The role of Primary Care in the prevention of drug-related deaths in Scotland: Service user and service provider perspectives

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Presenter:

Professor Anne Whittaker

NMAHP Research Unit

University of Stirling

Research Team:

Principal Investigators: Dr Aileen O'Gorman & Professor Anne Whittaker

Co-investigators: Prof Roy Robertson & Prof Stewart Mercer; Prof Betsy Thom; Dr Alison Munro & Dr Andrea Mohan;

Wesley Steele and Joan Love, Public Involvement service user representatives.

Researcher: Dr Kit Colliver

UNIVERSITY OF THE WEST of SCOTLAND
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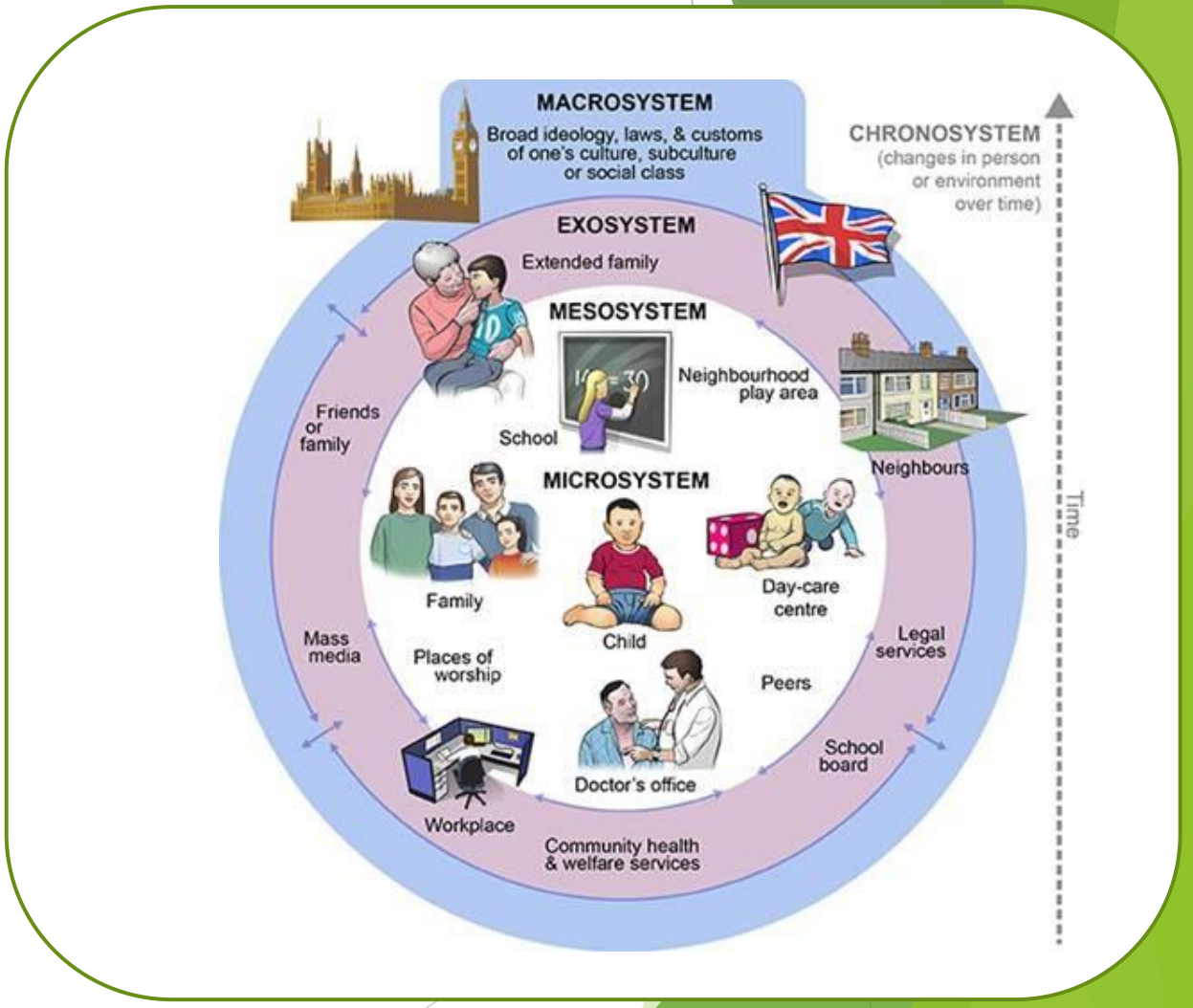
Background / Scottish Context

- Drug-related deaths higher in Scotland than rest of UK and Europe (EMCDDA 2021).
- Drug treatment provided by specialist NHS drug treatment services. GP practices can ‘opt in’ to the National Enhanced Service (NES) contract to provide drug treatment (known as ‘shared care model’).
- Despite longstanding involvement of GPs in drug treatment, little known about how primary care teams contribute to the prevention of drug deaths in Scotland.
- Scottish Government set up Drug Deaths Taskforce (DDTF) in 2019 to lead response on the prevention of drug deaths.
- DDTF funded 10 research projects to inform policy, practice and service provision.

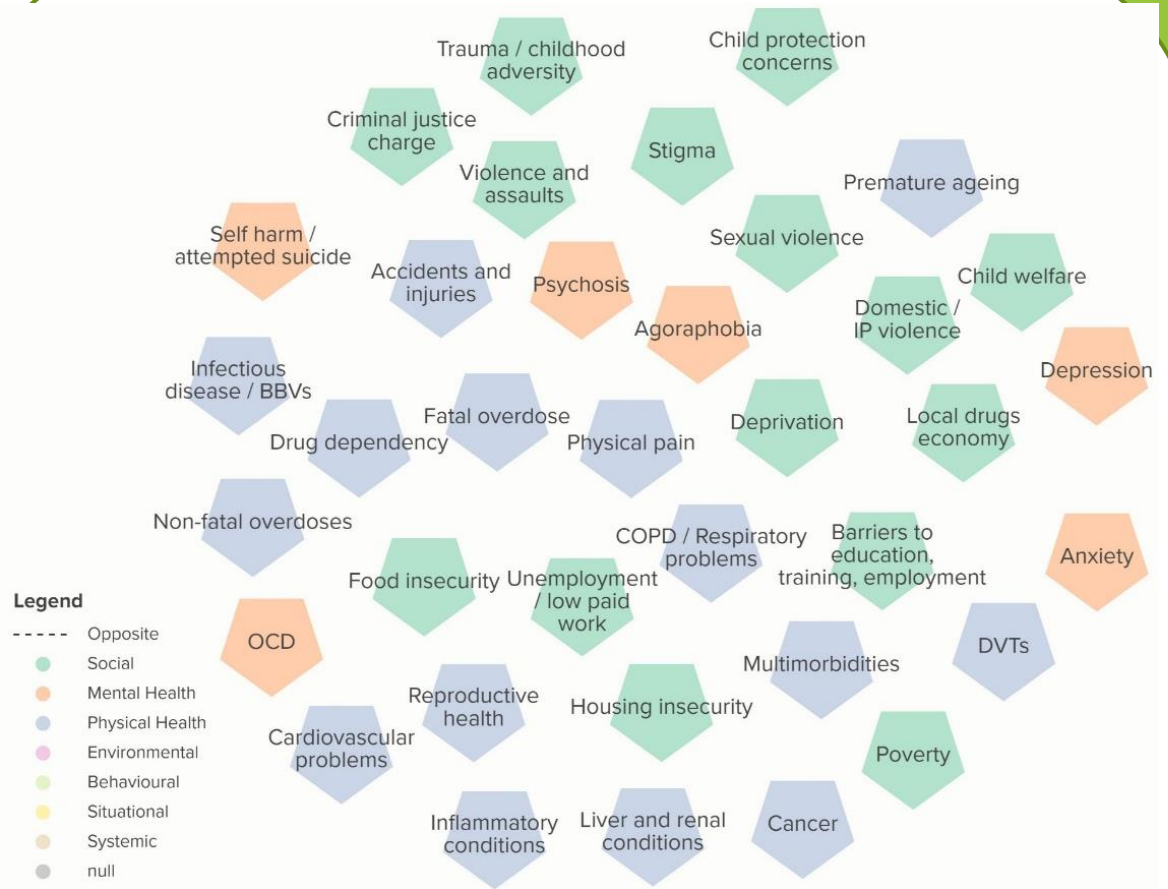
Methods

- **Aim**: Explore shared care models and role of GPs/primary care.
- **Framework**: Complex systems thinking & Risk environment
- **Methods**: Case study approach - two 'Deep End' GP Practices (Edinburgh & Glasgow)
- **Data**:
  - Qualitative interviews n=39: patients (n=6), family members (n=4), GPs (n=9) and practice staff (n=7), other key professionals, policymakers and commissioners (n=13).
  - Focus groups (n=4) to further explore models of care (17 participants).



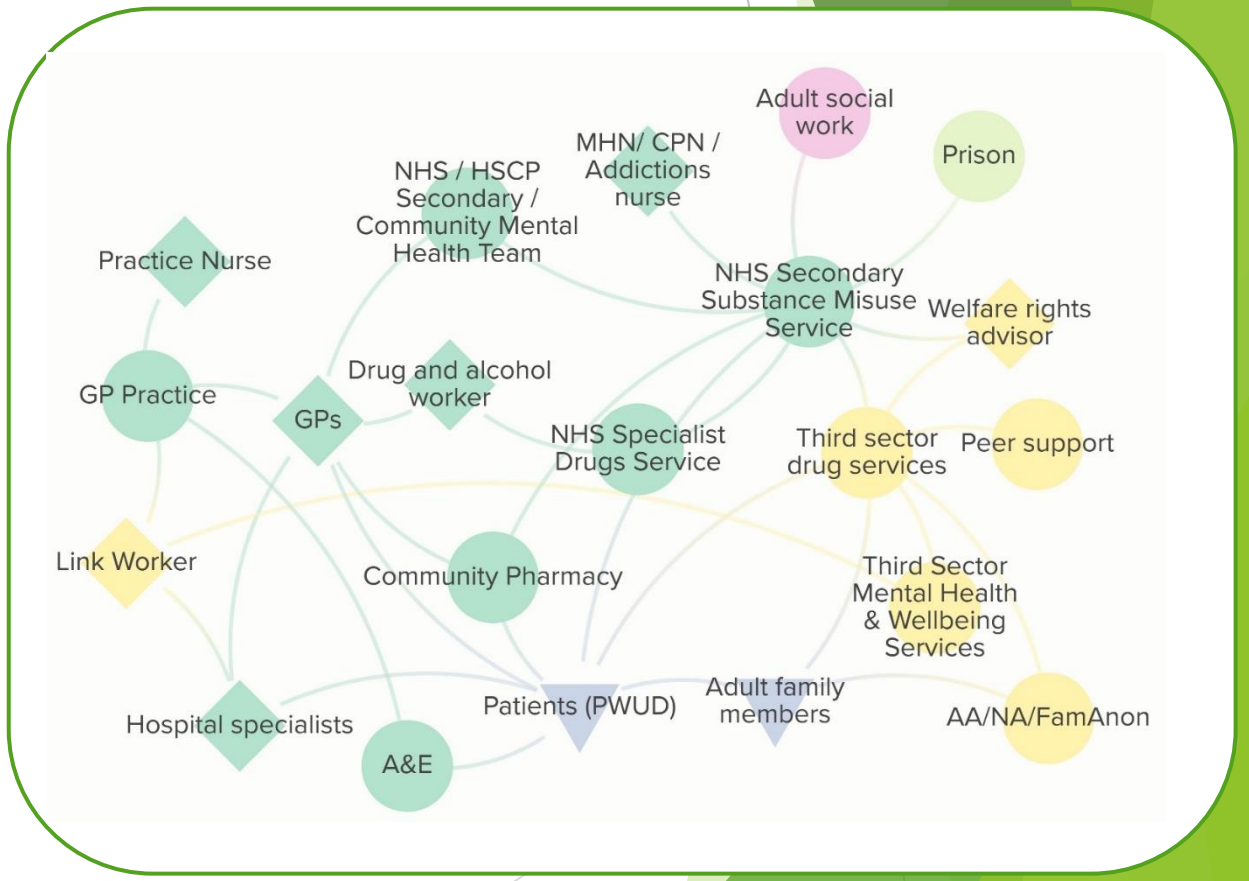
Findings - Complex needs

- **Multiple morbidities and health inequalities**
  - Physical health inc. COPD, injection wounds
  - Mental ill-health inc. anxiety, psychosis
  - Polydrug use
- **Social/Environmental factors**
  - Poverty, extreme deprivation
  - Experiences of violence and trauma, childhood adversity
  - Insecure housing, unemployment, history of poor engagement with services
  - Impact of COVID19 on patients and services



Findings - Complex systems

- **No common understanding of 'shared care'**, resources variable, no agreed standards or practice guidance.
- **Fragmentation of care**
  - Multiple services from multiple sectors
  - Signposting/navigating between services
  - Transport & costs prohibitive
- **Relationships & Communication**
  - Continuity of care/carer
  - Coordination of care
  - Mixed experiences of information sharing
  - Individuals responsibilised for their 'engagement'



Enabling environments

- **Accessibility and acceptability** was key
  - Values and ethos inc. non-judgmental, non-stigmatising
  - Local, visible, available in the community
  - Unconditional – no requirement to desire 'recovery'
- **Holistic and need-led approaches**
  - Physical, mental health and addiction care – 'joined up' care
  - Low-threshold, flexible and reactive, practical and financial help
- **Relationship-based practice**
  - Personal connections
  - Continuity of care
  - Whole family approach

They don't judge you, that's what it is, you need someone not to be judging you … if someone's judging you, you're not going to come back. (Jemma, person in drug treatment)

Enabling environments

- **Understanding families and local communities**
  - Coordinating day-to-day care and caring roles
  - Ability to response to crisis/immediate need for care/help e.g. poor mental health
  - Filling in gaps for information and support
- **Peer support and overcoming barriers to care**
  - Self- and peer-management of overdoses
  - Fear of repercussions - criminal justice and child protection systems
- **Community/social attitudes, policy agenda**
  - Social stigma/exclusion and self-stigma
  - 'Readiness to change or engage' – moralising 'motivation'
  - Policy imperatives (constraints on services)

I would know what to do [in the event of an overdose] cause Robert taught me, he said 'listen, if anything happens to me here's a [naloxone] pen' … Anthony told me the same thing, so they all taught me what to do.
(Annette, family member)

Key points and recommendations

- **Reframe ‘the problem’**
  - from ‘problem drug use’ and ‘problem drug users’ (responsibilising individuals for their own health and treatment)
  - to creating systems and models of care that can respond better to those with complex needs.
- **Adequate resources** – GPs need more time for patients and families – better access and coordination with key services/practitioners (especially mental health), need to address workforce deficit
- **Test local partnerships and models of shared care** – find local solutions, use existing knowledge and community assets
- **Relationships** important (but often ignored when measuring care quality) – between patients and GPs/primary care teams and between different services/agencies
- **Sustainability** – long term funding for long term responses to address inequalities and health justice agenda.