



## **MANAGEMENT OF DRUG MISUSE IN PRIMARY CARE: A SEVEN-YEAR FOLLOW-UP SURVEY OF SCOTTISH GENERAL PRACTITIONERS**

### **Researchers**

Dr C Matheson, Professor C Bond, Dr E van Teijlingen, Dr T Porteous

### **Aim**

To compare the management of drug misuse in 2008 with 2000 and assess the impact on practice of organisational and clinical changes since 2000.

### **Project Outline/Methodology**

The 2000 self-completed questionnaire was revised, to account for recent changes, and piloted. The final questionnaire was mailed to a 1-in-4 sample of Scottish GPs (n=1065). Data collected included: current practice; drug misuse workload; screening for/vaccination against blood-borne viruses; specialist training; and prevalence of psychostimulant drug misuse (eg cocaine, ecstasy).

### **Key Results**

A final response of 60% was achieved. Almost 44% of GP responders were currently treating drug misusers (a decrease from 62% in 2000). The proportion of GPs providing typical services for drug misusers (e.g. methadone maintenance) had also decreased since 2000. Both of these measures varied between health board areas (HBAs).

Enhanced services for drug misusers were being provided at the practices of less than half of all responders, and by only 27% of individual GP responders. In HBAs with lower GP involvement in drug misuse treatments, patients were more likely to be seen by specialist services than in HBAs with a higher level of GP involvement.

In 2008, 7% of all responders were only comfortable prescribing doses of methadone below the nationally recommended minimum of 60mg, a reduction from 33% in 2000. Almost two-fifths had specific training in drug dependency. At least 70% offered screening for HIV, hepatitis B and hepatitis C. Almost 71% were aware of patients misusing psychostimulant drugs.

Responders had a slightly more positive attitude towards drug misusers in 2008 compared with 2000; those with training and those currently treating drug misusers had more positive attitudes than their respective counterparts.

### **Conclusions**

It seems likely that the new GP contract is at least partly responsible for the decreased levels of GP involvement in treating drug misusers. The proportion of GPs offering enhanced services seems relatively low, given that numbers of drug misusers being treated in Scotland is rising; referral to specialist services, on the other hand, seems to be on the increase. Nevertheless, a substantial number of GP practices are offering other services such as screening for and vaccination against blood-borne viruses - although there is still room for improvement. The proportion of GPs who are aware of psychostimulant misuse amongst their patients seems suggests that this is a significant problem in Scotland.

### **What does this study add to the field?**

This gives updated data on the involvement and attitudes of GPs towards drug misuse treatment.

### **Implications for Practice or Policy**

The reduction in GP involvement in drug misuse treatment may have a knock-on effect on specialist services e.g. longer waiting lists. The intended move towards a more integrated approach to drug treatment is not apparent from the data. Assuming this approach is still intended under the new Drugs Policy, then Drug Action Teams need to give this more consideration. Finally, the apparently high awareness of psychostimulant use indicates a need for greater awareness of how to manage psychostimulant use in general practice and specialist services which are currently heavily focused on opiates.

### **Where to next?**

Qualitative user involvement research on those managed under specialist GP and Specialist services is suggested as is further research on the management of co-dependence on opiates and psychostimulants.

### **Further details from:**

Dr C Matheson  
Centre of Academic Primary Care  
University of Aberdeen,  
ABERDEEN AB25 2AY

