

WHO - PHASE IV - SLOVENIA REPORT

Pecs, 7.-11. September 2001

We still have problems with the funding of the project. We have received some money from National Health Insurance Company and from the Ministry of Health. Some pharmaceutical companies refused to fund the project. We haven't receive answers from private insurance companies and the majority of pharmaceutical companies.

Fortunately, we've participated in ECATOD project and a lot of knowledge and conclusions can be used for Phase IV.

Here are some conclusions reached by focus groups and by Delphi methodology that were done in ECATOD project.

The success of any programme related to alcohol is related to the support of a community with its structure as a whole (medicine, schools, media, politics, church, non-governmental organizations, etc.).

Programmes should be complex and aimed also to change people's beliefs.

Alcohol topic should be introduced as a normal and usual part of the work in everyday practice to all patients in a proper way not only to the patients that are considered alcoholics.

Alcohol topic should be introduced in a proper way also to the children.

There certainly is a lack of:

- current clasification of people's drinking
- knowledge of guidelines how to manage alcohol drinking problem in primary care
- acceptable screening tool for risky drinking
- knowledge about brief interventions

All these "lacks" just fit in Phase IV. objectives. So, our situation is just as "a ripe apple to be picked".

Customisation of materials and procedures

For everyday work with patients in primary care we found 3-questions AUDIT usable in our country. It is convenient to be incorporated in a life-style questionnaire (together with questions about eating habits, smoking and physical activity).

We've made some small changes in the questions:

- we defined the period of time we are asking about at all three questions (last 12 months)
- we added "half of a drink" to the second line of the second question
(some patients had problems where to clasify themselves if they don't drink the whole glass)

We are thinking about "screening" questions that can be used in a conversation with patients because some patients and also some physicians don't like questionnaires. When convenient verbal questions are prepared we will perform a study to compare and validate it.

We are preparing materials for education of health professionals on EIBI.

Refraining understanding

We succeeded to include these three AUDIT questions in a cardio-vascular risk questionnaire that is a part of national preventive programme in primary care and is ordered by the Ministry of Health. This questionnaire will be delivered to all the patients whose risk for a cardio-vascular event in next 10 years is higher than 20%.

Information about current guidelines about early identification and brief intervention possibilities has been included in the family medicine curriculum for undergraduate medical students since this school year; for postgraduate students it was included two years ago.

We are discussing with some schools and colleges for nurses to include basic information on alcohol drinking problems in their curricula.

A study on present situation of collecting and writing data, assessment and intervention done on alcohol drinking habits of patients in primary health care has been done to get an impression what is the starting point in Slovenia.

Data were collected in 27 GPs' practices. It was not a random sample of practices. These GPs were at their vocational training but they had worked as general practitioners already for at least 5 years. Data are disappointing. We expect they would be even worse with an "average" GPs. Here are some results of this study:

- 55 general practitioners participated in the study
- analysis was made for 1054 randomly selected patients aged from 15 - 80 years
- only 30% of patients have been asked about their alcohol drinking habits in last 10 years (mostly in conversation - a written questionnaire was used only at 30 patients)
- male patients have been asked two times more frequently than female patients
- only in 20% the amount of alcohol consumption was written in medical records
- GPs attitudes to ask and write down in the medical record patients drinking habits differed a lot:
 - 9 GPs (of 55) asked more than 50% of their patients about drinking
 - 4 GPs didn't ask any patient about their drinking
 - only 3 GPs wrote the amount of alcohol consumed by a patient
- 10% of patients were considered to drink "too much" - it means they were considered alcoholics
 - 28% of them were referred
 - 63% of them received a kind of counseling to drink less or to quit
 - 10% received nothing

Demonstration project

We have chosen the part of Slovenia to perform demonstration project. It is a wine producing region with 30 primary health care teams. This region was selected because we knew physicians

that work there to be cooperative and acceptable for new things and the manager of its health center supports us. But even there we had problems to convince physicians to accept a demonstration role.

But I think our negotiations are almost over and they will accept it. We will try to start the project till the end of this year.

We are preparing a questionnaire to evaluate the present situation in this region about:

- alcohol issues knowledge of health professionals, different stakeholders and general population
- health professionals' attitudes on alcohol problems
- health professionals' performance of alcohol related health problems
- regional alcohol production (registered and unregistered) and sale
- education package for different health professionals

We are preparing a strategy to help them to organize a local steering group and a strategy to involve the local society as a whole to be involved in the changes of alcohol issues.

We are going to run focus groups with health professionals and lay people from this region to find out their expectations and possible barriers and motivations to facilitate the implementation of an intervention programme to change their behaviour.

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