original paper

Methadone maintenance in general practice:

impact on staff attitudes

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Abstract

Background The evaluation of a structured protocol for the discharge of stabilised patients on methadone maintenance to general practice provided an opportunity to evaluate the impact on the attitudes of general practitioners (GPs) and practice staff.

Aim To assess attitudes, expectations and experience among GPs and practice staff before the Introduction of structured methadone maintenance and six months after its introduction.

Methods A postal questionnaire was sent to 31 GPs and 23 receptionists in 23 Dublin general practices before the patient's first visit and six months later at the end of the study period. Outcome measures were staff attitudes, incidence of disruption, perceived difficulties in providing care and in prescribing methadone, and stress levels,

Results There was a generally positive attitude to provision of methadone in general practice for stabilised patients, although it was not anticipated to be problem free. Following six months involvement attitudes were similar; stress levels were unchanged, but fewer GPs anticipated problems in delivering the service-All continued to participate in the scheme.

Conclusion GPs and receptionists in this sample had mixed views about methadone maintenance which were unchanged by six months experience of the service. The study illustrates Important issues in the recruitment and support of general practice in meeting this need. (Ir J Med Sci 2000; 169:133-136)

Introduction

General practice has had a long-standing involvement in the care of drug users in Dublin.[1-4] Some GPs are reluctant to become involved for reasons which include a perceived lack of specialised skills, practice disruption, increased workload, personal safety and financial concerns.[5,6]

The doctor-patient relationship is based on the assumption that the patient wants to get well, and will comply with the advice of his physician.[7] Opiate-dependent patients may not conform to these expectations. Manipulative behaviour, chaotic attendance patterns, and perceived lack of motivation interfere with the normal doctor-patient relationship, requiring GPs to consider a more structured approach to their drug-misusing patients.[8-12]

Drug users experience psychosocial as well as medical problems and many doctors feel that medical involvement in a social problem is inappropriate.[11] Greenwood cites the feeling of being de-skilled as an obstacle to persuading GPs to treat drug addicts. Yet GP prescribing of methadone not only facilitates the patient-doctor relationship, lint often improves the GP's understanding of drug problem, and their management.[13] GP's are more encouraged to care for drug addicts if they are offered specialist back-up and training.[10,13-16]

The expansion of the drug problem in Dublin has placed a heavy demand on specialised drug treatment services. There are long waiting lists for an insufficient number of treatment places at addiction centres. There is increasing demand for treatment of drug users in general practice.[17] Discharge of stabilised patients from central drug treatment services to primary care offers a possible solution. It also normalises the management of these patients by integrating their care within general practice.

Most studies of primary care arc patient-oriented. Little has been written about the impact on doctors and practices of treating drug-using patients. This study attempts to assess the impact on the attitudes and stress levels of GPs and practice staff of taking on clinically stabilised opiate users for methadone maintenance and medical care.

Patients and methods

The Methadone Protocol Pilot Project evaluated the implementation in Dublin of a protocol involving the transfer of clinically stabilised patients on methadone maintenance from central drug treatment services to general practice for methadone maintenance and medical care. A group of clinically stabilised patients was randomised to receive their care in

general practice or to remain in the drug treatment clinic and outcome was compared. Thirty-one GPs and 23 receptionists, representing 23 general practice surgeries, participated in the study.

Questionnaire
A steering group, representing GPs, psychiatrists and psychologists, developed a questionnaire. The aim was to assess experience with the treatment of drug dependency in practice and to examine attitudes and stress levels of GPs and receptionists. These were measured at baseline and six months after the introduction of the maintenance programme. Experience with opiate abuse including specialist training, interest in the problem and incidents of violence or abuse, were also documented.

All were invited to provide textual answers to questions on attitudes towards treating opiate-dependent patients in the practice. Members of the Protocol Steering Committee anonymously assessed these as positive, negative or ambivalent. Stress was measured on a five-point scale from very low to very high.[18] Perceived change in stress levels was measured using a three-point scale; less than, the same as and more than last year.

Procedure
A GP facilitator was recruited to liaise between central drug treatment services and GPs willing to provide care for 46 stabilised patients. Twenty-three general practices took on between one and seven protocol patients (Table 1). GPs and receptionists were asked to complete a postal questionnaire before the patients' first visit (baseline) and at the end of the study period (six months). Reminders were issued by telephoning the receptionist three weeks and six weeks after the questionnaires were sent.

Statistical analysis
The Wilcoxon Matched-Pairs Signed-Ranks test was used to compare values at baseline and six months. Data were analysed using SPSS 8.0 for Windows.

Results

GP results
The GP response rate was 93.5% at baseline and of these 83.9% replied at six months. Of the three non-responders at six months, one had retired and two had moved practices.

Practice profile
Of the 29 GP respondents, 22 were male (76%), of whom 15 (58%) were aged under 45 years and seven (24%) ran their practices single-handedly. There were seven female GPs, all under 40 and working in group practices. The number of protocol patients per practice is given in Table 1. Over half of the doctors worked in inner city practices, and nine of the remaining 13 were in a deprived area (Table 2). Two-thirds of the GPs reported that GMS services accounted for more than 75% of their workload.

Contact with the drug problem
Twenty-five (82.8%) GPs were providing care for opiate users prior to the study, and 23 (76%) had patients currently involved in a methadone maintenance programme. The number of opiate-dependent patients seen by each doctor in the preceding year ranged from 1 to 75 (mean 20, SD 21.1) (Table 3). Time providing care for this patient cohort ranged from

Table 1: Number of protocol patients per practice

Number of protocol patients	Number of practices	%
1	10	44%
2	9	39%
3	2	9%
5	1	4%
7	1	4%
Total	**23**	**100%**

Table 2: Location of practice

Location	No of GPs	%
Inner city	14	48%
Depriver area	5	17%
Suburban	4	14%
Suburban depriver	3	10%
Inner city and suburban	2	7%
Rural and urban; deprived	1	4%

Table 1: Number of opiate – dependent patients seen by GPs in the previous year

Number of patients	No of GPs	%
0-5	9	37.5
6-10	4	16.7
21-25	2	8.3
26-30	2	8.3
31-35	2	8.3
36-40	1	4.2
40-50	1	4.2
Over50	2	8.3
Total	**23**	**100%**

three months to 16 years (median 5.2 years).

Although 25 doctors (16 practices) reported having opiate-dependent patients, only 16 (55.2%) had a particular interest in the drug problem. Their interest was due to the prevalence of the problem in the locality or the practice. Five GPs (17%) had specialist training in drug abuse, five ('17%) had worked with drug users outside of their general practice, three (10%) reported that other members of the practice had specialist training, and 12 (41%) were aware that others in the practice had prior experience of working with drug abuse.

Provision of care
At baseline, 83% of GPs anticipated difficulties in providing care and 4] % anticipated difficulties in prescribing methadone. There was considerable overlap among those providing care for drug users and those who expected difficulties in this area.
At six months, the number anticipating difficulties in providing care fell to 69%, a reduction of 14%, and the number anticipating difficulties in prescribing methadone fell to 3S%i, a reduction of 6%. Increased workload was the main consideration ill providing care, but Gl's were also concerned with disruption, deception and security issues (Table 4).

Table 4: Difficulties anticipated in caring for drug using patients (baseline)

Difficulty	No of GPs
Workload	13
Disruption/threatening behaviour	8
Deception/manipulation	8
Security	3
Presence of other addicts	3
Over-prescribing of benzos/opiates	1
Problems in early stages of treatment	1
GP burnout	1

Table 5: Suggested changes to cater for drug users

Suggested change	Frequency
Separate hours/set times	5
More security	3
No pals	1
Stricter regulations for prescribing and attendance	1
Unspecified	1

Table 6: Areas affecting stress

Areas affecting stress	Frequency
Patient demands	16
Workload	14
Abusive patients	5
Working conditions	3
Threat of violence	2

Violence

At baseline 56% of GPs said that they had experienced disruptive behaviour from opiate-addicted patients-Disruption not related to opiate abuse was reported by 79.3%, There was no reported increase in violence from either source between the two time periods.

AttiTudes

At baseline 52% of GPs expressed a positive attitude towards opiate-dependent patients, 27% were ambivalent and 21% expressed a negative attitude. At the end of the study period the total attitude score was more positive due to a reduction in negativity and a corresponding increase in ambivalence.

Stress

GPs were asked to grade their level of stress on a five-point scale ranging from very low to very high. At baseline, 12 (41%) GPs felt that their stress levels were above average. When asked to compare their stress level with one year previously 48% reported that their stress level was the same, 21% reported less stress and 31% reported more stress. There was no significant change in current and comparative levels of stress at the end of the study period.

Practice staff experience

The response rare for receptionists at baseline was 19/23 (83%). All are women with an age range of 22 to 70 (mean 42; SD 13.39). Twelve (52%) responded at Time 2 (T2), all of whom had responded at T1. Three of the receptionists (16%) had been working in the practice for less than two years and 11 (58%) had worked there for more than five years. Sixteen (84%) had not worked in healthcare before. Five (26%) had received training for their Job. Four of these were practice management courses and one was a customer care course. Seventeen (90%) had experience of dealing with opiate users in the course of their work. Two (11%) had experience of drug users outside of their work.

Attitudes

Seventy eight per cent expressed a positive attitude to people who use drugs, 17% were ambivalent and 6% expressed a negative attitude. There was no significant change in attitude at the end of the study period with 70%, 20% and 10% respectively expressing these attitudes-Ac the outset 63% of receptionists felt that drug addicts should be seen in general practice compared with 77% at review (p=ns). Ninety five per cent saw no problem being a patient in a practice dealing with drug users at the outset, and this was unchanged at the second assessment. Fifty eight per cent anticipated no difficulties with the practice caring for people who use drugs, and this had not changed significantly on review (p=ns). Sixty one per cent anticipated changes ill practice to cater for drug users. Suggested changes are listed in Table 5.

Abuse

Sixty eight per cent had experienced abusive or disruptive behaviour in the course of their work, and ten of these attributed some or all of this behaviour to drug use. Ac six months, this percentage was unchanged (NS).

Stress

Sixty eight per cent of receptionists (n=13) felt that their stress level was average or below and 79% felt their stress level was the same as the previous year- Areas identified as causing stress are listed in Table 6. At the end of the study period there was no change in current or comparative stress levels.

Discussion

The majority of practices in this study were in inner city or deprived areas where drug addiction Is a significant problem. Many provided care for drug-addicted patients prior to the study. Some began methadone maintenance prescribing because of the problem in their practice, rather than a special interest in drug addiction. The GP sample was a self-selected cohort aware of the need to become involved in the treatment of drug addiction,

By the end of the study no significant changes In .staff attitudes had occurred. All practices and staff members, however, continued to participate in the scheme. Negative attitudes among staff had fallen slightly and no serious Incidents or disruption were reported in relation to the scheme. The sample of practices and staff were relatively experienced in this area and were probably motivated to care for these problem.

After six months fewer GPs anticipated difficulties in pro-

viding care to opiate-dependent patients. The majority of GPs had provided care for a mean of five years prior to the study and still regarded them as a difficult group. There was a reduction of 14% in perceived difficulties over a six-month period. The controlled setting provided by the Protocol with fixed doses, controlled prescribing, GP facilitator and re-referral facilities, may have had a positive effect on GPs' perception of the problems associated with caring for these patients.

At baseline fewer GPs anticipated problems providing care which included prescribing methadone than in providing care alone. Perhaps care which includes methadone maintenance places fewer obstacles in the way of an effective doctor- patient relationship. While most GPs maintained a positive attitude towards drug addicts throughout the study period, the small increase in ambivalence was offset by a similar decrease in negativity.

Stress levels of GPs and receptionists remained unchanged across the study period. The majority of GPs and receptionists in the Study reported positively on their experiences of treating Stabilised drug addicts. Many of the receptionists had been working in the practices for five or more years. They recognised the need to provide treatment for drug users, especially those who were patients of the practice. While the attitude of receptionists towards drug addicts remained positive, they emphasised the necessity for a more structured approach towards drug users' surgery visits.

At the end of the study, all of the GPs were wilting to continue to prescribe methadone, but would need continued backup by specialist services. Under the terms of the Methadone Protocol, patients who were unmanageable or who relapsed might be sent back to their clinic of origin. With this 'safety valve' no GP had to be responsible for a non-compliant or unruly Protocol patient.

The Methadone Protocol is an example of the 'collective approach' advocated by McKeganey and Boddy[8] and Greenwood[13] to facilitate a successful relationship between a physician and his/her drug-using patient. Shared responsibility can benefit the GP in the sharing of anxieties and frustrations about a particular case.[5] This shared care arrangement was seen to work very effectively in this study.

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