

THE  
AYRSHIRE  
MODEL

Or

'The Milwall defence'  
'This is no treatment programme!!'

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R.C.G.P. Guidance

- **1. Entitlement to health care**  
Drug misusers are entitled to high quality NHS services just as anyone else is. GPs must provide general medical services and take into account the implications of the drug misuse in its widest sense when offering advice and treatment.
- **2. Services for drug misusers**  
Effective services for drug misusers involve clinicians working together in primary care, secondary care or across both sectors; professionals must be appropriately competent, trained and supervised. Most areas have support agencies providing key worker services to misusers; it is becoming common for drug agency workers to see patients within the GP surgery, with the GP available to offer medical support and prescribing.

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TIMELINE 1

- 1990 – Substitute Prescribing service starts
- Mid 90s – approx 1000 people receiving a service
- Mid 90s – 1<sup>st</sup> meeting with GP subcommittee – 'social not medical problem'
- 18 months later – 2<sup>nd</sup> meeting – 'agree medical component but entirely specialist service'
- Service continues as specialist service only

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## TIMELINE 2

- 2005 – 'priority groups' introduced – no other ingress – gradually more rigorous enforcement
- 2009 – Absolute bar on new methadone prescribing
- "I can confirm that the long term, often reiterated over the last 20 to 30 years, opinion of the GP Subcommittee is that addiction services are part of secondary care. There is no obligation to carry out these services free of charge within general practice. They do not form part of the 2004 contract." – G.P.Sub Comm.
- 2010 – Public Health concerns re Anthrax re-opens programme – apparently unlimited but budget for drugs only

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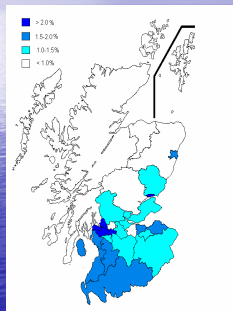
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## P.D.U. PREVALENCE HEALTH BOARD



- A & A – PDU - 1.96  
# - 4697
- In Sub Px Prog. – 2358
- Scotland - PDU – 1.62  
# - 55238

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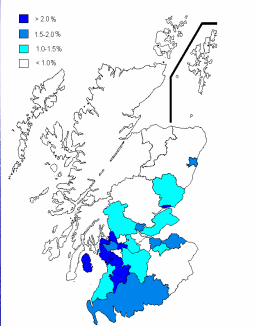
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## P.D.U. PREVALENCE COUNCIL AREA



- East – 2.32 - (1834)
- North – 2.04 - (1808)
- South - 1.47 – (1055)
- Scotland - 1.62 – (55238)

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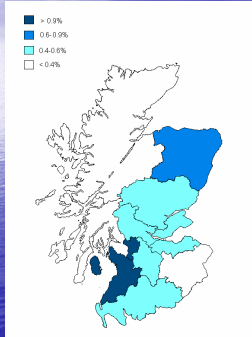
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## Drug Injectors – Health Board



- A & A – 0.99  
# - 2373
- Scotland – 0.71  
# - 23933

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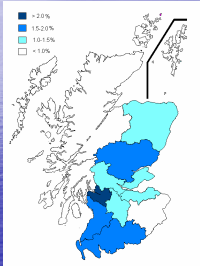
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## Drug Injectors – Council Area



- East – 1.27 - (998)
- North – 0.85 - (756)
- South - 0.86 - (618)
- Scotland – 0.71 -(23933)

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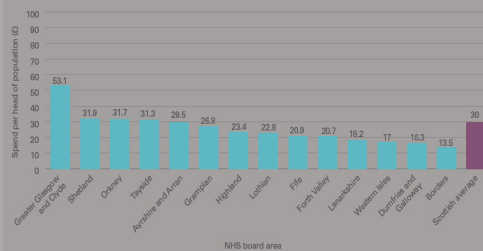
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## FUNDING ISSUES 1

Exhibit 7

NHS and council spend on drug and alcohol services per head of population, 2007/08

Spend per head of population varies across Scotland.



Source: Audit Scotland, 2008

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### Scottish Drugs Forum study

- 1/2 Waiting list > 12 months
- 1/4 Waiting list > 18 months
- 94% thought Methadone Px would help
- 2/3 poly drug use (Heroin/Methadone/Benzos)
- >50% increased drug use on W/L
- >50% worsening injecting practice
- >50% worsening criminality
- 1/2 had mental and physical health issues

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### Scottish Drugs Forum study 2

- 1/2 accessing CHAT
- < 1/10 accessing Primary Care
- Previous contact with prescribing evaluated positively
- "G.P. says he doesn't prescribe Methadone which puts me off asking about other stuff like a sore throat"
- "I want them to listen to me. They don't believe what I'm telling them. They think we'r all down and outs. I just want help before I lose my job and house"
- Some disconcerted to hear advice like "continue criminal activity" from G.P.s

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