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## *ALCOHOL, TOBACCO AND PRIMARY HEALTH CARE IN SOUTHERN EUROPE*

Report on a Working Group  
Padua, 11-14 April 1994

1994

EUR/HFA target 17

## TARGET 17

### TOBACCO, ALCOHOL AND PSYCHOACTIVE DRUGS

*By the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all Member States.*

### Abstract

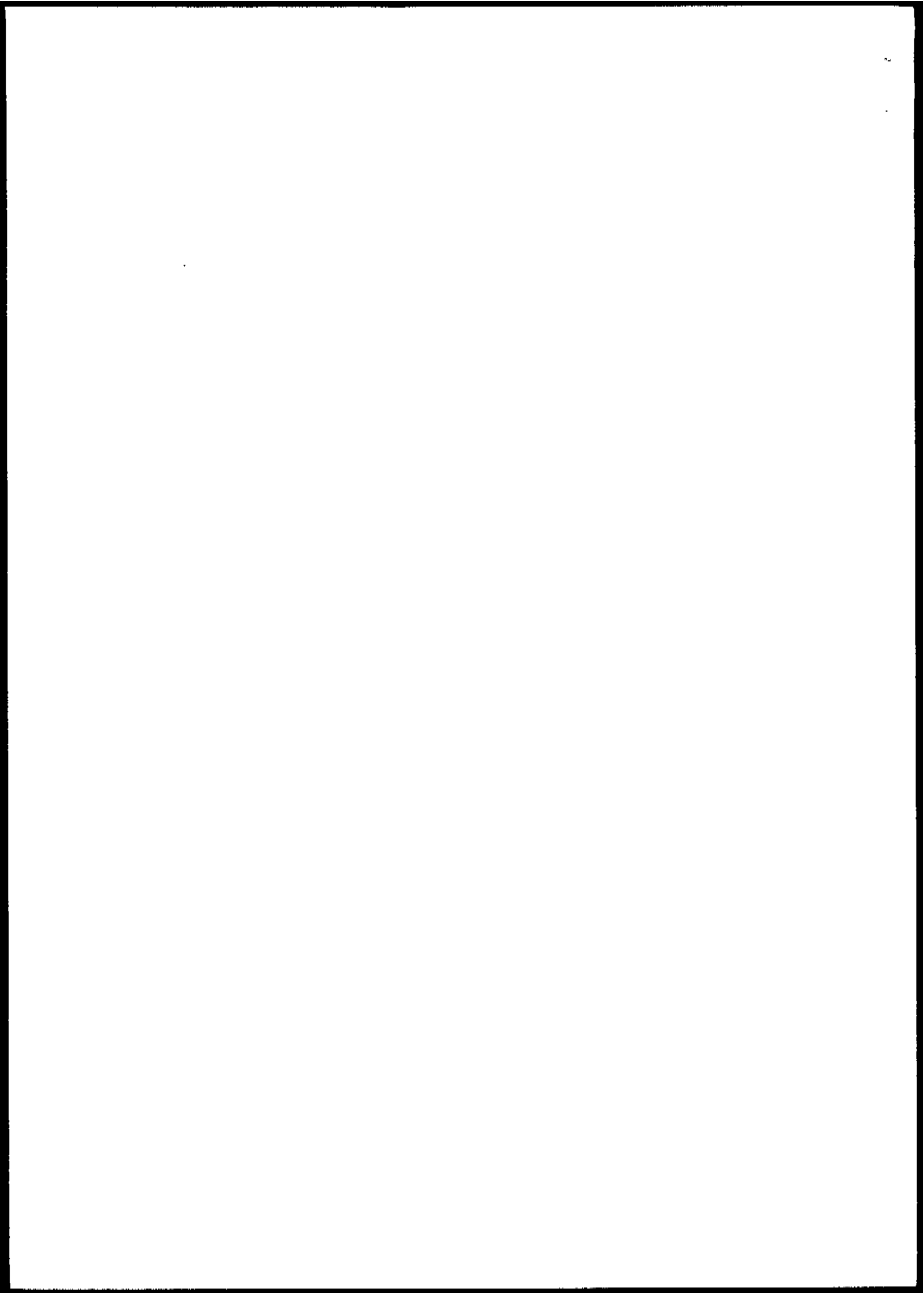
The WHO European Alcohol Action Plan and Action Plan for a Tobacco-free Europe include in their objectives strengthening the contribution of primary health care to the prevention of harm caused by alcohol and tobacco. A WHO Working Group was convened to consider how this objective could be best attained in the countries of southern Europe. The working group agreed that primary health care has broad opportunities for action to reduce the harm done by alcohol and tobacco. Many countries and the WHO collaborative studies have developed models of good practice and training of primary health care staff which can be used as resources by training institutions and primary health care units. A broad concept of primary health care is instrumental in including not only the general practitioners and other health care professionals but also other units, nongovernmental organizations and citizens in action on alcohol and tobacco. Reducing the smoking and drinking of health care staff should be a part of the development of the role of the primary health care.

### Keywords

ALCOHOLISM – prevent/control  
SMOKING – prevent/control  
PRIMARY HEALTH CARE  
EUROPE

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## INTRODUCTION

An initiative to hold the Working Group was presented at a WHO Working Group meeting on Alcohol training in general practice in Budapest (1). The objectives of the working group were to:

1. confirm the role of primary health care regarding the consumption of alcohol and tobacco and related problems in the countries of southern Europe;
2. clarify the role of voluntary organizations in the context of primary health care, including clarification of the relationship between primary health care and voluntary organizations;
3. consider the training approach and training requirements for primary health care and discuss various models of training.

Participants included representatives of research and training centres and professional organizations from countries of southern Europe.

The Working Group was opened by Professor B. Paccagnella, Coordinator of the Healthy City Project in Padua, and Chaired by Dr F. Marcomini from the City of Padua.

Dr J. Lehto, from the WHO Regional Office for Europe, reminded the participants of the background of the meeting including:

- the health policy for Europe and targets for health for all;
- the European Alcohol Action Plan and the Action Plan for a Tobacco-free Europe of the WHO which propose comprehensive local, national and international alcohol and tobacco policy and a significant role for the primary health care in the context of this comprehensive approach; and
- the recommendations of previous WHO Working Groups on the Role of General Practice Settings in the Prevention and Management of the Harm Done by Alcohol Use, Vienna, 19-22 October 1992, and on Alcohol Training in General Practice, Budapest, 18-20 October 1993.

Key issues identified were:

- primary health care has broad opportunities for action to reduce the harm done by alcohol and tobacco, in southern Europe;
- many countries and the WHO collaborative studies have developed models of good practice and training of primary health care staff which can be used as resources by training institutions and primary health care units in southern European countries;

- a broad concept of "primary health care" includes the action not only by general practitioners and other health care professionals but also by other units, nongovernmental organizations and citizens in the local communities. The other actors have a significant role in action to reduce the harm done by alcohol and tobacco;
- reducing the smoking and drinking of health care staff should be a part of the development of the role of primary health care.

### **THE SOUTHERN EUROPEAN CONTEXT FOR ACTION ON ALCOHOL AND TOBACCO**

It was agreed that the European Alcohol Action Plan and the Action Plan for Tobacco-free Europe provide firm guidelines for developing action by primary health care on alcohol and tobacco. It was reminded that some aspects of the southern European countries should be taken into consideration. These include the following:

- the level of overall alcohol consumption is higher than in other parts of Europe, even though the total per capita consumption of alcohol has decreased significantly in Italy, France and Spain, during the last decade. Alcohol is involved in many cultural traditions and the opportunities for restricting alcohol availability or increasing alcohol prices are smaller than in many northern European countries. Thus, the role of community, municipal and regional action and of primary health care is particularly important in reducing harm done by alcohol;
- the smoking prevalence among men is at a high European level. In most southern European countries, the smoking prevalence among women is lower than the western European average. Effective action is needed to prevent an increase in female smoking and to commence a decreasing trend in smoking prevalence;
- smoking prevalence among physicians is higher than in the general population, for instance in Italy, Spain and Portugal. Some participants also estimated that excessive drinking is not uncommon among health care staff;
- many countries, particularly the countries that are experiencing extensive socio-economic transition towards a market economy but also many countries of the western part of southern Europe, are reforming the financing and management of their health care systems. There is a need for emphasizing the preventive and health promotion role of primary health care in the preparation and implementation of these reforms.

### **THE ROLE OF PRIMARY HEALTH CARE**

Professor P. Wallace, Dr C. Cabezas Pena and Professor V. Hudolin gave presentations on the role of primary health care in preventing the harm done by alcohol and tobacco use.

It was emphasized that the development of the action by primary health care regarding alcohol and tobacco includes many common aspects. Experiences regarding one substance can be used in developing action on the other substance. Differences in the action on the two substances are mainly related to the treatment of problems caused by the substances and in the identification of

harmful use. In the prevention of the harm done by alcohol and tobacco use, the role of primary health care is very similar. It includes:

- the use of brief intervention techniques to help people quit smoking and manage their drinking. Many studies have shown the effectiveness and cost-effectiveness of brief interventions by primary health care;
- an advocacy role in developing local action such as advocating smoke-free daily environments in schools and other public places, public transport and leisure time activities and advocating reduction in drinking alcoholic beverages among various population groups and environments;
- support for various self-help groups, other voluntary organizations and families addressing smoking and alcohol-related problems;
- the example of the primary health care staff in quitting smoking and reducing drinking. Because primary health care has close contact with the local citizens, they act as role models for healthy lifestyles. Particularly the reduced smoking prevalence among physicians in such countries as the United Kingdom was mentioned as an example.

Some difficulties in motivating primary health care staff to be engaged in these tasks were identified. They include the model of payment (fee for curative service or payment also for preventive work), cooperation between different primary health care professions (team work or solo practice of the GP), pressure to use all working time for curative tasks and the attitudes, skills and knowledge of the staff. It was recommended that the reforms of primary health care should introduce economic incentives for health promotion, facilitate team work and provide appropriate training for preventive work in primary health care. It was also emphasized that although there were many weaknesses in the primary health care system of the countries of central and eastern Europe before the present transition period, there were also good practices, such as community nursing in Slovenia and team work in various countries. These good examples should be appreciated and kept alive during the reforms.

It was emphasized that the message of the primary health care to the citizens should be positive, reinforcing the positive aspects of reduced drinking and quitting smoking. The information given to citizens should also be honest and accurate and the professionals should respect the right of citizens to choose their lifestyles and the criteria by which they evaluate the benefits and costs of different choices. In the same time the professionals should defend the rights of others to live in environments free of tobacco smoke and harm caused by alcohol use.

## **TRAINING FOR ACTION ON ALCOHOL AND TOBACCO**

Ms P Mason and Professor V. Hudolin described various approaches to training for action on alcohol and tobacco in primary health care. Dr M. Calvez, Dr D. Huas and Dr P. Mateev analysed the situation in training of general practitioners regarding alcohol and tobacco in Spain, France and Bulgaria.

It was emphasized that training for action on alcohol and tobacco should be included in undergraduate, postgraduate and continuing training. In many southern European countries, alcohol and tobacco are only dealt with as a part of the hospital based clinical training for treatment of liver cirrhosis, lung cancer and some other diseases related to alcohol or tobacco. Training should, however, also include knowledge, skills and attitude that are necessary for preventive action and health promotion in primary health care. Preferable this training should be coordinated by institutions or academic departments, which have good contacts with primary health care practice, such as departments of public health or general practice. This would also help in integrating the training on alcohol and tobacco as well as on other lifestyles and health issues, such as nutrition, physical exercise, mental health and drug abuse.

A great need for continuing training for action on alcohol and tobacco was identified. This is an extensive task, because most of the staff working at present and continuing to work for the next decades have not received appropriate training during their undergraduate and postgraduate studies. Participants also emphasized the benefits of multidisciplinary approach in training.

The Italian model of "sensibilization" courses on alcohol, in which physicians, other professionals, other citizens and families with alcohol-related problems are participating together, created interest among the participants. It was understood as an example of implementing the broad concept of primary health care in training. According to the Italian participants this approach has been successful, although it reaches in most cases only the already well motivated professionals.

Participants felt that there are many good models and materials for training, some of which were described in the background documents of the meeting and some of which were evaluated at the WHO Working Group on Alcohol Training in General Practice in Budapest, 18-20 October 1993 (1). These materials will help in developing appropriate training modules and training programmes in southern European countries. They are already used, for instance, in Bulgaria, in the development of a new training programme for general practitioners.

## **THE ROLE OF NONGOVERNMENTAL ORGANIZATIONS**

Dr F. Marcomini gave a presentation on the role of voluntary organizations and their cooperation with the public primary health care in Italy. He emphasized that the cooperation of the public health care with the self-help and other volunteer organizations in the management and treatment of alcohol-related problems has been cost-effective solution and thus released time and funds in the public sector for primary prevention. Nongovernmental organizations have also had a significant role in changing the public approach, in their communities, to alcohol and other lifestyle questions, including smoking.

Participants identified different types of nongovernmental organizations, including nonprofit and for-profit organizations, self-help groups, advocacy groups, women and youth organizations, trade unions, sports associations, professional associations, religious organizations and workplaces, which may have a role in local action on alcohol and tobacco. Many public services, such as schools and units for health promotion and preventive services, may have a role that is similar to the role of nongovernmental organizations in this action. When creating partnership with them, it should be acknowledged that most of these

organizations have also other motives in addition to the motivation to promote health by reduced smoking and drinking. These organizations may have a significant role in developing or changing the approach of the local community to alcohol and tobacco. Primary health care should advocate alcohol and tobacco action among these organizations, facilitate communication and coordination between them and support them by accurate information and other available means.

## OUTCOMES

A report of the meeting will be prepared and circulated.

Participants identified the significant role of training institutions, academic faculties and professional organizations in developing the role of primary health care. They should be informed about the considerations and conclusions of the Working Group and be better involved in developing training and action on alcohol and tobacco; and reducing smoking and drinking among health care professionals.

Many participants were interested in creating national and southern European networks of cities and centres interested in developing and evaluating brief intervention models and training for implementing them in primary health care. The Italian participants will develop this initiative further, in close contact with the other participants.

Participants emphasized the role of municipalities in developing the role of primary health care in reducing the harm done by alcohol and tobacco. This action can be supported within national and European networks of Healthy Cities as well as within the Multi City Action Plans on alcohol and tobacco. The dissemination of experiences and examples of good practice developed within these networks support other municipalities to adopt similar approaches.

The significant role of nongovernmental organizations and other local public services was identified. The broad concept of primary health care including all these services and organizations as well as a broad participation of local citizens was emphasized. Primary health care should advocate and support the action by these organizations and services on alcohol and tobacco and facilitate their communication and coordination. The need for more national and international communication between nongovernmental organizations in the field of alcohol and tobacco was identified. An initiative to hold a European meeting of nongovernmental organizations in support of the European Alcohol Action Plan was supported.

*Annex 1*

**BACKGROUND DOCUMENTS**

1. *Alcohol training in general practice*. Report of a WHO Working Group, Budapest, 18-20 October 1993. Copenhagen, WHO Regional Office for Europe (in preparation).
2. *The role of general practice settings in the prevention and management of the harm done by alcohol use*. Copenhagen, WHO Regional Office for Europe, 1992 (EUR/ICP/ADA 038).
3. *The Physician's Role. Three modules on tobacco for national medical associations. Smoke-free Europe 1*. WHO Regional Office for Europe and "Europe Against Cancer" programme of the European Community, 1988.
4. *European Alcohol Action Plan*. Copenhagen, WHO Regional Office for Europe, 1993 (EUR/ICP/ADA 035).
5. *Tobacco-free Europe Action Plan*. Copenhagen, WHO Regional Office for Europe, 1993 (EUR/ICP/TOH 199).
6. *Helping people change pack*. London, Health Education Authority, 1993.

*Annex 2*

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