

SBI implementation strategies in 4 Mediterranean Countries Italy, Portugal and Slovenia & Catalonia Key elements, commonalities, lessons learnt and the way forward



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Symposium aim

- To review recent experiences in Italy, Portugal, Slovenia and Catalonia in the implementation of early identification and brief intervention strategies.
 - Review antecedents and current situation in each country,
 - Describe main implementation strategies being carried out and the results obtained.
 - Final discussion on key elements, lessons learnt in policy response, barriers and facilitators.

Mediterranean countries



- More than 15 years of collaboration between us in this matter

Mediterranean countries

- Wine producing countries
- Traditional “Mediterranean” drinking style
- Alcohol “traditionally” has mainly caused health problems to the drinkers themselves and not to third parties
- Little implementation of “hard” alcohol policies like pricing and taxation
- Low policy enforcement in general
- EIBI and education interventions are more acceptable than other policies
- Health services widely available

Common antecedents

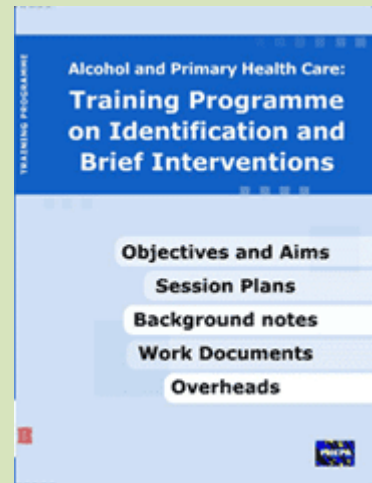
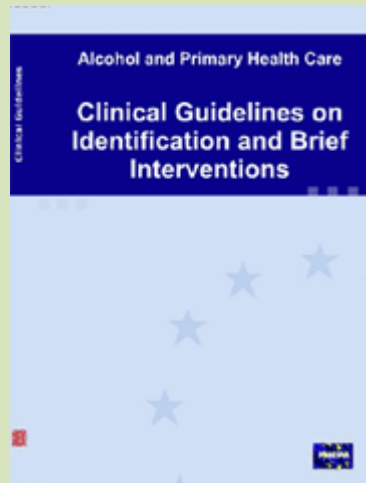
- WHO collaborative study on EIBI (except Portugal)
 - Implementation research (Phase IV)
 - ➔ Effective implementation practices - HOW

Phases	Objectives
Phase I (1983-1989)	Validation of the AUDIT screening tool
Phase II (1985-1992)	Demonstration of the efficacy of Brief Interventions
Phase III (1992-1998)	Evaluation of the most efficacious strategies for implementing brief advice in PHC
Phase IV (1998-...)	Dissemination and implementation of Brief interventions for risky drinking in PHC settings

Common antecedents

- Primary Health Care European Project on Alcohol (PHEPA)
 - Set up standards, recommendations and implementation tools: clinical guidelines and training programme

➔ Effective intervention practices - WHAT



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Implementation commonalities

- High investment in improving competence
 - High dissemination of information
 - Sustained and iterative training/coaching strategies
 - Similar Implementation strategy, tools and contents following the recommendations from previous projects (WHO collaborative project and PHEPA).
- Working in parallel at organizational level
 - Implementation part of the country alcohol strategy (health plans, etc).
 - Implementation led mainly by the Ministry of Health or a governmental body with the support of relevant stakeholders.
- High commitment of the implementation team

Barriers

Competence level

- Alcohol not seen as a priority
- Scepticism on EIBI effectiveness
- Sensation of intrusion in patient's life
- Lack of training and coaching
- Lack of protocols, tools and strategies

Organizational/leadership level

- Lack of time*
- Lack of economic incentives and positive reinforcement
- Lack of coordination among health services: referral
- Difficult administration (not adequate EHR)
- Lack of “reliable” assessment

Facilitators

Technical leadership

- Growing evidence of alcohol as a second leading health risk factor (WHO)
- Growing evidence on the effectiveness of EIBI
- EIBI as a “area of action” in WHO and EC strategies.
- EIBI as part of the country alcohol strategy
- Sustainability over the years
- From research to implementation and evaluation

Change in the PHC professional’s attitudes

Health system reforms: from care to prevention and health promotion (public health view)

Lessons learnt

- It takes time but if the implementation is sustained changes occur slowly in stages
- Need to ensure that the intervention is used as intended (access to EHR essential)
- Importance of setting up an (identifiable) implementation team and keeping them motivated
- Simultaneous multi-level interventions (competence, organizational, leadership), etc.

Way forward

Addressing implementation gaps

- **Making it sufficient to have an impact on population...**
 - More investment in organizational drivers (facilitate administration, adequate EHR, etc)
 - Improving financing and incentivisation
 - Implementation assessment (fidelity)
- **Italy, Portugal, Slovenia and Catalonia – examples of “making it happen” EIBI implementation**