

## THE ASSESSMENT TOOL

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### **A tool to describe the available services for the management of hazardous and harmful alcohol consumption<sup>1</sup> at the country or regional level**

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The aim of this instrument is to develop a comprehensive tool that can be used to describe the available services for the management of hazardous and harmful alcohol consumption at the country or regional level. It is not a tool that will be completed in one day or at one time; rather it is a tool that will be gradually completed over time, building up a detailed and sophisticated profile of the management of hazardous and harmful alcohol consumption. The aim of the tool is to identify currently what is going on, and to identify deficiencies or areas in the country that need further work and strengthening.

Within each country or region, it is suggested that one person is nominated for ensuring that the tool is completed and returned.

It is suggested that the tool is completed by country or regional coalitions or partnerships that are set up to support the development of services for managing hazardous and harmful alcohol consumption. If no such coalition or partnership exists, it is suggested that a coalition is formed, with its first task to complete the tool. The tool can also be completed through meetings with individual experts. The tool can be divided into separate sections for different experts to complete. Certain questions require opinion or expert judgement; in this case, consensus can be achieved at meetings of coalitions or partnerships.

The tool:

- Provides a baseline description of services for managing hazardous and harmful alcohol consumption, identifying areas where services may require development or strengthening;
- Provides a mechanism for monitoring service provision over time;
- Allows sharing of information and examples of practice; and
- Provides a mechanism for coalitions or partnerships to discuss and have a shared view on services for managing hazardous and harmful alcohol consumption.

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<sup>1</sup> Hazardous alcohol consumption is a level of consumption or pattern of drinking that is likely to result in harm should present drinking habits persist. Harmful drinking is defined as 'a pattern of drinking that causes damage to health, either physical or mental'.

## Completion of the tool<sup>2</sup>

It is preferable that you complete the tool electronically as a word document.

Within the tool there are text boxes. Just place the cursor in the text box and type. (Pressing the tab key moves you from box to box). You can also cut text from other documents and paste them into the text boxes. There are no limits to the size of the text boxes.

Within the tool, there are check boxes. Just place the cursor in the check box that you want to mark and left click the mouse. If you want to correct the check box, just left click the mouse again.

Where you see **[Document Reference]** in the Assessment Tool, please provide the information listed below using this PHEPA Document Reference Template, one for each document. Please copy the closed blank form and then save the completed form with a file name in the format: PHEPAquestionnumbercountry.doc (no spaces). Example: PHEPA22.1Catalonia.doc. At the point where you see the relevant **[Document Reference]** in the tool, please insert the file name of this document.

Where you see **[Organization Reference]** in the Assessment Tool, please provide the information listed below using this PHEPA Organization Reference Template, one for each organization. Please copy the closed blank form and save this completed form with a file name in the format: PHEPAquestionnumbercountry.doc (no spaces). Example: PHEPA3.1Catalonia.doc. At the point in the tool where you see the relevant **[Organization Reference]** in the questionnaire, please insert the file name of this document.

Where data is not available, please do not collect or estimate it, but mark that it is not available. Where the answer is not known, please indicate this in the extra comments box that is placed after each question.

The timetable is that the tool should be completed and returned to Peter Anderson by e-mail by 30<sup>th</sup> September 2008: [peteranderson.mail@gmail.com](mailto:peteranderson.mail@gmail.com). It is preferable to return the tool if it is 75% to 80% completed, rather than waiting for it to be 100% completed.

If you have any queries, please contact Peter Anderson by e-mail.

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<sup>2</sup> The tool was first developed in 2004 by Peter Anderson. It has been revised for the European Commission funded PHEPA Project, with assistance from the partners of the Project.

If completing for a region, please state when the answers apply for the country and not the region

## THE ASSESSMENT TOOL

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**A tool to describe the available services for the management of hazardous and harmful alcohol consumption at the country or regional level**

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*Please cross the box, place a cross in the table or type your answer where indicated.*

### **PART I**

#### **Personal details of contact person for completion of tool**

Name: EMANUELE SCAFATO, MD, PROF.

Organization and position: ISTITUTO SUPERIORE DI SANITA'

Address (name and number of street, postal code, town): VIA GIANO DELLA BELLA, 34 00161 ROMA, ITALIA

Telephone: +39 06 4990 4028

Fax: +39 06 4990 4193

Email: emanuele.scafato@iss.it

Website: www.iss.it;

Country: ITALY

If you are answering for a jurisdictional<sup>3</sup> region rather than a country as a whole, which jurisdictional region is it?

**Please note:** unless you state otherwise in the tool, it will be assumed, if you are completing the questionnaire for a jurisdictional region other than a country, that all your answers are for this jurisdictional region.

Population size of the country/region: 59.000.000

Date of completing the tool (dd-mm-yy): 23/07/2008

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<sup>3</sup> Such a jurisdictional region could be a region within a country or a municipality

**If completing for a region, please state when the answers apply for the country and not the region**

**Is there a country-wide or region-wide formal or informal coalition or partnership that deals with the management of hazardous and harmful alcohol consumption?**

Yes

No

If yes:

What is the name of the coalition? ALIA

When was it established? 2008

Please describe the aim of the coalition in one sentence:

The aim of the Italina Alcohol Alliance is to:

- highlight the rising levels of alcohol related harm
- propose evidence based solutions to reduce this harm
- influence decision makers to take positive action to address the damage caused by alcohol misuse.

This new alliance brings together research, social and medical bodies, patient representatives and alcohol-related health stakeholders.

If completing for a region, please state when the answers apply for the country and not the region

## PART II

### A. COMMUNITY ACTION AND MEDIA EDUCATION

1. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about **why** heavy drinkers should reduce their alcohol consumption (e.g., the harm done by alcohol) and that provide information on **how** to reduce their alcohol consumption (e.g., you don't need do it alone, effective help is available, etc.) If so, were they publicly funded?

	Provide information about <b>why</b> heavy drinkers should reduce their alcohol consumption	Provide information on <b>how</b> to reduce their alcohol consumption	Were the campaigns publicly funded		
	If yes, please tick box	If yes, please tick box	Fully	Partial	No
Television	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here      Annual national campaigns by Minister of

Health- Istituto Superiore di Sanità (ISS) and regularly evaluated . Since 2003 the Osservatorio Nazionale Alcol and the WHO CC for Research on Alcohol at the ISS Dr Scafato are in charge for the realization and implementation of the National Alcohol Prevention Day (<http://www.epicentro.iss.it/temi/alcol/adp08.asp> ) of the campaigns and the communication strategy on alcohol set on a yearly base by the law 125/2001 (formal agreement between Istituto Superiore di Sanità and Ministry of health) (<http://www.epicentro.iss.it/temi/alcol/alcol.asp>). A detailed description of the activities can be also found with specific links to the initiatives and the original booklets and posters of the campaigns at the web site of the European Commission ([http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/italy\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/italy_en.pdf) ).

If completing for a region, please state when the answers apply for the country and not the region

## C. HEALTH CARE INFRASTRUCTURE

### Integrated health care system

2. To what extent on a scale from 0 to 10, would you say that the management of hazardous and harmful alcohol consumption is integrated in the health care system, including co-operation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as hypertension or diabetes?

Not at all						Fully				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Please add any extra comments here

In the last few years an increased interest arose in Italy in relationship with the need to develop, validate and implement instruments and methodologies devoted to the early identification and brief intervention (EIBI) of hazardous use of alcohol in the Primary Health Care settings. The availability of the results of the long-term experience of the WHO Phase IV EIBI international study, the activities of the PHEPA project and the studies, researches and demonstration projects performed in Italy by mean the PRISMA project and the "Integrated project for prevention and management of alcoholism - IPRA" gave the opportunity to the Istituto Superiore di Sanità (ISS) to play a pivotal role in carrying out a formal activity in preparing a Country strategy , already published in 2006 in Italy and on the web-site of the PHEPA project ([http://www.gencat.net/salut/phepa/units/phepa/pdf/155\\_03strategia.pdf](http://www.gencat.net/salut/phepa/units/phepa/pdf/155_03strategia.pdf) ), aimed at the implementation and dissemination of a common standard of training and at the coherent application of the EIBI mainly based on the use of the AUDIT and the short-AUDIT questionnaire as recommended by the WHO, the EU and, last but not least, by the recent National Plan on Alcohol and Health - PNAS adopted by the State-Regions Conference in 2007 . The main specific actions and activities are currently referred in Italy to the need to decrease the impact of hazardous use of alcohol whose number is estimated by the Osservatorio Nazionale Alcol at the ISS and by the Italian Society of Alcoholology (SIA) in 5 millions of individuals in 2006, with the 8,4% of the population 15+ binge drinking at least one time during the year. The consequences of the increase trend in at-risk population in Italy it is moreover witnessed by the increase in the number of alcoholics (56000 in 2005; 21000 in 1996) actually in charge by the National Health Service bodies. According to the previous PHEPA experience and the Country strategy implementation already outlined for Italy and in line with the new PHEPA aims, the national working teams of the Osservatorio Nazionale Alcol and the WHO Collaborating Centre for Research and Health Promotion on Alcohol at ISS started in april 2006 to deliver a communication strategy and to organise conferences to announce, promote and disseminate the IPIB training programme. IPIB (Identificazione Precoce e Intervento Breve) is actually the formal institutional standard of

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**training in Italy partially funded by the Ministry of Health allowing to participants for each of the planned courses to be trained themselves and to train other professionals.**

**The activities have been presented at the European Conference on Alcohol in Barcelona in 2008 and published on the Conference website as well as on the ISS website**

**(<http://www.iss.it/binary/esps/cors/programma%20di%20formazione%20IPB%20a%20edizione.1208857286.pdf>).**

If completing for a region, please state when the answers apply for the country and not the region

### Structures for quality of care

3. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
3.1. Has the responsibility of preparing clinical guidelines for managing hazardous and harmful alcohol consumption?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE-REGIONS agreement
3.2. Monitors health outcomes at the population level from managing hazardous and harmful alcohol consumption?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE
3.3. Monitors the quality of care provided for managing hazardous and harmful alcohol consumption?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE
3.4. Reviews the cost effectiveness of interventions for managing hazardous and harmful alcohol consumption?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE
3.5. Reviews the safety of pharmacological treatments for managing alcohol dependence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE , AGENZIA DEL FARMACO - AIFA
3.6. Provides information on managing hazardous and harmful alcohol consumption to health care providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MINISTERO SALUTE - ISTITUTO SUPERIORE DI SANITA'

Please add any extra comments here

If completing for a region, please state when the answers apply for the country and not the region

#### Research and knowledge for health

4. Is there a **formal** research programme for managing hazardous and harmful alcohol consumption with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the alcohol industry)?

Yes, from governmental organizations

Yes, from government appointed organizations

Yes, from non-governmental organizations

No

Please add any extra comments here      **The Osservatorio Nazionale Alcol at the ISS is together the WHO CC for Research on Alcohol is the Focal point , National counterpart, scientific and technical expert and advisor appointed by the Minister of Health in the quality of the Italian Government representative on the issues of a) Alcohol and alcoholism , b) Alcohol Policy , c) research, prevention and health promotion in relationship with alcohol use and abuse, d) governmental campaigns and initiatives set by law 125/2001.**

**The main areas of the different formal appointments that are interacting with specific funded research activities have been related so far with health and social related issues particularly in the fields of actions devoted at complying with the governmental mandate to deal with the identification and implementation of :**

- strategies aimed at curbing under-age drinking;
- information and education programmes on the effect of harmful drinking and on responsible patterns of consumption;
- scientific and epidemiological evidence (and related data) for the policy decision-making process aimed at actions to better enforce age limits for selling and serving alcohol;
- interventions promoting effective behavioural change among children and adolescents;
- cooperation to promote responsibility in and prevent irresponsible commercial communication and sales.

**The National funded research contributed at the European and International research activities as witnessed by the Country results provide to a number of EU project and activities as:**

- European Union, "ECHIM. European Community Health Indicators and Monitoring"

**Sub.secretariat Working Party 7 Public Health Programme. European Commission, Public Health and Safety at work. Directorate, DGV/F – (Principal Investigator - Country Investigator) Luxembourg 2005-2008**

- EU Public Health Programme. European Project PHEPA 1 and PHEPA 2 - Integrating health promotion interventions for hazardous and harmful alcohol consumption into

If completing for a region, please state when the answers apply for the country and not the region

primary health care professionals' daily work, Public Health Programme. European Commission, DG Health and Consumer Protection. (Principal Investigator, Country Coordinator) 2001-2005 and 2006-2008

- EU Public Health Programme. European Project ELSA - Alcohol Marketing in Europe, Strengthening Regulation to Protect Young People . European Commission, DG Health and Consumer Protection. (Principal Investigator, Country Coordinator) 2005-2007
- EU Public Health Programme. European Project BtG, Alcohol Policy, Bridging the Gap. European Commission, DG Health and Consumer Protection. (Principal Investigator, Country Coordinator) 2005-2007
- EU Public Health Programme. European Building Capacity Project . European Commission, DG Health and Consumer Protection. (Principal Investigator, Country Coordinator) 2006-2008
- EU Public Health Programme. European Project ECAT: to Empower the Community in response to Alcohol Threats. European Commission, DG Health and Consumer Protection. (Principal Investigator, Country Coordinator) 2006-2008
- EU Public Health Programme. European Project Alcohol Policy Network in the context of a larger Europe: Bridging the Gap. European Commission, DG Health and Consumer Protection. Directorate, DGV/F – Luxembourg (Principal Investigator) 2003-2006
- WHO European Alcohol Action Plan
- WHO National Counterparts Network on EAAP
- EU Working Group Alcohol and Health
- EU Forum on Alcohol and Health
- EU Standing Committee on National Alcohol Policy and Action

The professional experience and the position held in the listed formal groups were relevant and mainly aimed at:

- providing scientific advice in fields related to the reduction of alcohol-related harm;
- analysing complex information and dossiers and peer reviewing scientific work and publications;
- provide scientific excellence in several fields linked to the main areas for action identified in the Charter establishing the European Alcohol and Health Forum;

The professional experience in the field is the results of more than 15 years of activity always performed into a multi-disciplinary and international approach and environment.

The ISS competencies have been requested in the quality of Official Member and Expert in several Governmental Committees, Commissions, Working group such as (in Italian):

"Consulta nazionale Alcol" (National Committee on Alcohol)

If completing for a region, please state when the answers apply for the country and not the region

"Sottocomitato Scientifico Alcol del Centro Controllo Malattie (CCM) per l'implementazione del Piano Nazionale Alcol e Salute (PNAS) (D.D. Ministero Sanità, Dipartimento Prevenzione e Comunicazione 5/04/2007)

"Commissione Tecnica "Disposizioni urgenti modificative del codice della strada per incrementare i livelli di sicurezza nella circolazione" di cui agli art. 6, comma 2 e 4, della legge 2 ottobre 2007 n. 160 (D.D. Ministero Sanità, Dipartimento Prevenzione e Comunicazione 5/04/2007)

A number of booklets produced by WHOCC, SIA, ISS and MOH is available at the website <http://www.epicentro.iss.it/temi/alcol/cd/APD.pdf> and its free for download.

Aprox 300.000 copies of the booklets have been provided all over Italy upon request by health and social structures but also by associations and self-help groups.

5. To what extent on a scale from 0 to 10, would you say that education on managing hazardous and harmful alcohol consumption is **formally** part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Not at all	Fully
<b>Medical students</b>		
Undergraduate/ basic professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Nursing students</b>		
Undergraduate/ basic professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Pharmacy students</b>		
Undergraduate/ basic professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Social worker students</b>		

If completing for a region, please state when the answers apply for the country and not the region

Undergraduate/ basic professional training	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Psychology students</b>	
Undergraduate/ basic professional training	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postgraduate professional training	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Continuing medical education	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Please add any extra comments here      A poor inclusion of alcohol issues in the training in the curricula affect yet the professional competencies of the health and social personnel in Italy even after the solicitation of the law 125/2001 and by the national Committee on Alcohol**

If completing for a region, please state when the answers apply for the country and not the region

### Health care policies and strategies for managing hazardous and harmful alcohol consumption

6. Are there official written policies on managing hazardous and harmful alcohol consumption from the Government or Ministry of Health? Please mark all that apply:

- Yes, a governmental written stand alone policy on managing hazardous and harmful alcohol consumption
- Yes, a governmental written policy on managing hazardous and harmful alcohol consumption which is part of an overall alcohol policy or strategy
- No, but there is a governmental policy on managing hazardous and harmful alcohol consumption in preparation
- No, there are no governmental policies on managing hazardous and harmful alcohol consumption

If yes,

Please give filename for document reference: Piano Sanitario Nazionale 2006-2008 (reference template PHEPA6.1ISS); Piano Nazionale Alcol e Salute ((reference template PHEPA6.2ISS); Legge 125/2001

(and complete document reference template)

**Please add any extra comments here**

7. If available, the governmental policy on managing hazardous and harmful alcohol consumption includes:

	Yes	No
A strategy on training for health professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A national funded research strategy for managing hazardous and harmful alcohol consumption	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A strategy to support interventions by primary care professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive support for managing alcohol dependence in specialised treatment facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Please add any extra comments here**

**If completing for a region, please state when the answers apply for the country and not the region**

**If completing for a region, please state when the answers apply for the country and not the region**

**Structures to manage implementation within health services**

8. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages services for hazardous and harmful alcohol consumption?

Yes

No

Please provide his/her contact details:

Name: Donato Greco

Organization and position: Direttore Generale , Ministero della Salute

Address:

Telephone:

Email: [d.greco@sanita.it](mailto:d.greco@sanita.it)

Website: [www.ministerosalute.it](http://www.ministerosalute.it)

**Please add any extra comments here**

If completing for a region, please state when the answers apply for the country and not the region

### Funding health services and allocating resources

9. Is there government funding for services for the management of hazardous and harmful alcohol consumption?

Yes

No

If no,

Funding is being prepared

10. Is the amount of funding reviewed from time to time?

Yes

No

If yes,

Annually reviewed

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

Please add any extra comments here

**If completing for a region, please state when the answers apply for the country and not the region**

**11.** Is a proportion of alcohol taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of services for managing hazardous and harmful alcohol consumption?

- Yes  
 No

**12.** If yes, please state the proportion:

**13.** Is yes, is the money raised from the tax actually spent on the costs of services for managing hazardous and harmful alcohol consumption?

- Yes  
 No

**14.** Is the proportion of tax allocated for services for managing hazardous and harmful alcohol consumption reviewed from time to time?

- Yes  
 No

If yes,

- Annually reviewed  
 Reviewed every 2 to 5 years  
 Reviewed every 5 years or longer  
 Other (please specify):

**Please add any extra comments here**

If completing for a region, please state when the answers apply for the country and not the region

**D. SUPPORT FOR TREATMENT PROVISION**

**Screening, quality assessment, referral and follow-up systems**

15. To what extent on a scale from 0 to 10, do you consider that the following screening and support systems are available for **primary health care providers** in managing hazardous and harmful alcohol consumption?

Availability of:	Not at all	Fully
Screening instruments to identify at risk drinkers	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Case notes or computer records to record alcohol risk status	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Protocol charts or diagrams as an aid for managing hazardous and harmful alcohol consumption	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Support by facilitators or advisors for managing hazardous and harmful alcohol consumption	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Systems to follow-up patients for monitoring and advice	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

Please add any extra comments here

If completing for a region, please state when the answers apply for the country and not the region

### Protocols and guidelines

16. Are there multidisciplinary clinical guidelines for managing hazardous and harmful alcohol consumption in your country/region that have been approved or endorsed by at least one health care professional body?

Yes

No

If yes:

Stand alone guidelines for managing hazardous and harmful alcohol consumption

Part of other clinical care guidelines (e.g. mental health guidelines)

If yes, please provide filename for document reference(s): Linee Guida cliniche e Consensus Conference SIA - Società Italiana di Alcologia  
(and complete document reference template(s))

If no:

Guidelines are being prepared

Please add any extra comments here

17. If there are endorsed clinical guidelines for managing hazardous and harmful alcohol consumption, have there been any studies in your country on their implementation or adherence?

Yes

No

If yes, please provide filename for document reference(s):  
(and complete document reference template(s))

If no:

Studies are being prepared

If completing for a region, please state when the answers apply for the country and not the region

Please add any extra comments here

18. Are the following health care providers reimbursed for managing hazardous and harmful alcohol consumption, or is the management of hazardous and harmful alcohol consumption within their terms of service (contract) and part of their normal salary?

	Reimbursed for managing hazardous and harmful alcohol consumption		Managing hazardous and harmful alcohol consumption within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses working in general practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doctors in hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses in hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

If completing for a region, please state when the answers apply for the country and not the region

19. For the following professional groups, are there specialized guidelines or protocols, a written policy on managing hazardous and harmful alcohol consumption by the professional association, training for managing hazardous and harmful alcohol consumption within professional vocational education and training for managing hazardous and harmful alcohol consumption within accredited continuing medical education?

For the following professional groups, are there the following for managing hazardous and harmful alcohol consumption:								
	Specialized guidelines or protocols		Written policy on managing hazardous and harmful alcohol consumption by professional association		Training for managing hazardous and harmful alcohol consumption within professional vocational training		Training for managing hazardous and harmful alcohol consumption within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses in general practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses in general hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatrists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obstetricians	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Addiction specialists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here According to the EU- PHEPA experience and the Country strategy implementation already outlined for Italy and in line with the new PHEPA aims, the national working teams of the Osservatorio Nazionale Alcol and the WHO Collaborating Centre for Research and Health Promotion on Alcohol at ISS started in april 2006 to deliver a communication strategy and to organise conferences to announce, promote and disseminate the IPIB training programme. IPIB (Identificazione Precoce e Intervento Breve) is actually the formal institutional standard of training in Italy partially funded by the Ministry of Health allowing to participants for each of the planned courses to be trained themselves and to train other professionals.

The activities have been presented at the European Conference on Alcohol in Barcelona in 2008 and published on the Conference website as well as on the ISS website

(<http://www.iss.it/binary/esps/cors/programma%20di%20formazione%20IPIB%202a%20edizione.1208857286.pdf>).

If completing for a region, please state when the answers apply for the country and not the region

**E. INTERVENTION AND TREATMENT**

**Availability and accessibility**

20. On a scale from 0 to 10, to what extent do you think that patient help for hazardous and harmful alcohol consumption is obtainable (obtainable means that patients can get the help) in the following settings?

Help is obtainable from:	Not at all											Fully
General/family practice	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Hospital clinics	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Pharmacists	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Specialist clinics	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Addiction services	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input checked="" type="checkbox"/>											

Please add any extra comments here

If completing for a region, please state when the answers apply for the country and not the region

## F. HEALTH CARE PROVIDERS

### Clinical accountability

21. To what extent do you estimate on a ten-point scale that the following health care professionals consider advice for hazardous and harmful alcohol consumption as part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all	Fully
General practitioners/ Family doctors	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nurses working in general practice	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharmacists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Midwives	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dentists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

**Please add any extra comments here**

If completing for a region, please state when the answers apply for the country and not the region

## Treatment provision

22. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice) in your country or region, and if so, what are the main findings of the most recent results?

	Date of information  <b>Please write NO, if information not available</b>	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their alcohol consumption	YES	No difficulties for about 60% of GPs	22.1ISS 22.2ISS
Patients with hazardous or harmful alcohol consumption are given advice	YES		22.1ISS 22.2ISS
Advice meets quality criteria	NO		See references below
Practice protocols and guidelines are followed	YES	EIBI programme has been implemented at national level from 2007 (according to PHEPA recommendations)	22.1ISS 22.2ISS
The effectiveness of interventions for hazardous and harmful alcohol consumption	YES	Aims, methodology and preliminary results of a national pilor study are described	22.3
The cost effectiveness of interventions for hazardous and harmful alcohol consumption	NO		See references below
The use of the AUDIT questionnaire	YES	The ten questions-AUDIT national validation study; the short AUDIT are predictive of the same results obtained by the ten questions-AUDIT.	22.4ISS 22.5ISS 22.6ISS

If completing for a region, please state when the answers apply for the country and not the region

The attitudes of health care providers to managing hazardous and harmful alcohol consumption	YES	Nearby 60% of GPs have no difficulties in talking about these issues with their patients. Critical points: Lack of time; Lack of support staff; Lack of specific training.	22.3ISS 22.5ISS 22.7ISS 22.8ISS 22.9ISS 22.10ISS
Increasing the involvement of health care providers in managing hazardous and harmful alcohol consumption	YES	Focus groups to collect information about their experience, knowledge and needs; Distribution of brochure and other information materials; Providing support staff; Providing specific training and incentives.	22.3ISS 22.5ISS 22.7ISS 22.8ISS 22.9ISS 22.10ISS

Please add any extra comments here      REFERENCES

**22.1ISS. Scafato E., Allamani A., Patussi V., Codenotti T., Marcomini F., Struzzo P. and the Italian WHO phase IV EIBI working group. Development of country-wide strategies for implementing early identification and brief intervention in primary health care. Report on phase IV. Chapter 11 has been published by the HQ of WHO in Geneva in 2006, at [http://www.who.int/substance\\_abuse/publications/identification\\_management\\_alcoholproblems\\_phaseiv.pdf](http://www.who.int/substance_abuse/publications/identification_management_alcoholproblems_phaseiv.pdf) .**

**22.2ISS. Scafato E. per il Gruppo di lavoro IPIB. Programma di formazione IPIB-PHEPA. Identificazione precoce e intervento breve dell'abuso alcolico in Primary Health Care. [http://www.gencat.net/salut/phepa/units/phepa/pdf/italian\\_training\\_programme.pdf](http://www.gencat.net/salut/phepa/units/phepa/pdf/italian_training_programme.pdf)**

**22.3ISS. Mezzani L., Patussi V., Rossi A., Russo R. and Scafato E. Establishing an Italian General Practitioner Brief Intervention Pilot Project for Problem Drinkers. Substance Use & Misuse 2007;42:1979-1989**

**22.4ISS. Piccinelli M., Tessari E., Bortolomasi M., Piasere O., Semenzin M., Garzotto N., Tansella M. Efficacy of the alcohol use identification test as a screening tool for hazardous alcohol intake and related disorders in primary care: a validity study. BMJ 1997;314:420-424.**

If completing for a region, please state when the answers apply for the country and not the region

**22.5ISS. Struzzo P., Gianmoena B., Kodilija R., 2003 “The attitude and knowledge of Italian family doctors in respect to early identification and brief intervention on alcohol & tobacco: a controlled study” available at <http://www.priory.com/fam/italgp.htm>.**

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**22.7ISS. Polvani S, Bartoli G, Patussi V, Bartoli U, Marcomini F, Scafato E. The Opinion of General Practitioners on the Prevention of Alcohol-related Problems: The Drink Less Project A World Health Organization Study” at <http://www.unicri.it/min.san.bollettino/bulletin/2000-1e/art3.html> (for the Italian text see: L'opinione dei medici di base sulla prevenzione delle problematiche alcolcorrelate. Il progetto "Drink Less": uno studio collaborativo dell'Organizzazione Mondiale della Sanità. Bollettino per le dipendenze e l'alcolismo 2000; 23 (1):75-82).**

**22.8ISS. Patussi V, Bartoli G, Focardi F, Ragazzo E, Marcomini F, Muscas F, Russo R, Zuccaro P e Scafato E. Integrating alcohol-related preventive activities in the general practitioner’s setting: experience and results in the WHO Drink-less project in Italy. Bollettino per le farmacodipendenze e l'alcolismo 2003 at [http://www.unicri.it/wwk/publications/dacp/journal/2003\\_4/j%20xxvi%202003%204%20prevenzione%20alcol%20medicina%20generale%20progetto%20who.pdf](http://www.unicri.it/wwk/publications/dacp/journal/2003_4/j%20xxvi%202003%204%20prevenzione%20alcol%20medicina%20generale%20progetto%20who.pdf) .**

**22.9ISS. Bartoli G., Scafato E., Patussi V., Russo R. Il ruolo del Medico di Medicina Generale nella prevenzione dei problemi alcol correlati. Gli strumenti per l’identificazione precoce e l’intervento breve nei confronti del bere a rischio. Alcologia 2002; 14(2-3):109-117 (Italian)**

**22.10ISS. Bartoli G, Patussi V, Rossi A, Scafato E. Abuso di alcol e prevenzione: la ricerca “Drinkless”. Rivista Società Italiana di Medicina Generale 2001; 4: 9-12, and available at [http://www.simg.it/servizi/servizi\\_riviste2001/numero4/3.htm](http://www.simg.it/servizi/servizi_riviste2001/numero4/3.htm) (Italian)**

If completing for a region, please state when the answers apply for the country and not the region

## G. HEALTH CARE USERS

### Knowledge

23. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning hazardous and harmful alcohol consumption and if so, what are the main findings of the most recent results?

	Date of information  <b>Please write NO, if information not available</b>	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that hazardous and harmful alcohol consumption can be dangerous to their health	YES		
People know about effective methods to reduce hazardous and harmful alcohol consumption	YES		

Please add any extra comments here

If completing for a region, please state when the answers apply for the country and not the region

### Help seeking behaviour

24. Have there been any surveys, studies, or publications which provide information on the proportion of hazardous and harmful alcohol users who have ever used one of the following methods to reduce their alcohol consumption and if so, what are the main findings of the most recent results?

	Date of information  <b>Please write NO, if information not available</b>	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	NO		
Help from a nurse	NO		
Help from a pharmacist	NO		
Help from a dentist	NO		
Help from friends or family	NO		
Advice from the Internet	NO		
Specialist clinic	NO		
Self-help group	NO		
Help line telephone service	NO		
Willpower alone	NO		

Please add any extra comments here