A review of guidelines for collaboration in substance misuse management

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Background
Substance misuse among the working population results in increasing economic costs. General practitioners (GPs) and occupational physicians (OPs) can play a central role in detecting and managing substance misuse in the working population. Their collaboration could be critical in coordinating care, in facilitating rehabilitation and in reducing sickness absence.

Aims
To search guidelines for evidence on collaboration between GPs and OPs in substance misuse detection and management in the working population.

Methods
International guidelines regarding collaborative care for alcohol, illicit drug, hypnotic and tranquilizer misuse were identified by a systematic search in the Guidelines International Network and US National Guidelines Clearinghouse databases.

Results
In total, 20 guidelines were considered of sufficient methodological quality, based on the criteria of the Appraisal of Guidelines for Research and Education II instrument. Only two guidelines reported on the OP's role in screening and intervention for alcohol misuse.

Conclusions
There is a lack of guidance on the OP's role and on collaboration between GPs and OPs in this field. Further study is required on their respective roles in substance misuse management, the effectiveness of workplace interventions and the benefits of collaboration.

Key words
Collaboration; general practitioners; guidelines; occupational physicians; substance misuse.

Introduction
Problematic rates of alcohol and drug use are observed among the working population in Europe, resulting in increasing costs for employers and a highly negative impact on workplaces in terms of productivity losses, absenteeism and healthcare expenditure [1].

General practitioners (GPs) and occupational physicians (OPs) can play a central role in detecting and managing substance misuse in the working population [2,3]. It has been suggested that inter-professional collaboration between GPs and OPs may be beneficial for rehabilitation for work [4]. The aim of this study was to search for evidence on the effectiveness of collaboration between GPs and OPs managing misuse of alcohol, illicit drugs, tranquilizers and hypnotics and for resources and strategies that can be used by these health professionals in collaboration.

Methods
Our search strategy, as presented in Figure 1, was part of a broader search for guidelines for GPs and OPs regarding substance misuse management in the Belgian working population. We undertook a detailed search for international guidelines to identify evidence on recommendations for collaboration in substance misuse management between GPs and OPs. Guidelines published between 2002 and 2012 were identified using the databases Guidelines International Network and US National
Guidelines Clearinghouse. Multiple and broad searches were performed with MeSH Terms such as ‘Cooperative behavior’, ‘Referral and consultation’, ‘Interdisciplinary Communication’, ‘Substance-Related Disorders’, ‘Alcohol-Related disorders’, ‘General practitioners’, ‘Primary Health Care’, ‘Physicians’, ‘Occupational Health Physicians’, ‘Family Practice’, ‘Workplace’ (using the Boolean terms ‘AND’, ‘OR’). The full search strategy is available on request from the authors. Several guideline development organizations’ and professional substance misuse organizations’ websites were also screened. After excluding many duplicates a first selection of guidelines based on title and abstract was undertaken by two researchers using the following eligibility criteria: guidelines concerning the adult working population (18–65 years old), published either in Dutch, English, French, German, or Spanish languages and intended for GPs and/or OPs. Guidelines were excluded if the primary focus was not on illicit drugs, alcohol misuse, tranquilizers or hypnotics. Guidelines were further assessed on quality by two independent researchers using the Appraisal of Guidelines for Research and Education (AGREE) II instrument [5]. The appraisal scores for the methodological procedure of the guideline development were given the highest weight. Finally guidelines with a methodology score of >50% were included. An additional search for studies published after the latest guideline yielded no results. No ethical approval was required since no human subjects were involved.

Results
A total of 5099 citations were found. After exclusions, 35 guidelines were assessed of which 20 eligible guidelines were screened on full text for ‘collaboration’ between OPs and GPs. Two guidelines included recommendations for OPs [3,6] but these only concerned alcohol misuse. These guidelines suggest that in cases where harmful alcohol use is identified the subject should be referred to clinicians with expertise in diagnosis and management of alcohol misuse. Motivational communication by the OP towards the employee is essential [3]. However, no recommendation was made on how care should be further coordinated.

In Australia, it has been recommended that screening and interventions should be introduced in workplaces where the risk of alcohol misuse is high [6], and further that this should be accompanied by other intervention strategies. This recommendation was based on expert opinion only, as there is a lack of adequate studies on the effectiveness of screening and brief interventions in the workplace [3,6] and therefore the OP’s role in substance misuse management is currently undefined [3].

Discussion
Despite the high number of guidelines that were initially identified, our results indicated a lack of evidence about the role of the OP in substance misuse management. There was also a lack of evidence on collaboration with other health professionals in substance misuse among working people; similarly data were lacking concerning effective ways to manage substance misuse in the occupational setting. In the light of the potential negative impact of substance misuse on working conditions it is in our view important to address this research gap.

Initiatives are being implemented to improve the collaboration between these two professional groups [7].
It was found that most GPs and OPs expressed a desire for better cooperation to improve the quality of care and suggested that interaction between them could be improved by a deeper understanding of their respective roles, constraints and levels of influence [4,8]. Several conditions, however, must be met to facilitate this. Further study is needed on the role of GPs and OPs in the detection and management of substance misuse in the workplace. The OP faces many professional conflicts in workplace drug testing, which has been the subject of ethical debate [9], with opposing views on employees’ and employers’ rights. Moreover, occupational health is primarily a prevention-orientated activity, involving a range of skills required to identify, accurately assess and devise strategies to manage and promote the health of the working population [10]. In the occupational setting, many other stakeholders have a role, especially the employer and management but also the trade unions. Even though the interplay between stakeholders in substance misuse management varies widely from country to country [10], depending on culture and regulations, the OP’s role in substance misuse management would benefit from a clearer definition. Qualitative research on the views of different stakeholders may help to shed light on the potential role of the OP. Efficient strategies for early detection are needed and the impact of short interventions on the workplace needs to be evaluated. Finally, studies with good quality indicators testing and comparing different models of collaboration between OPs and GPs are needed.

**Key points**

- The role of occupational physicians in substance misuse management remains uninvestigated and subject to debate.
- No guidelines or publications are currently available on the effectiveness of collaboration between general practitioners and occupational physicians in this field.
- We recommend further study on the role of the general practitioners and occupational physicians in substance misuse management, the effectiveness of workplace interventions and benefits of collaboration between general practitioners and occupational physicians.

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**Conflicts of interest**

None declared.

**References**