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on Alcohol and Alcohol Related  
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**INEBRIA** International Network on  
Brief Interventions for  
Alcohol & Other Drugs



## IPIB

# Identificazione Precoce Intervento Breve : the ISS (Istituto Superiore di Sanità)-EIBI training program on Early Identification and Brief Intervention on alcohol for Primary Health Care professionals in Italy

Emanuele Scafato, Claudia Gandin, Valentino Patussi, Tiziana Codenotti, Ilaria Londi, **Silvia Ghirini**, Lucia Galluzzo, Sonia Martire, Lucilla Di Pasquale and the IPIB working group



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# National Observatory on Alcohol (NOA)

Director: E. Scafato

The NOA, at the CNESPS, integrates epidemiology, health monitoring and health promotion through studies, population surveys, monitoring, health counselling and training in PHC.

## National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS)

Director: S. Salmaso

CNESPS, at the ISS, is the formal body whose mission, mainly set by law, is to develop and to apply epidemiological methods to monitor and protect human health.





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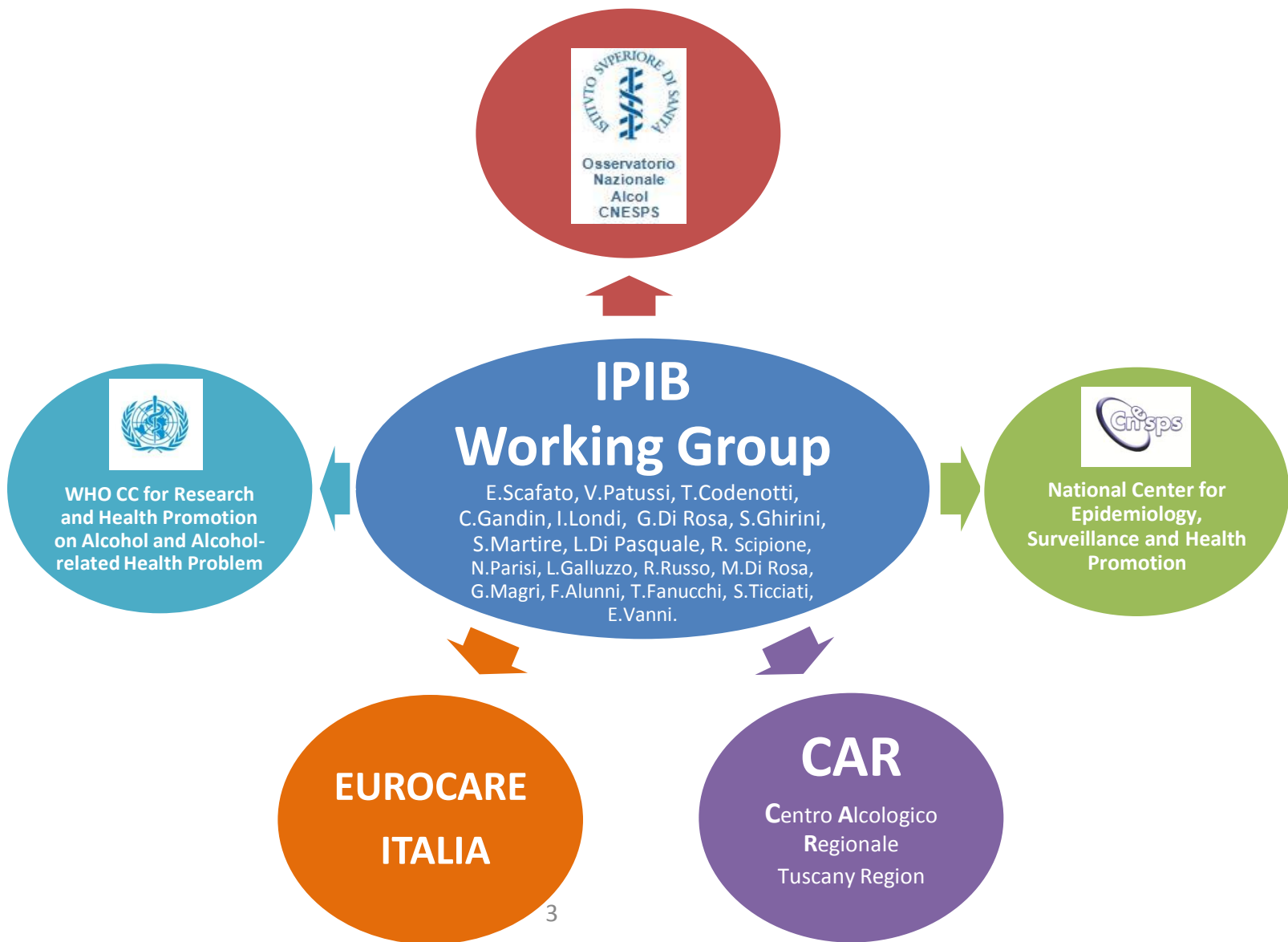


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# IPIB

## the ISS-EIBI training program on Early Identification and Brief Intervention on alcohol for Primary Health Care professionals





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# SUMMARY



## **A. The strategies on alcohol in Italy aimed at developing the implementation of IPIB in PHC settings.**

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

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



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# 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.

## Art. 2 – Aims

**Promotes research and ensures adequate standards of training and updating for professionals dealing with alcohol related problems;**



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# 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)



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(PNAS) 2007-2010

## 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.



## Actions:

- To engage in and train on EIBI 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.



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# The National Health Plan (PSN)

The MoH PSN 2011-2013 renewed the need of **PNAS** strategic areas of interventions and actions for different objectives including:

“to promote early identification and brief intervention for the prevention of alcohol related problems in primary health care and in the workplace”

# National Prevention Plan (PNP)

The MoH PNP 2010-2012 for the prevention of unhealthy lifestyles, renewed the actions for **alcohol prevention of PNAS** aimed to the reduction of hazardous drinkers and the necessity of implementation of the strategic areas of interventions of the PNAS



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# National Committee on Alcohol\*

It was **set up in 2010** and included as designated members, representatives from several ministries as well as experts from scientific societies, alcohol industry, advocacy groups and experts from the Istituto Superiore di Sanità.

**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).”*



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

# IPIB-PHEPA activities

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



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*English version*

*Italian version*





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# The ISS-IPIB educational program

**The implementation**, according to the PHEPA standard, **started on 2007** with the first formal training course, for the duration of two days

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

Training in IPIB on alcohol **is not yet compulsory for the professionals** of the National Health System

It received a **good evaluation in terms of credits** to be earned through the Continuous National Training Programme (ECM)



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# The Selection of IPIB candidates

The **calls** for selection of candidates were **available in the ISS web page** (24 participants for each)

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 opened the course also to professionals (physicians and psychologists)** from:

- Services for the treatment of dependences
- Family Counseling Center
- Workplace prevention setting





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# The ISS-IPIB funding

Programma di formazione per l'identificazione precoce e per l'attuazione dell'intervento breve finalizzato alla prevenzione dell'abuso alcolico e del bere problematico  
18 - 19 ottobre 2007

organizzato da  
ISTITUTO SUPERIORE DI SANITA'  
URE - Ufficio Relazioni Esterne

N° ID Corso 075C

Rilevanza per il SSN:  
Il programma di formazione per l'identificazione precoce e per l'intervento breve finalizzato alla prevenzione dell'abuso alcolico e del bere problematico mira ad incrementare le abilità, le conoscenze, le attitudini e la motivazione dei professionisti ed operatori sanitari coinvolti nella valutazione del rischio alcolcorrelato degli individui che bevono in maniera rischiosa o dannosa e che afferiscono ai contesti sanitari specifici del SSN. I problemi alcolcorrelati sono spesso oggetto di sottostima e il bere problematico è spesso sottovalutato nell'ambito delle attività quotidiane svolte dai professionisti di Primary Health Care. Il programma contribuisce a colmare il gap formativo esistente e a incrementare le risorse preventive volte a ridurre le problematiche alcol-correlate legate all'adozione di stili e modelli di consumo che conducono ai problemi e alle condizioni a maggior rischio alcolcorrelate.

Obiettivi generali:  
Il programma di formazione è il risultato di uno sforzo congiunto dei ricercatori dell'Osservatorio Nazionale Alcol del CNESPS e del Centro OMS per la Ricerca sull'Alcol dell'ISS e dei professionisti italiani ed internazionali che hanno partecipato al progetto europeo PHEPA (Primary Health Care Project on Alcohol. [www.phepa.net](http://www.phepa.net)).

L'alcol è un determinante principale di malattia ed il settore di Primary Health Care (PHC), comprendente tutti i contesti deputati all'Assistenza Primaria, è in posizione cardine per prevenire o minimizzare gran parte dei problemi correlati all'alcol. Ciò è ribadito dagli obiettivi del Piano Nazionale Alcol e Salute oggetto di cura Stato-Regioni e del Programma "Guadagnare Salute" di recente adozione. La formazione specifica basata sullo standard PHEPA è stata approvata e proposta anche dalla Consulta Nazionale Alcol (legge 125/2001). Solitamente i medici coinvolti nell'assistenza primaria tendono a concentrare la propria attenzione sulle problematiche alcolcorrelate più evidenti e severe mentre gran parte delle attività di prevenzione che potrebbero trovare idonea collocazione e adeguato svolgimento nelle attività di routine spesso non sono oggetto di adeguata attenzione. Sulla base di tali evidenze il programma di formazione prevede a fornire uno standard i cui contenuti mirano ad individuare le problematiche alcolcorrelate dal bere dannoso, problematico, alla dipendenza. Il programma fornisce prioritariamente i contributi formativi specifici rivolti a favorire ed implementare le tecniche di identificazione precoce e di intervento breve per le quali le evidenze scientifiche mostrano un favorevole rapporto costi-benefici nel setting di assistenza primaria. Lo standard formativo identifica e fornisce gli scopi, gli obiettivi, la pianificazione delle sessioni, le documentazioni operative, i materiali e la metodologia di valenza europea che attraverso opportuni adattamenti nazionali, coerenti con le esigenze culturali, organizzative e gestionali proprie delle nostre realtà epidemiologiche e sanitarie, partecipa al processo di armonizzazione condivisa nel corso del prossimo triennio (2007-2009) dai 25 Stati Membri della UE attraverso il programma PHEPA.2. Lo standard formativo mira a "formare i formatori" e fornisce gli elementi utili ed essenziali all'integrazione nella pratica professionale quotidiana dell'identificazione precoce dell'abuso alcolico e del conseguente intervento breve sui bevitori risultati problematici avendo cura di valutare sia i bisogni dei partecipanti al corso di formazione che le specificità legate ai differenti contesti sanitari che possono avvantaggiarsi dell'approccio individuato (studi di medicina generale, ambulatori o

servizi dei dipartimenti di prevenzione, servizi territoriali alcolologici e per le tossicodipendenze, ambulatori di medicina del lavoro ecc.).

Obiettivi specifici:  
Acquisire le competenze specifiche sulla progettazione, sui contenuti e sulle modalità tecniche, didattiche e di attuazione di un programma di formazione per l'identificazione precoce e di intervento breve rivolto al bere problematico. Attuare, attraverso le competenze acquisite, un programma di formazione per l'identificazione precoce e di intervento breve rivolto al bere problematico e alla prevenzione dei problemi alcolcorrelati. Integrare nella pratica professionale attività di identificazione precoce e di intervento breve dei problemi alcolcorrelati.

Metodo didattico:  
Prevalentemente didattica attiva con utilizzo di lavoro in gruppi (max 6 - 8 discenti per gruppo). A ciascun partecipante verrà distribuito il materiale realizzato basato sulla presentazione delle sessioni articolate sulla base degli obiettivi specifici di ciascuna unità didattica, assistita da materiali e documentazioni che costituiscono il filiero della formazione. Esercitazioni pratiche, role play, focus group, simulate potranno essere utilizzati nel corso della formazione per contribuire a consolidare i contenuti didattici e formativi.

Giovedì 18 ottobre 2007

08.30 Registrazione partecipanti

PRIMA SESSIONE  
INTRODUZIONE E CONCETTI FONDAMENTALI  
09.00 1. Presentazione dei formatori e del programma di training (consequenzialità delle sessioni, metodologia "partecipativa" e regole di base)  
Emanuela Scalfaro  
2. Background del corso: progetto PHEPA e dello Studio Collaborativo dell'OMS  
Emanuela Scalfaro  
3. Salute e alcol: costi sociali del consumo di

## Edictions 1-5 Ministry of Health (2007-2010)



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 SANITA'

In collaborazione con



SIA - Società Italiana Alcolologia



AICAT - Associazione Italiana Clubs Alcolisti in Trattamento

## Edictions 6-11 Presidency of the Council of Ministers - Drug Policy Department (2011-2012)

..... Furthermore many other courses have been conducted at territorial level





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# Characteristics of participants

## □ Participants

N=258

## □ Gender(%)

M=58,9% - F=41,1%

## □ Professional categories(%):

Physicians: 63.2%

Psychologists: 36.8%

without statistical differences by gender (p=0.187)

## □ Age

Mean( $\pm$ SD): 50,4( $\pm$ 7,30)

Range (min-max): (30-64)

without statistical differences by gender (p=0.76) and professional categories (p=0.918)



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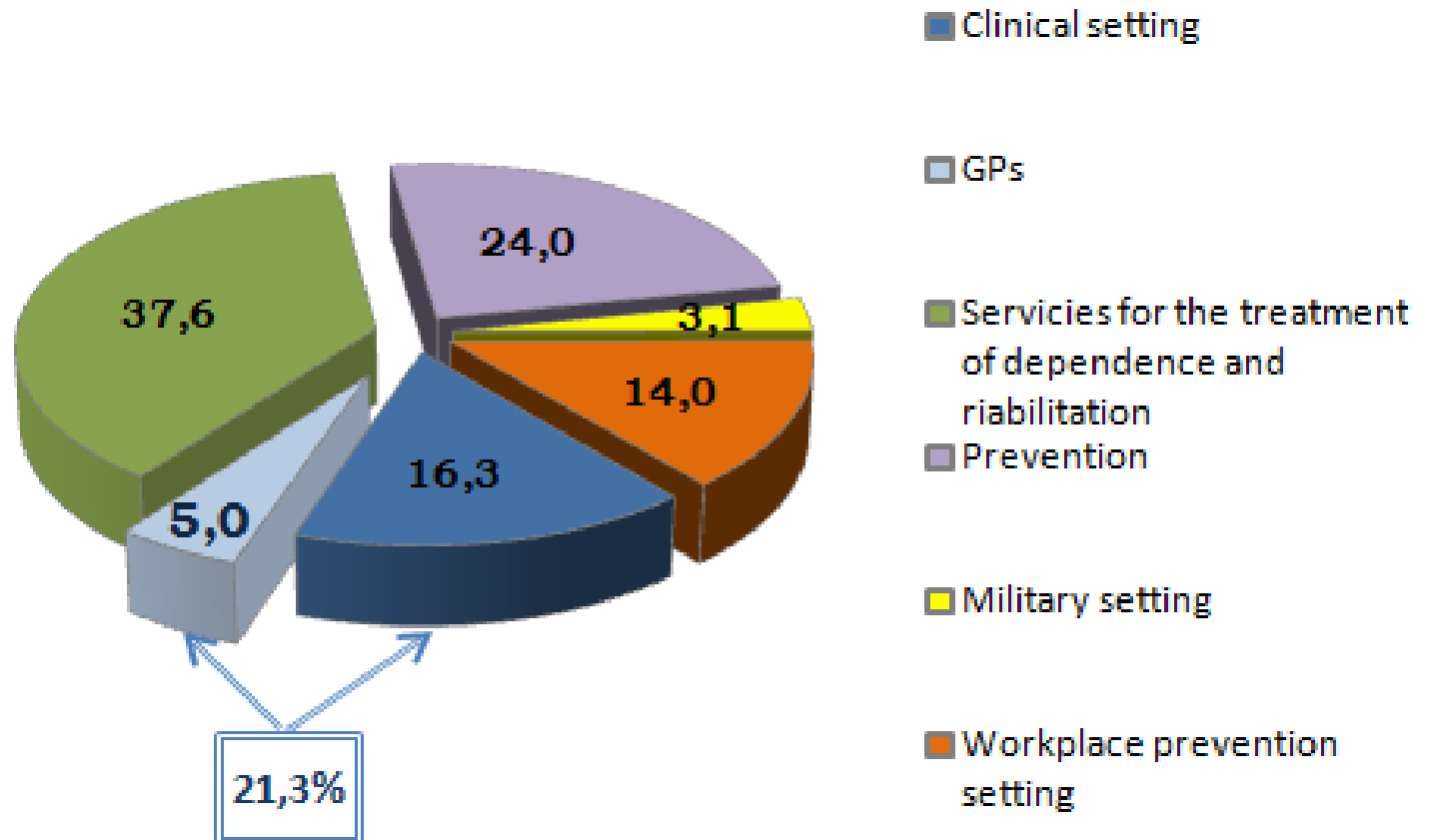
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# Distribution(%) of participants by professional categories





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# PHEPA evaluation form

## 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:

At the end of the course, participants fulfilled the original PHEPA evaluation for the main topics of the course

	<i>Not at all</i>	<i>Not much</i>	<i>To some extent</i>	<i>A lot</i>
• 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"/>



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# PHEPA Evaluation form-1 / 3



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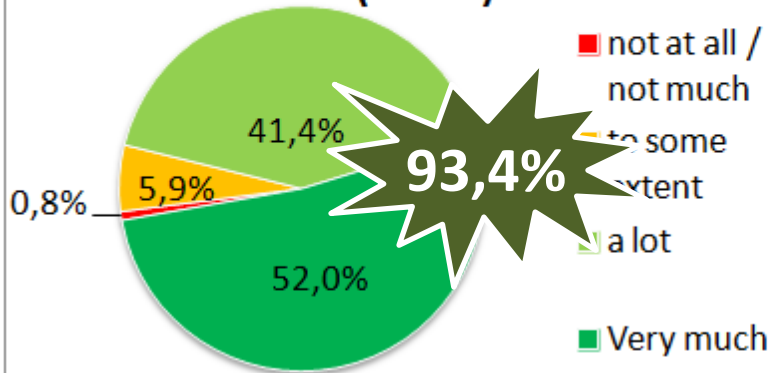
National Center for Epidemiology, Surveillance and Health Promotion



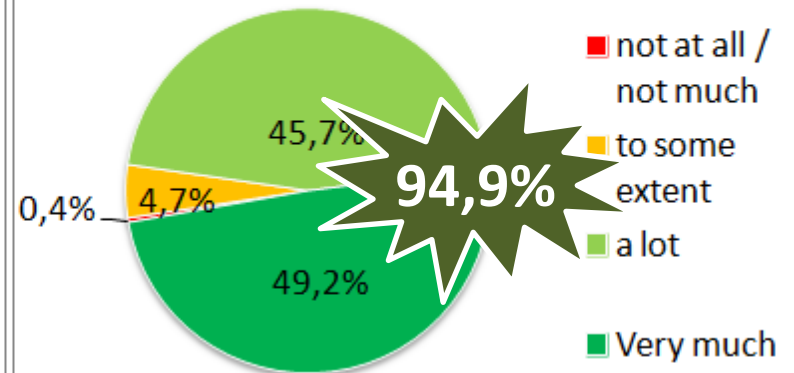
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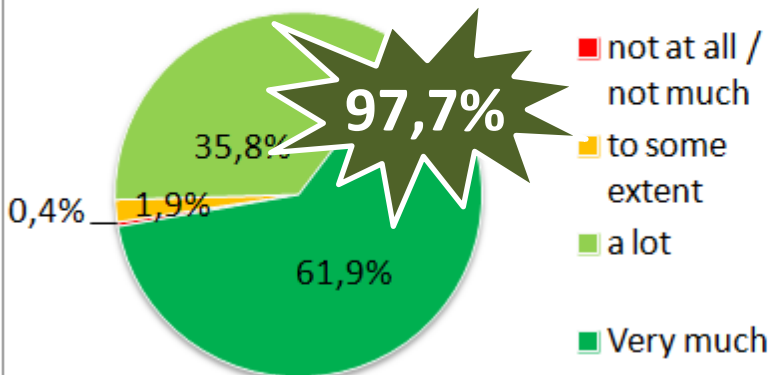
## 1. Measure alcohol consumption in standard drinks per week (n=256)



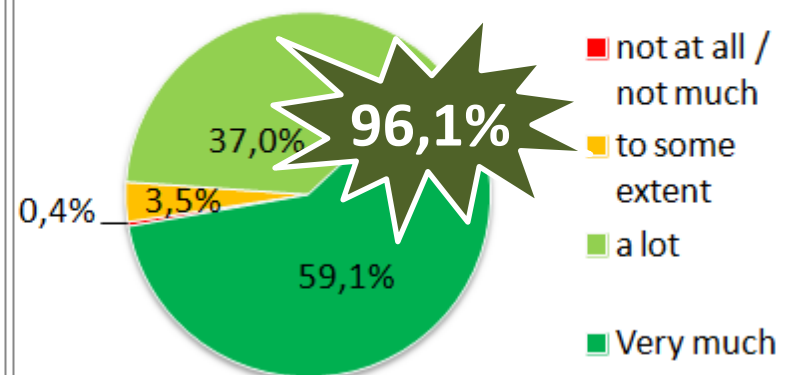
## 2. Identify hazardous drinkers according to their weekly alcohol intake (n=256)



## 3. Identify hazardous drinkers using the AUDIT (n=257)



## 4. Identify hazardous drinkers using the AUDIT-C (n=257)



# PHEPA Evaluation form- 2/3



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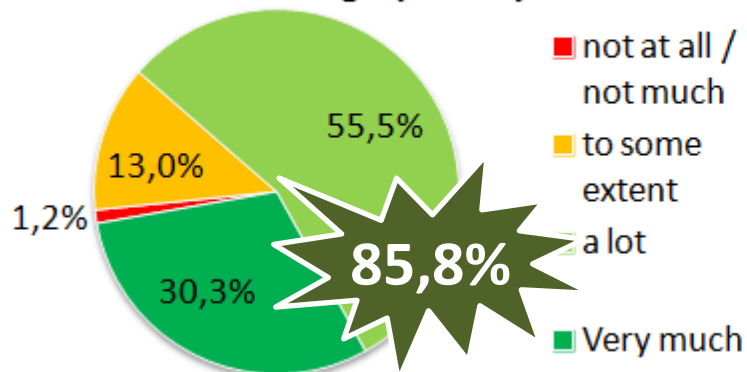
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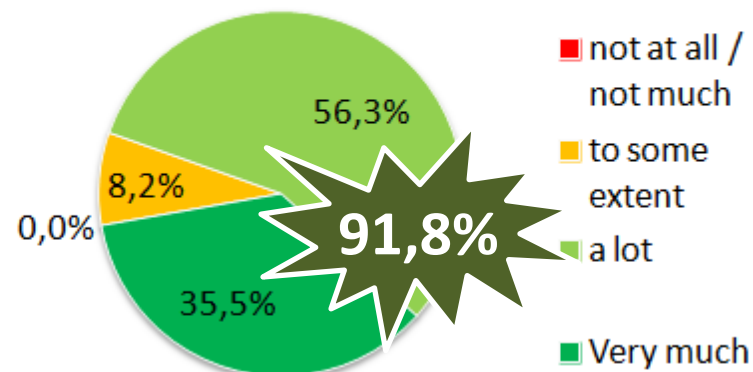
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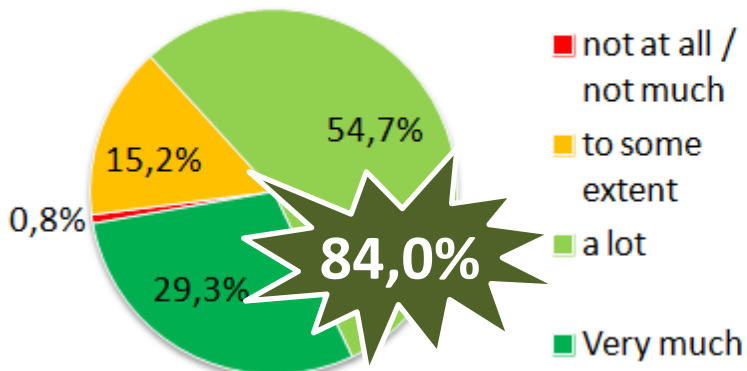
## 5. Describe Prochaska and Di Clemente's model of the stages of change (n=254)



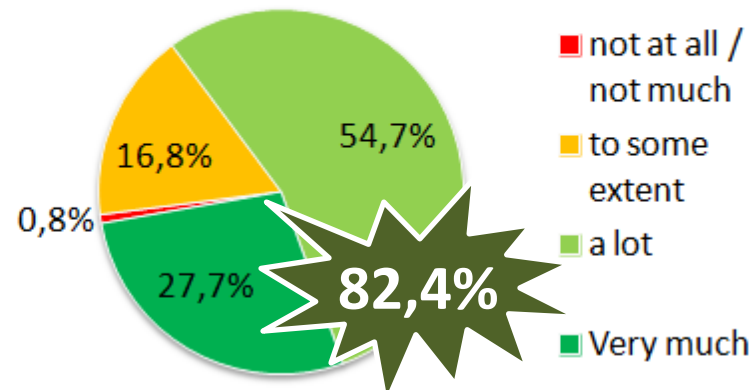
## 6. Describe the basic components of a brief intervention (n=256)



## 7. Provide brief advice to hazardous drinkers taking into account his/her stage of change (n=256)



## 8. Describe typical ways patients show their resistance to health promotion behaviours



# PHEPA Evaluation form-3/3



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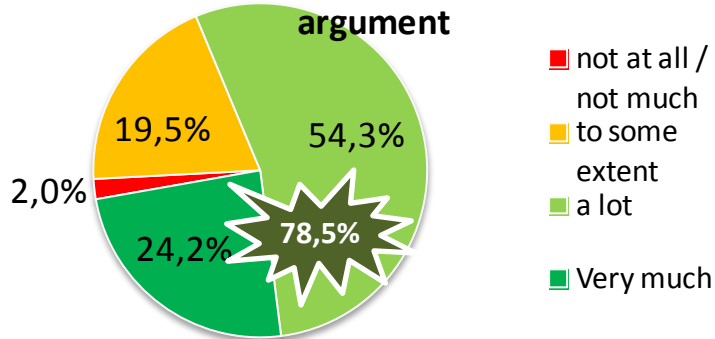
National Center for Epidemiology, Surveillance and Health Promotion



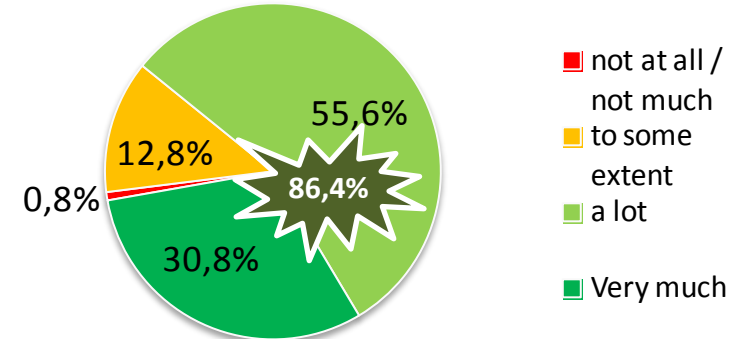
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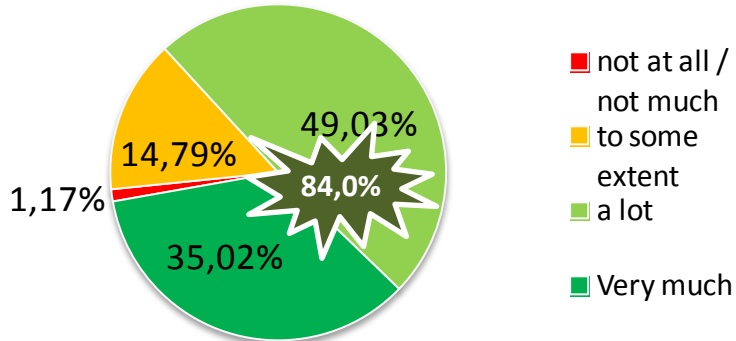
## 9. Respond to a client's resistance in a way that does not provide further argument



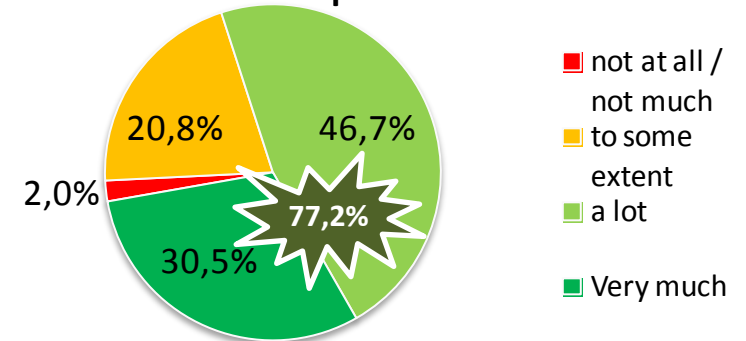
## 10. Exchange information in a client-centred way



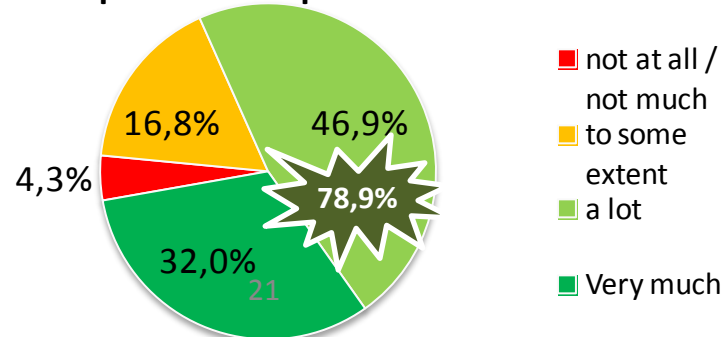
## 11. Lists problems related to regular heavy drinking and intoxication



## 12. Describe the ICD criteria for alcohol dependence



## 13. Describe the basic criteria to refer a patient to a specialized alcohol clinic





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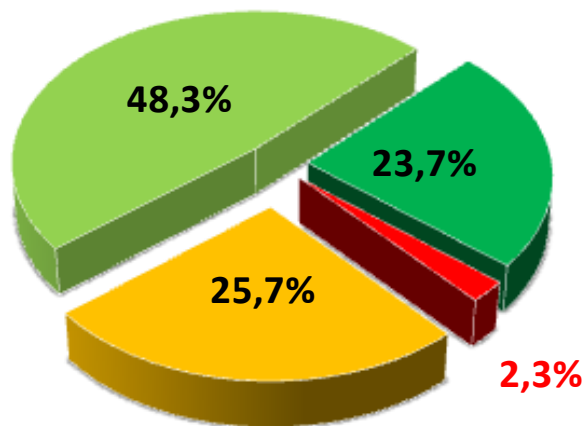
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# Could you apply what you have learnt in your job....

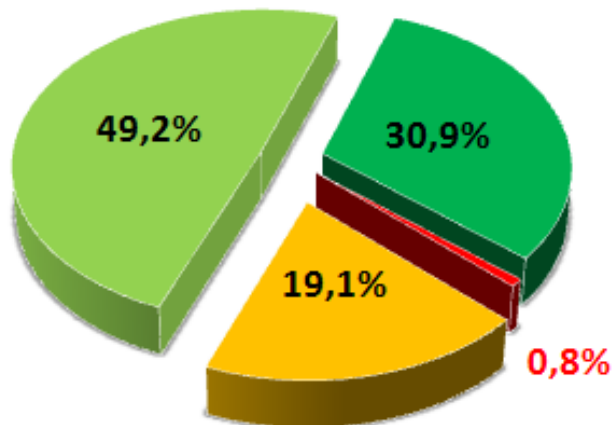
## .... now?

- not at all / not much
- to some extent
- a lot
- Very much



## .... in future?

- not at all / not much
- to some extent
- a lot
- Very much







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# Barriers to the implementation

**According to the opinion of GPs the barriers are:**

- lack of a national consistent political support to GPs actions
- lack of resources
- lack of time
- lack of supporting 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 GPs and to agree to data collection for research purpose
- lack of supporting specialist centers

# Evaluation by the trainees



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- Competence of trainers
- Interaction between trainers and participants
- Clarity of exposition and materials
- Utility of practical exercises
- Excellent tools
- Quality of materials
- Efficacy of the organization



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WHO Collaborating Centre  
for Research and Health Promotion  
on Alcohol and Alcohol Related  
Health Problems



National Center for  
Epidemiology,  
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# Suggestions for the future....

- Increase duration of courses
- More role-playing and group activities
- Reinforcement with second level courses
- The creation of a IPIB national network
- More time for practical simulation



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- There is the need to develop more training courses for specific target groups like:
  - Citizens Advice Bureau
  - Family Counseling Center
  - Maternity units and gynecology
  - Pediatric hospital
  - School
  - Prison
  - Emergency department
  - Mental health unit
  - Immigration Office
  - Department of Motor Vehicles
- To have dedicated personal in the GPs out-patient clinic
- To insert the AUDIT test in the patient record form



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# Conclusion

As a final consideration we may say that the update of the training courses is endlessly. We have to consider the different priorities in the area of Primary Health Care and the new scientific evidences, but we also have to take into account the evaluations and the suggestions of the trainees and of the personal involved in the PHC services.



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# Thank you for attention!