Drug Misuse Research Division
The Health Research Board

The Feasibility of the Inclusion of General Practitioners and Prisons in the National Drug Treatment Reporting System[1]

Summary and Plan for the Implementation of the NDTRS in Prison and Community GP Services

to
Community Health Division
Department of Health and Children, Dublin

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[1] P. Duff 1998. A Study on the Feasibility of the Inclusion of General Practitioners and Prisons in the National Drug Treatment Reporting System. Internal Report. Health Research Board.

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Summary and Implementation Plan

Introduction

The Drug Misuse Research Division of the Health Research Board operates the National Drug Treatment Reporting System (NDTRS). The system is used to provide epidemiological information on treated problem drug misuse in Ireland and informs policy makers, researchers and the general public.

At the moment, the NDTRS collects data from participating treatment centres based in all Health Board areas. This ensures national coverage. There is, however, an important gap in the information collected by the NDTRS at present - drug misusers in the Treatment Units within Prisons and misusers treated by General Practitioners (GP's) are not included in NDTRS.

The significance of the exclusion of these groups is increasing given the increasing numbers of drug misusers within the prison services and given recent policy moves aimed at providing a more decentralised and responsive service to drug misusers in a community context; the latter includes the GP services.

The aims of the study are

- To determine the feasibility of the inclusion of these two specific groups (i.e. misusers treated in prison and in general pracise) in the NDTRS with a view to increasing the coverage of the NDTRS in order to achieve a more representative picture of treated drug misuse in Ireland.
- In so far as the study endorses the feasibility of inclusion, preliminary steps to the implementation of NDTRS in the two contexts will be put in place.

A variety of methodologies and approaches were adopted which resulted in the successful achievement of the study aims. Chapter 1 of the report provides background information in relation to drug misuse in Ireland in general while the second Chapter presents an overview of drug treatment policy, drug treatment services and structures in the community and prison contexts. Thus the formal and informal contexts for the implementation of the NDTRS by GPs in the community and prison contexts is comprehensively outlined. Results of a survey of GPs in the community and prison contexts are summarised in Chapter 3. Chapter 4 provides a summary of results from the pilot implementation of the NDTRS form amongst a sample of GPs in the community and prison contexts. A discussion of findings is presented in Chapter 5.

Results of Survey of GPs in Community and Prison Contexts

In order to gather empirical information on medical services provided to drug misusers by GPs in prisons and general practice and the context in which such treatment is administrated, a nation-wide postal survey of prison doctors[1] and a telephone survey of community GPs[2] was carried out. These surveys were also used to explore the important issue of attitudes of GPs to the treatment of drug misusers. The surveys addressed the following areas

- socio-demographic details about the GPs themselves;
- information on administrative and staffing arrangements relating to their practices;
- information on the actual treatment services and type of treatment provided;
- the number and age of patients in treatment and what drugs were being misused;
- the attitudes of GPs towards treating drug misusers; and finally,
- the level of willingness among both groups in co-operating with and participating in the NDTRS.

Estimate of Increase in NDTRS Returns *:* The study indicates that with the inclusion of GPs and Prison services, an extra 122 'treatment centres' will Join the National Drug Treatment Reporting System and require ongoing management and monitoring i.e. 99 Protocol GPs and 23 Prison GPs. The numbers of clients treated over a four week period in total by the GPs surveyed was estimated to be 600 [100 by 10 treating Community GPs and 500 by 16 Prison GPs]. It is reasonable to expect that the numbers treated over a 12 month period would be higher. The most recent published figures show that a total of 4,865 cases were treated for drug misuse during 1996 in the Republic of Ireland (Moran et al 1997). While it is not possible to extrapolate directly from the present study, it would seem likely that an increase of returns of between 10% and 30% would be forthcoming in the context of an expanded NDTRS, all things considered. Thus the inclusion of GPs from the community and prison sectors will involve a considerable extra investment of human and financial resources by all concerned.

Attitudes to NDTRS and Willingness to Make Returns: In general very positive attitudes and views were encountered in relation to the NDTRS. It was seen as a valuable source of information on treated drug misuse. The majority of GPs from both settings were willing to participate in the collection of NDTRS data. Both groups indicated that they will complete NDTRS forms, most indicated in both contexts that *they themselves* would be directly involved, some in collaboration with staff. The information collected on practice type etc. revealed that most of the community GP practices have some form of back-up staff which should facilitate the return of NDTRS forms, but even amongst those community GPs working alone [n=8], half were willing to take part in the NDTRS. In the prison context, the majority of GPs said they alone or with the help of medical orderlies and nurses [when available] would complete the form. Precisely who will be responsible for completion of the forms in the different contexts will need to be addressed.

[1] Response rate 70% i.e. 16 GP s in 11 of the 14 [i.e.79%] prisons and places of detention.

[2] Twenty GPs s from EHB area, 10 who treated drug misusers and 10 non treating GPs; for the sample every thirty-fifth GP from the GPs List of the Irish Medical Directory was selected until the quota of 10 treating and non-treating GP was reached.

Attitudes to Treating Drug Misusers: In general the GPs surveyed found drug misusers difficult to work with. They perceived drug misusers as taking up more time than other patients and they were perceived as presenting management problems. The majority of Community GPs surveyed [65%, n=16] agreed that general practice was the most appropriate setting for treating *stabilised* drug misusers but many of the comments collected indicated that they felt that drug treatment was not an issue for the 'local' GP but belonged in specialist GP services only. A more detailed survey of GP opinion on such treatment issues which have implication for the successful adoption of the Methadone Protocol is suggested.

Attitudes to Remuneration and Support*:* The two groups of GPs differed in relation to the perceived incentive value of increased remuneration. A larger number of Community GP's surveyed, agreed that more remuneration would enable them to treat more drug misusers. For prison GPs the data suggests that an increase in remuneration would not make any real difference.

While GPs in the community context viewed the support provided to them [in the context of the administration of treatment] by outside agencies as being neutral to positive, prison GPs indicated that the support available to them was inadequate in a number of ways e.g. inadequate access to counselling services for clients, poor peer support services within prisons, inadequate support or follow-up services upon release from prison, lack of toxicological services and the lack of drug education for prisoners while in prison.

The results of these surveys confirm the feasibility of the inclusion of GPs from both the primary healthcare and prison settings in the NDTRS but pinpoint a number of opportunities and constraints which will need to be addressed in order to effect successful implementation.

Results of Pilot Implementation of NDTRS

Following from these surveys, a pilot study involving the completion of the NDTRS forms by a sample of prison doctors [n=5, 60 completed forms returned] and GPs currently prescribing methadone under the Methadone Protocol [n=13, 114 completed forms returned] was carried out. Analysis of study returns show that information on treatment contact and socio-demographic details of patients posed little difficulty for GPs. Individual identifier data vital for the detection of duplicated entries had a low rate of missing returns; this is very important finding bearing critically on the validity of an expanded NDTRS system. Higher rates of missing data were encountered however in the sections dealing with problem drug misuse and risk behaviour. This was particularly so amongst the returns from the prison GPs. It is likely that returns of this type of data would be improved in the context of a planned and long term strategy for data collection in these contexts.

In general the profiles of drug users emerging from these data sets were similar to the profile of the *opiate misuser* emerging from the 1996 NDTRS. The following findings were of note however - drug misusers treated in prison tended to have left school at a

younger age; 55% stated they were currently injecting compared to 27% of those treated by Protocol GPs and 41% from the NDTRS 1996 data. Of particular interest was the finding that contrary to popular conception 38% of those in treatment with the Protocol GPs were employed. This is in contrast to 3% employed from the prison returns and 9% from the 1996 NDTRS data.

Conclusion

In conclusion, attitudes of Community and Prison GPs to the NDTRS were positive and both groups indicated a willingness to return forms for the clients they treated. The forms returned on foot of the pilot survey indicated that reliable and valid returns could be expected from these groups. In addition, there were indications that inclusion of such data in the NDTRS would enrich the database and widen its usefulness as an epidemiological indicator and its relevance to policy makers and service providers.

The study highlighted a number of opportunities and constraints which would apply to the expansion of the NDTRS to include drug misusing clients of GPs in the community and those from the prison services nation-wide. These issues are the basis for the recommendations outlined below.

Crucial to the implementation of the expanded NDTRS is the goodwill and co-operation of the different actors from the different sectors [GPs in community and prison services, Health Boards, Irish College of General Practitioners, Irish Prison Doctors Association, Department of Justice, Equality and Law Reform, Department of Health and Children etc.]. Liaison work with key groups was initiated as part of this study. Ongoing concerted work in this area will be required.

Implementation of the expanded NDTRS will involve a substantial increase in human and financial resources by the Drug Misuse Research Division of the Health Research Board. The resource implications of the expansion will need to be monitored on an annual basis.

The following Table A - *Recommendations for Implementation of NDTRS, Specification of Parties Responsible for Action, and Timeframe Involved* presents the most pertinent recommendations to effect expansion of the NDTRS. A number of wider policy recommendations and implications which emerged from the study follow [Table B]. Finally a detailed *Plan for the Implementation of Data Collection for the NDTRS with Methadone Protocol GPs and GPs in the Prison Service* is attached [Annex I and II].

Much work remains to be done to realise the implementation of the expanded NDTRS but with the co-operation of all parties and the continued support of the Department of Health and Children it would be feasible to initiate the process of receiving returns from GPs and Prisons in the course of 1999.

Reference: Moran, R.; O'Brien, M. & P. Duff (1997). Treated Drug Misuse in Ireland. National Report 1996. Health Research Board, Dublin.

Table A: Recommendations Emerging from Study, Specification of Parties Responsible for Action and Time Frame Involved

Recommendation and Reference in Report	*To be Actioned by*[3]	*Time Frame*
5.2.1 The NDTRS form		
• Redesign paper based NDTRS form, make more user-friendly.	DMRD,HRB	Short-term
• Develop electronic version of the NDTRS form, to be compatible with common databases already in use in GP offices e.g., Microsoft Excel™.	DMRD	Medium-term
• Provide access to the NDTRS form via the Internet i.e. remote data collection.	DMRD	Medium to long term
5.2.2 Reduction in the duplication of tasks		
• Investigate the feasibility of incorporating the completion of the NDTRS form into existing form filling tasks within the prison system.	DMRD,HRB	Short-term
• Liaise with the Dept. Of Justice, Equality and Law Reform to incorporate NDTRS information into the planned computerised medical record system.	DMRD,HRB/DJELR/Prisons	Short-term
• Establish a process whereby completion of NDTRS returns are audited as part of the annual audit for the Methadone Protocol.	DHC/ICGP	Short-term
5.2.3 Contractual arrangements		
• Incorporate completion of the NDTRS form for each client, into the prison GP contract (presently being negotiated) between the Department of Justice, Equality and Law Reform and the Irish Medical Organisation. (When the planned appointment of Nursing staff becomes a reality, the completion of the NDTRS form could be part of the nurse's employment contract).	DMRD,HRB/DJE LR/IMO/DHC	Medium to Long-term
• Write into GP contract under the Methodone Protocol, requirement to return information to the NDTRS.	DHC	Medium to long-term
5.2.4 Contact and monitoring		
• Establish 'GP reminder system', whereby the GP is reminded every quarter to return outstanding forms.	DMRD,HRB	Medium-term
• Appoint additional staff at the Drug Misuse Research Division.	DMRD,HRB	Short-term

[3] **Abbreviations**

DMRD,HRB	Drug Misuse Research Division, Health Research Board
DJELR	Department of Justice, Equality and Law Reform
DHC	Departmet of Health and Children
ICGP	Irish College of General Practitioners
EHB	Eastern Health Board
IPDA	Irish Prison Doctor's Association
IMO	Irish Medical Organisation

Table A (Cont'd)

Recommendation and Referenc	*To be Actioned by*[4]	*When*
5.2.5 NDTRS training and information days		
• Incorporate a NDTRS training session into the Methadone Protocol training days.	DMRD,HRB/ ICGP/EHB	Medium-term
• Organise a specific training day for the twenty three GPs currently working in the prisons.	DMRD,HRB/ IPDA	Medium-term
• Organise an annual information day for the Protocol and Prison GPs and the other drug treatment centers providing information to the NDTRS.	DMRD,HRB	Long-term
5.2.6 Visibility of the NDTRS		
• Increase the visibility of the NDTRS, e.g. a)Place articles on the findings from the NDTRS in relevant medical journals and newspapers	DMRD,HRB	Medium-term
• b)Staff from the Drug Misuse Research Division to attend conferences targeted at the GP population.	DMRD,HRB	Short-term

[4] **Abbreviations**

DMRD,HRB	Drug Misuse Research Division, Health Research Board
DJELR	Department of Justice, Equality and Law Reform
DHC	Departmet of Health and Children
ICGP	Irish College of General Practitioners
EHB	Eastern Health Board
IPDA	Irish Prison Doctor's Association
IMO	Irish Medical Organisation

Table B : More General Recommendations from Study

Recommendations and Reference in Report
5.3.1 Maintaining positive attitudes
• GPs to attend regular drug treatment 'refresher' courses.
5.3.2 Support in the treatment of drug misuse
• GPs to receive more support in their work with drug misusers. • Implement recommendation from The Whitaker Report of 1985 to appoint nurses holding a dual qualification in psychiatry and in general nursing to all prisons.
5.3.3 Training in the treatment of drug misuse
• The National Co-ordinating Committee on Drug Abuse in 1991 outlined the need for formal training for GPs in the treatment of drug misuse. GPs surveyed were confident in their ability to treat drug misusers, fewer felt adequately trained to do so. Continue and augment GP training in drug treatment by ICGP etc.
5.3.4 Education and harm reduction
• GPs require education and training in order to ensure their effective implementation of prevention and harm reduction strategies amongst intravenous drug using and HIV positive patients. • In the fight against the spread of HIV infection, harm reduction and education strategies such as those operating in other countries, should be given serious consideration in both Irish prison and community context (e.g. prison needle exchange, condoms and hygiene packs)
5.3.5 Alternatives to prison
• Establishment of Irish Drug Courts system
5.4 Healthcare management in prisons
• Implement a clear healthcare management structure in the prison system. • Ensure that once an inmate is detoxified, or stabilised on a maintenance programme, that this inmate is not returned to those areas within prisons which have an active drugs culture.
5.3.6 Research and audit
• Evaluate drug treatment strategies. • Monitor treatment outcomes and quality of service provided to drug misusers generally in the community and GP context in particular. • Research factors implicated in the take up and maintenance of employment by drug misusers.

Annex 1: Plan for the Implementation of Data Collection for the National Drug Treatment Reporting System with *Methadone Protocol GPs*,1999[5].	
Timescale	***Protocol GPs-Action***
1st Quarter: January, February & March	**(Action 1)** Convene a meeting with relevant personnel to review recommendation regarding the incorporation of NDTRS data collection procedure as part of the GP Contract and the audit process of the Methadone Protocol. Personnel involved in this meeting will come from the Methadone Treatment Services Implementation Group which includes representatives of the Department of Health and Children, Health Boards, Irish College of General, Practitioners (ICGP), Pharmaceutical Society of Ireland, EHB GP Coordinators, DHC & EHB (Liaison) Pharmacists, GMS Payments Board, Coordinator Methodone Treatment List etc. Discuss means by which staff at the Drug Misuse Research Division can contact GPs in order to implement the NDTRS :i.e. possibility of direct but confidential contact. ⇓ **(Outcome a)** A review of the current NDTRS form will be required m order to reduce form-filling tasks and to avoid work duplication, e.g., produce NDTRS form in triplicate **(Outcome b)** Send Current NDTRS forms to all Protocol GPs. **(Outcome c)** Contact procedure identified⇨ ⇓ **(Outcome)** Steps in place for 1999 Data Collection to begin with Protocol GPs.
	Action (2) Arrange training day with Protocol GPs. Training will be provided in one of two ways: (1)A designated set of training days will be decided upon and GPs will be invited to attend one of these days at the Health Research Board. Training will be provided directly by staff from the Drug Misuse Research Division. (2) Staff from the Drug Misuse Research Division will provide training during a designated time slot at the Training Days arranged for Level One and Level Two contract Protocol GPs, provided by the JCGP and the EHB. ⇓ **(Outcome)** All GPs will have received training in the completion of the NDTRS form. Begin 1999 data collection.

5 The NDTRS implementation plan for 1999 has been divided into four quarters. Each quarter representing three month intervals during the year.

(Key: ⇓= outcome is dependent on previous action; ⇨ = depending on Outcome C of Action 1 this symbol implies 'contact route').

Annex I (Cont'd)

Timescale	*Protocol GPs-Action*
2nd Quarter: April, May & June	**(Action 3)** Investigate production of an electronic based NDTRS form using a common database tool, or develop the form specifically for use with a GP computerised patient record system. ⇓ **(Outcome)** Electronic NDTRS form for GPs.
	(Action 4) Attend the Annual Conference 'The General Practitioner and the Management of Drug Misuse' and either: (1) Present a paper on relevant findings from the NDTRS and on general information about the Drug Misuse Research Division; or (2) Take a stand at which information about the NDTRS and the Drug Misuse Research Division is available. (the next conference is planned for late March or early April 1999). ⇓ **(Outcome)** Increased visibility of the value of the NDTRS in particular and of the work of the Drug Misuse Research Division in general.
3rd Quarter: July, August & September	**(Action 5)** During this quarter GPs take annual summer vacations, therefore, this time of year is the best time to review the data quantity and the collection procedure. ⇓ **(Outcome)** Preliminary information about the number of drug misusers in treatment with GPs. The number of returns can be compared with the data from the Methadone Treatment List to check for completeness.
4th Quarter: October, November & December	**(Action 6)** Review data quality and quantity. In terms of data quality, follow-up with GPs any core information missing. In terms of quantity, remind all GPs to submit any outstanding forms. ⇓ **(Outcome)** All 1999 GP data received and checked for quality. Begin computer entry of 1999 GP data.

Annex I1: Plan for the Implementation of Data Collection for the National Drug Treatment Reporting System in *Prisons,* 999[6].	
Timescale	***Protocol GPs-Action***
1st Quarter: January, February & March	**(Action 1)** Convene a meeting with members of the Irish Prison doctor's Association (IPDA) to achieve consensus on who will be responsible for completion of the NDTRS form. Although the majority of Prison GPs indicated they would complete the form themselves, others indicated a nurse or medical orderly would complete the form. A consensus is therefore required in order to arrange this on a contractual basis as part of the person's duties. ↓ **(Outcome a)** GPs will agree to complete the NDTRS form. **(Outcome b)** GPs agree Nurses to complete the NDTRS form. **(Outcome c)** GPs agree Medical Orderlies to complete the NDTRS form. ↓ **(Outcome)** Send NDTRS forms to person responsible for data collection.
	Action (2) Convene a meeting with the relevant personnel from the prisons Division of the Department of Justice, Equality and Law Reform, including the Director of Prison Medical Services and Chairperson of the IPDA, where the agreed outcome of Action I will be presented. Begin procedures to have contracts drawn-up. ↓ **(Outcome)** Contractual arrangements in place.

[6] The NDTRS implementation plan for 1999 has been divided into four quarters. Each quarter representing three month intervals during the year.
(Key: ↓ = outcome is dependent on previous action)

Annex II (Cont'd)

Timescale	*Protocol GPs-Action*
1st Quarter: continued	**(Action 3)** Arrange a training day with persons responsible for NDTRS form completion. Training will be provided by staff from the Drug Misuse Research Division at the Health Research Board or other location more convenient for all concerned. ⇓ **(Outcome)** All persons concerned will have received training in the completion of the NDTRS form. Begin 1999 data collection.
2nd Quarter: April, May & June	**(Action 4)** Convene a meeting with appropriate personnel from the Department of Justice, Equality and Law Reform regarding the planned computerization of the NDTRS into the planned computerized medical record system. ⇓ **(Outcome)** Electronic NDTRS form for Prison GPs.
3rd Quarter: July, August & September	**(Action 5)** During this quarter GPs take annual summer vacations, this time of year is the best time to review the quantity of data collected and the data collection procedure. ⇓ **(Outcome)** Preliminary information about the number of drug misusers in treatment in prison. This information can be fed back to those completing the forms to ensure all those treated are included in the system.
4th Quarter: October, November & December	**(Action 6)** Review data quality and quantity. In terms of data quality, follow-up with persons completing the form any core information missing. In terms of quantity, sent out reminder letters to all to submit any outstanding forms. ⇓ **(Outcome)** All 1999 prison data received and checked for quality. Begin computer entry of 1999 prison data.