

### **Drug treatment programs' HCV service delivery to their HCV positive clients.**

Astone-Twerell JM; Strauss SM; Hagan H; Jarlais DCD. *Addiction Research & Theory* 14(3): 289-302, 2006. (35 refs.)

Hepatitis C virus (HCV) infection is the most common blood-borne infectious disease among drug users in the US. Drug treatment programs are ideally situated to assist their clients to obtain HCV medical and support services. Using data collected from 233 drug free and methadone maintenance treatment programs (MMTPs) throughout the US, this article examines the range of HCV services that treatment programs provide to their HCV positive clients. Findings indicate that MMTPs offer more comprehensive HCV services to more of their HCV positive clients than drug free programs, although drug free programs provide more individualized services. While 84% of the programs provided some HCV services, there are still serious gaps in the provision of these services (e. g., dealing with medical providers to obtain HCV medication and facilitating access to liver transplant lists). Drug treatment programs need increased funding and staff training to be able to provide comprehensive HCV services to their HCV positive clients. Copyright 2006, Taylor & Francis.

### **Implementation of evidence-based alcohol screening in the veterans health administration.**

Bradley KA; Williams EC; Achtmeyer CE; Volpp B; Collins BJ; Kivlahan DR. *American Journal of Managed Care* 12(10): 597-606, 2006. (57 refs.)

Background: Despite evidence-based guidelines, brief alcohol screening and counseling have not been routinely integrated into most primary care practices in the United States. Objective: To describe the results of the implementation of evidence-based alcohol screening by the Veterans Health Administration (VA) in 2004, as the first step toward implementation of brief alcohol counseling. Study Design: This observational study of outpatients from all 21 VA networks relied on the following 2 data sources from the VA Office of Quality and Performance: (1) Medical record reviews, designed to compare VA networks quarterly, evaluated whether established VA patients had documented screening for alcohol misuse and documented follow-up assessment for alcohol use

disorders among those who screened positive for alcohol misuse (January-March 2005); and (2) Mailed patient satisfaction surveys from 2004, which oversampled patients new to the VA (response rate, > 70%), included the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) questions and asked about past-year advice "to drink less or not to drink alcohol" from a VA provider. Results: Based on 10,115 medical record reviews, 93% (range, 89%-96% across networks) of outpatients were screened for alcohol misuse, and 25% (range, 11%-36%) screened positive. Among screen-positive patients, 42% (range, 5%-84%) had documented follow-up assessment, but absolute numbers of screen-positive patients evaluated were small (27-80 patients per network). Based on 235,481 patient surveys, the prevalence of alcohol misuse was 22% (range, 15%-27% across networks), and 28% (range, 20%-36%) of screen-positive patients reported receiving alcohol-related advice. Alcohol-related advice increased as AUDIT-C scores increased. Conclusion: The VA successfully implemented evidence-based alcohol screening, but the rate of follow-up among screen-positive patients remained low. Copyright 2006, American Medical Publishing.

### **Case finding for hepatitis C in primary care: A cost utility analysis.**

Coon JT; Castelnuovo E; Pitt M; Cramp M; Siebert U; Stein K. *Family Practice* 23(4): 393-406, 2006. (25 refs.)

Background. Hepatitis C is an important public health problem. The need for more intensified action to identify those infected with the virus has been recognized. Primary care is an important setting for case finding. Objectives. To estimate the cost utility of case finding for hepatitis C in primary care, specifically amongst former injecting drug users (IDUs). Methods. A Markov model was developed to investigate the impact of case finding and treatment on progression of hepatitis C (HCV) in a hypothetical cohort of 1000 former IDUs. Comparison was made with a similar cohort in which no systematic case finding was implemented but spontaneous presentation for testing was allowed. Two scenarios were explored. The testing protocol utilized ELISA and PCR tests.

Those eligible for treatment received combination therapy with pegylated interferon and ribavirin. Parameter estimates were obtained from literature searches and experts in the field. Results. Few estimates of the uptake of HCV testing in primary care are available. Cost utility was estimated at around 16000 pound/QALY for both scenarios. At a willingness to pay of 30 pound 000/ QALY, there is approximately a 75% probability that the initiatives would be cost-effective. Choices regarding the utility data, discounting and the rates of spontaneous/representation outside of a case-finding programme appear to be important areas of uncertainty in this model. Conclusion. Case finding for HCV in primary care is likely to be considered cost-effective but uncertainties remain. Further research is needed on different approaches to case primary care. Copyright 2006, Oxford University Press.

#### **Pediatricians' practices regarding smoking cessation among parents of their patients.**

Dake JA; Price JH; Jordan TR. *American Journal of Health Behavior* 30(5): 503-512, 2006. (36 refs.)

Objective: To assess pediatricians' use of the 5A's for smoking cessation among the parents of their patients. Methods: A random sample of Ohio pediatricians (n=153) completed a mail survey on smoking cessation activities. Results: Most pediatricians (80%) regularly asked their patients' parents about their smoking status. The majority "always" or "usually" implemented 2 of the 5 steps of the 5A's. Respondents perceived using the 5A's would result in fewer parents smoking but were less confident they could implement all of the 5A's. Conclusions: Pediatricians need more training to better prepare them to assist parents in quitting smoking. Copyright 2006, PNG Publications.

#### **Trends in mental health and substance abuse services at the nation's community health centers: 1998-2003.**

Druss BG; Bornemann T; Fry-Johnson YW; McCombs HG; Politzer RM; Rust G. *American Journal of Public Health* 96(10): 1779-1784, 2006. (26 refs.)

Objective. We examined trends in delivery of mental health and substance abuse services at the nation's community health centers. Methods. Analyses used data from the Health Resources and Services Administration (HRSA), Bureau of Primary Care's (BPHC) 1998 and 2003 Uniform Data System, merged with county-level data. Results. Between 1998 and 2003, the number of patients diagnosed with a mental health/substance abuse disorder in community health centers increased from 210000 to 800000. There was an increase in the number of patients per specialty

mental health/substance abuse treatment provider and a decline in the mean number of patient visits, from 7.3 visits per patient to 3.5 by 2003. Although most community health centers had some on-site mental health/substance abuse services, centers without on-site services were more likely to be located in counties with fewer mental health/substance abuse clinicians, psychiatric emergency rooms, and inpatient hospitals. Conclusions. Community health centers are playing an increasingly central role in providing mental health/substance abuse treatment services in the United States. It is critical both to ensure that these centers have adequate resources for providing mental health/substance abuse care and that they develop effective linkages with mental health/substance abuse clinicians in the communities they serve. Copyright 2006, American Public Health Association.

#### **Diagnosis of foetal alcohol syndrome and alcohol use in pregnancy: A survey of paediatricians' knowledge, attitudes and practice.**

Elliott EJ; Payne J; Haan E; Bower C. *Journal of Paediatrics and Child Health* 42(11): 698-703, 2006. (29 refs.)

Aim: To measure paediatricians' knowledge, attitudes and practices regarding foetal alcohol syndrome (FAS) and alcohol use during pregnancy. Methods: Postal survey of paediatricians in Western Australia in 2004. Of 179 eligible paediatricians, 132 (73.7%) responded (90 consultant paediatricians and 42 paediatric trainees). Results: Of the 132 respondents, 18.9% identified all four essential diagnostic features for FAS. Only 49.2% had previously diagnosed FAS (range 1-30 cases) but 91.7% had seen children diagnosed by others; 76.5% had suspected but not diagnosed FAS; 12.1% had been convinced of but not recorded the diagnosis; and 31.8% had referred children for diagnostic confirmation. Although 79.6% agreed early diagnosis might be advantageous, 69.6% said diagnosis might be stigmatising and 36.4% thought parents might resist referral for assessment and treatment. Although 78.2% agreed avoiding binge drinking may reduce FAS, only 43.9% believed women should abstain from using alcohol in pregnancy. Only 4.5% felt very prepared to deal with a patient with FAS: most wanted educational materials for themselves (69.7%) and child carers (71.2%). Only 23.3% routinely ask about alcohol use when taking a pregnancy history and 4.2% routinely provide information on the consequences of alcohol use. Only 11.4% had read the current Australian national health guideline regarding alcohol consumption in pregnancy and 9.1% provided advice consistent with the guideline. Conclusion: Paediatricians identified the

need for educational materials about FAS and alcohol use in pregnancy for themselves and their clients. Lack of knowledge about FAS diagnosis and management will limit opportunities for diagnosis, prevention and early intervention. Copyright 2006, Blackwell Publishing.

**Clinical reasoning, clinical trials and risky drinkers in everyday primary care: A qualitative study of British general practitioners.**

May C; Rapley T; Kaner E. *Addiction Research & Theory* 14(4): 387-397, 2006. (32 refs.)

Alcohol and other substance misuse problems have historically been seen as refractory in primary care, but in the past 20 years brief interventions have come to be seen as an important and effective response to a range of problems around 'risky drinking'. Proponents of brief interventions have argued that these interventions are best accomplished in the community, but that primary health care professionals resist using them. This qualitative study investigated responses to alcohol problems in a maximum variation sample of 28 primary care professionals in and around a northern English city. We found clinicians negotiating alcohol problems using interactional techniques that integrated elements of brief interventions, and which fitted these to the interactional and temporal order of clinical encounters and physician-patient relationships in primary care. Central to these accounts was the problem of finding an interactional solution that drew together notions of what was both ethically and practically possible in any given encounter. Copyright 2006, Taylor & Francis.

**How primary care providers talk to patients about alcohol: A qualitative study.**

McCormick KA; Cochran NE; Back AL; Merrill JO; Williams EC; Bradley KA. *Journal of General Internal Medicine* 21(9): 966-972, 2006. (47 refs.)

BACKGROUND: Alcohol misuse is a common and well-documented source of morbidity and mortality. Brief primary care alcohol counseling has been shown to benefit patients with alcohol misuse. OBJECTIVE: To describe alcohol-related discussions between primary care providers and patients who screened positive for alcohol misuse. DESIGN: An exploratory, qualitative analysis of audiotaped primary care visits containing discussions of alcohol use. PARTICIPANTS: Participants were 29 male outpatients at a Veterans Affairs (VA) General Internal Medicine Clinic who screened positive for alcohol misuse and their 14 primary care providers, all of whom were participating in a larger quality improvement trial. MEASUREMENTS: Audiotaped visits with any alcohol-related discussion were

transcribed and coded using grounded theory and conversation analysis, both qualitative research techniques. RESULTS: Three themes were identified: (1) patients disclosed information regarding their alcohol use, but providers often did not explore these disclosures; (2) advice about alcohol use was typically vague and/or tentative in contrast to smoking-related advice, which was more common and usually more clear and firm; and (3) discomfort on the part of the provider was evident during alcohol-related discussions. LIMITATIONS: Generalizability of findings from this single-site VA study is unknown. CONCLUSION: Findings from this single site study suggest that provider discomfort and avoidance are important barriers to evidence-based brief alcohol counseling. Further investigation into current alcohol counseling practices is needed to determine whether these patterns extend to other primary care settings, and to inform future educational efforts. Copyright 2006, Blackwell Publishing.

**Seeing through the glass darkly? A qualitative exploration of GPs' drinking and their alcohol intervention practices.**

Kaner E; Rapley T; May C. *Family Practice* 23(4): 481-487, 2006. (33 refs.)

Background. Brief alcohol intervention is influenced by patients' personal characteristics as well as their clinical risk. Risk-drinkers from higher social-status groups are less likely to receive brief intervention from GPs than those from lower social-status groups. Thus GPs' perception of social similarity or distance may influence brief intervention. Objective. To explore the role that GPs' drinking behaviour plays in their recognition of alcohol-related risk in patients. Method. A qualitative interview study with 29 GPs recruited according to maximum variation sampling. All interviews were audio-recorded and transcribed verbatim. Analysis was inductive with constant comparison within and between themes plus deviant case analysis. Analysis developed until category saturation was reached. Results. GPs described a range of personal drinking practices that broadly mirrored population drinking patterns. Many saw themselves as part of mainstream society, sharing in culturally sanctioned behaviour. For some GPs, shared drinking practices could increase empathy for patients who drank, and facilitate discussion about alcohol. However, several GPs regarded themselves as distinct from 'others', separating their own drinking from that of patients. Several GPs described a form of benchmarking, wherein only patients who drank more, or differently, to themselves were felt to be 'at risk'. Conclusion. Alcohol is clearly a complex and emotive

health and social issue and GPs are not immune to its effects. For some GPs' shared drinking behaviour can act as a window of opportunity enabling insight on alcohol issues and facilitating discussion. However, other GPs may see through the glass more darkly and selectively recognize risk only in those patients who are least like them. Copyright 2006, Oxford University Press.

#### **10-minute consultation: Problem drug use.**

Williams N. *British Medical Journal (Clinical Research Edition)* 333(7569): 639, 2006. (3 refs.)

This is part of a series of occasional articles on problems common in primary care. It focuses upon a 24 year old man seeking assistance for his heroin problem. The author considers two areas: what issues should be covered and what should be done. In respect to assessment, areas noted as important for consideration are the following; current drug use; past drug history and treatment experiences; Injecting history; medical history; psychiatric history; forensic history; social situation; welfare of children in individual's care. In terms of clinical care, the following tasks are outlined: the priority for the first consultation entails harm reduction and efforts to ensure further contact; physical examination; harm reduction; urine drug screening; home work (Drug diary, of all drugs taken over the next 7-14 days); vaccination (all drug users should be vaccinated against hepatitis B on an accelerated schedule and discussion of benefits of screening for other infections, such as HIV and hepatitis C); notification (note: Britain requires notification to a regional drug misuse database); and plans for follow up, to review test results and discuss treatment plan. Copyright 2006, Project Cork.

#### **Clinic-based treatment for opioid dependence: A qualitative inquiry.**

McMurphy S; Shea J; Switzer J; Turner BJ. *American Journal of Health Behavior* 30(5): 544-554, 2006. (44 refs.)

Objectives: To identify barriers and facilitators to treatment of opioid dependence in primary care clinics. Methods: In-depth interviews with 27 New York State clinic directors. Results: Stigmatizing attitudes emerged as a major barrier. Respondents often viewed opioid-dependent persons as manipulative, demanding, and disruptive. Commonly cited facilitators were physician training, increased

office staffing, and greater mental health, social services, and addictions support. Conclusions: Our study reveals attitudinal barriers to address and supportive factors to promote in order to increase the limited availability of office-based treatment of opioid dependence in the United States compared with other countries. Copyright 2006, PNG Publications.

#### **Internet gambling: An emerging concern in family practice medicine?**

Petry NM. *Family Practice* 23(4): 421-426, 2006. (33 refs.)

Background. Gambling problems are rarely brought to the attention of family practice physicians, but pathological gambling can be associated with poor emotional and physical health. Recent availability and easy accessibility of Internet gambling may be associated with pathological gambling status, and Internet gambling may confer health risks. Objective. This study evaluated the prevalence of Internet gambling, its association with pathological gambling, and the relationship between Internet gambling and health status among patients attending medical and dental clinics. Methods. The South Oaks Gambling Screen and Short Form 12 were administered to 1414 adults in waiting areas of clinics. Results. Only 6.9% of respondents reported ever gambling on the Internet, with 2.8% indicating frequent Internet wagering. Almost two-thirds (65.9%) of regular Internet gamblers were classified as probable pathological gamblers, compared with 29.8% of ever-Internet gamblers and 7.6% of non-Internet gamblers. Internet gambling was associated with poor mental and physical health, and this association remained significant even after controlling for age, gender, site and pathological gambling status. Conclusions. These data suggest that Internet gambling is linked to pathological gambling and is independently associated with poor health. Family practice physicians should consider referring patients who gamble on the Internet for further treatment. Copyright 2006, Oxford University Press