

INEBRIA

3rd Annual Conference

Lisbon, Portugal October 26th - 27th 2006

***The PRISMA Florence-1 Project
Early Identification and Brief Intervention (EIBI):
Early Experiences in Italy***

a WHO Europe collaborative study.

*PRISMA Project national co-ordinator:
Higher Institute of Health, Health Ministry, Rome*

***Allaman Allamani* Ilaria Basetti Sani* Vittorio Boscherini**
Salvatore Cesario° Manuele Falcone* Andrea Messeri *
Ivana Pili* Fabio Voller "***

***Centro Alcológico Azienda Sanitaria Firenze, Gruppo Ricerca**

****Cooperativa Medici di Medicina Generale Leonardo**

° Dipartimento di Psicologia, Università di Firenze

*** Dipartimento di Sociologia, Università di Arezzo**

" Agenzia Regionale di Sanità, Regione Toscana

The Florence-1 EIBI Project

The Florence-1 EIBI project is one of 4 Italian PRISMA (Prevention, Identification & Strategies Management for Alcohol-related problems) official Projects, being part of WHO Europe “Phase IV” EIBI study that in 2004 was funded by the Italian Ministry of Health.

The National co-ordinator is the Higher Institute of Health (dr Emanuele Scafato).

This project was promoted in 1988 through an alliance between the Florence Health Agency and the Florence “Leonardo Co-operative” of GPs .

Two community areas

**Two contiguous areas were involved
along the belt surrounding the city of Florence
southwards and westwards:**

the town of Scandicci (SC)-50,136 residents (2001)

&

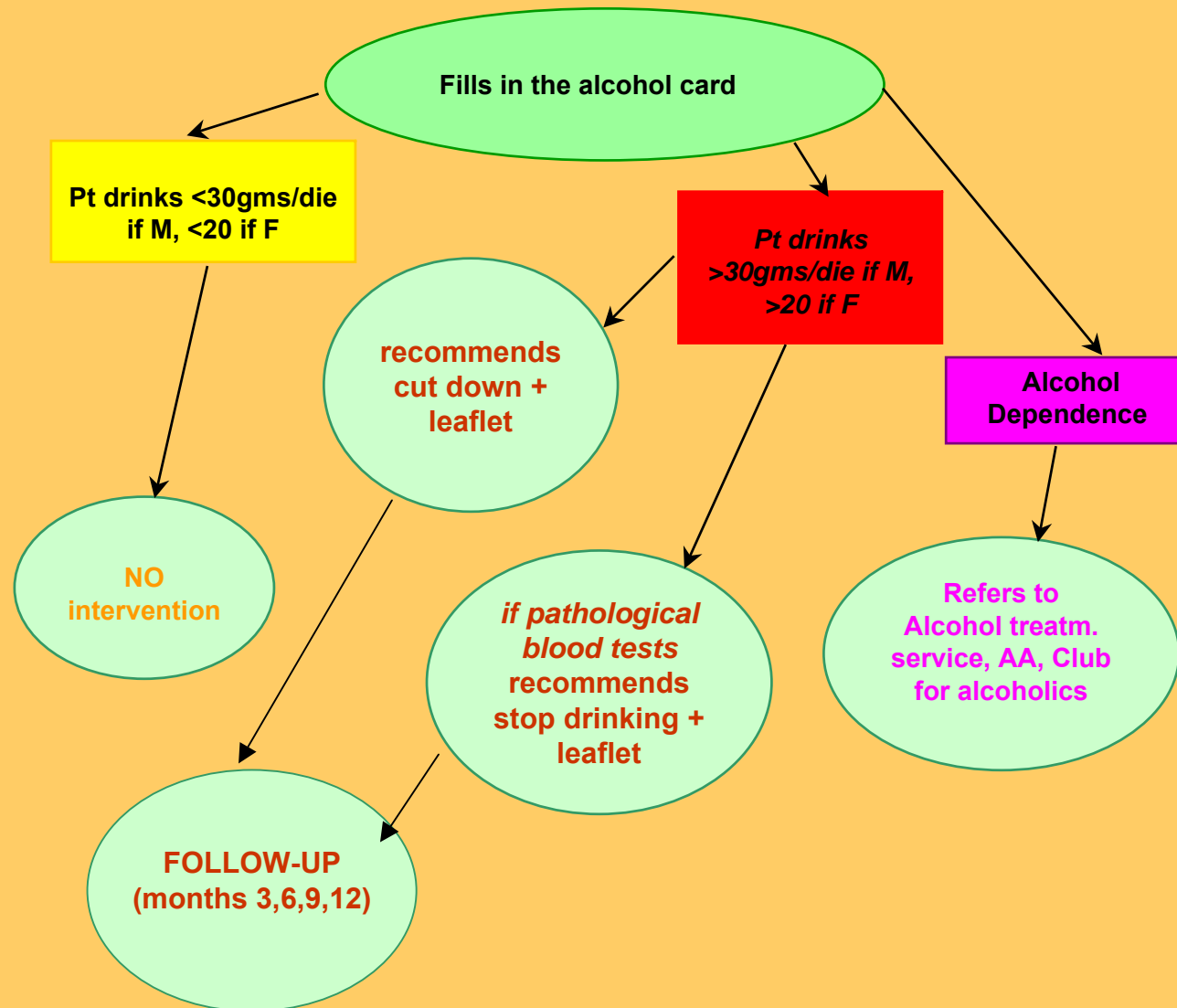
**Northern Chianti (NC),
with a network of five smaller municipalities
totalling 57,935 residents (2003)**

Local customization

The local customization of the WHO EIBI protocol stood on:

- **a Regione Toscana *Communication Skill Training Program* for helping professions;**
- **an *Alcohol Card*, drawn from AUDIT;**
- **a 4 page leaflet, *Check Your Alcohol Intake*;**
- **a computer informative system was created.**

GP Protocol



Evaluation of the Project

SC and NC are two components of a quasi-experimental study design, comparing two geographical areas:

- in SC GPs apply EIBI on a community where a full Alcohol Community Action program had already been implemented (2000- 2004);**
- in NC GPs apply EIBI to their clients: only minimal communication strategy is added.**

Evaluation of the Project

**quantitative evaluation: (1) GPs intervention rates
(2) decrease in consumption of risky drinkers;**

**qualitative evaluation: baseline and final opinions
on values and risks of alcohol beverages, among
a sample of the general population;**

**clinical evaluation of GP/client Communication & of
GP B.I. (on a voluntary basis).**

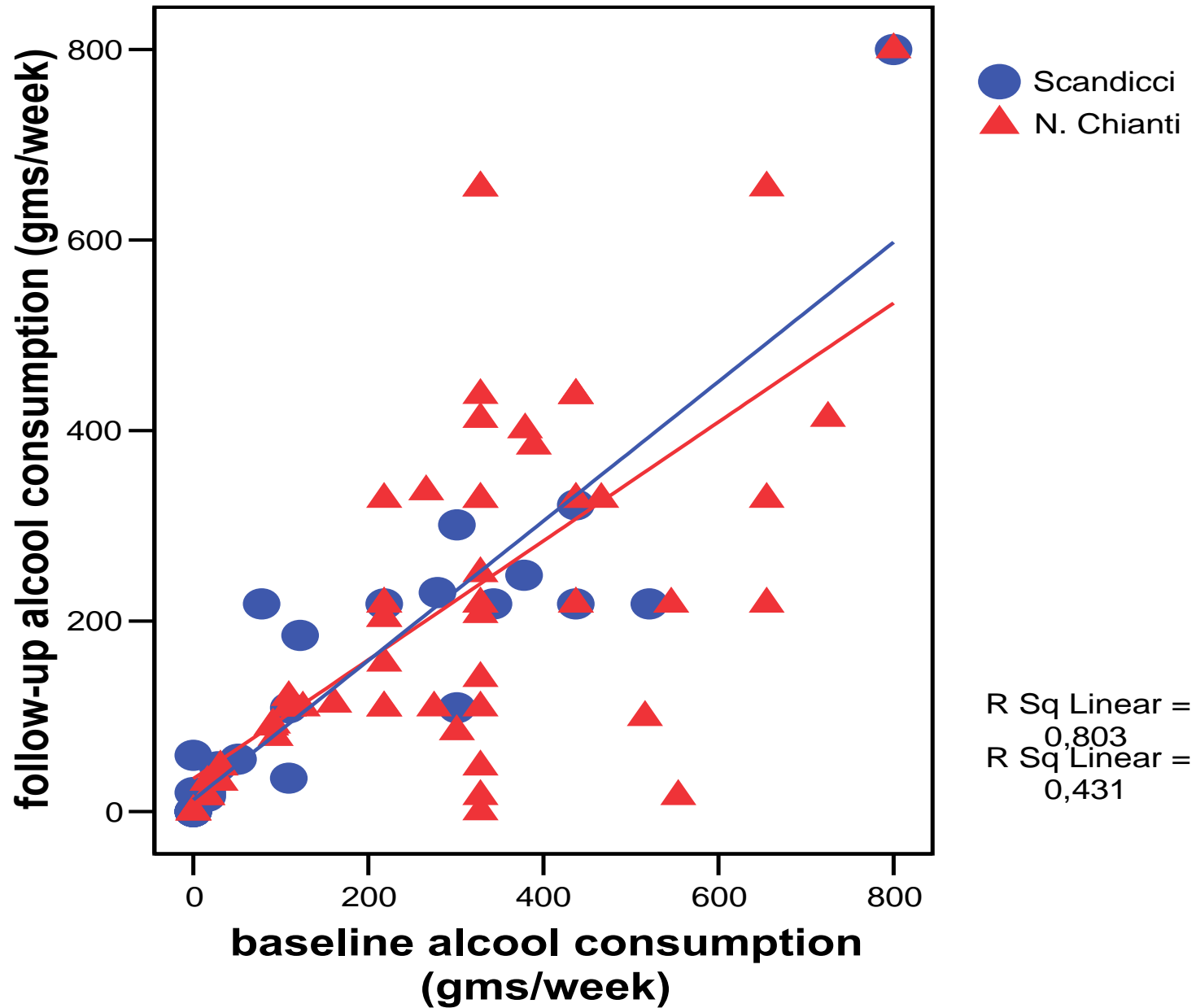
Quantitative Evaluation GPs intervention rates

25 GPs - 10 in SC 15 in NC –
(out of 44 who had agreed on the protocol)
enrolled 2,702 clients - SC:50.59% NC:49.41%-
during May 05-Sept 06.

Risky drinkers were 285, 10.55% (F 5.72% M 16.43%)
18.6% of 285 had abnormal blood tests.

More at risk clients were in NC(14.01%)
than in SC (7.17%)

Alcohol consumption decrease at 1st follow-up after BI (recommending cut down/stop+ leaflet) among SC and NC clients drinking at risk



Qualitative Evaluation

**During October & November 2005
1,351 subjects in both SC and NC
including 18 years old students,
middle school parents &
people attending health community institutions and
leisure time local facilities
filled in a self administered questionnaire
(revised after a focus group with local key people).**

The Florence-1 EIBI
PRISMA project

Qualitative Evaluation
opinions on
Drinking at risk & Alcoholism

The *risk of alcohol* is overlooked:
23.1% thinks that there is no risk drinking
40-50 gms/day.

Alcoholism is overrated:
e.g. an individual who drinks by himself
was also defined as alcoholic.

**The Florence-1 EIBI
PRISMA project**

Qualitative Evaluation

**83.6% of respondents said
that they were not informed
by their GPs
about the possible risk
of alcohol drinking
for their health**

**The Florence-1 EIBI
PRISMA project**

**Clinical Evaluation
of GP/client Communication
& of GP Brief Intervention**

**5 Leonardo GPs accepted that on some occasions
their interaction with risk-drinking clients
may be video-taped at their office (after informed consent).**

**GPs agreed to self-evaluate
the effectiveness of both their communication with client
and their brief intervention for changing risky drinking
by means of 2 short 5-item questionnaires.**

**A psychologist who was agreed to be present in the doctor's
office also does a parallel evaluation.**

A GP's Office.
Gp & his Client : an interaction



**The Florence-1 EIBI
PRISMA project**

Clinical Evaluation of GP/client Communication & of GP Brief Intervention

**So far,
two physicians were available
and 12 GP client interactions
were videotaped
and both self- and hetero-evaluated
by means of the 2 questionnaires.**