Introduction

- **UP TO DATE**: Use of psychoactive substances in adults: Prevention & Treatment by general practitioners and occupational physicians. **DATa retrieval**

- **Aim**: providing an accurate view of the management of addiction in Belgium, from the physicians' perspective, current collaboration between OPs and GPs and future policies.
Workpackage: Qualitative research

What are experiences, attitudes and decision making policies of GPs regarding to alcohol, illicit drugs, hypnotics and tranquilizers abuse from a physician’s perspective?
Method

- Research perspective: phenomenological
- Researcher’s perspective: GPs

- Sampling: typical cases for each of the substances (alcohol, illicit drugs, hypnotics and sedatives)

- 20 Flemish and Walloon GPs

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Method

- Analysis – two methods

  - Integrated model for change De Vries*

  - Thematic analysis to develop a survey

Method

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  - Integrated model for change De Vries
  - Thematic analysis to develop a survey
Fig. 1. An integrated Model for Change
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Predisposing factors

- **Behavioural factors**
  - Personal experiences

- **Psychological factors**
  - Former emotions
Predisposing factors

**Behavioural factors**
- Personal experiences in practice
- Own experiences with drug and alcohol abuse

"I’ve lost some young patients with heroin addiction…I even went to their funeral…that has influenced me strongly until now…This has marked me for the rest of my life"

GP 6, M, 58 years

**Psychological factors**
- Personal emotions

I had a depression myself. I’ve learned a lot from that episode … I feel immediately, if someone has difficulties in her or his personal life…

GP 3, F, 36 years
Predisposing factors

**Behavioural factors**
- Experience doctors
- Own habits: alcohol....

**Psychological factors**

**Biological factors**
- Age and gender GP

**Social and cultural factors**
- Practice organisation
- Practice environment

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“Marocans use a lot of cannabis. The young men use much cocaine but no heroin. Turkish young men use more heroin and Flemish youngsters misuse pills”

GP 8, M, 40 y

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“In a fee for service system, it’s difficult to refuse… Patients ask only for a prescription….’Do I need to pay?’… Ethically it’s difficult… in a health care centre we can easily refuse to prescribe.”

GP 9, F, 29 y
Fig. 1: An integrated Model for Change
Information sources

**Message-content**
Knowledge on skills
Support tools for practice

**Channel**
Practice: sharing medical records, team meetings

**Source**
Not enough guidelines, no patient leaflets

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Information sources

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Knowledge on skills
Support tools for practice

Channel
Practice: sharing medical records, team meetings

Source
Not enough guidelines, no patient leaflets

“Problematic use of drugs, this always discussed on our weekly practice meeting and than we make agreements: he (the patient) gets only prescriptions with that GP and the date is noticed in the patient’s record, so there is no discussion”

GP 9, F, 29 y

“We only got a medical education and not on psychosocial skills,… to find solutions together with the patient, that was not done…”

GP 4, F, 49 y
Fig. 1. An integrated Model for Change
### Awareness factors

#### Knowledge
- Definitions of abuse not important

#### Cues to action
- Social dysfunction
- Alcohol smell
- Blood results
- Patient or family asks for help

#### Risk perception
- Elderly people
- School results
- Low socio-economic situation
- Psychosocial problems
- Stress in the workplace

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**“a young woman abused by her partner… she got an alcohol addiction and was threatened to lose the care of her little boy… this was a cue for action for me and a motivation for her”**

GP 6, M, 58 y

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**“Doctor-patient relationship is the basis for everything. Certainly for substance abuse. It’s essential people feel they can talk in an open confidential atmosphere.”**

GP 2, M, 52 y
Awareness factors

Knowledge
Definitions of abuse not important

Cues to action
Social dysfunction
Alcohol smell
Blood results
Patient or family asks for help

Risk perception
Elderly people
School results
Low socio-economic situation
Psychosocial problems
Stress in the workplace

“More and more young people misuse substances because of the stress on the job and fatigue because of the children”
GP 3, F, 36 y

“I get annoyed at those elderly, taking sleeping pills, you can’t let them stop… I think I will spend more time in adolescents misusing alcohol or drugs… because this could become a serious problem”
GP 10, F, 43 y
Fig. 1. An integrated Model for Change
Motivational factors

**Attitude**
- Addiction as a disease
- Responsibility

**Social influences**
- To stop is not the norm
- Perceived social pressure of patient and environment

**Self-efficacy**
- More experience
- Frustration
- Anxiety to discuss problem
- No skills to handle these problems

“The difference between hypnotics and alcohol and illicit drugs is, that I can maintain this problem and that makes you want to stop this faster because it’s part of your responsibility… in contrary alcohol and illicit drugs it’s their own problem and you are the coach…”

GP 4, F, 49 y

“As a young GP I found patients had to stop and this is my responsibility as GP. Now I realise that it is not my responsibility … and I’m just here to coach them and this is a more comfortable position and I like it”

GP 3, F, 36 y
Motivational factors

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“I don’t find it so easy. It’s a kind of intimacy, like talking about sex… it has something normative… how dare you to ask this? …. I project this on my patient….maybe the patient thinks ‘it’s a normal medical question’”  
GP 2, M, 52 y

“…. I had to recognise these signals earlier. I’m also fatalistic: motivating alcohol addicts … I never succeed and if patients did, it was certainly not because of my merits but because of the patient’s own resilience”  
GP 6, M, 58 y
Fig. 1. An integrated Model for Change
Intention state

**Precontemplation**
First contact difficult
Good doctor-patient relationship
Looking at patient’s agenda

**Contemplation**
Longer consultations
Wrong decisions – patient leaves practice

**Preparation**
Referral
Collaboration

“The first step is to make it debatable. Let’s feel the patient that everything is possible to discuss in a non-judging way ‘I am here’, I’m here to coach you, I’m your health advocate’. You have chosen me and I have to take up this role. I bring it as a dilemma; I let you free, it’s your choice and it has to be on your agenda

GP 2, M, 52 y
Fig. 1. An integrated Model for Change
Abilities

Implementation plans
Guidelines with patient material
Better prevention campaigns

Performance skills
Communication
Training

Action plans
First line psychologists
Group practices: agreements

“Continuous professional development must cover the whole landscape of general practice. The society is in evolution. It’s a task for the GP to develop expertise in addiction”
GP 10, F, 43 y

“To be part of a team, building up experience, learning your own limitations, it’s a process”

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**Barriers**

**Difficulties to refer to a psychologist**

“We can’t send anybody to a psychologist that’s unpayable... if you go five times that’s 250 € and they don’t have tha money. If you go to a centre for psychological care you have to wait at least 3 months for an intake..”

GP 4, F, 49 y

**Time consuming**

**Lack of knowledge**

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To discuss and to summarise

Doctor as a person is not missing in the model but is overall in the model
- Predisposing factors: Personal stories of change during the years
- Psychological: own emotions, frustrations
- Attitude: Open and confidential
- Difference hypnotics and other substances
  - Responsibility of GP in hypnotics prescriptions
  - Coach with other substance abuse
To discuss and to summarise

• Patient as a person in his own context
  - Social context – work stress
  - Patient’s agenda
  - What’s acceptable for the patient? For the environment?

• Doctor-patient relationship: cue to action
To discuss and to summarise

Education: not only knowledge on guidelines and models of motivational interviewing

But make (future) GPs aware from their own influence as a human being in the doctor-patient relationship and especially in the case of treating these addicted patients
Thanks from all these patients, for everyone of you, who takes care of them