MESE DI PREVENZIONE ALCOLOGICA

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

Lidia Segura
Roma, 7 aprile 2011
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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.

www.euro.who.int
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

<table>
<thead>
<tr>
<th>Phases</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>Phase I</td>
<td>Validation of an screening instrument (AUDIT)</td>
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<td>(1983-1989)</td>
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<td>Phase II</td>
<td>Study to show the efficacy of BI</td>
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<td>Effectiveness of the implementation strategies in PHC</td>
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<td>Dissemination in PHC</td>
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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.

http://www.phepa.net
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”.

http://www.epicentro.iss.it/vintage/outputs.asp
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
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
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.

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
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
## The EIBI in Italy
### Check list at national level

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www.euro.who.int
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

http://www.phepa.net
### The EIBI in Italy

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The EIBI in Italy: checklist

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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.

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Some monitoring systems are available but improvement is needed. The information often comes from ad-hoc studies.

Reimbursement is mostly part of salary
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 exchange 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!

- Istituto Superiore di Sanità. Emanuele Scafato.
- Experts. Nick Heather and Peter Anderson

- More information:
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  - inebria@gencat.cat
  - phepa@gencat.cat