

2.9 Shared care encourages GPs to treat addiction

Findings An evaluation of Brent and Harrow Health Authority's pilot project to extend GP care of drug users found evidence that both the quantity and quality of treatment had improved.

The project works on shared care lines, GPs taking on patients with support from drug services and a specialist GP. All but one of the project's 21 GPs engaged in treating opiate dependence were interviewed and supplied data on relevant patients, 49 out of 147 of whom completed an anonymous satisfaction survey.

Half the GPs had started prescribing for drug users after input from the project; audit data confirmed that the number prescribing and patients treated had doubled. Quality of care was assessed against national guidelines. At least 80% of GPs required patients to undergo a full assessment, to attend at least fortnightly and give random urine samples, and to have a named pharmacist from whom they pick up their methadone daily. Most also maintained contact with the pharmacist, made arrangements for patients to obtain clean injecting equipment, and routinely offered hepatitis screening and vaccination. The average dose of methadone was 63mg and all offered maintenance as well as reduction. GPs valued the scheme as did patients, around 80–90% of whom felt their assessment and dosing were appropriate and that their GPs were approachable and well informed. Over 8 in 10 of the three-quarters previously treated at a clinic preferred GP treatment.

In context Just 4% of problem drug users (re)enter treatment via GPs, a constriction which impedes access to treatment. Shared care schemes to support GPs will be critical to achieving the Department of Health's target of increasing this number. Such schemes can help overcome drug users' concerns about GPs and GPs' concerns about treating challenging patients in isolation, yet in most areas shared care is either not implemented or only poorly.

The current study cannot establish cause and effect but its multiple sources of data generate confidence that the scheme did expand GP treatment and enhance its quality. However, there is no mention of supervised consumption (now, but not then, recommended for at least the first three months) and nearly half the GPs prescribed tablets, a risk if patients crush and inject them. Though satisfaction is an important performance measure, it is no surprise that patients who choose to attend GPs prefer them to clinics.

Indications from the [national drug treatment study](#) (▶ p. 16) are that GP-based methadone schemes perform as well as those run by clinics. Studies of other schemes have reported reasonable retention rates, reduced viral transmission behaviours, less illicit opiate use, and dramatic cuts in revenue-raising crimes.

Practice implications There seems no reason why GPs in other areas could not be persuaded to participate in a similar scheme to similar effect. None of the GPs had been formally trained in addiction and for most this was a small part of their work. All but one of the GPs shared their practice with another doctor who also prescribed to drug users, a ready source of peer support. Less likely to be replicated elsewhere is the fact that the scheme was led by a nationally recognised GP specialist.

LINKS Nuggets 2.6

Important (but often missing) features of such schemes include being led by primary care, assessment of referrals by a specialist clinic, continuing specialist support and back up, financial recompense, training and peer exchange meetings, detailed treatment protocols, and close links with pharmacists. Other practical issues are addressed in national guidelines ▶ *Secondary sources* ①.

Main sources Rylie I., et al. "Supporting GPs to manage drug users in general practice: an evaluation of the substance misuse management project." *International Journal of Drug Policy*: 1999, 10, p. 209–221. Copies: apply ISDD.

Secondary sources ① Department of Health etc. *Drug misuse and dependence – guidelines on clinical management*. HMSO, 1999 ② For shared care training materials contact SCODA, 0171 928 3343.

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