

The approach taken to substance abuse by occupational physicians: a qualitative study on influencing factors

ABSTRACT

Objective

Aiming to enhance occupational physicians' (OPs) practice when dealing with employee substance abuse, this study analyzes the experiences of OPs to gain insight into the factors influencing their behavior.

Methods

Semi-structured interviews were conducted and analyzed using Interpretative Phenomenological Analysis.

Results

OPs act differently depending on the type of drug. Their approach was mainly determined by contextual factors and by their attitudes and skills. Many OPs want to invest in health promotion. Barriers such as lack of time and focus on periodic examinations often hamper both adequate prevention and the management of workers with substance abuse.

Conclusions

The approach to substance abuse by OPs could be supported by initiatives both at the individual and the collective level. A facilitating work context seems to be particularly important in their commitment to alcohol- and drug-related issues at work.

BACKGROUND

The impact of substance abuse in society is considerable, but depends largely on the type of drug used. Alcohol consumption was the third leading risk factor in the Global Burden of Disease Study 2010 of the World Health Organization (WHO) [1]. It plays a role in more than 60 major diseases and injuries [1]. In 2004, 1 in 7 male deaths, and 1 in 13 female deaths in the European Union were caused by alcohol [2]. Alcohol-related health damage can result from occasional or regular heavy drinking [2]. In 2013, 6.4% of Belgian alcohol consumers aged 15 or older were problematic drinkers defined according to the WHO thresholds of more than 14 drinks per week for women and more than 21 drinks per week for men. In 2001-2008 this was 8 to 9% [3]. However both the proportion of daily drinkers (14.2% in 2013 compared with 12% in 2008) and the prevalence of problem drinking (measured with the CAGE questionnaire; 10% in 2013) increased. Finally, 8% of the population exhibited binge drinking behaviour (consuming 6 or more alcoholic drinks on the same occasion) on a regular basis (at least once a week) [3]. Cannabis is by far the most frequently used illegal drug in Europe (lifetime prevalence, 21.7%; last year prevalence, 5.3%) [4]. Although the consumption of cannabis is rather stable in Belgium (lifetime prevalence, 15%; last year prevalence, 5%), the demands for treatment in which cannabis is the primary drug has tripled since 2003 [3, 5]. This could indicate a possible increase in cannabis related problems. 4% of the Belgian population has at least once used another illegal drug (e.g. cocaine, amphetamines, opiats, heroin) [3]. Finally the use of psychotropic medication is one of the highest in Europe. While the use of benzodiazepines has stagnated over the last few years, the number of users of antidepressants in Belgium has increased from 3.9% to 7.6% in 2013 [3].

The workplace is confronted with the negative consequences of substance abuse. In the European Union the tangible costs of alcohol in 2010 were estimated to be €74.1bn, which is 47% of the total social cost [2]. This is the result of lost productivity through absenteeism, unemployment and lost working years because of premature death. Alcohol-related work performance problems are mainly associated with non-dependent, lower-level drinkers who represent the biggest group of drinkers [6]. Recreational drug use may also reduce performance efficiency and safety at work, but more research is needed in this area [7]. The impact of benzodiazepines has mostly been described in relation to its impact on driving [8].

Following a Collective Labour Agreement (CLA n°100), all private organizations in Belgium must have a policy statement on alcohol and drugs (A&D) in the workplace. This CLA also promotes the development of an appropriate prevention policy [9]. Another important feature for the prevention and management of substance abuse in the working population relates to the role of occupational physicians (OPs). The provision of

occupational health services (OHS) in Belgium is compulsory and every enterprise whatever its size must affiliate with an OHS. Some large organizations have developed their own internal OHS (IOHS) but for more than 90% of workers occupational health care is supplied by external (certified) OHS (EOHS). Belgian OHS practice in general includes a broad list of preventive activities: workplace surveys, provision of information, counselling, health examinations, risk assessment, maintenance of first-aid skills, etc. [10]. The provision of regular health surveillance is based on the assessed level of exposure to occupational risks at the workplace. Depending on this risk assessment, it involves periodic medical examinations by the OP on an annual (about 50% of the workers) or tri-annual (about 20% of the workers) basis [10]. In that way OPs are regularly in contact with a significant proportion ($\geq 70\%$) of the working population, and this mostly in a preventive medical setting. Therefore OPs are in a unique position to intervene early when problems occur due to substance abuse [11]. They can detect substance abuse and refer employees for adequate treatment. In addition, they can also take into account the work-related context in which this substance abuse has developed [12].

However, little is known about the factors influencing the OPs' approach to substance abuse of employees. This study aims to describe the experiences regarding OPs' approach in Belgium, and to explore the ways they are collaborating with other professionals in providing appropriate care [13].

METHODS

Conceptual model

This qualitative study sought to answer the following question: "What are the OPs' experiences, attitudes, perspectives and decision-making skills regarding alcohol, illegal drug, hypnotics and tranquilizer abuse of employees from an occupational health perspective?" [13]. As a conceptual framework, we used the Integrated Model of Change (I-Change Model) of de Vries (Figure 1), whose components were used as 'sensitising concepts' [14]. This psychological behavior theory has already been used to study various and complex behaviors among health professionals [15, 16]. The broad applicability and the embedded motivational cycle guided our decision to use this model.

Figure 1: The Integrated Model of Change

Working with this I-Change Model allowed us to distinguish factors underlying the OPs' intention in the decision-making process as to whether or not to take care of an employee with substance abuse, or to be

involved in prevention initiatives. Subsequently we obtained information concerning factors that come between their intention and actual behavior. The main factors could be identified by deconstructing the process of intention into the separate blocks of the I-Change Model, and searching for the links between them.

Participants

16 OPs were selected according to the following criteria: age, gender, seniority as an OP, language (Dutch/French), type of occupational health service (IOHS or EOHS), and size and type of company (Table 1).

Despite the qualitative character of this research, we made this selection congruent with the general profile of the occupational physician in Belgium. Currently, there are approximately 1000 occupational physicians. Most of them (90%) are working for one of the 12 external OHS and provide health surveillance in different, rather small, companies. Internal occupational health services are limited, and only present in big companies (> 500 employees [10]). Most OPs are between 40-50 years old and are males. In the younger group of OPs we have more females. The majority is Dutch speaking which corresponds to the situation in Belgium (60% of the inhabitants are living in Flanders, the Dutch speaking part of Belgium). About half of these OPs are member of umbrella organizations, both at the national and the regional level. Consequently, with the collaboration of these organizations, we could include Dutch and French speaking OPs, males and females. The majority of the interviewees had many years of professional experiences both in small and big companies, and in different types of organizations.

Table 1: Sociodemographic characteristics of participants

They received an invitation to fill in a short questionnaire asking about their experience in the field of substance abuse. This document allowed the research team to select the specific drug most appropriate for discussion. This was very useful since all interviews started with a concrete case focused on a specific drug (alcohol, cannabis, other illicit drugs or hypnotics and tranquilizers). However all other drugs could be discussed during the rest of the interview. This specification also was introduced in order to find out whether OPs act differently depending on the type of drug. In a parallel study, at the same time and following a similar approach, the research group interviewed general practitioners regarding substance abuse among their patients [17].

Data collection and analysis

Trained interviewers (ML and FK) conducted the interviews at the working place of the participating OPs in the second half of 2012. A semi-structured interview guide, starting from a recent (< 1 year) case selected by the OPs, was used. The guide was based on the I-Change Model and elaborated through consensus between the researchers (Table 2). The interviews lasted between 1.5 and 2 hours, were audio-taped and transcribed with the informed consent of the respondents.

We carried out Interpretative Phenomenological Analysis (IPA), in which it is possible to combine data collection via in-depth, semi-structured interviewing with existing theoretical constructs. IPA typically involves an intensive and detailed qualitative analysis of the personal accounts derived from a rather small number of participants. [18, 19]

French- and Dutch-speaking researchers coded first interviews independently using the different main elements of the I-Change Model: predisposing, information, awareness and motivation factors, ability factors, barriers and the intention and the behavior state were used as main codes. The codebooks were then compared, discussed and merged in an iterative consensus process in which the two teams stuck as closely as possible to the wording of the participants when allocating quotes to codes. Both teams included bilingual researchers. Data saturation was not examined because this study was an exploratory first step for designing a survey. The process was facilitated using NVivo software.

RESULTS

In this qualitative study the approach of the OPs seems to cover a whole range of short- and long-term, although not always successful, initiatives regarding substance abuse. OPs may inform employees, raise their awareness concerning substance abuse, assess problematic use during (periodic) medical screening, and/or refer employees to counseling and treatment. While respecting their professional privacy, they discuss both the health and addiction problems and/or work-related consequences not only with the workers but also with employers and workers' representatives. Furthermore, OPs mention they are involved in the reintegration of workers with substance abuse.

The main factors influencing their approach can be described using the structure of the I-Change Model. Quotes from the interviews are presented to illustrate these factors.

Specific work context of OPs: an important predisposing and facilitating factor

Working for an internal or external occupational service could make a big difference. OPs employed by an EOHS were working for numerous, mostly small-sized companies, and focused on the compulsory medical examinations. In general they had less time and fewer opportunities to work on this issue, either on an individual or collective level.

- ❖ *I work as a company doctor in an external service and when I was the director of that external service, I also tried to carry over the benefits of an internal service to the external service. But it isn't easy, because things are done in a completely different way. (OP4, F, 59y, Dutch)*

Consequently, they experienced more difficulties in building a trusting relationship with the employee.

The characteristics of the companies OPs work in also played a role. OPs stressed the importance of the company safety and health prevention policy. Both the management vision concerning prevention and the available resources were important. In this context, the importance of the Collective Labour Agreement (CLA n°100) was underlined.

- ❖ *In that respect, CLA n°100 is of tremendous added value. Alcohol in company restaurants, a beer or two with your meal at lunchtime, never used to be a problem. Now that's no longer allowed in theory. (...) That's definitely an added value. In fact, that legislation has been very positive. (OP1, M, 39y, Dutch)*

In smaller organizations, OPs said, it was usually more difficult to introduce a preventive health approach, including such an alcohol and drug (A&D) policy.

When there was not a well-developed A&D policy in the companies it was difficult to talk about alcohol and drugs. OPs still experienced a lot of resistance from both the employee and the working environment. Due to the absence of comprehensive policies, the role of the OPs and other actors also remained unclear and vague.

- ❖ *At that time there were rules set out, but not many people respected them because we were very concerned about the company's HR manager who didn't support us in this area. This person was fired a couple of weeks ago and hopefully we can now ask that some of the rules are respected and more especially that there won't be any drinking in the factory; the situation is very clear, and if anyone breaches these rules, there will be sanctions. (OP10, M, 57y, French)*

In addition, the legal duties assigned to OPs were regarded as too limited, especially in Flanders.

- ❖ *We also have tasks that are prescribed on an entirely legal basis. Often frustrating because we can't do more (OP1, M, 39y, Dutch)*

The company culture was another important factor in whether or not to facilitate the approach to substance abuse. The supporting role of the company management, by giving employees opportunities (e.g. sufficient time, more than one chance to change behavior) to deal with their problem, was an important condition. OPs found collaboration with other actors and clearly defined roles for all actors necessary. The role of supervisors was considered as very important: in the OPs' opinion they have to confront the employee with performance problems.

- ❖ *When the employer is confronted with somebody who drinks, he contacts us to let us know and we try to make that person aware, but it is not binding; it is written in our alcohol/drugs procedure, there is collaboration. The higher management has the task of seeing the person and talking to him, not about his alcohol problem but about him not doing his job properly. And there is a procedure after x-number of reminders to go and meet the company doctor. A few years ago, we told all employees about it, and gave them a leaflet to take home and read. (OP14, F, 48y, French)*

In contrast, some employers and supervisors didn't want to assume their responsibilities, according to OPs, and tried to leave OPs to deal with both work performance and substance abuse problems.

- ❖ *At the beginning of my career, lots of employers sent me cases and asked me to deal with the alcohol problem. They pass the buck, unwilling to take their responsibility. You're a little desperate when you start out and I'm very glad that the CLA 100 has been passed. (OP12, F, 61y, French)*

Initiatives taken by support services such as Human Resources departments or prevention consultants on the psychosocial aspects of abuse were generally experienced as helpful initiatives by OPs.

Awareness: knowledge and problems in job performance as cue to action

OPs were actively looking for information, or getting this from others. Their medical education provided the basic knowledge. According to some OPs, the issue of substance abuse was more present in educational training in Flanders. OPs asked for reliable information and effective, evidence-based, guidelines. OPs also got information on substance abuse from their fellow OPs, individually or from umbrella organizations of OPs. Individual data came from the medical records of employees, including the results of medical examinations or questionnaires. But OPs didn't systematically use standard questionnaires, with the exception sometimes of screening for alcohol use by using the AUDIT (Alcohol Use Disorders Identification Test) or the CAGE questionnaire. Guidelines on illicit drugs were not known about in most cases. None of the OPs did use them.

- ❖ *Alcohol is already being asked about, that seems to be working all right, we're confronted with that every once in a while. Drugs and the like really aren't, not even in standard questionnaires. We realize that we're all doing too little and that we probably also know far too little about these matters. That can be very confronting. We're more likely to talk about medication. (OP1, M, 39y, Dutch)*

The management and supervisors were most likely to inform OPs about employee performance problems. Gathering information from the employee's colleagues was less common, and this was linked to the phenomenon of 'co-alcoholism', whereby colleagues were protecting the employee for a long time.

The level of knowledge among OPs differed depending on the product, and was determined by their past experience with employees using alcohol and/or other drugs. Overall they knew more about the effects and the risks of alcohol, hypnotics and tranquilizers, than about illegal drugs. OPs perceived a greater use of benzodiazepines than of alcohol and, to a much greater extent, illegal drugs. According to OPs, substance abuse is a complex problem: there is no adequate definition of substance abuse. Every case is different and employees must give trustworthy information. Substance abuse was a reality in all economic sectors, and was present in all functions. OPs indicated that there was a lot of prejudice and misconception about drugs and drug users in society. OPs mentioned that the use of alcohol and prescribed psychotropic medicines is much more socially accepted than the use of illegal drugs. For some OPs, the use of hypnotics and tranquilizers is an underestimated problem, especially given the possible effects on job performance.

- ❖ *But when it comes to psychotropic drugs, nobody says anything about those, or does anything about that; yet when you say it, you can hear them thinking, yes that's right. This is still more socially acceptable, more than alcohol... But nobody says anything about it. (OP2, M, 53y, Dutch)*

Nonetheless this use was not always seen by OPs as abuse, but as a necessary means of functioning properly in everyday life as an employee. The fact that these drugs were prescribed by general practitioners (GPs) also played an important role for OPs.

OPs made little distinction between the various terms they were using in practice, such as abuse, problematic use, addiction, and didn't consider such distinctions as being important. Use was considered as problematic when there were consequences at various levels (physical, psychological, social, work) or when it was strictly forbidden in the company. The amount of substance abuse, weighted in reference to job performance, seemed to be crucial for the OPs' awareness of problematic use. Another important signal was some loss of control in the employee's behavior.

- ❖ *To me, abuse is when an employee can no longer control his consumption... When you start seeing clear medical, psychological or social damage, then that's the limit for me. At work, that means somebody who is not functioning properly. (OP1, M, 39y, Dutch)*

However, they said this performance problem was a debatable issue, subject to interpretation. Consumption as such was not always a problem. Depending on the type of work there was less tolerance. As soon as there was a negative impact on work and on safety, OPs found they had to act (i.e. employee is not fit for work or needs more suitable work). They regretted not always being informed in time by the management. In this respect, administrative functions didn't seem to be as problematic as safety functions.

- ❖ *It's not a problem for me. He doesn't have a safety job, he does his job well, I'm not going to 'force' him to look after himself and stop drinking because it's not a problem for him, or for his employer. (OP10, M, 57y, French)*

The importance of motivational factors of OPs, especially attitudes

The aim of OPs' action was to help employees who suffer from substance abuse. They also wanted them to return to work. However, OPs stressed they didn't treat alcohol or drug (AOD) problems by themselves, in the way that a GP may do. For OPs neutrality and professional secrecy were very important. They didn't have a standard procedure, and flexibility was appropriate. The responsibility for addressing the substance abuse lay with the worker, not with the OP. OPs thought questions about substance abuse should be asked systematically, although in practice this was not the case.

Two main opinions were identified concerning their own role: some OPs stressed the fact that employees should be able to function in the work context; others wanted to invest more in the health of the worker or in health promotion (HP). OPs also had clear ideas about what other actors should do. OPs found that GPs often knew too little about the work context or the job of their patient-employee, yet they prescribed medication that had an impact on work performance. Furthermore, OPs considered they had insufficient opportunities for intervention. The mission of OPs, as formulated by law, was a sensitive item, mainly in Flanders: some OPs wanted to broaden their legal tasks, and wanted to pay more attention to HP in general.

- ❖ *I'm always strict about that: as an OP you have a relationship with the company on the one hand and the employee on the other. .. And if you take your job as OP seriously, then I think that providing information, explaining and promoting health issues, is one of our most important tasks (OP3, F, 41y, Dutch)*

- ❖ *I look at things from a work perspective, voluntarily. The public health role is the job of the generalist or specialist doctor; whereas we specialize in work with medical aspects. (OP12, F, 61y, French)*

Previous contacts with the employee, and experiencing sufficient confidence in this relationship, increased the self-efficacy of OPs. Talking about substance abuse was considered harder than talking about physical health problems and the OPs' authority was seen as weaker in that case. It was easier to talk about hypnotics and tranquilizers than AOD. Addressing illicit drugs was by far the most difficult task. Self-efficacy was also influenced negatively by the reluctance of the employee involved, and positively affected by success stories with some employees.

- ❖ *I find it much more difficult to identify or uncover a drugs problem (OP6, F, 38y, Dutch)*
- ❖ *But I do have a few success stories. That's essential for me (OP4, F, 59y, Dutch)*

At the same time, frustration and negative experiences gave some OPs a feeling of impotence.

- ❖ *There are people who are already chronic alcoholics and it's well known that these people rarely become abstinent and stay that way! You know they're going to relapse. [...] there are quite a few who are in denial and there's no way to help them! It's the results that make us feel bad! It's a major investment in terms of time and energy. (OP14, F, 48y, French)*

Overall older OPs were more experienced and found it easier to talk about substance abuse.

- ❖ *In the beginning I believed everything that the employees said [...] it was already progress that I could look someone straight in the face and say that they smelled of alcohol. Because in the beginning, I couldn't say a word about it. But after a while, I would say, "No, I don't believe you". [...] And I've also made progress in terms of the consequences that has had. (OP5, M, 36y, Dutch)*

OPs said that, in contrast to older colleagues, younger OPs nowadays learn more communication skills in their education, which seemed very useful for talking with the worker about substance abuse. Peer exchanges were also mentioned as a way to share experiences concerning substance abuse management.

- ❖ *If we had open discussion forums and lateral organizations where we could reflect a little on the aim of our work, on what we could do; something so that OPs can help people (...) (OP15, M, 54y, French).*

Intention whether to act or not is influenced by barriers and ability factors

Intention was influenced directly and indirectly by the above-mentioned factors. Thereby OPs weighed the advantages and the disadvantages of a possible action. This was a process that was often characterized by doubt and could be facilitated or adversely affected by barriers.

The most important barrier appeared to be the lack of time, also due to a shortage of OPs to carry out the job.

- ❖ *I feel under pressure because there are just far too few OPs. Yesterday 37 people came to see me.*

That's a lot. Follow-up for accidents, recruitments. I'm completely done in afterwards. It used to be 30 minutes per person, then 20, and now sometimes only 10. (OP2, M, 53y, Dutch)

This is a particular problem for OPs working for EOHS. Furthermore, they work in many different companies where the culture and context are often very different.

In addition, working in a new company is not always easy when handling AOD problems. OPs want to create a good relationship with the employer and employees, before tackling difficult issues such as AOD problems. In the limited time OPs have, other obligatory tasks need to be performed first.

Having a conversation with a reluctant employee was not effective. OPs generally didn't act in that case. Furthermore, the inadequate communication (no or one-way communication) and the limited collaboration with the curative sector was often an obstacle. The waiting list for specialized centers was a major concern among OPs.

- ❖ *I think that if there's one thing the government should do, it's invest in psychiatry and acute care. And you shouldn't let these men with alcohol problems keep walking around for another three weeks. That's a major problem for me. (OP7, F, 48y, Dutch)*

DISCUSSION

In this qualitative study we investigated the factors that influence the approach to employee substance abuse by OPs. Key findings are the impact of contextual factors, such as an integrated alcohol and drug policy, and the importance of personal factors such as attitudes regarding occupational health, and specific skills.

Importance of a supportive alcohol and drug policy

All OPs in our study stressed the importance of a facilitating context. Many studies show that a positive company culture regarding A&D-related work (e.g. sufficient training, adequate support) influences the OP's knowledge and attitude positively [20, 21]. However, working in a small or medium-sized company makes it much more difficult. This is not new either [22]. Although, under CLA n°100, all private organizations in Belgium must have an A&D policy, only a declaration of policy is in fact required. An evaluation study is not yet available on the implementation level, but it seems that a minority of companies has gone beyond the declaration phase and implemented a well-elaborated policy. In Europe (EU=30), 14 countries have national

guidelines for the prevention of and counseling for alcohol problems in the workplace. In 12 countries, social partners are involved at the national level [23]. A comprehensive policy on both alcohol and other drugs, facilitated by a national agreement, is however rather unique [24]. Internationally, a tailored and multi-component policy is considered to be an asset when dealing effectively with AOD problems on the work floor [25]. However, there are also very few evaluation studies relating to that internationally [11].

Health promotion on the work floor

When dealing with substance abuse, Dutch-speaking OPs, more than French-speaking ones, want to go beyond their official assignment. They want to invest in health promotion, as recommended by the National Institute for Occupational Safety and Health (NIOSH), the ‘Société Française de Médecine du Travail’ (SFMT), the Pompidou Group (Council of Europe) and the International Labor Organization [26-29]. They also see their actions as complimentary to those of GPs. This cultural difference between OPs in Flanders and the French-speaking part of Belgium has been mentioned in other studies dealing with the future of occupational health in Belgium [30]. The shift from the traditional focus of occupational health on high-intensity hazardous exposures to a wider scope (including environment) is an ongoing debate in the international literature [31].

Attitude: “a little thing that makes a big difference”

In this study the significant effect of OPs’ attitudes on their approach when treating employee substance abuse is in line with a review by Skinner et al. who concluded that ‘a wide range of factors influence health professionals’ responses to AOD issues – one important factor is their attitude towards AOD-related work’ [20]. According to Archer et al. medical professionalism is rooted in attitudes [32]. Positive attitudes improve the approach of OPs [33]. Ballon & Skinner studied attitudes and stereotyping of medical students regarding addiction problems and concluded with a quote by Winston Churchill: “An attitude is a little thing that makes a big difference” [34].

Focus on skills and motivational interviewing

Attitudes are strongly influenced by knowledge. Though older OPs in our study were less educated in AOD than their younger colleagues, all OPs acknowledge the importance of knowledge. In Great Britain substance abuse as a theme is a structural part of the physician’s education, namely the ‘Substance Misuse in the Undergraduate Medical Curriculum’ [35]. Multiple studies have underlined the importance of education and training as a way to

facilitate a positive attitude to substance abuse among Ops as well [20, 21]. Investing in education pays off, stipulates the Risk Drinking Project, an ambitious education program for first-aid and OPs in Sweden [36]. In a series of recommendations for OPs about substance abuse, the SFMT mentions the necessity for OPs to evaluate their knowledge of substance abuse, and follow an additional education if needed [27].

OPs in our study also indicated that they tend to engage themselves more in AOD interventions when they have had more specific training, and in particular when they also have the skills to engage in a conversation, i.e. via motivational interviewing. This type of education was specifically mentioned by the Dutch-speaking OPs. The importance of skill-enhancing education, to make OPs feel more comfortable when talking to substance abusers, has been studied and acknowledged internationally [12, 21, 33, 36, 37].

Need for evidence-based directives and short-term interventions

The interviewed OPs referred to the lack of clear directives and efficient guidelines. This was also one of the conclusions in a review by Van Royen et al. concerning guidelines for collaboration in substance abuse management [38]. The use of standard questionnaires such as AUDIT (Alcohol Use Disorders Identification Test) and ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) should become a structural part of short-term interventions, as is recommended by the SMFT [27]. In a systematic review of work-place interventions for alcohol-related problems, Webb et al. concluded that brief interventions - such as Short Brief Interventions (SBI) and Screening, Brief Intervention and Referral to Treatment (SBIRT) - are often used in primary care and 'have potential to produce beneficial results' [39]. As alternatives to face-to-face SBI, computerized interventions also look promising [40].

The introduction of these tools during periodic health surveillance might be very useful in order to motivate the employee. In addition, clear directives and guidelines, including testing, are appropriate to distinguish screening and testing done by occupational physicians, and the use of tests in alcohol and drug policies. Following CLA 100, it is possible to introduce preventive tests, such as breath tests and reaction tests, to make it easier for employers to decide whether employees perform well. Both types of screening and testing tools do have different purposes, are strictly regulated, and should be done by different actors although this is not always very clear.

Time as a key obstacle

Lack of time, especially in the case of OPs working for external OHS, and also because there are not enough OPs, was already mentioned in the Belgium study on occupational health [30]. This problem of time can also be linked to the way occupational health is financed in Belgium, whereby EOHS OPs are being paid mainly for health surveillance. Time as a key obstacle to behavioral change of health professionals has been frequently underlined [20].

Limitations

The strength of this qualitative study is in the use of the I-Change Model, which allowed us to make a detailed and nuanced analysis of the influencing factors of the approach of OPs to alcohol and other drug issues, and this from the OP's point of view. Although we made a selection based on the characteristics of all OPs in Belgium, due to the small sample and the qualitative character of this research which preliminarily analyzed OPs' behavior, a quantitative survey will be set up to verify the validity of the assumptions made as a result of this qualitative study and to generalize them.

Conclusions

Our study explored major aspects of the approach to substance abuse among employees by 16 OPs in Belgium. It reveals that not only factors on the individual level (such as knowledge and skills) but also in the environment, and the interaction between them, are influencing OP behavior. The specific work context of OPs seems to be particularly important in their interaction with the employee. The management of substance abuse by OPs could be supported by several initiatives both at the individual and collective level. Finally, we think more research is needed, especially on the possible effects of prevention and early detection interventions.

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Conflict of interest

The authors indicated no conflicts of interest.

Ethical approval

The Ethics committees of the Universities of Liege and Leuven gave their approval (Belgian No respectively B707201214939 and B322201317373).

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