3.14 THE CLINICAL EXAMPLE ON

Care of People who Misuse Drugs and Alcohol

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- 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.
CASE ILLUSTRATION

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care management</strong></td>
<td>As a GP, what responsibility do I have to ensure Julie gets the right treatment? What issues can I personally deal with – and which do I need to seek advice on or refer? What actions might the local drug/alcohol team take? What actions might social services take?</td>
</tr>
<tr>
<td><strong>Person-centred care</strong></td>
<td>What background issues might be affecting Julie and do they need to be addressed? How do I discuss these with the patient? How do I ensure that Julie feels supported and is involved in the decision-making and planning?</td>
</tr>
<tr>
<td><strong>Specific problem-solving skills</strong></td>
<td>As a GP, how do I prioritise the actions needed to address issues raised by this case? Which investigations and/or referrals are needed immediately? How do I balance the needs of the patient with those of her children? What are the implications of Julie’s drug/alcohol misuse for the future management of her situation?</td>
</tr>
<tr>
<td><strong>A comprehensive approach</strong></td>
<td>Which support services will need to be contacted to deal with her drug and alcohol use, the children and her home circumstances? What are the potential harms of Julie’s drug and alcohol use that I need to consider? What other investigations might be needed as a result of Julie’s drug/alcohol misuse? What other issues must be considered?</td>
</tr>
<tr>
<td><strong>Community orientation</strong></td>
<td>How will I ensure that I act as advocate for the patient? How other local services or team members might I involve in Julie’s care? How might I contribute to the improvement of local drug and alcohol services for patients like Julie?</td>
</tr>
<tr>
<td><strong>A holistic approach</strong></td>
<td>How do I ensure I have considered Julie’s physical, emotional, psychological and social needs? How do I try to ensure that the patient’s children are safe and that her mother is adequately supported?</td>
</tr>
<tr>
<td><strong>Contextual features</strong></td>
<td>What legal issues will influence my decisions or constrain my practice? How good is the access to inpatient ‘detox’ and rehabilitation and how will this affect my decisions?</td>
</tr>
<tr>
<td><strong>Attitudinal features</strong></td>
<td>How do I feel about Julie? Compassion? Anger? Sadness? Despair? How do I feel about what has happened to Julie’s children, and will this affect my relationship with Julie?</td>
</tr>
<tr>
<td><strong>Scientific features</strong></td>
<td>What evidence is there that the different approaches that might be taken to manage and support Julie are effective?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of drug and alcohol misuse. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the care of people who misuse drugs and alcohol you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 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)
1.2 Recognise the special needs of patients with drug and alcohol problems, who often have very difficult lives and are frequently marginalised by society
1.3 Ensure that patients with drug and alcohol problems have equal access to care in your practice and are treated with compassion
1.4 Understand the presenting signs and symptoms of drug/alcohol misuse, as well as the signs and symptoms of withdrawal
1.5 Provide evidence-based screening, brief interventions and effective primary care treatments for these patients, where appropriate
1.6 Make sure that repeat prescriptions are monitored for long-term prescribing of addictive drugs and appropriate action taken if this is happening
1.7 Work in partnership with the wider primary healthcare team including pharmacists, specialist services, the voluntary and criminal justice sectors
1.8 Recognise that older adults can have unrecognised alcohol or drug problems
1.9 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”
2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Treat each patient as an individual and not a stereotype
2.2 Assess each patient’s awareness of their drug and alcohol use (including addiction-related problems) and the consequences to them and others
2.3 Assess their motivation for seeking help and how they want things to change
2.4 Not blame the patient for barriers or failings in the systems of care
2.5 Instil hope for the future and the concept of recovery from addiction
2.6 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
2.7 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

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Always be aware of possible drug- or alcohol-related problems with almost any presenting problem or prescribing issue
3.2 Take an adequate drug and alcohol history including the physical, mental, social and legal aspects
3.3 Use screening tools to assess alcohol and/or drug use, when appropriate (both planned and opportunistically)
3.4 Be aware of common long-term effects of drug and alcohol misuse including reasons for drug-related deaths
3.5 Understand the varying degrees of drug and alcohol use and their implications for future management
3.6 Be aware of urgent and important issues of safety including risks to self or others and the need for urgent medical or psychiatric care
3.7 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
4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Address potential drug and alcohol misuse through prevention strategies with individuals and communities
4.2 Perform a ‘brief intervention’ for people who are drinking over the recommended safer limits or engaging in harmful drinking behaviour
4.3 Recognise that people with drug and alcohol problems often have significant co-morbidity, both mental and physical
4.4 Offer screening to patients with a history of drug misuse for blood-borne viruses and hepatitis immunisation
4.5 Understand the home and family circumstances of the patient and look for hidden harm to children or vulnerable adults
4.6 Discuss and refer to social services, if appropriate
4.7 Know the forensic (legal) history of the patient and any current issues such as court cases, probation or drug/alcohol treatment orders
4.8 Be aware of the patient’s housing needs and if necessary direct them to the relevant service
4.9 Refer to and liaise with local specialist and secondary care services, as appropriate, to make a comprehensive treatment plan work
4.10 Direct patients, where appropriate, to mutual aid organisations such as Alcoholics Anonymous/Narcotics Anonymous and SMART Recovery (see also under Learning Resources below)

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Know what services are available both in acute crises and for longer-term treatment locally, and how to access them
5.2 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
5.3 Appreciate that people with drug and alcohol problems are often victimised and targeted for abuse, especially if they are vulnerable

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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/Trainingsession1.ppt](http://www.ncl.ac.uk/ihs/engagement/documents/Trainingsession1.ppt)
5.4 Know that you may be the first person in the community to really try and help the patient and take their problems seriously
5.5 Appreciate that giving appropriate care to people with drug/alcohol problems will have a positive effect on their family and wider community
5.6 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

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Realise that people with drug and alcohol problems often have chaotic lives and conflicting pressures which do not help their reliability
6.2 Understand that the causes of drug and alcohol problems are multifactorial, as are the propagating factors that hinder recovery
6.3 Appreciate the importance of social and family support as well as the difficulties faced in families and communities
6.4 Be aware of hidden harm to children in chaotic and dysfunctional households and be ready to contact social services if you are concerned

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competencies to real life in the work setting.

EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

EF1.1 Awareness of the developing government policy on drug and alcohol treatment
EF1.2 Understanding how the Misuse of Drugs Act (1971) affects drug users
EF1.3 Understanding how legislation on drink and drug driving applies in a clinical situation
EF1.4 Understanding how courts may impose supervision and treatment orders and what probation involves
EF1.5 Understanding how safeguarding procedures for children and vulnerable adults must shape your decisions and behaviour
**EF2 Attitudinal features**

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** Understanding that a difficult past experience of people with drug and alcohol problems should not influence your attitude to the next person.
- **EF2.2** Understanding 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).
- **EF2.3** Agreeing that as a doctor you are there to treat people and not to make non-clinical judgements about their lives.
- **EF2.4** Understanding 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.
- **EF2.5** Being 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.
- **EF2.6** Understanding that addiction is not a lifestyle choice – although it could have started off that way. It needs proper treatment.
- **EF2.7** Being 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.
- **EF2.8** Understanding that, even if you have to say ‘no’, if you treat people with compassion and competence they will usually respect you and your service.

**EF3 Scientific features**

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- **EF3.1** Understanding that money spent on treating drug and alcohol problems saves considerably more in the whole economy than the actual cost of treatment.
- **EF3.2** Understanding that for risky drinking, appropriate screening and brief interventions (SBI) can be effective.
- **EF3.3** Implementing the evidence-based treatments for opiate substitution.
- **EF3.4** Using resources such as the Substance Misuse Management in General Practice (SMMGP) network and courses to keep up to date (see under Learning Resources below).
LEARNING STRATEGIES

**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.

**Work-based learning – 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.

**Non-work-based learning**

You will find it informative to visit mutual aid groups such as Alcoholics Anonymous and 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 as a GP trainee 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 the above e-learning resource. Make sure you scroll down all the courses to find suitable ones. Alternatively, you can see them via the RCGP Substance Misuse and Associated Health website (www.rcgp.org.uk/courses-and-events/substance-misuse-and-associated-health.aspx).
LEARNING RESOURCES

Examples of relevant texts and resources

- 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 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
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.medicine.ox.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/o/cochrane/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
and
www.gov.uk/government/policies/reducing-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](http://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](http://www.talktofrank.com)
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 15.3 Drug and Alcohol Problems in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

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