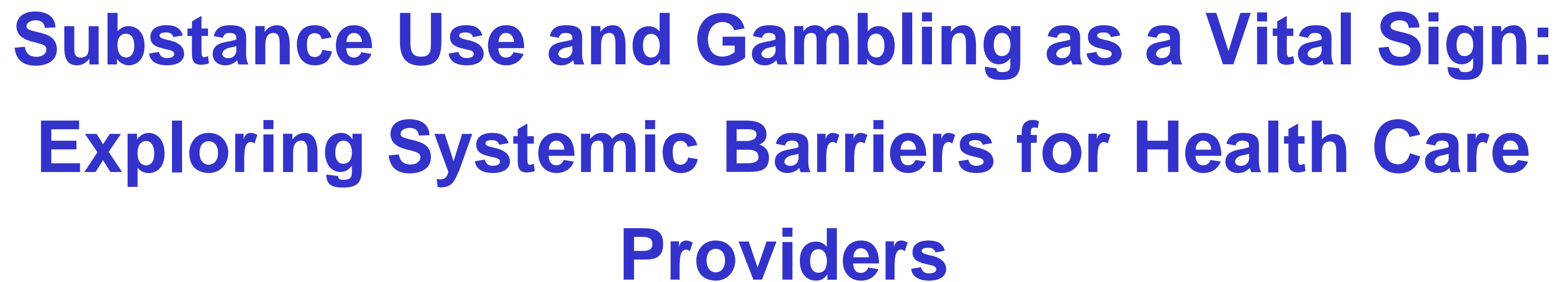

Substance Use and Gambling as a Vital Sign: Exploring Systemic Barriers for Health Care Providers

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Purpose

To present a synthesis of the findings from an environmental scan conducted to explore the systemic barriers for screening and brief intervention for substance use and problem gambling in the Nova Scotia primary health care environment.

To present a synthesis of the findings of Phase 2 of the project that explores addiction education within health and social professional schools.

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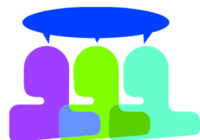
Lack of Time



Interviews

Physicians lack the time, due to high patient volume (e.g. busy waiting rooms, taking up beds in the ER)

Concerns regarding the 'briefness' of a brief intervention

Nurses and other providers have longer appointments but may not have the same 'authority' or 'impact' as a physician

Literature

- Studies have found a lack of time to be a key barrier
- The lack of time is often due to:
  - Patients presenting with acute issues requiring time and immediate attention
  - Misconceptions of the length of time required to conduct screening and brief intervention

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Recommendations for addressing Lack of Time

Nurses facilitate screening and brief intervention:

- ✔ Physicians who receive training and are supported by a nurse are more likely to engage in screening and brief intervention
- ✔ Screening and brief intervention by a nurse are of equal quality as conducted by a physician and cost 10% - 42% less
- ✔ Patients often feel more comfortable discussing addictions with a nurse with whom they could relate to, rather thanwith a physician who is often viewed more as an 'authoritarian'

Technology may also be used to overcome the obstacle of a lack of time such as electronic surveys, etc. that could be completed prior to patient appointment

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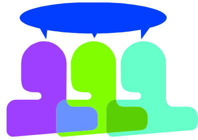
Lack of Remuneration



Interviews

Little incentive in the fee-for-service environment to engage in screening and brief intervention

Key informant suggestions include:

- Re-examining the way physicians are paid
- A billing code for a ‘health and wellness’ annual check-up (would also enable physicians to see, screen and provide brief interventions for patients who are not often seen)

Literature

Researchers have suggested that financial re-imbursement encourages providers to include screening and brief intervention in their clinical practice

Lack of Priority

Screening and brief intervention is a low priority relative to the patients' presenting problem

Addiction is rarely addressed unless:

- The addiction is overt
- The addiction presents as a health concern
- The patient's presenting problem involves symptoms or side effects of addiction

High risk behaviours associated with addiction are overlooked unless they are related to the presenting problem

…if a client has a presenting problem that needs to be addressed immediately, [screening and brief intervention] *probably just doesn't even come into consideration …. It's more dealing with the immediate needs of the client at that time.*

Recommendations for addressing Lack of Priority

Primary care providers are more apt to ask questions related to substance use and gambling when:

- Part of general lifestyle screening (e.g., yearly check up, hypertension screening, diabetes clinics, etc.)
- The patient exhibits negative health symptoms related to substance use (questions are then perceived to be 'justified')

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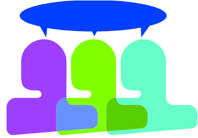
Lack of Training

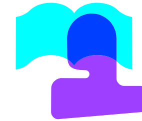


Interviews

Providers were uncertain as to the 'next steps' in addressing addiction once identified through screening

Key informant suggestions:

- Training on techniques and skills to address addiction (e.g., motivational interviewing)
- Training that is practical for the primary health care context
- Addiction as a greater component in med school



Literature

Lack of training, knowledge and skills are the most common barriers to providers carrying out brief intervention

There is a lack of awareness among many physicians as to what constitutes substance 'misuse'

Only 18% of primary care nurses and physicians feel they have enough knowledge to provide brief interventions. Only 12% have participated in any brief intervention training

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Recommendations for addressing Lack of Training

Increased medical school training and continuing medical education related to addiction facilitates engagement in brief intervention among primary care providers

Studies suggests that effective physician training strategies for screening and brief intervention include:

- Skills-based role playing
- Performance feedback
- Clinical protocols and guidelines
- Clinic based education
- Training by credible experts/colleagues

Obstacles including a lack of time, funding support, training sites, institutional support, and competing educational needs and priorities

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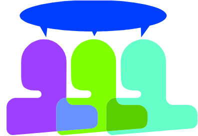
Lack of Availability of Tools



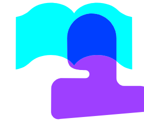
Interviews

A disconnect between the availability and use of tools

A lack of understanding around the meaning of tool scores

To make a tool useful:

- Short, with results that are easy to interpret
- Provide next steps
- Promotion (to the public and to providers)
- Available in multiple formats
- Age & gender specific
- Valid & developed using a consultative process



Literature

Screening tools make use of 'pen and paper' screening which is not part of standard clinical protocols or general practitioner culture (i.e., diagnosis via empirical observation and verbal questioning around symptoms)

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Recommendations for addressing Lack of Availability of Tools

A lack of awareness regarding which tools are available, especially outside of alcohol screening (CAGE, AUDIT)

Tools that are available are not effectively promoted or communicated to providers

- This is an area that Addiction Services could take a leadership role

I hear the health care providers saying they don't have [tools and resources] *and asking for* [them]. *…. So* [providers are] *looking for some leadership from* [Addiction Services] *around what are those screening* [tools].

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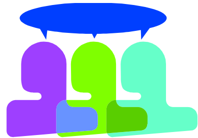
Comfort in Addressing Addictions

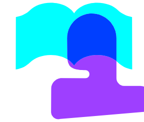


Interviews

Belief that providers would not get honest answers by patients if they were to screen for addiction

Belief that providers would likely get honest answers around smoking, but not with other substances

The lack of disclosure by patients was attributed to a fear of judgment and stigma, should patients' disclose their issues with substance use and gambling



Literature

Patients commonly disclose information regarding drinking

But, primary care providers often do not explore these disclosures

Contrary to the beliefs around negative reactions by patients, physicians who have used brief intervention for problem gambling have found patients to be receptive

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Comfort Levels are Different

Comfort Addressing <u>Smoking</u>

- A high level of comfort in screening and brief intervention for smoking
- Comfort attributed to the cultural/ societal shift around smoking as a health concern

Comfort Addressing <u>Alcohol</u>

- After smoking, alcohol is most likely to be addressed in terms of comfort
- But, alcohol overuse is ‘socially acceptable’ and ‘normalized’
- Providers are uncomfortable addressing it as it is not often viewed as health concern

It’s a cultural shift. …Barely 20 years ago, tobacco use was very normalized, but the particular problem in society has changed radically. I think alcohol is viewed somewhat like we viewed tobacco 20 years ago. But further work needs to be done around educating the population.

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Comfort Levels Continued

Comfort Addressing Gambling

- Least comfortable or likely to engage in screening and brief intervention with illicit drugs and gambling.
- Some informants noted that gambling was especially not addressed because it was often non-symptomatic and was uncommonly the presenting problem faced by family physicians or physicians and nurses in the emergency room.
- Further, it was noted if a gambling problem is identified, providers are often unsure of the next steps involved in addressing this type of addiction.

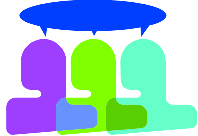
…The media as well, they still have the eyes and ears of the public in terms of substance use and gambling involvement, and it's still a very normalized activity, even problematic use is normalized.

Lack of Interest or Role

- There is some lack of interest around addictions among primary health care providers
- There is also a perception that addressing addictions is outside the role of a primary health care provider

I think that outside of the addiction field, nobody wants to touch this. I think that there's a pretty strong divide, that if you're an addiction specialist, this is your job. And so, 'I'm not an addiction specialist, I don't want anything to do with this'. …[in] *family medicine practice, I think* [addictions] *kind of seen as, nope, this is not our deal.*

Perspectives on Addiction



Interviews

Judgment & Assumptions

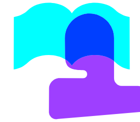
Addictions are screened based on judgments and assumptions of what a person with an addiction typically looks like

Stigma

Judged as a problem or flaw of the individual

Perceptions that addiction is a choice and a 'habit' that can be overcome with willpower

Stigma causes embarrassment and/or hesitation to address addiction by providers and leads to non-disclosure by patients



Literature

Attitudinal barriers among family physicians prevent screening and brief intervention

These barriers include perceptions that patients with an addiction are manipulative, difficult, aggressive, deceitful, demanding, unmotivated and unwilling to change

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Environmental Scan and Interviews of Health Curriculum

Phase 2 of the Project

- Consists of an environmental scan, including a literature review of health professional school curriculums (Medicine, Nursing, Pharmacy, Social Work, etc.) specifically addressing the area of substance use/gambling.

- Interviews/focus groups with identified stakeholders of the health and social professional schools at Dalhousie University involved in curriculum development and/or coordination, to assess awareness and understanding of substance use/gambling, to review current curriculum content, an assessment of the gaps and challenges and how they could be addressed.

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Why is Addiction Education Needed?

Cape et al. (2006) noted that "*medical school is a critical and essential stage in the development of physicians who are confident and competent in the assessment and treatment of substance use problems*".

Similar trends have been observed in other health and social professional schools including medical, dental, nursing and social work.

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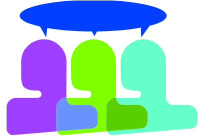
Addiction Content in Curriculum



Interviews

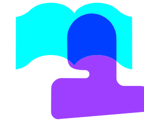
Several schools have devoted courses on addiction including: nursing; health and human performance; and social work. Medicine integrates in several courses.

Substance use is often integrated in case studies, but this is discretionary

Curriculum content varies in what is covered; smoking is most likely to be included

Gambling is not being covered

Clinical placement provide opportunities for lived experience



Literature

Time devoted to addiction in health professionals' school curriculum is significantly lower than other health issues of similar prevalence

There is a lack of time to address addiction.

Personal and family history of substance use and addiction among students and faculty

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Recommendations for addressing Curriculum Barriers

Resources

- Identified need for high quality, well researched and practical resources that faculty could draw from. A high level of comfort in screening and brief intervention for smoking
- Need for inter-professional education for substance use and gambling to build expertise.

Advocacy and Understanding

- Advocacy for inclusion by faculty
- Increased promotion and awareness of services provided and how to refer/support clients.
- Education on addiction has a positive impact on students towards substance users

I think gambling is a social problem, … both alcohol and smoking have very physical effects, gambling less so. So it's not as much on our radar because of the lack of physical effects.

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What is our role?

Opportunities for Improvement

Increasing Communication & Follow-up

– Provision of follow-up, outcome or progress information on patients referred to Addiction Services

Building Awareness of Services

– Predominantly viewed as providing detox services
– Role across the spectrum (prevention to treatment) should be promoted

Being a Resource

– Opportunity to be a key resource (e.g., recommendations, tools, etc.) in building awareness, understanding and skill in addressing addictions

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Next Steps

A study of the attitudes, beliefs, developing practices and educational needs of students training in Nova Scotia to become allied healthcare professionals as it relates to substance use, gambling and brief interventions.

Develop a provincial brief intervention implementation strategy to build capacity for increased screening and brief intervention initiatives with health care and other allied professionals.

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For Further Details

http://www.gov.ns.ca/hpp/resources/addictions.asp

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