

# Phase IV in Slovenia

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Dr. Marko Kolšek

Department of Family Medicine  
Medical Faculty, University of Ljubljana

# Background

- wine producing country
- drinking alcohol is a part of culture - it is unusual if one doesn't drink alcohol
- also children are drinking (60% of 10-year olds)
- approx. 17-18 litres of pure alcohol/ year/ inhabitants over 15 years (one of the highest in Europe)
- standardised death rate/100,000 inhabitants for liver disease is 34.8 (one of the highest in Europe)
- suicide rate is 26.5/100.000 inhabitants (one of the highest in Europe)

## Background 2

- From 1998 to 2001 Slovenia participated in EU-funded project *ECAToD* where one of the aims was customisation of materials for early identification and brief intervention for excessive alcohol consumption
- in 1999 we joined WHO Phase IV project
- the main problem for Phase IV until autumn 2003 was funding (from 2000 to 2003 we received only 6000 EUR)

# Background 3

*Some conclusions from ECAToD study:*

- Nobody (general public and health professionals) was familiar with low-risk alcohol drinking limits and the terms “hazardous” and “harmful” drinking
- EIBI seemed to be nobody's role
- lack of knowledge, customised materials and guidelines for EIBI
- broader social action is needed to change majority beliefs that encourage heavy drinking
- changes in alcohol policy and in society as a whole are needed to make the work of the PHC team successful

# Customisation of materials and services

*(results partly from ECAToD study)*

- FD realized that EIBI is their or their team's role
- AUDIT-C questionnaire was adapted and then accepted for everyday use in FD practices
- screening should be done
  - opportunistically together with other life-style questions
  - selectively if a problem is possibly related to drinking
  - at preventive check-ups for adults every 5 years
- BI can be delivered as \*brief advice for hazardous drinking and as \*health behaviour change counselling for harmful drinking

# Reframing understanding

- alcohol issues included in the 6th year medical faculty curriculum
- EIBI training included in vocational training of FDs
- a short manual for EIBI for FDs was prepared
- an information leaflet for the general public was printed
- in autumn 2003 we received funds from the Ministry of Health for a wide population-based campaign that includes press conferences, articles in different journals, radio interviews, TV-slots, several art exhibitions and a wide distribution of several posters

# Strategic alliances

- at the beginning, some individuals from the Medical Faculty and the Slovenian Medical Association supported the project
- The Faculty for Social Work and the Art Academy soon joined us, the National Health Insurance company supplied some funds, and the Ministry of Health supported AUDIT-C dissemination
- At the start of the population based campaign, several companies supported it with donations, by delivering their services free or with reduced prices for their services

# Demonstration project

- It was not carried out in Slovenia.
- Reasons:
  - not enough funds to begin
  - Slovenia is a small country and it would be difficult to have a control group that would not be influenced by widespread actions in one part of the country
  - during discussions with the Ministry of Health some nationwide initiatives were accepted (AUDIT-C, information campaign and financial support for wide PHC team training on EIBI)
  - simultaneous changes to law by the Ministry of Health for restricted alcohol availability

# What helps us to move things?

- Some enthusiastic and persistent individuals are crucial who:
- are aware of alcohol-related harm;
- believe in early identification;
- believe simple advice and/or brief intervention works;
- believe people can change (professionals and patients) if they realize why and how; and
- can be patient to wait for change to happen slowly

# How to proceed?

- develop a verbal questionnaire for early identification
- consider an additional questionnaire with actual amounts of wine, beer, spirits instead of units
- prepare a self-help booklet for risky drinkers
- reframing understanding has to go on for several years (among general public and professionals)
- “risky drinking” concept and the idea of EIBI to be included in nurses’ education

# How to proceed (2)?

- start with EIBI training of as many FDs as possible (after training the trainers)
- consider offering incentives to FD for doing EIBI
- encourage all clinicians to include early identification in their work in hospitals and out-patient clinics
- collaborate in the Council for Alcohol politics to
  - find ideas for future progress
  - plan and support effective actions and projects
  - influence changes in legislation