Original Papers

The use of primary care services by drug users attending a HIV prevention unit.

BURY G. O'KELLY F, POMEROY L*
*General Practice Professorial Unit. UCD. Earlsfort Tce. Dublin 2. *HIV Prevention Unit. Eastern Health Board*

ABSTRACT

Intravenous drug using clients of a Dublin HIV Prevention Unit were interviewed about their use of general practitioner services. Sixty eight percent of clients had visited a GP within the previous year and 48% were registered with a GP under the General Medical Services (GMS) Scheme. Of 161 interviewees 60 were being treated with a fixed dose regimen of methadone at the Prevention Unit; this group was far less likely to visit a GP with a drug related problem and far less likely to have received methadone from a GP.

Members of the GMS were much more likely than non members to have visited a GP and also more likely to have attended a specific GP for all problems besides methadone treatment. Methadone treatment and medical cover within the GMS Scheme emerged as important influences on the behaviour of clients with respect to general practitioners.

Introduction

Intravenous drug users (IVDUs) in the Dublin area have traditionally been offered treatment for their drug dependency in the Drug Advisory and Treatment Centre (DATC).[1] The opening of an AIDS Resource Centre (ARC) by the Eastern Health Board in 1989 offered an additional resource for treatment of drug users; the ARC is the HI V. Prevention Unit of the Eastern Health Board. The ARC offers a number of services to IVDUs as part of a HIV prevention programme including needle exchange, counselling and a low dose, easy access methadone programme designed to encourage IVDUs to attend services.

The methadone treatment programme is based on fixed dose treatment; the number of places available on the methadone programme was limited to 60 during the period of the study but has since been increased.[2]

All attenders at the ARC have access to a range of counselling and support services. Injecting equipment and condoms are available and each client is encouraged to develop a working relationship with one of the counsellors working at the ARC. Counselling and support is provided both within the ARC and on an outreach basis within local communities.

The General Medical Services Scheme offers free general practitioner and hospital care and free drug treatment to those who fall below a fixed income level; 38% of the population is covered by the Scheme. Patients must register with a general practitioner nominated by them on entry to the Scheme.

The role of general practitioners in the care of intravenous drug users has been explored both in respect of addiction[3,4,5] and in terms of the prevention and management of HIV infection[6,7,8,9,10] Strang et al[11] have described the role of community drug teams in a number of formats, some of which may have an input from general practitioners.[12] However, there is little data on the impact of dedicated drug treatment services on the uptake of general practitioner services.

It has been government policy to advise Irish general practitioners not to commence drug treatment programmes in isolation but instead to refer patients to the DATC. 'This has reduced general practice involvement in drug treatment and is perceived to have restricted primary care

and HIV services for this group. This study aimed to examine this perception by studying the use of general practitioner services by IVDUs attending the ARC.

Methods

All clients attending the needle exchange programme at the AIDS Resource Centre between August and October 1991 were interviewed by a staff member using a short questionnaire. The questionnaire was anonymous and confidential. Data collected included age, sex, area of residence, registration with a GP through the GMS Scheme and recent use of GP services.

It also gathered information on visits to Accident & Emergency Departments, on the prescription of methadone by GPs and on discussion of HIV or drug using status by clients with GPs.

Those attending the ARC are not asked to divulge their HIV status unless they wish to do so for counselling; HIV status was therefore not incorporated into this study.

Analysis of results was carried out using the Epi-Info computer package; statistical analysis used chi-square tests throughout.

Results

In all 161 clients were interviewed; some questionnaires were incompletely answered giving variable totals in different analyses. The proportion of males to females was 4:1 with 127 males (80.9%) and 30 females (19.1%); the median age was 27.5. range 19-39 years. Table 1 shows the overall age/sex breakdown.

Of the respondents 60 were attending the centre for treatment with a fixed dose of oral methadone: all of the remainder were attending for needle-exchange. All of those surveyed are or have been IVDUs.

Of those interviewed 108 (67.9%) had visited a GP during the previous year: 93 (59.2%,) had visited an A&E Department during the same period.

Seventy six (47.8%) clients were registered with a GP under

Table 1 **- Age and sex of respondents (na155)**

	Male	Female
15-19	3	0
20-24	28	3
25-29	52	10
30-34	27	14
35-39	16	2
Total	**126**	**29**

Table 2 **- QMS membership and use of services**

	GP visit in last year		Same GP for all medical problems		GP visit for drug problem in past year	
	Yes (%)	No	Yes (%)	No	Yes (%)	No
Member of QMS	69 (93.2)	5	73 (97.3)	2	47 (67.1)	23
Non member	38 (45.7)	45	27 (33.3)	54	31 (40.8)	45

Table 3 **- Methadone and use of services**

	GP visit in last year		Own GP has prescribed methadone		GP visit for drug problem in past year	
	Yes (%)	No	Yes (%)	No	Yes (%)	No
Methadone+	33 (55)	27	9 (15)	50	20(33.3)	40
Methadone-	55 (74.7)	20	40 (42)	54	58(65.9)	30

Table 4 **- GMS membership and discussion of HIV/drug use**

	Discussed HIV		GP knows of drug use	
	Yes (%)	No	Yes(%)	No
Member of GMS	41 (55.4)	33	60 (81.1)	14
Non member	13 (17.1)	63	29 (38.2)	47

Table 5 **- Number of visits by patients to registered GPs and A&E depts in past year**

No of visits	GP visits (%)	A&E dept visits (%)
0	51 (32.1)	65(41.4)
1-5	41 (25.8)	68 (43.3)
6-10	24(15.1)	16(10.2)
11-20	22(13.8)	2(1.3)
>20	21 (13.2)	6(3.8)

Table 6 **- HIV infection statistics, Nov. 1992 (13)**

	HIV +ve	AIDS	Deaths
Homosexuals	1288	300	133
Bisexuals	224	106	43
IVDU's	678	123	48
Homosexuals/ Bisexuals/IVDUs	–	7	6
Haemophilia	113	21	12
Children	84	9	6
Heterosexual	158	29	14
Undetermined	–	5	4
Blood donors	17	–	–
Visa applicants	9	–	–

the GMS Scheme. More women were registered in the Scheme than men but this was not statistically significant: 17 women (57%) were in the Scheme compared with 57 of 125 men (45.6%), (p=NS).

Table 2 shows the use of GP services with respect to registration in the GMS Scheme. Members of the Scheme were twice as likely to visit a GP as non-members (p=0.0001) and three

times more likely to visit the same doctor for all problems besides methadone treatment (p=0.0001). Members were also almost twice as likely to visit their GP with a drug related problem (p=0.0001).

When those receiving methadone from the AIDS Resource Centre (methadone group) are compared with those who do not receive it (non-methadone group), important differences emerge. Whereas 55% (33/60) on methadone had visited their GP in the previous year. 75.8% (75/9°) of the non-methadone group had done so. In the methadone group only 20 people (33.3%) had made a drug related visit to a GP within the year; in the non-methadone group 58 (65.9%) had done so. The non-methadone group was therefore twice as likely to make a drug-related visit to a GP.

Of those on methadone. 44.2% were members of the GMS; 50% of the non-methadone group were members. The small difference in GMS membership suggests that this is not a major reason for the difference in visits to the GP.

Only nine of those on methadone (15%) had ever received methadone from their GP whereas 40 of the non-methadone group (42%) had done so. Only one of 10 (10%) females on methadone had ever received methadone from their GP whereas 12 of 19 (63%) of the non-methadone females had done so.

Of the 26 respondents who are members of the GMS and on methadone, 24 (96%) had made a visit to their GP during the previous year. Of the 49 respondents who are not members of the GMS and not on methadone, 29 (57%) had visited a GP during the year.

Respondents were asked if their GP knew they were drug users and if they had discussed their HIV status with their GP. Overall 55 (36.2%) had discussed their HIV status and 90 (59.2%) said the GP knew they were drug users. However. Table 4 shows that membership of the GMS Scheme again appears as an important influence in this area; non-members of the Scheme were much less likely to have discussed either area with a GP. Sixty of 74 (81.1%) members of the Scheme had discussed one or both areas with a GP whereas only 30 of 76 (39.5%) non-members of the Scheme had discussed one or both areas.

Finally. Table 5 compares the numbers of visits made to GPs and A&E Departments during the previous year. More clients visited a GP (67.9%) than an A&E Department (58.6%); clients also made many more visits to GPs. Only about a quarter of all those who visited an A&E Department did so more than five times during the year whereas over 60% of those visiting a GP did so more than five times in the year. Some 21 clients (13.2%) visited a GP more than 20 times in the year whereas only six clients (3.8%) visited an A&E Department more than 20 times.

Interestingly, GPs and A&E Departments did not seem to be used as alternative sources of primary care: 66 of the 104 (63.5%) who visited a GP also made a visit to A&E during the year.

Discussion

Registration with a GP and availability of regular supplies of methadone emerge as important influences on the behaviour of IVDUs with respect to health services.

Despite the perception that IVDUs do not use general practitioners for primary care services, we have shown that two-thirds of this group had attended a GP during the previous year and almost half were registered with a specific GP. The vast majority of those registered with a GP (93.2%) had visited their doctor during the previous year; this group were also far more likely to have discussed their HIV status and drug use with their GP. No information is available on the content or quality of these contacts but their frequency (42.1% made six or more visits to their GP) suggests that patients were receiving continuing care and that opportunities for education and health promotion were being created. Analysis of the content of such consultations and a comparison of the drug-using/risk-taking behaviours of those who visit their GP and those who do not are important areas of further research.

The importance of these opportunities for education and behaviour change can not be over-emphasised: Table 6 shows recent figures for cases of HIV infection and AIDS and illustrates the huge contribution which intravenous drug use makes to this situation.

Half the group are not members of the GMS at present; the reasons for this must be explored as it is very likely that most are entitled to such care on socio-economic grounds. Possible reasons include their chaotic lifestyles, the reluctance of GPs to accept them as patients or a shortage of GPs in specific areas.

It is clear that GP and A&E services are used in a complementary way: 63.5% of those who visited a GP during the year had also been to an *A&E* Department. The reasons for visits to different services can only be speculative in the absence of descriptive data; the collection of such data may help in making appropriate care available to IVDUs wherever they are seen.

Overall one-third (51/155) of participants said they had received methadone from their GP at some stage. However only 15% (9/59) of those receiving methadone from the ARC said they had been prescribed methadone by their GP at some stage. Those in the non-methadone treatment group were also twice as likely to visit their GP with a drug related problem. This suggests that treatment with a fixed dose regimen of methadone significantly reduces demand on GPs for drug treatment. This in turn may be reassuring for those GPs who are considering whether or not to become involved in the primary care of a drug-using patient. This is particularly relevant in Dublin where community drug teams with a general practice involvement are being considered at present.

It can be speculated that the differences observed between the methadone and non-methadone groups might be due to qualitative differences between the groups, such as lifestyle or social supports. However since no attempt has been made to select out those with special lifestyle or other characteristics, this seems unlikely.

Many general practitioners have anxieties about caring for IVDUs as they are unhappy to prescribe opiates in the absence of a support system at community level. This study suggests that general practitioner care and a community based drug service may complement each other in the care of drug users.

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Correspondence: Professor G Bury, General Practice Professorial Unit, UCD, Earlsfort Tee, Dublin 2