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Working with drug users

Sir,

Deehan *et al* ascertained views from general practitioners about working with drug users and concluded that while policy dictates GPs become more involved in the care of drug users, they are unwilling and reluctant to do so even when provided with training and support (November *Journal*)¹. We read with interest the results of this study and agree with the authors that if the government's policy for managing drug users through shared care schemes is to work, GPs must be encouraged to work with drug users. However, far from being an unwilling group, as the authors suggest, many GPs are looking after these patients and have actively sought to provide themselves with the support they need by developing a national network organization for GPs involved in the care of drug users in the primary care setting.

The network, provisionally entitled 'Primary Care Practitioners in Substance Misuse' (PRISM), is currently being developed and is expected to be launched in April 1998. It aims to improve the provision and effectiveness of care for drug users by promoting, encouraging and supporting practice and research in managing drug users in primary care. In addition, it will build on the principles of shared care, enabling experience gained from existing schemes to be used to inform new schemes in other localities where GPs are working unsupported. PRISM will disseminate information on good practice and research, provide opportunities for GPs to network with each other, organize advice and information on conducting research in a general practice setting, develop a library of information about the care of drug users in general practice, establish links with local and national bodies, and provide advocacy for GPs at relevant forums.

The need for such a network was identified at the first national conference for GPs working with drug users, in 1996. Delegates agreed that, while there has been a small increase in the support provided by specialist services, there is an

urgent need to provide a national framework of GP support with secure funding.² At the second conference, in 1997, the need for research into effective care in the general practice setting was highlighted. PRISM has been developed to meet these needs.

It is essential that GPs are encouraged to work with drug users. A national organization of peer support networks of GPs will contribute to this process.

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References

1. Deehan A, Taylor C, Strang J. The general practitioner, the drug user and the alcohol misuser: major differences in general practitioner activity, therapeutic commitment and 'shared care' proposals. *Br J Gen Pract* 1997; **47**: 705-709.
2. Barjolin J, Ford C. *Managing drug users in general practice: Why? How?* [Conference report]. London: Substance Misuse Management Project, 1996.

Practice nurses and treatment of depression

Sir,

Mann *et al* (January *Journal*)¹ are to be

congratulated on their paper, which shows how the best laid plans to improve services can go so wrong.

The considerable extra costs incurred by the increased prescribing of antidepressants in the nurse intervention group, which made no difference to the rates of recovery when compared with the control group, and the wide variation in the results achieved by some of the nurses in the nurse intervention arm of the study could have been avoided if the available research evidence had been used to inform the study design. Treating mild to moderate major depression with antidepressants has been shown in a number of studies to be less effective than CBT and interpersonal therapy.

As part of the result thus gained relies on the therapist, not the therapy, through the establishment of a strong alliance, I wonder if the authors could tell us if some of the nurses also showed this effect, which could have been due to their being more accomplished in developing a therapeutic alliance with patients than other medical professionals. If so, this would suggest that some of the nurses achieved a psychotherapeutic effect that was independent of the antidepressants prescribed and unaffected by the educational programme used — an effect beginning to be noted by GP counsellors, up to 15% of whose patients have symptoms of major depression.

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Reference

1. Mann AH, Blizard R, Murray J, *et al*. An evaluation of practice nurses working with general practitioners to treat people with depression. *Br J Gen Pract* 1998; **48**: 875-879.

Sir,

We note with interest that Mann *et al* found that having nurses working with GPs in assessing and providing follow-up