Federal Office of Public Health
CH-3003 Berne, www.bag.admin.ch
December 2006/No. 60

spectra
Prevention and Health Promotion

Topic: therapy

High treatment quality thanks to Cohort Study

Swiss HIV Cohort Study. *The Swiss HIV Cohort Study, a world-leader research programme initiated almost two decades ago, enables Switzerland to develop and implement optimum treatment recommendations. The cohort comprises half of all people living with HIV in Switzerland.*

The Swiss HIV Cohort Study (SHCS) is an interdisciplinary research project involving five university hospitals (Basel, Berne, Geneva, Lausanne and Zurich) and the cantonal hospitals of St. Gallen and Lugano. The hospitals all work closely not only with one another but also with medical practitioners and regional outpatient clinics that treat people living with HIV. The SHCS has been gathering epidemiological, clinical and laboratory data on HIV-positive subjects since 1988. Over 14,000 patients from all over Switzerland have been included in the study to date, with an additional 700–800 being added each year. The SHCS is representative of Switzerland as a whole. 73% of the 5,532 AIDS cases reported to the Federal Office of Public Health (FOPH) are also documented in the SHCS. «Thanks to the SHCS, it's been possible to unite the Swiss HIV treatment centres and standardize, optimize and monitor treatment», affirms Professor Pietro Vernazza, Head of the Infectious Diseases Division at the Cantonal Hospital, St. Gallen. «This means that Switzerland is probably the global leader in the standard of treatment it provides for people with HIV. The study cohort includes more than 80% of people in Switzerland being treated for HIV, making the SHCS the most representative study of this field anywhere in the world. Not many other similar studies include so many women and drug users.»

SHCS data show that improvements in HIV therapy and prophylactic treatment have resulted in an impressive fall in morbidity (occurrence and severity of HIV-related complications) and mortality. The SHCS also provides a basis for the performance of large-scale multicentre studies investigating new prophylactic treatments and, more recently, new antiretroviral strategies.

The Cohort Study is funded by the Swiss Government to the tune of several million francs a year. The money had been administered by the FOPH from the AIDS research fund until 1999; since 2000 it has been allocated by the Swiss National Science Foundation (SNSF). «An external evaluation by the Foundation has shown that the SHCS generates an exceptionally high research benefit for each Swiss franc of the taxpayers' money invested», emphasizes Prof. Vernazza.

On course for optimum treatment: The Swiss HIV Cohort Study collects data on more than half of all people living with HIV in Switzerland – who benefit in turn from «gold standard» treatment.

Gold standard for HIV treatment

«Thanks to the HIV Cohort Study we've been able to define a gold standard for the treatment of HIV/AIDS», affirms Roger Staub, head of the FOPH's AIDS Section. «Well above 50% of people living with HIV are participating in the Cohort Study and can therefore benefit from current recommended treatment. The study is also very important in international terms: through it Switzerland is making a significant contribution to research and the improvement of treatment and is therefore one of the principal generators of knowledge on the treatment of HIV/AIDS.»

Continuous further training

All doctors who treat people with HIV should be familiar with the HIV Cohort Study. The quality of the treatment they administer depends directly on the number of HIV patients they treat and how close they are to the Cohort Study. Ideally, doctors should treat people with HIV only if they have a sufficiently large number of such patients. Only then is it worth their while undertaking further training in medical practitioner circles or at centres specializing in HIV. And continuing education of this kind is a precondition of optimum treatment.

The FOPH advises individuals with HIV/AIDS to take part in the Cohort Study. Though participation means that patients have to fulfil certain conditions, this disadvantage is, says Roger Staub, more than offset «by their receiving gold-standard treatment and being able – particularly in complicated cases – to benefit from new drugs.»

Risk: development of resistance

Inappropriate initial therapy and discontinuation of therapy can cause particular problems in that they may both result in the development of resistant strains of virus. This not only has serious implications for the patient, whose prognosis becomes very much poorer, it is also a public health risk. This is why the FOPH is seizing the initiative and examining ways in which such cases can be avoided. At the moment, according to Staub, the FOPH only issues recommendations. If necessary, however, the prescription of anti-HIV drugs could later be restricted to doctors who demonstrate sufficient competence in the field (as is the case in other therapeutic areas such as cancer treatment).

Contact: *Roger Staub, Head of AIDS Section, FOPH, CH-3003 Berne, tel. +41 31 323 88 11, roger.staub@bag.admin.ch*

www.shcs.ch

Growing integration of substitution treatment

Residential facilities in Switzerland for abstinence-oriented addiction treatment have been broadening their therapeutic approach in recent years: more and more of them, particularly in the French-speaking region, now include substitution as a treatment option. What impact does this have on clients, the facilities' corporate culture and the treatment network as a whole?

›› Page 2

Learning From One Another

Researchers and practitioners from the field of substance-abuse management met for the third time at the end of September to exchange knowledge and experience. Well over 200 professionals accepted the Federal Office of Public Health's invitation to the meeting in Berne.

›› Page 4

P.P.
3052 Zollikofen

«Diversity and equal opportunities» manual with «Comprehension Can Cure» DVD

Migrant-Friendly Hospitals. *The recently published manual on «Diversity and equal opportunities» supports hospitals, clinics and long-term care facilities in their efforts to break down access barriers and develop transcultural skills. It also contains a DVD of a film entitled «Comprehension Can Cure», produced on behalf of the Federal Office of Public Health and providing examples from practice of migrants' experiences in hospital.*

From the new film «Comprehension Can Cure»: Subakini Ramesh being cared for in the women's hospital during her pregnancy. Professional interpreters, members of the Tamil community and healthcare staff who are sensitized to migration issues support her in the run-up to childbirth.

Scientific research in Switzerland has shown that members of the migrant population are often in poorer health than the native Swiss in a number of respects. Migrants are exposed to greater health risks and have less access to our healthcare system. This is all the more troubling in that they account for a good fifth of the overall population. They contribute to our prosperity, finance our healthcare system and also want to be able to use it when necessary. And migrants or their offspring account for a large proportion of employees in the healthcare system. With their diversity of languages, values and behaviour they help shape how the system works on a day-to-day basis. Our healthcare institutions could not function without their help.

Experience of Migrant-Friendly Hospitals

What skills are necessary for looking after members of the migrant population? And how, despite the diversity of needs, can a satisfactory quality of healthcare be achieved? The manual, «Diversity and equal opportunities. Principles for successful action in the microcosm of healthcare institutions», addresses questions such as these. It is based on the experience that has been acquired in the project «Migrant-Friendly Hospitals – Network of healthcare facilities with special expertise in caring for Switzerland's migrant population». This project was launched by the Federal Office of Public Health (FOPH) in the framework of the Swiss «Migration and Public Health Strategy, 2002–2007» and was implemented by H+ The Hospitals of Switzerland.

The manual is aimed primarily at the managers of healthcare facilities and provides practical advice on how these institutions can engage more effectively with migrants. The aim is to develop a corporate culture that makes access to appropriate services easier for people of both sexes, of the most diverse origins and from all levels of society. The conditions for realizing this goal are less than ideal at the moment: hospitals and other healthcare facilities are under pressure to cut costs while at the same time having to satisfy growing demands in terms of quality and service provision. However, a professional approach to the migrant community would not only improve quality and efficiency, it would also lower healthcare costs in the medium term.

Comprehension can cure

The aim of the documentary film «Comprehension Can Cure. Global Migration – Local Solutions in Health Care» is to increase awareness and knowledge of the many strands that connect migration and health. Taking three departments at Berne's «Inselspital» hospital as examples, it illustrates the institutional process of adaptation that is currently making itself felt across the healthcare system.

The examples shown are indicative of the tensions that result from communication (language) difficulties, medical requirements and the demand for cost-efficiency in the healthcare sector. Yet opportunities for innovative solutions are emerging despite the complex process of institutional change. «Comprehension Can Cure» is aimed at key organizations and managers in the healthcare sector and can be used as a basis for discussion at workshops and conferences and for training and personal development of healthcare staff.

The manual and DVD are available free of charge in German, French and Italian.

Address for orders:
H+ Die Spitäler der Schweiz,
Martina.Zweiacker@hplus.ch,
tel.: +41 31 335 11 22

Information on the project:
www.miges.admin.ch

Substitution therapy in residential facilities

Combination therapy with methadone. *Which clients opt for substitution therapy in an abstinence-oriented residential treatment setting and what is the state of current practice? These questions are being addressed in a study carried out by the Addiction Research Institute in Zurich.*

The last few years have seen an increase in substitution therapy undertaken within the framework of residential abstinence-oriented treatment of drug abuse. Once in sharp opposition to each other, outpatient methadone-based substitution and abstinence-oriented residential treatment are, for various reasons, now offered in combined form. Substitution is being integrated as a therapeutic element into residential therapy. This extension of residential treatment raises a number of questions with regard to the clients using it, the attending team, the procedures followed in the treatment facilities and the management of addiction in general. The Federal Office of Public Health (FOPH) commissioned the Addiction Research Institute (ISGF) to analyse substitution treatments in the residential management of substance abuse (illegal drugs) in Switzerland. On the basis of literature surveys and assessments of admission and discharge data provided by the act-info-FOS research association, the profile and life situation of clients undergoing substitution treatment were compared with those not receiving substitution treatment. The findings were rounded off with the subject of a survey of institutions on substitution therapy practice.

Findings from the literature

A large part of the studies in the literature investigate the efficacy of combination treatment in specific group of clients with a profile of multiple problems: older persons, a history of many years of opiate dependence and high-risk consumption, psychological problems and co-morbidity, lack of personal or social resources and poor integration in the work setting. The stated goals of such combination treatment are support for the process of stabilization, improvement in the quality of life, making the clients fit for treatment, helping them cope with everyday life, and rehabilitation. Facilities that accept substitution-treatment clients must satisfy certain requirements with regard to the approach they use and their structure. These include changes to the treatment programme and the corporate culture, particularly with regard to the goal of abstinence, the new target group and the dynamics of mixed client groups (rivalries). Employment of (medically) trained staff, further training and interdisciplinary networking are key requirements. The introduction of a dispensing system necessitates professional management of the methadone, from transportation through to storage and dispensing. The challenging task of integrating substitution therapy into residential care takes time and experience.

Attributes of the client group

Analysis of the act-info-FOS data for 2003 and 2004 enables a comparison to be made between substitution and non-substitution clients in residential care, and the particular attributes of the substitution client group to be identified. There are more women than men, the clients are older, have longer «drug careers», are more poorly integrated into the work setting, often live on disability pensions, have more problems with drug-related crime, are in a poorer state of health and are more likely to engage in high-risk and multiple-substance consumption than clients not undergoing substitution therapy. The treatment statistics cover 1,507 registered admissions and 1,357 discharges. 22% of documented clients are put on substitution therapy on admission to treatment and 18% on discharge. The substance of choice is almost always methadone.

Survey of 55 institutions

The aim of the survey was to determine the reasons for admission or non-admission of substitution clients, the organization of substitution treatment, the conditions applied to dosage selection and dosage reduction, the motivation and any particular attributes of the client group, and to identify considerations relating to regional differences and the general conditions under which substitution treatment is professionally integrated into the residential therapy setting.

44% of the 55 facilities surveyed basically admit clients undergoing substitution therapy. As the reason for extending their service to include this target group, they cite the change in clients' needs (multiple problems: «the clients are in poorer health» and are not willing to abstain), making a professional re-think necessary. Methadone is regarded not only as substitution treatment but also as a means of stabilizing the clients. In some cases, different treatment goals are defined for substitution clients. In isolated cases, economic factors (underoccupancy) are cited as the reason for adapting their approach to treatment. A proportion of the facilities admit that the future admission of this target group is theoretically conceivable, provided the treatment landscape continues to change and the facilities satisfy the structural requirements.

Contact: *Thomas Egli,*
Drugs Section, FOPH, CH-3003 Berne,
+41 31 323 80 19,
thomas.egli@bag.admin.ch

Matching each patient to the right treatment

Treatment indication in the management of substance abuse. *Cost pressures and the growing demands this creates on the efficiency and quality of treatment are impacting on the management of substance abuse in Switzerland. The first important step towards ensuring optimum, cost-effective therapy is the treatment indication.*

Optimum treatment indication helps ensure that each individual with addiction problems will get the right treatment.

The diversified range of services available in Switzerland for the management of addiction is regarded as one of the field's great strengths. However, diversification is a hallmark not only of the professional help system as a whole – through the four pillars of its «fourfold» approach – but also of each individual pillar. The different services available in the «treatment» pillar cover an enormous spectrum of therapeutic and intervention requirements and demands, ranging from various forms of substitution therapy to detoxification and residential care and rehabilitation. In brief: as desired or required, a variety of options are available. Given the goal of ensuring efficacy of treatment and greater efficiency in the system as a whole, a professional approach to treatment indication that takes all the resources of the clients and the system into account is absolutely essential.

Challenging task

As befits the multidimensional nature of addiction, managing it requires input from a large number of different kinds of professionals. Each has their own specific training and experience and their own ideas on how to approach the problem or on the explicit and implicit goals of treatment. They may also have different perceptions of their professional role or of ideological issues. On the other hand, the services provided for the treatment pillar have to face continual change in the conditions under which they are initiated and the demands they have to satisfy: changes in the clientele, new insights from the practice and research of all the professions involved, but also changing economic and political demands and requirements. These developments are, as a rule, reflected in the therapeutic procedures used and in changes at the human resources and conceptual level.

It is therefore difficult to draw up a treatment recommendation in conjunction with those seeking help. It has to match the individual client's actual resources as well as the requirements of other people directly or indirectly involved. On the other hand, an appropriate treatment option will have to be identified, and this assumes an intimate knowledge of the different forms of professional help available.

Tools lacking

While a large number of diagnostic tools are available for counselling and individual assessment, there is, at the «other» end, an absence of systematic, professionally drawn-up descriptions of treatment services, with details of which therapeutic methods are used and which therapeutic goals are to be targeted. Also lacking in many cases (apart from straightforward qualifiers such as «gender-specific» or «with/without children») is a recognizable target-group orientation – even in services that work explicitly with group-specific approaches.

With regard to the range of tools available, a «translation aid» linking the individual assessment and the resulting treatment recommendation is lacking. The reasons why this or that treatment is recommended to an individual client often reflect personal preferences and convictions and are only conditionally the outcome of logical and systematic professional considerations; this is due partly to the absence of suitable tools.

That could certainly be one of the reasons why the choice of treatment is – more and more often, unfortunately – dictated by economic restrictions or cost-transfer considerations by the referring or financing bodies.

Help from triage teams

The difficulty of improving a good system has recently been emphasized at a number of different national symposiums. Treatment indication and triage is an area that has potential for improvement, for instance by setting up interdisciplinary indication and triage teams. The minimum requirements that such intake-indication-triage teams have to satisfy are easy to define: in addition to the professional skills required for a thorough diagnosis, they must be very familiar with the professional help system, ideologically neutral, and constituted on an interdisciplinary basis; they must draw up a professionally legitimized recommendation that takes account of the wishes of clients and referring bodies alike and they must be familiar with the legal implications.

Such teams/units are – correctly – empowered to a high level. In return, they are obliged to report regularly to the referring bodies and service providers and explain the considerations that lay behind this or that treatment recommendation in specific cases. As a positive side effect: compared with the present situation, the treatment providers would be informed about changing needs at a much earlier stage and more or less «at first hand», and could ideally respond faster to such changes. Thus, at little expense (the specialist knowledge is, after all, available), we could expect to see progress in terms of quality; individual preferences or even arbitrary decisions on the part of individuals or authorities would be the exception and professional legitimacy would gain in importance.

Institution profiles and individual resources

Two national conferences on the subject of intake, indication and triage have already been held – in 2003 and 2004. Among other topics, the possibility of systematically describing institutional services on the basis of «institution profiles» was presented. As a kind of system-compatible counterpart to the institutional description of services, work is currently in progress on devising a compatible and consistent tool, provisionally entitled «Resource Model», for assessing the resources of individual persons. Executed in conjunction with experienced drug advisory services units, a pilot phase will show whether this approach can improve the quality of information for the treatment indication.

Contact: *Ueli Simmel, Infodrog, P.O. Box 460, CH-3000 Berne 14, u.simmel@infodrog.ch*

Credits

No. 60, December 2006

«spectra – Prevention and Health Promotion» is a newsletter of the Federal Office of Public Health published six times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by:
Federal Office of Public Health,
CH-3003 Berne
Tel. +41 31 323 87 79, Fax +41 31 324 90 33

Produced by:
Pressebüro Christoph Hoigné
Allmendstrasse 24, CH-3014 Berne

Head of Editorial Board: Adrian Kammer, adrian.kammer@bag.admin.ch

Contributors:
FOPH staff, Ch. Hoigné and others

Translation: BMP Translations AG, Basel

Photos: Migrant-Friendly Hospitals, Christoph Hoigné

Graphic design:
Lebrecht typ-o-grafik, 3018 Bern

Printed by: Büetiger AG, 4562 Biberist

Print-run:
German: 7 000, French: 4 000, English: 1 500

Individual issues and free subscriptions to «spectra» can be ordered from:
Federal Office of Public Health
Campaigns Section, CH-3003 Berne
Tel. +41 31 323 87 79, Fax +41 31 324 90 33
www.bag.admin.ch
kampagnen@bag.admin.ch

Next issue: February 2007

At first hand

The addiction sector – particularly therapy – is in a phase of far-reaching change. The introduction of a systematic quality-based approach has revealed how essential it is for us to shape our strategies and activities in accordance with four key questions: What kind of treatment (or intervention) is needed? For which target groups? With what results? And with what help? On the other hand, changes in consumer behaviour (multiple drug use), a better understanding of people who develop addictive behaviour (psychiatric co-morbidity) and application of the latest scientific research findings (in the neurosciences, for instance) are creating four new challenges for all players active in the management of drug addiction.

Our first challenge is a system that has evolved over many years: we need to dismantle the barriers that exist between the professions in our efforts to combat alcohol, tobacco and drug abuse. The Federal Commission for Drug Issues has taken up this challenge by proposing the multidimensional «cube» model to help bring about a new policy in the management of drug abuse, extending it beyond substance barriers.

The second challenge is that of different perceptions of addiction as a problem: is it more of a social issue or is it first and foremost a medical problem? Addiction is a biological, psychological and social phenomenon that requires interdisciplinary treatment and therefore close cooperation between different professional groups.

The third challenge is both economic and therapeutic in nature. People who seek help must, with as little delay as possible, receive the treatment their situation calls for (patient-treatment matching). This presupposes prior adaptation of the treatment system and a treatment indication based on interdisciplinary cooperation.

All interventions undertaken in the framework of the Swiss drugs policy's «fourfold» (or «four pillar») model must satisfy a key challenge: to demonstrate that they are effective. This means creating more openness and transparency so that all the players involved can find out which approaches are the most effective.

The Federal Office of Public Health is helping players rise to these four challenges through its projects in the areas of quality, training and continuing education, support for substitution treatment and coordination. It receives active support in these endeavours from Infodrog and the Incentive Fund for Harm Reduction and Therapy.

Thomas Egli
Responsible for Therapy and Harm Reduction at the FOPH

Lively exchange in World Café

Learning from each other III. *Well over 200 invited professionals attended the third conference on «Learning from each other: knowledge exchange between research and practice in the field of addiction» organized in Berne by the Federal Office of Public Health at the end of September. A variety of lectures, workshops and presentations addressed a wide range of issues connected with prevention, treatment and harm reduction in the field of substance dependence. The novel organization of the conference proved to be fertile ground for the exchange of knowledge between representatives of research and practice.*

The first day in Culture Hall 12 was initially given over to various input lectures. In the morning, the contributions of Dr. J. Hein from the Charité Hospital in Berlin Mitte («Much ado on the Eastern front: the Berlin-Brandenburg Addiction Academy») and Prof. Jacques Besson, Deputy Director of Lausanne University («A la recherche du transfert perdu» [In search of the lost transfer]) met with particular interest, as did the afternoon lecture by Prof. Françoise Alsaker from the Institute of Psychology, University of Berne: «Harassment and bullying: child's play?»

in addition, the following topics were discussed in seven parallel workshops:

- Treatment of cannabis-dependent young people
- Binge drinking in young people
- Prevention from cradle to grave
- The role of education and training in knowledge management: Experience from the Netherlands – lessons for Switzerland?
- How effective are brief alcohol interventions? (See article below)
- Therapy and harm reduction: dealing with dependent cocaine users
- Harm reduction: acceptance and integration efforts

Large group conference and World Café

The second day took the form of a large group conference, which encouraged open dialogue, spontaneous feedback, a broader viewpoint and real-time interaction. It is precisely this form of dialogue that is needed in the area of addiction prevention and addiction work. The morning saw the opening of the World Café, a fascinating approach with a setting that really does evoke a café: just small tables with seating for four or five participants from research and practice. The informal atmosphere, the absence of pressure to produce concrete results, a creative space that promotes both attentive listening and in-depth discussion -– all this stimulated the collective knowledge of the participants into generating often unexpected new insights. They painted, wrote and sketched their insights onto the white paper tablecloth. After 20 to 30 minutes they all moved to different tables.

In the afternoon, several parallel mini-labs (work groups) were held on the subjects of early identification and intervention, risk behaviour and risk factors in young people, implementation of the «cube model» in drugs policy, non-substance-specific addiction, addiction viewed in terms of gender, new neurobiological insights, treatment of polydrug use and addiction to gambling.

Conference leader Sandra Villiger was upbeat about the conference. «All players, whether actively involved or directly affected, showed interest, and they appreciated that the FOPH had once again provided this platform for the exchange of ideas and experience.» Ways of utilizing the findings of the conference are currently being explored.

Finger on the pulse

In the course of the conference, FOPH director Thomas Zeltner emphasized the importance of research that had to generate not only insights for achieving the most effective possible prevention and treatment, but also the basic data on which to develop addiction policy. Shaping an addiction policy that made sense from the health viewpoint, in the face of resistance from economic power blocks and ideologically motivated objectors – was possible only if one could argue on a basis of clear, scientifically proven facts. At a time of growing pressure to save money, Zeltner went on, the cost/benefit ratio was crucial, which was why research had to demonstrate that the practices being applied were cost-effective. Quality, he affirmed, was also a key concern, because in the long term the qualitatively best therapy was also the most cost-effective one. To Thomas Zeltner's regret, it had not been possible to expand the FOPH's prevention budget as desired; in fact it had shrunk by about a third over the last few years.

Zeltner complained that the time elapsing between the acquisition of new insights in research and their implementation in practice was too long; any way of speeding up such knowledge transfer deserved support.

Researchers and practitioners, Zeltner went on, were mutually interdependent. From the FOPH director's viewpoint, the «Learning from each other» conference was a good opportunity to put a finger on the pulse of the players involved. «Tell us what – apart from providing more money – we can do to support you!»

Contact: *Sandra Villiger, FOPH, CH-3003 Berne, tel. +41 31 323 23 58, sandra.villiger@bag.admin.ch*

www.voneinander-lernen.ch
www.apprendre-les-uns-des-autres.ch





Brief intervention changes behaviour

Workshop on the «brief intervention» model. *Despite its proven efficacy, the brief intervention has not taken firm root in medical practice. This effective, low-cost tool should play a greater role in physician training.*

Jean-Bernard Daeppen

At the «Learning from each other III» -meeting, Lausanne physician Jean-Bernard Daeppen presented the results of a survey of 500 GPs on brief interventions in patients with problematic alcohol consumption. In his study Daeppen comes to the conclusion that the outlay for introducing systematic brief interventions into the everyday routine of family doctors has been underestimated, and recommends drawing up a training module and accompanying support system for the use of brief interventions in all areas of risk behaviour (alcohol, smoking, lack of exercise, overweight, etc.). A pilot phase would be followed by the introduction of the system throughout Switzerland. According to Daeppen, GPs' resistance to the brief intervention model stems on the one hand from the basic attitude that prevention is not the core task of the medical profession and, on the other, from the fact that GPs are not very familiar with the Tarmed (doctors' tariff list) category for brief interventions.

Motivating a change in behaviour

The aim of brief interventions is to lay the ground for a change in behaviour. Consultations comprising a brief intervention generally take no more than 15 minutes. They are more successful if the matter can be re-addressed on a later occasion. Doctors' practices are the ideal setting for brief interventions because they guarantee maximum continuity in the doctor-patient relationship. Brief interventions are suitable for patients with risk behaviour, but not for alcoholics, psychiatric patients with a dual diagnosis or patients with a serious chronic illness or severe verbal impairment. Ideally, brief interventions are not conducted in emergency situations but on follow-up or if the doctor identifies signs of risk behaviour.

Make it a part of training

Family doctors, according to Daeppen, are trained to prescribe medicines. Changes in behaviour cannot be prescribed. To achieve such change, doctor and patient must enter into a partnership. In the next two years, a training course on how to lead motivation discussions will be introduced for all medical students at the University of Lausanne. A number of different countries, particularly the USA, UK and parts of Scandinavia, have recently taken steps to popularize the brief intervention as a tool for use in general practice. Specialists from social occupations close to the medical field could, affirms Daeppen, play a decisive role in preventive measures such as the brief intervention.

Systematic inclusion of the brief intervention tool in the training and personal development of doctors could improve the situation in the medium to long term. It would also mean that these professionals would have to be trained in communication.

Contact: *Valérie Bourdin, Policy and Research Section, FOPH, CH-3003 Berne, tel. +41 31 323 87 65, valerie.bourding@bag.admin.ch*