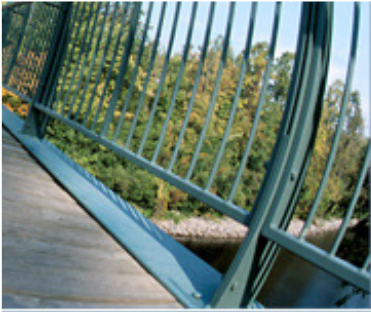




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**Effective Primary Care for Drug Misusers:
Evaluation and Outcomes**
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The Evidence

- Cochrane tells us there is good evidence from RCTs for Methadone and Buprenorphine Maintenance treatment for opiate addiction
- NTORS
- Primary Care evidence
- New research
- Other authorities able to confirm this



Unpacking what this means

- Gaps in the evidence
- Outcomes measured
- Challenging entrenched attitudes
- Confronting the doubters
- Influencing strategy
- Using evidence to maximise our effectiveness
- Thinking beyond existing evidence and meeting new (and some old and ignored) challenges



Doubts among the converted

- Suppressing the disaffected and socially excluded through a lifetime of prescribed opiates- stops them rising up and being credible critics of establishment
- But- this is superficial- our challenge is to enable clients to access the opportunities through stabilising their health and addiction, and providing means to deal with their problems



Opportunities or Threats

- Welfare to work
 - Way out of lifetime vulnerability of welfare dependence and changing economic mores
 - Education and employment, apparently genuine enthusiasm to support clients
- Social Services
 - Rather than threat to families, work effectively in teams to overcome prejudices and find genuine support and help



Gaps

- Some RCTs, many USA or Australian, increasingly UK Primary Care based or readily generalisable
- Large & smaller Cohort type studies, particularly in Primary Care- what works in specialised settings applicable to GP-based care, but does it matter if GP leads or signs scripts only?
- Poly drug use, Crack,
- What works best for whom?



Gaps 2

- Managing complexity:
 - Dual diagnosis
 - Homelessness
 - Pregnancy
 - Hepatitis C- immediate care, active treatment and long-term consequences
 - Organisation of services
 - Team selection, planning & role effectiveness
 - Team integration and maximising opportunity



Outcomes

- What do we measure and how?
- Traditionally- length of contact with service
- Drug free? Absolute, relative, data collection method and verification?
- Social measures- crime, housing, income, work, education, relationships, family functioning
- Psychological wellbeing



Outcomes 2

- Validity and reliability- linked to:
 - publishability and
 - Generalisability
- Particular challenge in this field
 - Vulnerable to 'scientific' dismissal of evidence
- Need to use readily administered, valid and reliable data collection tools
- Let's not forget potential for good qualitative research



Trench warfare

- Continued challenge from entrenched attitudes
 - Methadone is dangerous
 - Buprenorphine should replace it
 - Innocents are killed by careless prescribing
 - Drug users are unfit parents
 - GPs shouldn't get involved
 - Psychiatrists do it properly



Ammunition

- We have plenty of supporting evidence
- But: Not all bases covered, and not all top ranking- but that's true for lots of research evidence particularly in Primary Care
- Increasing access, cost-effective care
- Some doubters apparently not persuaded by evidence- shouldn't let it get in the way of a firmly held prejudice apparently



The Cavalry

- We know that opiate maintenance is effective, Methadone and Buprenorphine, and that well-prepared and motivated detoxes are too. Treatment saves lives and improves a range of outcomes.
- Primary Care based treatment is effective too.
- Increasing access and training facilitate expansion



Future strategy

- Concentrating resources- relative effectiveness of different services e.g. shared care in Primary care relatively good evidence, compare with:
 - Inpatient detoxification
 - Black box and alternative therapies
 - Therapeutic communities
- Lack of evidence of effectiveness is NOT evidence of relative ineffectiveness, but...



Evidence v Common Sense

- We are unlikely to successfully compete for research funds to provide comprehensive evidence database
- Use what we have, and disseminate best practice
- Audit effective application
- Prioritise developing a valid, reliable outcome data collection system
- Maximise effective working with other services to provide opportunities.



Future thinking

- We have effective treatments in Primary Care, and the trained staff to provide it, and potential workforce expansion and training.
- Alternatives are relatively expensive and often with less evidence to support them
- We must look beyond maintenance and use the contact time effectively.



More than a script

- Maximise opportunities for prevention and healthcare for problems secondary to opiates, stimulants, inhalation and injection
- Don't forget alcohol
- Holistic care- physical, psychological and social, and including dependants and carers
- Form effective working relationships with other services providing opportunities for clients
 - Work, education, help with childcare etc.
- Not agents of social control, agents of social opportunity and advocacy through effective healthcare and holistic teamwork, influencing strategy and countering prejudice.
- Research involvement and audit