



ALCOHOL AND DRUGS AT WORK

HOW CAN GENERAL PRACTITIONERS AND OCCUPATIONAL PHYSICIANS COLLABORATE?

LV

Nationale Dagen voor Arbeidsgeneeskunde
Journées Nationales de Médecine du Travail

november 17 & 18 novembre 2016

DATA SOURCE

- **“Up To Date” (2012-2015).** Substances abuse: alcohol, hypnotics, tranquillisers and illegal drugs
 - Adult population: 18-65 years
 - Demand for care in first line?
 - Involvement of GPs and OPs in the topic?
 - What resource for an appropriate answer?
- **“Partnership” 1 & 2 (2010-2013).** Occupational and environmental pathology
 - Collaboration between general practitioners, occupational physicians and social insurance physicians





1. SOLID FACTS

MAGNITUDE OF THE PROBLEM

- IPH Survey 2013
 - 6 - 13 % Belgians over 15 years: excessive alcohol intake
 - 15% having consumed cannabis, and 5% another illegal drug
 - 15% having consumed a psychoactive substance during the last 2 weeks
- Frequent use of psychoactive drugs related to work context
 - ↗ risk of an accident and ↘ productivity*
- In Belgium, 15% of workers are drinking too much (WHO norm)**
- Lack of data for other substances, but consumption rate in general population can probably be extrapolated

* Rehm et al., 2012, Centre for Addiction and Mental Health

** Securex. **Le baromètre annuel sur la consommation d'alcool**. Communiqué de Presse, 18/12/2013

MANAGEMENT IN GENERAL PRACTICE

Sentinel GPs survey IPH 2013 about problematic use among outpatients

- 47% : alcohol alone
- 23% : alcohol + other substance

Statut d'emploi	%
At work	39,3
Unemployed	15,1
Sick leave	9,4
Permanent disability	19,2
Student	1,5
Retired	6,1
No income	9,4

FREQUENCY OF CONTACT WITH PROBLEMATIC ALCOHOL USE



	Tous les jours Dagelijks	1X/sem. Wekelijks	1X/mois Maandelijks	Qq X/an Enkele keer/jaar	Jamais Nooit	Ne sait pas Weet het niet
MT/AG NL	2,5	24,4	32,5	40,6	0	0
MT/AG FR	7,8	20	40	30	2,2	0
Tot.	4,4	22,8	35,2	36,8	0,8	0
MG/HA NL	8,5	46,7	31,2	10,1	0	3,5
MG/HA FR	21,4	40,3	21,9	11,2	0,5	4,6
Tot.	14,9	43,5	26,6	10,6	0,3	4,1

FREQUENCY OF CONTACT WITH PROBLEMATIC HYPNOTICS AND TRANQUILIZERS USE



	Tous les jours Dagelijks	1X/sem. Wekelijks	1X/mois Maandelijks	Qq X/an Enkele keer/jaar	Jamais Nooit	Ne sait pas Weet het niet
MT/AG NL	1,3	13,8	25,2	48,4	2,5	8,8
MT/AG FR	6,9	16,1	14,9	47,1	4,6	10,3
Tot.	3,3	14,6	21,5	48	3,3	9,3
MG/HA NL	21,1	38,7	26,6	11,1	0	2,5
MG/HA FR	24,2	33,5	24,7	9,8	0,5	7,2
Tot.	22,6	36,1	25,7	10,4	0,3	4,8

FREQUENCY OF CONTACT WITH PROBLEMATIC CANNABIS USE



	Tous les jours Dagelijks	1X/sem. Wekelijks	1X/mois Maandelijks	Qq X/an Enkele keer/jaar	Jamais Nooit	Ne sait pas Weet het niet
MT/AG NL	1,3	5	18,1	55	8,1	12,5
MT/AG FR	1,1	9,2	19,5	47,1	11,5	11,5
Tot.	1,2	6,5	18,6	52,2	9,3	12,1
MG/HA NL	1,5	13,1	32,8	37,9	4,6	10,1
MG/HA FR	4,7	24,4	21,2	34,2	6,2	9,3
Tot.	3,1	18,7	27,1	36,1	5,4	9,7

FREQUENCY OF CONTACT WITH PROBLEMATIC ILLEGAL DRUGS USE



	Tous les jours Dagelijks	1X/sem. Wekelijks	1X/mois Maandelijks	Qq X/an Enkele keer/jaar	Jamais Nooit	Ne sait pas Weet het niet
MT/AG NL	0	0,6	7	49	19,7	23,6
MT/AG FR	0	1,2	2,3	39,5	27,9	29,1
Tot.	0	0,8	5,3	45,7	22,6	25,5
MG/HA NL	1	7,1	20,7	43,4	14,2	13,6
MG/HA FR	8,9	21,5	16,8	24,1	17,3	11,4
Tot.	4,9	14,1	18,8	33,9	15,7	12,6



2. GENERAL PRACTITIONER/OCCUPATIONAL PHYSICIAN COLLABORATION

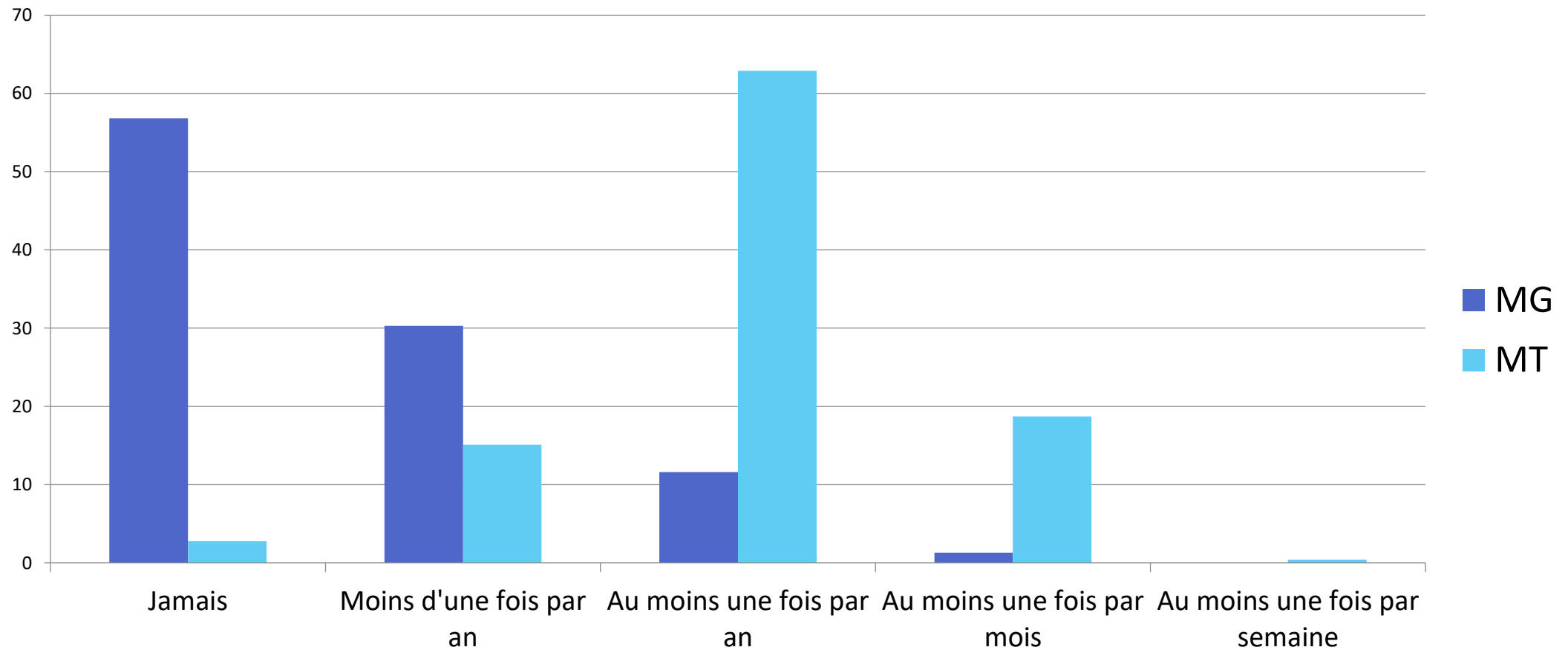
DO GPS AND OPS COLLABORATE?

- Some studies relate GP/OP collaboration
- Reciprocal demands but lack of deep understanding of roles, constraints and level of respective influences
- Little change in recent years
 - Buijs P & Van Amstel R, 1999 (Pays-Bas) ; Beaumont, 2003 (Grande Bretagne) ; Mairiaux et al., 2011 (Belgique) ; Verger et al., 2014 (France) ; Persechino et al., 2016 (Italie), Vanmeerbeek et al., 2016 (Belgique).
- Ethical debate about substance use screening by OPs
 - Contrasted viewpoints of the workers and employers



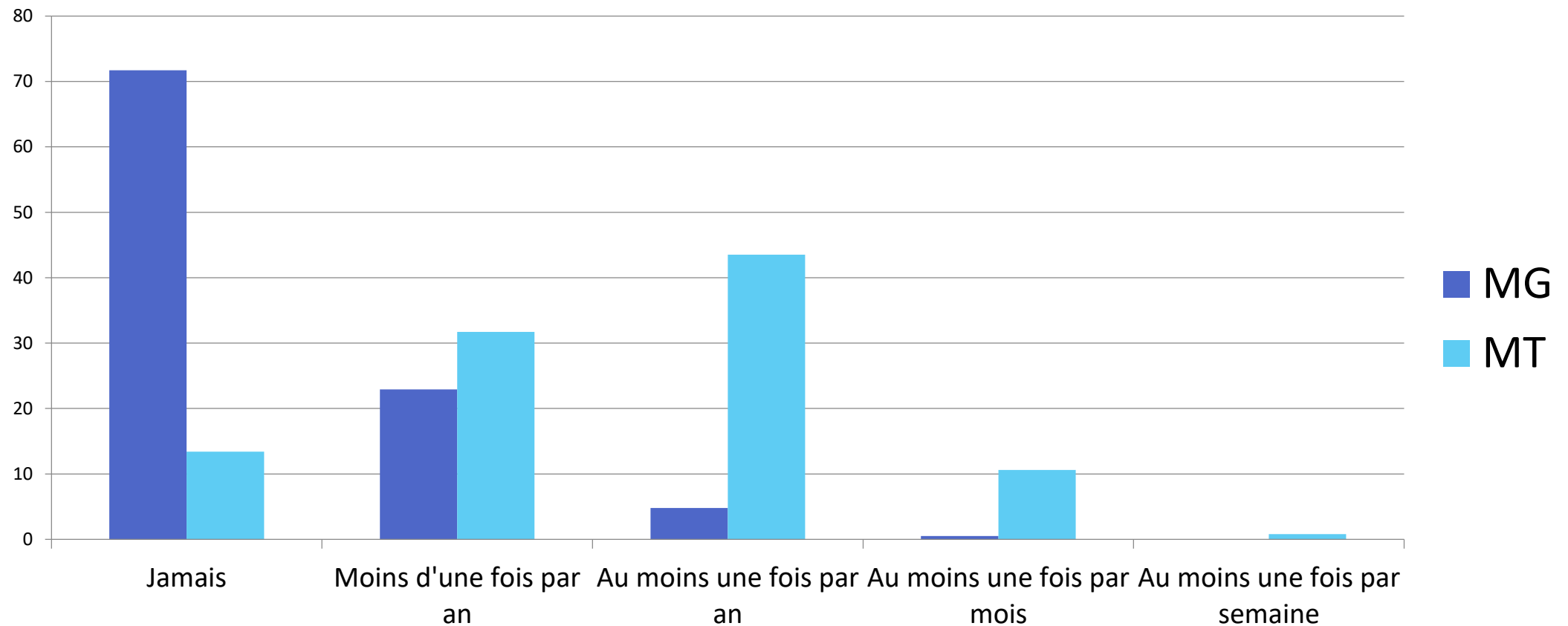
FREQUENCY OF COLLABORATION GP/OP

- Alcohol



FREQUENCY OF COLLABORATION GP/OP

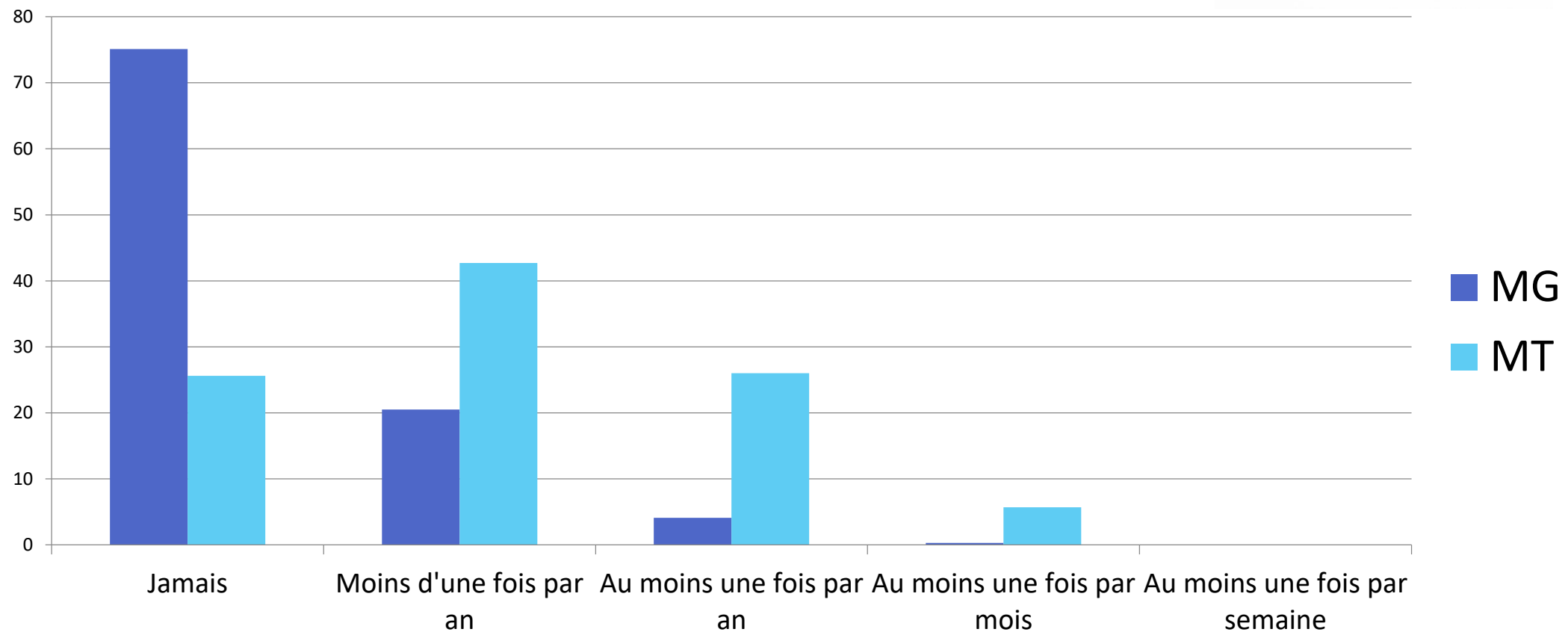
- Hypnotics and tranquilizers



FREQUENCY OF COLLABORATION GP/OP

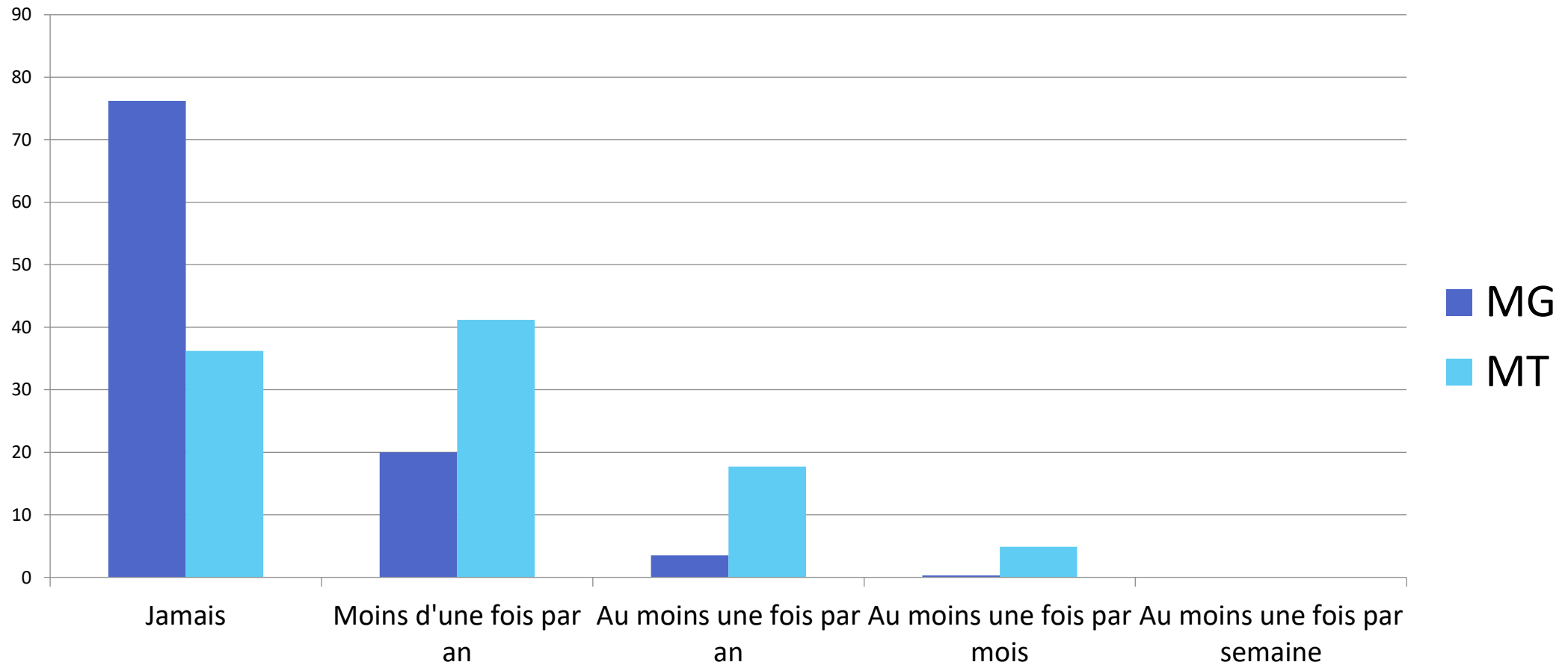


■ Cannabis



FREQUENCY OF COLLABORATION GP/OP

- Other illegal drugs



RECIPROCAL DEMANDS GP/OP

J'attends du MT qu'il me contacte quand il m'adresse un patient abusant de substances

Ik verwacht van de arbeidsgeneesheer dat hij me contacteert als hij een patiënt met een probleem van middelmisbruik naar me doorstuurt

J'attends du MG qu'il soit conscient des conséquences sur le travail du mésusage de substances

Ik verwacht van de huisarts dat hij zich bewust is van de gevolgen op het werk van een patiënt met middelenmisbruik

J'attends du MG qu'il me tienne informé lorsque je lui adresse un travailleur abusant de substances

Ik verwacht van de huisarts dat hij me op de hoogte houdt wanneer ik een werknemer met middelenmisbruik naar hem verwijs

ARGUMENTS

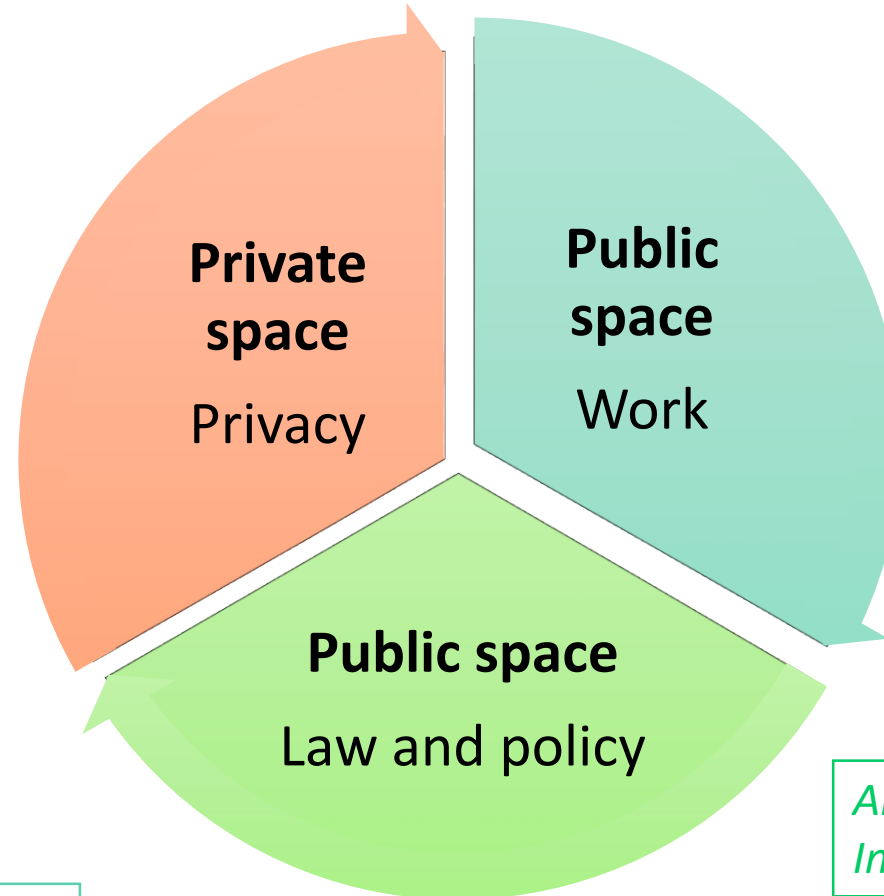
MÉDECINS GÉNÉRALISTES	%	N
Je ne connais pas le nom ni les coordonnées du MT	72,2	285
Je voudrais collaborer, c'est juste un problème pratique pour se contacter	44,8	177
Je ne reçois pas de feedback de la part du MT	42,8	169
Je n'ai pas l'autorisation du patient pour contacter le MT	37,5	148
Je n'y pense pas	34,7	137
MÉDECINS DU TRAVAIL	%	N
Les MG ne savent pas précisément en quoi consiste mon travail	52,6	132
Je ne reçois pas de feedback de la part du MG	44,6	112
Les MG me voient comme un médecin-contrôleur	37,5	94
Les MG essaient de maintenir leur patient au travail sans tenir compte des conséquences au travail	33,1	83
Je voudrais collaborer, c'est juste un problème pratique pour se contacter	31,1	78
Source : Up to Date, WP 3 & 4		

DO GUIDELINES EXIST FOR COLLABORATION IN SUBSTANCE ABUSE MANAGEMENT?

- Systematic review in 2013
 - GP/OP collaboration for screening and management of substance abuse among working age population
- Result : **2 guidelines** (Trimbos Instituut, 2009 ; Australian Government Department of Health and Ageing, 2009)
 - OP's role in detection and management for alcohol abuse
- It remains to be determined
 - The respective roles
 - The effectiveness of intervention in the workplace
 - The benefits of collaboration

PROFESSIONAL IDENTITY AND RECOGNITION

Affective recognition
Self-confidence



Cultural recognition
Self-esteem

*Partitioning
Denial*

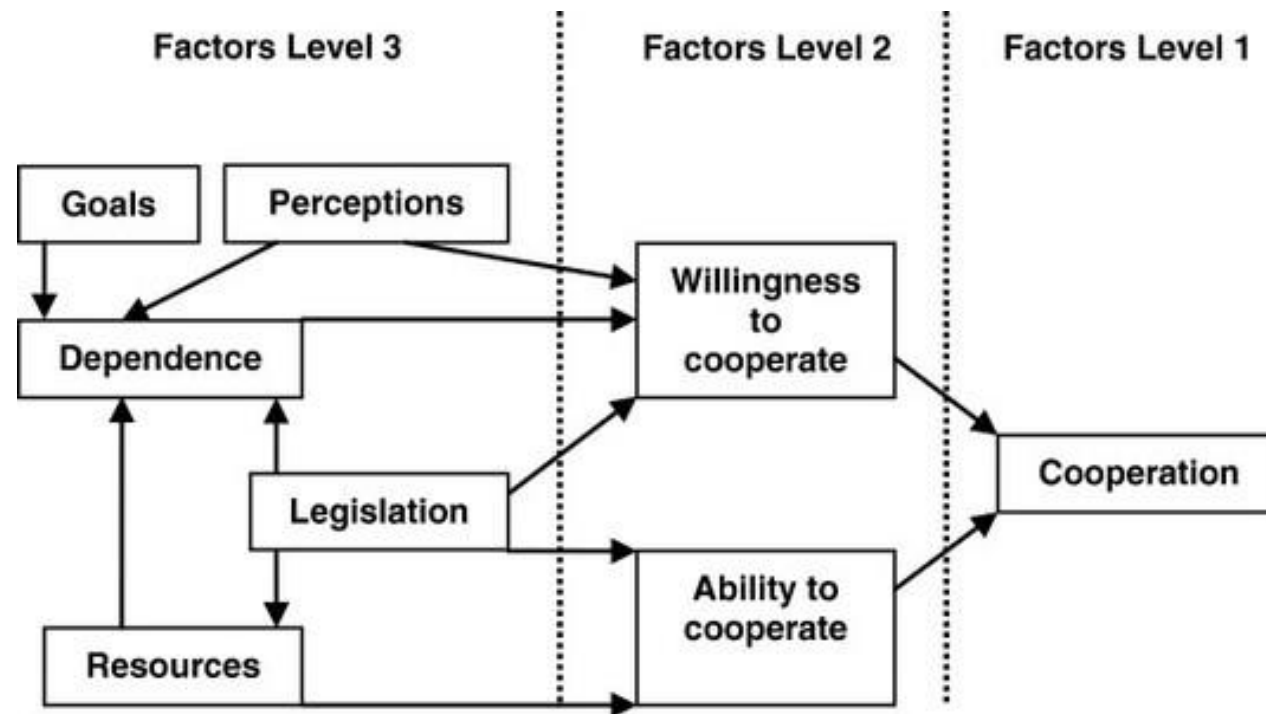
*Absence
Invisibility*

Legal recognition
Self-respect

Axel Honneth. *The Struggle for Recognition: The Moral Grammar of Social Conflicts* (Polity Press, 1995 [1992]).

RDIC MODEL

RESOURCE DEPENDENCE INSTITUTIONAL COOPERATION



de Rijk A, van Raak A, van der Made J: A new theoretical model for cooperation in public health settings: the RDIC model. *Qual Health Res* 2007, 17(8):1103-1116.

CONTRIBUTION OF THEORETICAL MODELS

Need for clearer identification of the shared object of collaboration

- Public space of work
- *Willingness to cooperate*
- Vocational training and continuous medical education

Need for proactive initiatives of health authorities

- Public space of law and policy
- *Ability to cooperate*



3. PROPOSALS FOR IMPROVEMENT

Up To Date study 2012-2014

SUBSTANCE ABUSE TRAINING

Vocational training

- Section devoted to alcohol/drugs problems
- Theoretical information and scenarios to appropriate the relational and motivational techniques base
- Correct use of terms that make consensus among specialists

Continuous medical education

- Improving the visibility of existing training
- Specific motivational approach for hesitant GPs

TRAINING RECOMMENDATIONS

GP

- Training should always include screening, brief intervention and referral arrangements with other stakeholders
- Screening Tools
- Group therapies and available therapists
- Recommendations for management of biomedical aspects

OP

- Specific training in-service training
- Effective referral possibilities
- Training in communication and motivational interviewing

SCIENTIFIC SUPPORT

GP

- Guidelines tailored to prevailing situations in the front line, for different substances
- Validation and provision by CEBAM
- Integration with existing IT tools

OP

- Guidelines tailored to the individual role of OP

EXTEND THE SPECIALIZED CARE OPTIONS

- More places in suitable structures should be expanded
- Reduced waiting lists
- Indemnification by health insurance

SCREENING

GP

- Screening for problematic use of substances in DMG+ checklist

OP

- Routine screening of the use of alcohol and illegal drugs for workers employed in security features
- Using AUDIT-C and brief intervention by OP
- OP's role in health promotion

SUPPORT

GP

- Peer groups (intervisions), continuous medical education, LOKs, individual coaching

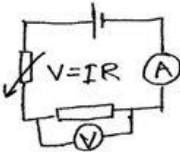
OP

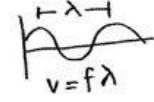
- Evaluate and more concrete Collective Labour Agreement (CLA n°100)
- Extend its scope to public organizations and the education sector
- Multidisciplinary approach to the company's inside; prevention counselor responsible for psycho-social aspects, HR
- Reintegration at work plans after a >3 months sick-leave

GP/OP COLLABORATION

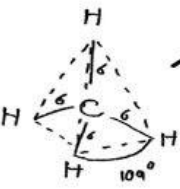
- Encourage collaboration concretely
- Guidelines drafted for GP/OP collaboration
- Clear communication of health authorities and occupational health in favour of this collaboration
- Encourage meetings

$Q = mc\Delta T$ $F = \frac{Gm_1m_2}{r^2}$ $T = \frac{2\pi}{\omega}$ $PV = nRT$

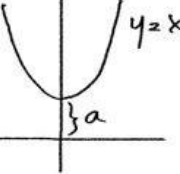

 $P = IV = \frac{V^2}{R} = I^2R$


 $v = f\lambda$

$\lim_{x \rightarrow 0} \frac{(1+x)^n - 1}{x} = n$

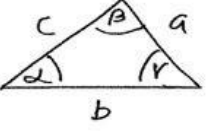


$\frac{dy}{dx} \ln x = \frac{y}{x}$


 $y = x^2 + a$

$\omega = 2\pi f$ $E = mc^2$ $F = \frac{\Delta p}{\Delta t}$ $v = \omega r$

$E_k = \frac{1}{2}mv^2$ $PV = nRT$ $2H_2 + O_2 \rightleftharpoons 2H_2O$


 $\frac{\sin \alpha}{a} = \frac{\sin \beta}{b} = \frac{\sin \gamma}{c}$

$\Delta E = h\nu$ $K_{eq} = \frac{[H_2O]}{[H_2]^2[O_2]}$

$a^2 + b^2 - 2ab \cos \gamma = c^2$ $CH_4 + 2O_2 \rightarrow CO_2 + 2H_2O$

$v = v_0 + at$ $F = k \frac{q_1q_2}{r^2}$ $\log_a(\frac{1}{x}) = -\log_a x$ $P = mv$

4. IN PRACTICE

CATALOGUE OF AVAILABLE TRAINING SESSIONS

- Inventory based on the knowledge of the researchers practitioners
- “Snowball” search strategy
- Direct contacts with training centers
 - Target audience
 - Training content
 - Duration of training
 - Price
- Publication in early 2017

GUIDELINES FOR OCCUPATIONAL PHYSICIANS

- Draft from a guideline of Domus Medica
- Occupational physicians consultation
- Content
 - Screening (AUDIT-C)
 - Management
 - Referral

TRAINING

- Test phase test during this academic year; development for the following years
- For OP training (master of specialization)
 - 3 x 2h, Interuniversity
 - Definition and positioning of the issue of illegal drugs
 - Alcohol-drug policy at work
 - Communication and motivational interviewing;
 - Participation of a GP trainee
- For GP training (master of specialization)
 - 2.5h during a “locoregional” seminar (1/15 group)
 - 1 substance tackled by year
 - Participation of an OP trainee

TRIO GROUPS

SSMG

Société scientifique de Médecine générale

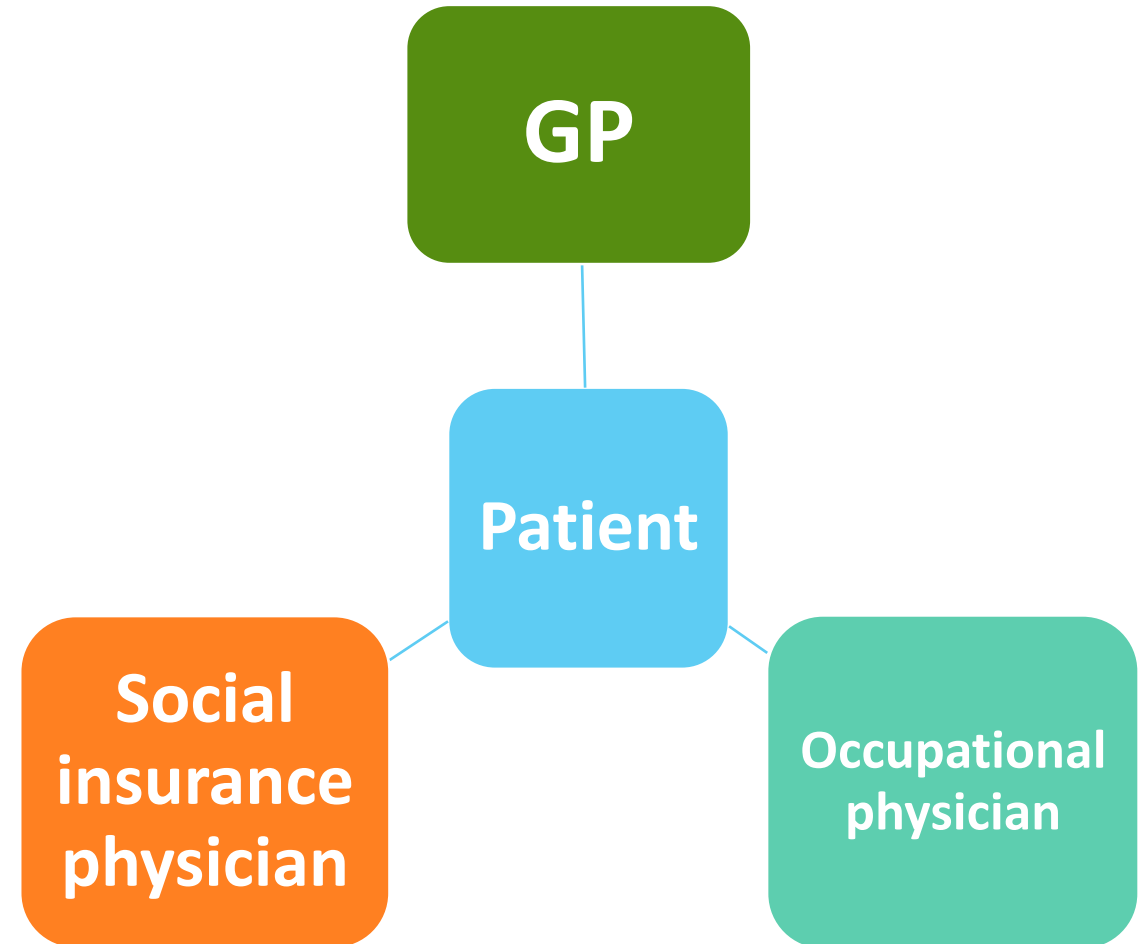
SSST

Société Scientifique de Santé au Travail

ASMA

Association Scientifique de Médecine
d'Assurance (sociale)

<http://www.ssmg.be/cellules-specifiques/sante-et-bien-etre-au-travail>



Thank you for attention



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