



Early Identification and Brief Intervention for Alcohol Use Disorders: the training programme on EIBI of the Local Health Unit of Salerno, Italy

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Istituto Superiore di Sanita' - ISS



ISS is **the leading technical/scientific body of the Italian Ministry of Health and of the National Health System**

Since its foundation, 1934, it's the key body of health research in Italy

It promotes programmes instrumental with the achievement of the objectives of the National Health Plan with tasks of technical guidance and coordination in the field of health protection and promotion



“Rete IPIB-ASL Salerno”

The working group

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“Rete IPIB-ASL Salerno”

Background of the programme and aims

✓ A 4 years programme on EIBI (*Identificazione Precoce e Intervento Breve – IPIB* in Italian) for Alcohol Use Disorders (AUDs) in Primary Health Care (PHC) promoted by the Department of Addictions of the Salerno Local Health Unit (LHU), Campania Region, Italy and implemented in partnership with the Istituto Superiore di Sanità (until Sept 2021):

- ✓ to develop and implement a local training programme on IPIB for AUDs for PHC professionals
- ✓ to create a network of professionals of the Salerno LHU qualified on IPIB for AUDs and other lifestyles behaviours



«RETE IPIB»

Rete aziendale per l'identificazione precoce dei comportamenti a rischio o dannosi causati da uso di alcol, gambling e new addiction





Barriers to EIBI implementation: Training gap

AMPHORA
Alcohol Public Health Research Alliance

Alcohol Policy in Europe: Evidence from AMPHORA

Edited by Peter Anderson, Fleur Braddick, Jillian Reynolds and Antoni Gual

Alcohol Policy in Europe

Chapter 9. Alcohol interventions and treatments in Europe

CHAPTER 9. ALCOHOL INTERVENTIONS AND TREATMENTS IN EUROPE

Amy Wolstenholme, Colin Drummond, Paolo Deluca, Zoe Davey, Catherine Elzerbi, Antoni Gual, Noemí Robles, Cees Goos, Julian Strizek, Christine Godfrey, Karl Mann, Evangelos Zois, Sabine Hoffman, Gerhard Gmel, Hervé Kuendig, Emanuele Scafato, Claudia Gandin, Simon Coulton & Eileen Kaner

Figure 1. Are GPs familiar with standardized alcohol screening tools?

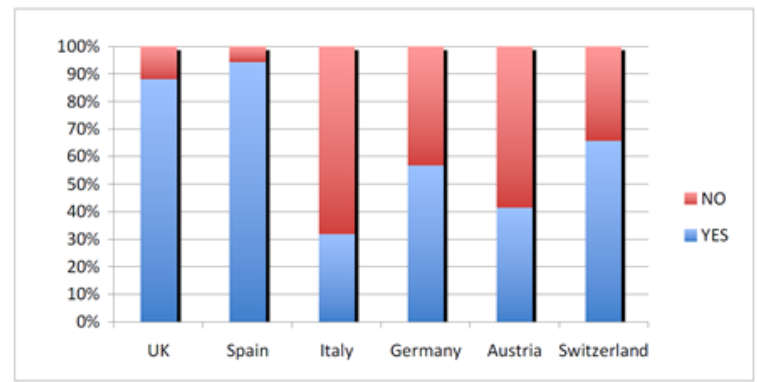
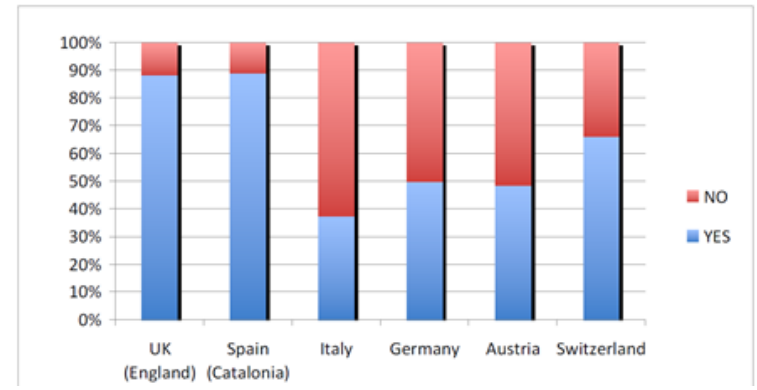


Figure 2. Are GPs familiar with brief interventions?



A The European Research Alliance brings together AMPHORA partners, other researchers and policy makers and representatives of government and non-governmental organisations.

European Alcohol Policy Research Alliance

AMPHORA has created a European Alcohol Policy Research Alliance of internationally renowned alcohol policy researchers from a wide range of disciplines.

The Alliance will undertake new empirical research to strengthen European research knowledge of the impact of public health measures and interventions to reduce alcohol related harm and to contribute to integrated policy making.

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- Coordinator: Hospital Clinic de Barcelona (HCB), Spain
- Agencia Regionale di Sanità della Toscana (ARS), Italy
- Alcohol & Health Research Unit, University of the West of England, UK
- Interfem: Consortium in Public Health, Spain
- Arion Fróðskjal Institut (AFI), Austria
- Centrale Sanitaria Locale della Città di Milano (CSL), MILANO, Italy
- European Coroner System (ECS), Hungary
- Central Institute of Health (CIH), Germany
- Centre for Applied Psychology, Social and Environmental Research (CAPSER), Germany
- Chemisches und Veterinäruntersuchungsamt Karlsruhe (CVUA), Germany
- Collective for Alcohol Policy (COLPOL), Netherlands
- Collective for Alcohol Policy (COLPOL), Netherlands
- European Centre for Social Welfare Policy and Research (ECSWP), Austria
- Generalitat de Catalunya (Gencat), Spain
- Institute of Psychiatry and Neurology (IPN), Poland
- Institute of Psychiatry, King's College London (KCL), UK
- Instituto Superiore di Sanità (ISS), Rome, Italy
- Instituto de Investigación en Alcohol (IIA), Valencia, Spain
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- University of Jyväskylä (JYU), Finland
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- Stockholm University (SU), Sweden
- Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPAD), Switzerland
- Technische Universität Dresden (TUD), Germany
- Tenkensinstituut (TENKENS), Netherlands
- University of Bergen (UB), Norway
- University of Twente (UT), Netherlands
- University Research (UR), Netherlands
- University of York (UY), UK

Edited by:
Peter Anderson, Fleur Braddick, Jillian Reynolds & Antoni Gual
 2012

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The contribution of the ISS on international projects on EIBI for Alcohol Use Disorders



- ✓ **WHO, WHO collaborative project on Identification and Management of Alcohol related problems in PHC (1983-2006)**
- ✓ **EC, PHEPA-Primary Health care Project on Alcohol (2003-2005)**
- ✓ **EC, AMPHORA-Alcohol public health research alliance (2007-2010)**
- ✓ **EC, ODHIN-Optimizing Delivery of Health care Interventions (2010-2014)**
- ✓ **EC, BISTAIRS-Brief Interventions in the Treatment of Alcohol use disorders In Relevant Settings (2012-2015)**
- ✓ **EC, Joint action RARHA-Reducing Alcohol Related Harm (2014-2016)**
- ✓ **WHO, Alcohol brief intervention training manual for primary care (2017)**
- ✓ **EC, Service contract DEEP SEAS-Developing and Extending Evidence and Practice from the Standard European Alcohol Survey (2018-)**
- ✓ **EC, Service contract FAR SEAS-Fetal Alcohol Reduction and exchange of European knowledge after SEAS (2018-)**





Alcohol Policy Network in Europe



WHO/EURO Project meeting on alcohol and health

Edinburgh, United Kingdom
19 November 2018

Case stories on implementation
of screening and brief intervention

ITALY

Emanuele Scafato and Claudia Gandin

National Observatory on Alcohol

World Health Organization Collaborating Centre for Research and Health Promotion on Alcohol and alcohol-related health problems





“Rete IPIB ASL Salerno” has been included in the official workplan of the WHO CC ITA-79 at the redesignation of 30 November 2017

**RETE IPIB:
 Un progetto di sperimentazione territoriale
 di un modello targato OMS**



Credited TRAINING IPIB & IPGAP Courses
 During 2016 ISS - WHO CC and ONA have been requested by Calabria Region Health Directorate (Assessorato alla Salute) to develop by mean a funded two years project the Regional Epidemiological Alcohol-related Monitoring system including all the WHO standard , to train regional personnel on the monitoring system management and implementation and provide the Regional training on Early identification and Brief Intervention aimed at more than 300 GPs according to the IPIB standard based on the WHO AUDIT and WHO Phase IV standards.
 Same request came from the Region Umbria ASL 2 (Local Body Unit of the National Health System) with more than 700 GPs trained.

Initially the Salerno ASL (Local Body Unit of the National Health Service) of the Campania Region agreed with ISS - WHO CC and ONA Teams to develop a Strategic Plan 2016-2018 aimed at creating a local body unit Network on early identification and brief intervention for alcohol related harm and gambling including the training of more than 800 GPs involved in credited specific courses (IPIB and IPGAP) covering the full number of practitioners as well as all the Health Local Body Units infrastructures involved into the developing Network aimed at addictions prevention.

Activity 5

Il Progetto **Rete IPIB** nasce dal rapporto di collaborazione tra l’Osservatorio Nazionale Alcol dell’Istituto Superiore di Sanità (ISS) e l’ASL di Salerno, siglato nel giugno 2017. Esso mira ad applicare il modello di Identificazione Precoce e di Intervento Breve (IPIB), promosso dall’ISS e validato dall’Organizzazione Mondiale della Sanità per la costruzione di una rete di interventi nei vari ambiti di vita in cui il consumo di alcol spesso associato ad altri comportamenti additivi si configura come fattore di rischio per la salute.



“Rete IPIB-ASL Salerno”

The main steps of activities

- 1. Analysis of the resources on alcohol prevention-interventions for activation of training (mapping services of the Salerno LHU)**
- 2. Development and implementation of the training programme on IPIB for AUDs and other lifestyles behaviours of health professionals (training the trainers model)**
- 3. Creation of a local network of professionals skilled on IPIB model**

Training programme «Rete IPIB ASL Salerno»

Training processes

The project included **three specific training processes:**

1. IPIB on alcohol “Basic”
2. IPIB on alcohol “Advanced”
3. IPIB on gambling/gaming “Basic”



Target audience of the training courses

Only to health professionals of the Salerno Local Health Unit:

- ✓ **Doctors of the PHC** (General Practitioners, Pediatricians)
- ✓ **Doctors and psychologists of the Local Health Services**: Addictions, Mental Health, Prevention and Health Promotion, Emergency Departments, Health Surveillance, Occupational Doctors, Penitentiary Medicine, ecc.)
- ✓ **Doctors of the Hospital Units**: Medicine, Gastroenterology, Obstetrician and Gynecology; Emergency; Infectious Diseases, ecc (public/private accredited/no profit)
- ✓ **Other professionals (nurses, social workers, educators, sociologists, rehabilitation technicians)**

directly and by training of trainers.



Programme of the IPiB course “basic”

Sessione 1. Prima parte. IDENTIFICAZIONE PRECOCE DEL CONSUMO RISCHIOSO E DANNOSO DI ALCOL

- ✓ 09.00 Il razionale e le finalità del corso
- ✓ 09.15 Scheda autovalutazione. Atteggiamenti verso l'alcol
- ✓ 09.30 Dal generale al particolare: l'alcol come paradigma per l'identificazione precoce e l'intervento breve in PHC
- ✓ 09.45 Il consumo di alcol: impatto sociale e sanitario dell'alcol sulla salute
- ✓ 10.00 Bicchieri standard, unità alcolica, linee guida di consumo. Le definizioni di consumo rischioso, dannoso e alcoldipendenza
- ✓ 10.30 Feedback e discussione
- ✓ 11.00 Intervallo

Sessione 1. Seconda parte.


- ✓ 11.30 Identificazione del consumo rischioso e dannoso di alcol: utilizzo e valutazione degli strumenti di screening
- ✓ 12.00 Criteri diagnostici dell'alcoldipendenza: focus su ICD-10, OMS
- ✓ 12.30 Feedback e discussione
- ✓ 13.00 Pausa pranzo

Sessione 2. Prima parte. INTERVENTO BREVE NEL CONSUMO RISCHIOSO E DANNOSO DI ALCOL

- ✓ 14.00 Il modello degli stadi del cambiamento
- ✓ 15.00 Esercitazione in plenaria sugli stadi del cambiamento
- ✓ 15.45 Requisiti fondamentali di un intervento breve
- ✓ 16.15 La comunicazione : i principali blocchi e le buone pratiche
- ✓ 16.45 Intervallo

Sessione 2. Seconda parte.

- ✓ 17.00 Le abilità di base dell'Intervento Breve : le strategie di apertura
- ✓ 17.15 Elementi essenziali dell'Intervento breve: stile e contenuti
- ✓ 17.30 *Feedback e brain storming* sul ruolo degli operatori sanitari per l'identificazione precoce e l'intervento breve: barriere, supporto necessario, proposte
- ✓ 18.00 Chiusura del corso e consegna dei questionari di valutazione

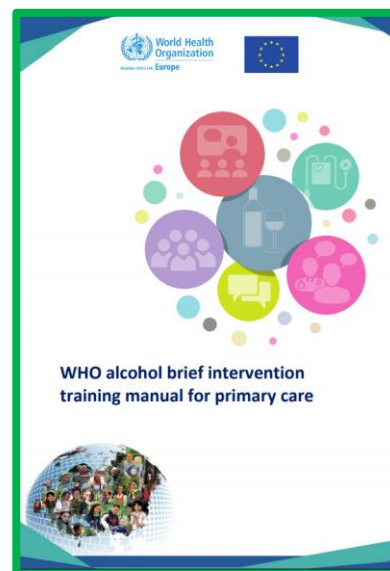


CORSO DI FORMAZIONE DI BASE ALL'IDENTIFICAZIONE PRECOCE E INTERVENTO BREVE SUL CONSUMO RISCHIOSO E DANNOSO DI ALCOL

The international format of the training programme

Early Identification and Brief Intervention (EIBI)

Identificazione Precoce e Intervento Breve (IPIB)



2003-2005

2017

✓ The *PHEPA (Primary Health Care Project on Alcohol) training programme* as standard

+

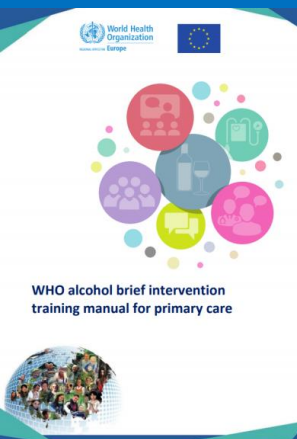
✓ *Additional units (such as Unit 2 "Attitudes to alcohol") from the WHO alcohol brief intervention training manual for primary care*



Training course on alcohol «basic»

Unit 2. Attitudes to alcohol of the WHO training manual on alcohol

- ✓ The activation of the “rete IPIB ASL Salerno” training process was at the time of the publication of the new WHO training manual on IPIB / alcohol (2017) in which the ISS took part
- ✓ As a novelty for the Italian landscape, the module of the WHO manual “Unit 2. Attitudes to alcohol” of professionals was added to the standard structure of the national IPIB training courses on alcohol (i.e. the PHEPA standard)
- ✓ The module (Unit 2. Attitudes to alcohol”) was created to give to the participants the opportunity to confront their own attitudes towards alcohol (and of their group) and to consider how they might impact on providing IPIB in daily practice





Unit 2. Attitudes to alcohol

(WHO training manual 2017)

Together as a group, discuss and consider whether you mostly agree or disagree with each statement, and make a group decision on each one. You can choose Not sure if there is no consensus or you can see many reasons for and against.

Statement	Agree	Not sure	Disagree
You have to die of something, so you should enjoy life and not worry too much about lifestyle advice.			
Health advice changes so often that there is no point in trying to follow it.			
It is easy to spot someone who drinks too much alcohol.			
Alcohol problems affect children and young people in ways that smoking does not.			
Drinking to excess is embedded in our culture and is here to stay.			
It is rude not to join in if you are offered an (alcoholic) drink in company with others.			
All the fuss about alcohol is missing the point – drugs cause more problems.			
Standard drink measurements are too complicated for the general public to understand.			
Alcohol relaxes you when you are stressed.			
Men and women drink differently, think about alcohol differently, and are judged differently for it.			
People who drink heavily are not going to change after a short conversation; they will need intensive specialist treatment.			
Advising someone to cut down drinking when it is their main pleasure in life is unfair.			

“Attitudes of professionals to alcohol, alcohol risks and to different levels of consumption or different drinkers affect how and when they deliver brief interventions” (WHO, 2017)

- ✓ The module is a **list of 12 attitude statements about alcohol** for which participants (divided into groups) have to decide whether they agree or disagree with the statement.
- ✓ The **degree of consensus (pre and post training)** of some attitude statements will be presented.





Training: process actions

IPIB on alcohol «basic»

- ✓ Establishment of technical - scientific staff
- ✓ Course calendar planning
- ✓ Selection of the locations
- ✓ Acquisition of teaching tools
- ✓ Preparation of teaching materials
- ✓ Recruitment of participants
- ✓ Teaching activities according to the program
- ✓ Post-course analysis for the evaluation of the didactic work

Calendar and locations of the training courses on alcohol «basic»



	DATE	LOCATION
1	22.05.2018	Salerno
2	22.05.2018	Agropoli
3	23.05.2018	Agropoli
4	23.05.2018	Salerno
5	19.10.2018	Sapri
6	19.10.2018	Nocera inferiore
7	20.10.2018	Sapri
8	08.03.2019	Nocera Inferiore
9	08.03.2019	Eboli
10	09.03.2019	Capaccio Scalo
11	17.10.2019	Vallo della Lucania
12	17.10.2019	Salerno
13	16.11.2019	S. Arsenio

COVID-19 LOCKDOWN

+ 18.02.2021 webinar

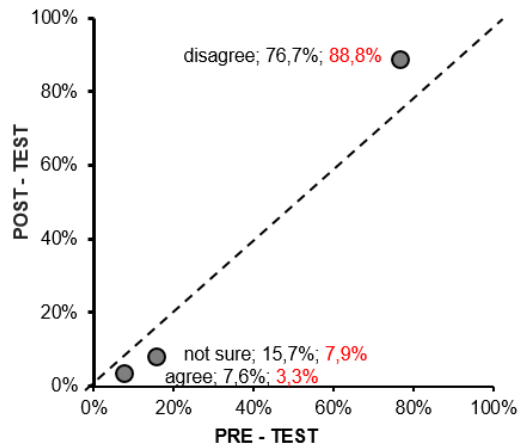




Examples of health professional attitudes modified after the training on EIBI

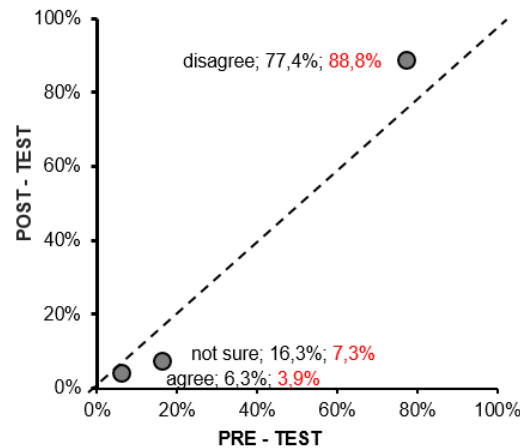
(13 courses, 331 participants)

2. Health advice changes so often that there is no point in trying to follow it



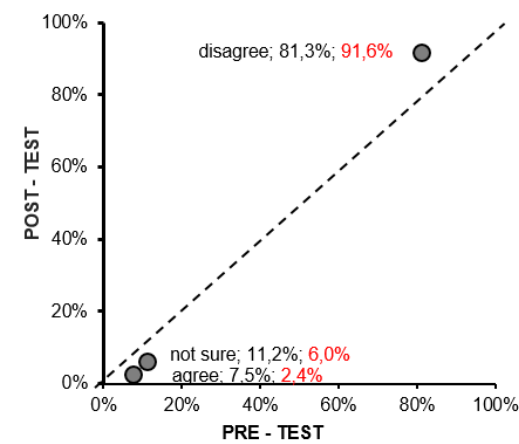
- ✓ Participants who “disagree” post training increased from 76.7% to 88.8%
- ✓ Halved those who “agree” with the statement (-56.6%) and “undecided” (not sure = -49.7%)

5. Drinking to excess is embedded in our culture and is here to stay



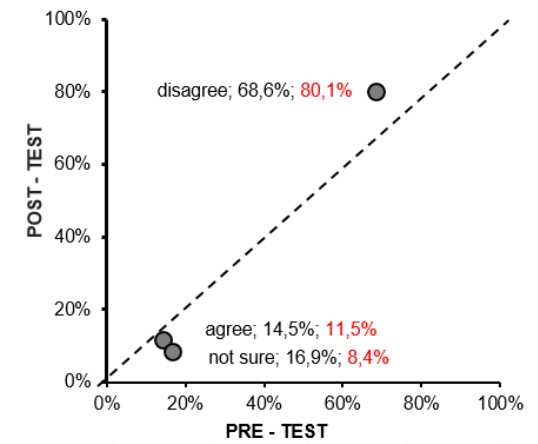
- ✓ Participants who “disagree” post training are almost 90% (an increase of 14.8% compared to the beginning)
- ✓ Undecided participants halved (-56.6%) and those who “agree” with the statement decreased (from 6.3% to 3.9%)

6. It is rude not to join in if you are offered an (alcoholic) drink in company with others



- ✓ Participants who “disagree” post training are 91.6% (an increase of 12.7% compared to the beginning)
- ✓ Undecided people halved (-45.9%) and those who “agree” with the statement decreased (from 7.5% to 2.4%)

9. Alcohol relaxes you when you are stressed

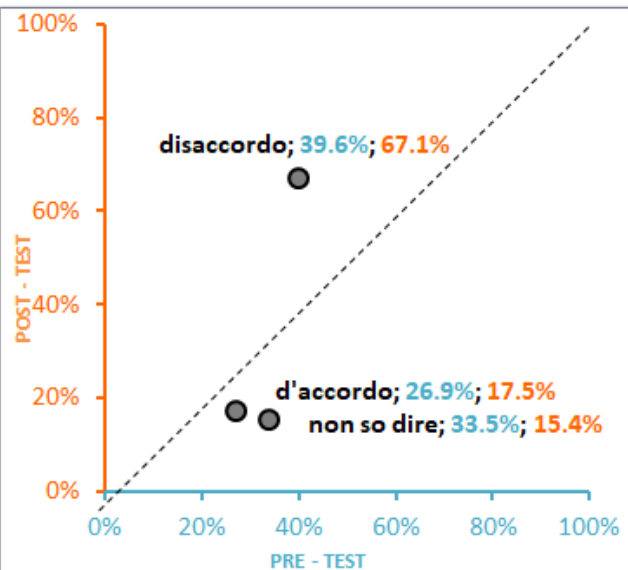


- ✓ Participants who “disagree” post training are 80.1% (an increase of 16.7% compared to the beginning)
- ✓ Undecided people halved (-50.4%) and those who “agree” with the statement decreased (from 14.5% to 11.5%)

Critical attitudes merged from the training

(13 courses, 331 participants)

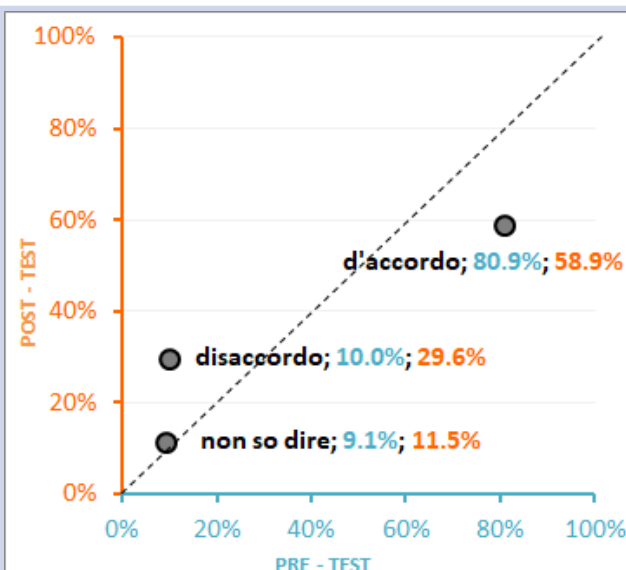
8. Standard Drink measurements are too complicated for the general public to understand



✓ Participants who “disagree” post training increased from 39.6% to 67.1%

✓ Undecided people halved (from 33.5% to 15.4%); **However, the % of those who “agree” or “undecided” in considering the Standard Drink too complicated to be understood by the population remains equal to 32.9%**

11. People who drink heavily are not going to change after a short conversation; they will need intensive specialist treatment



✓ The proportion of those who considered the BI not useful for behavioral change has greatly decreased (from 80.9% to 58.9%)

✓ The % of those who consider the BI useful has further increased (from 10.0% to 29.6%)

✓ **The proportion of those who do not consider useful or are undecided in considering the BI useful for change remains equal to 41.1%**

Culture?



Follow up and need analysis for the advanced course on alcohol of the «Rete IPIB ASL Salerno»



ASL Salerno
Azienda Sanitaria Locale Salerno



Gentile collega,

nell'ambito delle attività del **progetto Rete IPIB – Rete Aziendale per l'Identificazione Precoce e l'Intervento Breve su alcol, gioco d'azzardo e altre addiction** promosso dal **Dipartimento Dipendenze della ASL di Salerno** ed implementato in collaborazione con l'**Osservatorio Nazionale Alcol dell'Istituto Superiore di Sanità**, ci rivolgiamo a Te, che hai preso parte al corso di base IPIB sull'alcol, per informarti che stiamo preparando il corso avanzato.

Il **modulo di secondo livello (avanzato)** intende fornire modalità avanzate di attuazione dell'intervento breve sull'alcol finalizzate a identificare i consumatori a maggior rischio e a favorirne l'inclusione in un processo:

- ✓ di contrasto all'insorgenza e/o progressione di eventuali danni alcol-correlati
- ✓ di prevenzione ~~delle possibili complicanze~~
- ✓ di contrasto all'insorgenza di una dipendenza.

Inoltre, in virtù delle conoscenze tecnico-scientifico che hai acquisito dal modulo di base, con il modulo avanzato potrai essere coinvolto ed entrare a far parte di un gruppo aziendale che si occuperà della formazione a cascata di altri operatori da abilitare all'attuazione del modello IPIB attraverso altri eventi formativi proposti dall'Azienda, andando così a costituire un parco formatori necessario per il processo di auto-mantenimento e di auto-replicazione del modello medesimo.

Il modulo avanzato offrirà una formazione avanzata sulla conduzione efficace di un intervento breve per ridurre il consumo rischioso e dannoso di alcol e faciliterà allo stesso tempo il processo di identificazione dei ruoli che i partecipanti potranno svolgere per l'integrazione dell'IPIB che loro stessi potranno assicurare come risorsa qualificata nei contesti di pratica quotidiani in cui operano.

In questa fase del progetto, per consentirci di ottimizzare al massimo i contenuti del corso avanzato, **ti invitiamo a partecipare alla raccolta delle informazioni contenute nel questionario online** che ti sarà possibile compilare **entro e non oltre il 26 Febbraio 2021** accedendo direttamente da qui ([link del questionario](#)).

Ti chiediamo cortesemente di registrare i tuoi dati personali nello spazio predisposto e di esprimere un tuo interesse nell'essere coinvolto attivamente nelle attività aziendali future della rete IPIB di Salerno. In tal caso, sarai inserito in una mailing list e riceverai aggiornamenti su piani e programmi di attività da svolgere e da condividere che si andranno sviluppando a livello aziendale nel prossimo futuro.

Se lo riterrai opportuno e gradito, nel presentare i dati aggregati che raccoglieremo da questa indagine, **chiediamo il tuo consenso per poter citare il tuo nome** (e del tuo dipartimento) nei

ringraziamenti di tutti quelli che hanno partecipato a questa iniziativa. Consideriamo questo un modesto ma doveroso riconoscimento alle preziose competenze di quanti quotidianamente stanno prestando la propria professionalità nel rilevante compito di contribuire a monitorare, mantenere e migliorare lo stato di salute delle persone e di contribuire ad una analisi dei bisogni locali in merito alle **patologie e problematiche alcol-correlate** consentendo di favorire lo sviluppo di strumenti, procedure, iniziative ed azioni che possano al meglio incentivare lo sviluppo di una rete aziendale.

Fiduciosi nel favorevole riscontro al presente invito e nell'attesa di poterti incontrare nuovamente in occasione del corso avanzato, restiamo a disposizione per qualunque ulteriore dettaglio si ritenesse opportuno fornire.

Aniello Baselice

Responsabile del Progetto

Antonio De Luna

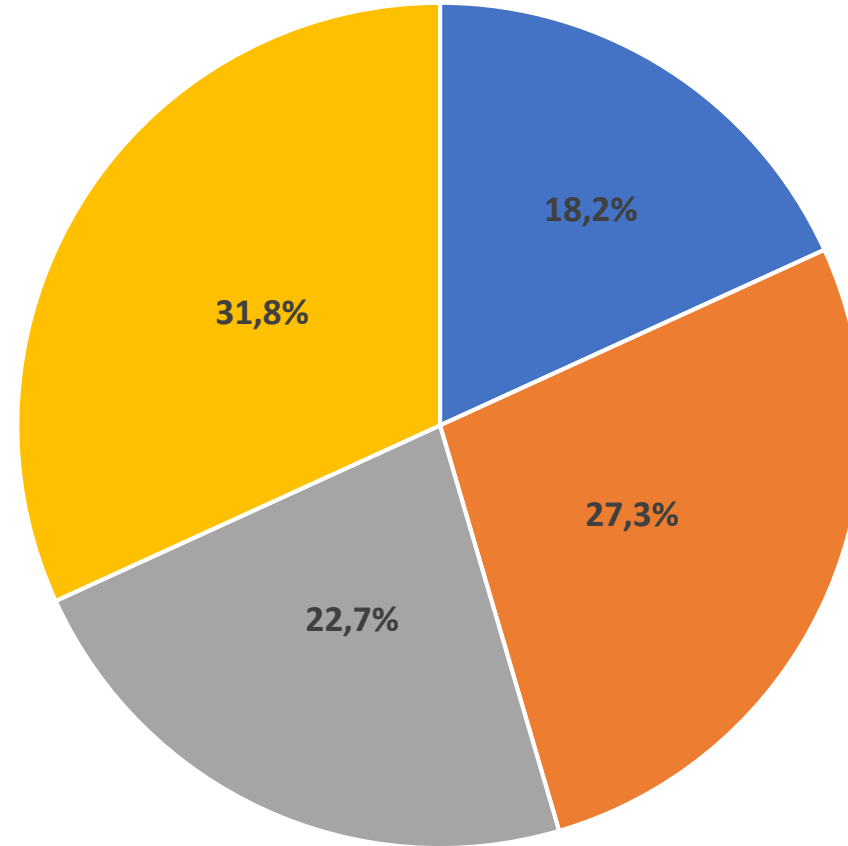
Direttore del Dipartimento

Febbraio 2021



EVALUATION AND MONITORING

“After the training you received, how much did you use the EIBI approach in your daily practice?”



■ Never ■ Almost never ■ Sometimes ■ Often



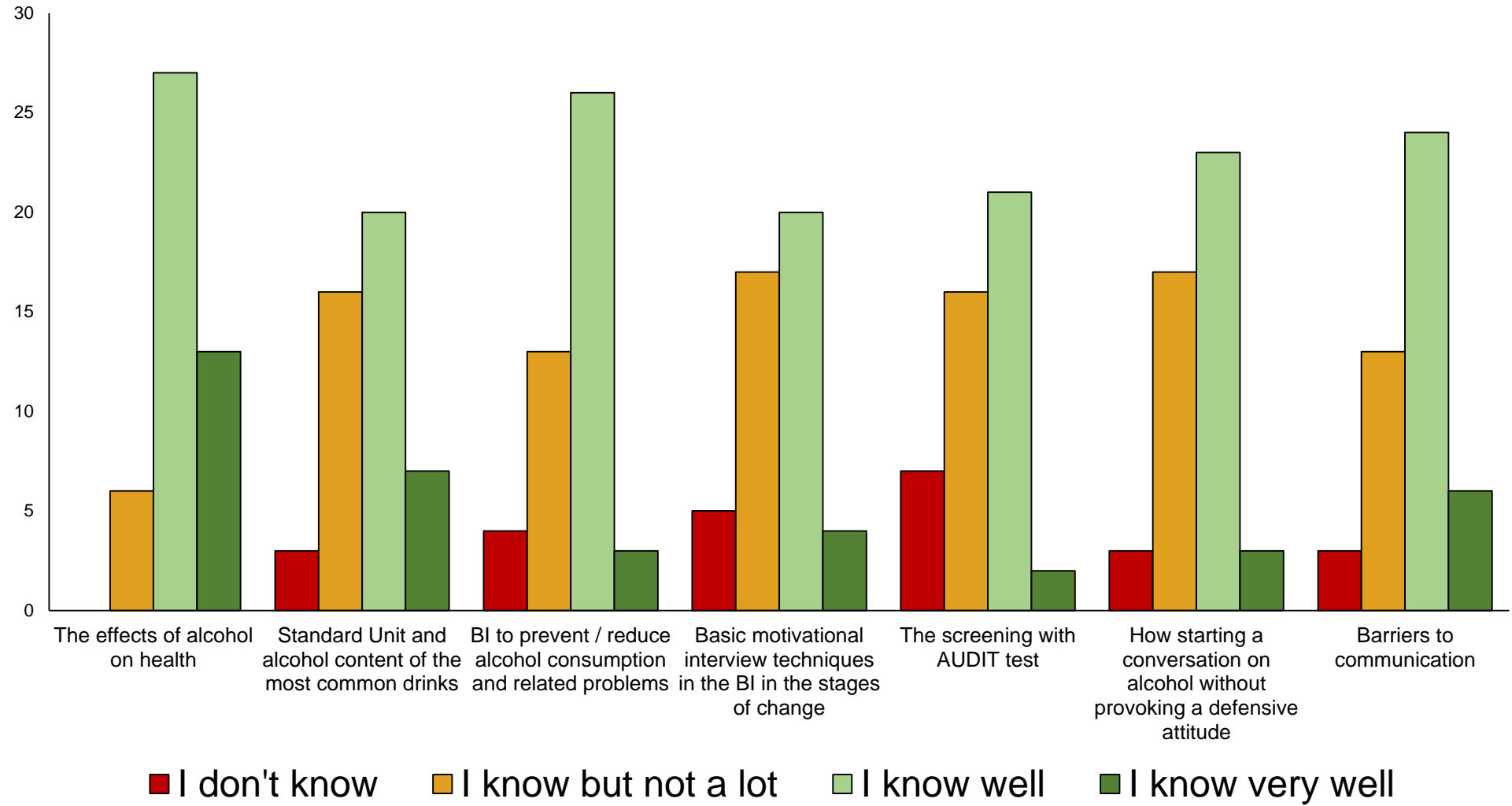
WHO, 2017 (modified)

EVALUATION AND MONITORING

Knowledge of alcohol-related problems (training follow up):

"How much expert you feel with respect to the points indicated below?"

Teesside University THE UNIVERSITY OF EDINBURGH 18th Annual Conference
 World Health Organization **INEBRIA**
 International Network on Brief Interventions for Alcohol & Other Drugs
 Scottish Government Programme on Substance Abuse Public Health Agency of Catalonia SARN
 Edinburgh - Scotland 21st – 23rd September 2022

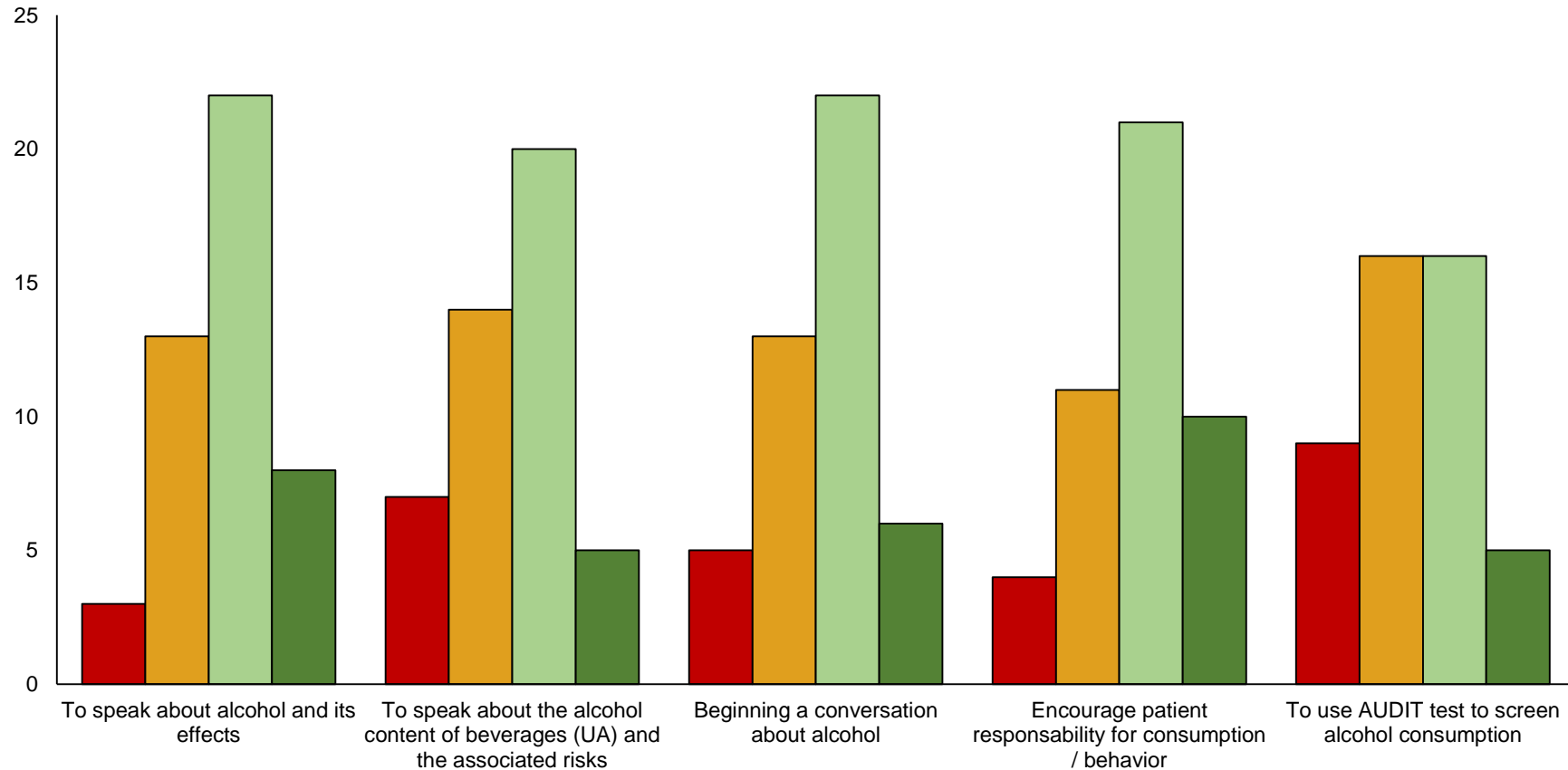




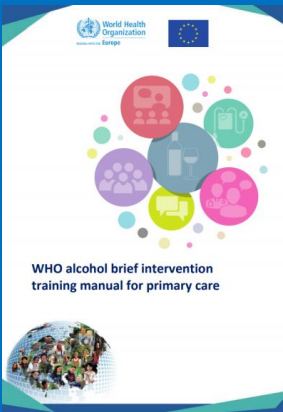
EVALUATION AND MONITORING

Dealing with alcohol-related situations (training follow up):

"How you feel about the following situations?"



- I don't feel sure that I know how to manage it / I don't know what to do / say
- I think I could handle this situation, but I don't know exactly what to say / do
- I think I could handle this situation well and have idea of what to say or do
- I am sure that I can handle this situation well and what to do / say, I know who to refer to and where to get appropriate support or advice

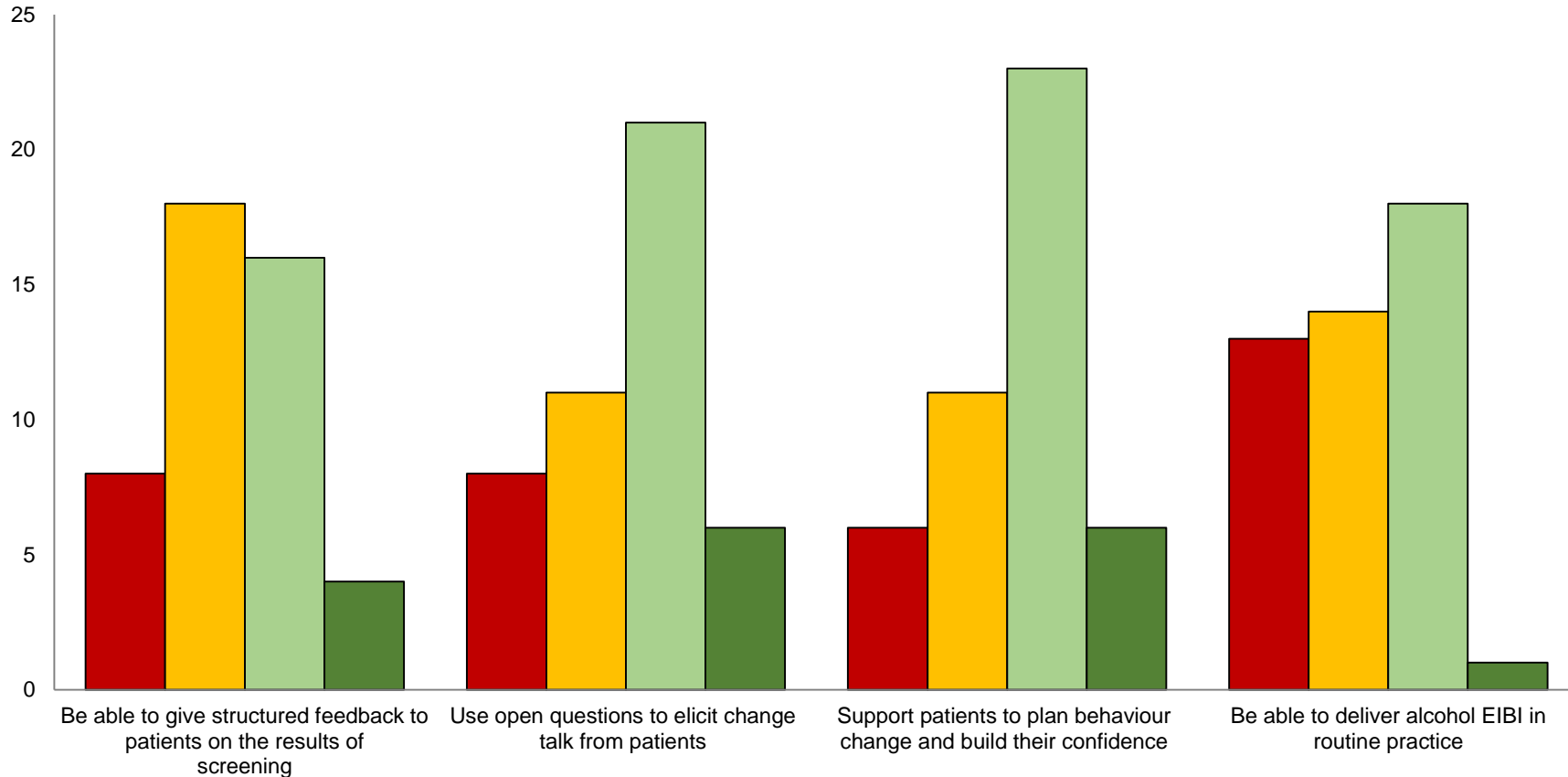




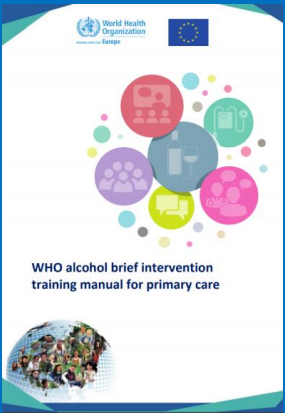
EVALUATION AND MONITORING

Dealing with alcohol-related situations (training follow up):

“How you feel about the following situations?”



- I don't feel sure that I know how to manage it / I don't know what to do / say
- I think I could handle this situation, but I don't know exactly what to say / do
- I think I could handle this situation well and have idea of what to say or do
- I am sure that I can handle this situation well and what to do / say, I know who to refer to and where to get appropriate support or advice





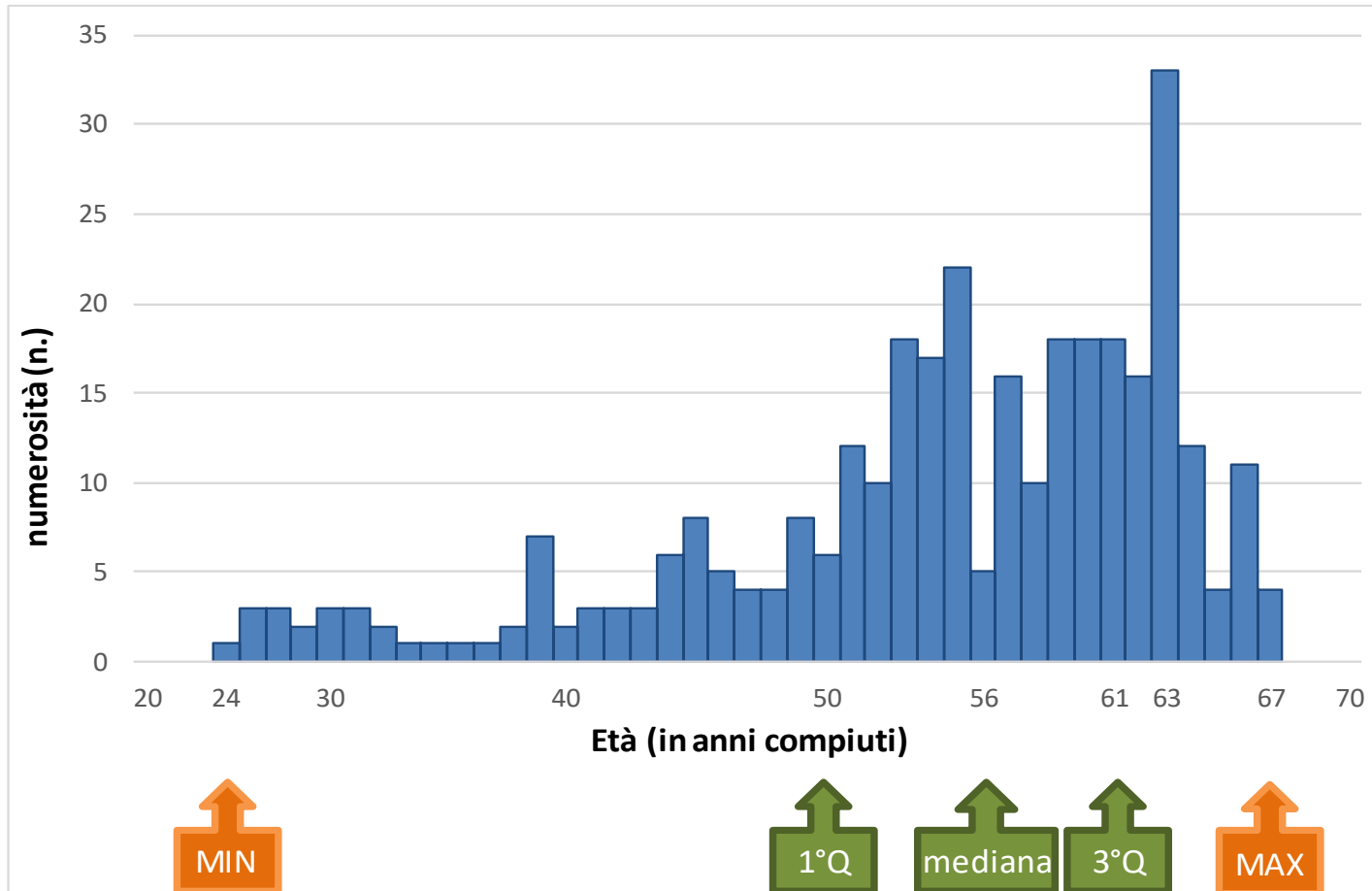
Obstacles

during the implementation of the programme





Mean age of participants to the training courses: the main obstacles



- ✓ Mean age of participants is **54.2±9.0 yrs**, median = 56, modale = 63 (33 professionals), **range 24-67 years**
- ✓ Only one quarter of participants under the age of 50 yrs (1st quartile = 1Q)
- ✓ One quarter of participants are over 60 yrs (3rd quartile = 3Q)



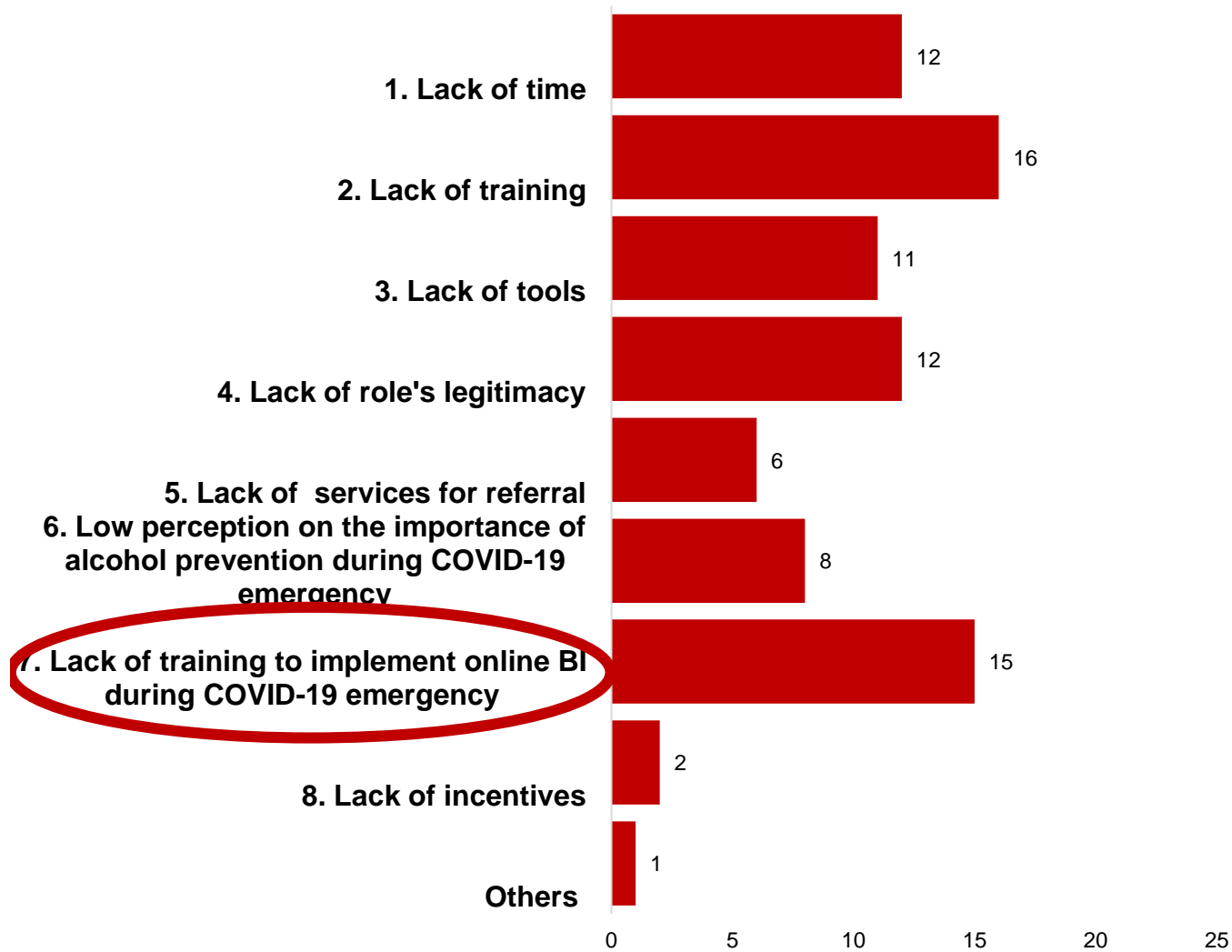
The COVID-19 emergency





EVALUATION AND MONITORING

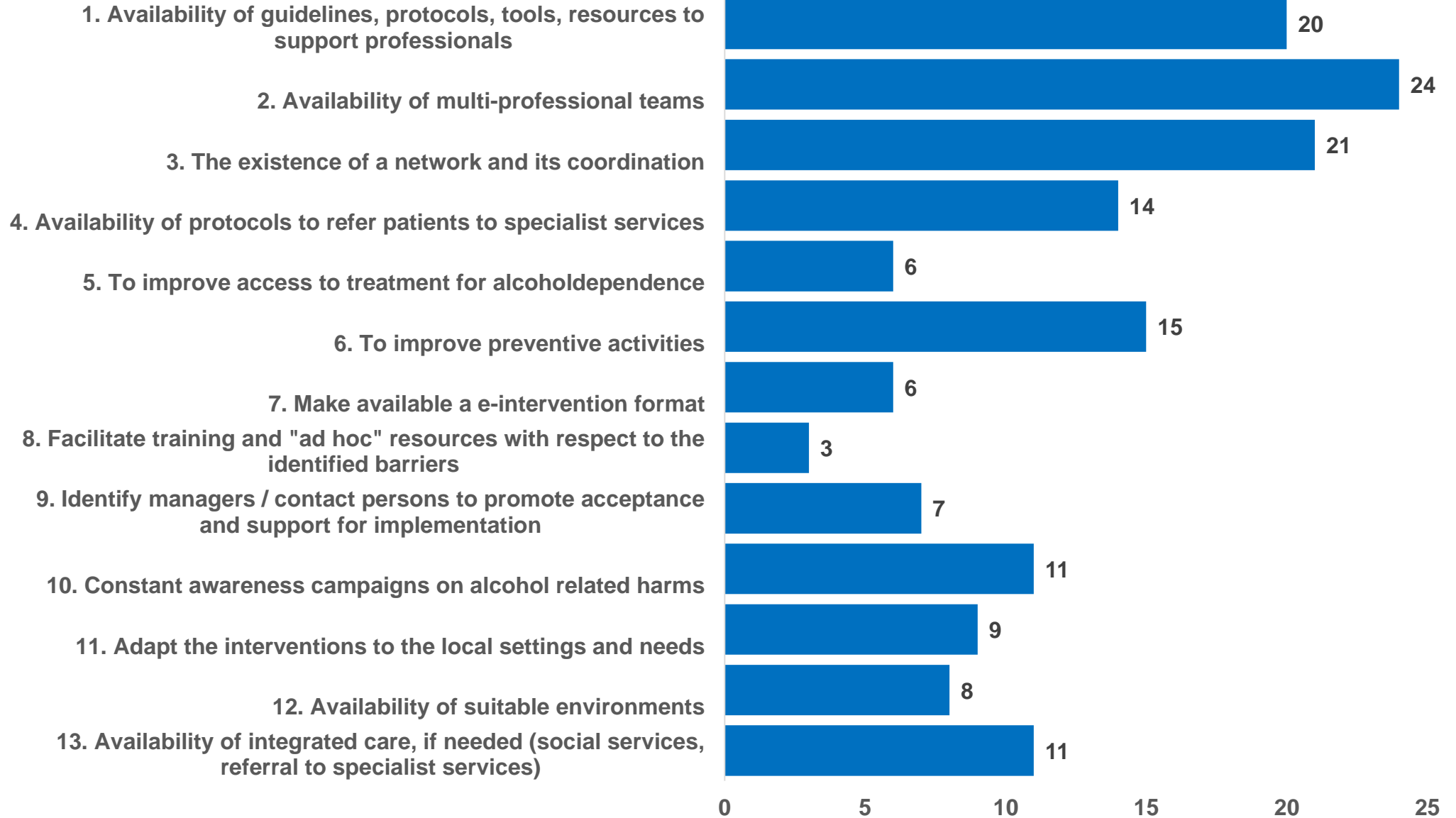
Obstacles for the EBI implementation in the daily practice





EVALUATION AND MONITORING

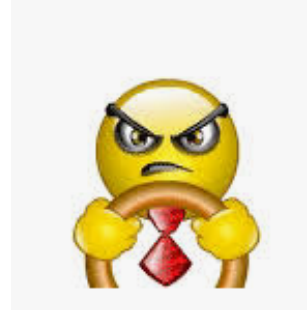
Facilitators for the EBI implementation in the daily practice



Lesson learnt implementing the WHO alcohol brief intervention training programme



A huge summary of contribution and of knowledge on alcohol brief intervention



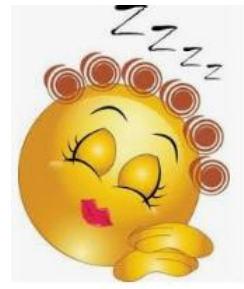
Manual with a little bit rigid structure difficult to follow when abandoning the proposed scheme



Most of participants don't read handouts in preparation for the training course..... you can even ask them... send documents in advance.....



Say to participants that they know yet, much better than you, how to deal with their patients and that this is only an integration.....



The most important think is to get participants' attention changing approaches if they don't follow you!!!



Planning the courses, setting and target for EIBI implementation should be considered: mainly hazardous case studies for non medical professional; harmful cases for medical professionals only (role legitimacy)



Some role playing with harmful drinker (such as Alex with AUDIT C 11) only at the end of a basic course or advanced course only (role adequacy)



Case studies sometimes difficult to be explored in term of level and patterns of alcohol consumption (a good exercise but difficult calculation for basic level courses)





During the role playing never say to participants what they should say during a BI but rather give example of "change talk" or "sustain talk"



At the end of the course, say that it was exciting to spend a day of their precious time with you and that you learned a lot

Conclusion



For self-replicating / self-maintaining the training activity over time and for creating a consolidated network of trainers qualified on EIBI for AUDs and other lifestyles behaviours it is essential:

- ✓ to ensure training skills and knowledge on EIBI for AUDs for all professionals working in PHC settings
- ✓ to support the coordination of the network at local level involving different settings for different target populations



ISTITUTO SUPERIORE DI SANITÀ

RAPPORTI ISTISAN 21|18

ISSN: 1123-3117 (cartaceo) • 2384-8936 (online)

Identificazione Precoce e Intervento Breve (IPIB) per i disturbi da uso di alcol e da gioco d'azzardo: il progetto di formazione e di attivazione aziendale e istituzionale della rete IPIB della ASL Salerno

C. Gandin, A. Baselice, C. Acconcia, C. Armenante, S. Ghirini, A. Grandinetti, L. Iuliano, C. Lamanna, A. Matone, G. Napolitano, S. Palumbo, M.R. Sorrentino, A. De Luna, E. Scafato

The final report (Italian language)

<https://www.iss.it/documents/5430402/0/21-18+web.pdf/2b0d0531-5d86-1a98-c83c-ac3268eec9a1?t=1634307972638>



What is needed to implement EIBI in the clinical daily practice: 5 strategic areas for those who are in the process to implement EIBI on a large scale



Fitzgerald et al. BMC Public Health (2015) 15:289
DOI 10.1186/s12889-015-1527-6



RESEARCH ARTICLE

Open Access

Large-scale implementation of alcohol brief interventions in new settings in Scotland: a qualitative interview study of a national programme

Niamh Fitzgerald^{1,2*}, Lucy Platt³, Susie Heywood⁴ and Jim McCambridge³

Abstract

Background: This study aimed to explore experiences of implementation of alcohol brief interventions (ABIs) in settings outside of primary healthcare in the Scottish national programme. The focus of the study was on strategies and learning to support ABI implementation in settings outside of primary healthcare in general, rather on issues specific to any single setting.

Methods: 14 semi-structured telephone interviews were conducted with senior implementation leaders in antenatal, accident and emergency and wider settings and audio-recorded. Interviews were analysed inductively.

Results: The process of achieving large-scale, routine implementation of ABI proved challenging for all involved across the settings. Interviewees reported their experiences and identified five main strategies as helpful for strategic implementation efforts in any setting: (1) Having a high-profile target for the number of ABIs delivered in a specific time period with clarity about whose responsibility it was to implement the target; (2) Gaining support from senior staff from the start; (3) Adapting the intervention, using a pragmatic, collaborative approach, to fit with current practice; (4) Establishing practical and robust recording, monitoring and reporting systems for intervention delivery, prior to widespread implementation; and (5) Establishing close working relationships with frontline staff including flexible approaches to training and readily available support.

Conclusions: This qualitative study suggests that even with significant national support, funding and a specific delivery target, ABI implementation in new settings is not straightforward. Those responsible for planning similar initiatives should critically consider the relevance and value of the five implementation strategies identified.

Keywords: Alcohol, Brief intervention, Implementation, Brief advice, Target

- ✓ To identify the national EIBI target to be reached over a period of time, clearly defining who is responsible for the implementation
- ✓ To get support from qualified institutions from the start
- ✓ To make a realistic adaptation of the intervention to situations, through a pragmatic and collaborative approach
- ✓ To establish systems for recording, monitoring and reporting on the EIBI implementation from the start
- ✓ To establish strong relationships with frontline staff, including flexible training approaches and available support



Thank you!!!

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