

**Drinking and smoking:
Status quo of
interventions by
general practitioners**

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**Research Collaboration on EARly
INTerventions for health care
behavior (EARLINT)**

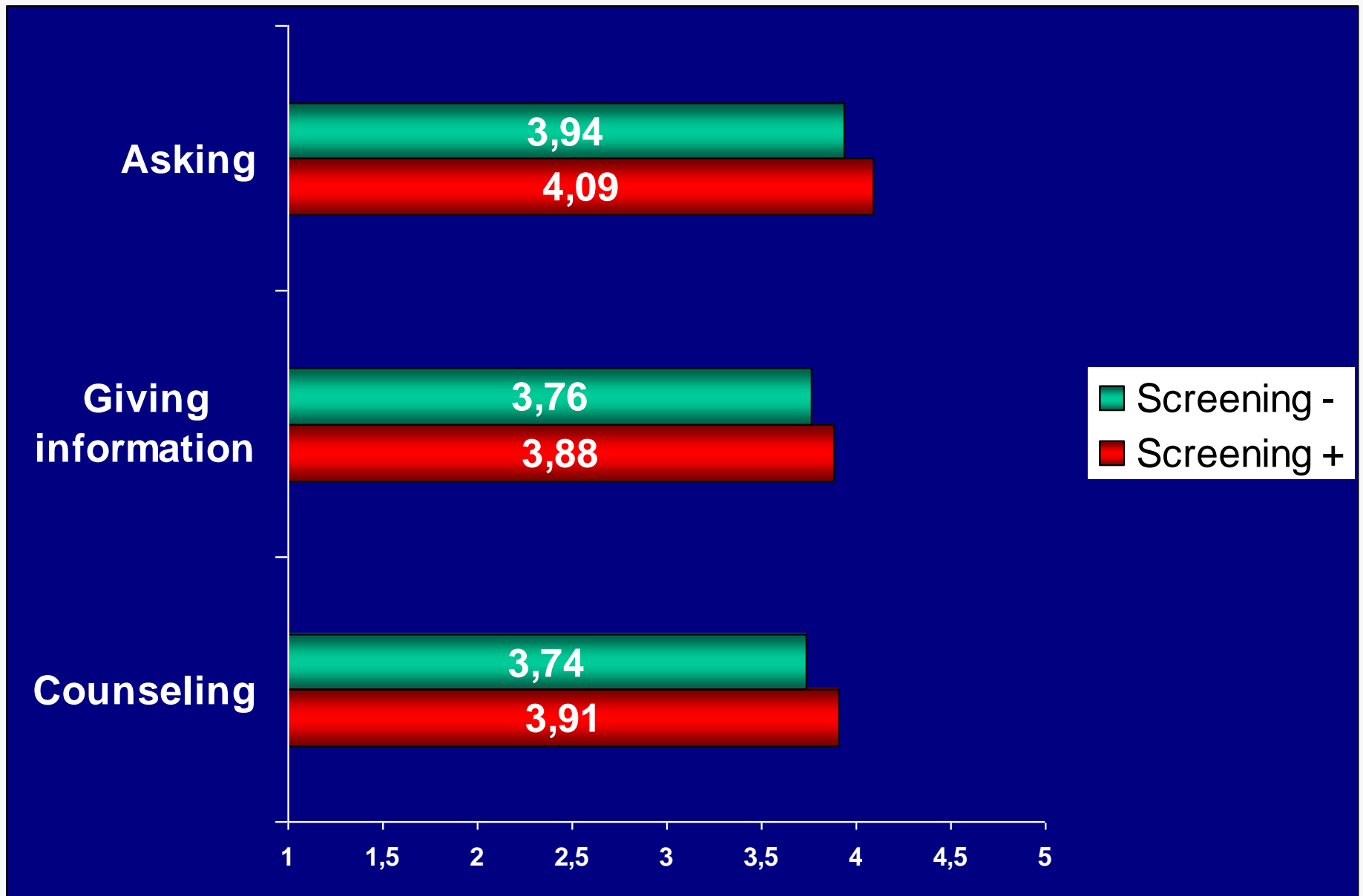
Declaration of Interest

- Grants from the German Ministry of Health (BMG), the German Ministry of Education and Research (BMBF), the Federal States of Germany, the Association for the Advancement of Rehabilitation Research in Hamburg, Mecklenburg-Vorpommern and Schleswig-Holstein (vffr), the Ministry of Social Affairs, Health, Science and Equality of Schleswig-Holstein
- Trainer in Motivational Interviewing

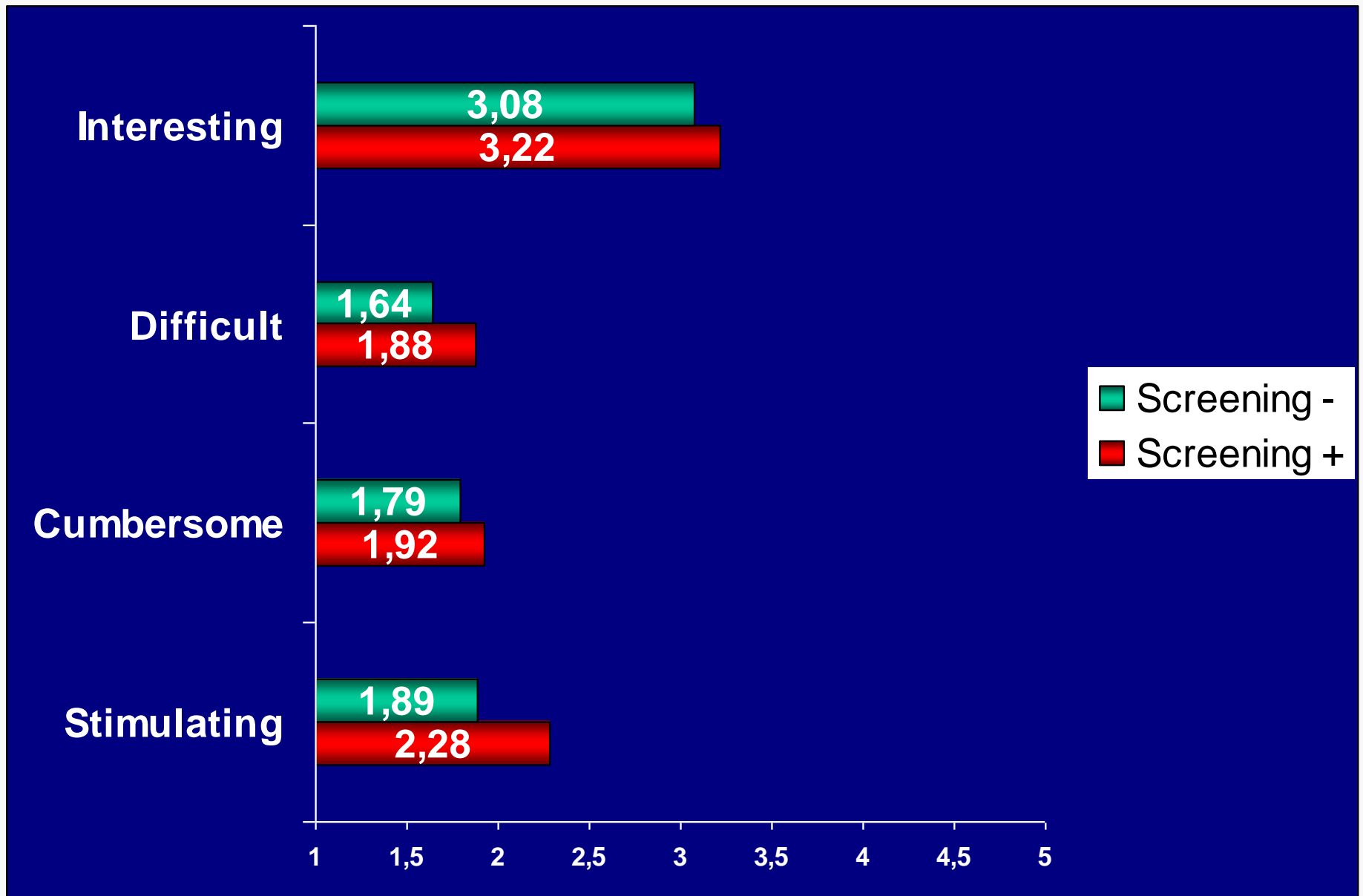
Background

- **Smoking and risky drinking are related to morbidity and mortality**
- **Widespread implementation would lead to population-level reductions of alcohol- and tobacco-related harm**
- **Brief interventions for smoking and drinking in general practice (GP) are effective (e.g. Kaner et al, Stead. 2013)**
- **Very few physicians apply SBI**

Appropriateness of physicians' activities focusing drinking



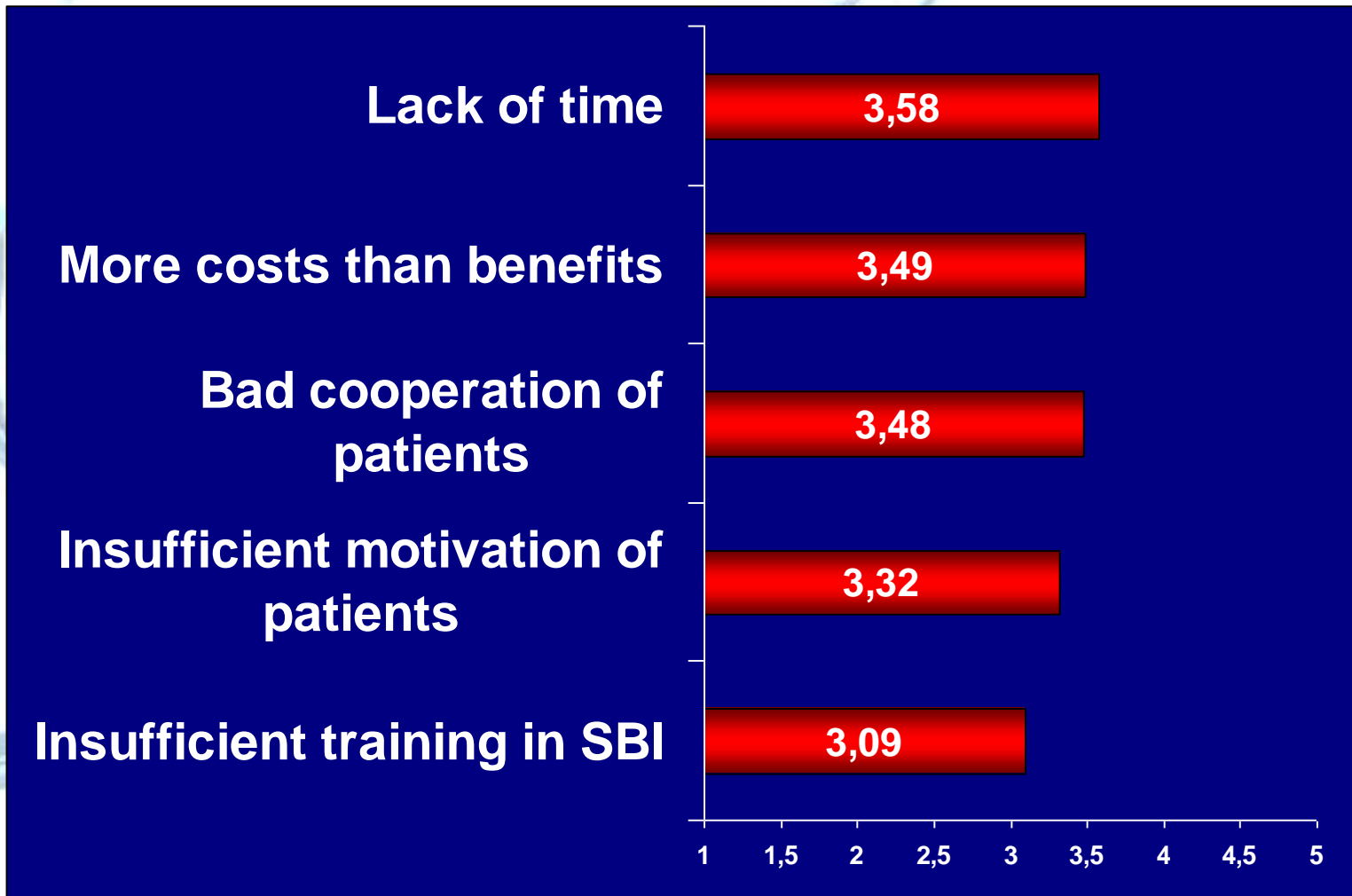
Attitudes to screening on alcohol (n=2604)



Acceptance of SBI in the general population

- **More than 90% had positive attitudes towards being asked about their alcohol use (Makela et al. 2011)**

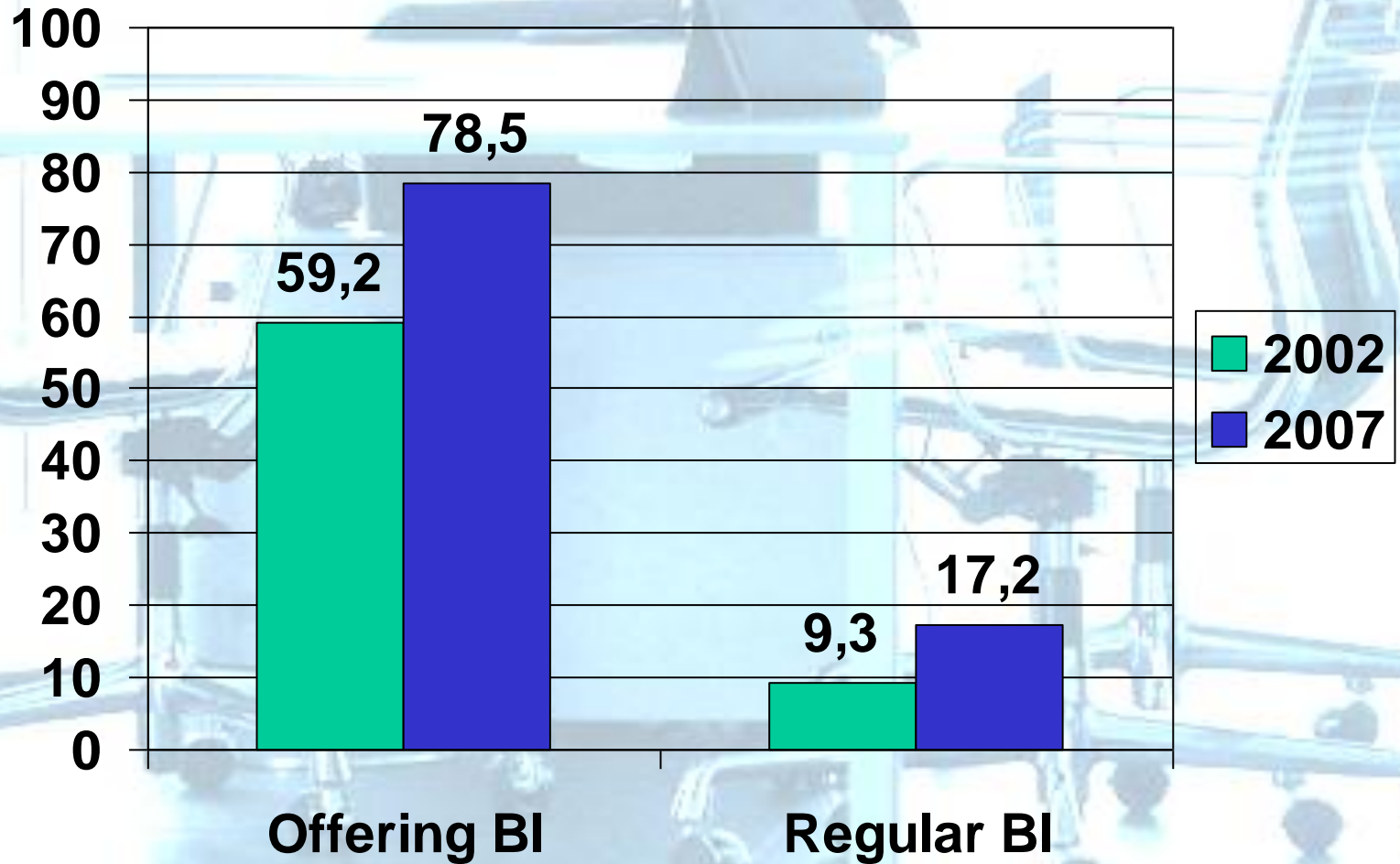
Physicians' barriers to SBI



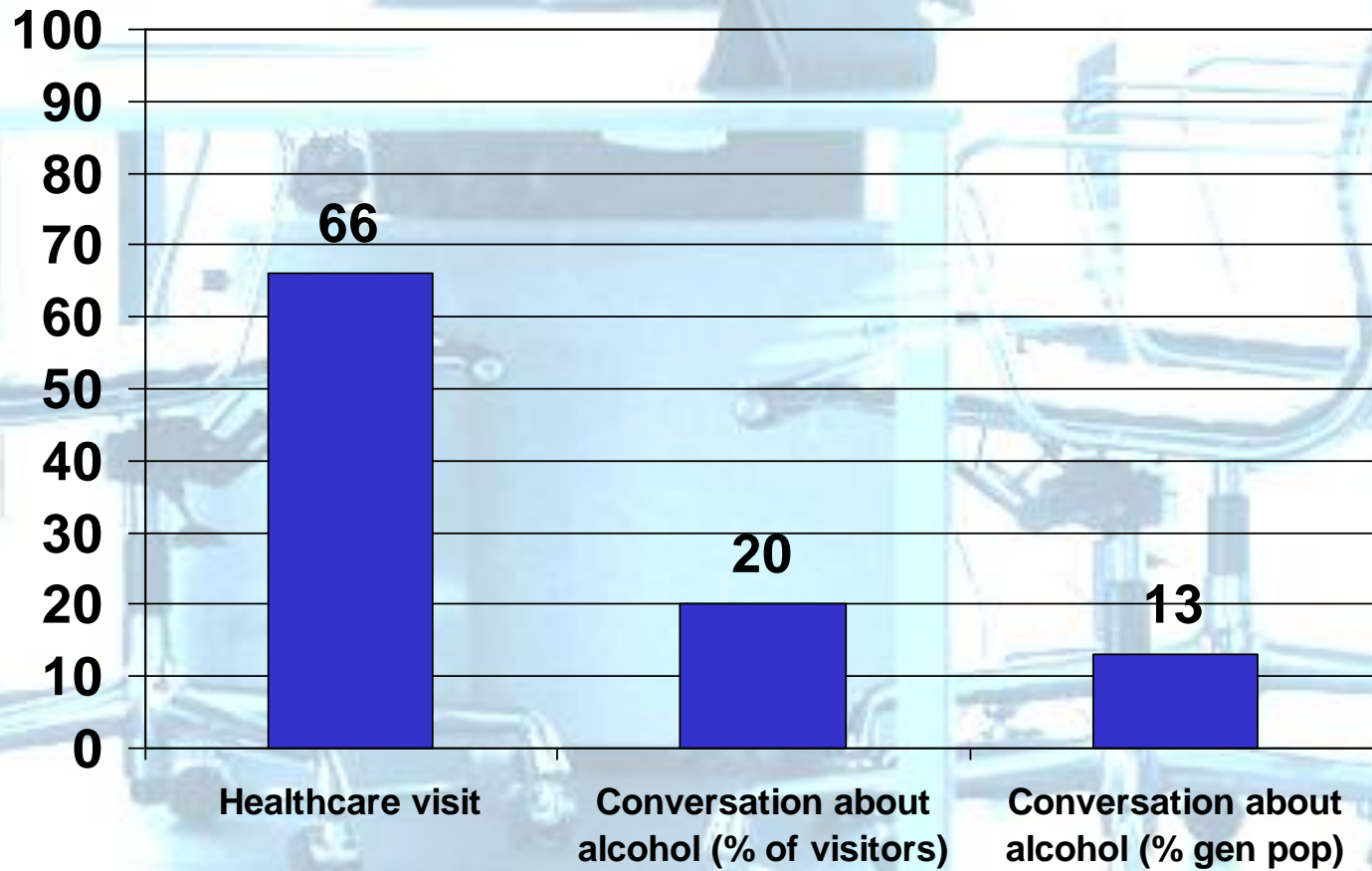
Implementation studies

- **Number of SBIs in GPs can be increased by training and other activities (e.g. Kaner et al, 1999)**
- **Widespread implementation can be promoted by nation-wide programs (Seppanen et al., 2012; Nilsen et al., 2011)**
- **Number of SBIs is still not satisfying (Heather, 2012)**

Finnish Physicians



Swedish General Population



Nilsen et al., 2011

Economic interventions

The background of the slide is a blurred office environment. It features a light-colored desk with a computer monitor and some papers on it. Two office chairs with casters are positioned around the desk. The overall image is faded and serves as a backdrop for the text.

- **Using new technologies (computer-based, SMS, Mobile Apps)**
- **Stepped Care Approach**

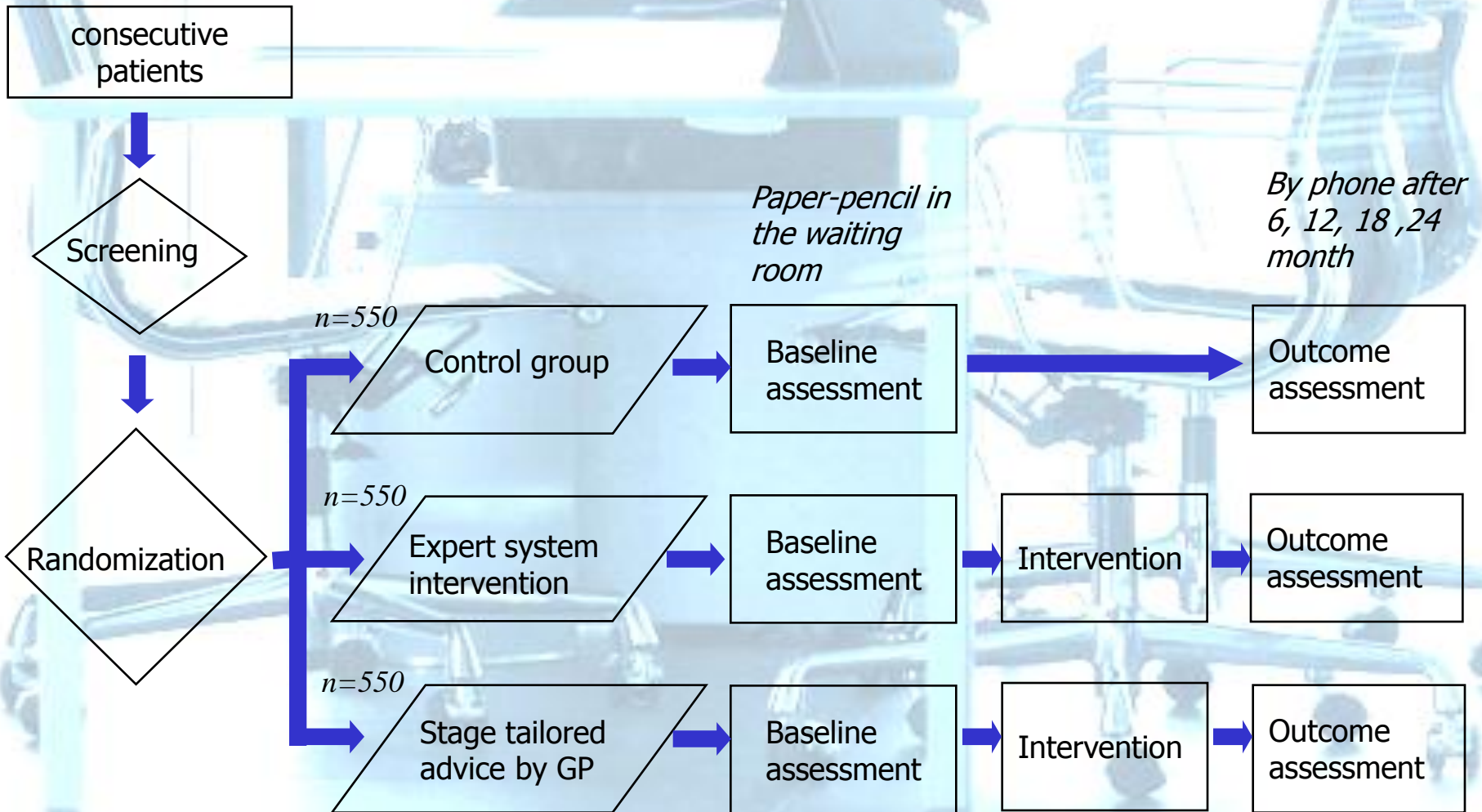
GP sample

- Random selection (N=39)
- 34 participating
- Participation rate 87.2%

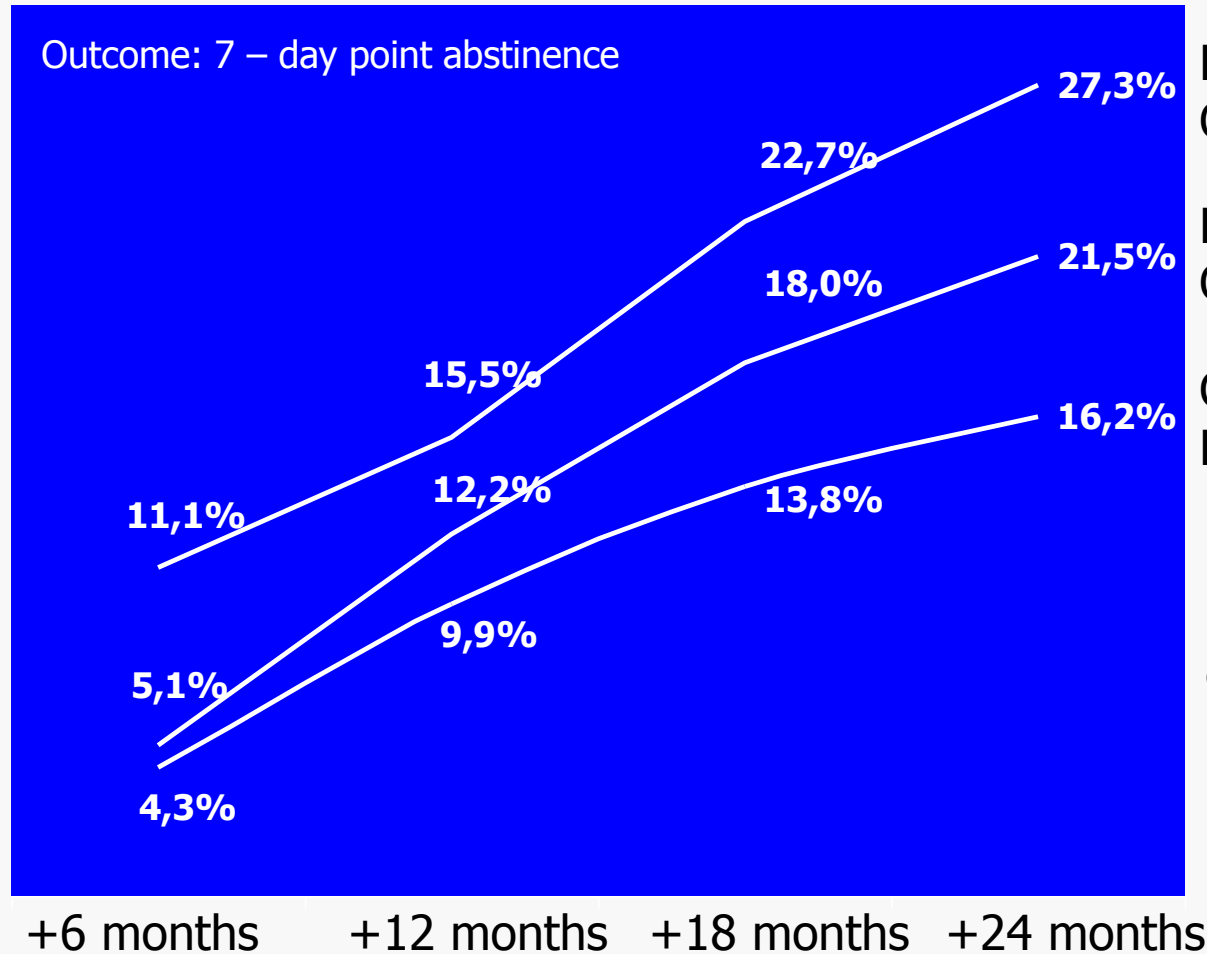
Patients sample

- All consecutive patients within 3 weeks each practice
- N = 11.558 consultations
- N = 7.673 patients aged 18-70
- N = 2.016 current smokers
- N = 1.653 participants
- 82% participation rate

Design



Efficacy of brief interventions in general practices



Expert system,
OR=2.1, $p \leq .001$ *

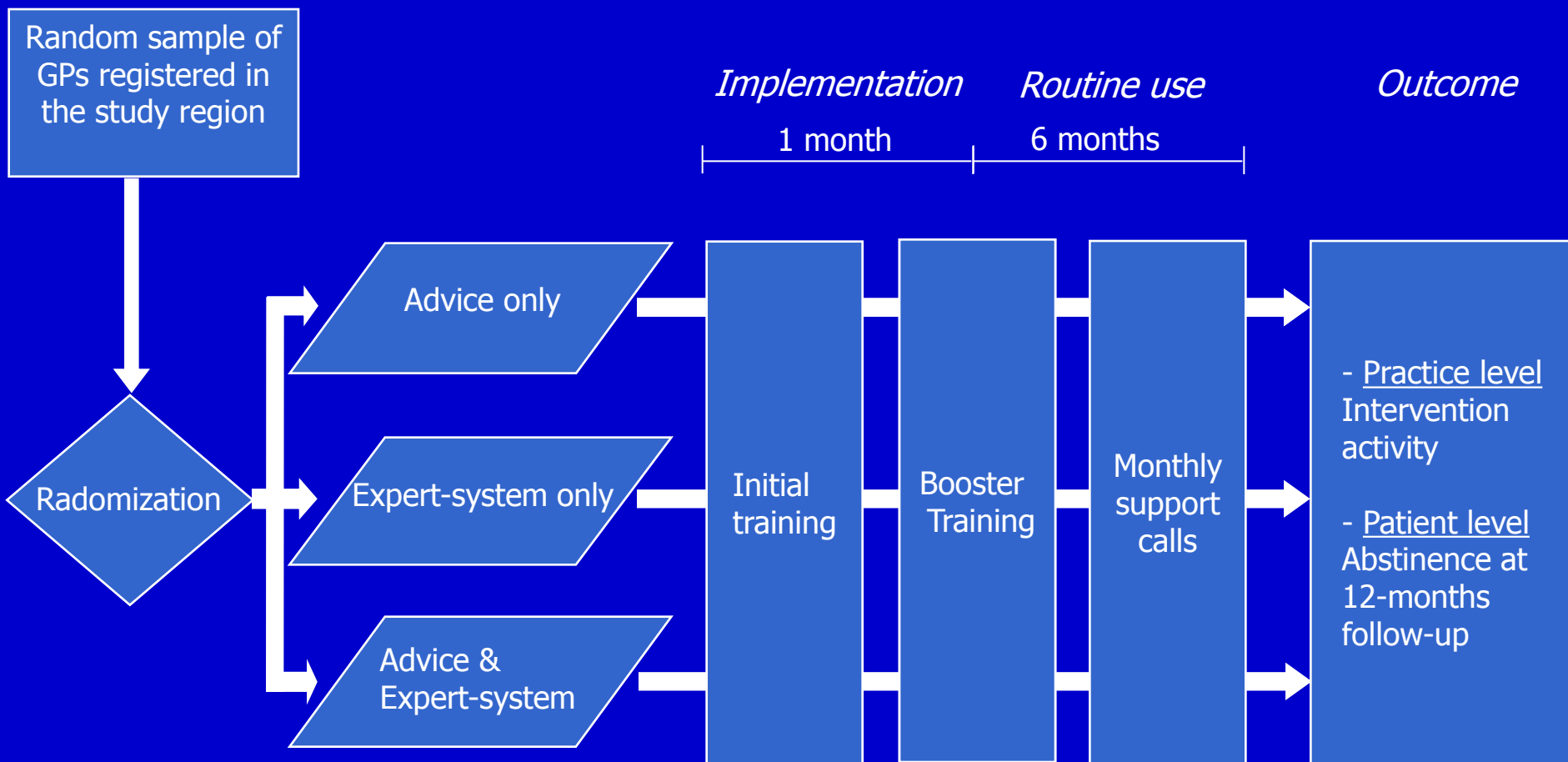
Practitioner advice
OR=1.5, $p = .007$ *

Control group
Reference category

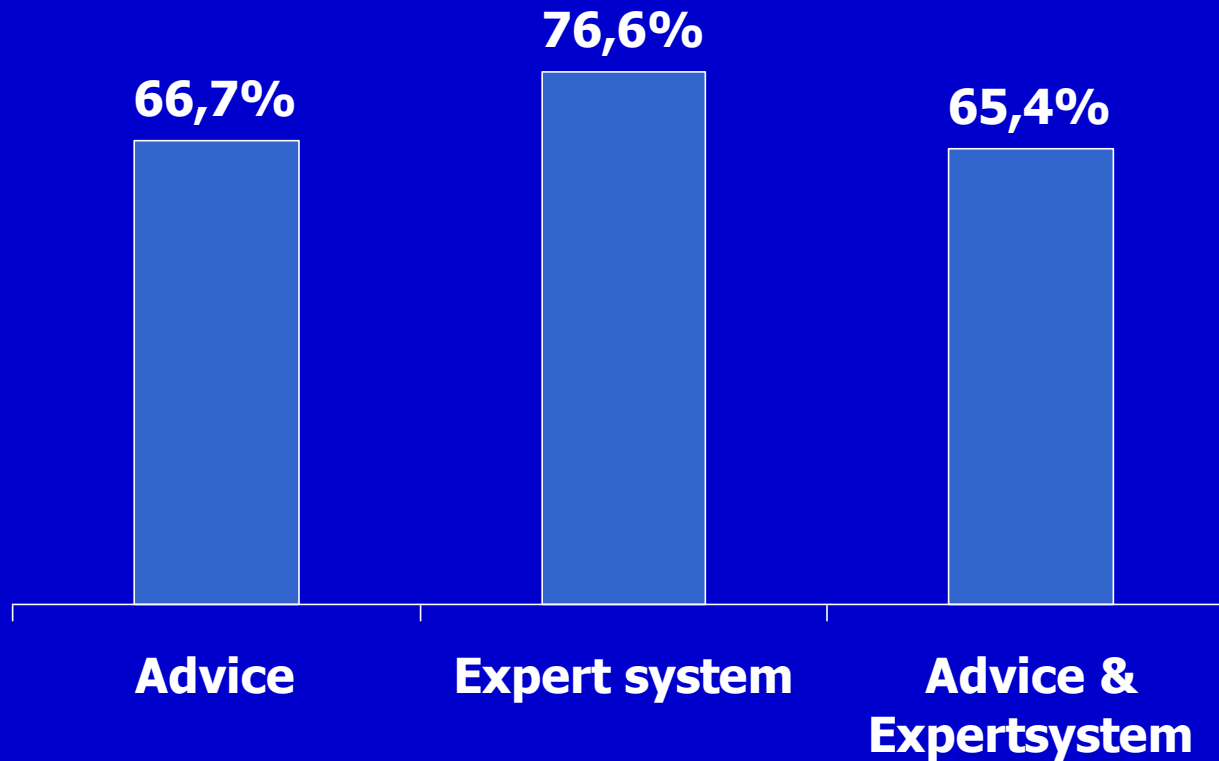
* GEE model adjusting for
clustering within practices and
patients

Meyer et al. (2008) *Addiction*

Study design

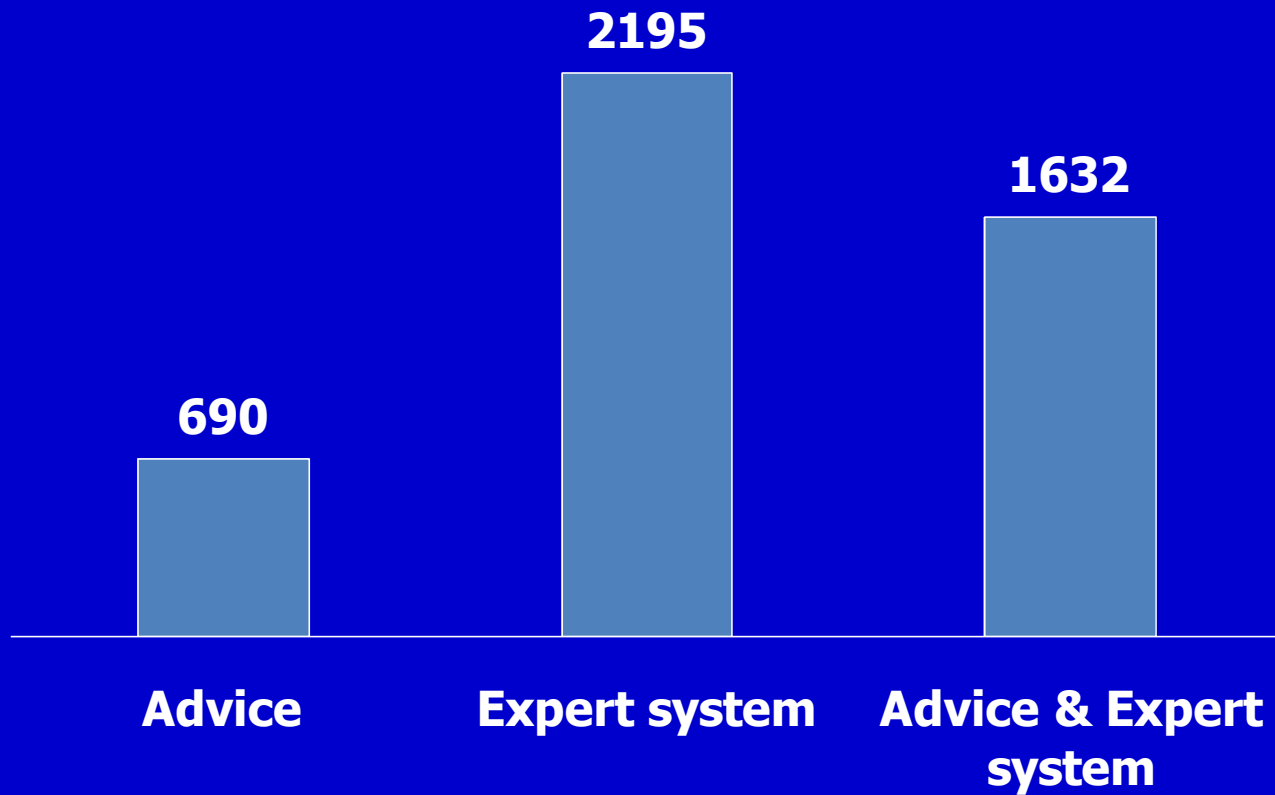


Adoption participation by study group

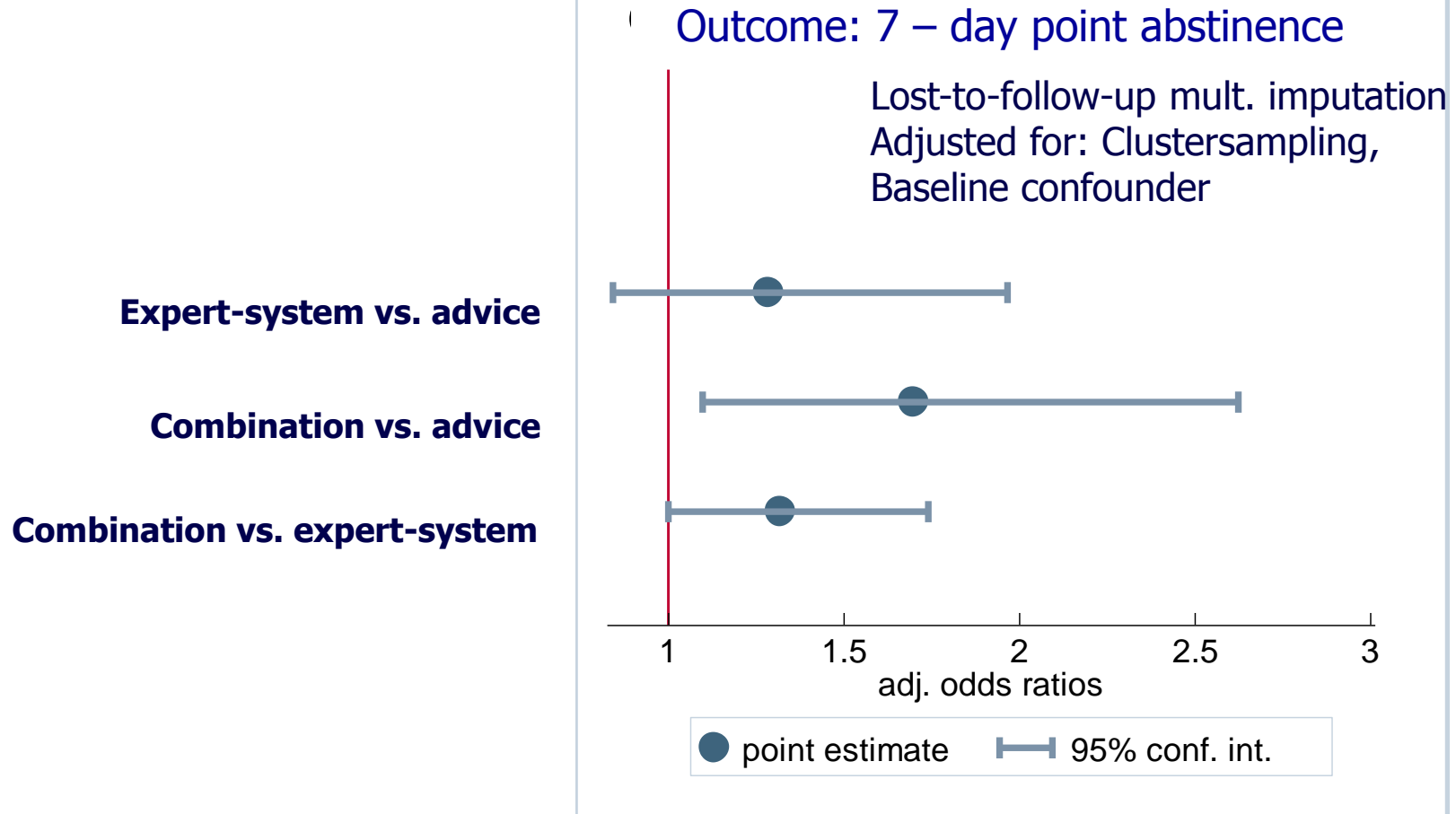


Meyer et al. (2012) *Drug & Alcohol Dependence* 121 , 124-132

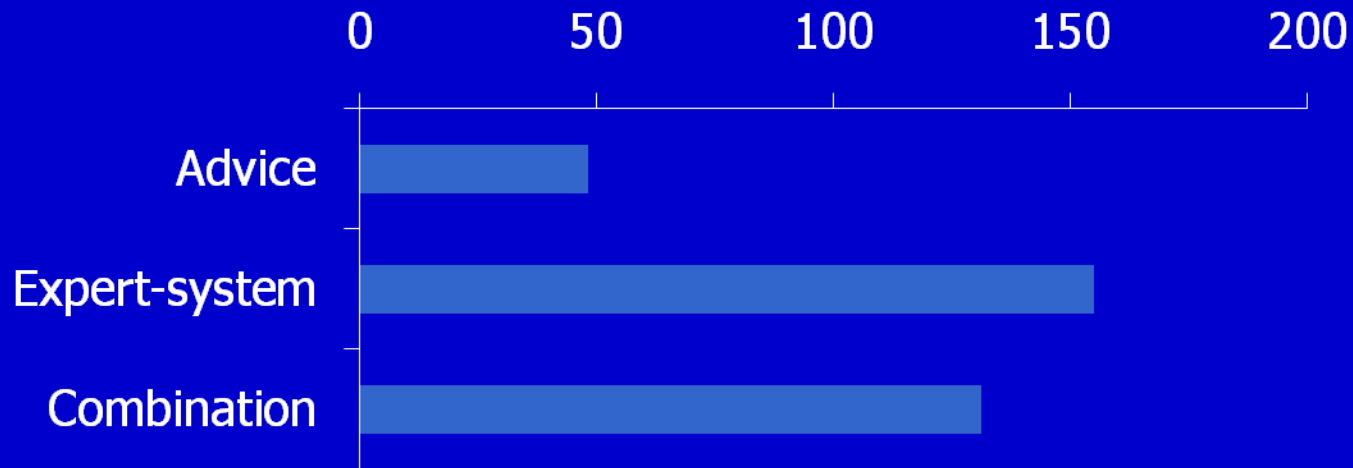
Reach: Number of provided interventions



Effectiveness: 12-month follow-up



Reach * Effectiveness: Number of abstinent patients



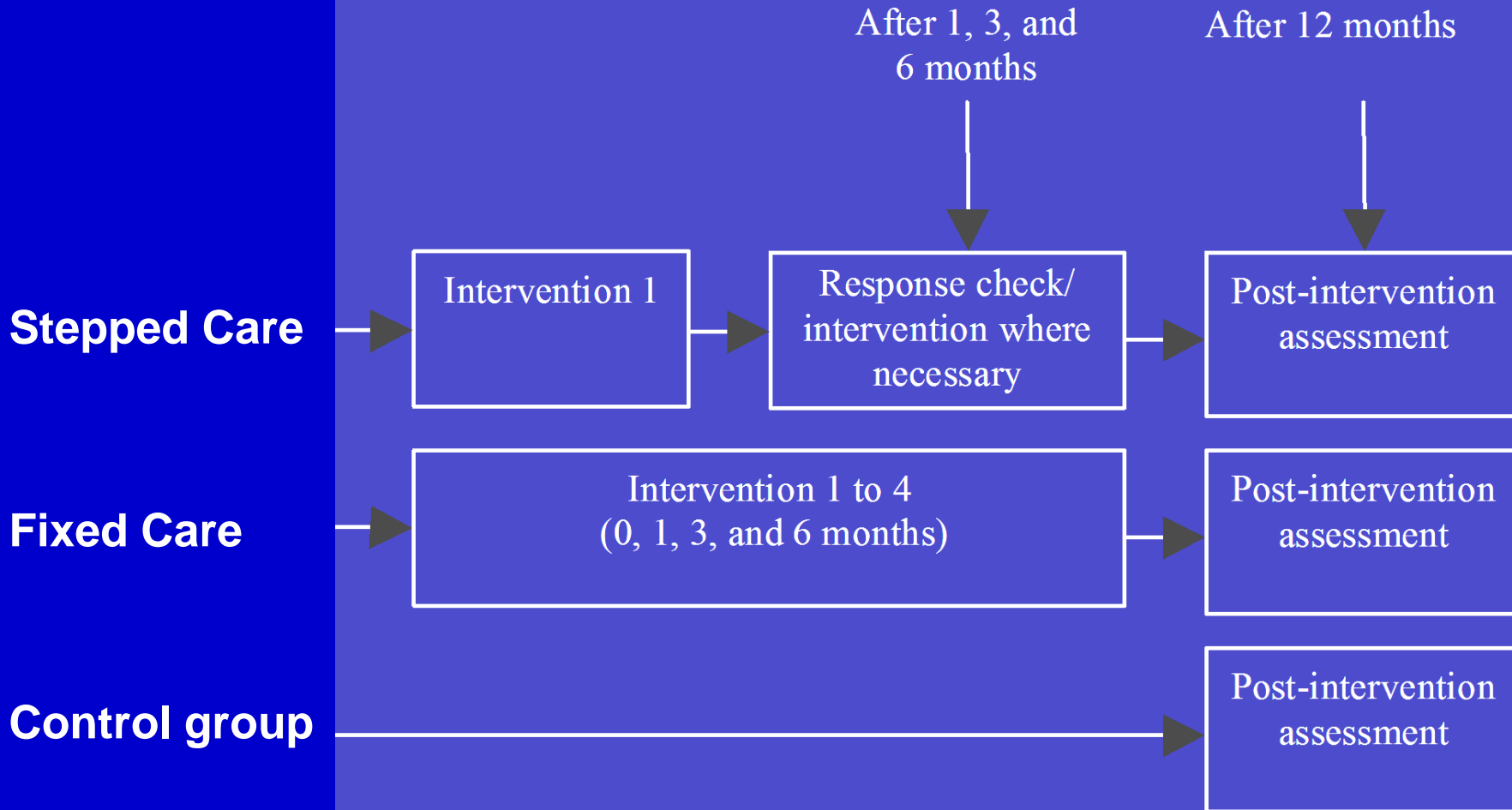
	b	%-increase	p
Expert-system vs. advice	1.03	181	.01
Combination vs. advice	0.96	162	.01
Expert-system vs. combination	0.07	7	.85

Meyer et al. (2012) *Drug & Alcohol Dependence* 121 , 124-132

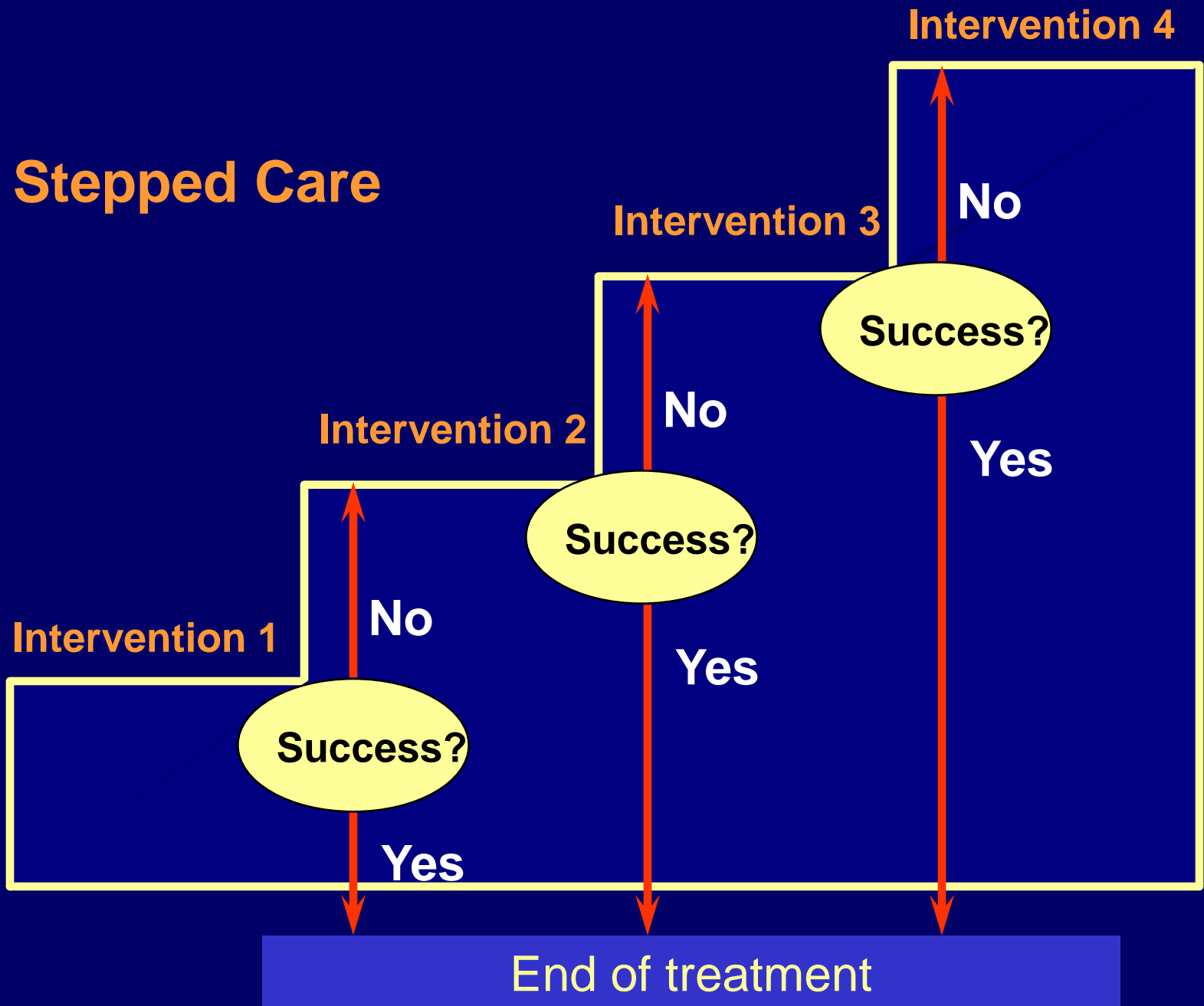
New technologies

- **Smoking cessation in GP using SMS additionally: increased long-term abstinence (Naughton et al., 2014)**
- **Ongoing study: Integrating addiction treatment into primary care using mobile health technology: protocol for an implementation research study (Quanbeck, 2014)**

Design Projekt SIP



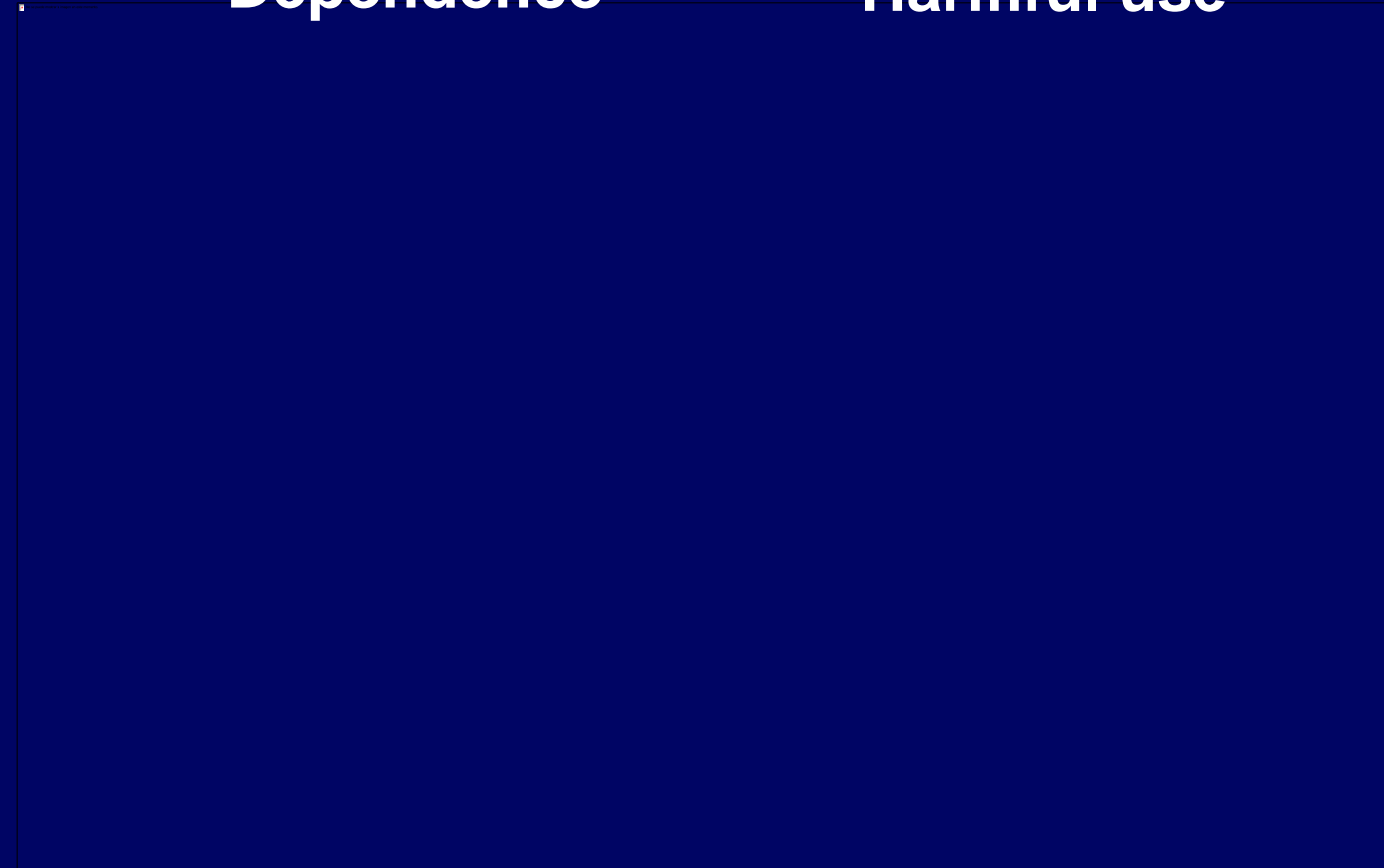
Stepped Care



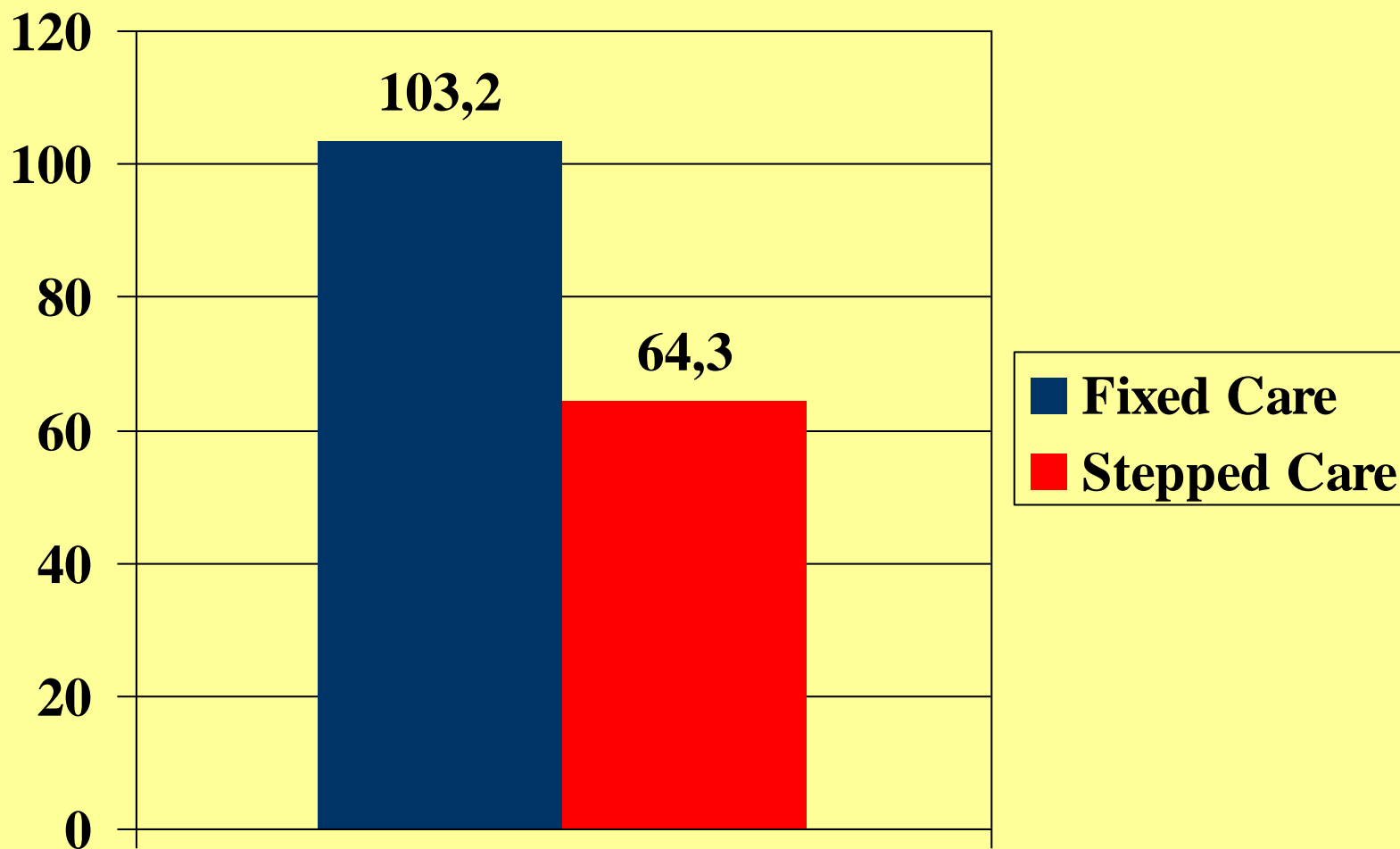
Reduced alcohol consumption (gram/day)

**Alcohol
Dependence**

**At-risk drinking/
Harmful use**



Expenditure of time for the intervention (minutes)



Conclusion

- **SBI is effective and could lead to population-level reductions of alcohol- and tobacco-related harm.**
- **Widespread implementation is necessary.**
- **Implementation is an extensive challenge and should include early training of medical students.**
- **Using new technologies is promising.**