



# MESE DI PREVENZIONE ALCOLOGICA

Identificazione precoce nei contesti di  
Primary Health Care:  
i progetti europei

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**Roma, 7 aprile 2011**



Generalitat de Catalunya  
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# Introduction. EIBI an effective policy

- One of the 10 areas to delivering change.
- Evidence strongly supports the widespread implementation of EIBI in PHC for individuals with hazardous and harmful alcohol consumption (some evidence in emergency departments).
- There exist a wide variety of identification, screening and intervention tools that have proven being effective.
- Governments should support those programmes by:
  - making clinical guidelines widely available,
  - providing training
  - setting up materials and incentives measures
  - Assuring that PHC is supported by specialists services.
  - Assuring that treatment is offered to those that need it.



# What have we learnt?

## Positive

- Good evidence for the effectiveness of alcohol SBI, especially in primary health care, some evidence in other settings like emergency departments , hospitalization and occupational health.
- Increasing acceptance of the major contribution SBI can make to reducing alcohol-related harm.
- Growing interest by governments around the world in the potential of SBI as an effective and cost-effective policy against alcohol-related harm.

# What have we learnt?

## Not so positive

- Despite this, EIBI is still not the norm in daily consultation in PHC. More resources needed to overcome the main obstacles (lack of time, lack of incentives, etc).
- Some research areas have been neglected and research is mainly from Anglo-Saxon countries.
- The implementation is still not country and Europe wide. Pilot experiences should be generalized.

# Main current research areas

- The theory of brief interventions; forms of BI, the limits of BI, the generalization of BI and how do BI work
- Development and applications of SBI in other settings than PHC
- Brief interventions and the Internet;
- Development, evaluation and implementation of SBI among youth
- Application of SBI to minority ethnic groups;
- Optimal forms of screening in medical and nonmedical settings;
- Innovative ways of encouraging health professionals to incorporate SBI in their routine work;
- Effective strategies for achieving integration of SBI in government policies;
- Applications of SBI in parts of the world where it has yet to make much impact.

*Adapted from N. Heather*

# European Projects. Old. WHO Collaborative project

WHO COLLABORATIVE PROJECT ON IDENTIFICATION AND  
MANAGEMENT OF ALCOHOL-RELATED PROBLEMS IN PRIMARY  
HEALTH CARE

Report on Phase IV

Development of Country-Wide Strategies for Implementing Early  
Identification and Brief Intervention  
in Primary Health Care



## Phases

## Objectives

Phase I  
(1983-1989)

Validation of an screening instrument (AUDIT)

Phase II  
(1985-1992)

Study to show the efficacy of BI

Phase III  
(1993-1998)

Effectiveness of the implementation strategies in PHC

Phase IV  
(1998-...)

Dissemination in PHC

<http://www.who-alcohol-phaseiv.net>



# European Projects. Old.

## Phepa I and II

### Phase I (2002-2005)

- Raides awareness helping to reframe the classical conceptions.
- Enhanced the skills of PHC professionals.
- Provided tools to promote the EIBI dissemination.

### Phase II (2006-2009)


- Created a sustained European Platform in Europe.
- Developed an assessment tool to assess the status of EIBI services.
- Built an Internet based resource centre.
- Rolled out a training programme throughout Member States.
- Rolled out a clinical guidelines throughout Member States.

**Clinical Guidelines Contents**

Summary

- I. Introduction
- II. Methods to prepare the guidelines
- III. Describing alcohol consumption and alcohol related harm
- IV. Alcohol and health
- V. Identifying hazardous and harmful alcohol consumption
- VI. Effectiveness of brief interventions
- VII. Cost and cost effectiveness of brief interventions
- VIII. Implementing identification and brief intervention programmes
- XI. Assessing the harm done by alcohol and alcohol dependence

Annexe  
Acknowledgements



Available on-line in Catalan, Czech, English, Greek, Polish, ...

**Online database: [www.phepa.net](http://www.phepa.net)**

**THE INFORMATION IS ORGANIZED AS FOLLOWS:**

1. In...
2. E...
3. B...
4. B...
5. A...
6. In...

**KEY FINDING**  
One sentence that summarizes the main evidence.

**COMMENTARY**  
Detailed explanations with references to studies. Graphics, tables with results, etc.

**SUPPORTING EVIDENCE**  
References of the articles, books, etc. with links to the web pages sources (e.g.: PubMed)

**THE DATABASE INCLUDES SIX MAIN SECTIONS:**

- Health effects
- Identifying hazardous and harmful alcohol consumption
- Efficacy of interventions
- Cost effectiveness
- Implementing brief interventions
- Supportive alcohol policy measures

**Country Implementation**

- Creation of working groups at a country level
- Assessment tool and a registry to assess and document the current status of services for brief interventions in all partner countries
- Design of a country based national strategy



**ASSESSMENT TOOL -REPORT**  
Hazardous and harmful alcohol consumption



# European Projects. The old.

## Vintage project



The [VINTAGE project](#) - Good Health into Older Age – aimed to improve knowledge and to build capacity, encouraging evidence- and experience-based decisions for prevention of harmful use of alcohol among elderly.

1. Report “Alcohol and older people: a public health perspective”,
2. Report “Best practices on preventing the harmful use of alcohol amongst older people”
3. Database on Best Practices
4. Database on Grey Literature



*“Very few studies have particularly investigated EIBI effectiveness among older people. However, those studies suggest identification and screening instruments work just as well for older as opposed to younger adult populations, and that outcomes of brief interventions do not differ between older and middle-aged populations”.*

# European Projects. The present.

## AMPHORA (Research Alliance on Alcohol Policies)

### Research Project of the 7th EC frame programme

Research network coordinated from Catalonia (Hospital Clínic) with 33 research institutions coming from 13 European countries.

### The principal lines of research

- Social and cultural determinants of alcohol consumption
- Effectiveness and cost-effectiveness of policies
- Relationship between exposure to advertising and alcohol consumption habits
- Impact of changes in price and availability of alcohol on consumption and related harm
- Evaluation of the necessity and availability of resources for the EIBI and treatment of alcohol consumption disorders**
- Determination of the presence of contaminants which are potentially harmful to health in illegal and home-made alcoholic beverages
- Identification and analysis of the factors associated with the negative impact of alcohol on drinking contexts



[info@amphoraproject.net](mailto:info@amphoraproject.net)  
[www.amphoraproject.net](http://www.amphoraproject.net)

# European Projects. The present.

## ODHIN (Optimization of the implementation of interventions)

### Research Project of the 7th EC frame programme

17 institutions involved, from 8 different countries

### Objective

To improve the translation of the results of clinical research into BI in everyday clinical practice.

### Principal actions

Systematic revision of the evidence on translation into practice and the impact of dissemination support elements

Carrying out cost-effectiveness studies

Improving knowledge of barriers and facilitators for implementation (led by Italy)

Randomized study in 5 countries (Catalonia, England, Holland, Poland and Sweden) to study the implementation process

Studying the benefit of the use of on-line interventions.

### Principal actions

Actions to commence during 2011



# European Projects. The present.

## ODHIN (Optimization of the implementation of interventions)

- The RCT overall objective is to study a number of factors that might increase implementation of evidence based methods of identification and brief intervention for excessive alcohol consumption in routine primary healthcare.

	ODHIN	THRIVE	KICK-OFF	ODHIN	ODHIN	ODHIN	ODHIN
SURVEY REPORT	✓	✓	✓	✓	✓	✓	✓
USE FRIENDLY	✓	✓	✓	✗	✓	✓	✓
ATTRACTIVE	✗	✗	✓	✗	✓	✓	✓
LOG IN SITE	✗	✗	✗	✓	✓	✓	✓
INDIVIDUAL SUPPORT (goals...)	✗	✗	✗	✓	✓	✓	✓
FOLLOW UP	✗	✗	✓	✗	✓	✓	✓

- The RCT will examine
  - The effect of Continuous Medical Education (CME) to PHC providers
  - The effect of financial reimbursement to PHC providers as a pay-for-performance of brief alcohol interventions
  - Whether an alternative internet based method of delivering brief intervention can increase the proportion of patients reached
  - If one implementation strategy will give an added value to one already enforced



# International Projects. The present.

## ASSIST (EIBI on hazardous and harmful substance use)

### WHO Project in 4 phases

Inspired by the Drink Less experience

Validation and study of the effectiveness of a screening instrument and of a brief motivational intervention to tackle the consumption of alcohol, tobacco and other drugs in non-specialized centres.

Screening and brief intervention package already available on-line





# International Projects. The present.

## INEBRIA (International Network on Brief Interventions for Alcohol Problems)

International network which groups together persons interested in promoting research into brief interventions on alcohol all around the world.

### Objective

- “To promote the implementation, at local, national and international level, of brief interventions in risky alcohol consumption”.
- To share information, experiences and research in the field of brief interventions on alcohol.
- To facilitate clinical training in interventions

### Who can be a member?

Anyone with clinical or research experience in the area of BI in alcohol problems

### Upcoming conferences?

Boston – September 2011

**SUBMISSION OF ABSTRACTS**  
Abstracts of presentations at the conference (oral presentations, posters or symposia) should be submitted by 12th June, 2009 by following instructions on the conference website (<http://www.inebria2009.co.uk>).

**Now to get to the Conference venue**  
The Baltic Centre for Contemporary Art is on the south bank of the River Tyne at Gateshead Quays, South Shore Road, Gateshead, NE8 3BA (tel: +44 (0)191 478 1922). Newcastle Gateshead is easy to get to whether you're travelling by air, road or rail.

**Hotel information**  
NewcastleGateshead is packed full of accommodation options to suit all tastes and budgets. There is a huge choice both in the city centre and the surrounding area. Accommodation can be booked with the NewcastleGateshead Convention Bureau. Accreditation Booking Service via a link from the conference website (<http://www.inebria2009.co.uk>).

**Additional information**  
For queries and additional information about the 6th INEBRIA Annual Conference, please contact:  
Inebria Secretariat or GERC  
[inebria@inebria2009.co.uk](mailto:inebria@inebria2009.co.uk)

**Organised by**  
Newcastle University  
Northumbria University

**With its support**  
Newcastle Gateshead  
NHS  
GERC  
DH  
BALANCE

**Sponsored by**  
World Health Organization  
Department of Health  
Program on Substance Abuse  
Department of Health of the Government of Catalonia  
Barcelona (Spain)

**For further information about INEBRIA**  
Web: [www.inebria.net](http://www.inebria.net)  
Inebria Secretariat  
Program on Substance Abuse  
Department of Health of the Government of Catalonia  
Barcelona (Spain)  
Phone: +34 93 55 26 10  
Email: [inebria@gerc.cat](mailto:inebria@gerc.cat)

**INEBRIA**  
International Network on Brief Interventions for Alcohol Problems.

The 6th Conference of INEBRIA  
Breaking New Ground  
8th-9th October, 2009  
Newcastle upon Tyne/ Gateshead, UK  
[www.inebria2009.co.uk](http://www.inebria2009.co.uk)

# The EIBI in Italy

## Check list at national level

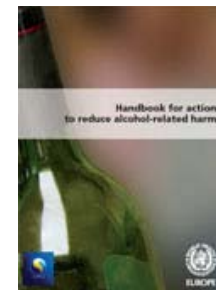


1. Are there clinical guidelines for early identification and brief advice programmes?	Yes / No
2. Are there training programmes for PHC providers on EIBI?	Yes / No
3. Are there systems for monitoring the quantity and quality of EIBI, so that their effectiveness can be analysed and improved?	Yes / No
4. Is there any financial support for delivering EIBI?	Yes / No



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# The EIBI in Italy: checklist

## Yes, clinical guidelines are available

Yes, developed following the PHEPA Clinical guidelines and integrated and promoted in:

1. The Frame Law on Alcohol (125/2001)
2. The National Health Plan (PSN)
3. The National Alcohol and Health Plan (PNAS)
4. The National Committee on Alcohol

	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 type="checkbox"/>
Pharmacists								<input type="checkbox"/>
Midwives								<input type="checkbox"/>
Psychiatrists								<input type="checkbox"/>
Obstetricians								<input type="checkbox"/>
Addiction specialists								<input type="checkbox"/>

Salute Territorio  
x. 111 - 2009 Alcol e primary health care: linee guida

### Linee guida cliniche

### Clinical guidelines

La formazione e l'aggiornamento per l'identificazione ed il trattamento dei pazienti a rischio

Formation and updating for identification and treatment in patients at risk

Peter Anderson, Antoni Guad, Joan Colom on behalf of the PHEPA network

**I**n popolazione Europea è quella con la più elevata proporzioni di consumatori di bevande alcoliche e con il più alto livello di consumo. L'alcol è il terzo più importante fattore di rischio per malattia e morte prematura, dopo il fumo e l'ipertensione, essendo anche più rilevante dell'ipercolesterolemia e del sovrappeso. Oltre ad essere una droga in grado di indurre dipendenza ed essere causa di circa 60 differenti condizioni di malattia ed infortunio, l'alcol è responsabile di danni sociali, mentali, sensoriali, compresi criminalità e violenza. In ambito familiare, che causano enormi costi sociali, l'alcol non transige solo chi lo consuma ma anche coloro che lo circondano, e in questi il feto, i figli, i familiari, la vittima della criminalità, della violenza e degli incidenti stradali conseguenti al suo abuso.

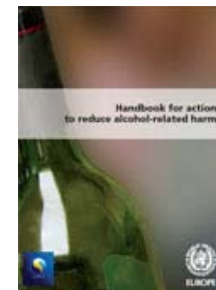
**T**he European Union is the region of the world with the highest proportion of drinkers and with the highest level of alcohol consumption per population. Alcohol is the third most important risk factor for ill-health and premature death after smoking and raised blood pressure, being more important than high cholesterol levels and overweight. Apart from being a drug of dependence and besides the 60 or so different types of disease and injury it causes, alcohol is responsible for widespread social, mental and emotional harm, including crime and family violence, leading to enormous costs to society. Alcohol not only harms the user, but those surrounding the user, including the unborn child, children, family members, and the sufferers of crime, violence and drink driving accidents.

Gli operatori impegnati nell'assistenza sanitaria primaria hanno la responsabilità di identificare i casi di uso scorretto consumo alcolico ed intervenire, identificazione e intervento breve rappresentano un'opportunità per i medici i pazienti nei rischi di un uso dannoso o rischioso di alcol. La raccolta di informazioni riguardanti i livelli e la frequenza del consumo di alcol può influire sulla diagnosi della attuale condizione di salute del paziente, influenzando il medico ad intervenire nei pazienti di coloro che debbano consumare alcolici in grado di influire negativamente sull'attuale del fumato sottostante o su altre terapie in atto. Di assoluta rilevanza per l'attuazione di programmi di riduzione dell'assunzione dell'alcolico e dell'intervento breve è il fatto che gli individui che non hanno ancora sviluppato dipendenza da alcol possono ridurre o smettere di bere, ricevendo un'adeguata assistenza ed un idoneo supporto.

However, primary care health workers often find it difficult to identify and advise patients in relation to alcohol use. Among the reasons most often cited are lack of time, inadequate training, concern about antagonizing patients, the perceived incompatibility of alcohol brief intervention with primary health care, and the belief that those who are dependent on alcohol do not respond to interventions.

# The EIBI in Italy

## Check list at national level



1. Are there clinical guidelines for early identification and brief advice programmes?	Yes / No
<b>2. Are there training programmes for PHC providers on EIBI?</b>	<b>Yes / No</b>
3. Are there systems for monitoring the quantity and quality of EIBI, so that their effectiveness can be analysed and improved?	Yes / No
4. Is there any financial support for delivering EIBI?	Yes / No

# The EIBI in Italy: checklist

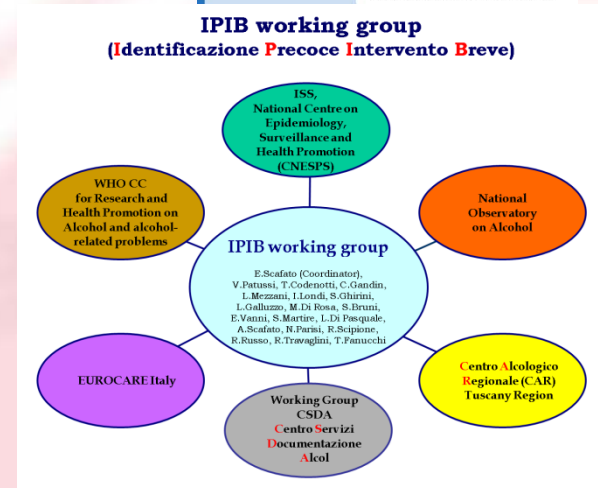
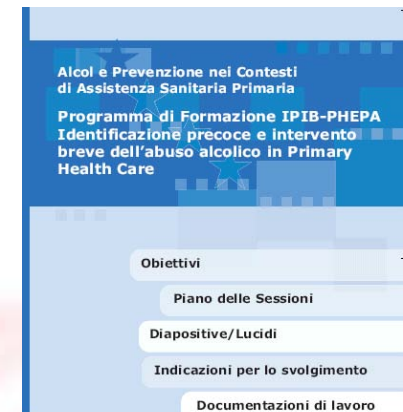
## *Yes, training programmes are available*

Yes, developed following the PHEPA Clinical guidelines and integrated and promoted in:

National Committee on Alcohol Working group on: *“Training and updating for professionals dealing with alcohol related problems”*

The IPIB working team started its activities in April 2006 to deliver a communication strategy, to organise conferences to announce, promote and disseminate the EIBI-PHEPA programme and to train professionals at national level.

This IPIB is the formal institutional standard of training in Italy.



# The EIBI in Italy

## Check list at national level



1. Are there clinical guidelines for early identification and brief advice programmes?	Yes / No
2. Are there training programmes for PHC providers on EIBI?	Yes / No
3. Are there systems for monitoring the quantity and quality of EIBI, so that their effectiveness can be analysed and improved?	Yes / No
4. Is there any financial support for delivering EIBI?	Yes / No

# The EIBI in Italy: checklist

**Some monitoring systems are available** but improvement is needed.

The information often comes from ad-hoc studies.



**Reimbursement is mostly part of 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 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"/>



# Conclusions

- Long and dynamic process. From WHO collaborative project to the FP7 projects.
- Great improvement in professional's attitudes and governments interest.
- Importance of tailoring the implementation (standards, training, etc) to the country needs (needs assessment essential).
- Governments should fund EIBI programmes and reimburse professionals to support implementation (incentives).
- Networking and ex-change of experiences at European Level is also essential.
- Italy a good example on how work has to be done. Great involvement efforts in research and implementation activities.



# Thanks!

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- **The Catalan team. Joan Colom, Antoni Gual, Estela Diaz and Noemí Robles.**
  
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