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Drug users' views on general practitioners

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See Personal View on p 337

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General practice is a key resource in the treatment of drug misuse.¹ The relationship between drug users and general practitioners is unsatisfactory, and a change in attitude is needed to encourage drug users to seek treatment in primary care.² One study found that most drug users preferred their general practitioner to prescribe maintenance drugs for them, although general practitioners' negative attitudes and lack of interest in drug users' problems were common complaints.³ In a later study drug users perceived general practitioners to be accessible but unsympathetic and lacking in knowledge.⁴ We report drug users' views on primary health care. This study formed part of a larger survey of the primary medical care received by drug users.

Subjects, methods, and results

One of us (CH) interviewed drug users attending a private drug clinic, a community drug team, a drug dependency unit, and a street agency. The interview was piloted before final modification. The semi-structured format covered demography, users' views about general practitioners and history of drug use. We used content analysis to categorise answers to open ended questions as positive, negative, or neutral.

One hundred and forty five (92%) of the 157 users approached agreed to be interviewed. They had a mean age of 33 years (SD 6.6) and were predominantly male (114), British born (133), single (86), living in local authority accommodation (93), and unemployed (105). One hundred and thirty eight users had a history of opioid use. The mean duration of use of illicit drugs was 18 years. One hundred and twenty three users were registered with their general practitioner (113 permanently, 10 temporarily). No significant dif-

ferences were found demographically between subjects attending the four centres.

When asked which services they wanted from general practitioners, most drug users preferred detoxification programmes, maintenance prescriptions, general medical care, and counselling (table). Services suggested by smaller numbers of drug users were a greater role in preventive medicine through the provision of needles, syringes, and condoms and education on the medical problems resulting from drug use. Some users felt that general practitioners should change their attitudes to drug use and should regard dependency on drugs as a medical disorder. Others believed that more widespread prescribing of maintenance drugs by general practitioners would lead to a decline in the market of illicit drugs, which would consequently reduce the level of crime.

Respondents preferred general practitioners' services to outpatient drug dependency services for prescriptions for maintenance and detoxification (table). Content analyses of a range of views (159) on this issue revealed that 23 respondents found it difficult to travel to hospital drug services, preferring the closer proximity of their general practice. Fifty two respondents said that general practitioners established a better rapport with drugs users, and 12 claimed that general practitioners provided a more holistic approach to their problems. On the subject of hospital based services 19 respondents regarded them as inflexible, 14 complained that their waiting lists were too long, eight found them impersonal, and seven thought that they were stigmatising. Eight drug users commented, however, that they preferred to attend a hospital for treatment, regarding its service as specialist.

Most users preferred a negotiable approach to an agreed contract for reducing methadone (table). When asked to consider what a general practitioner might reasonably do when a patient breaks a contract, 119 users thought that the doctor should allow up to three relapses before regarding a detoxification programme as a failure.

Comment

Drug users expressed an overwhelming preference for detoxification or maintenance prescribing to be undertaken in general practice. They perceived primary care services to be more accessible and responsive to their needs than hospital based services. These views lend further support to the central role of the general practitioner in the management of drug misuse, with important implications for the training of general practitioners.

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Summary of main results of interviews with 145 drug users about their expectations of general practitioners

	No of respondents		No of respondents
Should general practitioners prescribe maintenance drugs for users?		Drugs preferred by drug users:	
Yes	131	For maintenance*:	
No	14	Methadone mixture	62
General practice services regarded as useful by drug users*:		Benzodiazepines	44
Detoxification programme	135	Heroin ampoules	40
Prescription of maintenance drugs	126	Methadone ampoules	29
Regular general medical care	125	Non-general practice services used in past month*:	
Counselling service	119	Community drug team	52
Are general practices preferred to hospitals for detoxification and prescription of maintenance drugs?		Private doctor	51
Yes	121	Drug dependency unit	47
No	24	Needle exchange	41
Drugs preferred by drug users:		Accident and emergency or outpatient department of a hospital	7
For detoxification and reduction*:		Family planning, antenatal, or child clinic	2
Methadone mixture	71	Preferred approach for reducing methadone:	
Benzodiazepines	64	Contract	25
Heroin ampoules	27	Flexible	120
Methadone ampoules	19		

*Respondents were allowed to give more than one reply.