

Background and purpose of this paper

GPV welcomes the opportunity to respond to the whole of government Victorian alcohol and drug strategy. GPV is the peak body for the 29 Victorian divisions of general practice, and is continuing to provide support to the divisions as they transition to form Medicare Locals, with other partner organisations. Our comments in this submission relate to our role as a provider of GP education and training in the area of alcohol and other drugs, and from our perspective as the peak body for the divisions of general practice in Victoria.

Useful background is provided by GPV's submission to the National Drug Strategy beyond 2009 which was submitted in February 2010 (see attached¹). It is directed to the Commonwealth, and provides a comprehensive picture of the need to include a focus on general practice, and the strategies and areas for development that will enable general practice to provide more effective care.

Responses to overarching questions posed by the Department of Health in the community consultation document

2. Can you provide examples of approaches which have effectively prevented or delayed the onset of drug and alcohol use, or which have reduced the misuse and early use of alcohol and drugs in the community?

GPV's Alcohol Education Program (2009 – 2011) undertook to enhance management of alcohol problems in the primary care sector by up-skilling the general practice workforce.

Key achievements of the program include:

- Successful needs analysis completed and translated into education module with demonstrated effectiveness in general practice
- Successful implementation of a state-wide education intervention to increase alcohol screening, brief intervention and management skills in general practice
- 27 education sessions delivered across 26 Victorian divisions of general practice
- A state-wide follow-up workshop to provide skills practice on brief interventions for alcohol issues to complement the two-hour educational intervention
- Over 408 participants attended, including 193 GPs and 102 practice nurses
- Participants reported increased confidence to apply the skills learned three months after having attended the education session.
- Narratives of practice change from a small group of GP participants were documented
- Enhanced partnership work between GPV, RACGP Drug and Alcohol sub-committee, Turning Point Drug and Alcohol Centre

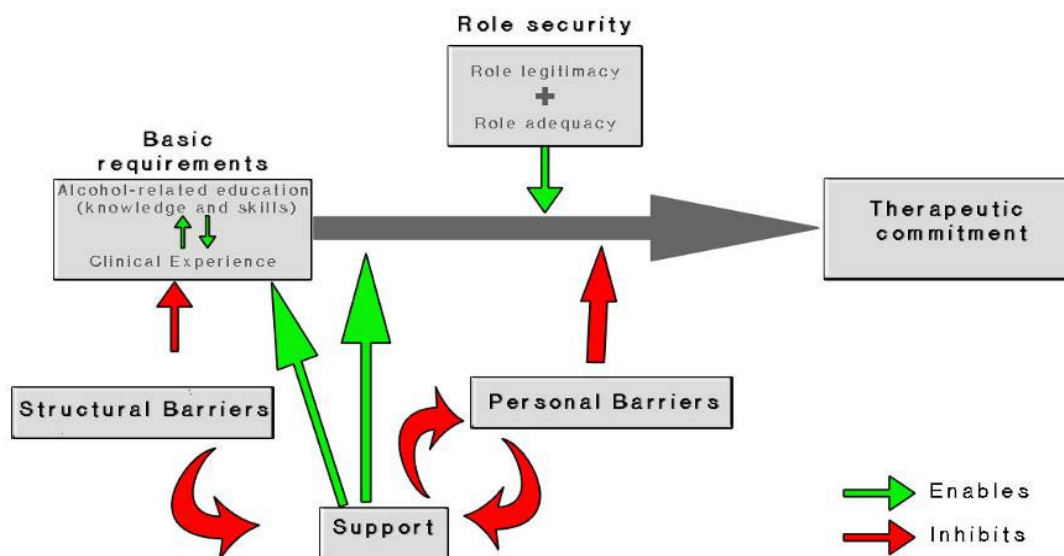
¹ Also available at www.gpv.org.au > Resources > Policy Submissions or via direct link at www.gpv.org.au/files/downloadable_files/Policy/Submissions/201002122_sub_GPVResponseNatDrugStrategyfinal.pdf.pdf

- 408 participants made aware of the Drug and Alcohol Clinical Advisory Service (DACAS), and 23 GPs and 3 nurses took up the invitation to be contacted by DACAS via outreach telephone call
- Approximately 500 copies of the Department of Health and Ageing's Guidelines for the Treatment of Alcohol Problems (2009) distributed to general practice sector across Victoria.

The session content covered:

- Effective screening for alcohol misuse in patients over 14 years
- Brief interventions for problematic alcohol misuse
- New National Health & Medical Research Council alcohol treatment guidelines
- Pathways to local specialist support.

Dr Paul Grinzi has shown that GPs are less likely to engage with their patients about alcohol and drug issues if they perceive that they have little or no external support. Below is a diagrammatic summary of the literature from his research measuring the training and education, attitudes, knowledge, confidence of Australian GP registrars in managing alcohol programs in general practice.



The GP Alcohol Education Program included a significant focus on 'support' in addition to the basic requirements ie knowledge and skills. The session emphasised the availability of relevant and GP-friendly secondary support for clinical decision-making through the DACAS service as well as up-to-date information about local referral services. It offered a number of follow-up options for GPs including an outreach phone call from an addiction medicine specialist from DACAS, and an invitation to attend a skills practice workshop. While the take-up of these

options was modest (12% of attending GPs), the self-ratings of GPs taken at 3 months post the education session were significantly higher than pre-test for the following statements:

- I am able to describe the guidelines and tools recommended for screening patients aged 14 years and over for risk levels of alcohol consumption
- I am able to list strategies to suggest to patients for whom brief interventions are recommended
- I am able to identify services, resources, and individuals to access for secondary consultation, referral and information.

Support for the general practice sector to systematically undertake the early identification of problematic alcohol use is needed if we are to achieve the outcomes that the evidence indicates is possible ie for every eight people who receive brief intervention advice, one will reduce their drinking to low risk levels. Professional development for general practice that provides the specific support shown to be effective in the GPV program needs to be available in an ongoing way.

4. What changes could be made to the current treatment system to improve access and build stronger recovery pathways for people who have serious alcohol or drug issues?

GPs as providers of Opioid Pharmacotherapy Treatment

The current treatment system needs enhanced training and support for GPs to deliver opioid pharmacotherapy treatment (OPT). In particular there needs to be consideration given to provision of clinical, peer mentoring immediately post-training. It also needs to be underpinned by a clear investment in GP-specialist provider/clinic linkages and secondary consultation. Services such as the Drug and Alcohol Clinical Advisory Service (DACAS) must continue to be promoted to general practitioners to support GP management of serious drug and alcohol problems.

Facilitating general practitioner (GP) engagement with AOD services

The development of effective linkages between general practice and the AOD sector is particularly important because GPs see 85% of the population in any given year. Therefore they are well placed to detect people's difficulties with alcohol and drug issues. However GPs are reluctant to probe into such issues because of patients' sensitivities about AOD use and GPs do not necessarily have the skills or access to either expertise or referral networks required, if they do uncover problems. Improving the linkages with specialist services will give GPs access to up-skilling and support and so will make them more likely to explore these issues. GPs also report that they need to be supported to link and work with AOD services, so that GPs can assist home detoxification, and in-hospital detoxification. Interestingly, the 2007 Victorian Parliament Drugs and Crime Prevention Committee's Inquiry² into the misuse/abuse of Benzodiazepines and other Pharmaceutical drugs put forward many recommendations relating to GPs, but failed to note the importance of increasing linkages between GPs and AOD services.

² <http://www.parliament.vic.gov.au/dcpc/inquiries/pharmaceuticalmisuse/>

Responses to the more specific questions posed by the Department of Health in the community consultation document

SUPPLY REDUCTION – Reducing the supply of illegal drugs and controlling and managing the supply of alcohol and other drugs.

16. What should be the role of GPs and pharmacists in helping ensure that prescription medication is accessed appropriately – what are the opportunities?

There are clear opportunities to support GPs to ensure that prescription medication is accessed appropriately. GPV has assisted the Department of Health (Harm Reduction and Pharmacotherapy Services) to deliver Opioid Pharmacotherapy Training workshops to GPs and pharmacists during 2011. Three one-day workshops and one evening session held to date have been attended by 51 GPs, and 29 others, mostly pharmacists but also including nurses.

These workshops use a nationally developed curriculum that includes a focus on the implementation of safe and effective opioid prescribing as part of a broader pain management plan, helping GPs to understand the potential benefits and risks associated with opioid prescribing and recognising, preventing and responding to problematic pharmaceutical opioid use. Such training needs to be supported and made available to GPs and pharmacists at the local/regional level across Victoria, to increase GP engagement with this issue.

It would be helpful if there were an active funded strategy to support general practice in managing benzodiazepine overuse, and the misuse of oxycontin which is often initiated in acute settings.

HARM REDUCTION – The reduction of the adverse health, social and economic consequences of the use of alcohol and drugs, for community safety and amenity, families and individuals.

22. How can we take a more holistic approach to ensure alcohol and drug issues are assessed and tackled in conjunction with other issues people face, such as child protection, mental health, offending behaviours, general health, employment and housing?

General practitioners are the most often accessed primary care providers in Victoria. They see every kind of person and problem in their everyday practice. GPs deal with patient problems every day that includes mental health, child protection, housing, general health, employment and work place injury, forensic issues, amongst many others. GPs must be supported as key providers of holistic care to the community to increase and enhance their provision of care for drug and alcohol problems.

23. How can we build the skills of relevant workforces (such as alcohol and drug, police, corrections, health, welfare, emergency services, teachers and hospitality) to better identify and respond to people with alcohol and drug problems?

The GP Alcohol Education Program sessions took a “whole of practice” approach, and encouraged non-GP practice staff to attend. Of the 408 participants, 193 were GPs; 102 were practice nurses; and 113 came from a variety of services and groups including: GP registrars, aged care staff, practice staff, alcohol and drug counsellors, psychologists, addiction medicine specialists, social workers, outreach pharmacotherapy nurses, pharmacists, defence force personnel, forensic and corrections workers and medical students. This “whole of practice” approach helps to build the skill set of workers across the primary care sector to better identify and respond to people with alcohol problems.

25. What approaches foster partnerships between agencies, to reduce the adverse health, social and economic consequences of the use of alcohol and drugs? This could span settings and approaches including specialist alcohol and drug treatment, police, courts, child protection, housing, road safety, local community amenities, and workplace health.

It would be useful to have a mechanism for key state-level stakeholders to analyse information as part of policy and strategy development, and at the same time, enable regional level networks to use that information to help develop innovative local solutions. Medicare Locals would be one of the key players to work in collaboration with others at the local level.