RACGP

Submission to Ice Taskforce 2015

RACGP Addiction Medicine Network

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Abstract

This submission to the Ice Taskforce covers the impact of ice in our community, the focus for government to combat the use of ice, efforts that would be effective to combat use of ice and what should be considered when developing a national Ice Action Strategy. These issues are related to the role General Practice and General Practitioners in the Australian general practice context.

Recommendations

Recommendation 1: Invest in education, training in Australian General Practice for the screening, detection, assessment and implementation of brief interventions in methamphetamine, amphetamines and drug and alcohol issues in general practice. This is likely to lead to better outcomes for patients.

Recommendation 2: Better elucidate referral pathways to help general practitioners (GPs) to assist their patients to access the services appropriate for their needs.

Recommendation 3: Further build on the RACGP SNAP guide with an additional chapter 'D' for 'drugs' including, and not limited to, methamphetamine and amphetamines.

Recommendation 4: Engage and fund the RACGP and/or other educational bodies to better support training and education for GPs and primary care to embed the assessment of drug and alcohol issues, including methamphetamine and amphetamines into Australian General Practice.

Recommendation 5: Consider supporting this with specific Medicare item numbers.

Issue 1. What is the impact of people using ice on our community?

In 2013, 2.1% of Australians used methamphetamines or amphetamines at least once. While there was no rise in use of amphetamines between 2010 and 2013, there appears to have been a change in form, with more people using methamphetamine in crystal form and people using more frequently.[i, ii] This may have led to an increase in risk of harm for individuals using these substances. In addition it is likely there are a group of users who don't perceive themselves to be at risk of harm and who are also unlikely to seek help from specialist drug and alcohol or mental health services.[iii]

Issue 2. Where should federal, state and territory governments focus their efforts to combat the use of ice?

Nearly 85% of Australians visit their general practitioner at least once a year.[iv] This includes Australians who may use methamphetamines or amphetamines, who may see their GP for other issues. As a result GPs are ideally placed to intervene with lifestyle related issues, including methamphetamine and amphetamine use, as well as other drugs and alcohol.[v] This is a fact that has long been recognized.[vi]

However, often than not, drug and alcohol use is not the presenting feature in general practice. There is evidence that Australian GPs may not be identifying up to 70% of risky/high-risk drinkers.[vii,viii] A study looking at screening for drug and alcohol issues in people presenting with depression showed that GPs only screened in 24.5% of patients.[ix] Likewise, a study in England suggested that GPs may be missing as many as 98% of excessive drinkers, while in a US community survey of 166,753 adults, only one in six patients overall — one in five current drinkers — and one in four binge drinkers reported ever discussing alcohol use with a doctor. A study in New Zealand in 2012 reported that GPs rarely discussed alcohol use with their patients despite knowing it was an important health issue.[x]

GPs were most likely to address the issue only when the level of drinking had led to a disease state that could not be overlooked – a finding consistent with research in this area.[xi, xii]

GPs are concerned that asking about drug use may adversely affect the doctor patient relationship. Social and cultural barriers may lead to stigma and an unwillingness to ask about use. GPs reflect the views of our society at large and may stigmatise conditions that that feel they don't have the capacity or skills to treat. They may choose not to ask as they don't feel they can effectively intervene.

Evidence shows that screening, detection, assessment and brief interventions from drug and alcohol issues are effective in primary care.[xiii] In addition patients believe that GPs have 'good role legitimacy' in the delivery of advice about alcohol consumption.[xiv] Training and support to encourage GPs to screen for drug and alcohol issues have been shown to change behaviour and lead to higher levels of screening.[xv, xvi] While the focus of the task force is on methamphetamine use, drug and alcohol issues more generally are present in a large number of patients presenting in the general practice setting and the skills in screening, detection, assessment and brief interventions are similar in all areas.

The current focus on methamphetamine use creates an excellent opportunity to assist and support GPs with further training and financial incentives to assist them to better screen, detect, assess and offer brief interventions to their patients with methamphetamine issues. We would argue that it makes sense to generalise this to the screening, detection, assessment and implementation of brief interventions for all drug and alcohol issues.

We saw a an extraordinary change in the engagement of GPs and primary care in the management mental health issues in the early 2000s following the implementation of mental health item numbers and referral pathways through ATAPS and Medicare. GPs now see mental health issues are part of their mainstream work while they are less engaged and feel less informed about the management of drug and alcohol problems.

The RACGP created the SNAP document.[xvii] This details screening, assessment and brief interventions into smoking, nutrition, alcohol, and physical activity. This informative document details a simple approach that can also be applied to psychostimulant use and other drugs. Developing a 5th strand to this guide could improving GP engagement with psychostimulants and other drugs. In the same format, this would assist to embed the role of general practice in asking about drug use more firmly as it is placed on equal footing with other lifestyle conditions that are seen as part of mainstream general practice.

This would need to be supported by further education and training and ideally be supported by specific Medicare item numbers to encourage GPs to undertake this work.

Issue 3. Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

There is evidence that brief interventions can be effective in the management of problematic methamphetamine and amphetamine use. While there is no pharmacological treatment, psychological treatments are effective. These more in depth approaches may be beyond the majority of busy GPs, and are more likely to be implemented in the specialist setting. The creation of effective referral pathways to established services is an important adjunct to improving the screening, detection, assessment and brief intervention in drug and alcohol issues in primary care.

Issue 4. What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

We would suggest that the strategy be firmly imbedded in the National Strategy for dealing with tobacco, alcohol, illicit drugs and misused pharmaceuticals. It this strategy, GPs are ideally placed to be an integral part and our role would assist specialist services to better target and support Australians with more severe complex drug and alcohol problems, while we support patients with conditions that are manageable in the primary care setting.

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[xii] Powell A, Adams P, McCormick R. Preventive medicine in general practice with particular emphasis on early intervention for alcohol. N Z Fam Physician. 1996;23:44–7.

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[xvi] Kaner EF, Dickinson HO, Beyer FR, Campbell F, Schlesinger C, Heather N, et al. Effectiveness of brief alcohol interventions in primary care populations (Review). Cochrane

[xvii] Smoking, nutrition, alcohol, physical activity (SNAP): A population health guide to behavioural risk factors in general practice, 2nd edn. Melbourne: The Royal Australian College of General Practitioners 2015.http://www.racgp.org.au/download/Documents/Guidelines/snap.pdf