

# GPs' attitudes towards the treatment of drug misusers

J MCGILLION

S WANIGARATNE

C FEINMANN

T GODDEN

A BYRNE

## SUMMARY

*General practitioners (GPs) are encouraged to play a major part in the care and treatment of drug users; however, many regularly encounter physical or verbal abuse and feel frustration, disappointment, and disillusionment when treating such patients. Furthermore, communication difficulties between doctor and patient and the advent of HIV serve to intensify these problems. In order to address these issues, a questionnaire survey was carried out to assess what proportion of GPs are commonly employed in the management of drug misusers, and to examine the attitudes towards, and knowledge of, the management of these patients. The results show that this group of GPs are concerned about drug misuse in their immediate geographic area and believe it should be detected in general practice. Despite this, fewer than half of the GPs felt they had adequate knowledge of the issues surrounding opiate misuse. This finding certainly raises the question of the availability of training and education in the area of drug misuse.*

**Keywords:** general practitioners; drug misusers; GP attitudes; GP knowledge.

## Introduction

IN 1984, the Department of Health and Social Security proposed the encouragement of general practitioners (GPs) to 'play a major part in the care and treatment of drug misusers'. Recent studies on the attitudes and opinions of GPs towards opiate users have indicated potential difficulties in the implementation of these government recommendations.<sup>1</sup> The Department of Health's recent guidelines on drug misuse and dependence emphasises the importance of training and of appropriate procedures and processes in GP surgeries when dealing with opiate users.<sup>2</sup>

Greenwood<sup>3</sup> argues that GPs regularly encounter fear of physical or verbal abuse, frustration, disappointment, and disillusionment when treating opiate-using patients. Furthermore, communication difficulties between the patient and doctor, resulting from social, cultural, and generation gaps and the advent of HIV,

can serve to intensify these problems.

In order to address some of these issues, an inner-London drug service conducted a postal questionnaire survey designed to assess what proportion of GPs are commonly employed in the management of opiate misusers, and to examine the attitudes towards and knowledge of the management of these patients.

## Method

The Family Health Services Authority directory was used to identify all National Health Service GPs within a specified inner-London area. All 206 GPs in 100 practices were asked to complete a self-administered questionnaire. The questionnaire comprised simple biographical GP information, an attitudinal scale, a 'course of action' scale, and a list of seven factors that may influence GPs' involvement with drug misusers. Completed questionnaires were received from a total of 112 GPs, representing a 54% response rate.

## Results

Responders and non-responders did not differ in terms of age or sex; however, size of practice did seem to influence whether or not GPs responded. A total of 44% of GPs responded from single-handed practices, compared with 66% from practices of two or three GPs and 94% from larger practices of four or more. In the previous 12 months, 84% of responders treated the general health problems of at least some opiate users under their care.

As noted by Godden *et al.*,<sup>4</sup> by far the most common concerns in dealing with drug misusers were fear of threats or violence and concern for other patients using the surgery.

As shown in Table 1, the majority of responders were concerned about the problem of opiate misuse within their practice area, and felt that it was their responsibility to detect problems within a general practice setting. As a result, it is noteworthy that less than one-half of the GPs felt they had adequate knowledge of the problems of opiate misuse.

## Discussion

Few would dispute the fact that drug misusers can be an especially problematic and demanding group to treat, and it appears easy to gain an initial perception of opiate misusers as being manipulative, rude, poorly motivated, and aggressive. McKeganey<sup>5</sup> suggests that it may be useful to look at Parson's<sup>6</sup> notion of a sick role in this context. Perhaps, in the case of chronic drug misusers, the categories of sickness and illness are less well defined than usual. As such, maybe the aim of treatment should, accordingly, be more realistic; for example, harm reduction through a decrease in drug use and more hygienic drug use to prevent HIV infection.

It is encouraging that the results show that this group of GPs are concerned about drug misuse in their immediate geographic area, and believe it should be detected in general practice. Despite this, fewer than half of the GPs felt they had adequate knowledge of the issues surrounding opiate misuse. As Martin<sup>7</sup> states: 'Many GPs wish to look after these patients in the same way they look after patients with other chronic problems ... at the moment, however, GPs are flying by the seat of their pants

J McGillion, BSc, research assistant; and C Feinmann, MD, MSc, FRCPsych, FDS, reader in psychiatry and consultant psychiatrist, University College London. S Wanigaratne, BSc, DClinPsych, consultant clinical psychiatrist and honorary senior lecturer, Institute of Psychiatry, King's College, University of London. T Godden, BSc, research officer, London Ambulance Service. A Byrne, BA, PhD, ClinPsychD, clinical psychologist, South London & Maudsley Trust, London.  
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**Table 1.** GPs' attitudes about drug misusers, prescribing, and their role in management (n = 112).

Statement	Percentage of GPs
Drug misuse should be detected in general practice.	66
Working with drug misusers is more stressful than any other patient.	64
Opiate misuse is of great concern to me in my practice.	63
Methadone prescribing results in less risk of HIV or other harm.	52
An extra fee for working with opiate misusers encourages me to prescribe methadone.	49
I feel confident about prescribing methadone.	47
Most drug misusers are unreliable and disruptive.	45
Most patients presenting with a drug problem are not serious about needing help.	44
Most drug users are unresponsive to help with their drug problem.	43
I have knowledge of the problems associated with opiate misusers.	42
I am willing to discuss drug-related issues with my patients.	41
I am concerned about the legal implications of prescribing.	21

with little support.' This finding certainly raises the question of the availability of training and education in the area of drug misuse. However, the planning and implementation of such training is complex and expensive and, to date, attempts to improve GPs' knowledge, skills, and attitudes towards drug misusers have proved largely unsuccessful.<sup>8</sup>

Perhaps it is more feasible at the outset to concentrate on the implementation of specific practical measures to minimise the central issues of fear and safety within the practice setting. Researchers at St James's Hospital, Dublin, suggest that each practice should have its own policy for the treatment of drug misusers.<sup>9</sup> They suggest that a written agreement should be arranged between GP and patient so that both are aware of what is expected and the consequences if the guidelines are not adhered to.

In view of GPs' real concerns with regards to the treatment of drug misusers in a general practice setting, the management of this group of patients needs to be re-examined. It may be that the treatment of this ever-increasing group of patients within a general practice setting is simply not effective or appropriate, and we should revert back to the 'specialist settings only' policy of the 1970s and early 1980s. However, it is possible that, by consideration of a number of practical options that still appear to exist to facilitate treatment of this patient group, improvement in the treatment of drug misusers in general practice settings may be secured for both doctor and patient.

## References

- Gerada C, Orgel M, Strang J. Health clinics for problem drug misusers. *Health Trends* 1992; **24**: 68-69.
- Drug Misuse and Dependence - Guidelines on Clinical Management*. London: DHSS, 1999.
- Greenwood J. Unpopular patients: GPs' attitudes to drug users. *Druglink* 1992; **July/August**: 8-10.
- Godden T, Byrne A, Wanigaratne S, Feinmann C. Care and shared care of opiate misusers by general practitioners in inner London. *J Substance Misuse* 1997; **2**: 217-221.
- McKeganey N. Shadowland: general practitioners and the treatment of opiate abusing patients. *Br J Addict* 1988; **83**: 373-386.
- Parsons T. *The Social System*. Gencoe, Illinois: Free Press, 1951.
- Martin E. Training in substance abuse is lacking for GPs. *BMJ* 1996; **312**: 186-187.
- Lester H, Bradley C. Better attitudes can be formed by better training. [Letter.] *BMJ* 1997; **315**: 602.
- St James's Hospital. *Managing Drug Misuse in General Practice - Special Issues, Special Precautions*. Dublin: St James's Hospital, 1998.