Characteristics of drug misusers and their perceptions of general practitioner care

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SUMMARY

Background. *Little is known about drug misusers' views of the care they receive from general practitioners.*

Aim. *This study set out to determine drug users' views about primary health care and their relationship with their general practitioners.*

Method. *A semi-structured interview was conducted with 180 drug users who were consecutive attenders at five treatment services in north east London — a general practice with a special interest in treating drug users, a private drug clinic, a community drug team, a drug dependence unit and a street agency for drug users.*

Results. *The majority of the 145 London-based drug users attending the four treatment centres other than the general practice with a special interest were registered with a general practitioner (88%). Forty-two per cent of users sought out a general practitioner prepared to treat them, rather than register with a local or the family doctor. Most drug users reported that their general practitioners were aware of their drug problems (88%) but half of the general practitioners were not prescribing replacement drugs with almost 20% of the users not receiving prescriptions claiming that this was due to lack of knowledge or trust on the part of the doctor. Sixty per cent of the drug users attending the four centres perceived that their general practitioners held negative or neutral views about them. However, 34 of the 35 drug users interviewed in the specialist general practice believed their doctors had a positive view of drug users.*

Conclusion. *Most drug users were registered with general practitioners but the relationship between doctor and patient was not always easy or productive. There is a need to clarify the role of general practitioners in this field and provide them with better educational opportunities.*

Keywords: primary health care services; GP services; addiction treatment; patient satisfaction; drug users.

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Submitted: 4 January 1995; accepted: 20 July 1995.

Introduction

GENERAL practitioners have a key role in the management of patients with drug-related problems,[1] particularly following the recognition that the human immunodeficiency virus (HIV) can be spread by those who inject their drugs.[2] However, little is known about drug users' views of general practitioners. In a study in various centres which examined opioid users' choice of source of supply of drugs and their attitudes towards these sources, most drug users preferred their general practitioners to prescribe their drugs, although common complaints were the negative attitudes held by some doctors and their lack of interest in drug users' problems.[3] In a later study of 116 heroin users attending hospital clinics it was reported that almost 90% of the users had by-passed their general practitioner in making contact with the specialist drug service, most commonly referring themselves.[4] General practitioners were perceived by the drug users as accessible but critical, unsympathetic and lacking in knowledge.

In order to educate family doctors in working with drug users,[5] more information is required about users' primary care needs and the nature of their current involvement with general practitioners. The aim of this study, carried out between June and December 1992, was to determine drug users' views about primary health care and their relationship with their general practitioners. The drug users were attending a range of specialist treatment centres and a general practice that specialized in the management of drug abuse.

Method

Subjects

Drug users attending four treatment services and a specialist general practice in north east London were approached to take part in the study. The four drug services were a private drug clinic, a community drug team, a drug dependence unit and a street agency for drug users. The general practice was one in which the doctors were committed to the care of drug users and where drug users were fundamentally managed in general practice. The settings were chosen so that drug users from a variety of backgrounds and receiving a range of services could be interviewed. Staff at each location were briefed about the research protocol and a notice explaining the study was placed in a prominent position two weeks before interviewing began. Attenders were invited to take part by CH with a member of staff; on completion of each interview the next available user was approached. No inducements were offered to take part in the study

Interview

All drug users were interviewed by C H. A preliminary version of the interview, based on one used in previous work with patients testing positive for HIV,[6] was piloted with drug users before final modification. The semi-structured format covered: demography; criminal activity; history of drug use; sexual behaviour; antenatal and well-woman care; details of general practice registration; care provided; and views about the general practitioner. Answers to open-ended questions were subject to content analysis and categorized as positive, negative or neutral. Each drug user was also asked to complete the social functioning ques-

tionnaire[7] in order to provide a measure of social function in the two weeks prior to interview.

Statistical analysis

All bivariate analyses were performed using the chi square statistic with Yates correction for categorical variables and Student's *t*-test for continuous variables. Multivariate analyses were conducted using logistic regression. All data were analysed using *SPSS* (version 4.0).

Results

One hundred and eighty of the 195 drug users approached (92.3%) agreed to be interviewed. Thirty-five (19.4%) were interviewed in the general practice surgery, 46 (25.6%) in the private drug clinic, 35 (19.4%) in the walk-in clinic directed by the community drug team, 46 (25.6%) in the drug dependence unit and 18 (10.0%) in the street agency. The characteristics and views of users attending the latter four centres were analysed separately and later compared with those of users attending the general practice with a special interest in treating drug users.

Drug users attending the specialist centres

Demography. The mean age of the 145 respondents from the four centres was 33.4 years (standard deviation (SD) 6.6 years, range 18–53 years). The majority of the respondents were men (78.6%), British born (91.7%), single (59.3%), living in permanent accommodation (83.4%) and living in some form of local authority accommodation (64.1%). The mean age at which education ended was 16.0 years (SD 1.6 years, range 10–35 years). Of the 145 respondents 126 had been in trouble with the police (86.9%), 123 charged or arrested (84.8%), 115 fined or put on probation (79.3%) and 68 imprisoned (46.9%). Forty six respondents (31.7%) had never worked since leaving school and 105 (72.4%) were unemployed at the time of the interview. More patients attending the private drug clinic were in employment compared with those attending the other three centres ($\chi^2 = 31.9$, 3 degrees of freedom, $P<0.001$) and significantly more users at the drug dependence unit were receiving sickness benefit ($\chi^2 = 11.4$; 3 df; $P<0.05$) (Table 1). There were no significant differences in age, sex, social class or scores on the social functioning questionnaire between subjects interviewed in the four centres. Only two patients of the 91 who reported undergoing an HIV antibody test stated that they were positive.

Details of drug use. The mean age of first use of illicit drugs was 15.5 years (SD 2.8 years, range 8–29 years). One hundred and thirty eight drug users (95.2%) had a history of opioid use. The mean age of first use of opiates was 19.5 years (SD 5.0 years, range 12–35 years). One hundred and thirteen (77.9%) reported current use of methadone, of whom 39 had taken both heroin and methadone over the previous seven days. The mean duration of illicit drug use was 17.8 years (SD 5.2 years, range 10–28 years). Significantly more drug users attending the street agency had injected illicit drugs in the past month compared with those attending the other three centres ($\chi^2 = 7.9$, 3 df, $P<0.05$), fewer patients from the private practice admitted using heroin in the past week ($\chi^2 = 25.1$, 3 df, $P<0.001$) and more drug users from the street agency and private drug clinic reported they were on their own personal reduction programme ($\chi^2 = 15.7$, 3 df, $P<0.01$) (Table 1). The use of alcohol varied from 0 to 300 units per week with a mean weekly consumption of 12.5 units (SD 35.6 units).

Sexual behaviour. Of the 145 drug users 134 reported that they were heterosexual (92.4%), five homosexual (3.4%), three bisexual (2.1%) and three (2.1%) were not prepared to comment. Thirty-six users (24.8%) reported no sexual activity over the previous 12 months. Of the 117 users who replied to questions about safer sex, 95 (81.2%) did not always use condoms during intercourse. The most frequent reasons given for this behaviour were that they had a stable, monogamous relationship and they and their partners used safe injecting practices. Of the 45 men who gave reasons for using condoms, 37 cited fear of exposure to HIV. Of the 32 women respondents 19 reported that they did not use any form of contraception themselves.

Antenatal and well-woman care. Three women were pregnant at the time of the interview and were receiving hospital antenatal care. Twenty eight of the 31 women (90.3%) were able to recall their last cervical smear test — two women had undergone cervical smear testing within the past five years and 26 within three years. Ten women had had their most recent cervical smear test at their general practice, seven at a well-woman clinic and 11 at a hospital outpatient department.

Registration with a general practitioner. One hundred and twenty-eight of the 145 drug users (88.3%) were registered with a general practitioner, of whom 93 (72.7%) attended a group practice and 101 (78.9%) reported that their principal doctor was a man. Twenty users had been registered for less than six months, 16 for between 6 months and one year, 34 for between one and five years and 58 for more than 5 years. One hundred and thirteen were permanently registered and 10 temporarily (five were unsure). Sixty-three users had registered temporarily with a doc-

Table 1. Comparison between drug users attending the four treatment services.

	% of drug users attending:				
	Private drug clinic (*n* = 46)	Community drug team (*n* = 35)	Drug dependence unit (*n* = 46)	Street agency (*n* = 18)	Overall (*n* = 145)
In employment	*56.5*	*25.7*	*8.7*	*5.6*	*27.6*
Receiving sickness benefit	*13.0*	*22.9*	*43.5*	*33.3*	*27.6*
Used illicit drugs:					
In the past month[a]	*4.3*	*2.9*	*4.3*	*5.6*	*4.1*
In the past week	*8.7*	*40.0*	*52.2*	*61.1*	*36.6*
On own reduction programme	*21.7*	*2.9*	*2.2*	*27.8*	*11.7*
Registered temporarily with a GP to obtain drugs at some time	*45.7*	*60.0*	*28.3*	*44.4*	*43.4*
Informed their GP of their habit[b]	*87.2*	*65.5*	*100*	*100*	*87.5*
Received prescriptions for opiates	*13.0*	*14.3*	*34.8*	*33.3*	*22.8*

n = number of drug users attending the treatment service. [a]Question asked was, if patients had not used illicit drugs in the past week, had they used them in the past month. [b]Percentages based on numbers of drug users registered with a GP: *n* = 39, 29, 44, 16, 128.

tor at some time in order to obtain drugs. On bivariate analysis, no significant differences in registration details were found between the drug users in the four centres. However, significantly more users attending the community drug team had at some time registered temporarily with a general practitioner in order to obtain drugs (χ^2 = 8.3, 3 df, P<0.05) (Table 1).

Comparison between the 128 patients who were permanently registered with a non-specialist general practitioner and the 17 who were not revealed that the former were more likely to be women [25.7% versus 6.3%; χ^2 = 4.5, 1 df, P<0.05; odds ratio 5.2, 95% confidence interval (CI) 1.8 to 20.3], living with a partner (45.1% versus 25.0%; χ^2 = 3.4%, 1 df, P<0.05; odds ratio 4.4, 95% CI 3.0 to 5.8) and living in permanent accommodation (87.6% versus 12.4%; χ^2 = 5.1, 1 df, P<0.05; odds ratio 3.2, 95% CI 1.2 to 9.0). In order to determine independent predictors of permanent registration these three variables were entered into a logistic regression, controlling for other demographic and social variables which may have influenced permanent registration. This analysis showed that, younger drug users (P<0.05; odds ratio 1.1 per year of age, 95% CI 1.01 to 1.2) and those living in permanent accommodation (P<0.05; odds ratio 4.4, 95% CI 3.0 to 5.8) were more likely to report permanent registration with a non-specialist general practitioner.

Twelve of the 145 users (9.4%) admitted to registering with more than one non-specialist general practitioner, of whom seven had two doctors, three had three doctors and two were seeing four practitioners. Bivariate analysis revealed that a drug user who preferred to receive prescriptions for periods of over 2 weeks was more likely to be registered with more than one general practitioner (30.8% of 39; χ^2 = 3.7, 1 df, P<0.05; odds ratio 4.2, 95% CI 1.1 to 20.7). As the number of users registered with more than one practice was small, multivariate analysis to determine independent predictors of multiple registration was not undertaken.

Fifty-seven of the 137 users (41.6%) who were able to give a reason for choosing a non-specialist general practitioner at some time reported that they were influenced by friends, acquaintances or health professionals to seek a doctor known to be sympathetic to the treatment of drug users. Forty eight (35.0%) chose their non-specialist general practitioner because he or she was in the neighbourhood and 32 (23.4%) stated that they had stayed with their general practitioner since childhood.

Care provided in general practice. The145 respondents reported many physical problems — 33 reported a current major illness or injury (22.8%) and 51 reported a past problem (35.2%). Most drug users reported that their general practitioners were aware of their drug use (112/128, 87.5%). Significantly fewer drug users attending the community drug team had informed their doctor of their habit than of those attending the other three centres (χ^2 = 10.7, 3 df, P<0.01) (Table 1). Drug users were more likely to have a non-specialist general practitioner who was aware of their drug use if they had been in trouble with the police (100/112, 89.3%; χ^2 = 6.2, 1 df, P<0.05; odds ratio 5.0, 95% CI 1.3 to 18.8). Injecting in the past month was the only significant independent predictor from logistic regression analysis, of whether a general practitioner was aware of the subject's drug use (P<0.05; odds ratio 4.4, 95% CI 3.1 to 5.8).

Of the 112 patients who stated that their non-specialist doctor was aware of their drug use, 55 (49.1%) reported that he or she prescribed replacement drugs. These were opiates in 33 cases and benzodiazepines in 21 (amphetamines in one case). Fewer prescriptions for opiates were supplied from the private practice compared with the other three centres (χ^2 = 8.8, 3 df, P<0.05) (Table 1). Comparison between the 55 drug users who reported that their non-specialist general practitioner was prescribing for them and the remaining 57 revealed that the former had left school at a lower mean age (15.5 years versus 16.8 years; 95% CI of difference 0.3 to 2.4; t = –2.6, 111 df, P<0.05) and were more likely to come from social classes 3, 4 or 5 (92.0% versus 23.7%; χ^2 = 5.5, 1 df, P<0.05; odds ratio 5.1, 95% CI 1.2 to 24.3). Controlling for other demographic and social variables which could have influenced prescribing, logistic regression analysis revealed that drug users who were earlier school leavers (dichotomized around the mean) were more likely to report that their non-specialist general practitioner provided prescriptions (P<0.05; odds ratio 1.3, 95% CI 1.03 to 1.5).

Of the 57 users whose non-specialist family doctor was aware of their drug use but did not prescribe for them 25 (43.9%) claimed that their doctors had an explicit practice policy of not prescribing for drug users, while 21 (36.8%) felt that they only had access to their doctors if they avoided requesting prescriptions for drugs. Six users claimed that their doctors lacked confidence in prescribing a detoxification regimen while five users considered that their doctors did not trust them sufficiently to provide a prescription.

Perceived attitude of the doctor. On content analysis of open ended questions it was revealed that 39 of 99 subjects (39.4%) reported that their non-specialist doctor had a positive view of them (16 reported a neutral view and 44 negative). A stepwise logistic regression analysis was conducted to determine independent predictors for the perceived attitudes. Potential predictors entered into the regression were education, employment, recent registration, prescription of benzodiazepines or opiates, specialist general practitioner, history of being charged or arrested by the police, history of imprisonment, doctor's knowledge of drug use and general practitioner prescribing of replacement drugs. The analysis showed that belief that the doctors had negative attitudes was significantly associated with drug users having been charged or arrested by the police (P<0.05; odds ratio 8.9, 95% CI 7.2 to 10.5).

Drug users' expectations of general practitioner services. When drug users were asked specifically which services they wanted from non-specialist general practitioners, the most preferred options were detoxification, maintenance, general medical care and counselling.

Drug users attending the specialist general practice

No significant differences were found in terms of demography, type and history of drug use, or sexual practice between the 35 users interviewed in the general practice and the 145 users seen in the other four centres. The general practice sample, however, contained significantly more drug users registered as temporary patients (37.1% versus 6.9%; χ^2 = 20.5, 1 df, P<0.001; odds ratio 8.0, 95% CI 2.8 to 22.7), a greater number of users who had registered with the doctor within the past six months (22.8% versus 5.5%; χ^2 = 8.4, 1 df, P<0.01; odds ratio 5.1, 95% CI 1.6 to 16.6) and more users registered for less than 5 years (45.7% versus 23.4%; χ^2 = 11.5, 1 df, P<0.001; odds ratio 7.1; 95% CI 2.0 to 33.4).

Thirty four of the 35 users (97.1%) believed that their specialist general practitioners had a positive view of drug users (one negative). Drug users interviewed in the general practice were significantly more likely to be positive, than neutral or negative, about their doctors than drug users from the other four centres (χ^2 = 34.8, 2 df, P<0.001).

Doctors in the specialist general practice were more likely than the non-specialist general practitioners to prescribe opiates (48.6% versus 14.5%; χ^2 = 46.4, 1 df, P<0.001; odds ratio 20.4, 95% CI 6.8 to 65.4) or benzodiazepines (85.7% versus 22.8%; χ^2 = 17.1, 1 df, P<0.001; odds ratio 5.6, 95% CI 2.3 to 13.6).

Discussion

As far as can be determined this is the first time drug users have been interviewed in a range of treatment sites about the care they receive in general practice. Users were sought in five different treatment centres in order to obtain a range of views. As users who were not in touch with services were not interviewed the sample is not representative of all drug users.

The people interviewed were mainly single, unemployed men who had begun to use drugs at an early age, reported many physical problems and had a considerable lifetime record of criminality. There was a higher proportion of men in this study than was reported in the national Home Office figures[8] and in regional drug misuse databases.[9] It is doubtful whether a truly representative sample of drug users is ever obtainable, but the ratio of men to women found here was matched by another sample from general practice.[10]

The private drug clinic had a policy of only treating clients who were in employment (with some exceptions), which would account for the greater number of employed users attending this centre compared with the other three non-general practice centres. These drug users admitted to using heroin less frequently than their counterparts at the other three centres. Those users attending the community drug team could have obtained replacement drugs from a part-time general practitioner who worked in the team and this may have been why they were less likely to inform their own non-specialist general practitioner of their drug use than users at the other three centres. Alternatively, the local general practitioners' reluctance to prescribe may have contributed to their lack of knowledge about their patient's drug use. This is perhaps supported by these drug users' increased likelihood of having temporarily registered with other general practitioners to obtain drugs. More of the drug users attending the street agency had injected illicit drugs in the past month and this difference in population may be because this centre offered a needle exchange service. The finding that the patients attending the drug dependence unit were more likely to receive sickness benefit probably relates to their increased contact with social services, as this centre was the only one of the four located in a National Health Service hospital setting. The overall finding of a wide variation in alcohol consumption but a mean number of units well within recommended levels, suggests that generally, alcohol was not an additional drug of abuse among the population of users attending the four treatment centres.

The high rate of registration with non-specialist general practitioners is perhaps not surprising for a sample of users attending treatment centres. Younger patients who lived in permanent accommodation were more likely to be permanently registered with a non-specialist general practitioner which may simply reflect a continuation of registration with a family doctor. A high proportion of drug users had sought out a doctor known to be sympathetic to the treatment of drug users. This indicates that much of the treatment of drug users is provided by a core of general practitioners who are familiar with the management of drug misuse.

Only half of the non-specialist general practitioners were reported to be providing replacement drugs. In most instances where non-specialist general practitioners were refusing to prescribe, this was because of an overt practice policy not to become involved or because of an implicit understanding that the general practitioner would only manage the non-prescribing part of the users' medical care. Although a small proportion of drug users believed that this reluctance to prescribe stemmed from a lack of knowledge about drug use or lack of trust in the user, the results presented here cannot confirm whether this was true. Several surveys of general practitioners, however, have shown that general practitioners are not confident in their ability to manage drug misuse.[11,12]

The perceived negative attitudes of general practitioners to drug users was found to be associated with drug users' involvement in criminal activities. This probably contributes to the general practitioner's lack of trust in the drug user and perhaps explains the difficulties which can arise in the relationship between the general practitioner and the drug user.

Almost all of the patients interviewed in the general practice taking a special interest in drug use believed their doctors had a positive view of drug users. This must, however, be seen in context. Patients were likely to be registered either temporarily or very recently, which suggests that there was a high turnover, and a considerable amount of prescribing of both opiates and benzodiazepines occurred. The practice is situated in an inner city area and attracts a wide range of users who tend to lead chaotic lifestyles.[13]

The results of this study are limited by their dependence on self report by drug users. For reasons of confidentiality it was not possible to validate users' claims concerning their general practitioners. Whether or not their perceptions are completely accurate, many patients behave on the basis of these opinions and thus their views must be taken seriously.

It is concluded that from the drug users' perspective, there is a need for training of general practitioners in the management of drug misuse. The results of this survey have been incorporated into a controlled trial of teaching general practitioners about the management of drug users.

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Acknowledgements

We thank staff and patients at the Fitzrovia Medical Centre, Stapleford Centre, Angel Project, RESPONSE community drug team and London Hospital Drug Dependence Unit for their help in this study. Special thanks to Katrina Walker for her secretarial assistance. C H was supported by a grant from the Mental Health Foundation.

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