10-minute consultation

Problem drug use

Nigel Williams

A 24 year old man asks you for help with his heroin problem. He has been taking the drug for about a year and is spending at least £60 (€90; \$110) a day on it.

What issues you should cover

You should do a full assessment before deciding on any action; this is likely to take more than one consultation. An empathic and non-judgmental approach will engage him and help him to begin the process of change. You need to clarify why he has come to you now and what he wants—often, but not always, this is a prescription. All GPs should be able to gather the information they need for an appropriate referral and to provide general care.

Current drug use—Ask about all illicit drugs he has taken in the past month (including cannabis). Record quantity and frequency of use, together with route of administration. Also note his smoking and drinking habits.

Past drug history and treatment experience—Ask about onset of drug use and when it first became a problem. What do drugs do for him? Has he tried stopping previously?

Injecting history—Has he ever injected, and if so how recently? Past injectors have a high incidence of hepatitis C infection. Ask about his needle supply and history of sharing equipment. Unprotected sex may also be relevant.

Medical history—Review his virology test results and immunisation history, if known. Ask about prescribed drugs. (In women patients cover contraception and cervical screening.)

Psychiatric history—Mental health problems are common among drug users. He may have a history of overdose or contact with psychiatric services. Questioning may elicit ongoing symptoms of anxiety or depression.

Forensic history—Include contact with the criminal justice system and any offending he does to fund his habit.

Social situation—Ask about personal relationships. Who is available to support him? Does he have a drug using partner? Also ask about his employment history and current accommodation. (Is he homeless?)

Child protection—Identify any children he may care for and consider the possible effects of his drug use on their wellbeing.

UK information resources for patients

- The Alliance (www.m-alliance.org.uk): a user led organisation that offers advocacy, training, and helpline services to people undergoing treatment
- Exchange Supplies (www.exchangesupplies.org): develops and supplies equipment and resources to improve and prolong the lives of drug users
- Scottish Drugs Forum (www.sdf.org.uk): a non-governmental drug information agency
- Narcotics Anonymous (www.ukna.org): a network of self help groups based on the 12 steps approach

Useful reading

Beaumont B (ed). *Care of drug users in general practice: a harm reduction approach*. Abingdon: Radcliffe Publishing, 2004

Gerada C (ed). *RCGP guide to the management of substance misuse in primary care*. London: Royal College of General Practitioners, 2005

Waller T, Rumball D. *Treating drinkers and drug users in the community*. Oxford: Blackwell Science, 2004

What you should do

Priorities at the first consultation include harm reduction and ensuring that contact with the patient will be maintained. Discuss his motivation to change and expectations of treatment. Many general practices are now able to offer a prescribing service for substitute drugs that is based on the local shared care protocol, although initial stabilisation is usually done by a specialist service. Patients who need referral include those aged under 18 years, pregnant women, and patients with major mental illness.

Physical examination—Assess his oral health, nutritional status, and injection sites such as the forearms and groin.

Harm reduction—Advise him to avoid injecting if possible and give specific advice on safer injecting practices. Support and advice may be available from local drug support agencies, including those run by the local authority or voluntary sector.

Urine drug screening—Before you prescribe a substitute drug you must send urine samples for laboratory testing to confirm his drug use. Oral fluid testing is an alternative.

Drug diary—Ask him to record all drugs he takes over the next 7–14 days and to bring this record to the next consultation.

Vaccination—All drug users should be vaccinated against hepatitis B on an accelerated schedule. Also discuss the benefits of screening for other infections, such as HIV and hepatitis C.

Notification—Notify the relevant regional drug misuse database. This provides valuable epidemiological data and helps in planning services.

Follow up—Arrange to see him again to review test results and discuss a treatment plan. Prescription of substitute drugs for opiate dependency has a good evidence base and is a common component of treatment. Options for some drug users might include psychosocial interventions or referral for detoxification.

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The *BMJ* welcomes contributions from general practitioners to the series

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Sighthill Health Centre, Calder Road, Edinburgh EH11 4AU
Nigel Williams
general practitioner

williams.nigel@btinternet.com

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