

# **HEALTH PROFESSIONALS AND ALCOHOL POLICY**

**BUILDING CAPACITY FOR ACTION**  
**European alcohol policy conference**

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# History

- First big change **in early 70th** of the last century:
  - **dr. Rugelj** - intensive in-patient treatment of alcoholics based on work of **dr. Hudolin** from Croatia followed by a long-term treatment in *groups of treated alcoholics* at primary health care (PHC) level – in 80th more than 120 groups
- **In 80th**: a lot of different in-patient and out-patient group treatment possibilities for alcoholics and their partners
- Second change in late 90th: joining EU project ECATOD and WHO collaborative project the **Department of family medicine** started to put the emphasis on hazardous and harmful drinking and PHC by reframing process
- **In 21st century**: WHO project and EU project PHEPA helped us to start a wide educational and implementation process

# The role of health professionals

- First tasks of health professionals, especially in PHC (INDIVIDUAL LEVEL):
  - early identification of hazardous drinking before any alcohol related problems occur and
  - early identification of harmful drinking to prevent further problems and also
  - early identification of addiction to refer alcoholics for treatment in the early stage
- PUBLIC LEVEL (social role): advocating for alcohol policy by giving information and raising awareness on the impact of hazardous and harmful alcohol drinking

# **Refraining understanding – among professionals and population**

- **Introducing the “stage” concept:**
  - abstinence
  - low risk drinking
  - hazardous drinking
  - harmful drinking
  - alcoholism

## ■ **Education for EIBI**

“early identification and brief intervention – EIBI”

- **Irreplaceable role in EIBI and advocating for alcohol policy**

# Activities

## ■ INDIVIDUAL LEVEL:

- Education on alcohol issues in:
  - undergraduate curriculum for all medical students
  - specialization for family medicine
  - CME courses for practicing doctors and nurses
- Printed materials:
  - a manual for general practitioners
  - adapted clinical guidelines for EIBI
  - a selfhelp booklet for risky drinkers

## ■ PUBLIC LEVEL (social role):

- a wide national long - lasting campaign “Message from the bottle”

# Message from the bottle

- wide media campaigns (articles and “advertisements” in journals, press conferences,...)
- “above the line”: billboards, posters, TV spots
- “below the line”: T-shirts, glasses, ...
- special events: exhibitions on squares, sport events, universities, institutions, factories, bars’ toilettes, ...
- modern approaches: webpages - internet resources, e-mail information

# Barriers ??- Still not enough stressed points

- The role of nurses is not defined yet clearly
- Early identification of hazardous, harmful and addicted drinkers is not done at all levels
- Some doctors still stimulate alcohol drinking
- Still not enough preventive projects (like e.g. “You can choose - win or lose ”)
- Not enough media “marketing”
- Not enough effort (money and staff) put in research