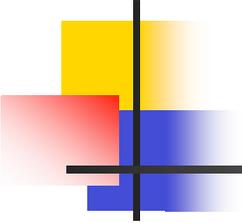


SUMMING UP: WHAT HAVE WE LEARNED FROM THE PHASE IV PROJECT?

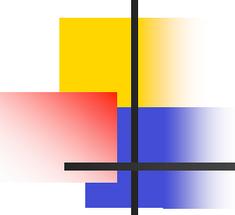
**Nick Heather PhD,
Division of Psychology,
Northumbria University, UK**

**Presentation at EUROCARE Conference on *Alcohol Policy in
the Context of an Enlarged Europe: Bridging the Gap*
Warsaw, Poland, 16-19 June, 2004**



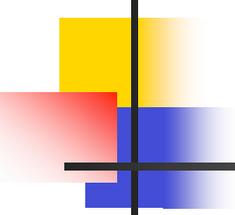
PROGRESS IN PHASE IV PROJECT

- **Progress among participating countries variable**
- **Funding a major problem in some countries**
- **Central aim of project extremely difficult to achieve in all countries but, at worst, project can be seen as the beginning of a long process**
- **Mainly for this reason, report will be written in 2004-05 describing the extent of progress in each country and elaborating plans for the future**
- **And the aims of Phase IV involve an iterative process (i.e., action research)**



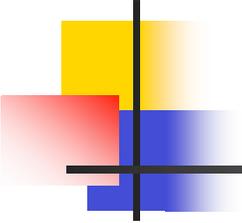
SO WHAT HAVE WE LEARNED?

- **Assumption of Phase IV is that each participating country will learn mainly from its own experience in trying to implement EIBI in primary health care**
- **This is because of:**
 - **the unique conditions of general practice,**
 - **sociocultural context in traditional drinking practices,**
 - **and the political situation (e.g., priorities for national health policy, power and influence of the drinks industry) of each country**
- **Nevertheless, some generalisations may be possible**



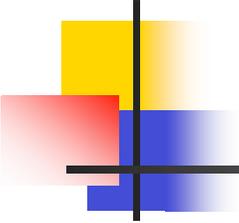
TOP DOWN AND BOTTOM UP

- The active support of central government seems necessary for the successful widespread implementation of EIBI
- At the same time, it is also necessary to enlist the active engagement of “innovators” and “product champions” among primary health care professionals



INCENTIVISATION

- **The evidence to support the effectiveness of EIBI and the beneficial consequences for individual patients and public health has been available for some time**
- **In some countries (e.g. UK), efforts have been made to disseminate this information for many years**
- **Active opposition from some quarters of the medical, nursing and other professions must be expected (and has been encountered)**
- **It follows that it is essential to provide some kind of extra incentive to persuade health professionals to carry out this work**



A LONG PROCESS!

- **On the basis of historical examples (e.g. scurvy and vitamin C, smoking cessation advice in general practice) it will probably take many years before EIBI becomes and accepted and routine part of primary health care**
- **Hopefully the Phase IV project will eventually be seen as part of the beginning of this long process of change**