A controlled evaluation of small-group education of general practitioners in the management of drug users

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SUMMARY
We evaluated the effectiveness of small-group education of general practitioners (GPs) in the management of drug users. A total of 40 doctors were trained. Some 28 doctors who were unable to attend and 30 who did not want training participated as comparison groups. Sixteen months after the education, trained doctors notified significantly more drug users to the British Home Office database and more often prescribed methadone at first consultation with a drug user.

Keywords: drug abuse; educational methods; general practitioners.

Introduction
General practitioners (GPs) are a key resource in the management of drug users. Only one-quarter of GPs in central London have received training in drug abuse. We aimed to make a controlled assessment of the effectiveness of small-group education of GPs in the management of drug users. This study followed a survey of drug users' views of general practice, the results of which were incorporated into the education.

Method
Subjects
A total of 861 GPs in the former North East Thames Regional Health Authority who had a London postal code were approached to take part. Three groups emerged: a trained group; those interested but unable to attend, designated comparison group 1; and those who did not want training, designated comparison group 2.

Small-group teaching
We conducted the teaching in a workshop format on two afternoons in a central London general practice. We focused on the prevalence, causative factors, psychology, and sociology of drug misuse, methods of management, and the legal aspects of managing drug misuse.

Outcome measures
1. Notifications to the Home Office by participating doctors in the eight months before training, and during the eight and 16 months after training.
2. Notifications, prescribing, and details of injecting recorded by the North Thames Regional Drug Misuse Database for the eight months before and the eight and 16 months after training.

Results
Trained and comparison groups
Out of the 861 GPs approached, 142 (16.5%) indicated an interest in the course. Forty (28%) were able to attend, and they constituted the trained group. Of the remaining 102 interested doctors, 28 (27.5%) agreed to participate as comparison group 1. One hundred and six (12%) of the doctors surveyed (861) replied stating that they did not wish to take part in teaching, and 30 (28%) agreed to participate as comparison group 2.

Outcome – Home Office and North Thames Regional Drug Misuse Database
Home Office figures revealed that doctors in the trained group consistently notified more drug users than doctors in comparison groups 1 and 2 over the 24 months (Table 1). After the date of the training (1/2 July 1993), the number of notifications declined in the comparison groups. A similar pattern was found in data from the North Thames Regional Drug Misuse Database (Table 1), except for comparison group 2, among which the notification rate remained stable but was still below that of the trained group. These changes occurred against an overall decline in the total number of notifications received by the North Thames Regional Drug Misuse Database over the 24 months.

We undertook log-linear and linear logistic analyses on figures for the trained group and comparison groups 1 and 2 combined. A significant effect on Home Office notifications was found for both group (deviance $G^2 = 13.67, df = 1, P < 0.005$) and time ($G^2 = 13.30, df = 2, P < 0.010$). Doctors in the trained group notified consistently more patients than the comparison group doctors, and there was a significant decrease in notifications over time for all doctors. The interaction of time and group revealed a significant difference between the trained and comparison groups ($G^2 = 8.79, df = 2, P < 0.025$), which was located between time 1 (1 November 1992–30 June 1993) and time 2 (1 March 1994–31 October 1994) (Table 1). The doctors in the trained group were notifying significantly more drug users after the teaching than doctors in the combined comparison groups.

Analysis of the North Thames Regional Drug Misuse Database
Database notification figures revealed an effect for time alone (a decrease in notifications) \((G^2 = 11.40, \text{df} = 2, P < 0.010)\), but no statistical significance when the group and interaction effects were assessed. Similarly, there were significant time effects for current injecting (a decrease with time in the notification of injecting users) \((G^2 = 7.48, \text{df} = 2, P < 0.025)\) and methadone prescribing (an increase with time in the proportion of users prescribed methadone at the initial interview) \((G^2 = 13.02, \text{df} = 2, P < 0.010)\). There were no significant findings for the interaction between time and group with respect to needle sharing or current injecting. There was an association between time and group in terms of methadone prescribing. This significant interaction occurred in the interval between time 1 and time 3. Sixteen months after the teaching course, the trained GPs were prescribing methadone more frequently at a drug user’s first consultation than those doctors in the combined comparison groups \((G^2 = 8.72, \text{df} = 2, P < 0.025)\).

**Discussion**

Group education of GPs about the management of drug misuse leads to a small increase in engagement with patients. Trained doctors notified more drug users and increased their methadone prescribing in first consultations with drug users. Few controlled evaluations of continuing medical education have been published\(^1\) and, to our knowledge, none have appeared on education about drug users. Our study is limited by the poor initial response rate of the doctors in the comparison groups. Engaging doctors who have no interest in education on drug misuse is a difficult task, and we expected a low response rate.

Doctors in the trained group and comparison group 1 were notifying between 16% and 21% of all notifications to the North Thames Regional Drug Misuse Database from the five relevant family health services authorities. It is often assumed that medical education only reaches doctors who are already better trained than their peers. A more likely explanation for our results is that the offer of training appealed to doctors working in areas where drug use was a major problem. Rather than being more committed, they may simply have needed new skills for a problem forced upon them by the circumstances of their practice.

**References**


**Acknowledgements**

We wish to thank all the general practitioners who participated in this study and staff at the Home Office and North Thames Regional Database. Special thanks are due to Bob Blizard for his advice on the statistical analysis. CH was supported by a grant from the Mental Health Foundation.

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