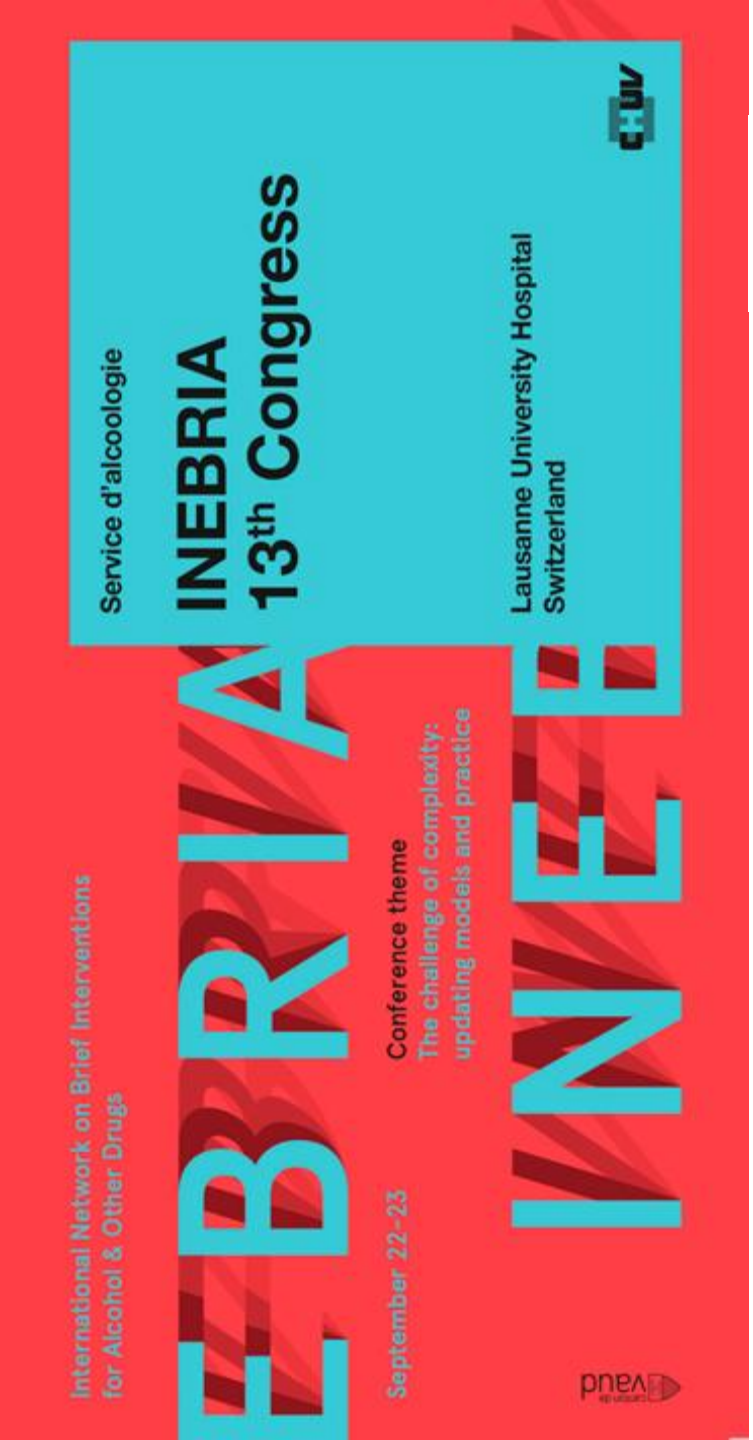


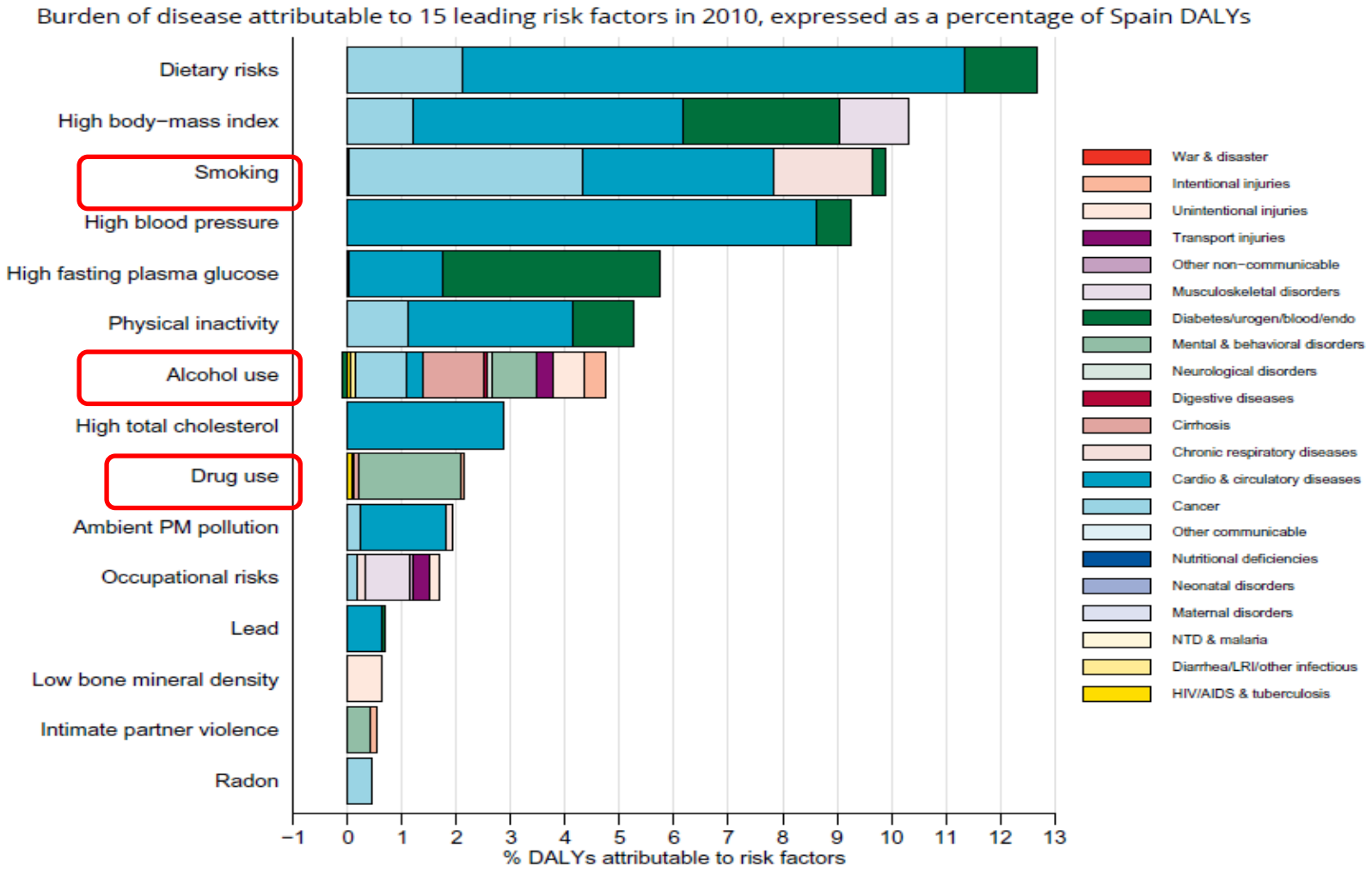
Professionals' knowledge and attitudes towards EIBI on drugs. Results from a survey in Catalonia

Lidia Segura, Núria Ibáñez,
Juan Manuel Mendive, Manel Anoro
Pako Díaz & Joan Colom,

NO CONFLICT OF INTEREST

Generalitat de Catalunya
Public Health Agency of Catalonia
Programme on Substance Abuse

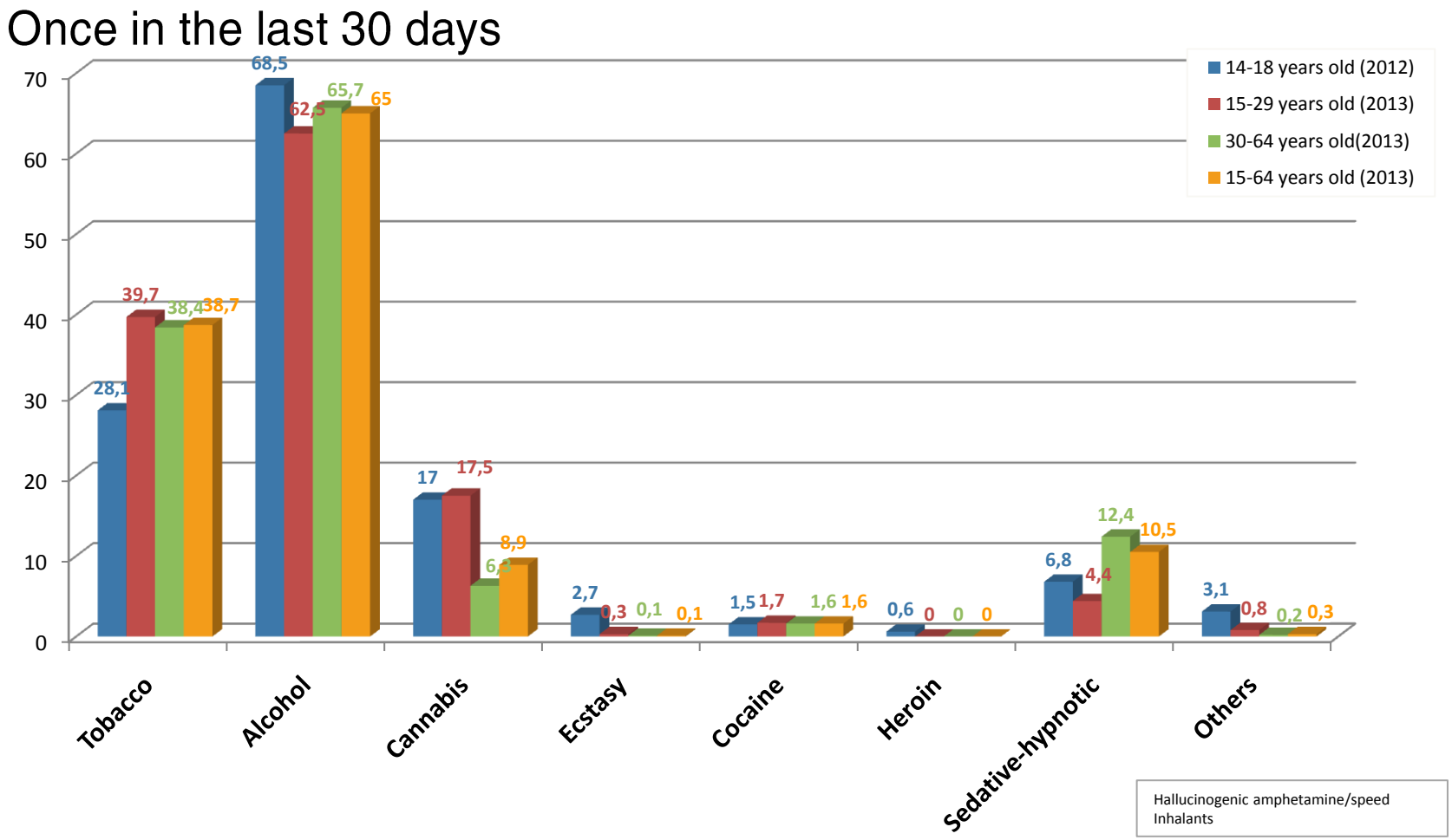
Introduction
Risk factors. Tobacco, alcohol and drugs



Source: WHO, 2009

Introduction
The prevalence of drug consumption

Comparison: 14-18, 15-29, 30-64 and15-64 years old in Catalonia (%), 2012/2013



Source: Program on Substance Abuse ASPCAT.-PNSD. Informe dels resultats per a Catalunya de l'Enquesta estatal sobre l'ús de drogues a l'ensenyament secundari (ESTUDES) 2012
Source: Program on Substance Abuse ASPCAT.-PNSD. Informe dels resultats per a Catalunya de l'Enquesta domiciliària sobre alcohol i drogues a Espanya (EDADES) 2013

Introduction
The invisibility of drug consumption in PHC

% of patients' medical records with information:

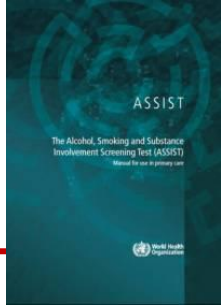
- Tobacco → 90%
- Alcohol → 47%
- Illegal drugs → 0.2%

REASONS

Organization	Health professionals	Patient
Lack of screening methods in the computerized medical record	Lack of knowledge	Fear to be stigmatized if diagnostic appears in the medical record
Other health problems are prioritized (hypertension, overweight...)	Fear to inconvenience the patient	Lack of information on where to treat drug problems
Drugs not included in the incentives by objectives	Lack of time	Unawareness about the risk of their consumption
Work loaded consultations (average of 40 patients per day)	Prejudices regarding drug consumers	Fear of being judged or stigmatised by the professional

Source: Memòria Institut Català de la Salut (2011) Health Department. Catalonia Government

Introduction
ASSIST-WHO study

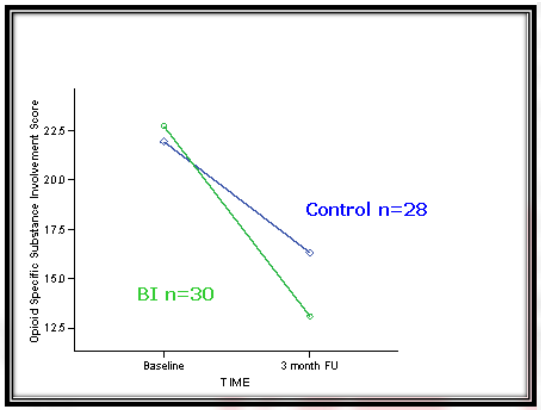


The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) (*Henry-Edwards et al. 2003)*

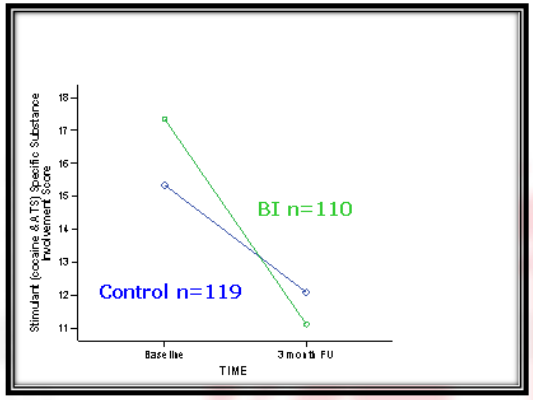
- Early detection and brief intervention of low, moderate and high risk drug consumption

	Cut-off scores	Sensitivity	Specificity
Tobacco	4	97	62
Alcohol	11	63	89
Cannabis	4	98	91
Cocaine	4	100	89
Amphetamine	4	97	98
Sleeping pills	4	95	92

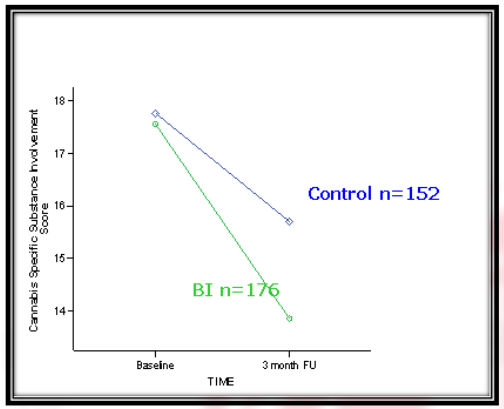
- BI effective in Opiods, Stimulants and Cannabis



Opioids (n=58, p<0.001)



Stimulants (cocaine & ATS) n=229, p<0.005



Cannabis (n=328, p<0.05)

Humeniuk et al. (2008) Technical Report of Phase III Findings of the WHO ASSIST Randomised Controlled Trial

Introduction
ASSIST recent validations

Country	Patients	Average Sensitivity	Average Specificity
Ireland (Kumar et al, 2016)	399	93.6%	85.8%
New York (McNeely ,2016)	393	92%	81%
Spain (Rubio, 2014)	485	97 %	85 %
France (Khan R, 2011)	150	No estimated	No estimated

Introduction
ASSIST Spanish Validation

441 Patients of Primary care Health
44 Patients Specialized addiction treatment units
Similar cut-off scores with adequate sensitivity and specificity levels

Table 5
Discrimination between use and substance use disorders (abuse and dependence) by receiver operating characteristic (ROC) analysis using cut-off scores based on our study and on WHO-ASSIST recommendations from the original validation study

Substance			Substance use disorders			Substance use disorders		
	AUC	p	Cut-off score	Sensitivity	Specificity	Cut-off score (*)	Sensitivity	Specificity
Tobacco	.641	<.05	5.00	94	62	4	97	62
Alcohol	.849	<.05	9.50	95	84	11	63	89
Cannabis	.913	<.05	3.50	99	90	4	98	91
Cocaine	.892	<.05	4.50	98	89	4	100	89
Amphetamine	.983	<.05	3	99	98	4	97	98
Sedatives	.920	<.05	3	99	91	4	95	92

*Rubio, G.;Martínez-Raga, J, Martínez-Gras, I.; Ponce, G. et al. (2014)Validation of the Spanish version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

Introduction
Tobacco and Alcohol SBI programmes

Large experience in SBI programmes for alcohol and tobacco in PHC with similar implementation strategies:

- Previous validation and effectiveness studies
- In collaboration with the Societies of Family and Community Physicians and Nurses
- Institutionalisation (embedded in the health strategies)
- Incentivized (objective included in the purchase agreement)
- Training of trainers (Peer training and continuous training
- Empowerment and support to the professionals (referents network.
- Activities both at professionals, organizations and patients level
- Strengthen the alcohol research in primary health care
- Community prevention: Screening week

Tobacco Program Coverage:

- 815 members of the Program
- 558 primary care referents in 88% (n=372) of the PHC
- 90% trained centres (372 PHC

Alcohol Program Coverage:

- 7200 trained professionals
- More than 600 primary care referents in 90% (n=342) of the PHC
- 78 professionals PHC referents in Catalonia
- 66% trained centres (248 PHC).

[Programa Beveu Menys]

www.papsf.cat

Collaborating entities: AIFICC | ASSOCIACIÓ D'INFERMERIA FAMILIAR I COMUNITÀRIA DE CATALUNYA

camfic societat catalana de medicina familiar i comunitària

Objectives

Study the **usefulness** and the acceptance of the **ASSIST** instrument for the **early detection** and **brief intervention** on drug consumption in Primary Health Care.

SPECIFIC OBJECTIVE

Study the level of knowledge, behaviours and attitudes of the primary health care in the early detection and brief intervention of the substances consumption in their daily practice.

Methods

- **Cross-sectional observational study**
- **Non probabilistic sample of convenience**
- **An invitation was sent to participate in the on-line survey to**:
  - Societies of medical professionals and community nursing.
  -Referents “Drink Less” Programme and Primary Health Care “without smoke”.
  - Directors of the ICS centres (Catalan Health Institute)
- **Period**: 1/12/2015-12/02/2016 (2 months and a half)
- **Independent variables :**
  - **Gender**→ Women/Men
  - **Occupation**→ Medicine/ Nursing
  - **Referent of other programmes** →Yes/No
  - **Training on drugs**→ Yes/No
  - **Years of experience** →≤12; ≥13 a 18; ≥19

Survey

On-line survey adapted from previous studies (ODHIN, AMPHORA, BISTAIRS), 26 questions organized in **the following sections**:

- **General Information:** gender, age, occupation, work organization, years of experience, training, consultation quota.

- **Experience in other programmes:** alcohol "Drink Less" and tobacco "Health primary care without smoke"

- Attitudes, knowledge, experience, barriers, tools and needs regarding illicit drugs.
  - **Attitudes:** Adaptation of the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ; Anderson, 1987):10 questions, likert type which explore 2 dimensions: Confidence in their role and therapeutic commitment

Participants by gender

- **805 professionals**
- **210 primary health care centres (55% coverage) from all the health regions of Catalonia represented**

Gender				
Variables		**Men (n=154)**	**Women (n= 594)**	**p**
Profession	**Medicine (%)**	11,5	88,5	**0,000**
	Nursing(%)	33,2	66,8	
Age(M±DT)		**49,75 ± 9,27***	47,27± 8,83	**0,002**
Years of experience in primary health care (M±DT)		**20 ± 9,24***	18,08± 8,39	**0,016**
Years working in the centre (M ± DT)		**12,83 ± 8,52***	10,71±7,64	**0,003**
Patients per day (M ± DT)		**26±7,52***	24,31 ± 7,48	**0,021**
Hours visiting patients/sem (M ± DT)		29,48 ±9,78	30±9,83	0,210
Referents programmes (%)		38,81	38,26	0,771

Results by profession

	Medicine	Nursing	T Student
Level of knowledge (0-20)	13,24 (4,09)	**13,92 (3,62)***	**0,022**
Level of experience (0-20)	12,54 (3,39)	**13,85 (3,09)***	**0,000**
Confidence role (SAAPPQ) (4-28)	15,86 (3,64)	16,21 (3,81)	0,219
Therapeutic commitment (SAAPPQ) (6-42)	22,76 (4,75)	23,0 (4,87)	0,525

Nurses show a higher level of knowledge and higher experience

Results by condition (referent or non-referent)

	Programme referents		
	YES	NO	T Student
Level of knowledge (0-20)	13,87(3,93)*	13,30(3,88)	**0,054**
Level of experience (0-20)	12,93(3,27)	13,37(3,39)	0.083
Confidence in their role (SAAPPQ) (4-28)	16,17(4,13)	15,81(3,46)	0,284
Therapeutic commitment (SAAPPQ) (6-42)	23(5,06)	22,75(4,57)	0,503

Being a referent of other alcohol and tobacco programmes have only showed some significant differences regarding the level of knowledge on drugs

Results by training

	Training in drugs		
	YES	NO	T Student
Level of knowledge (0-20)	13,34(3,76)	11,88(3,33)	0,245
Level of experience (0-20)	13,12(3,33)	12,66(2,50)	0,680
Confidence in their role (SAAPPQ) (4-28)	**16,09(3,72)***	13,22(5,28)	**0,023**
Therapeutic commitment (SAAPPQ) (6-42)	**22,87(4,77)***	19,66(4,03)	**0,045**

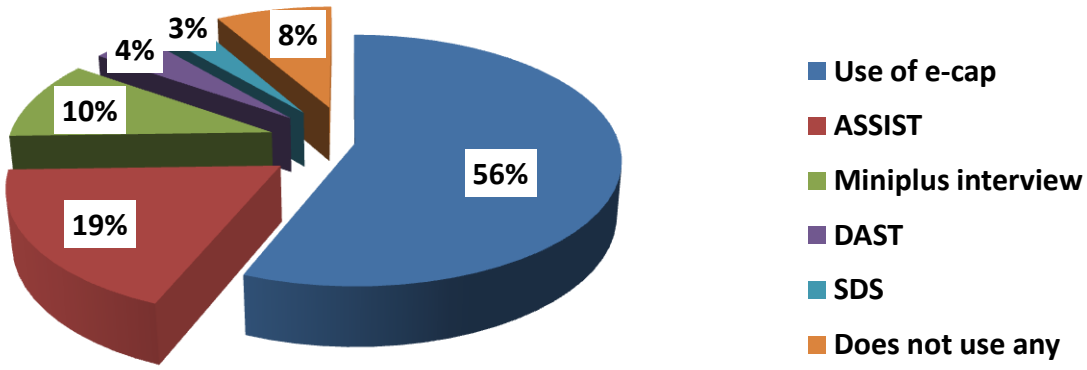
The professionals trained in drugs show higher levels of therapeutic commitment and more confidence in their role.

Results by professional experience

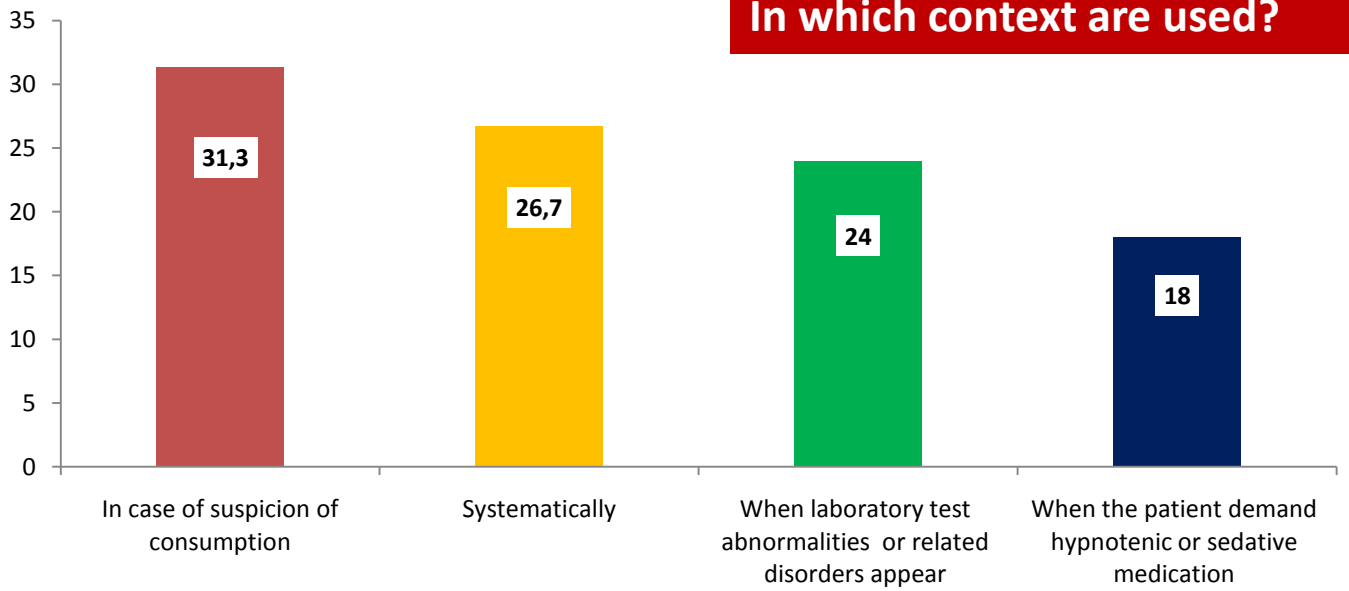
	Years of professional experience			
	≤ 12 years	13 a 18 years	≥ 19 years	ANOVA
Level of knowledge (0-20)	13,32(4,01)	12,76(3,30)	**14,04(4,05)***	**0,001**
Level of experience (0-20)	13,27(3,50)	13,06(3,35)	12,99(3,19)	0,634
Confidence in their role (SAAPPQ) (4-28)	**16,64(3,68)***	15,93(3,64)	15,65(3,78)	**0,011**
Therapeutic commitment (SAAPPQ) (6-42)	**23,50(4,65)***	23,11(4,46)	22,35(4,91)	**0,012**

Professionals with less than 12 years of experience have showed higher confidence levels and therapeutic commitment. However, professionals with more years of experience have a higher level ok knowledge on drugs

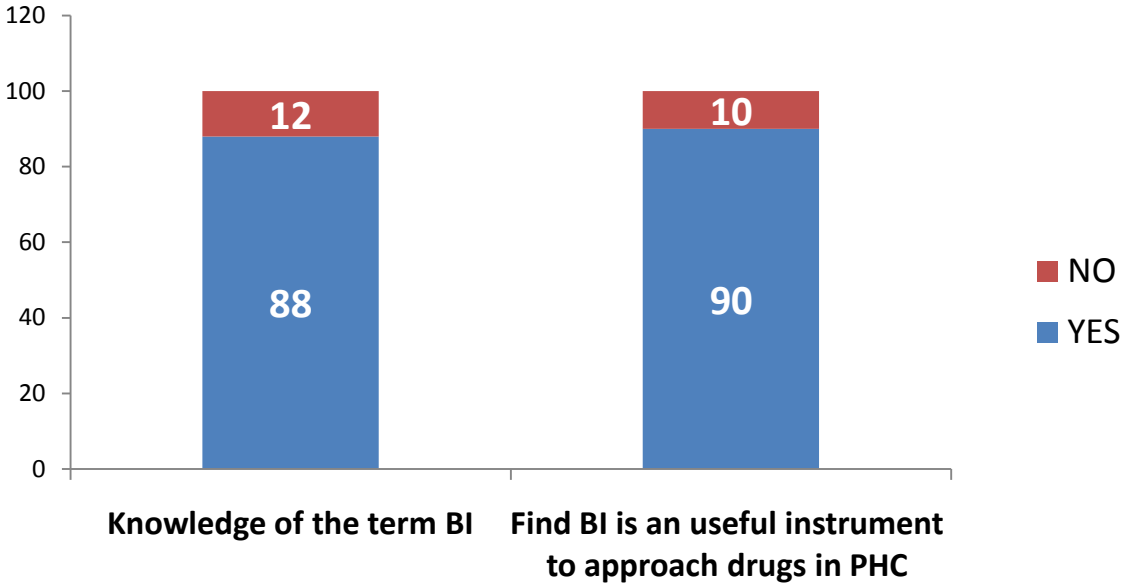
Use of screening instruments



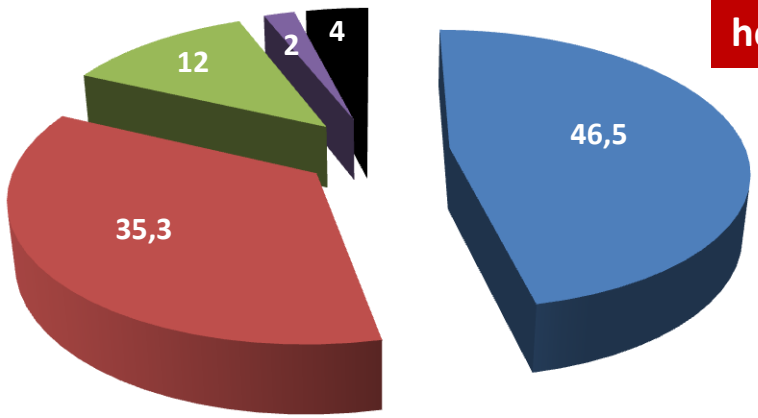
In which context are used?



Use of BI



Barriers to drug management in primary health care?



Conclusions

- Having more training in drugs has an impact on the level of knowledge , on the professionals' commitment and on the confidence in their role.

- More than a half of professionals do not use screening tools on drugs.

- The majority of the professionals ask the patients about their drug consumption just when they suspect they may took any drug or they detect some physiological signs.

- 90% of the primary health care professionals are familiarized with the term "brief intervention" and they consider it a useful intervention

- The main barriers to the SBI on drugs implementation are the lack of information and of time.

Acknowledgements

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Thank you so much for your attention