General Practice & Specialist Care

co-operation with non-medical alcohol treatments in the UK

Thursday 11th January 2018
Tallinn Europa Hotel

Gillian Tober & Duncan Raistrick
Leeds Addiction Unit

Euroopa Liit
Euroopa Sotsiaalfond

Eesti
tuleviku heaks

Who does what?

Press release

PHE publishes alcohol evidence review

The review looks at the evidence on alcohol harm and its impact in England.

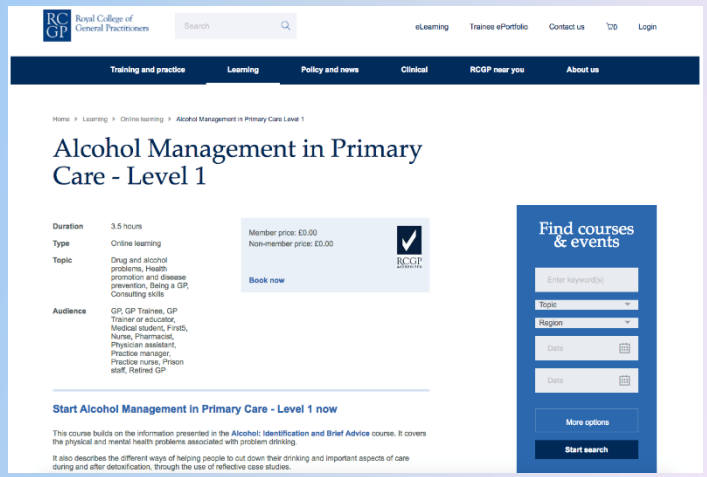
Published 2 December 2016
From: Public Health England

Public Health England sets policy

Primary care should:

1. Screen for alcohol problems using AUDIT
2. Provide information
3. Provide Brief Interventions
4. Follow local alcohol referral pathways

Royal College of General Practitioners provides training…



BMJ Open

How effective are brief interventions in reducing alcohol consumption: do the setting, practitioner group and content matter? Findings from a systematic review and metaregression analysis

BMJ Open 2016;6:e011473.

Lucy Platt,[1] G J Melendez-Torres,[2] Amy O'Donnell,[3] Jennifer Bradley,[3] Dorothy Newbury-Birch,[4] Eileen Kaner,[3] Charlotte Ashton[5]

1. Modest reductions in quantity consumed
2. Frequency not reduced
3. Nurses produced the best results
4. Brief advice was most effective

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Modelling the Cost-Effectiveness of Alcohol Screening and Brief Interventions in Primary Care in England FREE

Robin C. Purshouse ✉, Alan Brennan, Rachid Rafia, Nicholas R. Latimer, Rachel J. Archer, Colin R. Angus, Louise R. Preston, Petra S. Meier

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Abstract

Aims: To estimate the cost-effectiveness and resourcing implications of universal alcohol screening and brief intervention (SBI) programmes in primary care in England. **Methods:** This was a health economic model, combining evidence of the effectiveness and health care resource requirements of SBI activities with existing epidemiological modelling of the relationship between alcohol consumption and health harms. **Results:** Screening patients on registration with a family doctor would steadily capture ~40% of the population over a 10-year programme; screening patients at next primary care consultation would capture 96% of the population over the same period, but with high resourcing needs in the first year. The registration approach, delivered by a practice nurse, provides modest cost savings to the health care system of £120 m over 30 years. Health gains over the same period amount to 32,000 quality-adjusted life years (QALYs). This SBI programme still appears cost-effective (at £6900 per QALY gained) compared with no programme,

1. **Screening on registration captures 40% population over 10yrs**
2. **Costs saving of £120million over 30yrs**
3. **32,000 QALYS gained over 30yrs - £6900 per QALY**

BMJ 2013;346:e8501 doi: 10.1136/bmj.e8501 (Published 9 January 2013)

Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial

Design: pragmatic cluster RCT

Setting: 24 GP practices

Participants: 2991 individuals screened for an AUD

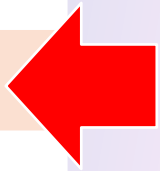
Interventions: i) leaflet ii) 5min brief advice iii) 20min lifestyle counselling

Outcomes: no difference on AUDIT <8

Mental Illness in Drug and Alcohol Services

(self report in last 12mth)

	Drug services n=216	Alcohol services n= 62
Schizophrenia	3%	3%
Bipolar affective disorders	1%	5%
Non specific psychosis	5%	11%
Personality disorder	37%	53%
Affective or anxiety disorder	68%	81%
…severe depression	27%	34%
…mild depression	40%	47%
…anxiety	19%	32%



Source: Weaver *et al*. (2003)

Last year contact for *mental health* concern…

77% (n=214) of COSMIC participants had co-morbidity			
	Psychosis 10%	Personality Disorders 33%	Mood Disorders 34%
No contact	3.4	25.3	46.8
GP only	13.8	30.7	26.6
Psychiatrist	82.8		
Interventions % of disorder group			
Psych Meds	69.0	68.1	45.8
Assess & review	69.0		10.6
Treatment	18.0		4.2
Day care	24.1		1.1

33% no contact at all

27% GP only contact

57% of PD 42% Mood prescribed antidepressants

16% of mood disorder get mental health care

Source: Weaver *et al (2003) Drugs Education Prevention & Policy*

In the UK there is a mismatch between policy and practice – GPs might…

- ✓ **Screen, advise and refer**
- ✗ **Ignore**
- ✗ **Misdiagnose and send for irrelevant investigations**
- ✗ **Refer to multiple agencies**
- ✗ **Prescribe anti-depressants or other psychoactive medications**

Overall Therapeutic Attitude

has been shown to be key determinant of practitioner effectiveness

Source: Cartwright British Journal of Psychiatry 1980

- **Role adequacy**
- **Role legitimacy**
- **Positive outcome expectancy**
- **Self efficacy**

- **Training, Support and Organisational Constraints**

Role adequacy
“I can deal with alcohol problems”

- ✓ Detoxification and other prescribing
- ✓ Diagnosis of physical health problems
- ✓ Treatment and monitoring health
- ✓ Timely referral – care pathways

The briefer the intervention the more experience is needed to deliver an effective intervention

Role legitimacy
“this is what my job is about”

- ✓ See a large cross section of the population
- ✓ Expected to ask about drinking, smoking, diet, exercise
- ✓ Involved with local services and resources
- ✓ Are expected to contribute to public health

Legitimacy flows from professional training:
conferring legitimacy afterwards is difficult

Self efficacy
“I believe I can perform these tasks”

Medical practitioners tend to place undue weight on the effectiveness of prescribing solutions

Positive outcome expectancy
“I know treatment is beneficial”

General practitioners and other services contribute to recovery. Think of simple actions:

1. Asking the question results in behaviour change
2. Giving follow up appointments increases behaviour change

OTA determines practitioner effectiveness...

Max score = 20	Role adequacy	Role legitimacy	Positive expectancy	Self efficacy	Overall therapeutic attitude
Health Care Assistants n=191	11.1	11.4	11.4	9.9	43.7%
Nurses n=722	10.3	8.5	11.5	9.4	39.7%
Doctors n=94	9.4	6.0	13.5	10.5	39.4%

Role Adequacy: HCA > nurses $p<.05$ HCA > doctors $p<.005$
Role legitimacy: HCA > nurses and doctors $p<.001$ nurses > doctors $p<.001$
Positive expectancy: doctors > nurses and HCA $p<.001$
Self efficacy: no significant differences

Source: Raistrick *et al*. (2007) J Substance Use

Availability of Support

Both organisational and team support are important for maintaining Overall Therapeutic Attitude

1. Know what resources are available locally eg specialist psychology and psychiatry
2. Specialists make themselves available for back up as in shared care

Who does what?

There is more than one solution…

Allocation of Care by Problems Mix

Primary Care

eg: Screening & monitoring
Harm reduction
Manage physical health problems

Specialist AUD only

eg: Alcohol dependence
Associated drug misuse
Alcohol induced mood disorders

Specialist Psychiatry + AUD

eg: Psychosis + AUD
Bipolar disorder + AUD
Poly-substance use

Specialist Psychology + AUD

eg: Personality disorder
Phobias & primary mood disorder
Family dysfunction

AUD = alcohol use disorder