

The RCGP Curriculum: Clinical Modules

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➤ 3.14 Care of People who Misuse Drugs and Alcohol

Summary

- People with drug and alcohol problems are often stigmatised by society and professionals
- Drug and alcohol misuse are common problems in the community and need to be treated with compassion
- As a general practitioner (GP) you are ideally placed to identify people with drug or alcohol problems and need to be aware of the extent and consequences of these problems
- All general practitioners have a responsibility for providing general medical care to people registered with them who have drug or alcohol problems
- Primary care-based interventions for drug and alcohol problems can be very effective in reducing physical, psychological and social harm, for both the patient and the community
- Helping people with drug and alcohol problems can be very rewarding for the doctor and life changing for the patient

Knowledge and skills guide

Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Understand that a difficult past experience of people with drug and alcohol problems should not influence your attitude to the next person
- Understand that there may be personal barriers such as your lack of suspicion of misuse that may make enquiry less likely, particularly in certain age or ethnic groups (e. g. people from religious groups that normally abstain from alcohol may still have alcohol problems)
- Agree that as a doctor you are there to treat people and not to make non-clinical judgements about their lives

Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Understand that GPs do not need to know everything about everything and the patient will often know more – there is no need to be anxious about this
- Be aware that addiction affects us all, either personally or through its impact on family and friends, the community and the culture in which we live
- Understand that addiction is not a lifestyle choice – although it could have started off that way. It needs proper treatment
- Be aware that as a GP you can make a significant difference even if you do not have a special interest in drug and alcohol problems
- Understand that, even if you have to say 'no', if you treat people with compassion and competence they will usually respect you and your service

Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Treat each patient as an individual and not a stereotype
- Assess each patient's awareness of their drug and alcohol use (including addiction-related problems) and the consequences to them and others
- Assess their motivation for seeking help and how they want things to change
- Not blame the patient for barriers or failings in the systems of care
- Instil hope for the future and the concept of recovery from addiction
- Understand the stress that managing such patients can cause in the consultation and use techniques such as setting priorities, housekeeping and time management to maintain personal health and motivation
- Recognise that each patient will interpret 'recovery' in relation to his or her unique context and that this interpretation may vary over time, using this understanding to tailor your approach accordingly

Core Competence: Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Take an adequate drug and alcohol history including the physical, mental, social and legal aspects
- Use screening tools to assess alcohol and/or drug use, when appropriate (both planned and opportunistically)
- Be aware of common long-term effects of drug and alcohol misuse including reasons for drug-related deaths
- Recognise the widespread use and associated health impacts of "Performance- and Image-Enhancing Drugs" (PIEDs), such as anabolic steroids, and newly synthesized drugs, such as "legal highs"

Core Competence: Making decisions

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Always be aware of possible drug- or alcohol-related problems with almost any presenting problem or prescribing issue
- Understand the varying degrees of drug and alcohol use and their implications for future management
- Be aware of urgent and important issues of safety including risks to self or others and the need for urgent medical or psychiatric care

Core Competence: Clinical management

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Appreciate that drug and alcohol use is common the community and that harmful use is often unrecognised and can take a range of forms (including excessive use, binges, risk-taking behaviours or dependency)
- Understand that for risky drinking, appropriate screening and brief interventions (SBI) can be effective

- Understand the presenting signs and symptoms of drug/alcohol misuse, as well as the signs and symptoms of withdrawal
- Provide evidence-based screening, brief interventions and effective primary care treatments for these patients, where appropriate
- Make sure that repeat prescriptions are monitored for long-term prescribing of addictive drugs and appropriate action taken if this is happening
- Work in partnership with the wider primary healthcare team including pharmacists, specialist services, the voluntary and criminal justice sectors
- Recognise that older adults can have unrecognised alcohol or drug problems

Core Competence: Managing medical complexity

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Address potential drug and alcohol misuse through prevention strategies with individuals and communities
- Perform a ‘brief intervention’¹ for people who are drinking over the recommended safer limits or engaging in harmful drinking behaviour
- Recognise that people with drug and alcohol problems often have significant co-morbidity, both mental and physical
- Understand the home and family circumstances of the patient and look for hidden harm to children or vulnerable adults
- Know the forensic (legal) history of the patient and any current issues such as court cases, probation or drug/alcohol treatment orders
- Be aware of the patient’s housing needs and if necessary direct them to the relevant service

Core Competence: Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying

¹ Brief interventions are usually ‘opportunistic’ – that is, they are administered to a patient who has not attended a consultation to discuss their drinking. They offer information, advice and encouragement to the patient to consider the positives and negatives of their drinking behaviour, plus support and help if the patient decides they do want to cut down on their drinking. For further information, see www.ncl.ac.uk/ihs/engagement/documents/trainingssession1.ppt

leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- Refer to and liaise with local specialist and secondary care services, as appropriate, to make a comprehensive treatment plan work
- Discuss with and refer to social services, if appropriate
- Direct patients, where appropriate, to mutual aid organisations such as Alcoholics Anonymous/Narcotics Anonymous and SMART Recovery (see also under Learning Resources below)

Core Competence: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Implement the evidence-based treatments for opiate substitution
- Use resources such as the Substance Misuse Management in General Practice (SMMGP) network and courses to keep up to date (see under Learning Resources below)

Core Competence: Organisational management and leadership

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Recognise the special needs of patients with drug and alcohol problems, who often have very difficult lives and are frequently marginalised by society
- Ensure that patients with drug and alcohol problems have equal access to care in your practice and are treated with compassion
- Act as an advocate for your patient when they are being denied proper health or social care services because they have a drug or alcohol problem

Core Competence: Practising holistically and promoting health

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Realise that people with drug and alcohol problems often have chaotic lives and conflicting pressures which do not help their reliability
- Understand that the causes of drug and alcohol problems are multifactorial, as are the propagating factors that hinder recovery
- Appreciate the importance of social and family support as well as the difficulties faced in families and communities
- Be aware of hidden harm to children in chaotic and dysfunctional households and be ready to contact social services if you are concerned
- Not forget to advise about the dangers of drink/drug driving as well as the patient's legal responsibilities, and be ready to take appropriate action if necessary
- Offer screening to patients with a history of drug misuse for blood-borne viruses and hepatitis immunisation

Core Competence: Community orientation

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Know what services are available both in acute crises and for longer-term treatment locally, and how to access them
- Understand that money spent on treating drug and alcohol problems saves considerably more in the whole economy than the actual cost of treatment
- Be aware that people with drug and alcohol problems often do not get the help they need from the community because of prejudice and preconceptions
- Appreciate that people with drug and alcohol problems are often victimised and targeted for abuse, especially if they are vulnerable
- Know that you may be the first person in the community to really try and help the patient and take their problems seriously
- Appreciate that giving appropriate care to people with drug/alcohol problems will have a positive effect on their family and wider community
- Be aware of the developing government policy on drug and alcohol treatment

- Understand how the Misuse of Drugs Act (1971) affects drug users
- Understand how legislation on drink and drug driving applies in a clinical situation
- Understand how courts may impose supervision and treatment orders and what probation involves
- Understand how safeguarding procedures for children and vulnerable adults must shape your decisions and behaviour

Case discussion

Julie is a 25-year-old single mother who lives with her two children, aged four and two years. She comes to see you complaining of fatigue. You notice that she is underweight and appears pale and stressed; she has noticeable needle marks on her forearms. On further enquiry, she admits to using heroin and crack cocaine; she feels she is now addicted to both. She has very little money, allows her house to be used by other people to take drugs and is occasionally working as a prostitute to finance her addictions. She has wanted to get off drugs for some time but was afraid her children would be 'taken away' if she mentioned it to a doctor. She has fallen out with her mother because of her drug use and lifestyle. She also reveals that she was sexually abused as a child, but has never told anyone about this.

You explain to Julie that you will do your best to help her and her children. You take a targeted history, perform a relevant examination and consider immediate risk management and safeguarding for her and her children. Following this, you make an urgent referral to social services and the local drug and alcohol team, and also give her contact information for the local women's refuge. You make a further appointment with Julie a few days later to continue your assessment. In the meantime, you review the medical records of the two children to look for any evidence that their mother's problems are having a detrimental effect on their physical and emotional development.

At the second appointment, you advise Julie about harm reduction, contraception, blood-borne virus screening, immunisations and the services available to support her. You suggest she may consider specialist counselling for her previous abuse and give her information on this. Julie requests medication 'to help with sleep'. You decline to prescribe anything at this time, but she understands when you explain why this would not be the best thing for her at the moment. You notice she smells of alcohol and remember you have forgotten to ask her about her alcohol intake. She is drinking up to two bottles of cheap wine daily and using street diazepam when she runs out of wine. You give her more harm reduction advice about alcohol and drugs. You feel a bit helpless, given her complex situation, but you explore her physical, psychological and social problems and formulate a plan for each. The local drug and alcohol team meet with Julie and, in view of her polydrug and alcohol use and home circumstances, recommend an inpatient stay for titration and stabilisation on to a prescribed opiate regime, as well as a detoxification from alcohol and diazepam. Social services are actively involved with the family now and arrange to re-house them when Julie gets out of inpatient treatment. In the meantime, Julie's mother has agreed to look after the children.

You catch up with Julie a month after discharge – she is much brighter and tells you she has remained off alcohol and street drugs, has a new house, is stable on methadone and is feeling a lot more healthy, both physically and mentally. You are asked to continue her methadone as part of a

shared care scheme and contact her key worker and discuss how you will liaise regularly and help Julie together. The children are doing well and she is having regular visits from social services, who have advised her on benefits and other support. Julie is very grateful to you for getting her the help she needed and for continuing to look after her. You notice that compared to a few months ago, her life is completely different and transformed; she has hope and stability and a clear plan for the future.

Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p>Fitness to practise</p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>As a GP, what responsibility do I have to ensure Julie gets the right treatment?</p> <p>How do I feel about Julie? Compassion? Anger? Sadness? Despair?</p> <p>How do I feel about what has happened to Julie's children, and will this affect my relationship with Julie?</p>
<p>Maintaining an ethical approach</p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>How do I try to ensure that the patient's children are safe and that her mother is adequately supported?</p> <p>What legal issues might influence my decisions or constrain my practice?</p>
<p>Communication and consultation</p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>How would I address her disclosure of sexual abuse in childhood?</p> <p>How do I ensure that Julie feels supported and is involved in the decision-making and planning?</p>
<p>Data gathering and interpretation</p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>What other investigations might Julie need as a result of her drug/alcohol misuse? What other issues must be considered?</p>
<p>Making decisions</p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>What are the implications of Julie's drug/alcohol misuse for managing her care?</p>
<p>Clinical management</p> <p>This concerns the recognition and management of common medical conditions encountered in generalist</p>	<p>As a GP, how do I prioritise the actions needed to address issues raised by this case?</p> <p>Which investigations and/or referrals are needed</p>

<p>medical care. It includes safe prescribing and medicines management approaches.</p>	<p>immediately?</p>
<p>Managing medical complexity This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>What issues can I deal with – and which do I need help to manage?</p> <p>What risks do Julie’s drug and alcohol use pose to her health?</p>
<p>Working with colleagues and in teams This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>What other local services or team members might I involve in Julie’s care?</p> <p>Who is the safeguarding lead in my team?</p>
<p>Maintaining performance, learning and teaching This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>What is the evidence for the effectiveness of the different approaches that might be taken to manage and support Julie?</p> <p>How might I contribute to the improvement of local drug and alcohol services for patients like Julie?</p>
<p>Organisational management and leadership This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>How do I record this consultation in the children’s records?</p> <p>What is the practice policy regarding recording safeguarding concerns?</p>
<p>Practising holistically and promoting health This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>What background issues might be affecting Julie?</p> <p>How will I ensure that I act as advocate for the patient?</p> <p>Have I considered Julie’s physical, emotional, psychological and social needs?</p>
<p>Community orientation This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience,</p>	<p>Which support services are available in my area to help patients and families where drug and alcohol are involved?</p>

family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.	
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How to learn this area of practice

Work-based learning

In primary care

There is no substitute for actually working with patients with drug and alcohol problems to learn how to provide good treatment in a sometimes pressured situation. As a GP specialty trainee you should be able to spend time observing a more experienced GP and then take on patients of your own to manage during your placement under proper supervision. By doing so you will come into contact with a broad range of teams of service providers and develop an understanding of how the treatment system should work in a seamless and timely manner – and also how often it doesn't. It would also be good to visit other providers including those from non-statutory agencies and independent sector providers to get a broad overview of services available.

In secondary care

A placement in a specialist drug or alcohol service, either residential or in the community, would be useful for you as a GP specialty trainee and would provide valuable experience for your whole career. Unfortunately, as there are not many placements of this type available a normal placement in general adult psychiatry should give you some exposure to drug and alcohol problems, as well as invaluable general psychiatric training.

Self-directed learning

You will find it informative to visit mutual aid groups such as Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery when they hold open meetings. Local and regional groups of doctors with a special interest in addictions also exist, which you may find useful to attend. Trainees should be able to bring interesting and complex cases to tutorials and peer group meetings. Some regions have regular organised clinical update meetings for GPs – these should include drug and alcohol issues during their programmes. As mentioned above, the SMMGP (Substance Misuse Management in General Practice) network is a great resource providing newsletters, conferences and a useful website (see under Learning Resources below for further information).

Learning with other healthcare professionals

The certificate courses mentioned below are multidisciplinary and so provide an excellent insight into other professionals and workers in the field. The RCGP yearly conference on Substance Misuse Management in Primary Care is very well attended by many different professionals, workers and service users and is well worth attending at least once. Some regions have multidisciplinary learning meetings which are also worth attending.

Formal learning

The RCGP Part 1 Certificate in the Management of Drug Misuse in Primary Care is well worth doing even if you don't envisage developing a special interest in this field. The Part 2 certificate is especially useful if you wish to develop a special interest, become a GP with a Special Interest (GPwSI) and/or

participate in local shared care schemes and enhanced services. The Certificate in the Management of Alcohol Problems in Primary Care is also valuable for all GPs. Details are on the RCGP Online Learning Environment website (<http://elearning.rcgp.org.uk>). New courses of relevance to this curriculum are often added to this resource.

Useful learning resources

Books and publications

- British Medical Association and Royal Pharmaceutical Society of Great Britain *The British National Formulary (current edn)* London: Royal Pharmaceutical Society of Great Britain and BMJ Group www.evidence.nhs.uk/formulary/bnf/current
- Department of Health. *Drug Misuse and Dependence: UK guidelines on clinical management* London: Department of Health, 2007
- National Institute for Health and Clinical Excellence (NICE). Drug misuse: psychosocial interventions and opioid detoxification *National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG 51/52* July 2007
- National Institute for Health and Clinical Excellence (NICE). Alcohol-use disorders: preventing harmful drinking *National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG 24* June 2010
- National Institute for Health and Clinical Excellence (NICE). Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications *National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG 100* June 2010
- National Institute for Health and Clinical Excellence (NICE). Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence *National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG 115* February 2011
- Royal College of General Practitioners (RCGP). *Guidance for the Use of Buprenorphine for the Treatment of Opioid Dependence in Primary Care* London: RCGP & SMMGP, 2004
- Royal College of General Practitioners (RCGP). *Guidance for Working with Cocaine & Crack Users in Primary Care* London: RCGP & SMMGP, 2004
- Royal College of General Practitioners (RCGP). *Guidance for Hepatitis A & B Vaccination of Drug Users in Primary Care & Criteria for Audit* London: RCGP & SMMGP, 2005
- Royal College of General Practitioners (RCGP). *Guidance for the Use of Methadone for the Treatment of Opioid Dependence in Primary Care* London: RCGP & SMMGP, 2005
- Royal College of General Practitioners (RCGP). *Guidance on Prescribing Benzodiazepines to Drug Users in Primary Care* London: RCGP, 2005
- Royal College of General Practitioners (RCGP). *Guide to the Management of Substance Misuse in Primary Care* London: RCGP, 2005
- Royal College of General Practitioners (RCGP). *Guidance for the Prevention, Testing, Treatment & Management of Hepatitis C in Primary Care (1st edn)* London: RCGP, 2007
- Royal College of General Practitioners (RCGP). *Guidance for the Use of Substitute Prescribing in the Treatment of Opioid Dependence in Primary Care (1st edn)* London: RCGP, 2011

Web resources

Alcoholics Anonymous (AA)

Provides information for professionals and patients, and lists where to find local meetings. Also offers a 24-hour helpline, seven days a week. www.alcoholics-anonymous.org.uk

Bandolier

This is an independent journal about evidence-based healthcare, written by Oxford scientists. There is plenty about drug and alcohol problems here and it is a useful resource for evidence-based practice. www.medicinesox.ac.uk/bandolier/index.html

Cochrane Library

The famous Cochrane database of reviews – look for the Cochrane drug and alcohol group section. <http://onlinelibrary.wiley.com/doi/10.1002/14651914.cochrane.clsysrev.crglist.fs.html>

Drink and Drugs News

This looks at current issues in the drug and alcohol field and has many contributors from various backgrounds. www.drinkanddrugsnews.com

Driver Vehicle Licensing Authority (DVLA)

This site gives access to the medical standards for fitness to drive and includes alcohol and drug problems. www.dft.gov.uk/dvla/medical/ataglance.aspx

Drug Driving:

This site provides useful information about drug driving <http://drugdrive.direct.gov.uk>

Government information and policies:

The relevant websites include www.gov.uk/government/policies/drug-misuse-and-dependency and www.gov.uk/government/policies/harmful-drinking

Narcotics Anonymous

Provides information for professionals and patients, and lists where to find local meetings. www.ukna.org

National Treatment Agency for Substance Misuse (NTA)

The National Treatment Agency for Substance Misuse aimed to increase the availability, capacity and effectiveness of treatment for drug misuse in England. It has now been incorporated into Public Health England (PHE). It can still be accessed on: www.nta.nhs.uk

RCGP Online Courses and Certifications

The RCGP provides a number of certification courses on alcohol and drug-related health issues. The e-learning component can be taken independently for self-study or can be combined with a classroom-based workshop to lead to a formal certification:

- RCGP Harm Reduction and Wellbeing of Substance Users
- RCGP Management of Drug Misuse in Primary Care (Parts 1 and 2)
- RCGP Management of Alcohol Problems in Primary Care

Available at: <http://elearning.rcgp.org.uk>

e-GP also includes a course on alcohol misuse from the DH Alcohol Improvement Programme
www.e-GP.org

RCGP Substance Misuse and Associated Health

This is what it 'says on the tin' with access to the various RCGP certificates, guidelines and web links.
www.rcgp.org.uk/clinical-and-research/clinical-resources/substance-misuse-resources-for-gps.aspx

SIGN

The Scottish Intercollegiate Guidelines Network (SIGN) have produced guidelines for 'The Management of Harmful Drinking and Alcohol Dependence in Primary Care'.

www.sign.ac.uk/guidelines/fulltext/74/index.html

Smart Recovery UK

Self-help for addiction recovery and alcohol abuse with free weekly meetings, locally and online.

www.smartrecovery.org.uk

Substance Misuse Management in General Practice (SMMGP)

Substance Misuse Management in General Practice is a network that supports GPs and other members of the primary healthcare team who work with substance misuse in the UK. The project team produces the Substance Misuse Management in General Practice newsletter, *Network*, and organises the annual conference, 'Managing Drug Users in General Practice'. You can access details of the certificates in substance misuse and alcohol treatment through the site and take part in online forum discussions. www.smmgp.org.uk

Talk to Frank

FRANK is a national drug education service jointly established by the Department of Health and Home Office. It is a good source of information for practitioners and patients about the different drugs, their appearance, street names, mode of use, effects and dangers. www.talktofrank.com