Introduction

- **UP TO DATE** : **U**se of psychoactive substances in adults: **P**revention & **T**reatment by general practiti**O**ners and occupational physicians. **DAT**a retri**E**val

- **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

Method

- Analysis – two methods
  - Integrated model for change De Vries*
  - Thematic analysis to develop a survey

De Vries H, Mudde A, Leijs I, et al. The European Smoking prevention Framework Approach (EFSA): an example of integral prevention. Health Education Research 2003; 18(5):611-26

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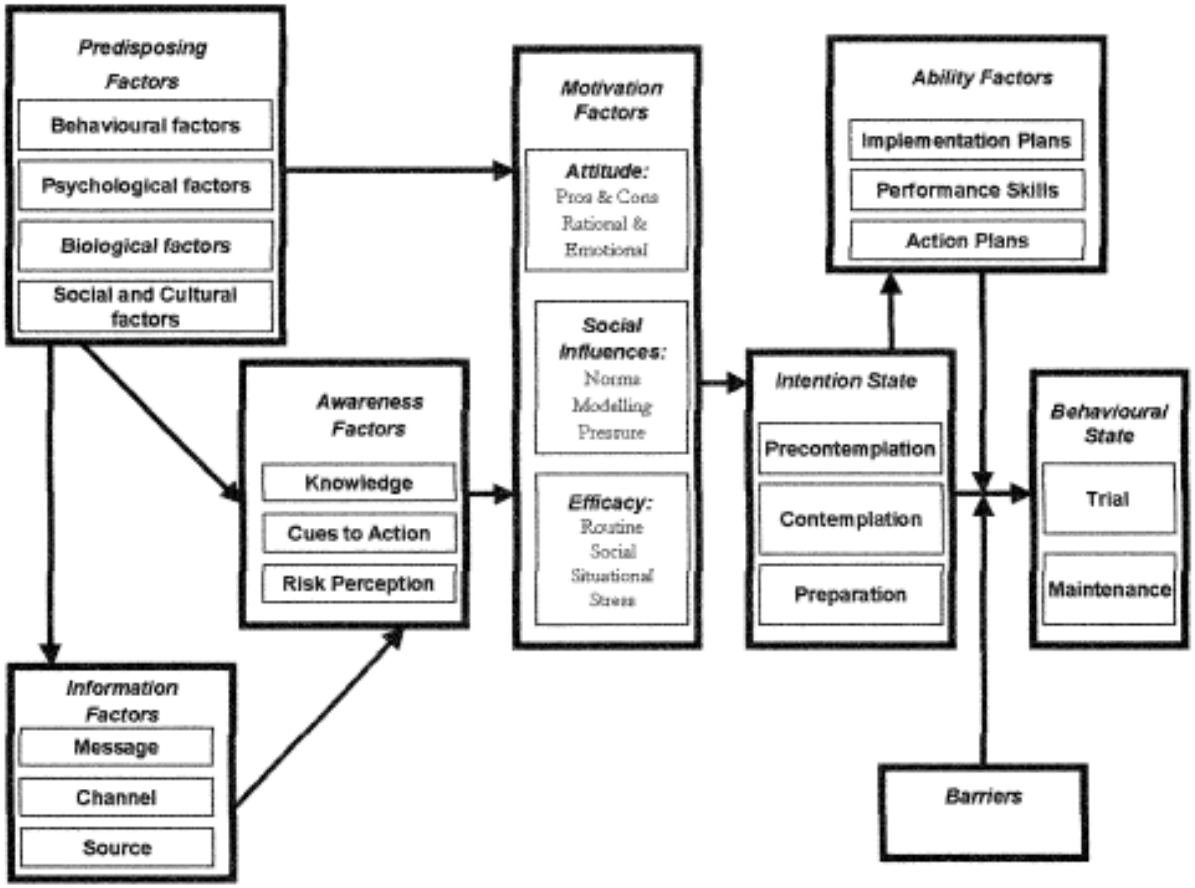

Fig. 1. An integrated Model for Change

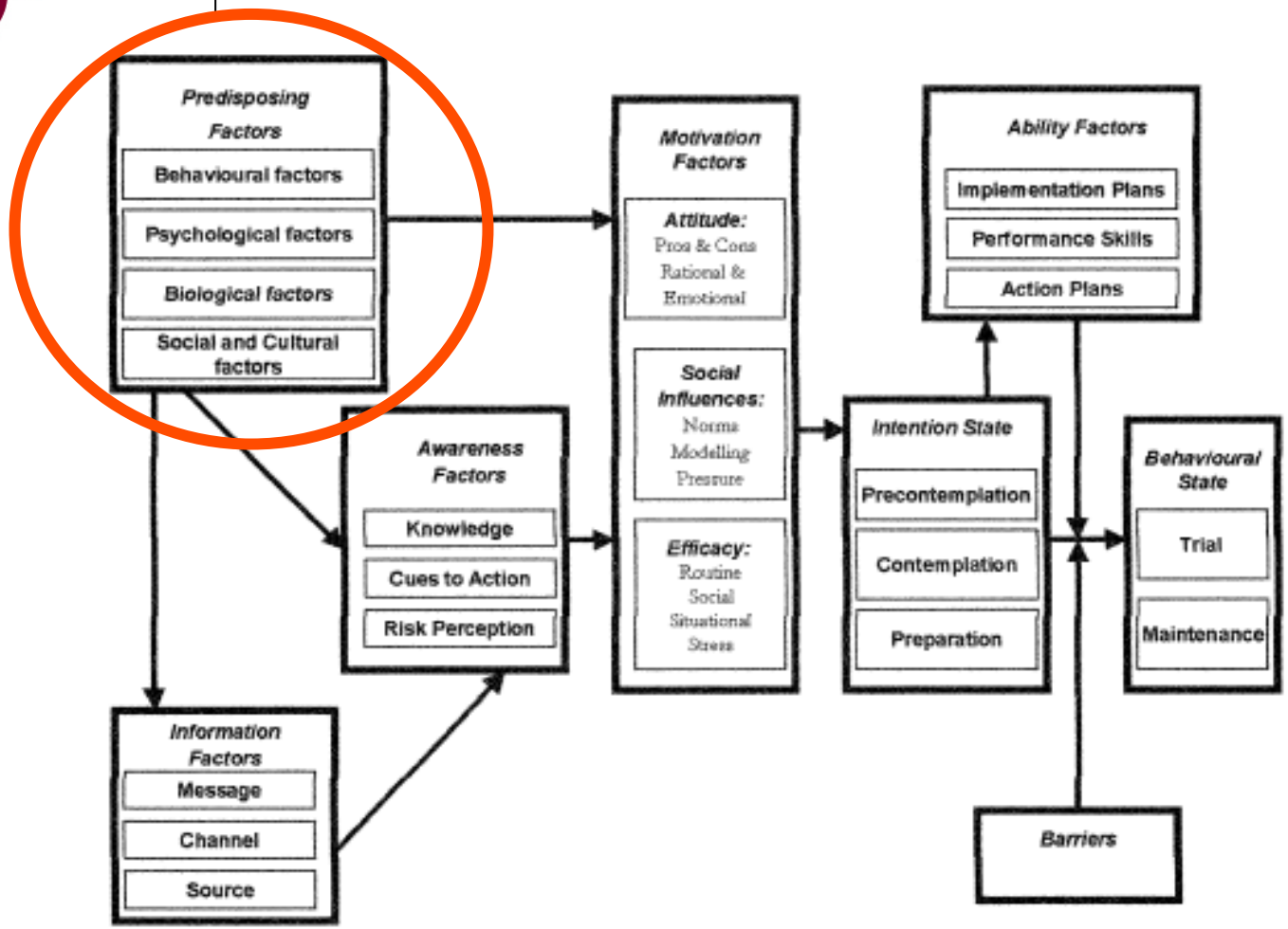

Fig. 1. An integrated Model for Change

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

"Maroccans 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

"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

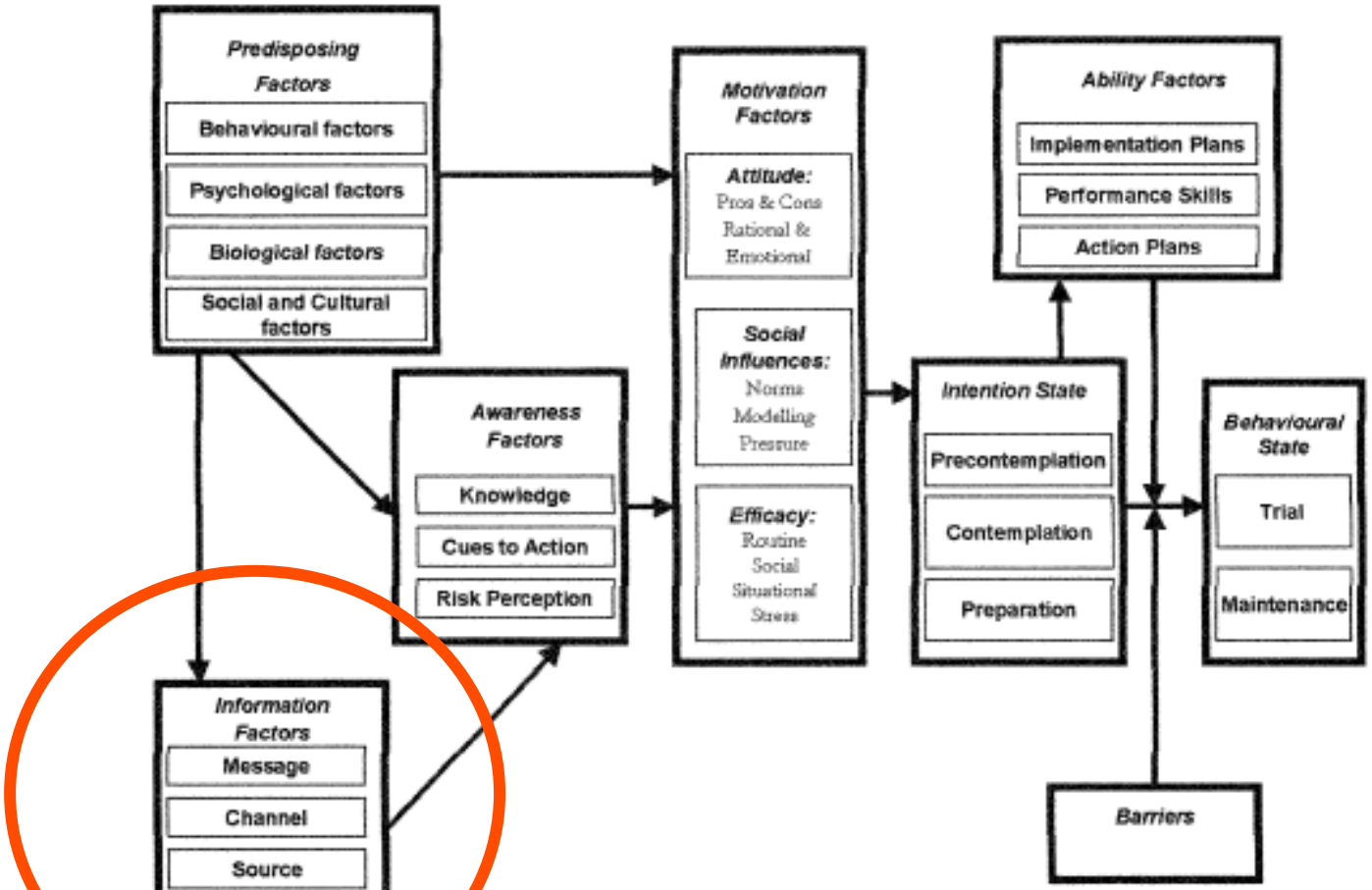

Fig. 1. An integrated Model for Change

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

Information sources

Message- content
Knowledge on skills
Support tools for practice

→ "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

Channel

Practice: sharing medical records, team meetings

→ "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

Source

Not enough guidelines, no patient leaflets

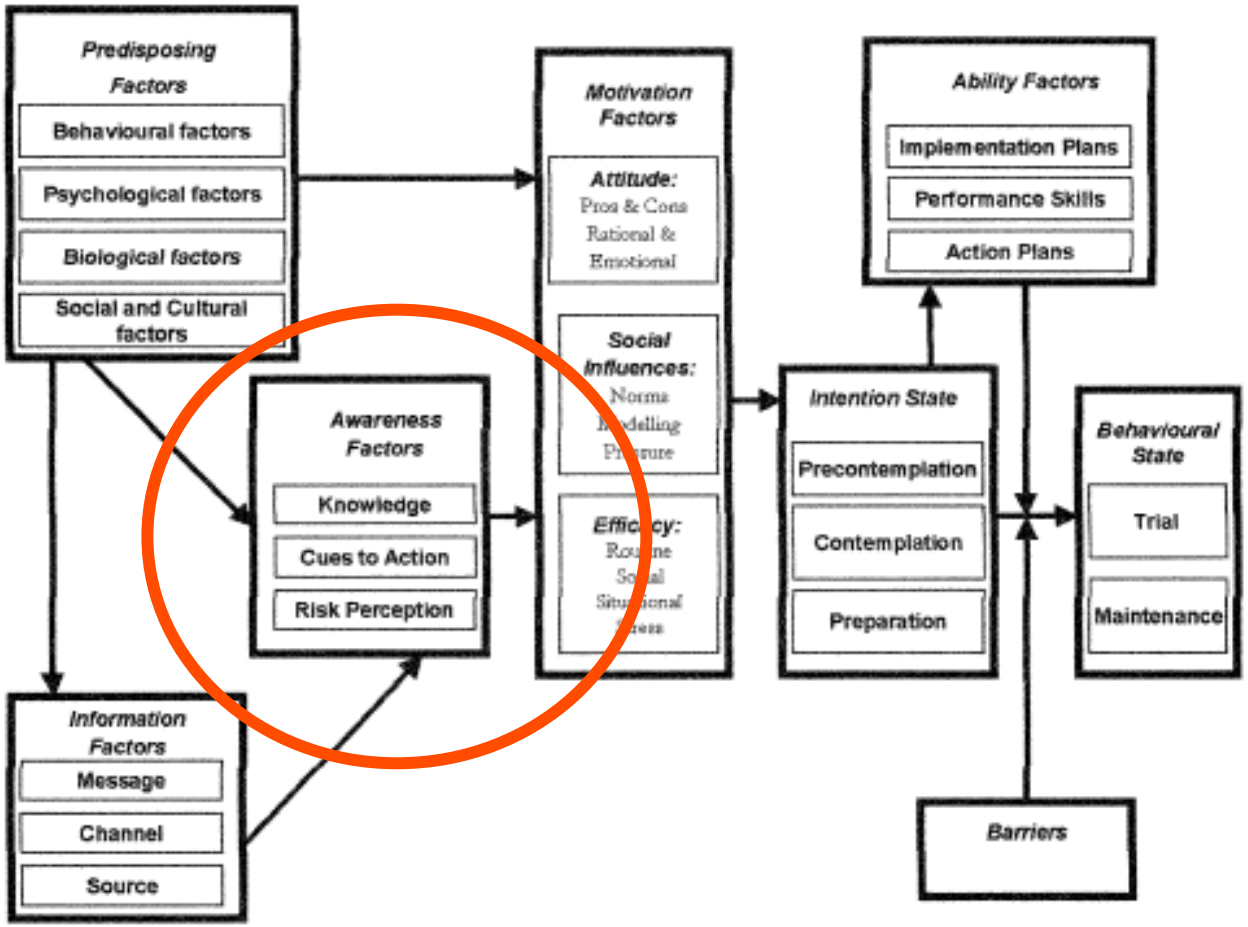

Fig. 1. An integrated Model for Change

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

" a young woman abused by her partner… she got an alcoholaddiction and was threaten to loose the care of her little boy… this was a cue for action for me and a motivation for her"

GP 6, M, 58 y

" 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

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"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

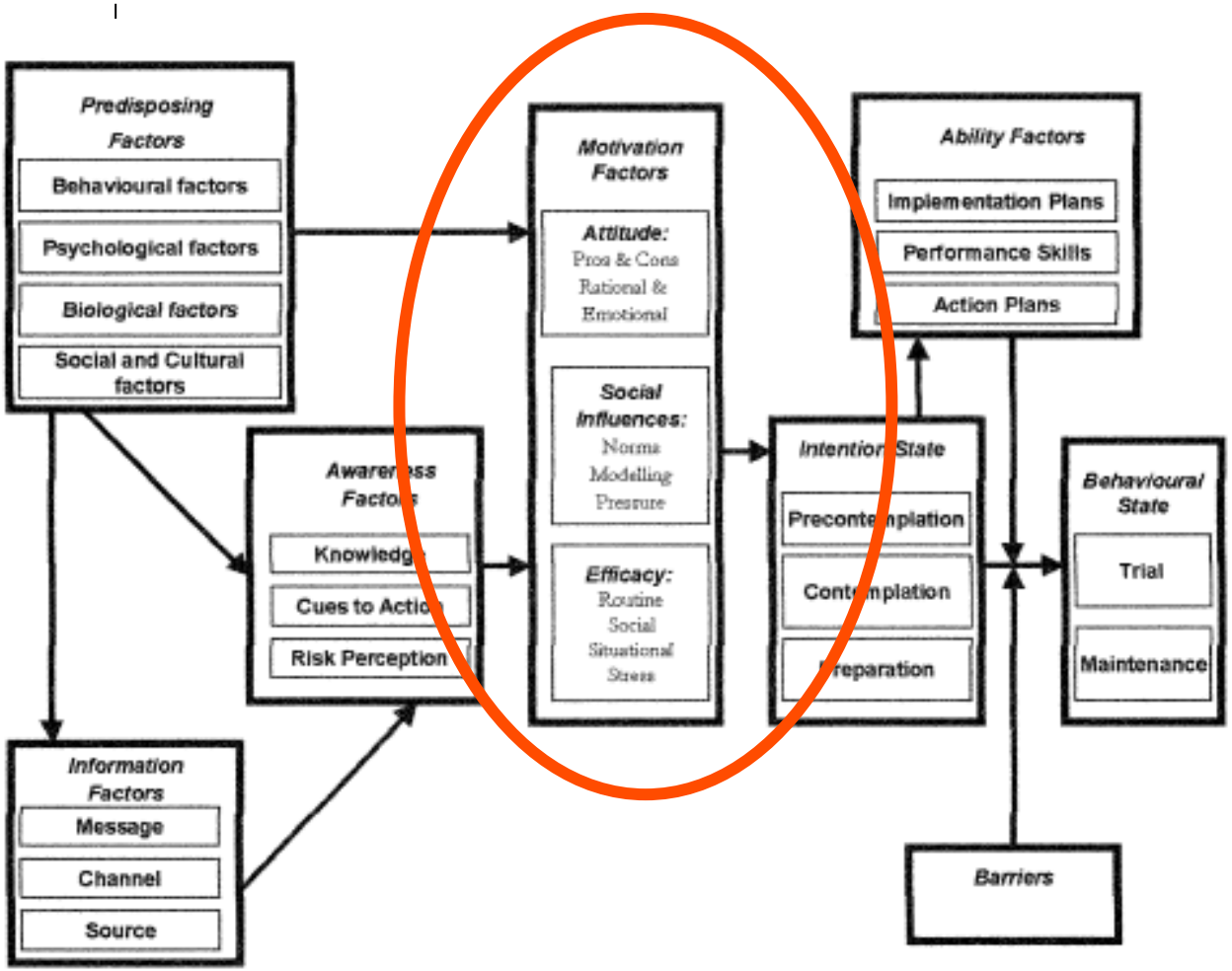

Fig. 1. An integrated Model for Change

Motivational factors

Attitude
Addiction as a disease
Responsability

Social influences
To stop is not the norm
Percieved social pressure of patient and environment

Self-efficacy

More exeperience
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 responsability… 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

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" I don't find it so easy. It's a kind of intimity, 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

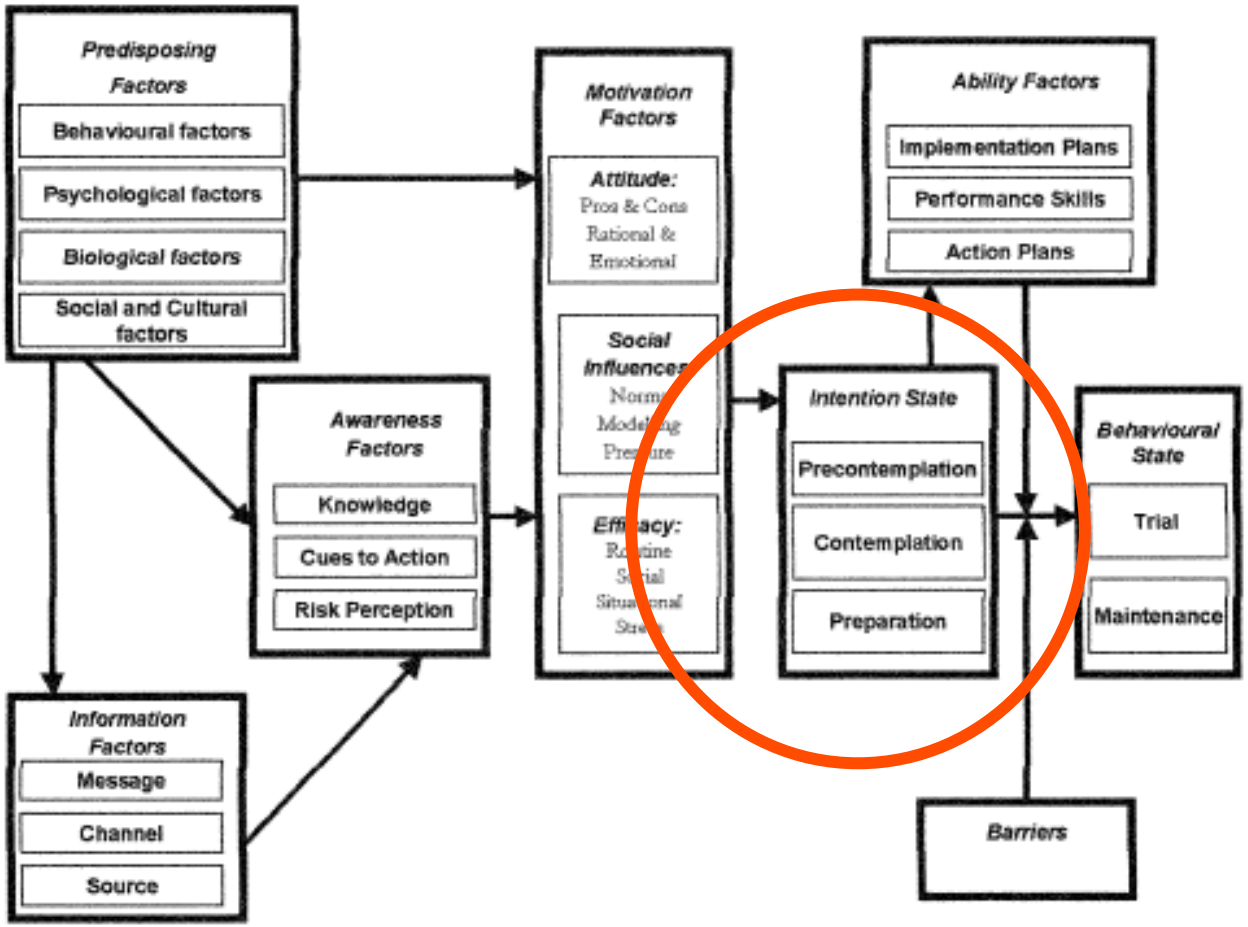

Fig. 1. An integrated Model for Change

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

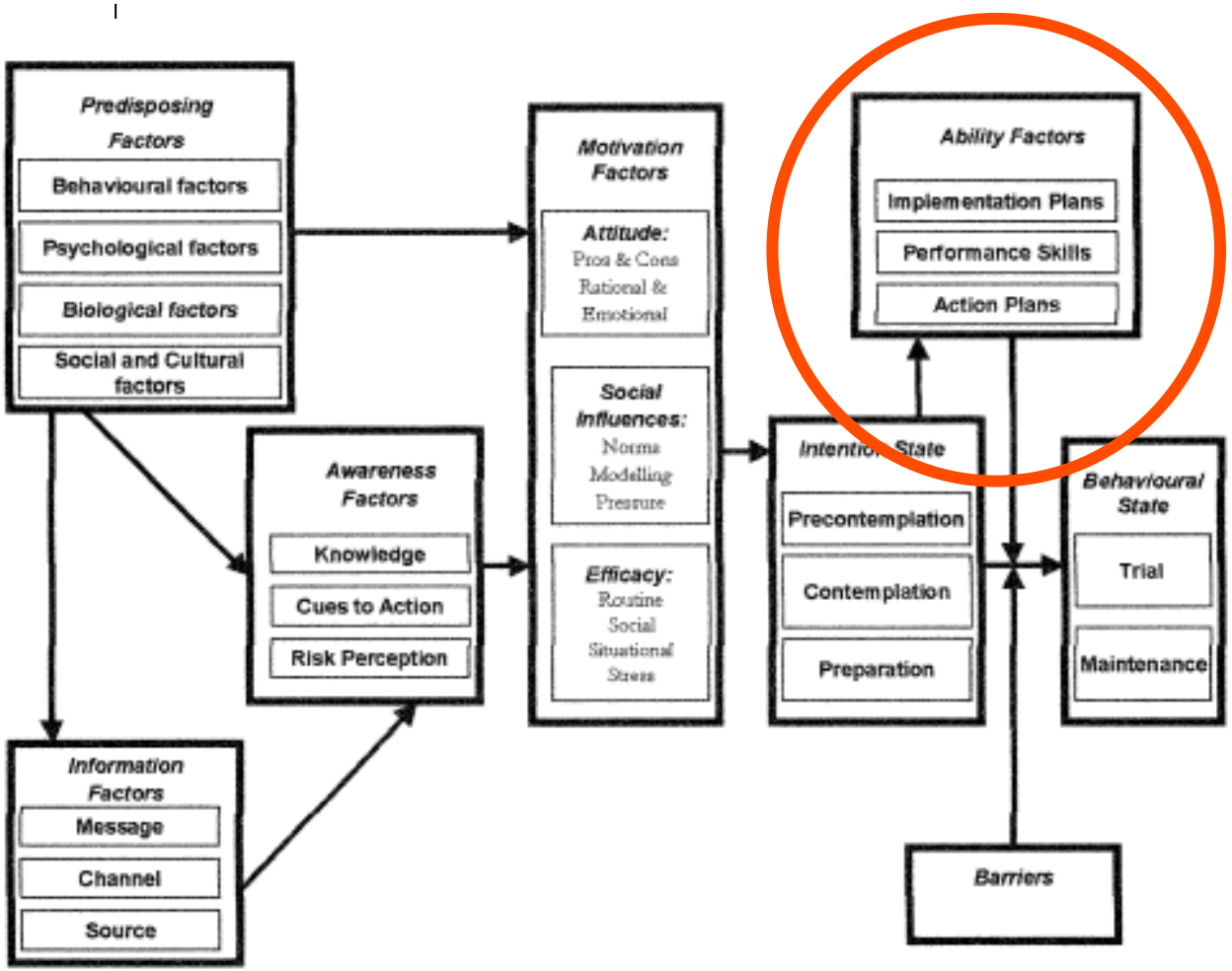

Fig. 1. An integrated Model for Change

Abilities

Implementation plans
Guidelines with
patient material
Better prevention campaigns

Performance skills
Communication
Training

→ " Continous professional developement 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

Action plans
First line psychologists
Group practices: agreements

→ "To be part of a team, building up experience, learning your own limitations, it's a process

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

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