

## Italy

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 team at the Istituto Superiore di Sanità started in April 2006 to prepare and organize all the project's activities included in the workplan.

Building and consolidating alliances has been necessary at the political, scientific, administrative national and, in some cases, local level. Creating partnership between the ISS and the Ministry of Health, the Italian Society of Alcoholology-SIA, with universities (such as the Florence university), with Eurocare Italia and GPs representatives and alcoholics associations (AA, AICAT etc.) has been basic to ensuring the full participation of the professionals working within the National Health System (Local Health Units and Services) at the already organized first National training course on Early Identification and Brief Intervention (Identificazione Precoce e Intervento Breve – IPIB) to be held on October 17<sup>th</sup> and 18<sup>th</sup> in Rome at the National Centre of Epidemiology, Surveillance and Health Promotion of the Istituto Superiore di Sanità.

The preparation, translation and adaptation of the PHEPA English documentation and related materials and the organizations of a few well-managed meetings has been aimed at optimizing the presentation and the starting of the training programme as well as the dissemination and the promotion and implementation in Primary Health Care settings. It has been, perhaps, a priority to develop a good communication strategy and to organise local conferences to announce and promote the programme. The web page of the Istituto Superiore di Sanità has published the call for selection of candidate to the first training programme

IPIB (<http://www.iss.it/binary/esps/cors/scheda%20corso%20ott%2007%20scafato.1185442119.pdf>) as well as the programme of the course (<http://www.iss.it/binary/esps/cors/locandina%20programma%20corso%20ipib%20PDF.1189778413.pdf>) that will allow 24 participants for each of the planned courses to be trained to train other professionals themselves.

The course has received the credit and a small funding from the Ministry of Health and of the Continuous National Training Programme, compulsory for the professionals of the National Health System. The training course has been opened to GPs and generally speaking to all the physicians involved in the Primary Health Care as well as (something new in Italy) to the psychologists.

This has been made possible by the institutional role of the Istituto Superiore di Sanità, the scientific and technical advisory body of the National Health System, of the Ministries, of the Regions.

The training standard PHEPA has been approved and formally recommended by the National Committee on Alcohol set by the law 125/2001 and the Istituto Superiore di Sanità indicated as the national provider of the training activities in close connection with the SIA and the Regions (see <http://www.solidarietasociale.gov.it/NR/rdonlyres/CCA57828-3C95-4568-9D25-9E22395E862F/0/Formazionepersonale.doc>):

6) *sulla base dello standard europeo delineato dal progetto comunitario PHEPA - Primary Health care European Project on Alcohol - e delle esigenze di formazione specifica del personale sanitario operante nel settore di prevenzione primaria, è raccomandabile un'implementazione nazionale e regionale delle attività preventive alcol-correlate attraverso l'attuazione di corsi specifici volti a garantire la formazione dei Medici*

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*di Medicina generale e l'aggiornamento continuo. Per tale compito l'Istituto Superiore di Sanità si è già proposto di coordinare e promuovere tali attività in concertazione con le Regioni ed in collaborazione con Società professionali (SIMG) e scientifiche (SIA).*

The need for the specific training standard and consequent activities outlined by the PHEPA/IPIB Country strategy found a relevant inclusion among the activities of the Alcohol National Strategy 2007-2010 (Piano Nazionale Alcol e Salute – PNAS) ([http://www.ministerosalute.it/imgs/C\\_17\\_pubblicazioni\\_623\\_allegato.pdf](http://www.ministerosalute.it/imgs/C_17_pubblicazioni_623_allegato.pdf)) as follows:

*Area "Trattamento del consumo alcolico dannoso e dell'a/co/dipendenza"*

*Risultati attesi*

*-Disponibilità per i singoli e per le famiglie di un trattamento accessibile ed efficace per tutto l'arco dei problemi alcolcorrelati, dal consumo a rischio e dannoso all'alcoldipendenza.*

*Azioni*

*-Provvedere al coinvolgimento e alla formazione degli operatori della medicina di base, e in particolare dei Medici di Medicina Generale, Pediatri e Medici dei Dipartimenti di Prevenzione, per l'identificazione precoce dei soggetti a rischio, anche tramite strumenti di screening comportamentale mirati e attendibili, nonché per 1' intervento breve nei confronti del consumo alcolico nocivo*

It has been also possible to let the PHEPA/IPIB approach included into the National Governmental Programme "Gaining Health" (Guadagnare Salute) ([http://www.ministerosalute.it/imgs/C\\_17\\_pubblicazioni\\_605\\_allegato.pdf](http://www.ministerosalute.it/imgs/C_17_pubblicazioni_605_allegato.pdf)) as follows:

**5 RAFFORZARE GLI INTERVENTI DI PREVENZIONE PRIMARIA E SECONDARIA NELLA MEDICINA DI BASE**

- Provvedere alla sensibilizzazione e formazione degli operatori della medicina di base, e in particolare dei Medici di Medicina Generale, per consentire l'identificazione precoce dei soggetti a rischio nonché la pratica dell'intervento breve e del counselling nei confronti del consumo alcolico nocivo. A tale fine dovrebbero essere sostenute nuove e adeguate strategie contrattuali e stanziare risorse finanziarie che consentano la più ampia disponibilità, accessibilità e produttività degli operatori e dei servizi di base in merito ai suddetti interventi.*
- Favorire un approccio integrato che coinvolga nella individuazione precoce dei casi di abuso, oltre ai servizi e agli operatori sanitari, anche i servizi sociali, i gruppi di auto-aiuto, le istituzioni scolastiche, giudiziarie, il mondo del lavoro e le altre istituzioni interessate.*

One more initiative is related to the opportunity given by a recent agreement signed by Alcoholics Anonymous – AA and the Italian Federation of General Practitioners to promote joint activities related to a management programme of alcoholics and problematic drinkers that may include the training of GPs by means of the training programme and the competencies of the Istituto Superiore di Sanità. Furthermore a series of meetings could be arranged involving all the possible stakeholders at the local level; in this field Italy has since 2002 organized the Alcohol Prevention Day in April, actually promoted by the Italian Society of Alcoholology (SIA) and the Italian Club of Alcoholics and Treatment (AICAT) as a yearly occasion to spread alcohol-related health aimed at the reduction of alcohol-related harm.

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The Alcohol Prevention Day 2008, organized yearly in Italy by the Osservatorio Nazionale Alcol and the WHO CC for research and health promotion on alcohol and alcohol-related problems will focus on the IPIB approach and the National implementation of the early identification of alcohol abuse and brief intervention with the support and acknowledgment of the Minister of Health.

As a final consideration we may say that the possibility to improve the capacity to deal with alcohol problems by means of the PHEPA project seems to receive new strength from the above reported experience. The Italian experience was extremely important to focus the attention on the need for standardised instruments and methodology and on the development of the local capacity to involve all the possible stakeholders into a community strategy that cannot be limited to the Primary Health Care settings. The need for a much more formalised approach on alcohol-related problems and diseases and the possibility to implement the early detection of alcohol abuse into the daily work of General practitioners by mean validated instruments has start to become formally a priority in terms of the National Public Health Strategy even if many obstacles have to be overcome and many efforts to be done to convince that the common practice will not be affected by difficult screening procedures test and that the cost-benefit ratio will be higher than today. The Country adaptation of the EIBI has been so far and still remains a challenge for the forthcoming years together with the need to improve and simplify the methodologies and the specific procedures. A general remark must be made on the opportunity to spread the short-Audit (3 items) as a quick screening tool for the general population level.

In terms of implementation of the PHEPA approach and standards the current experience require a possible further adaptation and dissemination across the different sectors of the Primary Health Care settings in Italy including the professionals working in the workplaces (in which a very recent pilot initiative has been performed with interesting results) and the local prevention services.

Regarding the web activities, these are in progress and the set-up of a specific page on the web site of the Istituto Superiore di Sanità is close to being finalised following a formal procedure.

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