

UK primary care as a model of integrating comprehensive care and treatment





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The global situation: drug consumption

- **UNODC estimates that about 200 million people consume illicit drugs:**

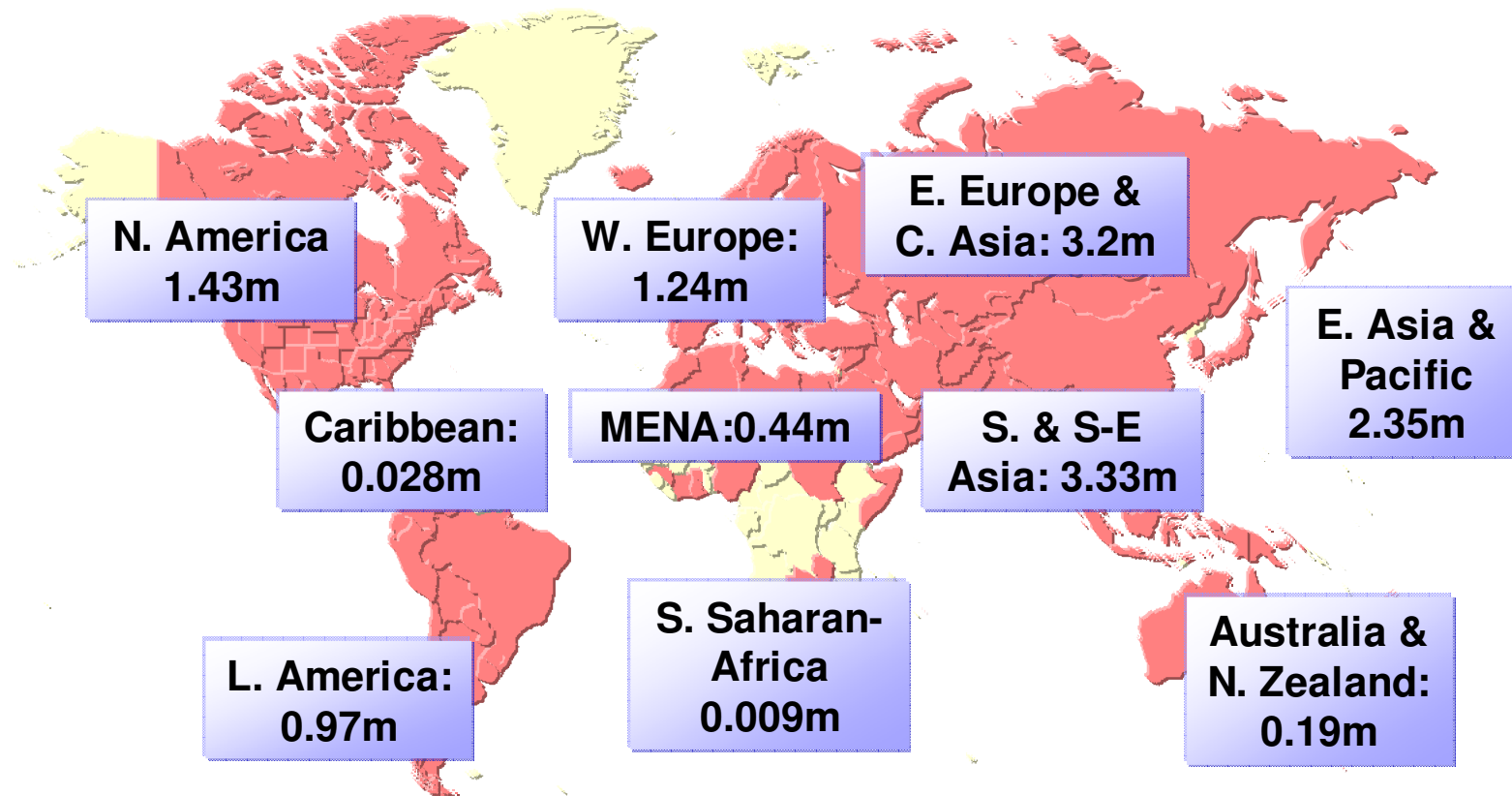
- Opiates between 15-21 million Cocaine 16-21million
- Cannabis 143-190m, amfetamines and ecstasy – 16-51m

11-21 million IDUs Worldwide

- Injecting drug use reported in 136 countries, 93 of which have HIV

UNOCD World Drugs Report 2009)

Estimated size of IDU population (1998/2003)



10.3m (78%) in developing/transitional countries

91% of the world adult population (4 billion) is covered by the data.

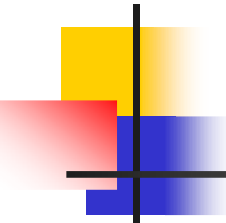
Information unavailable for 119 countries.

UN Reference Group on HIV/AIDS prevention and care among IDU
www.idurefgroup.org



Care of people who use drugs worldwide

- Enormous variation in treatment worldwide
 - Most harm reduction and treatment resources go to 20% of the world's IDUs in rich countries
 - Most (over 90%) methadone consumed in US, Australia and Europe
 - Many drug users worldwide have no access to treatment, suffer ill-health, violence and incarceration
- Treatment is often used synonymously with substitute prescribing but is only part of what should be provided
 - HIV, hepatitis C and other infections
 - Mental health
 - Chest, heart, circulation problems
 - Social, financial, family



How much drug treatment is in primary care?

- Very wide differences between countries
- Primary care also varies enormously



Why is UK primary care a suitable place for treatment?

- Most of the population are registered
- In 1 year 70% of list are seen, 90% in 5 years
- Well placed to identify, offer basic advice, treatment and referral
 - Care of the individual rather than the condition
 - Care for people long-term
 - Management of chronic relapsing conditions
 - Work with behavioural change

Primary care

Advantages

- Continuity of care
- Accessibility
- Flexibility
- Care of all health needs
- Family

Barriers

- Time pressures
- Prejudice
- Lack of training
- Lack of support



Harm reduction is key

- GPs are skilled at harm reduction e.g. smoking cessation in asthmatics, diet in diabetics
- Evidence shows we are good at it: we don't demand abstinence or perfection
- Much you can do to reduce the harms and risks associated with all problematic drug use



Quality and cost effectiveness of care delivered in primary care

A systematic review of quality of care in general practice concluded:

'The published research in the field presents an incomplete picture of the quality of clinical care'

But a substantial number of well-designed studies exist comparing care by GPs to that of specialists, which show *'no significant difference in quality of care and health outcome for care delivered by GPs even when substituted for secondary care specialists.'*

'Primary care physicians are more likely than specialists to provide continuity and comprehensive care resulting in improved health outcomes'



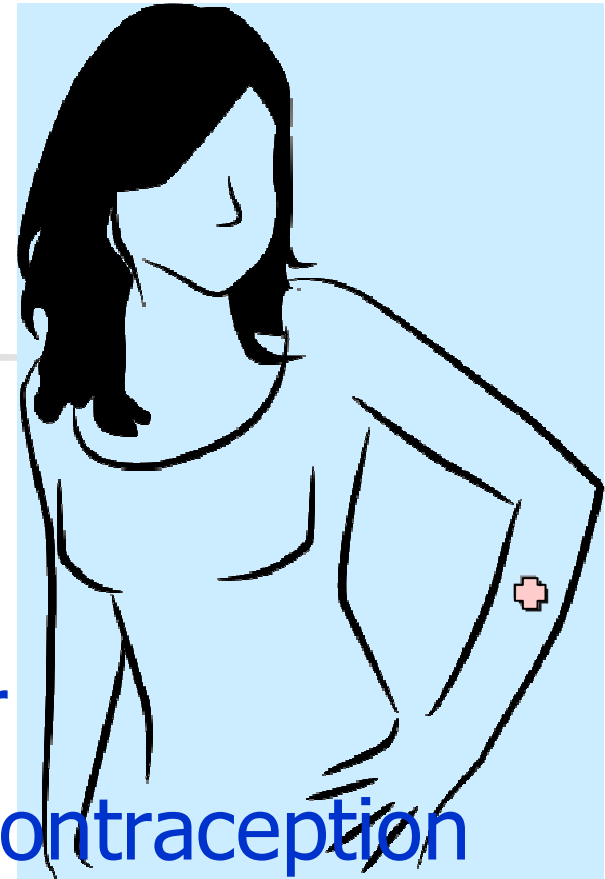
Not just substitute prescribing

- Poly drug use: heroin, cocaine, + /- alcohol, +/ - benzodiazepines
- Changing patterns in young people (ACCE)
- HIV, hepatitis C, TB and other infections
- Mental health
- Chest, heart, circulation problems
- Social, financial, housing
- Care of the family



Annie - aged 32 years

- Presents with abscess in left lower arm
- Been registered for 1 year
- Previously presented for contraception
- Has one 6 yr old daughter
- Lives with partner, also registered, never presented post registration 3 years ago





Annie continued

- You discover that Annie has been injecting heroin for 7 years x4 / day
- She also uses crack 1-2/ week
- She drinks about 2 cans 5% lager / day
- First drug of choice was diazepam
- Never been in treatment
- Her partner gets all drugs for her and he also has a drug problem
- HCV PCR Positive

Where would Annie best be cared for?

Integrating Annie's care

- Treat her abscess
- Treat her drug problem
- Manage her HCV
- Care for her child
- Encourage her partner into treatment





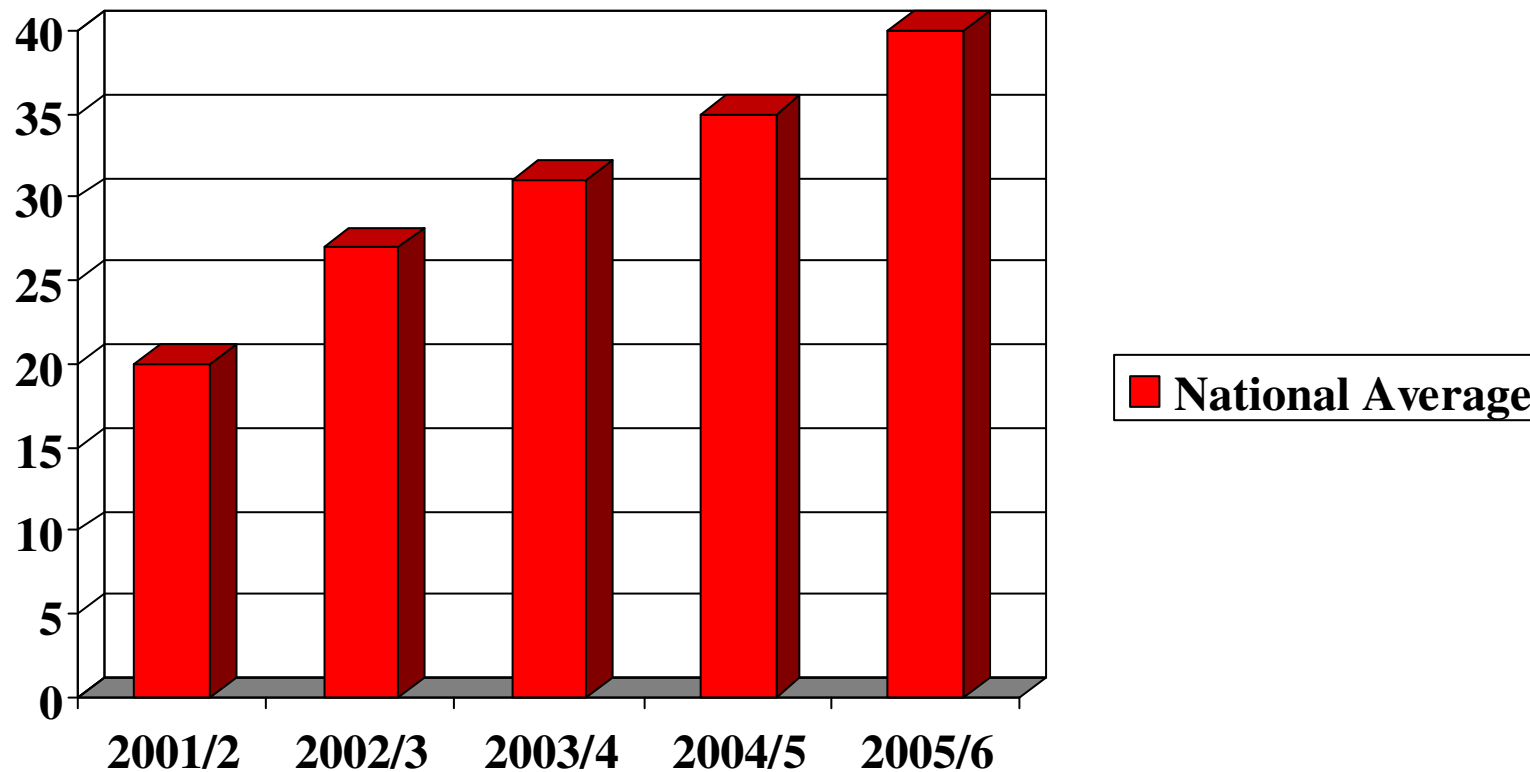
Treatment GPs in England

1. Number of people in treatment rising:
2008-9: 210,815
2. Treatment in primary care:
 - From 'guesstimates' 25-40% being treated in primary care

Shared Care - % of GPs involved by DAT

	2001/2	2002/3	2003/4	2004/5	2005/6
London	17.7	10.6	14.8	20.1	30.6
East Mids	14.5	10.6	14.8	20.1	30.6
West Mids	5.3	20.9	27.7	34.5	42.1
Eastern	9.4	23.6	26.9	29	34.5
North East	17.8	29.8	36.2	42.2	50.1
North West	25.7	32.6	36.3	41.9	45.7
South East	31.3	33.4	34.5	35.7	40.8
South West	30.4	34.8	36.4	41.9	45.4
Yorks and Humber	15.3	24.9	32.1	33	32.4
Total Number of DATs reporting	91	133	142	132	122
National Ave (%)	20	27	31	35	40

% of GPs involved in care





Why have these increases taken place?

- Movement of GPs and others working in primary care began 10-15 years ago
- Move in NHS towards primary care agenda
- Development of SMMGP - strong network
- Conferences and guidance specifically for primary care
- RCGP training scheme
- Support from Government Policy
- Establishment of NTA

SMMGP Core Functions

- NETWORK – A national newsletter on substance misuse management in primary care
- An interactive **website**
www.smmgp.co.uk
- Support practitioners undertaking the RCGP Certificate in Drug Dependence
- Developing standard generalist training





RCGP Certificate in Drug Dependency

- Consists of two parts:
 - Part 1: on-line modules and face to face training
 - Part 2: aimed at higher level
 - Complete Part 1 or demonstrate competency
- Multi-disciplinary - GP, pharmacists, prison doctors, nurses, user advocates



Recent developments

- Updated guidance on prescribing for opioid users, stimulant users and benzodiazepines
- RCGP Certificate in Harm Reduction, Health and Wellbeing for Substance Misusers
- RCGP Certificate in the Detection, Diagnosis and Management of Hepatitis B and C in Primary Care
- International Doctors for Healthy Drug Policies (IDHDP)

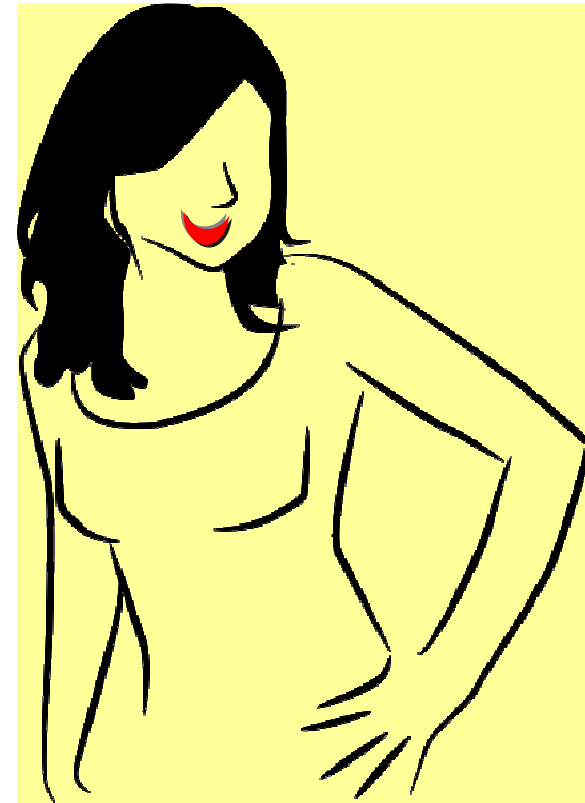


Summary

- Wide variation in availability, setting and quality of treatment worldwide
- With the right support, drug treatment is possible and practical in primary care
- Able to take on whole care rather than just substitute prescribing
- Treatment through primary care is a good and successful model

How is Annie now?

- On methadone maintenance 120mg daily
- Started computer course
- Partner also in treatment
- Daughter continues to do well at school
- Thinking about HCV treatment and having another child





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Thank you