What determines the approach of substance abuse by occupational physicians?

Pompidou Group
Strasbourg - 15, 16 October 2014

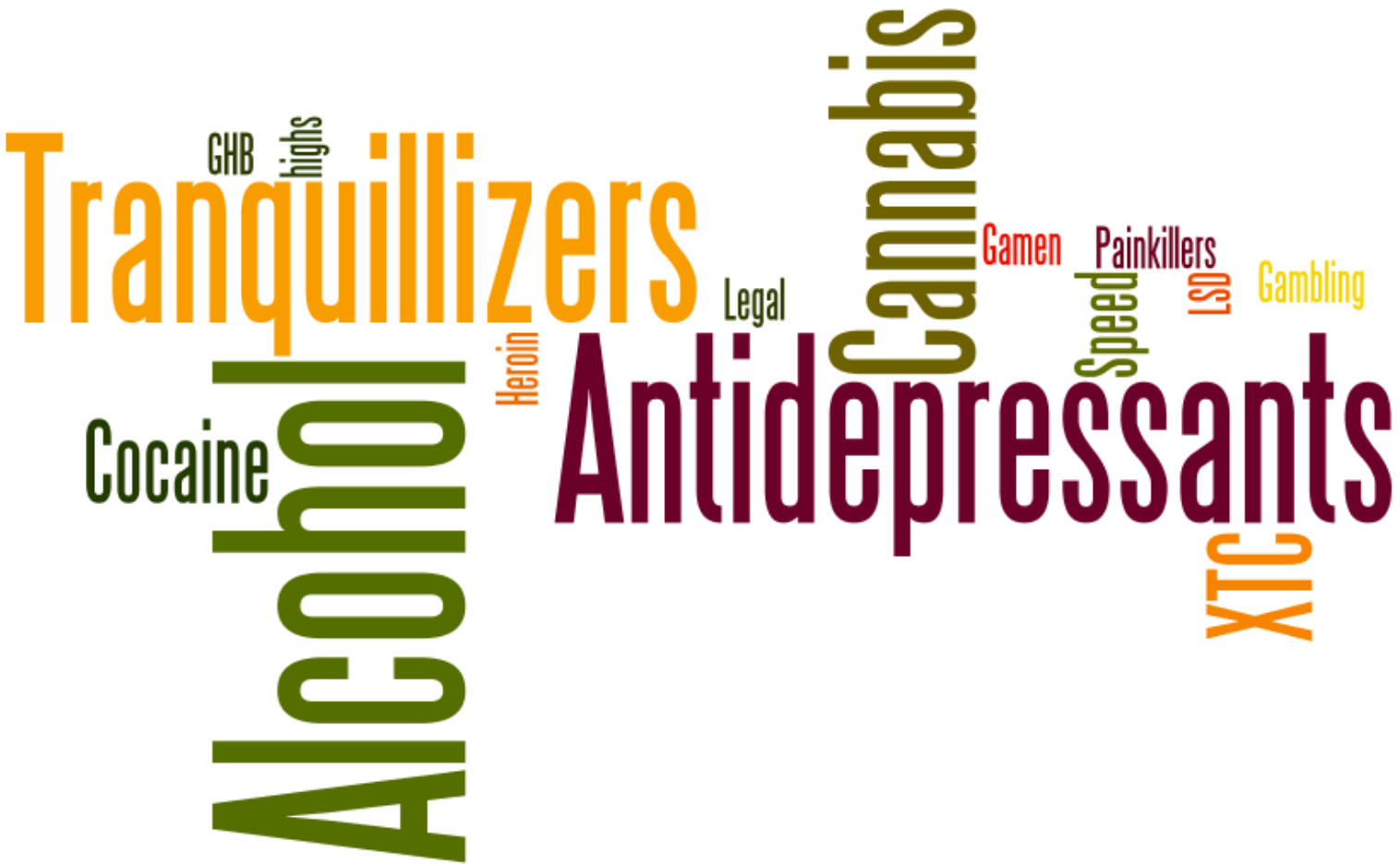
Marie-Claire Lambrechts
KU Leuven, university of Leuven, Environment and Health
VAD/coordinator sector workplace, Brussels

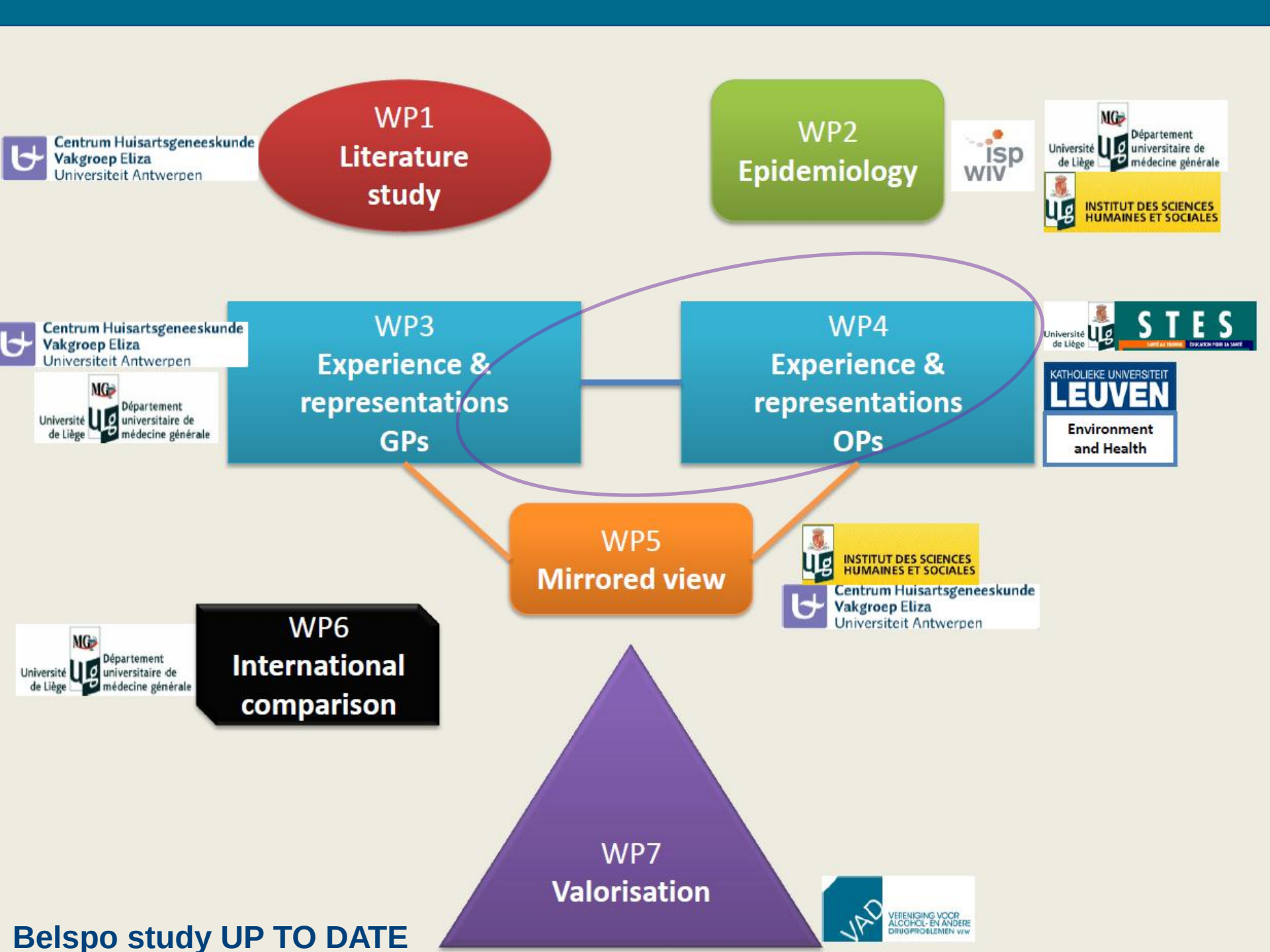
KU LEUVEN

Background

- Negative **consequences** of AOD in the working environment
- Workplace is an **effective location** for preventive interventions & early detection (Ames & Bennett, 2011)
- Work is a strong **motivator** in changing behavior
- Greatest potential ***(prevention paradox)*** targetgroup: occasional drinkers (Skog, 2006)

KU LEUVEN





Belspo study UP TO DATE

UP TO DATE (WP4)

OPs can play an **important role** in the prevention and management of substance abuse among employees

⇳

little is known about the factors related to their approach.

KU LEUVEN

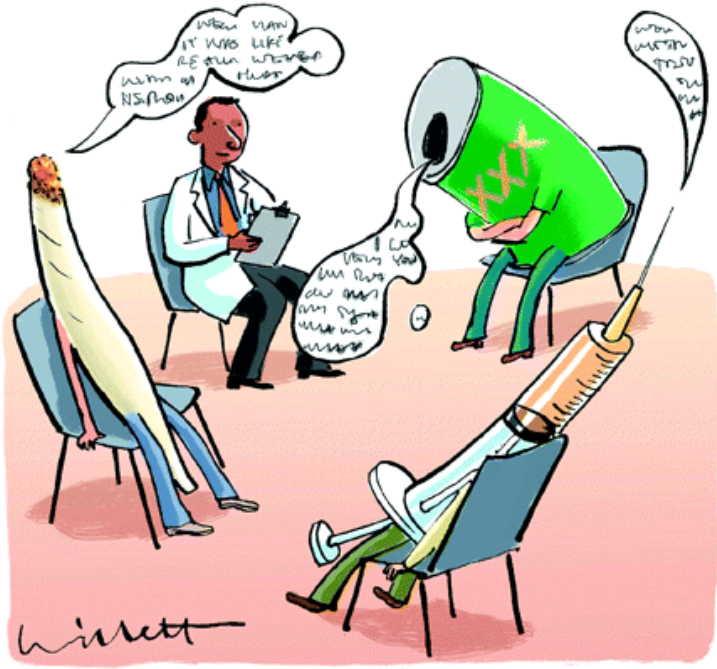
Research question

"What are the OPs experiences, attitudes and decision making processes regarding to alcohol, illegal drugs, hypnotics and tranquillizers abuse from an occupational health perspective?"

KU LEUVEN

OPs: AOD-practice

- Information - sensibilisation
- Screening/detection
- Discussing the ‘problem’
  - Use/substance abuse
  - Job performance
- Referral (internal)
- Referral (external)
- Follow-up/reintegration



KU LEUVEN

Methods

QUALITATIVE

QUANTITATIVE

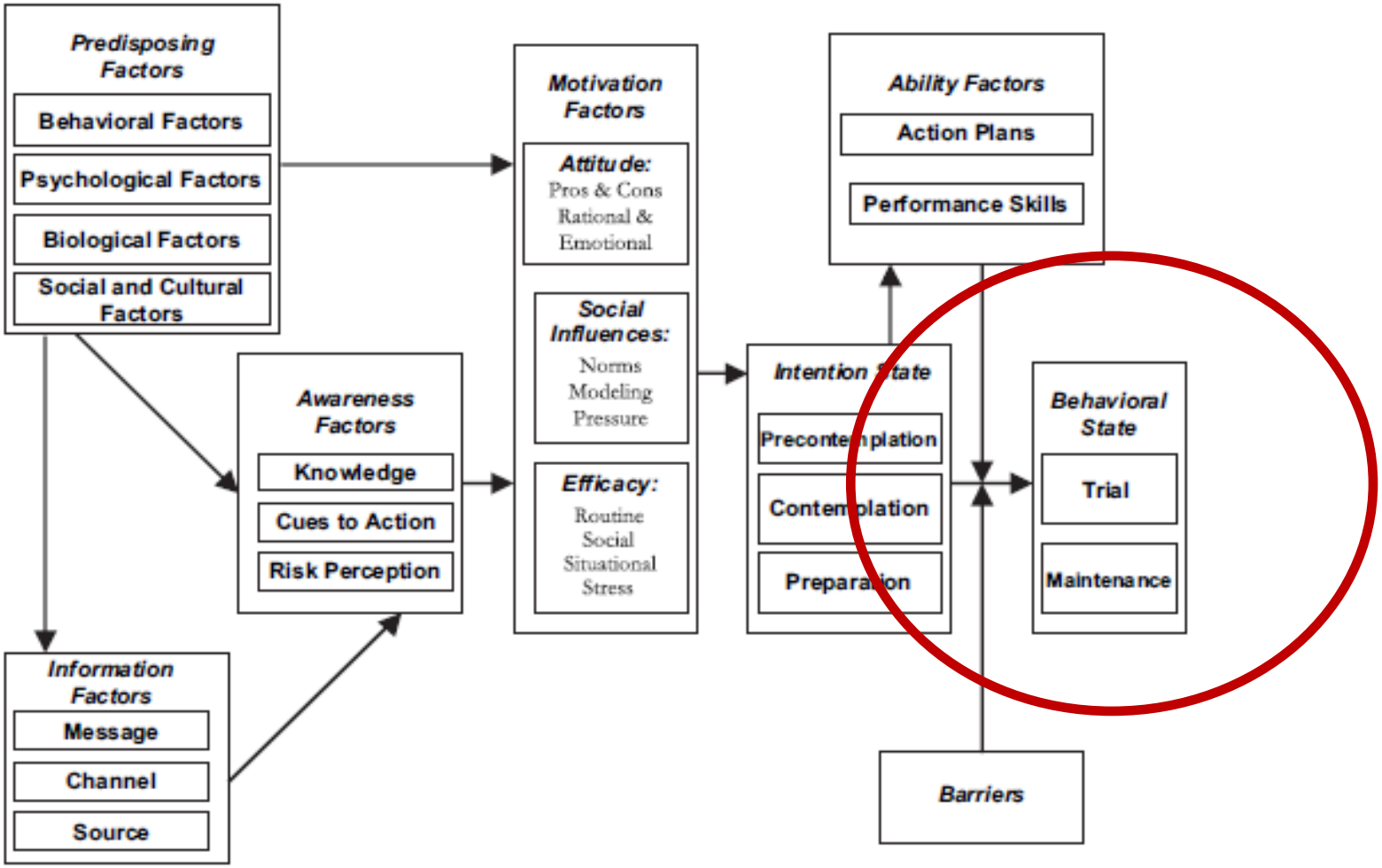


Fig. 1. The I-Change Model (De Vries *et al.*, 2003).

Methods

- 16 OPs (criteria: age, gender, seniority, language (Dutch/French), type of OHS, and size and type of company
- Location: OP workplace
- Timing: second half of 2012
- A semi-structured interview guide, starting from a case
- Interviews: up to 1.5 to 2 hours, audio taped and transcribed (informed consent)
- Interpretative phenomenological analysis (Larkin et al, 2006)
- Nvivo 10 software

- Online questionnaire (69 Q)
- Sent to all Belgian OPs (n=1000).
- Collaboration with umbrella organizations OPs (BBvAg, VWVA, SSSTr, VVIB-AMTI); reminder also to EOHS
- Timing: end of 2013 (incl. reminder)
- Descriptive analysis was done by using SPSS 22 software.
- Multilevel analysis
- Submission process.

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)

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)

KU LEUVEN

Results quantitative study (preliminary)

- Nearly 30% of Belgian OPs (n=274) participated.
- The sample was (very) **representative** for language, age, gender, seniority and type of OHS.
- Most important result:

  consensus concerning their role, more an issue of facilitating factors and barriers

Results quantitative study

- How often do you see employees with abuse of ..

In %	Daily	Weekly	Monthly	Several times/y	Never	I don't know
Alcohol	**4,4**	**22,8**	**35,2**	**36,8**	0,0	0,0
Cannabis	1,2	6,5	18,6	52,2	**9,3**	**12,1**
Illicit drugs	0,0	0,8	5,3	45,7	**22,6**	**25,5**
Sleeping pills – Tranquill.	3,3	14,6	21,5	48,0	9,3	0,0

KU LEUVEN

Criteria substance abuse

Alcohol	Cannabis	Illicit drugs	Sleeping pills & tranquill.
Quantity 29,1%	Workrelated 28,6%	Use = misuse 29,5%	Workrelated 31,6%
Workrelated 26,2%	Frequency 21,2%	Workrelated 24,8%	Quantity 23,3%
Health problems + dependency 19,8%	Health problems + dependency 18,8%	Health problems + dependency 19,7%	Health problems + dependency 19,7%
Frequency 14,2%	Quantity 17,7%	Frequency 8,8%	Frequency 19,4%

KU LEUVEN

Individual prevention

Attitudes OP (individual prevention)

- **Use = misuse**
  - Alcohol: 8,2% - Cannabis: 37,9%
  - Illicit drugs: **82,8%** - hypnotics & tranquillizers: 8,4%

- **For me, employees with substance abuse don't want to solve their problems (lack of willingness)** (Likert scale, totaly disagree > totaly agree)
  - Alcohol: 21,0% - 41,2% - 17,6% - 19,5% - 0,7%
  - Cannabis: 16,9% - 35,2% - 19,5% - 26,2% - 2,2%
  - Illicit drugs: 19,2% - 32,8% - 22,6% - 20,0% - 5,3%
  - Hypnotics & tranq. 19,2% - 36,2% - 26,8% - 15,8% - 1,9%

Attitudes OP (individual prevention)

- **As an OP, it is my role to do individual prevention in order to avoid substance abuse** (Likert scale, totaly disagree > totaly agree)

  3,0% - 8,2% - 11,2% - **53,7% - 23,9%**

- **As an OP, it is my role to do individual prevention only when consequences on the job occur** (performance, safety, etc.)

  Likert scale, totaly disagree > totaly agree)

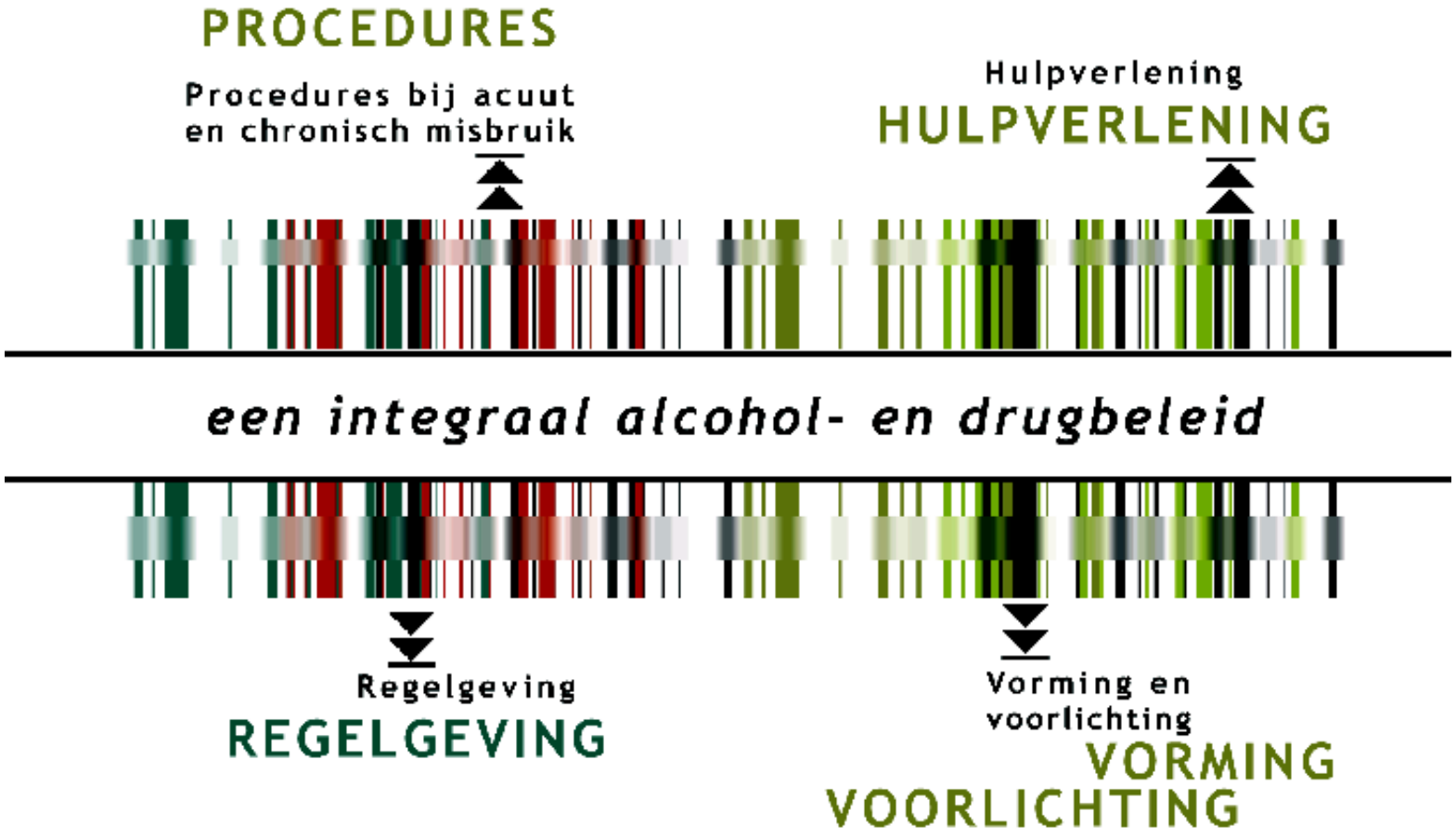
  13,9 % - 31,8% - 3,4% - 30% - 21%

KU LEUVEN

Self-efficacy

- It is much more difficult to discuss AOD problems compared to physical health problems > 52,6% YES
- It is easier to discuss alcohol problems vs other drug problems > 50% YES
- Very often, I feel helpless regarding employees dealing with substance abuse > majority does agree

Collective prevention


PROCEDURES
Procedures bij acuut
en chronisch misbruik
Hulpverlening
HULPVERLENING
een integraal alcohol- en drugbeleid
Regelgeving
REGELGEVING
Vorming en
voorlichting
VORMING
VOORLICHTING

Source: VAD

Attitudes OP (collective prevention)

- As an OP, it is my role to do collective prevention in order to avoid substance abuse
- As an OP, I have a leading role regarding the elaboration of a preventive AOD policy (f.e. work groups)
- As an OP, I have a role regarding the implementation of a preventive AOD policy (f.e. Information sessions)

Facilitating factors

- **Pre individual OP**
  - Knowledge and experience AOD
  - Communication skills, motivational interviewing
- **CLA 100**
- **Time !**
- **Facilitating company culture**
- **Contact/collaboration with**
  - Company management
  - Supervisors
  - Colleagues OP
  - General Practitioners

Barriers

- **Daily practice: time problem**
- **Topic (> impact relation of confidence with employee)**
  - *Still taboe-issue*
  - *Resistance employee and environment*
  - Knowledge and education not sufficient, differs from type of drug
  - Lack of clear directives and efficient guidelines
  - Lack of concrete AOD-policy, clear roles
- **Relation curative sector**
  - Communication, referral >> **GPs !**
  - Waiting lists
- ***Limits legal assignment OP (> health* promotion*)***
  - Frustration OPs can't do more (Dutch OPs)

KU LEUVEN

Obstacles for collaboration

For General Practitioners (GP)	%	n
I don’t know the name of the OP and his coordinates.	72,2	285
I would like to improve the collaboration but it's mostly for a practical reason that it does not happen	44,8	177
I don’t get any feedback from the OP.	42,8	169
I don’t have the permission of the patient to contact an OP.	37,5	148
It does not even occur to me	34,7	137

For Occupational Practitioners (OP)	%	n
GPs don’t know what I’m doing	52,6	132
I don’t get any feedback from the GP.	44,6	112
GPs think I’m controlling for the employer.	37,5	94
GPs try to keep their patient at work without taking into consideration possible problems at work	33,1	83
I would like to improve the collaboration but it's mostly for a practical reason that it does not happen	31,1	78

Bron: Belspo 2014, WP3 & WP4

Conclusions

- **OPs are acting differently depending on the type of drug. Few experiences with illicit drugs.**
- **Strong influence of attitudes toward AOD related work.**
- **Cues to action: safety problems due to AOD.**
- **A lot of barriers.**

- **Consensus on their role as an OP**
  - on the individual (promoting behavioral change)
  - and the enterprise (preventive strategies) level

Conclusions (2)

- **Congruent with qualitative research: approach <u>especially related to contextual factors</u> (and the interaction between them)**
  - the type of OHS
  - company culture (performance, Health Policy)
  - and an existing alcohol and drug policy.

- **Lack of collaboration with general practitioners**

Research outcome

The way OPs

behave in response to AOD among employees is complex. Their management of AOD should be supported by initiatives both at the individual and at the collective level.

Thank you !

Marie-Claire Lambrechts

KU Leuven, Health and Environment

marieclaire.lambrechts@med.kuleuven.be

VAD

www.vad.be – qado.be

Bachelor social work – MSc Health Sciences

KU LEUVEN