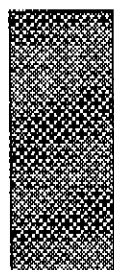




WHO

REGIONAL OFFICE FOR EUROPE

EUROPEAN
ALCOHOL
ACTION
PLAN



SCHERFIGSVEJ 8
DK-2100 COPENHAGEN Ø
DENMARK

TEL.: (45) 39 17 17 17
TELEFAX: (45) 39 17 18 18
TELEX: 15348

EUR/ICP/ADA 038(B)
ENGLISH ONLY
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ALCOHOL TRAINING IN GENERAL PRACTICE

Report on a WHO Working Group

Budapest
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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

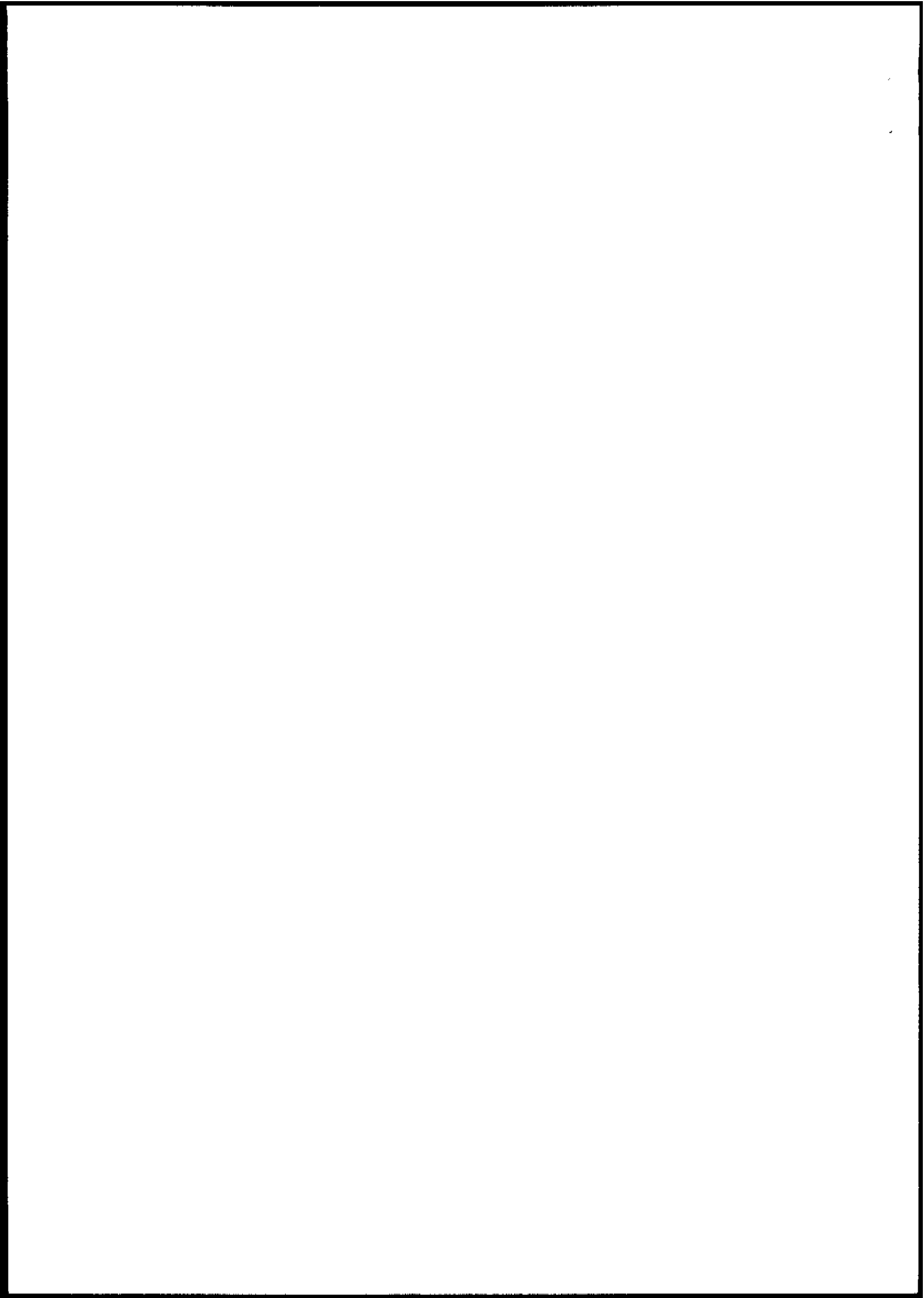
The European Alcohol Action Plan includes among its objectives the strengthening of the contribution of primary health care to the prevention and management of the harm caused by alcohol. A WHO working group was convened to discuss the training needs of general practitioners in the countries of the European Region for managing problems related to alcohol. Existing training resources were reviewed and a plan was proposed to prepare a training programme for some of the countries of central and eastern Europe.

Keywords

ALCOHOLISM – prevent/control
FAMILY PRACTICE
PRIMARY HEALTH CARE
EUROPE
CCEE

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Introduction

The objectives of the working group were to:

- 1) Discuss the training needs of general practitioners in the countries of the European region for managing problems related to alcohol;
- 2) Review existing training resources and materials and consider their suitability for use throughout the European region, with an emphasis on the countries of central and eastern Europe; and
- 3) Make proposals for their adaptation, translation and dissemination throughout the European region, with an emphasis on the countries of central and eastern Europe.

Participants included authors of resources, trainers from selected countries and representatives of professional organizations and policy and programme implementors from countries of the European region.

The working group was opened by Miklos Feher from the Ministry of Welfare of Hungary and chaired by Dr M. Fodor, Director General of the Hungarian Institute of Family Medicine.

Dr P. Anderson, from the Regional Office for Europe of the World Health Organization, reminded participants of the background of the meeting including:

- The Health Policy for Europe and health for all targets; and
- The European Alcohol Action Plan and its objective of strengthening primary health care alongside developing both public policy and community and municipal action on alcohol.

Key issues identified were:

- the recognition that "primary health care" means different things in different countries. The term can refer to "those in the front line of health care";
- the intention to broaden the base of action to prevent and manage alcohol problems by providing brief interventions to those drinking at hazardous or harmful levels of alcohol consumption; and
- the results of the WHO collaborative study which showed that brief advice is a useful intervention for non-dependent drinkers.

Strengthening Primary Health Care

The strategy for strengthening primary health care was described as including:

- 1) Consultation with health professionals through the 1992 meeting in Vienna and work with relevant professional organisations;
- 2) The development of training materials;
- 3) The development of the role of primary health care beyond one-to-one health promotion to local community based work; and
- 4) Collaborative studies.

It was emphasized that brief interventions are effective in a variety of primary health care settings. The WHO study had used as a baseline, hazardous drinking defined as a consumption in excess of 280 g alcohol for men per week and 140 g for women. The AUDIT screening procedure was developed to identify hazardous and harmful alcohol consumption. AUDIT screening followed by brief interventions resulted both in overall reduction of consumption and, in younger age groups, in reduction of binge drinking.

Participants identified both the importance of brief interventions for hazardous and harmful alcohol consumption and the difficulty in motivating physicians to be engaged in such work. The current Phase III WHO collaborative study is examining incentives and disincentives for brief interventions in primary health care.

Further discussion on training issues clarified that both undergraduate and postgraduate training for brief interventions are important. Postgraduate training would be the meeting's prime focus but materials and curricula developed for postgraduate training could also be used for undergraduate training. The value of multidisciplinary input to postgraduate training was noted as was the need for trainers to be both skilled and credible to their audience. It was noted that it is easier to promote positive attitudes to brief interventions when training can offer practical and specific targets and protocols. The cultural context of the primary health care professionals influences acceptability of such training.

Training opportunities vary and it was observed that, whereas information can be taught through literature or lectures, the skills of brief health promotion interventions need teaching in an interactive way with small groups.

Review of training resources

Ms P Mason presented the paper "Review of Resources of Alcohol Training in General Practice". Participants were reminded that research now points to a key role for primary health care professionals in:

- 1) routinely asking about alcohol consumption;
- 2) recognising hazardous and harmful alcohol consumption;
- 3) giving brief advice supplemented with a booklet; and
- 4) providing brief motivational counselling matched to readiness to change.

Programmes have been developed in several countries, providing resources to support such work. Typically these include:

- health promotion or self-help booklets for patients;
- booklets of guidance for health professionals; and
- training materials (curricula, visual aids etc).

The ideal resource pack would:

- cover very brief advice and motivational counselling based on readiness to change;
- include training that takes into account relevant items of the 12 competencies outlined in the report of the WHO meeting in Vienna in October 1992 (1);
- be designed for use by both physicians and nurses or other team members as appropriate to a country's primary health care system; and
- be based on sound research.

A review of some available resources (Table 1) showed that most packages met most of these criteria. It was suggested in conclusion that the meeting might work towards developing:

- 1) a core protocol for brief interventions;
- 2) a core information booklet for professionals;
- 3) guiding principles for use by health promoters when writing patient booklets; and
- 4) core training materials for development of skills in motivational work.

This basic package could be used by the people adapting or designing materials for use in each country.

Presentations about the following specific resources were given:

- Dr C. Peters - the Alcohol Risk And Intervention package (Canada);

- Ms P. Mason - "Helping People Change" course and the "Cut Down on Drinking" pack (England);
- Dr J. Watson - the DRAMS pack (Scotland); and
- Prof J. Saunders - the Drink-less materials (Australia).

It was noted that New Zealand had adapted the DRAMS pack for local use and that the Czech Republic had developed a self-help manual for patients.

Following the presentations, participants met in groups to propose a plan to implement a training programme in their country or group of countries at national or local level.

The groups reported back to a plenary session. In summary:

Group I (Belarus, Moldova, Russian Federation and Ukraine) planned to adapt and translate materials first into Russian, to train key trainers at a train the trainers course in St Petersburg and then to arrange for their translation into appropriate languages for use in continued trainers' courses in Belarus, Moldova and Ukraine.

Group II (Belgium, Canada, Czech Republic, Italy, Portugal and United Kingdom) each had individual plans to return to their countries to tap into existing training structures and advocate for wider dissemination of resources. Some countries (Canada, Scotland) had already developed resources, Belgium was developing its own programme which was soon to be completed and others needed to begin by approaching their Ministries of Health and professional bodies. The group proposed to seek funds for collaborative work to further develop training curricula.

Group III (Austria, Bulgaria, Hungary) had identified key partners and the need for a single co-ordinating body, and had outlined a timetable for gaining professional and political support, developing core curricula and adapting and translating resources. They proposed to advocate for Chairs of Family Medicine and for a review of the legislation for accreditation so as to strengthen the role of primary health care. The need to adapt the existing resources to the needs and possibilities of different countries was emphasised and the possibility of twinning between institutes or countries was considered.

Summary

The following was agreed:

1) Report of the meeting

This is to be an internal working document to be circulated as soon as possible after the meeting to assist with future activity.

2) Supporting activity at professional level

This was identified by the meeting as important and useful in legitimising activity. The Colleges of General Practice in the United Kingdom and the Netherlands have already endorsed the statements listed in the report of the Vienna meeting. WHO will seek to extend this to other countries.

Action to be taken:

a) Within one month of the meeting all participants to pass to Dr P Anderson the names, addresses, telephone and fax numbers of the relevant professional organisations including the name of a suitable contact person.

b) WHO to write to all these professional organisations asking about their current activity and plans in the areas of:

- policy statements on alcohol,
- training recommendations regarding alcohol,
- the place of alcohol in the training of their own members and in their accreditation,
- policies on use of alcohol by their own members,
- committees on alcohol,
- other recommendations regarding alcohol.

3) Guidelines on action on alcohol in primary health care

There will be a series of WHO publications to support the European Alcohol Action Plan. One of these will be guidelines for work in primary health care and will include the provision of a template or structure for:

- client/patient resources (eg self-help booklets),
- guidelines for health professionals,
- curricula on brief interventions suitable for each of short, medium length and long training programmes.

The text will be completed by the end of 1993 for circulation both for comments and as a guidance document for future action.

4) Specific developments of training initiatives

Group I (Belarus, Moldova, Russian Federation and Ukraine) have prepared a concrete and realisable plan for developing training for brief interventions.

Group II (Belgium, Canada, Czech Republic, Italy, Portugal and UK) had prepared the groundwork for future activity and it may be possible to build on this at a future meeting in Italy in 1994.

Group III (Austria, Bulgaria, Hungary) had a proposed work plan and had raised the possibility of twinning activities.

5) Linkages with other WHO projects

It will be possible to make useful links with both the CINDI programme and the Healthy Cities Project Multicity Action Plan on Alcohol.

The Phase III collaborative study is investigating the most effective ways of disseminating brief interventions in primary health care and its findings will inform the work discussed at this meeting.

6) Support for initiatives to gain political support

WHO will produce a one page summary of the possibilities and benefits of a brief interventions approach to alcohol, emphasising the effectiveness and efficiency in terms of economic benefit. Participants may find this helpful when trying to gain political support.

Participants discussed the need to strengthen the role of primary health care in the community and to link with other key partners such as the media, religious leaders and voluntary groups. This topic needs more thought and work to provide practical examples of what can be done. It was also suggested that there is scope for research to be conducted to examine countries in order to understand better the differences between them and to match them with effective strategies. These points were noted for future consideration.

References

- 1) "The Role of General Practice settings in the Prevention and Management of the Harm Done by Alcohol Use." World Health Organisation Regional Office for Europe, Copenhagen, 1992.

TABLE 1

	ARAI	DRAMS	Helping People Change	NIAAA	Negotiating Behaviour Change	Alcohol Screen
Brief advice	✓	×		✓	✓	✓
Motivational counselling	×	✓	✓	×	✓	✓
Training	✓ (not seen)	✓	✓	×	? . (not yet)	✓
Multi- disciplinary use	×	×	✓	×	✓	×
Sound research base	✓	✓	✓	✓	✓	✓

Annex 1

**WORKING PAPER AND BACKGROUND
MATERIAL**

Working paper

ICP/ADA 038 B/6 Review of resources of alcohol training in general practice,
by Pip Mason

Background material

The Role of General Practice Settings in the Prevention and Management of the Harm done by
Alcohol Use - Report on a WHO meeting, Vienna, 19-22 October 1992 - EUR/ICP 038

DRAMS Pack, Health Education Board for Scotland, United Kingdom

Alcohol Risk Assessment and Intervention Pack, College of Family Physicians of Canada

NHG Standard for Problematic Alcohol Consumption

Helping People Change Pack, Health Education Authority, United Kingdom

Cut down on Drinking Pack, Health Education Authority, United Kingdom

Annex 2

LIST OF PARTICIPANTS

Temporary advisers

Dr W. Beiglböck

Anton-Proksch-Institut, Stiftung Genesungsheim Kalksburg, Vienna, Austria

Dr J. Corthouts

Vlaams Huisartsen Instituut, Wezembeek-Oppem, Belgium

Dr G. Elvy

Technical Focal Point, Phase III WHO Collaborative Study
Centre for Drug and Alcohol Studies, Royal Prince Alfred Hospital, Camperdown, Sydney,
Australia

Dr M. Fodor

Director General, Hungarian Institute of Family Medicine, Budapest, Hungary

Professor V. Lelevich

Head, Laboratory of Medico-Biological Problems in Narcology, Grodno, Belarus

Mr V.I. Maltzev

Deputy Minister of Health, Ministry of Health of the Ukraine, Kiev, Ukraine

Ms Pip Mason

Deputy Director, Aquarius, Birmingham, United Kingdom

Dr P. Mateev

General Practitioner, Policlinic of the Bulgarian Medical Association, Varna, Bulgaria

Dr S.V. Matytsina*

Chief Narcologist, Outpatient Department No 2, Moscow, The Russian Federation

Dr K. Nespor

Head Physician, Psychiatric Hospital, Praha, The Czech Republic

Dr A. Peter

District Health Service of Selsoszentivan, Felsoszentivan, Hungary

*Invited but unable to attend

Dr Karina Pokhis

General Practice Doctor Association of St. Petersburg, St Petersburg, The Russian Federation

Dr A. Pires Preto

Centro Regional de Alcoologia de Coimbra, Hospital Sobral cid, Coimbra, Portugal

Professor S.A. Simbirtsev

Rector, Medical Academy of Postgraduate Studies (MAPS), St. Petersburg, The Russian Federation

Ms Ildiko Szy*

Senior Officer, Ministry of Welfare, Department of Health Policy, Budapest

Mr F. Grigore Vasiliev

Head, Dispensary of Narcology, Chisinev, Republic of Moldova

Dr C. Zorzi

Centre studi e documentazione sui problemi alcolcorrelati, Trento, Italy

Other organizations

College of Family Physicians of Canada (CFPC) ARAY Project

Dr Claudia Peters, Hotel Dieu Family Medical Centre of Queens University, Kingston, Canada

Health Education Board for Scotland

Dr J. Watson, Health Education Board for Scotland, Edinburgh, United Kingdom

International Council on Alcohol and Addiction

Dr A.Peter, District Health Service of Selsoszentivan, Felsoszentivan, Hungary

Observers

Ms M. Gomel, Centre for Drug and Alcohol Studies, Department of Psychiatry (006),
Sydney University, Camperdown, Sydney, Australia

Professor B. McAvoy, Professor of General Practice, Department of General Practice,
School of Medicine, Auckland University, Auckland, New Zealand
Camperdown, Sydney, Australia

Professor J. Saunders, Head, Centre for Drug and Alcohol Studies, Royal Prince Alfred Hospital
Australia

*Invited but unable to attend

World Health Organization

Regional Office for Europe

Dr Peter Anderson
Consultant, Alcohol Action Plan
Alcohol, Drugs and Tobacco Unit

Local Organizers

Dr Lenke Gyarmati
Országos Háziorvosi Intézet (Hungarian Institute of Family Medicine), Budapest, Hungary