



# **Early detection and brief intervention for hazardous and harmful drinkers in PHC in Italy: evaluation of the strategies, activities and experiences of the Istituto Superiore di Sanità**

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National Center on Epidemiology, Surveillance and Health Promotion -  
CNESPS

**INEBRIA 8th Annual Conference,  
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## Population Health and Health Determinants

The Unit integrates epidemiology, health monitoring and health promotion through studies, population surveys, monitoring, counselling and training.

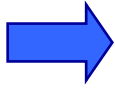
The main activities are aimed at:

- Producing scientific evidence by means of statistical and epidemiological information;
- Implementing models and monitoring systems;
- Creating data banks;
- Formulating guidelines on early diagnosis, prevention and health promotion regarding the main health determinants, risk factors and diseases.

In particular the Unit is engaged in the following areas:

1. The relationship between the main determinants of health and risk factors and prevalence, incidence and natural history of chronic pathologies;
2. The development of systems of simple and complex indicators to monitor, assess and evaluate the health condition of the population and health system performance;
3. Ageing: disability, comorbidity, cognitive impairments; predictivity of biological, genetical and psychodiagnostic markers and progression of the cognitive impairment in dementia and Alzheimer disease; study of the transition from the preclinical stage to the evident disease;
4. Quality of care for the elderly, dynamics of access to health services, planning and implantation of specific data banks and their implementation;
5. The development of prevention and health promotion activities for national health planning and policy; expert guidance to the National Health Service on the environmental determinants of human health;
6. Epidemiology of alcohol consumption and abuse; monitoring of consumption in the at risk population, particularly under-age and young people; early detection of alcohol abuse and brief intervention strategies; prevention strategies in general practice and in other health settings; training of health professional;
7. Health promotion campaigns and information activities (via websites and dedicated services), on alcohol use, abuse and other alcohol-related pathologies;
8. Epidemiological studies on the relationship between exposure to electromagnetic fields and human pathologies;
9. Etiological studies on the relationship between exposure to pesticides and human pathologies;
10. Management of the national registry on workers exposed to phytosanitary products.

# SUMMARY



**A. The ongoing strategies on alcohol in Italy aimed at developing and enduring implementation of alcohol EPIB in PHC settings.**

- The Frame Law on Alcohol (125/2001)
- The National Health Plan (PSN)
- The National Alcohol and Health Plan (PNAS)
- The National Prevention Plan (PNP)
- The National Committee on Alcohol

**B. Epidemiology and alcohol related monitoring in Italy.**

**C. The description of the training, the settings, the targets; the lessons learnt in policy response; barriers and facilitators related to IPIB (the Italian EIBI programme) at the Istituto Superiore di Sanità – ISS, Italy.**





# The Frame Law on Alcohol (125/2001)



All over Europe, the 125/2001 Italian law is the only one example of a full endorsement of the WHO European Alcohol Action Plan and of the European Charter on Alcohol principles reported as the aims of the law at the art 2.



# The Frame Law on Alcohol (125/2001)

## Art. 2 - Aims

- Ensures all people's rights, especially children and adolescents, to a family, community and working life protected from the consequences of alcoholic beverages abuse;
- Fosters access to health and social treatment services for heavy drinkers and their families;
- **Promotes information and education on the negative consequences of alcohol consumption and abuse;**
- **Promotes research and ensures adequate standards of training and updating for professionals dealing with alcohol related problems;**
- Supports non profit non-governmental and voluntary organisations which aim is to prevent or reduce alcohol-related problems;





# The National Health Plan (PSN) 1/2

The PSN 2011-2013 by the MoH renews the need to implement actions and strategies according to the following objectives:

- to sustain changes in alcohol-related behaviors raising awareness on the risk of alcohol perception;
- to implement preventive actions and policies on drinking risk in different age population groups, particularly in the elderly, young and women;
- to strength preventive actions and policies on alcohol in the workplace, drink-driving, alcohol and pregnancy and alcohol dependence;



# The National Health Plan (PSN) 2/2

- **to promote early identification and brief intervention for the prevention of alcohol related problems in primary health care and in the workplace;**
- to increase availability and care access of alcohol services for harmful drinkers and alcohol dependence; to guarantee continuity of care to be provided by a network of diverse healthcare and social services; efficacy's evaluation of the interventions;
- to support monitoring and surveillance of alcohol consumption, of the health and social's impact of harmful drinking, with respect to the ongoing alcohol policies.



# National Alcohol and Health Plan (PNAS) 2007-2010

endorsed in April 2007 by the State-Regions Conference

The need for the specific training standard and consequent activities outlined by the PHEPA/EIBI Country strategy found a relevant inclusion among the activities of the National Alcohol and Health Plan 2007-2010. (Piano Nazionale Alcol e Salute – PNAS)



Source: Ministry of Health, "National Alcohol and Health Plan 2007-2010" at:  
[http://www.ministerosalute.it/imgs/C\\_17\\_publicazioni\\_623\\_allegato.pdf](http://www.ministerosalute.it/imgs/C_17_publicazioni_623_allegato.pdf)



## Strategic areas of intervention:

1. Information and education
2. Drinking and driving
3. Alcohol and work
4. Treatment of harmful/hazardous alcohol consumption and alcohol dependence
5. Production and distribution's responsibility
6. Social network to face risk factors alcohol related
7. Strengthening NGOs, voluntary organizations, self-help and mutual aid groups
8. Monitoring harm done by alcohol and strengthening alcohol policy.



# National Alcohol and Health Plan 2007-2010

## Actions:

- To engage in and train on EIBI of alcohol-related risk people all the PHC professionals (particularly GPs, pediatricians, prevention department's physicians).
- To strength an integrated approach including health services, GPs, voluntary organizations, self-help and mutual aid groups, educational institutions, work, justice and other institutions.
- To disseminate standardized tools and methodologies for EIBI to be used for harmful and hazardous alcohol consumption and alcohol dependence evidence- and also need's evaluations-based.



## Indicators used to measure the achievement of the goals of the national strategy

The indicators used to measure the achievement of the goals of the national strategy, analyzed on a yearly basis by sex and specific age classes are:

- Prevalence of hazardous drinkers,
- Prevalence of binge drinkers,
- Prevalence of drinkers between meals,
- Prevalence of daily drinkers,
- Alcoholics in treatment in the NHS.



# National Alcohol and Health Plan 2007-2010

## Definition of hazardous drinkers

According the ISS/INRAN criteria, hazardous drinkers are individuals who do not fulfilled one of the following criteria:

- Women who consume more than 20 grams per day (1-2 glasses of any alcoholic beverage),
- Men who consume more than 40 grams of alcohol per day (2-3 glasses),
- Individuals younger than 15 years of age at any level of consumption,
- People aged 16-18 and 65+ who consumed more than 1 glass per day,
- All individuals who consumed in one occasion more than 6 glasses (*binge drinking*).

**1 standard unit = 12 grams**





### Alcohol-free situations

Certain sectors of society and certain life circumstances should be alcohol free. In particular, there should be no alcohol consumption during childhood and adolescence and in the environment surrounding young people. Other important situations and circumstances that should be alcohol free are in road traffic, in the workplace and during pregnancy.



e) Bisogna inoltre usare particolare cautela in certe ben identificate fasi della vita e in certi gruppi di popolazione a rischio. **Nell'infanzia e nell'adolescenza occorre evitare del tutto l'uso di bevande alcoliche,** sia per una non perfetta capacità di trasformare l'alcol, sia per il fatto che più precoce è il primo contatto con l'alcol, maggiore è il rischio di abuso. Le donne in gravidanza e in allattamento dovrebbero astenersi completamente dal consumo di alcolici, o comunque diminuire drasticamente le dosi (1 U.A. una volta o al massimo due volte la settimana). L'alcol infatti si distribuisce in tutti i fluidi e le secrezioni e quindi arriva al feto, attraversando la barriera placentare, e al bambino, tramite il latte, rischiando di provocare seri danni. **Nell'anziano l'efficienza dei sistemi di metabolizzazione dell'etanolo diminuisce in maniera rilevante, e il contenuto totale di acqua corporea è più basso; è perciò consigliabile limitare il consumo di alcolici ad 1 U.A. al giorno.** Gli alcolisti in trattamento e gli ex alcolisti devono assolutamente astenersi dal consumo di qualsiasi bevanda alcolica.

f) Estrema attenzione deve essere posta al problema delle interazioni tra alcol e farmaci. Chi segue una qualsiasi terapia farmacologica deve consigliarsi con il proprio medico curante sull'opportunità di bere alcolici. Identica attenzione deve essere rivolta anche ai comuni farmaci da banco, per molti dei quali è da suggerire l'astensione dal consumo concomitante di alcolici.



# National Committee on Alcohol

In line with the European Charter on Alcohol (December 2005) principles the law 125/2001 set up a National Committee on Alcohol including as designated members representatives from several ministries as well as experts from scientific societies, alcohol industry, advocacy groups and from the Istituto Superiore di Sanità.



# National Committee on Alcohol

Working group on: **“Training and updating for professionals dealing with alcohol related problems”**

“At the National and Regional level it’s recommendable the implementation of specific training of GPs and health professionals aimed at the prevention of alcohol-related problems. A standard for training and continuous professional education has been already provided by the European Project PHEPA - Primary Health care European Project on Alcohol and the **Istituto Superiore di Sanità is prepared and candidated to promote together with the Regions the specific activities in tight coordination with the professional and scientific societies (SIMG, SIA).**”



# Gaining Health 2007-2010



*Ministero della Salute*

**Guadagnare  
salute**

Rendere facili le scelte salutari



Ministero della Salute
Ministero delle Politiche Agricole, Alimentari e Forestali - INRAN
Ministero della Famiglia
Ministero Pubblica Istruzione
Ministero Economia e Finanze
Ministero Interno
Ministero dei Trasporti
Ministero Sviluppo Economico
Ministero per le Politiche Giovanili e Le Attività Sportive
Ministero Università e Ricerca
Governo
Produttori e Gestori dei pubblici servizi
Regioni
ASL
Enti locali
Responsabili personale settore privato e pubblico

- A Guadagnare salute rendendo più facile una dieta più salubre (alimentazione)
- B Guadagnare salute rendendo più facile muoversi e fare attività fisica (attività fisica)
- C Guadagnare salute rendendo più facile essere liberi dal fumo (lotta al fumo)
- D Guadagnare salute rendendo più facile evitare l'abuso di alcol (lotta all'abuso d'alcol)

**Strategic area 5** “Strengthening primary and secondary prevention on alcohol consumption in primary health care”

**Strategic area 8** “Training the health care provider on alcohol consumption and alcohol related problems”.



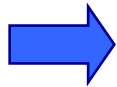
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# Epidemiology and alcohol related monitoring in Italy

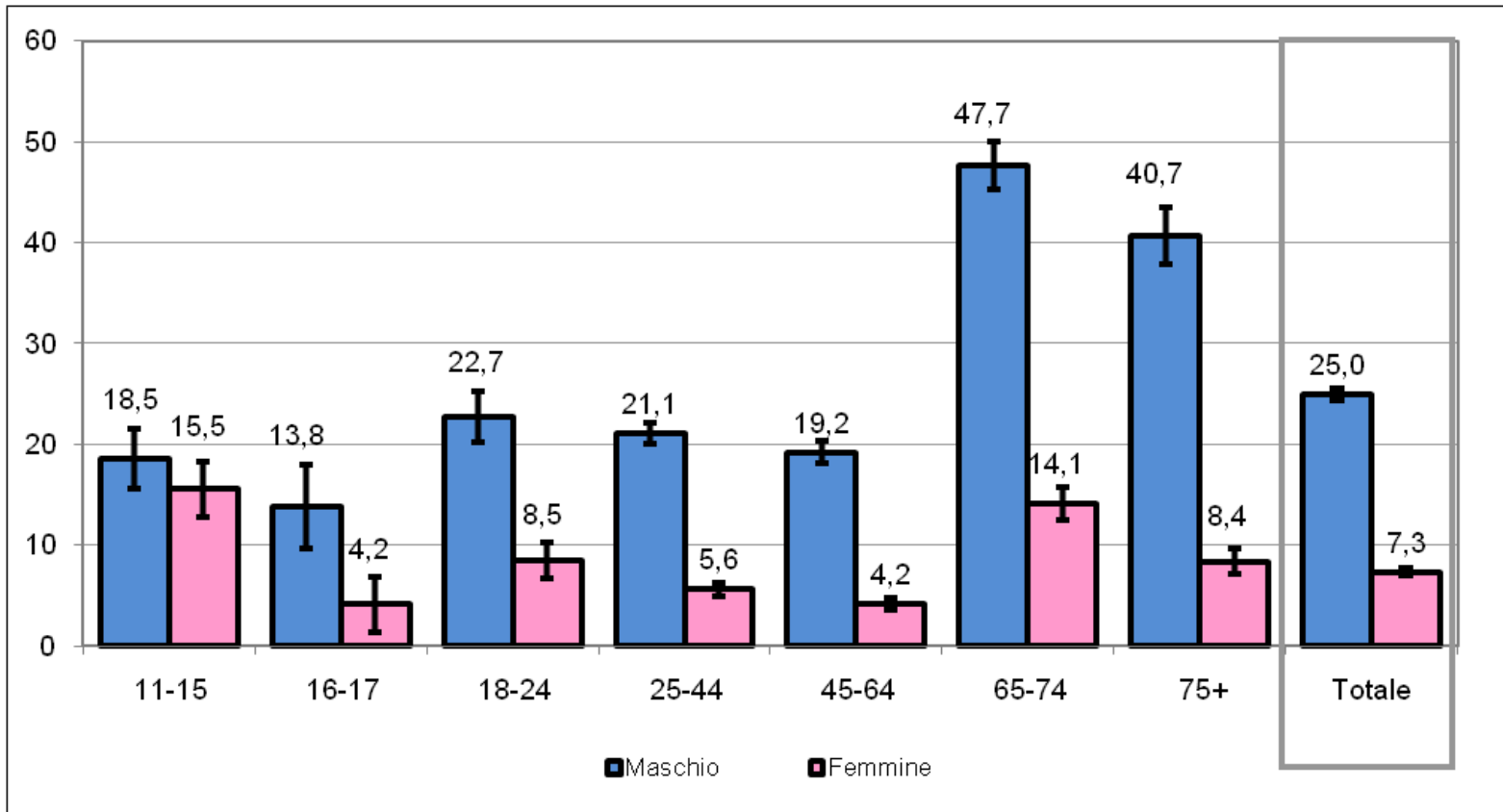


To measure is the best way  
to understand ...

Monitoring and reporting is  
the best way to support our  
and policy makers  
understanding and actions



# Prevalence (%) of hazardous drinkers by gender and age group in Italy, 2009



Source: Analysis of the Osservatorio Nazionale Alcol CNESPS and WHO CC research on alcohol on Multiscopo ISTAT survey



## Alcohol and the elderly: the time to act is now!

The report summarized by Hallgren *et al.* in their Viewpoint reinforces the view that alcohol consumption by the elderly is a neglected target for health policy in Europe. The absence of comprehensive and harmonized data for individuals aged  $\geq 65$  years prevents an evaluation of the real impact of drinking on the elderly. It also seriously limits our capacity to develop specific strategies targeting the early identification of harmful alcohol use and brief intervention for the elderly. This area was also seen as a priority by the Council Conclusion in December 2009, which requested the development and implementation of effective measures in primary and elderly health care in order to reduce the negative impact of drinking in terms of alcohol-related mortality, morbidity and disability.

Obviously, to reach this ambitious goal a substantial reinforcement of funding for both research and active prevention is required. This is currently under consideration by the majority of EU member states which have not, until now, taken the opportunity to strengthen national monitoring and knowledge information systems. A comprehensive data system, with contributions from all EU member states, would enable the evaluation of scientific data on alcohol consumption and harm caused in the age group of  $\geq 65$  years.

The findings described in this comprehensive EU report, and those outlined in a preliminary evaluation of the

VINTAGE project highlight the need to engage in the following activities<sup>1</sup>:

- To provide policy makers with cost-effectiveness and cost-efficiency studies in order to develop appropriate age-oriented alcohol policies, hopefully linking interventions with outcomes, while also enabling the scientific and economic evaluation of the benefits of alcohol prevention for the elderly.
- To generate financial support for comparative research across countries aimed at demonstrating how the economy can benefit from an evidence based alcohol policy oriented to different age groups. A major effort should be made by researchers to provide policy makers with enough sound information to understand the respective benefits and weaknesses of different prevention approaches.
- To renew and support a policy making culture based on research using impact assessment methods, including studies of the effects of variables such as employment/retirement, social environment, social inclusion, social participation, inequalities, balance between costs and savings.
- To commence a formal alcohol policy evaluation to determine the effectiveness and the sustainability of different policy options, which includes strategies for alcohol policy enforcement, not only the existence of an action plan.

- To develop projects incorporating not only capacity building, but also with a focus on generating the considerable public support necessary to facilitate and guide the policy making process.

The economic recession has played a major role in increasing current alcohol-related risk trends among the elderly. A recent paper by Stuckler *et al.*<sup>2</sup> demonstrated that a cut of 85 euros in the per-capita social welfare spending has been associated with an increase of 2.8% in alcohol-related morbidity. It could be argued that most negative effects will be suffered by vulnerable individuals, including the elderly, and thereby increase the current level of poverty and deprivation experienced by many, especially elderly women living in contexts related to alcohol-related harms, morbidity and disability.

The time to act is now! Investing in older people's health and well-being will help meet the challenges of the Lisbon process, improving the sustainability of public finances, which are under pressure from rising health care and social security costs, in addition to reducing health inequalities among the elderly across Europe.

## References

- 1 VINTAGE Project. Good health in older age. 2010. Available at: <http://www.epicentro.iss.it/vintage/> (10 July 2009, date last accessed).

618 Viewpoints

2 Stuckler D, Basu S, McKee M. Budget crises, health, and social welfare programmes. *Br Med J* 2010;340:c3311.

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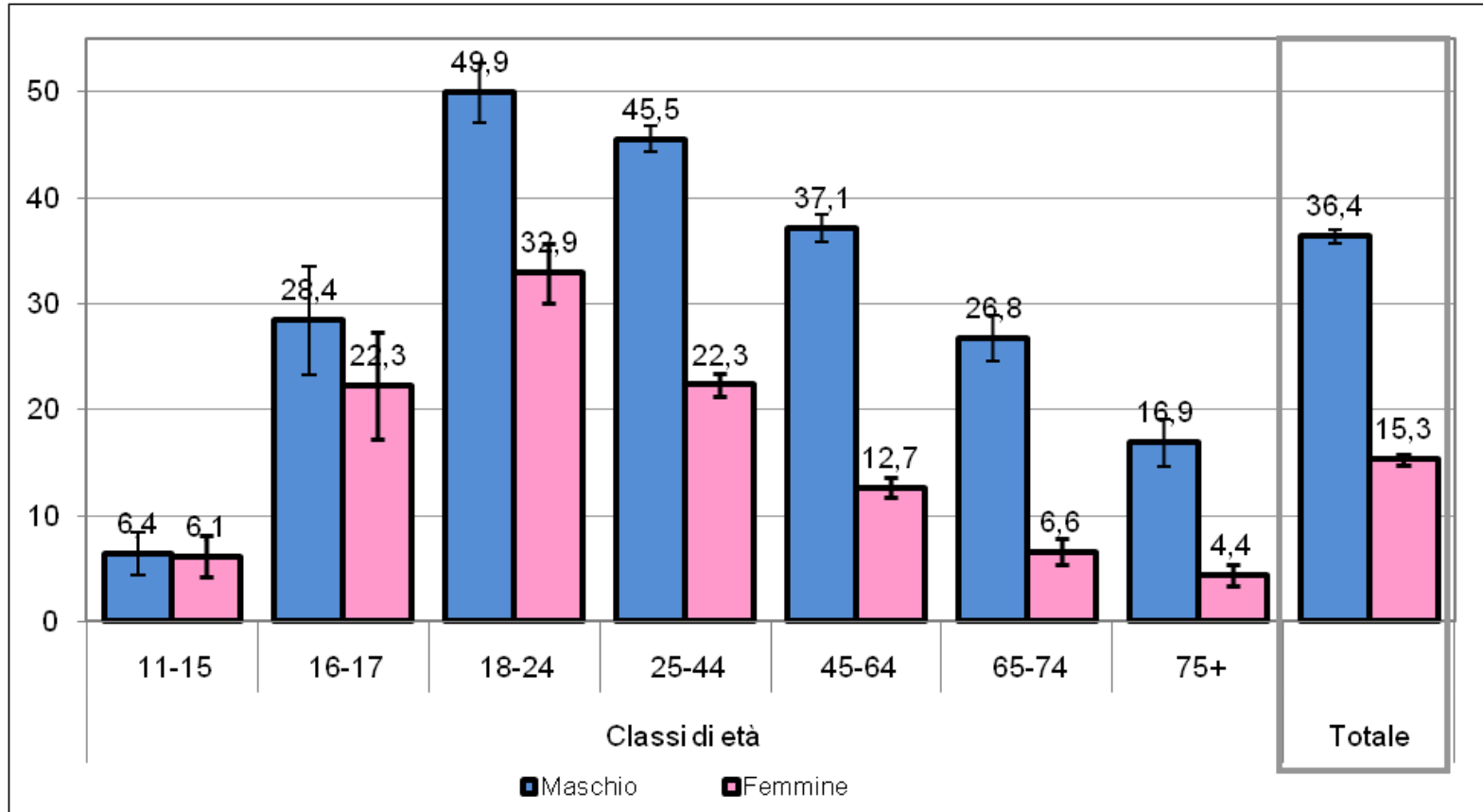
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doi:10.1093/eurpub/ckq112  
Advance Access published on 13 August 2010



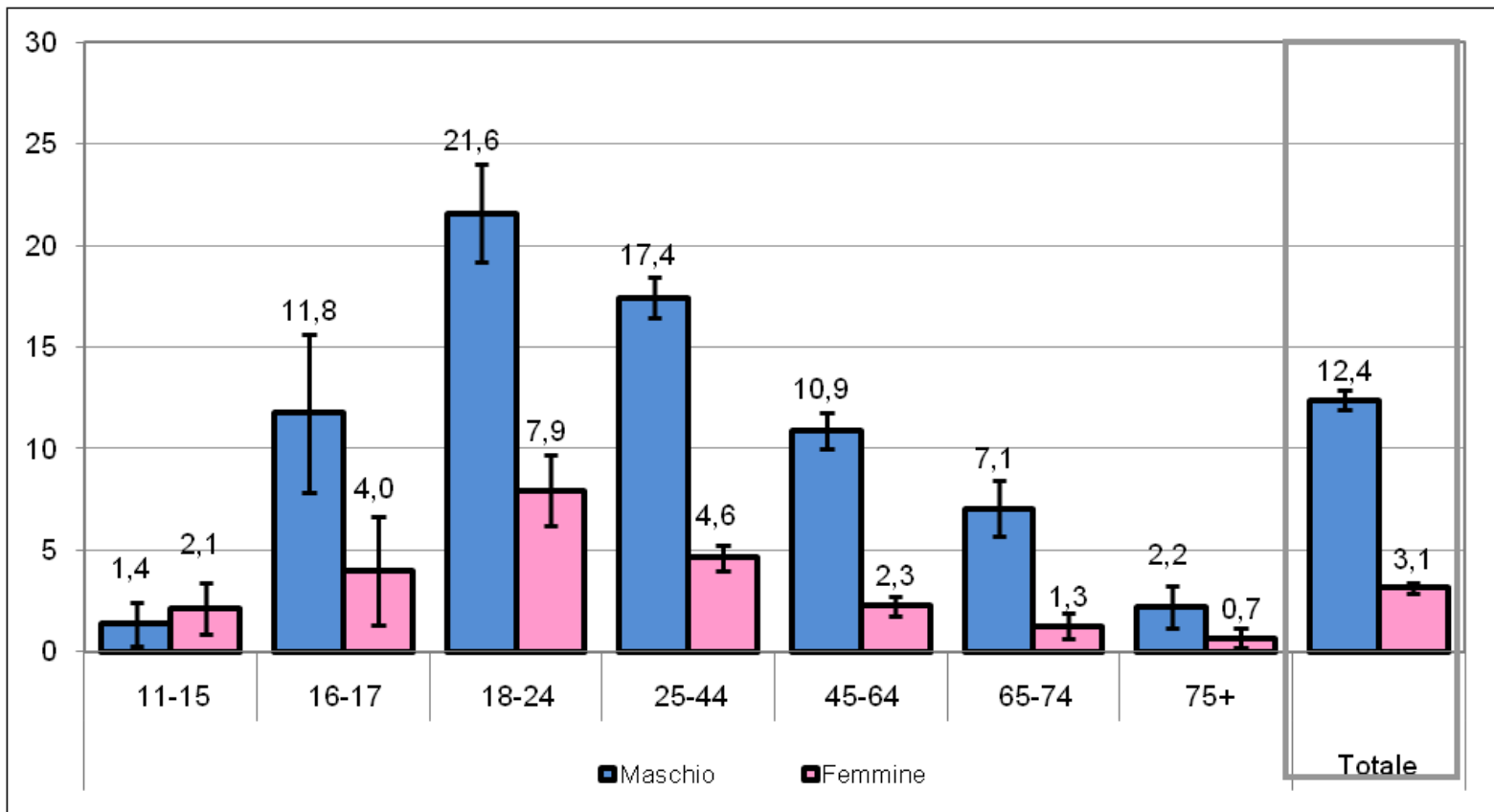
# Prevalence(%) of drinkers between meals by gender and age group in Italy, 2009



Source: Analysis of the Osservatorio Nazionale Alcol CNESPS and WHO CC research on alcohol on Multiscopo ISTAT survey

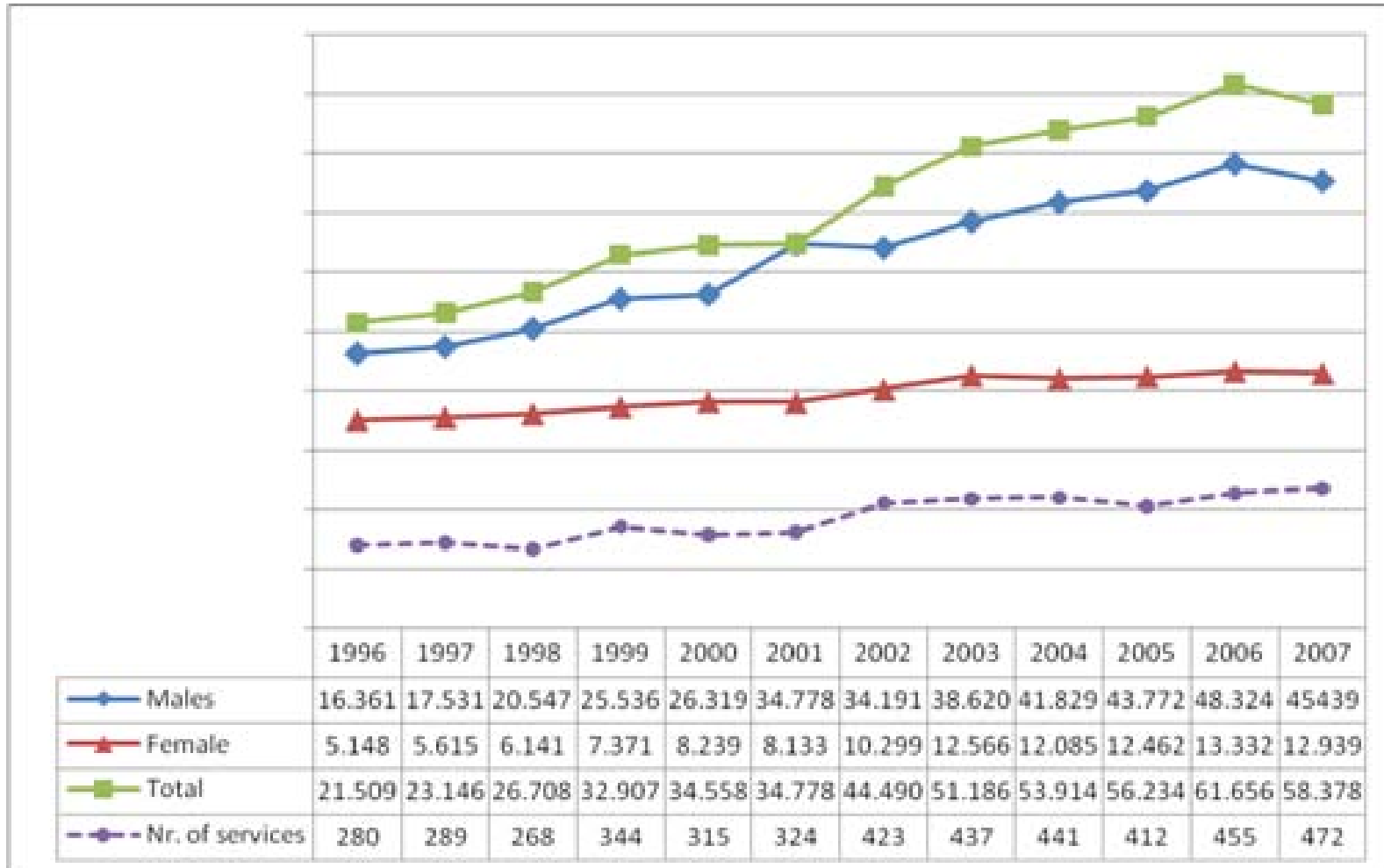


# Prevalence (%) of binge drinkers by gender and age group, 2009



Source: Analysis of the Osservatorio Nazionale Alcol CNESPS and WHO CC research on alcohol on Multiscopo ISTAT survey

# Alcoholics in treatment and public services. Trend (Years 1996-2007)



Source: Annual report of the Ministry of Health to the Parliament  
2007-2008, December 2009



# Distribution (%) of alcohol patients who received a community intervention at the specialized public alcohol services by sex and age group, 2007-2008



Age groups	M		F		T	
	N	%	N	%	N	%
<20	327	0.7	104	0.8	431	0.7
20-29	4,581	10.1	822	6.4	5,403	9.3
30-39	10,942	24.1	2,624	20.3	13,566	23.2
40-49	13,464	29.6	4,104	31.7	17,568	30.1
50-59	9,884	21.8	3,117	24.1	13,001	22.3
>=60	6,241	13.7	2,168	16.8	8,409	14.4
<b>TOTAL</b>	<b>45,439</b>	<b>100.0</b>	<b>12,939</b>	<b>100.0</b>	<b>58,378</b>	<b>100.0</b>

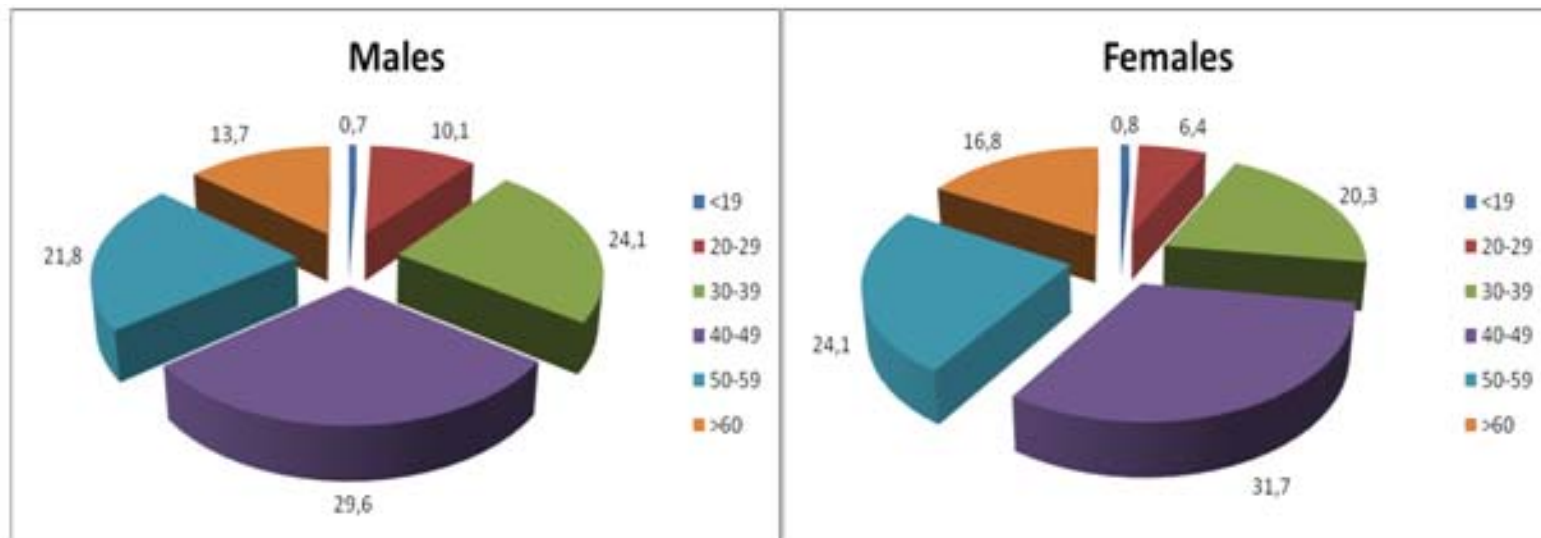


Source: Annual report of the Ministry of Health to the Parliament 2007-2008, December 2009





# Distribution (%) of alcoholics in treatment by age groups and by gender.



Source: Annual report of the Ministry of Health to the Parliament 2007-2008, December 2009

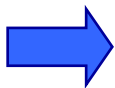
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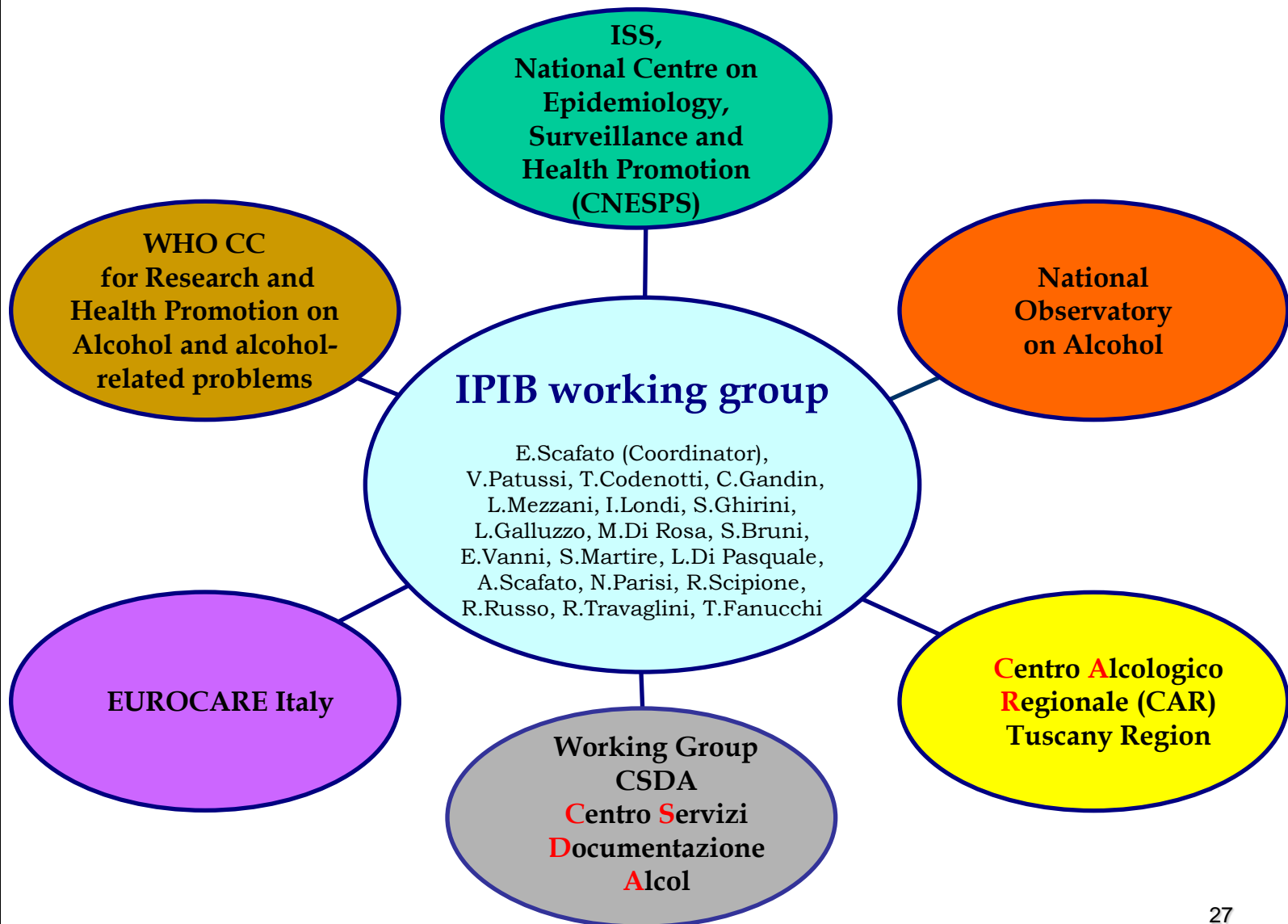
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# IPIB working group

(Identificazione Precoce Intervento Breve)



# Training on IPIB in PHC in Italy



The ISS has been indicated by the National Committee on Alcohol as the national provider of the training activities in tight connection with the Italian Society of Alcoholology and the Regions.



Until now training in IPIB on alcohol is not yet compulsory for the professionals of the National Health System, but an example of implementation at the Regional level has been the central funding to the Tuscany Region of a specific training programme for all the Regions devoted to IPIB in the workplaces funded by the Centre for Controls of Diseases (CCM).



# IPIB-PHEPA activities

The IPIB working team started its activities in April 2006 to deliver a communication strategy and to organise conferences to announce, promote and disseminate the EIBI-PHEPA programme.



*English version*

*Italian version*





# IPIB training courses in PHC at the ISS

IPIB is actually the formal institutional standard of training in Italy allowing to participants to be trained themselves and to train other professionals.



The training course has been opened to GPs and to physicians involved in the PHC.

In order to reach subgroups of population at risk but otherwise not reachable by GPs, as a novelty for the Italian landscape we open the course also to professionals (physicians and psychologists) from:

- Services for the treatment of dependences (SERT),
- Consultories,
- Workplace prevention setting.



# The implementation of IPIB in PHC training courses at the ISS

- The implementation started on 2007 with the first formal training course, for the duration of two days. After that, many other courses have been carried out at the ISS and at territorial level.
- The calls for selection of candidate (24 participants for each) are available at the web page of the Istituto Superiore di Sanità.
- The training course received funding from the Ministry of Health (until September 2009) and from the Presidency of the Council of Ministers - Drug Policy Department (2010 until now).
- It received a good evaluation in terms of credits to be earned through the Continuous National Training Programme (ECM), compulsory for the professionals of the National Health System.





PRESIDENZA DEL CONSIGLIO DEI MINISTRI  
**Dipartimento Politiche Antidroga**

## Progetto

# I.P.I.B.

**Programma per l'identificazione precoce e per l'attuazione dell'intervento breve finalizzato alla prevenzione dell'abuso alcolico e del bere problematico**

### Ente affidatario



ISTITUTO SUPERIORE DI SANITÀ

### In collaborazione con



SIA - Società Italiana Alcolologia



AICAT - Associazione Italiana Clubs Alcolisti in Trattamento







# NIDA, Italian officials agree to cooperate on drug abuse research and training, July 25, 2011



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## NIDA, Italian Officials Agree To Cooperate on Drug Abuse Research and Training

August 25, 2011

NIDA Director Nora D. Volkow, M.D.; Carlo Giovanardi, Undersecretary for the Family, Drugs and Civil Service, Presidency of the Council of Ministers, Italy; and Giovanni Serpelloni, M.D., Department for Anti-drug Policies (DAP), Presidency of the Council of Ministers, Italy, agreed July 25, 2011, to foster mutually beneficial research and research training to improve the diagnosis and treatment of drug abuse and addiction.

The memorandum of understanding cited three research areas of particular interest for the two agencies:

- Develop new treatment medications.
- Improve early detection, screening, brief interventions, and referral to treatment (SBIRT), particularly among adolescents and young adults.
- Increase the number of HIV-infected drug users who seek treatment for HIV infection and addiction (the "seek, test, treat, and retain" strategy).

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Applications Due: September 1

[INVEST Drug Abuse Research Fellowship](#)



# The effectiveness of general practitioners (GPs) screening and brief intervention in reducing alcohol consumption among patients in PHC in Italy



- A study on the effectiveness of general practitioners (GPs) screening and brief intervention in reducing alcohol consumption among 1888 patients and involving GPs from different Italian regions in PHC in Italy, developed within the EIBI project of WHO has been carried out from 2005 and 2006..
- Preliminary data from this study confirms that also in Italy the AUDIT test is an effective and cost efficient screening instrument and that PHC providers represent an excellent environment to combine early identification and brief intervention to reduce the burden of excessive alcohol consumption on individual, health and society.

Fanucchi T., Londi I., Vanni E., Mezzani L., Patussi V., Scafato E. The effectiveness of general practitioners screening and brief intervention in reducing alcohol consumption among patients in primary health care in Italy 7th Conference of INEBRIA, 9-10th September 2010, Gothenburg (Sweden) available at: <http://www.inebria.net/Du14/html/en/dir1338/doc17934.html>





# Italian validation of AUDIT-C PRISMA project

BOLLETTINO PER LE FARMACODIPENDENZE E L'ALCOOLISMO

XXIX - N. 1-2/2006

## Identificazione precoce dei bevitori a rischio in Assistenza Primaria in Italia: adattamento del questionario AUDIT e verifica dell'efficacia d'uso dello short-AUDIT test nel contesto nazionale

*Early detection of subjects at risk of alcohol abuse in a setting of primary health care in Italy: adaptation of a shorter version of the AUDIT Questionnaire and evaluation of its efficacy in the Italian context*

PIERLUIGI STRUZZO<sup>1</sup>, SARA DE FACCIO<sup>2</sup>, ERMANNO MOSCATELLI<sup>3</sup>, EMANUELE SCAFATO<sup>4</sup> PER IL GRUPPO DI RICERCA PRISMA<sup>5</sup>

<sup>1</sup> Centro di ricerca di Comunità, Martignacco, Primo Ricercatore del progetto PRISMA, Friuli-Venezia Giulia.

<sup>2</sup> Scuola di Specializzazione in Psichiatria, Facoltà di Medicina e Chirurgia, Università degli Studi di Udine.

<sup>3</sup> Psicologo, Dip. Patologia e Medicina Sperimentale e Clinica, Università degli Studi di Udine.

<sup>4</sup> Istituto Superiore della Sanità, Roma. Responsabile scientifico del Progetto PRISMA.

<sup>5</sup> Gruppo di Ricerca PRISMA: Emanuele Scafato, Allaman Allamani, Tiziana Codenotti, Franco Marcomini, Valentino Pattusi, Alessandro Rossi, Rosaria Russo, Pierluigi Struzzo.

**“... possiamo considerare l’AUDIT in forma ridotta valido ai fini della discriminazione dei bevitori a rischio rispetto a quelli non a rischio, ma non dei bevitori con danno organico o con alcoldipendenza.”**



Dipartimento Politiche Antidroga

# Barriers and facilitators to the implementation of alcohol interventions

- Results from the main studies carried out in Italy and published at national level are summarized.
- According to the opinion of GPS, the barriers are mainly the lack of a national consistent political support to GPs action and consequent lack of resources; lack of time; lack of support staff (e.g. in GPs consulting rooms, usually no nurses help doctors); lack of specific training; patients are reluctant to talk about alcohol with their family doctor; AUDIT test is too explicit for hazardous and harmful drinkers; patients are reluctant to agree to data collection for research purpose.



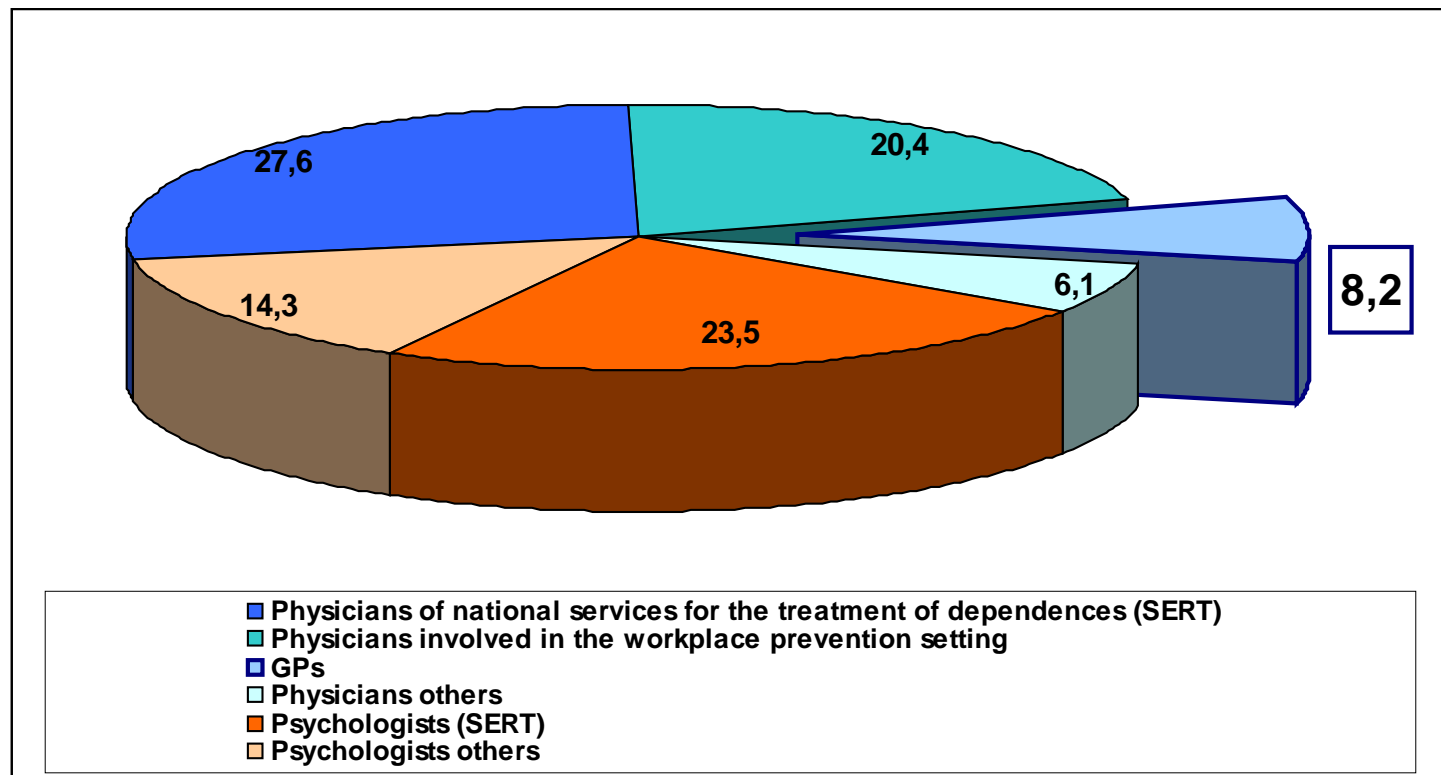
# Main characteristics of 145 participants to the IPIB-PHEPA training courses at the ISS



- Number: 145
- Age - average(min-max): 49.1ys (24-64)
- Gender distribution (%):  
M=39.9%  
F=60.1%
- Professional categories (%):  
Physicians: 64.1%  
Psychologists: 35.9%



# Distribution (%) of participants by professional categories



# PHEPA evaluation form



At the end of the course, participants fulfilled the original PHEPA evaluation form.

The training course has received a good evaluation by the trainees.

## WORK DOCUMENT 16 EVALUATION FORM

Please tick the box that best describes how you feel about each objective.

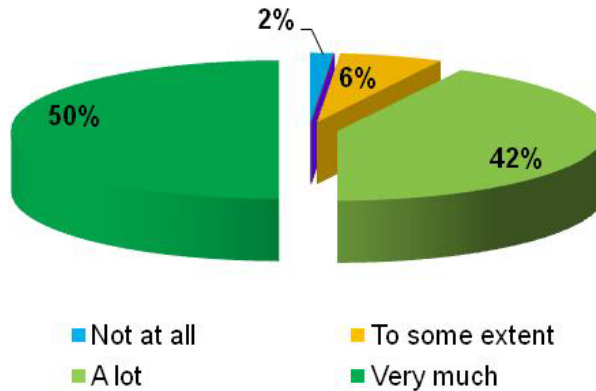
At the end of the course, how far do you feel able to:

	Not at all	Not much	To some extent	A lot
• Measure alcohol consumption in standard drinks per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify hazardous drinkers according to their weekly alcohol intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify hazardous drinkers using the AUDIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Identify hazardous drinkers using the AUDIT-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Describe Prochaska and DiClemente's model of the stages of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Describe the basic components of a brief intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide brief advice to a hazardous drinkers taking into account his/her stage of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Describe typical ways patients show their resistance to health promotion behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respond to a client's resistance in a way that does not provoke further argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Exchange information in a client-centred way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

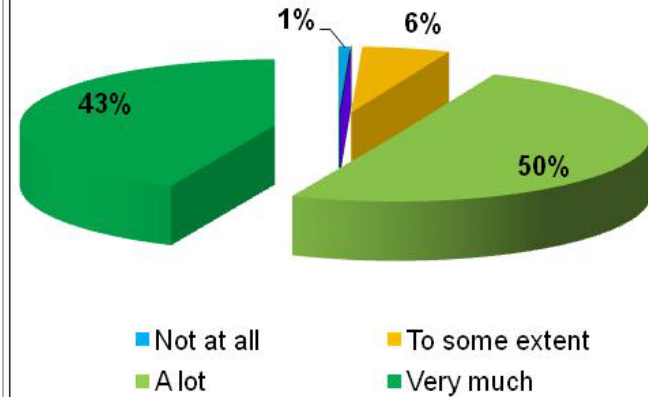
# PHEPA Evaluation form-**Early Identification**



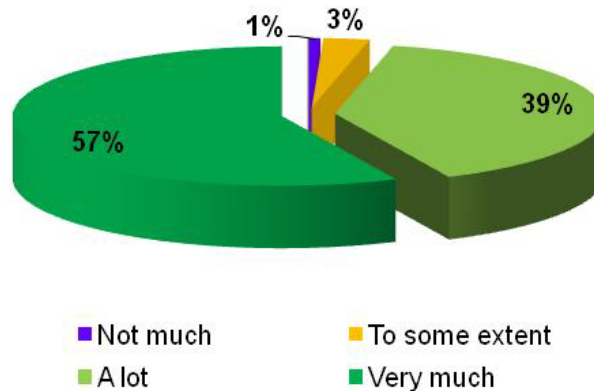
**1. Measure alcohol consumption in standard drinks per week (n=145)**



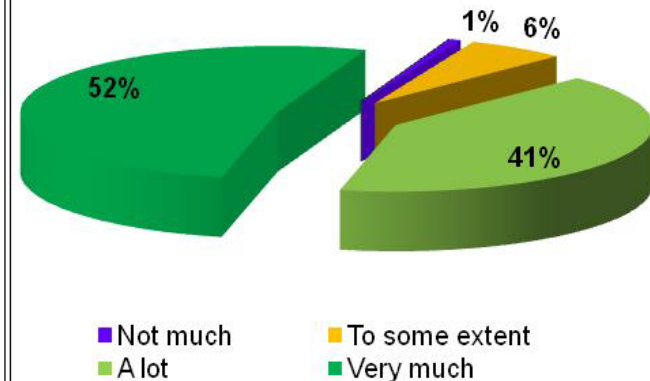
**2. Identify hazardous drinkers according to their weekly alcohol intake (n=145)**



**3. Identify hazardous drinkers using the AUDIT (n=145)**



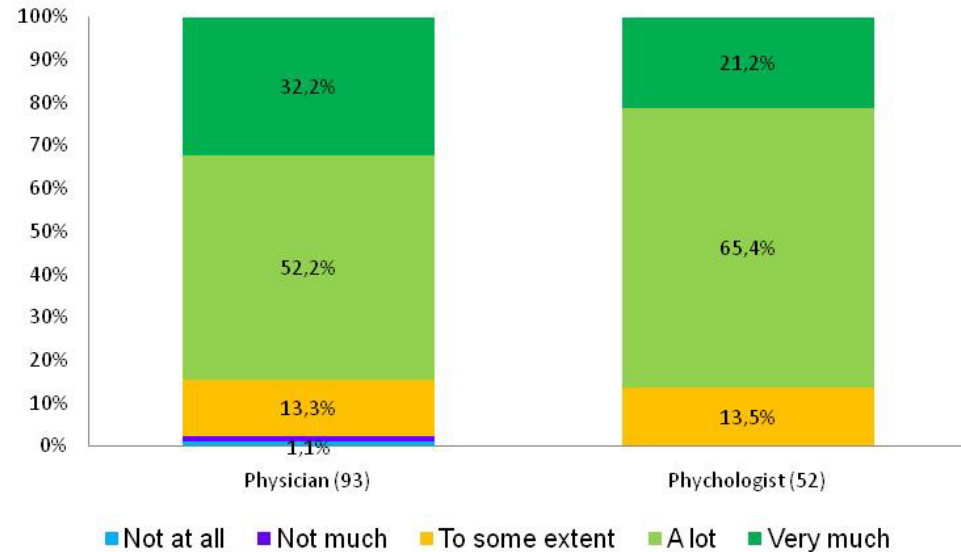
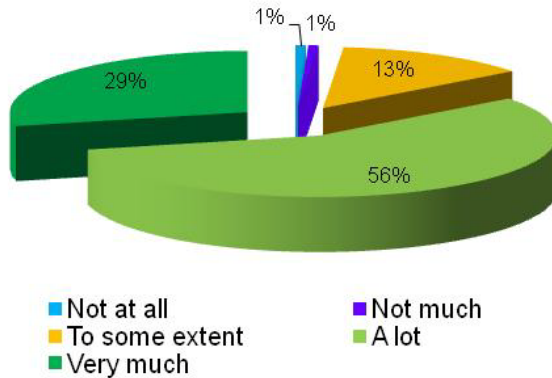
**4. Identify hazardous drinkers using the AUDIT C (n=145)**



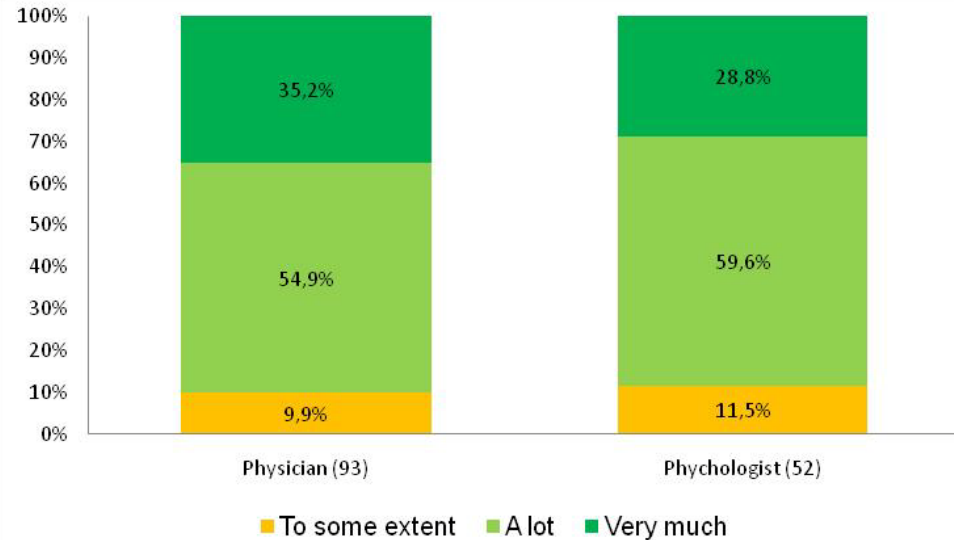
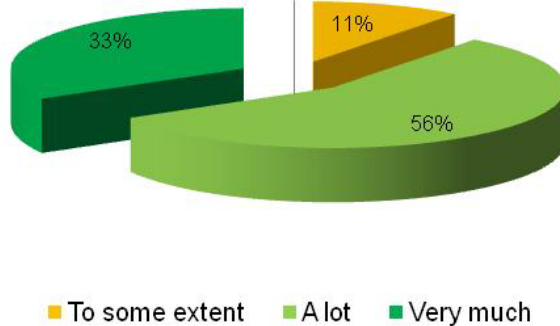


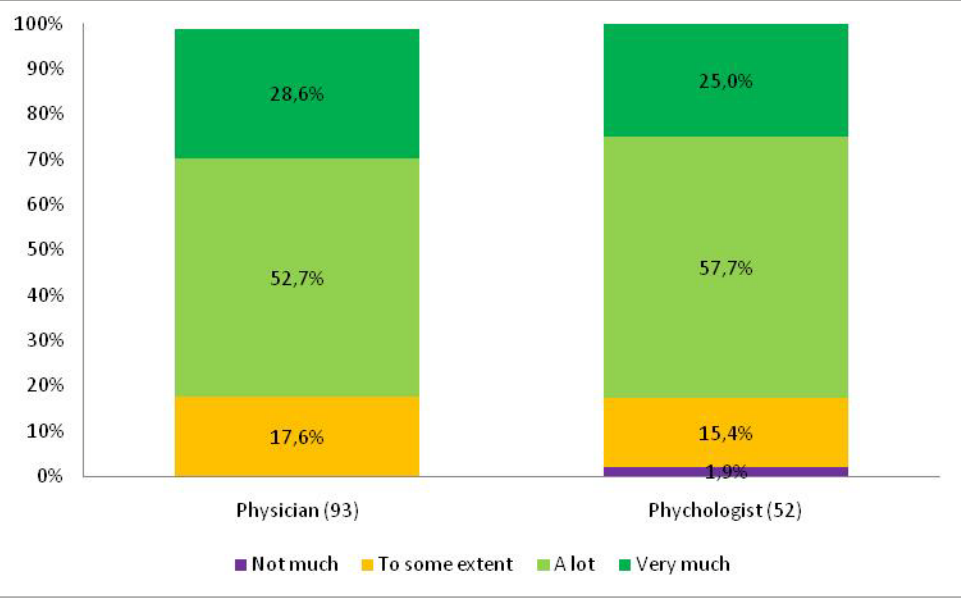
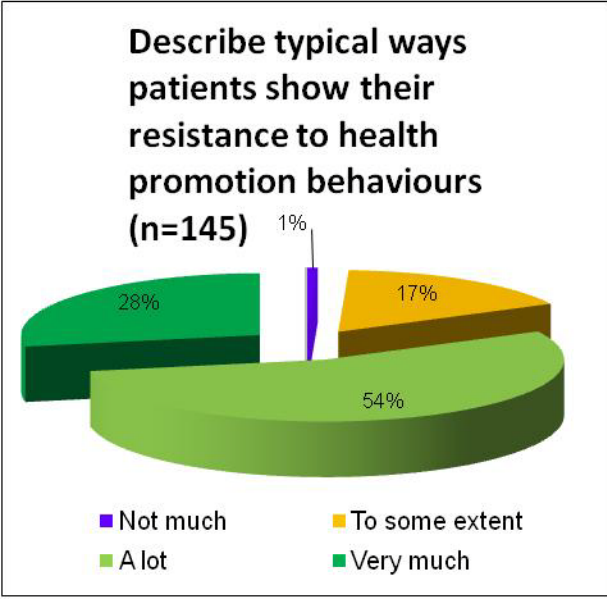
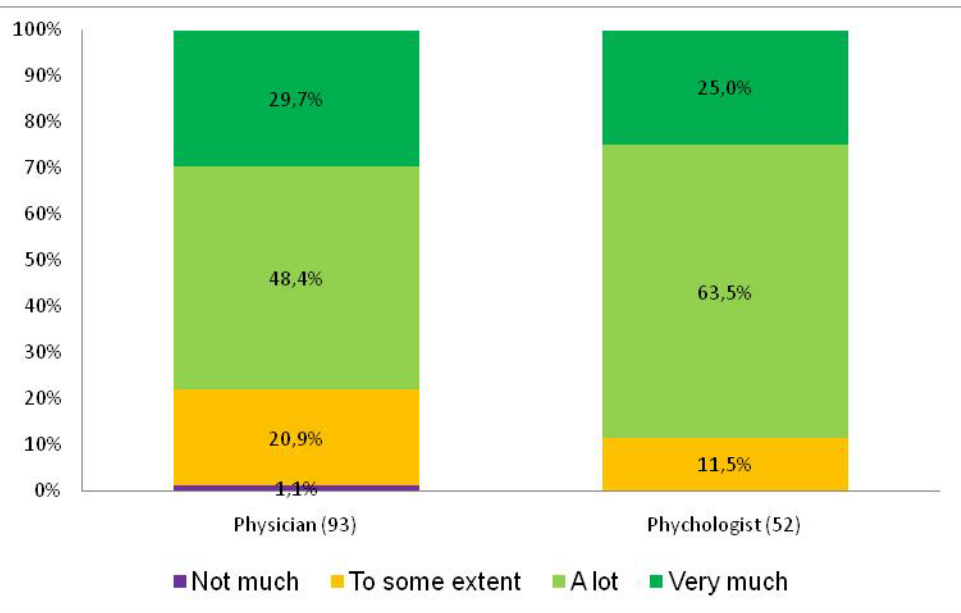
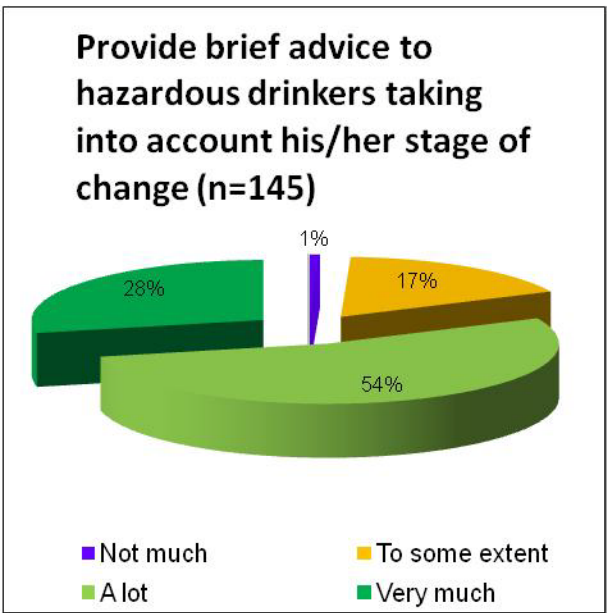


## Describe Prochaska and Di Clemente's model of the stages of change (n=145)



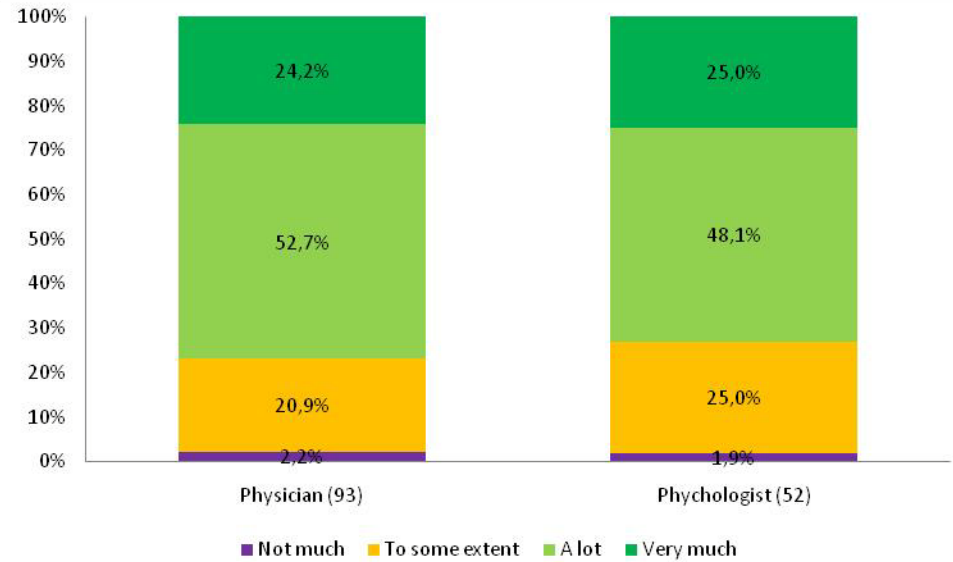
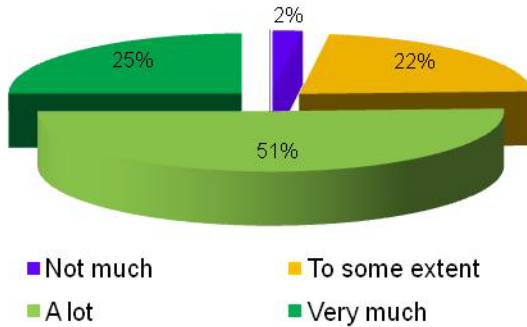
## Describe the basic components of a brief intervention (n=145)



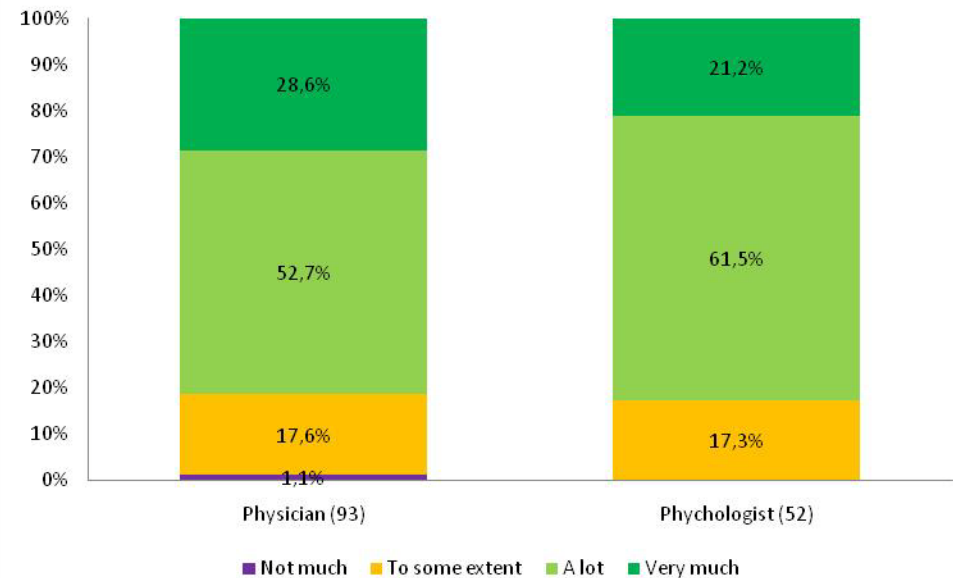
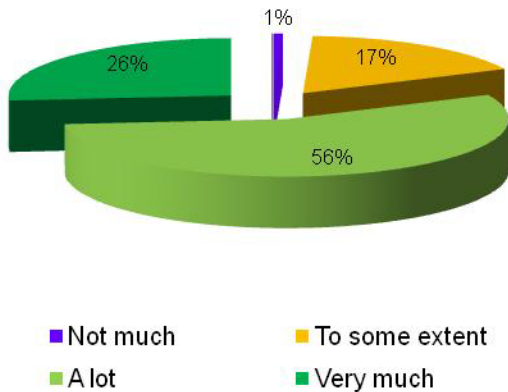




**Respond to a patient's resistance in a way that does not provoke further argument (n=145)**

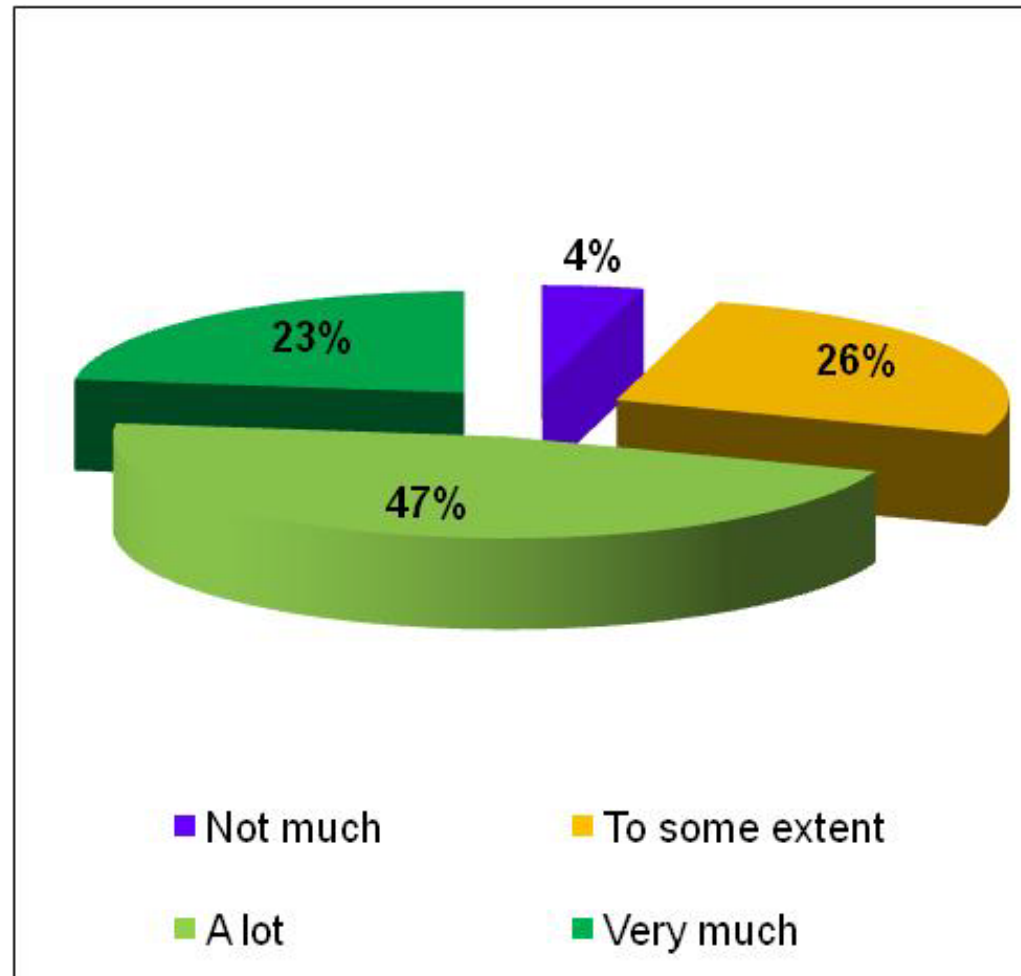


**Exchange information in client-centred way (n=145)**



# Could you apply what you have learnt in your daily job?

n=145





# Conclusion



As a final consideration we may say that the work it's a never ending process mainly oriented by a dynamic evolution of the demand coming by the different priorities in the huge area of Primary Health Care.



Our experience was extremely important to tailor some customized training issues devoted to comply with the need to integrate into the daily work of very different type of health professionals mainly having in mind the priority targets identified by changing contexts for which a specific approach has to be developed.





# Conclusion

The main barrier to the implementation of the IPIB is

**FUNDING**

Where the possibility to pay for the implementation of the IPIB in the daily activities of health professionals will become a reality, then we will receive a new impetus to give people more chances to be really protected by the alcohol impact on health and safety.





# Conclusion

Another main barrier to the implementation of the IPIB is

## NETWORK

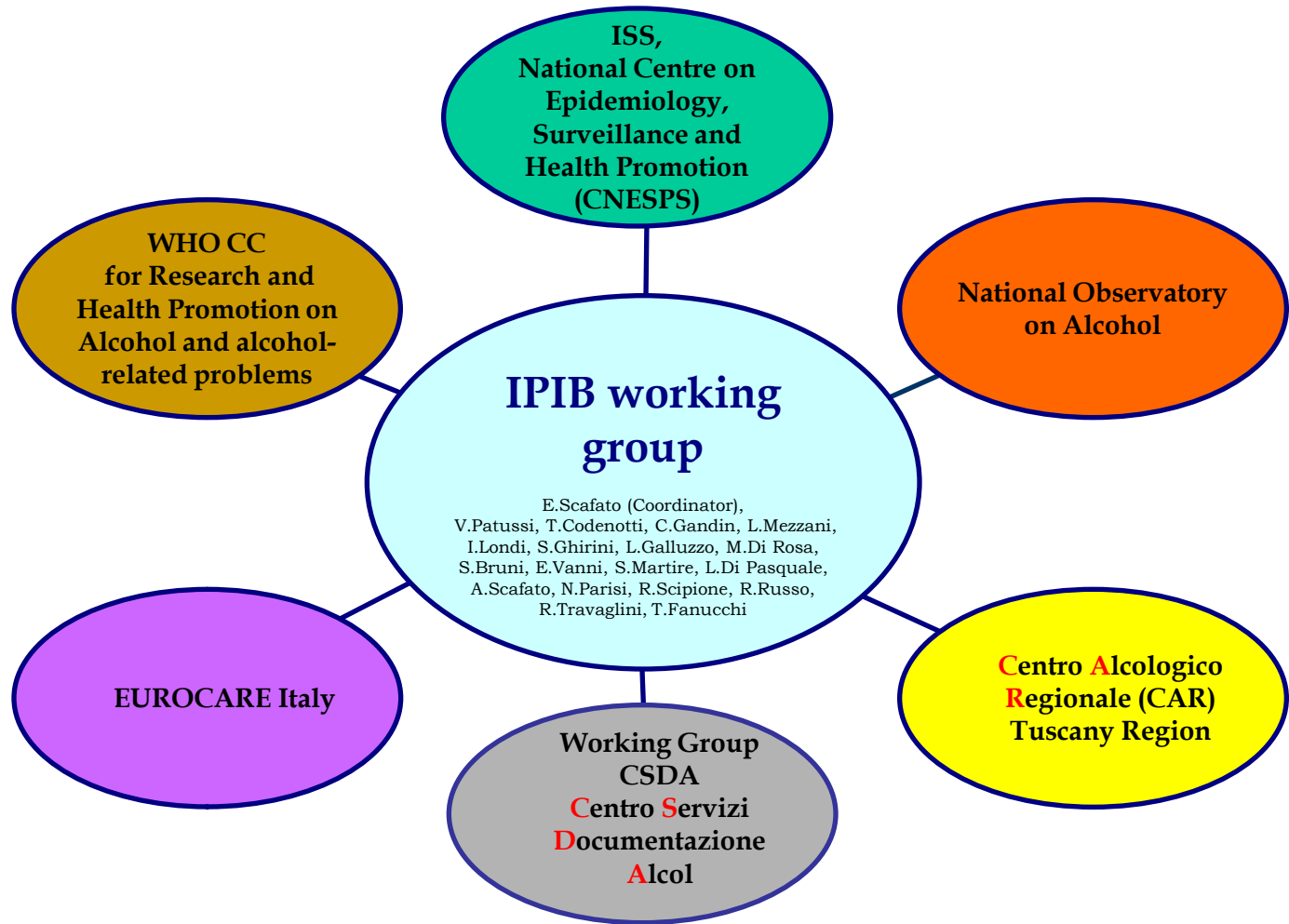
For some professionals its culturally difficult to collaborate also in the light of some existing barriers related to the organization of the health body and/or to the procedures to be followed in their workplaces. The lack of a professional network in some geographical context do not help a lot to implement IPIB as a main tool of prevention.



In Italy, specific researches, studies, surveys and projects should be devoted to:

- epidemiological studies (determinants of alcohol patterns of consumption and harms due to alcohol) particularly on young people often never utilising PHC services and widening the EIBI approach focusing on peculiar settings such as schools, working places, hospitals;
- qualitative evaluation of the overall impact of health promoting programmes (focus groups with clients and with key persons in the community; evaluation of the interaction between health professionals and their clients);
- alcohol and communication skill training and periodical follow up evaluation, as a start to support the promotion of further preventive studies at the PHC level;
- studies on the level of satisfaction of the clients as well as of the GPs.

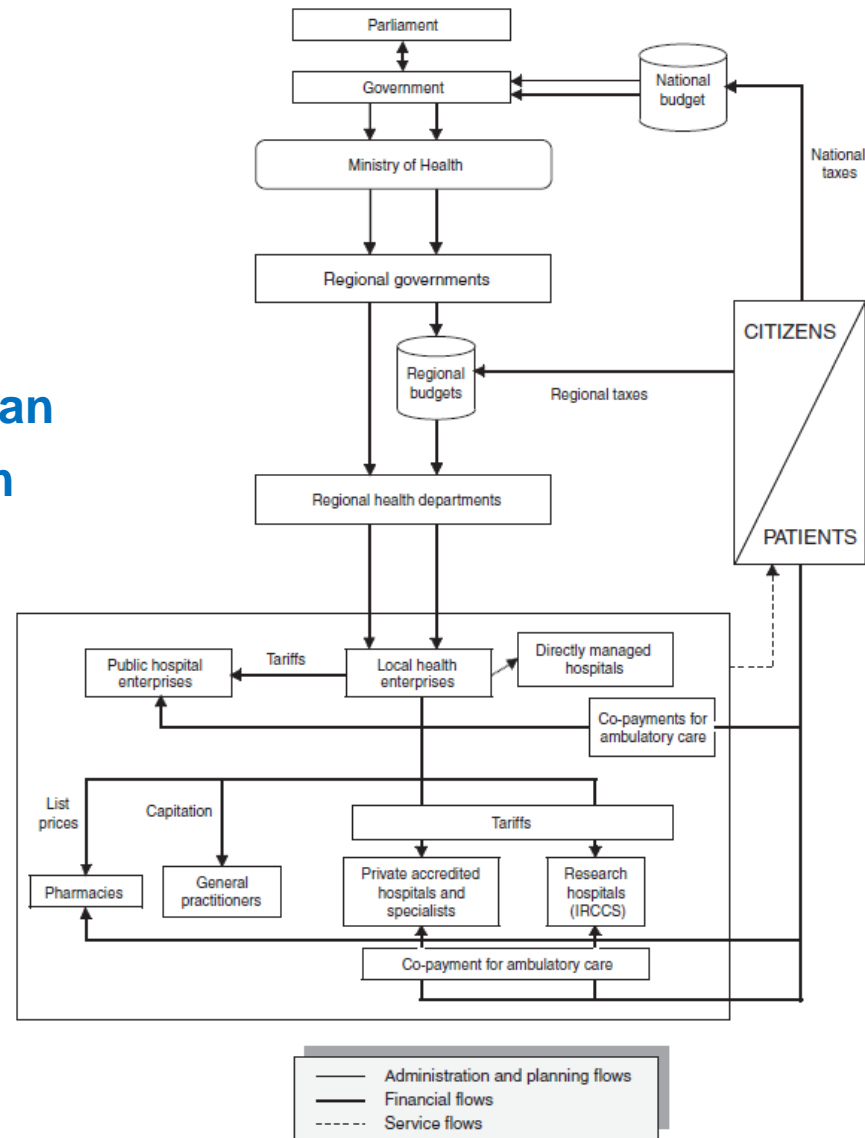




# Thanks for your attention

# General information on the health care system in Italy

## Overview of the Italian health care system



Source: Lo Scalzo A et al Health Systems in Transition, 2009; 11(6)1-216

