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

IPIB Working Group
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.
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;
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)

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 strengthen 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.
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
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).”

*abolished under the Directive of the President of the Council of Ministers of 04.08.2010 (spending review)
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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.
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).
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
The ISS-IPIB funding

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

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

Furthermore many other courses have been conducted at territorial level
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(±SD): 50.4(±7.30)
  - Range (min-max): (30-64)
  - Without statistical differences by gender (p=0.76) and professional categories (p=0.918)
Distribution(%) of participants by professional categories

- Clinical setting: 21.3%
- GPs: 3.1%
- Services for the treatment of dependence and rehabilitation: 14.0%
- Military setting: 5.0%
- Workplace prevention setting: 16.3%
- Professional categories not specified: 24.0%
At the end of the course, participants fulfilled the original PHEPA evaluation for the main topics of the course.
PHEPA Evaluation form-1/3

1. Measure alcohol consumption in standard drinks per week (n=256)
   - Not at all / not much: 0.8%
   - To some extent: 41.4%
   - A lot: 52.0%
   - Very much: 93.4%

2. Identify hazardous drinkers according to their weekly alcohol intake (n=256)
   - Not at all / not much: 0.4%
   - To some extent: 45.7%
   - A lot: 49.2%
   - Very much: 94.9%

3. Identify hazardous drinkers using the AUDIT (n=257)
   - Not at all / not much: 0.4%
   - To some extent: 35.8%
   - A lot: 61.9%
   - Very much: 97.7%

4. Identify hazardous drinkers using the AUDIT-C (n=257)
   - Not at all / not much: 0.4%
   - To some extent: 37.0%
   - A lot: 59.1%
   - Very much: 96.1%
5. Describe Prochaska and Di Clemente's model of the stages of change (n=254)
- Not at all/not much: 13,0%
- To some extent: 55,5%
- A lot: 30,3%
- Very much: 1,2%

6. Describe the basic components of a brief intervention (n=256)
- Not at all/not much: 82,4%
- To some extent: 91,8%
- A lot: 56,3%
- Very much: 35,5%

7. Provide brief advice to hazardous drinkers taking into account his/her stage of change (n=256)
- Not at all/not much: 15,2%
- To some extent: 54,7%
- A lot: 29,3%
- Very much: 0,8%

8. Describe typical ways patients show their resistance to health promotion behaviours
- Not at all/not much: 16,8%
- To some extent: 54,7%
- A lot: 27,7%
- Very much: 0,8%
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
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

• 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
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
• 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 outpatient clinic
• To insert the AUDIT test in the patient record form
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.

The ONA-ISS Unit
Via Giano della Bella, 34
00161 Rome, Italy
Tel: (+39) 06 4990 4029
Fax: (+39) 06 4990 4193
E-mail: alcol@iss.it

Thank you for attention!