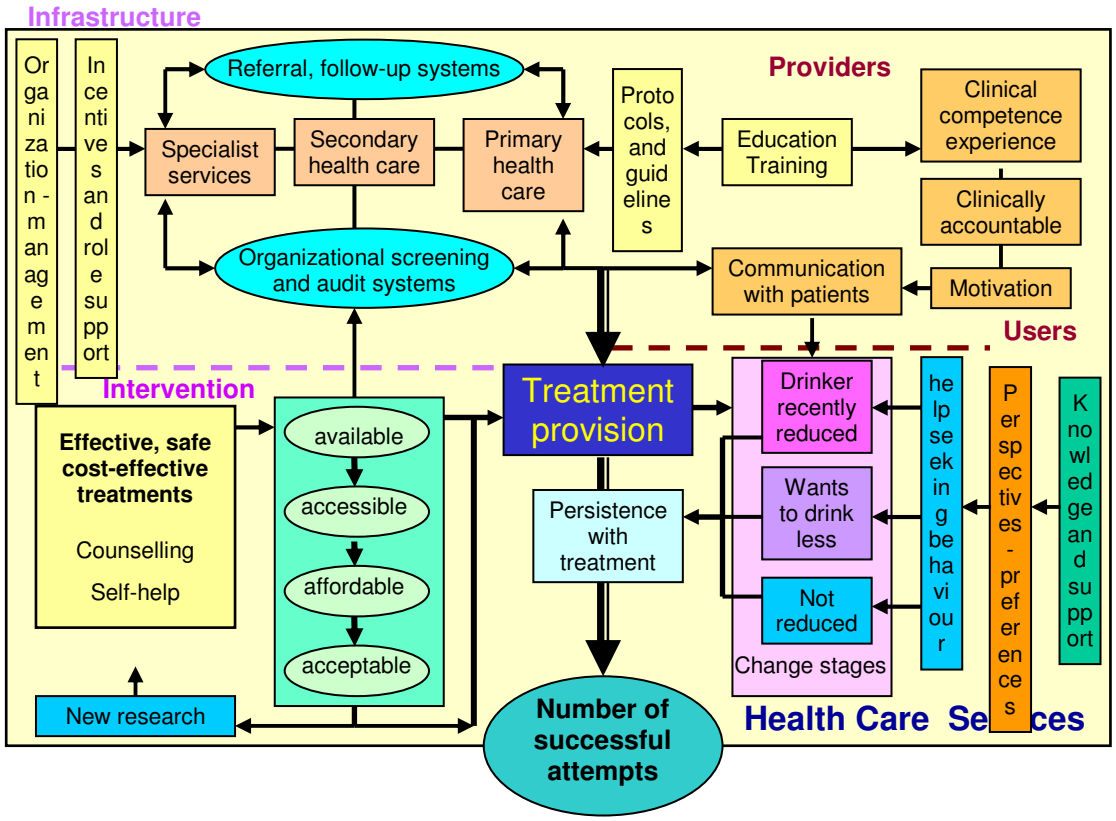
-organization of health care,

-support for providing brief interventions,

-availability of brief interventions,

-provision of effective brief interventions by health care providers and uptake of effective brief interventions by the general population.

Integration of components in the health service and practice domains



4.3. Assessment tool of brief interventions (See Annex 3)

The tool has been developed based on the final model aimed at documenting the current status of brief interventions in each of the partner countries, identifying strengths and limitations in the five health care system domains.

It is a management tool, not a scientific tool.

It is aimed to:

- Provide a baseline description of services for managing hazardous and harmful alcohol consumption, identifying areas where services may require development or strengthening;
- Provide a mechanism for monitoring service provision over time;
- Allow sharing of information and examples of practice; and
- Provide a mechanism for coalitions or partnerships to discuss and have a shared view on services for managing hazardous and harmful alcohol consumption.
- It is primarily intended to help service development within countries; it is not to compare one country with the other

The tool comprises a questionnaire and template documents that need to be completed for certain questions.

The questionnaire is organized in three parts. The first part is about policies on the management of alcohol use disorders, the second part is about research and studies on the management of alcohol use disorders in general practice and the third part is mostly about drinking behaviour. The information gathered will help to have a general overview of the country situation and to compare the countries according to the different variables. This tool is being developed taking into account the feedback from the different countries and it will be useful to monitor the country development.

4.4. Registry of Europe wide practice

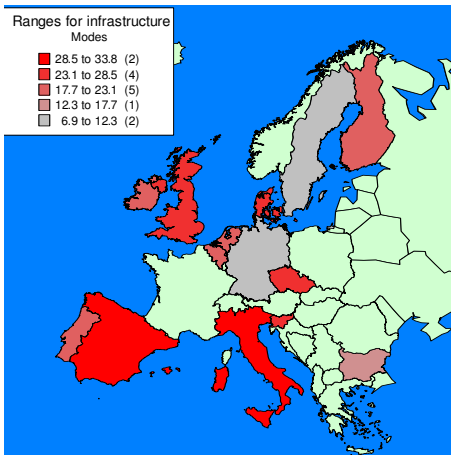
Associated partners have been asked to reply to the assessment tool before June 2008 to assess the available services for the management of alcohol problems at the country or regional level and to identify what is going on, and to identify deficiencies or areas in the country that need further work and strengthening.

Responses will be compiled in five sub-scales based on each of five domains.

1. Infrastructure sub-scale
2. Support for treatment sub-scale
3. Intervention and treatment sub-scale
4. Health care providers sub-scale
5. Health care users sub-scale

The results in each country, once re-scaled and analysed, will be placed on an Internet site registry to allow sharing of experience from country to country on guidelines, training programmes, and the approaches adopted to ensure widespread uptake of brief interventions.

It is expected to show the results in the registry organized in coloured maps like the following one:



4.5. Internet resource Centre (see Annex 4)

It is planned to create and promote the **use of an Internet based resource** centre for health professionals, policy makers and providers, on brief interventions providing information in the domains of effectiveness, cost effectiveness, policy, epidemiology and evaluation.

Within the PHEPA website, a database is being developed covering the evidence for brief interventions, modelled on the treatobacco.net database: http://www.treatobacco.net/home/home.cfm

The database includes six main headings:

1. Health effects
2. Identifying hazardous and harmful alcohol consumption
3. Efficacy of interventions
4. Cost effectiveness
5. Implementing brief interventions
6. Supportive alcohol policy measures

Under each heading, there will be a list of key findings. For each key finding, there will be a brief commentary and links to supporting evidence.

It will built over time and PHEPA associated partners will take care of preparing it and updating the contents continuously. It is planned to have it ready in the website by April 2008.

The database will be included under the heading "evidence on alcohol" of the current phepa website, that has been updated according to the needs of the PHEPA II project and it is available at: http://www.phepa.net. The website style, image and form is subject to the restrictions of the framework of the Catalan Government Internet System.

Contents are organized in 6 main headings with the following subheadings:

Links	Activities	Resources and publications	Country Information	Evidence on Alcohol	About Phepa
	News	Resources and publications	Implementation in countries	Describing alcohol consumption and alcohol related harm	Introduction
				Alcohol and health	Who can use this site?
				Identifying hazardous and harmful use	What kind of information will I find?
				Effectiveness of Brief Interventions	Meetings
				Cost and cost-effectiveness of BI	Contributors
				Implementing EIBI programmes	Project evaluation
				Assessing the harm done by alcohol and alcohol dependence	Final report Phepa Phase I

4.6. Country roll out of country based recommendations and Clinical Guidelines

In order to upwardly harmonize the quality of Brief Interventions, associated partners are working in adapting and adopting the development and implementation of Clinical guidelines in their country, based on the European Recommendations developed in the PHEPA I project.

In the PHEPA I project, 2000 copies of the Clinical guidelines were printed and over 800 have been distributed around Europe. The recommendations in English are downloadable from the project website. They are already available in some other languages, and are currently being translated into others (including Spanish).

Clinical Guidelines

See this product in other languages
Czech and Slovene

The Clinical guidelines downloads from internet:

-2006: 12.229

-2007: 668

The roll out activities vary from country to country and are described in detail in the country reports (See Annex 5). Only 4 countries (in red: France, Turkey, Latvia and Romania) have not started any action toward the country roll out. The table below provides a brief summary of what has been going on in the countries:

Country	Translation/ Adaptation of the CG	Country roll out
Belgium	Partially adopted together with other National Guidelines	8 Meetings at regional and national level
Bulgaria	In process	1 meeting with 8 participants
Czech Republic	CD-Rom and website	Working group
Denmark	Under discussion	Under discussion
England	Partially adopted together with other National Guidelines	Implementation projects
Estonia	Planned for 2008	Planned for 2008
Finland	Partially adopted together with other National Guidelines	Implementation projects
France		
Germany		
Greece	In process	Planned for 2008 but in specific settings: psychiatry residents, military medical settings, etc.
Hungary	In process	Planned for 2008
Ireland	Partially adopted together with other National Guidelines	
Italy	Partially adopted together with other National Guidelines	Inclusion in the National Strategy
Latvia		
Lithuania	Planned for 2008	Planned for 2008
Netherlands		
Poland	In process	Planned for 2008
Portugal	Partially adopted together with other National Guidelines	Partially included in Action Plan against Alcoholism
Romania		
Slovakia	In process	Planned for 2008
Slovenia	Paper and website	
Spain	In process – Catalan Partially - Spanish	Included in Catalan Health Plan Included in National Strategy
Sweden	Partially adopted together with other National Guidelines	Meetings with Govt institutions
Turkey		

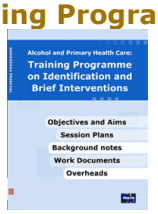
4.7. Country roll out of country based training programmes

In order to upwardly harmonize the skills of European health professionals, associated partners are working towards adapting and adopting the uptake of training in their country, based on the Training Program developed in the PHEPA I project.

In the PHEPA I project, 2000 copies of the Training Manual were printed and over 700 have been distributed around Europe.

The Training Programme in English is downloadable from the project website. They are already available in some other languages, and are currently being translated into others.

Training Programme



See this product in other languages:
Czech, Slovene

The Training Manual downloads from internet:

-2006: 1.365
-2007: 89

Again, the roll out activities vary from country to country and are described in detail in the country reports (See Annex 5). Only 4 countries (in red: France, Turkey, Latvia and Romania) have not started any action toward the country roll out. In the table below a brief summary of what has been going on in the countries:

Country	Translation/ Adaptation of the TM	Country roll out
Belgium	Partially adapted	Trainings going on
Bulgaria	In process	1 training – 16 participants 19-21 Jan 07
Czech Republic	CD-Rom and website	1 training planned for Nov 07
Denmark	Not foreseen	Not foreseen
England	Partially adapted	Training program nationwide
Estonia	Planned for 2008	Planned for 2008
Finland	Partially adapted	Training program nationwide
France		
Germany		
Greece	In process	Pilot training with psychiatry residents
Hungary	In process	Planned for 2008

Ireland	Partially adapted	Planned for 2008
Italy	Paper and website	Recommended by the National Committee on Alcohol
Latvia		
Lithuania	Planned for 2008	Planned for 2008
Netherlands		
Poland	In process	Planned for 2008
Portugal	Partially adapted	Trainings going on
Romania		
Slovakia	In process	Planned for 2008
Slovenia	Paper and website	Trainings going on
Spain	In process – Catalan Partially - Spanish	6 meetings Adoption by all Preventive Health Societies
Sweden	Partially adopted together with other National Guidelines	Trainings going on
Turkey		

5. Additional deliverables *(See Annex 5)*

In addition to the deliverables planned in the project and in order to facilitate the implementation of the training and the guidelines at country level a set of additional deliverables are being developed within the project.

5.1. Guide in how to manage risky drinkers in primary health care *(See Annex 5.1.)*

This guide has been written in accordance with the criteria of the PHEPA Training Programme on identification and brief interventions and the PHEPA Clinical Guidelines on identification and brief interventions. The guide briefly describes how to screen and how to intervene in risky drinking and it is developed as a complementary and summary tool based on the Guidelines and Training Manual. The Guide is aimed to help GPs in integrating early identification and brief intervention in their daily work.

It includes an introduction with the main facts on alcohol's impact on health, a glossary of key concepts, key questions and recommendations. It describes how to do it in 3 steps: screening, brief advice for at-risk drinking and assessment, treatment and referral for alcohol dependence. It finishes with some appendixes on the management of alcohol dependence.

5.2. Minimum skills for providers *(See Annex 5.2)*

This document summarizes the skills needed by a PHC professional in order to manage appropriately and effectively patients presenting with hazardous or harmful alcohol use or alcohol dependence. Those skills are divided into 7 different areas which cover the whole spectrum of activities related to the topic: general abilities, screening, assessment, treatment planning, counselling, referral and documentation skills. Based on this document, a **Minimum Skills List** will be agreed.

-general skills
-screening skills
-assessment skills
-treatment planning skills
-counselling skills
-referral skills
-documentation skills

5.3. Quality assessment criteria *(See Annex 5.3)*

A set of criteria (quality and quantity indicators) to measure at an individual level the quality of interventions concerning alcohol use of patients is being developed.

5.4. ***Quality assessment protocol*** *(See Annex 5.4)*

Set of criteria or indicators to measure the quality of the implementation of the topics included in the protocol on EIBI.

-Quality assessment training
-Practice based protocols
-Use of an identification instrument
-Fuller assessment
-Identification of hazardous and harmful alcohol consumption
-Brief advice
-Brief counselling
-Assessing and managing alcohol dependence

5.5. Curricula for PHC professionals

These education guidelines are intended to assist in establishing educational programs that will produce general practitioners with clinical competence in the treatment of alcohol use disorders.

The knowledge, skills and attitudes concerning alcohol use disorders should be taught in both experiential and didactic format. With their own panel of continuity patients, general practitioners should be able to demonstrate competence in screening, assessment, intervention with families and individuals, and referral. Family Physicians should also demonstrate competence in the primary prevention of alcohol use disorders, particularly for children, adolescents, and pregnant women.

5.6. Fact sheets on EIBI aimed at policy makers.

The idea is to develop short 2-3 page state of the art summaries aimed at providing policy makers and programme implementers the main ideas and evidence on early identification and brief intervention, though promoting its prioritization by Member States and facilitating its inclusion in the national strategies on alcohol.

Four factsheets are being prepared:

5.6.1. Guidance for GPs

5.6.2. The why of brief interventions

5.6.3. Cost effectiveness of brief interventions

5.6.4. How to implement brief interventions

The first one is already drafted (see annex 5.6).

6. Country reports

Following the experience of PHEPA I, the project aims to convene 24 country based teams to develop and, if possible implement, a **country based strategy** for the integration of interventions for hazardous and harmful alcohol consumption in primary health care settings.

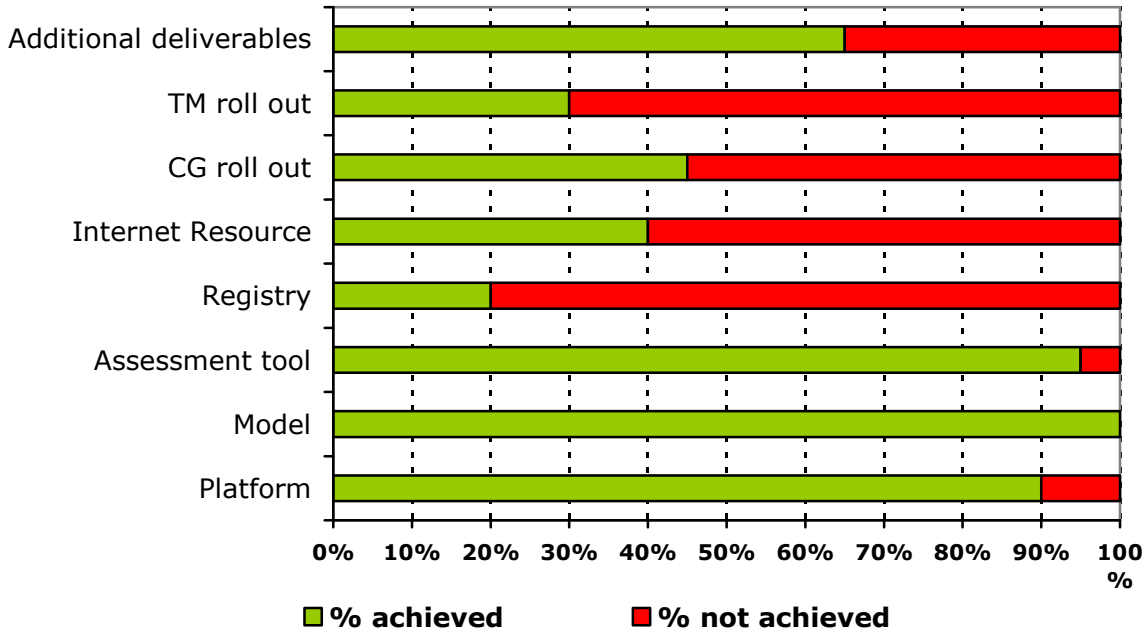
A report on the activities carried out until now are detailed in the Annex 5.

7. Conclusions

-The delays in the contract preparation, caused some discontinuity between PHEPA I and PHEPA II. The gap between the authorization to start the action in April 2006 and the contract signature (Oct 06) and first payment (Nov 06), caused difficulties to start the actions. A first amendment, already approved by the EC, prolongs the project from April 2008 until December 2008.

20 out of 24 (83%) associated partners have been highly committed during the current period. A total of 91 professionals have been involved in the platform. France and Turkey (8%) are moderately committed and Latvia and Romania (8%) are lowly committed. From the new Member States, Czech Republic, Slovenia, Slovakia and Poland have been highly involved.

High progress (> 60%) has been made in the creation of the platform, the development of the model, the assessment tool and all the additional products. Moderate progress (> 40%) has been made with the roll out of the clinical guidelines and training manual and low progress (<40%) in the creation of the registry and internet resource centre. See in the figure below the % of achievement in the development of deliverables.



8. Next steps

On the 9th and 10th of October 2007, after the time period covered by this interim report, the second meeting of the platform took place in Istanbul with the following participation:

	Associated Partners	Collaborating Partners	Experts	Management Team
2nd meeting Istanbul	20 (83%)	7 (78%)	5	4

The plans for October 2007 to December 2008 are as follows:

Deliverable title	New delivery date	Next steps
European Platform	Month 3 June 2006	-2nd Istanbul Meeting – 9 to 10 October 2007 -Phepa workshop in WONCA conference in Paris – 17th to 18th October -Phepa workshop in INEBRIA Conference in Brussels – 20 to 21st Nov 2007 -Phepa workshop in the "Building Capacity for Action" Conference in Barcelona – 3 to 5 April 2008 -3rd Phepa Meeting in Prague or Rome – September 2008 (not decided) Special attention will be paid to increase the commitment by France, Turkey, Latvia and Romania.
Model	Month 3 June 2006	Public report is in preparation
Assessment tool of brief interventions	Month 16 July 2007	Assessment tool has been finished and partners have been asked to response to it by June 2008.
Registry of Europe wide practice	Month 29 August 2008	The registry will be finished by August 2008 once all the partners have completed the assessment tool.
Internet resource centre	Month 24 April 2008	Ready to be presented at the Building Capacity for Action Conference in Barcelona
Country roll out of country based recommendations and guidelines	Month 31 October 2008	Partners keep working on translating, adopting and rolling out the CG in their countries. Country reports ready by October 2008.
Country roll out of country based training programmes	Month 31 October 2008	Partners keep working on translating, adopting and rolling out the CG in their countries. Country reports ready by October 2008.
Additional deliverables	Month 24 April 2008	Ready to be presented at the Building Capacity for Action Conference in Barcelona