








The ODHIN assessment tool: a tool to describe the available services for the management of hazardous and harmful alcohol consumption at the country and regional level

Scafato E, Gandin C, Laurant M, Keurhorst M, Kolsek M, Gual A, Matrai S, Reynolds J, Colom J, Segura L, Kaner E, Newbury Birch D, Anderson P, Spak F, Bendtsen P, Sovinova H, Struzzo P, Krzysztof B, Ribeiro C, Van Schayck O, Ronda G, Drummond C, Mierzecki A

PRELIMINARY & PROVISIONAL RESULTS




Optimizing Delivery of Health care INterventions (ODHIN). European Commission's – Seventh Framework Programme - HEALTH.2010.3.1-1 (Better understanding of dissemination and implementation strategies).



WP6 "Assessment tool" ODHIN partners

9 countries
15 institutions
23 scientists





	Country	Name	Affiliation
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		Pierluigi Struzzo	
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		Jillian Reynolds	
		Lidia Segura	
5	Sweden	Fredrik Spak	University of Gothenburg (UGOT)
	Sweden	Preben Bendtsen	Linköping University (LIU)
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		Onno	
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		Dorothy Newbury Birch	
		Peter Anderson	
	United Kingdom, London	Colin Drummond	King's College London (KCL)

WP6 "Assessment tool" Additional countries

	Country	Name	Affiliation
1	Belgium	Capouet Mathieu	Tobacco and alcohol political expert FPS Public Health, Bruxelles
2	Cyprus	Lampros Samartzis	Mental Health Services, Athalassa Hospital, Nicosia
3	Croatia	Marina Kuzman	Croatian National Institute of Public Health, Service for Youth Health Care and Drug Addiction Prevention, Zagreb
4	Estonia	Triinu Taht	Ministry of Social Affairs, Public Health Department, Tallinn
5		Maris Jesse	National Institute for Health Development, Tallinn
6		Lisi Saame	Department of Public Health, Tartu University, Tartu
7	Fyrom	Pavlina Vaskova	Psychiatric Hospital "Skopje"
8	Germany	Sandra Dybowski	Division Addiction and Drugs, Federal Ministry of Health, Bonn
9	Greece	Melpomeni Malliori	the Greek Organization Against Drugs (O.K.A.N.A.), Athens
10		Ioanna Siamou	Greek REITOX Focal Point, Athens
11	Finland	Ismo Tuominen, Helena Vorma	Ministry of Social Affairs and Health
12		Pia Makela	National Health Institute
13	Ireland	Liam McCormack	Health Promotion Unit, Dept of Health
14		Ruth Armstrong	Alcohol Health Service Executive (HSE)
		Joe Barry	Department of Public Health and Primary Care, Trinity College Centre for Health Sciences
	Iceland	Rafn M Jonsson	Directorate of Health, Reykjavik
	Latvia	Aija Pelne	The Center for Disease Prevention and Control of Latvia, Addiction disease risk analysis unit, Riga
	Malta	Manuel Mangani	Alcohol Services, Sedqa
	Romania	Tomus Ioana	Alianta pentru Lupta Impotriva Alcoolismului si Toxicomanilor (ALIAT), Bucurest
	Switzerland	Monika Rueegg	Federal Department of Home Affairs (DHA), Federal Office of Public Health (FOPH), Berne

14 countries
20 institutions
21 scientists


Optimizing Delivery of Health care Interventions - ODHIN

Objectives of the project

ODHIN is an ongoing European project (EC, FP7) involving research institutions from 9 European countries using the implementation of Early Identification and Brief Intervention (EIBI) programmes for Hazardous and Harmful Alcohol Consumption (HHAC) in Primary Health Care (PHC) as a case study to better understand how to translate the results of clinical research into every day practice












WP6 – Assessment tool

Objectives of the Work Package 6








- to produce the ODHIN Assessment Tool, an **instrument to be used by countries to test the implementation and the extent of early identification and brief interventions (EIBIs) for hazardous and harmful alcohol consumption (HHAC) throughout Primary Health Care (PHC) settings**
- to provide a **baseline measurement of services for managing HHAC (current status), identifying areas where services require development or strengthening** across the participating countries (limitations or barriers in the main health care system domains)
- to provide a **mechanism for monitoring service provision over time**
- to allow **sharing of information and examples of good practices** between countries
- to provide a **mechanism for coalitions or partnerships** to discuss and have a shared view on services for managing hazardous and harmful alcohol consumption (if not available)




METHODOLOGY

Development of the questionnaire

- The ODHIN Assessment Tool is an adaptation of a tool to assess the services for the management of HHAC in the PHC, developed by Anderson with the partners of the Primary Health Care European Project on Alcohol (PHEPA)*
- The final version of the tool has been approved by all partners and translated to the native language when judged appropriate (Czech Republic, Slovenia, Portugal)
- Within each participating countries, up to 10 key informants have been selected to complete the sections based on their experience in the alcohol field




*Primary HEalth Project on Alcohol (PHEPA) (2004). Assessment tool for hazardous and harmful alcohol consumption, at:
<http://www.gencat.cat/salut/phepa/units/phepa/html/en/dir360/index.html>



METHODOLOGY


Data collection

December 2012 - March 2013




Key informants have been selected based on their expertise in the alcohol field, covering a large range of perspective such as general practitioners, scientists working in the field of epidemiology and public health, clinicians from alcoholology units, experts from the national society on alcoholology and policy makers playing a central role in supporting the development, the dissemination and the implementation of services for managing HHAC.

As a matter of fact, the ODHIN project and WP6 survey solicited the creation of a collaborating group with its first task to complete the assessment tool.




METHODOLOGY

Description of the questionnaire


The ODHIN Assessment Tool is a semi-structured questionnaire. It analyses **24 questions** distributed across the **7 key sections** of the PHEPA original assessment tool, which includes the following topics:

- 1. Presence of a country coalition or partnership**
- 2. Community action and media education**
- 3. Health care services and infrastructure for harmful / hazardous alcohol use management**
- 4. Support for treatment provision (screening and quality assessment systems, protocols and guidelines, reimbursement for health care providers)**
- 5. Intervention and treatment (availability and accessibility)**
- 6. Health care providers (clinical accountability and treatment provision)**
- 7. Health care users (knowledge and help seeking behaviour)**




RESULTS

Overview of the presentation




- Presence of a country coalition or partnership
- Health care services and infrastructure for harmful / hazardous alcohol use management
- Support for treatment provision (screening and quality assessment systems, protocols and guidelines, reimbursement for health care providers)
- Intervention and treatment (availability and accessibility)
- Health care providers (clinical accountability and treatment provision)
- Health care users (knowledge and help seeking behaviour)



PRESENCE OF A COUNTRY and REGIONAL COALITION OR PARTNERSHIP

“Is there a country-wide and a regional formal or informal coalition or partnership that deals with the management of HHAC?”



Country	Country coalition	Regional coalition
The Netherlands	Yes	Yes
Switzerland	Yes	Yes
Sweden	Yes	Yes
Spain	Yes	Yes
Slovenia	No	Missing data
Romania	No	Yes
Portugal	No, but in process of definition	No
Poland	No	No
Malta	No, but in process of definition	No
Latvia	Yes	Yes
Italy	Yes	Yes
Ireland	Yes	No
Iceland	Yes	Yes
Greece	No	No
Germany	Yes	Yes
Fyrom	Yes	Yes
Finland	Yes	Yes
Estonia	Yes	No
England	Yes	Yes
Czech Republic	Yes	Yes
Cyprus	No	No
Croatia	Missing data	Missing data
Belgium	Yes	Yes

Country coalition (69.6%)

Yes: Belgium, England, Estonia, Finland, Fyrom, Germany, Iceland, Ireland, Italy, Latvia, Romania, Slovenia, Spain/Catalonia, Sweden, Switzerland, The Netherlands.

No: Croatia, Cyprus, Czech Republic, Greece, Poland.

No, but in process of definition: Malta and Portugal.


Regional coalition (47.6%)

Yes: Belgium, Czech Republic, England, Finland, Germany, Italy, Spain/Catalonia, Switzerland, Sweden, The Netherlands.

No: Cyprus, Estonia, Fyrom, Greece, Ireland, Iceland, Latvia, Malta, Poland, Portugal, Romania.




Missing data: Croatia and Slovenia.

In 2012, most of the countries (73.9%) have a country and/or regional coalition for the management of HHAC

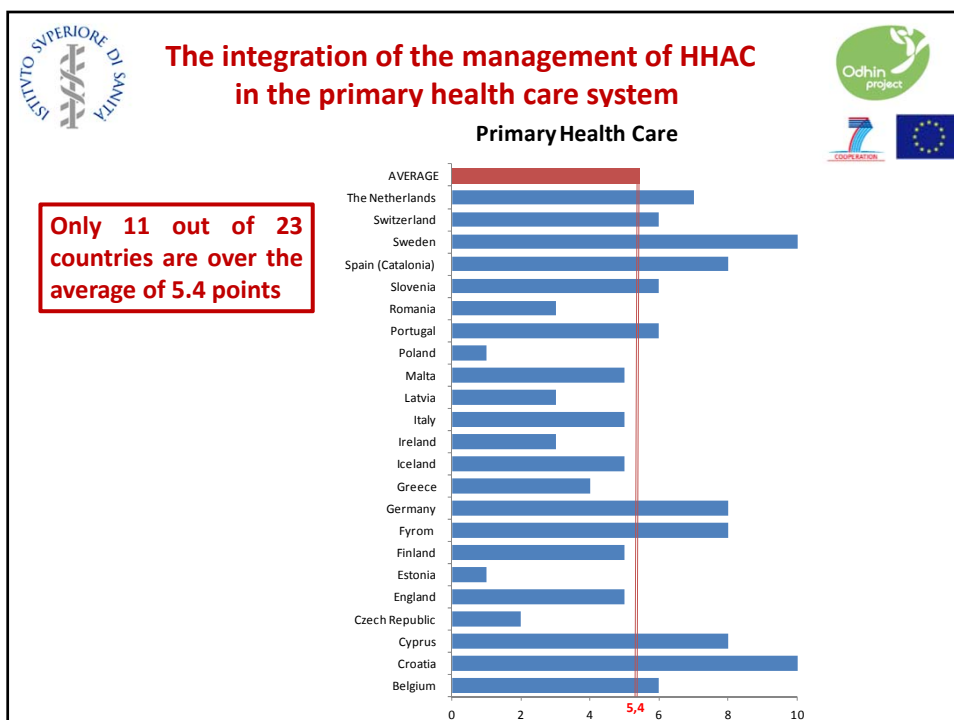


HEALTH CARE INFRASTRUCTURE FOR H/H ALCOHOL USE MANAGEMENT

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, similar to the structured management of chronic diseases such as hypertension or diabetes?”*



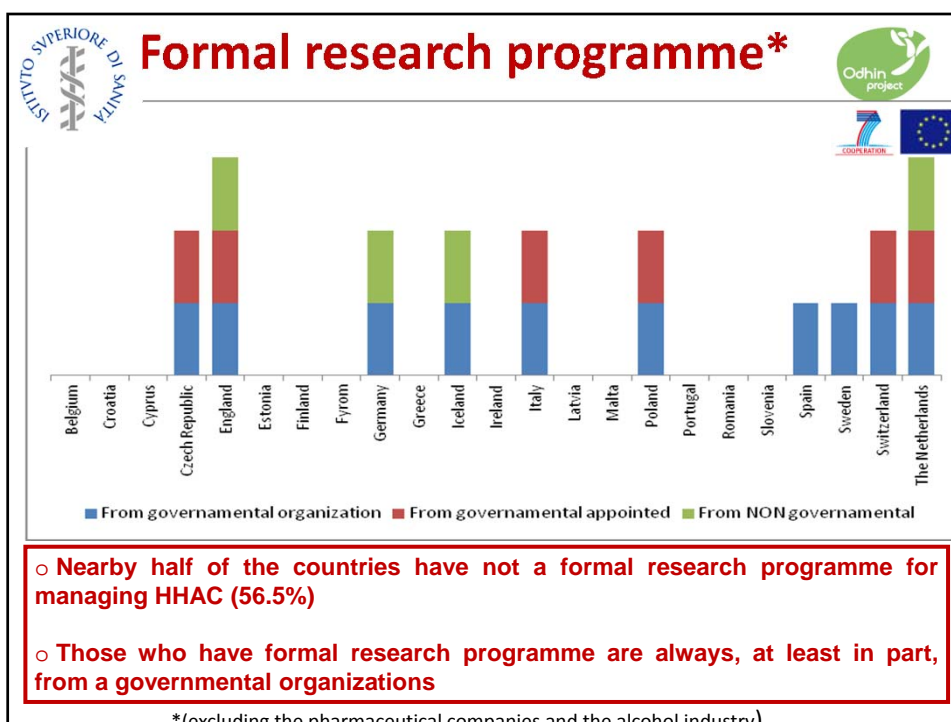


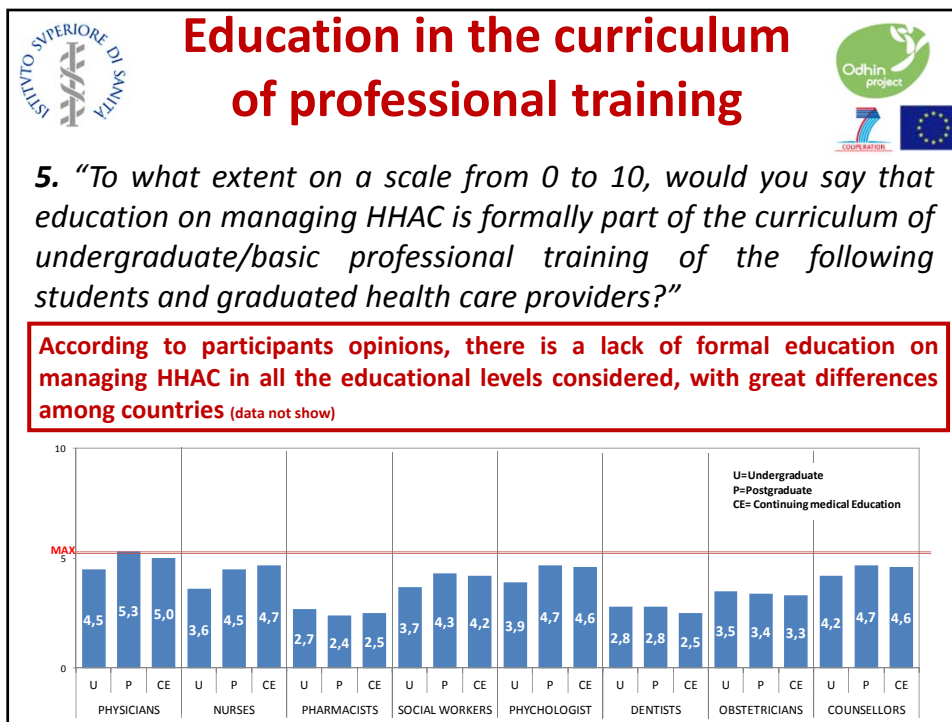



Research and knowledge for health
Formal research programme




4. *“Have there been a **research call** during the last 10 years **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 organization
- Yes, from government appointed organizations
- Yes, from non-governmental organization
- No






Education in the curriculum of professional training







	PHYSICIANS			NURSES			PHARMACISTS			SOCIAL WORKERS			PHYCHOLOGIST			DENTISTS			OBSTETRICIANS			COUNSELLORS		
	U	P	CE	U	P	CE	U	P	CE	U	P	CE	U	P	CE	U	P	CE	U	P	CE	U	P	CE
Belgium	3	4	4	1			1			3			5			0			2					
Croatia	6	9	9	6	8	8	6	6	6	8	8	8	6	6	6	5	5	5	6	7	8	8	8	8
Cyprus	8	8	8	8	8	8	7	7	7	8	8	8	8	8	8	7	7	7	8	8	8	8	8	8
Czech Republic	2	2	2	1	2	2	1	1	0	1	2	0	0	1	0	2	2	1	2	2	1	3	3	2
England	3	3	3	4	4	4	2	2	2	4	4	4	2	2	2	2	2	2	1	1	1	4	4	4
Estonia	5	7	6	3	5	6	1	1	1	1	2	3	5	7	7	3	0	0	3	2	2			
Finland	8	8	2	7	6		4	0		5	5		6	6		6	6		8	6				
Fyrom	7	8	7	7	7	7	5	5	5	7	8	7	7	8	7	5	5	5	5	5	3	3	3	3
Germany	6			4			3			6	8					1			4					
Greece	5	6	5	3	5	5	0	0	0	3	4	4	4	6	5	0	0	0	0	0	0	4	6	5
Iceland	3	3	4	4	4	4				4	5	6	3	5	5	1	1	1	4	4	4			
Ireland	5	5	7	5	5	7	4	4	4	4	4	4	5	5	5	4	4	4	6	6	6	7	7	7
Italy	4	5	6	2	3	3	1	2	1	1	2	2	2	3	4	1	2	1	1	2	2	2	3	3
Latvia	3	3	4	3	4	4	2	2	2	5	5	5	5	5	5	3	3	3	4	4	4	3	3	3
Malta	8	8	8	5	5	5	5	5	5	2	2	2	6	6	6	7	7	7	7	7	7	5	7	7
Poland	1	1	1	0	0	0	0	0	0	0	0	0	1	2	2	0	0	0	0	0	0	2	2	2
Portugal	5	7	6	4	6	4	4	4	4	5	6	6	7	7	4	4	4	4	4	4	4			
Romania	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0
Slovenia	5	10	5	3	3	4	1	1	1	3	3	3	2	3	4	1	0	0	1	1	1			
Spain-Catalonia	3	5	8	5	5	8	2	1	1	5	7	7	5	8	6	3	2	2	3	2	2	5	7	7
Sweden	5	4	6	2	4	6	4			1	1	5	1	1	5			5	4	6				
Switzerland	3	5	4	3	5	5	3	3	4	5	6	5	3	4	4	3	3	3	3	2	2	4	5	5
The Netherlands	3	5	4	3	5	5	3	3	4	5	6	5	3	4	4	3	3	3	3	2	2	4	5	5
MEAN	4,5	5,3	5,0	3,6	4,5	4,7	2,7	2,4	2,5	3,7	4,3	4,2	3,9	4,7	4,6	2,8	2,8	2,5	3,5	3,4	3,3	4,2	4,7	4,6
S.D.	2	2,7	2,5	2,2	2,2	2,4	2,1	2,2	2,3	2,4	2,6	2,6	2,3	2,5	2,3	2,3	2,4	2,4	2,4	2,5	2,7	2,2	2,5	2,5




Health care policies and strategies

Official written policies on 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)

- 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
- No, there is an overall alcohol policy or strategy however without a focus on managing hazardous and harmful consumption
- 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

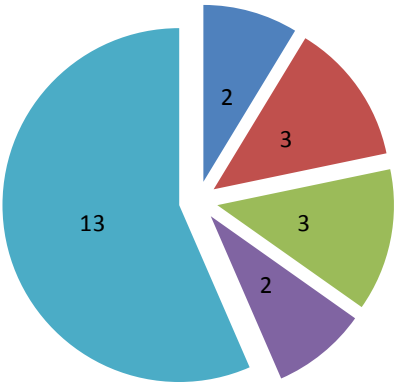


Health care policies and strategies

Official written policies on managing HHAC (78%)





Are there official written policies from the Government or Ministry of Health for dissemination and implementation of HHAC?






- No, but there is a governmental policies in preparation (Cyprus, Malta)
- No, there are no governmental policies (Romania, Slovenia, Sweden)
- Yes, there is an overall alcohol policy or strategy however without a focus on HHAC (Czech Republic, Estonia, Germany)
- Yes, a governmental stand alone policy (Belgium, England)
- Yes, a governmental policy part of an overall alcohol policy (Croatia, Finland, Fyrom, Greece, Iceland, Ireland, Italy, Latvia, Poland, Portugal, Spain, Switzerland, The Netherlands)

An official written policy on managing HHAC from the Government or Ministry of Health is reported in 78.3% of the countries, mostly as a part of a more general alcohol policy strategy



Funding health services and allocating resources

9. “Is there government funding for services for the management of HHAC?”


Yes
No If No, funding is being prepared

10. “Is the amount of funding reviewed from time to time?”




Yes
No

11. “Is a proportion of alcohol taxes specifically earmarked or formally allocated to fund the costs of services for managing HHAC?”

Yes
No




Funding health services and allocating resources

GOVERNMENTAL FUNDING FOR HHAC	GOVERNMENTAL FUNDING	REVISION OF FUNDING	PROPORTION OF TAXES FOR HHAC SERVICES
Belgium		Yes	No
Croatia		n.a.	No
Cyprus		Yes, annually	No
Czech Republic	No		No
England	No		No
Estonia		Yes, project based	No
Finland		Yes, annually	No
Fyrom		Yes, annually	No
Germany		Yes, annually	No
Greece	No		No
Iceland		Yes, annually	No
Ireland		n.a.	No
Italy		Yes, annually or more	No
Latvia		Yes, annually	No
Malta		Yes, annually	No
Poland		No	No
Portugal		Yes, annually	No
Romania	No		No
Slovenia		No	No
Spain		Yes, annually	No
Sweden		Yes	No
Switzerland		Yes, annually	
The Netherlands		Yes, annually ore more	No
MEAN	19 out of 23 (82.6%)	15 out of 19 (78.9%)	1 out of 19 (5.25%)


○ In most of the countries (82.6%) there is government funding for services for the management of HHAC , usually reviewed from time to time



○ There is only one country, Switzerland, where a proportion of alcohol taxes (10%) is allocated to fund the costs of services for managing HHAC



SUPPORT FOR TREATMENT PROVISION

Protocols and guidelines



16. “Are there multidisciplinary clinical guidelines for managing HHAC in your country that has been approved or endorsed by at least one health care professional body or scientific societies?”


No
 Yes

If Yes,


Stand alone guidelines for managing hazardous and harmful alcohol consumption
 Part of other clinical care guidelines (e.g. mental health guidelines)



17. “If there are endorsed guidelines for monitoring HHAC, have there been any studies in your country on their implementation or adherence?”

No
 Yes



Protocols and guidelines





PROTOCOLS AND GUIDELINES	MULTIDISCIPLINARY CLINICAL GUIDELINES FOR MANAGING HHAC	STUDIES ON ITS IMPLEMENTATION OR ADHERENCE
Belgium	Yes	Yes
Croatia	Yes, as part of other clinical care guidelines	No
Cyprus	No	
Czech Republic	Yes, stand alone guidelines	No
England	Yes, stand alone guidelines	No
Estonia	No	
Finland	Yes, as part of other clinical care guidelines	No
Fyrom	No	
Germany	Yes, as part of other clinical care guidelines	No
Greece	No, but under development	
Iceland	Yes, stand alone guidelines	No
Ireland	Yes, stand alone guidelines	No
Italy	Yes, stand alone guidelines	Yes
Latvia	Yes, as part of other clinical care guidelines	No
Malta	No	
Poland	No	
Portugal	Yes, stand alone guidelines	No
Romania	No	
Slovenia	Yes, stand alone guidelines	No
Spain	Yes, stand alone guidelines	No
Sweden	Yes	Yes
Switzerland	Yes, stand alone guidelines	No
The Netherlands	Yes, stand alone guidelines	Yes
MEAN	16 out of 23 (69.6%)	4 out of 16 (25.0%)


- Nearby 70% have developed guidelines; the majority are “stand alone guidelines” as opposed to a part of other clinical guidelines
- There is still a great lack of studies about their adherence and implementation

Reimbursement for health care providers as a part of normal salary:
more common than within terms of service /contract

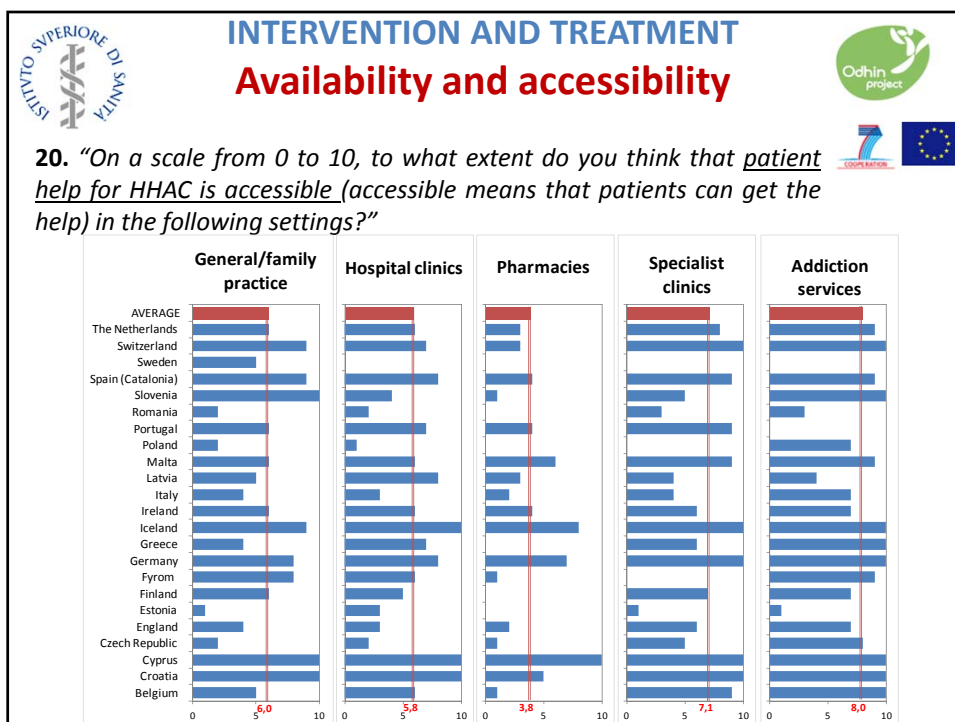
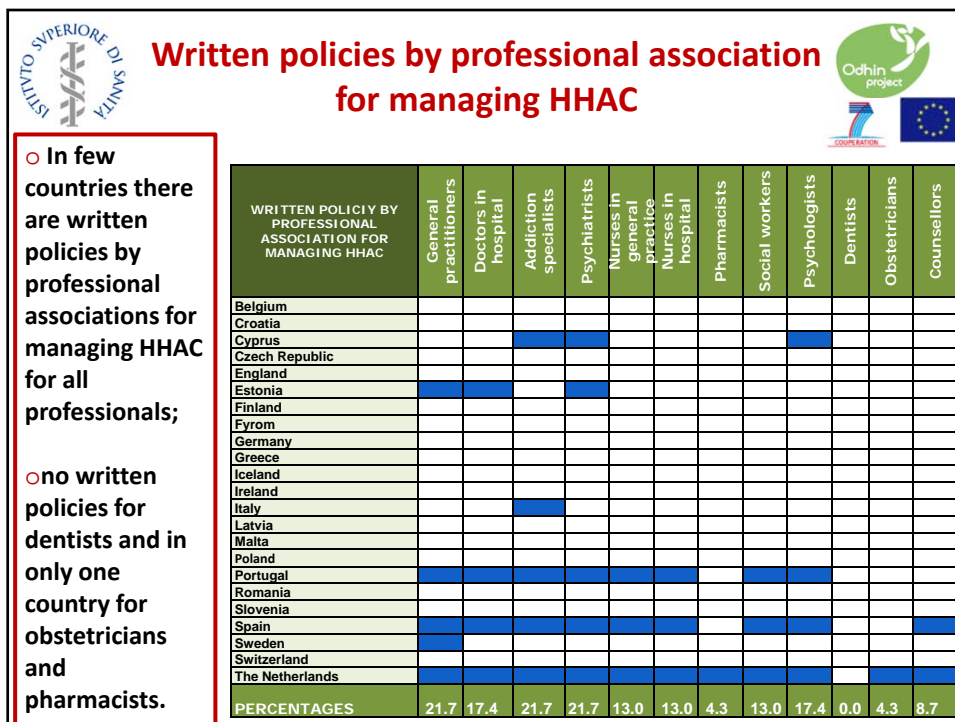
REIMBURSEMENT OF HEALTH CARE PROVIDERS FOR MANAGING HHAC AS A PART OF NORMAL SALARY	General practitioners	Doctor in hospital	Addiction specialists	Psychiatrists	Nurses in general practice	Nurses in hospital	Pharmacists	Social workers	Psychologists	Dentists	Obstetricians	Counsellors
Belgium												
Croatia												
Cyprus												
Czech Republic												
England												
Estonia												n.a.
Finland												
Fyrom												
Germany												
Greece												
Iceland												
Ireland												
Italy												
Latvia												
Malta												
Poland												
Portugal												
Romania												
Slovenia												n.a.
Spain												
Sweden												
Switzerland												
The Netherlands												
PERCENTAGES	78.3	73.9	65.2	69.6	56.5	60.9	34.8	73.9	78.3	34.8	43.5	52.4

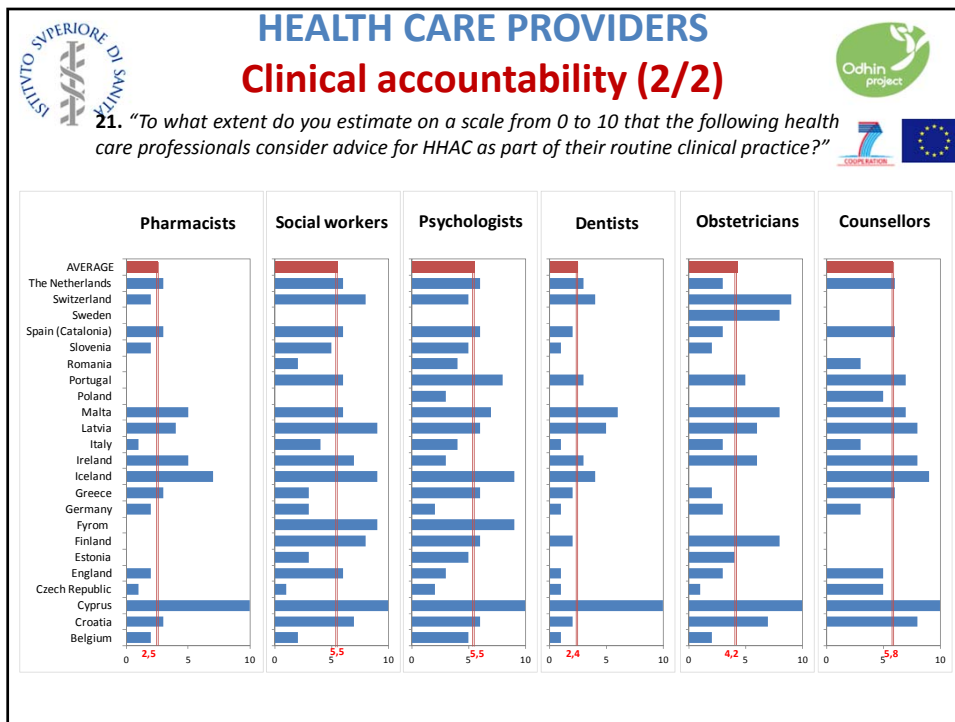
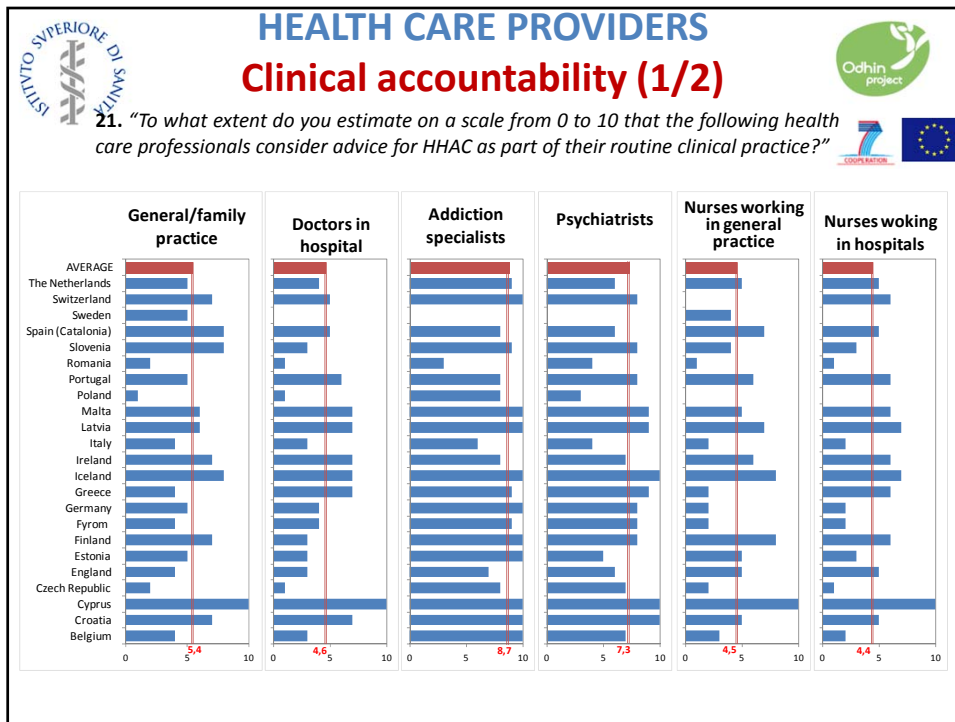
Protocols, policies and training for professionals




SPECIALIZED GUIDELINES OR PROTOCOLS FOR MANAGING HHAC	General practitioners	Doctors in hospital	Addiction specialists	Psychiatrists	Nurses in general practice	Nurses in hospital	Pharmacists	Social workers	Psychologists	Dentists	Obstetricians	Counsellors
Belgium												
Croatia												
Cyprus												
Czech Republic												
England												
Estonia												
Finland												
Fyrom												
Germany												
Greece												
Iceland												
Ireland												
Italy												
Latvia												
Malta												
Poland												
Portugal												
Romania												
Slovenia												
Spain												
Sweden												
Switzerland												
The Netherlands												
PERCENTAGES	65.2	47.8	78.3	56.5	30.4	26.1	8.7	30.4	34.8	4.3	13.0	28.6

In most of the countries there are guidelines/protocols for managing HHAC for many professionals, but not for pharmacists (8.7%) and dentists (4.3%)










HEALTH CARE PROVIDERS


Treatment provision




- Regarding treatment provision in primary care, there are many studies, surveys or publications on:
 - ✓ patients screened about alcohol consumption (73.9%)
 - ✓ studies on patients with HHAC are given advice (73.9%)
 - ✓ the use of AUDIT questionnaire (47.8%)
 - ✓ the attitudes of health care providers to managing HHAC (39.1%)
 - ✓ increasing the involvement of health care providers in managing HHAC and the effectiveness of interventions for HHAC (30.4%)



- Few studies, survey or publications have been carried out on:
 - ✓ advice meets quality criteria (8.7%)
 - ✓ cost-effectiveness of interventions for HHAC (8.7%)



WP6 – Assessment tool

Conclusions 1




- In 2012, most of the countries (73.9%) have a country and/or regional coalition for the management of HHAC


- Implemented media education campaigns on alcohol consumption in general are not widely available or not reported especially in some countries. The most common education campaigns are reported on the website. When available, they are generally fully publicly funded

- According to personal opinions, in most of the countries the integration of the management of HHAC in the health care system is quite low with great differences between countries




WP6 – Assessment tool

Conclusions 2




- **Most of the countries have formal governmental organizations in charge for:**
 - ✓ monitoring health outcomes at the population level from HHAC (78.3%)
 - ✓ reviewing the safety of pharmacological treatments for managing alcohol dependence (68.2%)
 - ✓ providing information on managing HHAC to health care providers (63.6%)
- **About half of the countries have structures in charge for the monitoring of the quality of care provided for managing HHAC (57.1%) and for preparing clinical guidelines (56.5%).**
- **The structures for reviewing the cost effectiveness of interventions for managing HHAC are unavailable in almost all the countries but not in England, Finland, Portugal, Sweden, The Netherlands (21.7%).**




WP6 – Assessment tool

Conclusions 3






- **Nearby half of the countries (56.5%) have not a formal research programme for managing HHAC with specifically allocated funding. Those who have a formal research programme are always, at least in part, from governmental organizations**
- **There is a lack of formal education on managing HHAC for health care professionals with great differences among countries**
- **An official written governmental policy on managing HHAC is reported in 78.3% of the countries, mostly as a part of a more general alcohol policy strategy.**




WP6 – Assessment tool

Conclusions 4









- In most of the countries (82.6%) there is government funding for services for the management of HHAC and, if available, usually the amount of funding is reviewed from time to time
- In almost none of the countries (but not for Switzerland) a proportion of alcohol taxes is specifically earmarked or allocated to fund the costs of services for managing HHAC
- Nearly 70% of the countries have already developed or are developing multidisciplinary guidelines for managing HHAC. The majority are stand alone guidelines as opposed to a part of other clinical guidelines. However, there is a great lack of studies about their adherence and implementation



WP6 – Assessment tool

Conclusions 5



- About 30% of addition specialists, general practitioners and psychiatrists are reimbursed for managing HHAC. The most common practice, however, is reimbursement as a part of their normal salary
- In most of the countries there are guidelines/protocols for managing HHAC for many professionals, but not for pharmacists (8.7%) and dentists (4.3%)
- In few countries there are written policies by professional associations for managing HHAC for all professionals; no written policies for dentists and in only one country for obstetricians and pharmacists
- Patients help for HHAC is considered accessible mainly in addition services and to a lesser extent in general/family practice and hospital clinics, with the lowest percentage in pharmacies