Trends
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Trends in the care of drug addicts

Survey among general practitioners in 2001 and comparison 92-95-98-2001

Since 1992, (CEMKA-) EVAL has been regularly carrying out a survey among general practitioners on the care of heroin and opiate users in doctors' practices (1992, 1995, 1998). The objectives of the survey are on the one hand to analyse the trends in the practices of the general practitioners in this field and, on the other, to evaluate the place they occupy in the system for combating drug addiction. Originally carried out in 4 French regions with a high density of opiate users (Ile-de-France, Nord-Pas-de-Calais, Provence-Alpes-Côte-d'Azur and Rhône-Alpes), the survey has been extended since 1995 to a national sample.

The 1998 survey highlighted in particular the profound changes that had occurred since the beginning of the 1990s in the care of opiate users by general practitioners: changes linked principally to the introduction of substitution treatments (methadone and high dose buprenorphine marketed under the name of Subutex®) in the middle of the 1990s. This survey showed the quantitative and qualitative aspect of these changes. At the quantitative level, the regular increase was noted in the number of patients treated in the surgery and their growing loyalty. At the qualitative level, the methods of care were changed in 1998 with the reduction in the prescriptions for antalgesics and psychotropic drugs and the increase in those for substitution products. Also noted was the emergence of care networks, as is evidenced by the high number of patients treated with high dose buprenorphine under the care of doctors belonging to networks. Overall, the survey had shown that opiate addiction was increasingly recognised and perceived by the general practitioners, and that many of them had had specific training or belonged to a network or had a regular contact in one. The survey also revealed the emergence of new forms of drug addiction, whether this involved ecstasy or benzodiazepines, taken alone or with alcohol.

A new survey among a national sample of general practitioners was carried out at the end of 2000-beginning of 2001 at the initiative, as in previous years, of the *Observatoire français des drogues et des toxicomanies* (OFDT). The objective of this new edition was to monitor the recent trends in the care of drug addicts by general practitioners and to establish a new perspective on the previous results, in light of the changes that have occurred over the different periods. The survey also had to allow an assessment on substitution to be drawn up a few years after being set up and enable an examination of the use of illicit products other than heroin

among those who go to see a general practitioner (cannabis, amphetamines, etc.) and the consumption of alcohol.

The results presented below involve the 1995, 1998 and 2001 surveys, which focus on the entire French territory (since the 1992 survey focused solely on 4 regions, only a comparison across this sub-sample would have been possible).

General practitioners and drug addiction

The growing awareness of general practitioners to the problem of drug addiction has continued to grow since 1995, if one is to judge by the trend in the number of doctors who declare an activity linked to drug addiction outside the surgery, or the number of doctors who are aware of the existence of care networks or who belong to a network. However, after the strong progress observed over the period 1995-1998, it seems that we are witnessing a certain slowdown, or even a stabilisation of the situation over the period 1998-2001.

Today, nearly half of the general practitioners (45% as opposed to 22% in 1995) declare that they have had training in drug addiction. Fewer than 4 doctors in 10 consider themselves untrained, whereas this was almost 7 in 10 in 1995. It tends to be the doctors who practice in the large towns who have the feeling of being trained in drug addiction (more than 70% in the towns of more than 20 000 inhabitants as opposed to 48% in the towns of fewer than 2 000 inhabitants).

Nearly 60% of the doctors have seen at least one patient who is an opiate user during the past 12 months, namely an identical proportion to that revealed in 1995 or 1998. On the other hand, the average number of these users seen during the year has grown: 4 patients per doctor in 1995 as opposed to 7 in 1998 and 9 in 2001, although the progression between 1998 and 2001 is not, however, statistically significant. The number of opiate users seen by the doctors is all the more important since the doctor practices in an urban environment, he is aware of the existence of networks and he considers himself trained in drug addiction. Among those doctors who see opiate users, the average number of patients of this type seen during the year stands at 15 (as opposed to 11 in 1998), and at 6 in the past month.

Involvement of general practitioners as regards heroin addiction in 1995, 1998 and 2001

	1995 N=288 %	1998 N=300 %	2001 N=306 %
Drug addiction activity outside surgery	69	9	9
Are aware of the existence of the networks specialising in the care of opiate users	61	81*	78
Are members of a network	6	10	10
Have been contacted by a network	NA	30	35
Have had training in drug addiction	22	35*	45**
If have had training in drug addiction:			
Consider themselves trained	9	21*	23**
Consider themselves insufficiently trained	24	26	40
Consider themselves untrained	67	62	37
Number of opiate users seen during the year			
None	38	39	41
1 to 2	19	12*	19
3 to 9	29	28	21
10 to 19	10	12	10
≥ 20	4	9	9
Average (standard deviation)	4(10)	7(18)*	9(27)

** significant difference between 1995 and 1998*
*** significant difference between 1998 and 2001*
NA: question not asked

When the doctors are asked to define their typical drug addict patients, more than 2 doctors in 3 reply that this involves a patient who is treated regularly. The fact remains that more than a quarter of doctors mostly see occasional patients. However, the percentage of doctors who see occasional patients has fallen between 1998 and 2001 (75% as opposed to 63% respectively), confirming the trend that began between 1995 and 1998 (drop from 85% to 75%).

Attitudes towards opiate users and methods of care

The authorisations for putting methadone and high dose buprenorphine on the market which occurred in 1995 have profoundly changed the practices of caring for opiate users by the general practitioners. In 2001, among those general practitioners who had seen at least one of these users during the previous 12 months, nearly 3 in 4 declare that they "usually" or "always" offer a substitution treatment coupled with psychological support to the opiate-user patients they intend to treat. High dose buprenorphine is prescribed by nearly 80% of the doctors who had seen at least one opiate-user patient whereas methadone, which can only be prescribed by a general practitioner after the treatment has been initiated in a CSST (*Centre Spécialisé de Soins aux Toxicomanes* [Specialist drug addiction Treatment centre]), is only mentioned in 18% of cases. The proportion of doctors who prescribe a substitution treatment reaches 91% among those practitioners who are trained in drug addiction or who belong to a network. It should be noted that, according to the prescribing doctors, the majority of the patients on substitution treatment (80%) have been receiving treatment for less than a year.

The practices of prescribing high dose buprenorphine have hardly changed since 1998 and remain on the whole similar to the official recommendations: the average dose prescribed (most frequent dosage) is 7.2 mg at the beginning of the treatment and 6.7 mg during the treatment. In the initiation phase, 58% of the doctors say that they usually adopt a dosage of 8 mg and around 26% a dosage equal to or lower than 4 mg. One doctor in two declares that he determines the dosage initially according to "the dose of heroin taken". As in 1998, it is the individual criteria that determine the effectiveness of the treatment; thus, "the improvement in the physical condition of the patient" is highlighted by 2 doctors in 3 and "the improvement in social relations" by one doctor in 3. For the care of the opiate users, the institution with which the doctors worked most often in 2001 is the hospital (34%), followed by the CSST (around 25%) which was however cited in first place in 1998. Then come the specialist hospital centre (principally psychiatric hospitals), the psychiatrist working in private practice and the medico-psychological centre. A little more than one doctor in two has a usual contact at the hospital, a little fewer than two in three in a CSST, but only one in three in the specialist hospital centres.

More than 40% of the doctors consider that some patients seen in consultation would require a different form of care: they mention primarily psychological support and, more rarely, care in a CSST. However, 3 doctors in 4 say that they encounter difficulties in these patients receiving different care. The reasons mentioned are due above all to the refusal or the reluctance of the patient to be treated differently. Moreover, two doctors in three affirm that it has happened that they have refused to treat certain drug addict patients who come to see them. The main reason invoked by these doctors is that these patients "only come to the surgery for their dose" (43%). The doctors then mention the " drug addicts' refusal to comply with the contract", and the fact of being a passing patient.

Other illicit drugs, alcohol

When the general practitioners are questioned about frequent visits to their surgery on the grounds of using illicit drugs other than heroin (reason mentioned by the patient or discovered during the consultation), around half of them (51%) declare that they have seen at least one patient due to cannabis consumption during the past 12 months. Cocaine and ecstasy are in second and third position (cited by 25% and 20% of the doctors respectively). Then come amphetamines (12%), LSD (6%) and ketamine (4%). The wording of the question encouraged the doctors to take into account only those patients who came to see them because of their use of illicit drugs, not for a reason unconnected with the use, but who turn out to be users of these products. The distinction between the two categories is not, however, always clear and it is not certain that all the doctors have applied it.

Frequent visits to doctors' surgeries in 2000 for reasons of using illicit drugs other than heroin (reason mentioned or discovered during the consultation)

306 general practitioners

Number of patients who attended the surgery for the following uses during the past 12 months				
		None	**less than 5**	**more than 5**
Cannabis	%	49	30	21
	N	151	92	63
Cocaine	%	75	21	4
	N	231	63	12
Amphetamines	%	88	10	2
	N	268	62	6
Ecstasy	%	80	15	5
	N	246	45	15
LSD	%	94	5	17
	N	287	17	2
Ketamine	%	96	4	
	N	194	12	

Among the younger patients[1], aged nearly 21 on average, the product in question is in 42% of cases cannabis, or cannabis and beer (7%), heroin in 27% of cases, and alcohol in 5% of cases.

Moreover, 7 doctors in 10 declare that their drug-user patients also "often" or "very often" present a problem of alcohol dependence.

The diseases (apart from HIV and hepatitis) most frequently diagnosed among the drug-user patients are pulmonary (cited spontaneously by 19% of the doctors), dermatological (12%), ear nose and throat (8%), digestive and/or nutritional (8%) and psychiatric (7%) diseases. These figures, which result from an overall assessment by the doctors of their patients and not from a systematic survey of each of the patients, must be considered rough estimates.

Opinions of the doctors on the care of drug users.

Today, one doctor in two is convinced that it is possible to care for drug addicts in surgeries. This proportion has not altered since 1995, the date the substitution treatments were put on the market, but there are decidedly fewer doctors convinced of the contrary in 2001 than 6 years previously. Here again, those doctors trained in drug addiction and the network doctors are convinced more often than their colleagues.

According to the doctors questioned, the success factors in this care are firstly the training in drug addiction, the fact of belonging to a network and knowledge of the patient. It should be noted that the involvement of the doctors, mentioned by 37% of them in 1998, is now only mentioned by one doctor in 5 in 2001. As in 1998, the principal obstacles were to be the problems of availability, lack of motivation of the drug users and lack of training of the doctors. It will be noted that only one doctor in 12 highlights his fear of becoming a "dealer-doctor".

In a survey carried out at the end of 2000 and the beginning of 2001, the doctors were able to give a verdict on substitution with around 5 years of hindsight.

[1] The question focused on the three youngest patients treated for a problem linked to drug use.

The majority of them consider the substitution results to be "positive" or "fairly positive" (55%) but a little over a third (36%) have mixed opinions on the matter. The proportion of the doctors clearly against is not very high but there are still quite a few "don't-knows". Those doctors with a positive or fairly positive opinion highlight the progress of the patients, particularly in terms of socialisation (mentioned by 31% of the doctors who have a positive opinion), and to a lesser extent in terms of health (improvement in their physical and psychological condition, fewer overdoses, opinions cited by around 10% of the doctors) or again at the global level ("some pull through well", an opinion mentioned by 14% of the doctors). The improvement in the medical treatment of drug addiction is cited by 18% of the doctors and the drop in delinquency by 13%.

Success factors and obstacles in the care of drug users in the surgery according to the general practitioners in 2001

	%	**(N)** N=306
Success factors	31	(92)
Being trained	27	(79)
Belonging to a network	24	(71)
The proximity, good knowledge of the patient	20	(60)
The involvement of the doctor	20	(58)
The relationship of trust	18	(52)
Care structures where the patients can be referred	13	(37)
The motivation of the patient	11	(32)
Having contacts	9	(26)
Regular monitoring		
Obstacles		
The lack of time	33	(98)
The personality of the drug addict, his motivation	31	(93)
The lack of training	31	(92)
The isolation of the doctor	25	(74)
The fear of violence	13	(40)
The image of the surgery	9	(27)
The fear of becoming a dealer-doctor	8	(23)
Need for a multidisciplinary approach	6	(18)

Conversely, those who have opposite or mixed opinions on the matter evoke above all the fear of dependence on the substitution treatment ("which simply replaces one dependence with another", "absence of withdrawal", etc.), the fact that it is impossible to treat drug addicts in the surgery, the problems of trafficking and of being homeless. For all the doctors, the principal problems linked to substitution are the absence of withdrawal (39% of the doctors), then the fears of trafficking, product abuse and medical "roaming" (34% of the doctors for these three aspects). It should be noted that the problems of injecting high dose buprenorphine are only mentioned by 10% of the doctors.

On this issue, those doctors who prescribe these treatments reckon that on average 16% of their patients on buprenorphine resort to injection. This proportion is, however, estimated at less than 5% by around 60% of these doctors. Almost all of them (90%) pronounce themselves in favour of a non-injectable pharmaceutical form of the buprenorphine substitution treatments. A strong minority (29%) of these practitioners would also like to have access to a pharmaceutical form designed for injection.

Conclusion

The 2001 survey will first of all have confirmed that the upheavals observed between 1995 and 1998 following the introduction of the substitution treatments in the surgery have brought about profound and lasting changes in the system of caring for opiate users in France. The period 1998-2001 has, it seems, meant a consolidation of the experience gained in the previous period and has confirmed the importance of the general practitioner and the substitution treatments in the system of caring for opiate users. Today, the doctors are increasingly familiar with the problem and increasingly better trained. The principal difficulties perceived by the doctors relate to the absence of withdrawal and the risk of misuse among those users on substitution treatment and, more generally, the methods of care which are deemed insufficient by a strong minority of them. Although the problems of links with the other professionals and structures, specialist or otherwise, are mentioned, it is usually the patients' resistance to other forms of care which is put forward by the doctors. Nevertheless, on the whole the majority of doctors consider the substitution results to be positive or fairly positive.

Finally, this survey will have shown that apart from the opiate users, there are many general practitioners who have encountered patients who come to see them for a reason linked to the use of other substances, foremost of which is cannabis and to a lesser extent cocaine and ecstasy.

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Methodological indicators

The different editions of the survey rely on an identical interview protocol so as to allow comparisons and monitoring of the trends in certain parameters. However, it has been possible to introduce slight modifications to the questionnaire in order to take account of the changes that have occurred between two surveys (substitution and new guidance from the MILDT (*Mission Interministérielle de la Lutte contre les Drogues et les Toxicomanies* [Interministerial Mission for the Fight against Drugs and Drug Addiction]), in particular.

The interview guide tackled the following major sections: the doctors' mode of practice, networks, training, practices of caring for drug addicts (frequency, attitude towards care, treatments, barriers to treatment, criteria used to determine and evaluate the therapeutic protocols, etc.), the place of general medicine in the care of drug addicts and the opinion of the doctors on the developments in the situation. The survey was conducted by telephone from mid-November 2000 to the end of February 2001, among a sample of 280 general practitioners drawn at random from a national file, itself random, of 800 doctors provided by France Télécom (Mediatel) and 26 general practitioners working in medico-social centres (CMS). The latter were selected arbitrarily from the yellow pages of France Télécom. Four doctors from the first file turned out to work in a CMS.

In the event of a refusal to participate, another doctor was drawn at random from the national file. As for the 1995 and 1998 surveys, and in order to describe the representativeness of the sample as fully as possible, a minimum of information was gathered from the doctors who refused the survey.

306 general practitioners were interviewed. To obtain this sample, 490 doctors were contacted (namely a refusal rate of 37.5%). The principal reasons mentioned were the lack of time or a systematic refusal to answer telephone surveys. The refusal rate, which was more significant than in the previous surveys, seems to be linked to the particularly unfavourable month in which the survey was launched (December), since the refusal rate was clearly better in January.

Finally, the sample studied includes 276 general practitioners working exclusively in private practice and 30 doctors working in a medico-social centre. It is composed mostly of men (74%) practising in average-sized towns (2 000 to 20 000 inhabitants) and having qualified more than 10 years ago. These characteristics, as well as the distribution by region, are similar to those observed for all French general practitioners[2].

For further information

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