

# OUTCOMES OF TRAINING GENERAL PRACTITIONERS TO PRESCRIBE METHADONE

LIBBY HOTHAM, ANN M ROCHE, EMMA FITZGERALD

Over the last decade, most jurisdictions throughout Australia have increased treatment options for opioid dependent clients by extending methadone prescribing rights to General Practitioners (GPs). Registration to prescribe methadone is achieved after short, intensive training programs. These programs have been developed after interjurisdictional consultation and now also encompass other pharmacotherapies for opioid dependence.

However, it is recognised that many GPs who undergo methadone training do not go on to become methadone prescribers. This is of concern on two counts. Firstly, because it is a waste of training resources and, secondly, because there is an acknowledged shortfall in methadone provision in Australia. Current research at the National Centre for Education and Training on Addiction (NCETA) aims to examine factors that influence GPs' decision to undertake methadone training, prescribe methadone after training and continue to engage with methadone clients. Issues such as post-training support and factors inhibiting uptake of training, engagement in methadone prescribing, and maintenance of activity in the area will be canvassed. The research is being conducted over four jurisdictions (South Australia, Queensland, New South Wales and Victoria).

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## BACKGROUND

Since its first use in the United States in the 1960's (Dole and Nyswander, 1965), evidence for the efficacy of methadone as a treatment for opioid dependence has increased. Despite the emergence of newer pharmacotherapies, methadone is still regarded as the "gold standard" for the treatment of opioid dependence (Mattick, Ali, Diguisto, Bammer et al, 2001). However, methadone treatment continues to attract criticism. Some believe it is inappropriate to give a drug to "addicted" people, particularly an agonist drug such as methadone (Watters, 1999). Sections of the popular media have sometimes vehemently joined in this criticism (Bell, 2002).

Over the last decade, most jurisdictions throughout Australia have increased the availability of treatment for opioid dependent clients by extending methadone prescribing rights to General Practitioners (GPs).

**Libby Hotham**  
Lecturer  
**Ann M Roche**  
Director  
**Emma Fitzgerald**  
Lecturer

National Centre for  
Education and Training on  
Addiction (NCETA)  
Flinders University

This move into the private sector was partly prompted by the need to reduce waiting lists for public clinic services.

However, a philosophical shift was also occurring with an increased commitment to community based care. GP care was seen to provide clients with treatment in a “normalised” setting, while simultaneously giving them increased access to other health services.

The Australian experience mirrors that of the United Kingdom, where a community based model of care has been operating since the 1980s (Glanz, 1993). These arrangements contrast with those of the United States where methadone provision has only ever been through publicly funded programs. “Office-based” provision, as it has been termed, has been restricted to clinical trial situations (Fiellin et al, 2001).

In Australia, prescribing of methadone by GPs was first undertaken in New South Wales and Victoria, without any formal training for prescribers. The inherent risk in methadone treatment (Wodak and Bell, 1996), particularly during the induction period (Humeniuk, Ali, White, Hall and Farrell, 2000), resulted in the introduction of pre-prescribing training for GPs. Training and extension of methadone provision in other states were instigated concurrently.

Training is state based, although increasingly there has been interjurisdictional collaboration on the content of training courses (Allsop et al, 1997). Programs generally involve short, intensive, face-to-face training followed by supervised clinical placements. With the emergence of new pharmacotherapies (principally buprenorphine and naltrexone), training has been extended to encompass them.

## THE CURRENT PROJECT

### Outline

This project is being conducted over four jurisdictions - South Australia, Queensland, New South Wales and Victoria. It is known anecdotally that many trained GPs do not become methadone prescribers. Not only is this a waste of training resources, but there is a shortfall in opioid treatment places. As such, there is an urgent need for trained prescribers willing to engage with these clients.

Nationally, it is estimated that in 1997/98 there were 74,000 dependent heroin users in Australia (Law, Lyskey, Ross and Hall, 2001) and 24,657 clients in methadone treatment (Australian Institute of Health and Welfare, 1998). It is self evident that not all heroin dependent people are seeking treatment generally or methadone treatment specifically. However, there is an acknowledged shortfall, typified by the South Australian experience, with an estimated deficit of 500 places (personal communication Warinilla clinicians, November 2001).

The research project encompasses three phases. The first two have already been implemented.

#### 1. Determine Training Provision

This phase examined the methods of recruitment of GPs into training. Data was collected from training providers and includes the number of training events held and the number of GPs who completed training at each event.

#### 2. Determine Prescribing Activity

The second phase focused on the prescribing activity of trained GPs. In particular, whether trained GPs commenced prescribing to opioid dependent clients soon after training and if they continued to prescribe for an extended period. This data was collected from the state government departments responsible for overseeing GP provision of pharmacotherapies.

### 3. GP Interviews

Telephone interviews will be conducted with GPs at each step in the training and prescribing cycle to determine factors that influence:

- interest in training
- commencement of prescribing
- continued prescribing.

## Project Progress

In late 2001 and early 2002, preliminary telephone contact was established with key people in the four jurisdictions under consideration. These included:

- state government departments of Health in relation to prescribing records
- training providers in relation to data held on training events over the last few years
- medical registration boards and the Royal Australian College of General Practitioners.

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Formal questionnaires were developed for GP interviewing and an application for ethics approval was made to the Social and Behavioural Research Ethics Committee of Flinders University.

### Training: Data to Date

Data were collected for the period 1999-2001. In South Australia, 50 GPs completed methadone training in this period. Many of these have not commenced prescribing. A further 35 GPs, at least, commenced training but did not complete it. In Queensland, 68 GPs completed methadone training. The training provider has not established a process to determine how many of those trained begin prescribing.

### Prescribing: Data to Date

As of May 2002, prescribing data had been collected for South Australia, Queensland and Victoria. The method of collating prescribing information was unique in each jurisdiction and the data are not directly comparable. In addition, the South Australian data are much more detailed because extra departmental analysis was specifically undertaken for this project. It is therefore possible to draw conclusions from the South Australian data that is not currently possible for the other jurisdictions.

### South Australia

The South Australian Department of Human Services provided de-identified demographic data for each GP prescribing in that state, including age, gender, years qualified, years authorised as a methadone prescriber, practice(s) location and number of practice partners. The relationship between prescribing activity (number of current clients) and the age of the GP is shown in Figure 1.

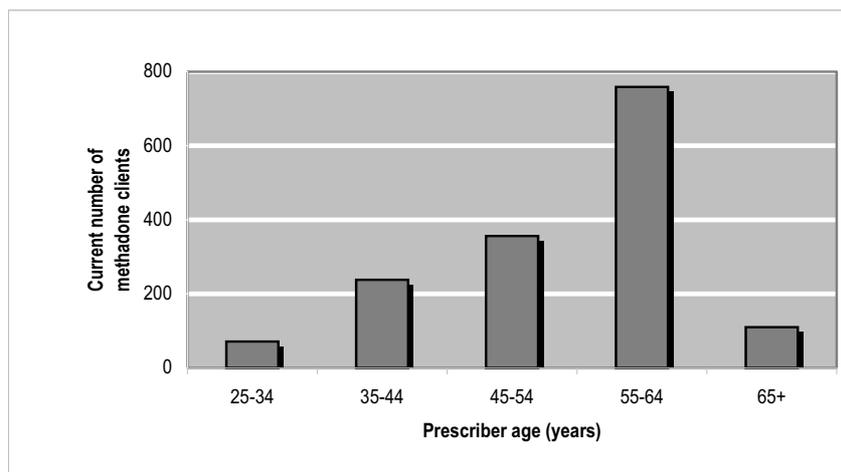


Figure 1: South Australian GP Methadone Clients by Prescriber Age

Table 1 shows the number of active prescribers and the average number of clients for each GP in a specified age category.

Table 1: Average Number of Clients Per South Australian GP in Specified Age Category

GP Age (years)	Number of Active Prescribers	Average Number of Clients per GP
25-34	5	14
35-44	13	18
45-54	14	25
55-64	16	47
65+	2	55

The data indicate that in this jurisdiction the majority of methadone clients are being cared for by practitioners aged 55 years or over.

### Queensland

Although no demographic data were available, information supplied indicated that, unlike South Australia, GPs care for a small proportion of methadone clients throughout the state, the majority being treated in public clinics. The current 46 active GP prescribers in Queensland account for less than 10% of clients. In South Australia, in contrast, 52 GPs treat almost 60% of methadone clients.

### Victoria

Prescribing data in Victoria are kept in a different format, making comparison with data from other jurisdictions difficult. Again, no demographic data has been supplied. The most pertinent information to be gained at this time is the classification of doctors and clients according to the doctor's methadone client load. However, departmental data does not formally distinguish between GPs and other doctors with methadone clients.

In addition, some doctors practice at more than one location and the actual number of methadone prescribers can only be extracted manually from the database. The database indicates 431 authorised methadone prescribers in Victoria. However, when manual adjustment has been made for duplicate

addresses, there are only 383 doctors prescribing methadone, of whom 331 are GPs. Figure 2 shows an analysis of data for the database and is derived from numbers not adjusted for duplication.

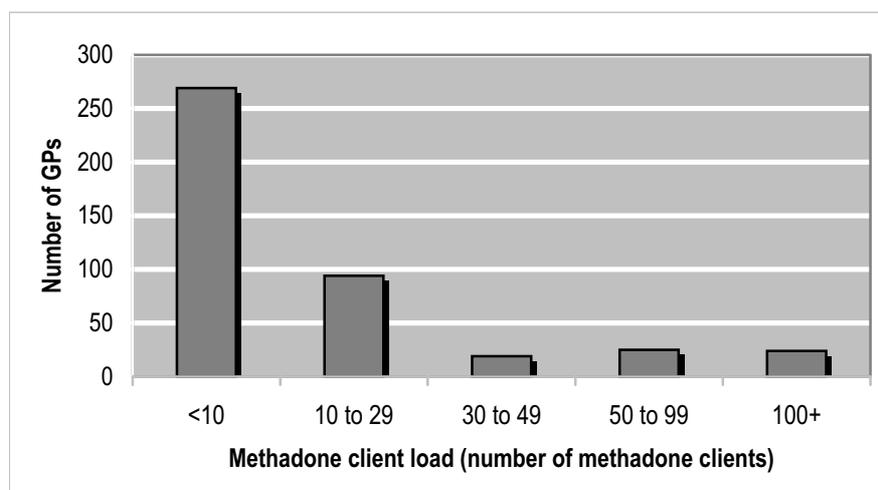


Figure 2: Number of Victorian Methadone Prescribers by Methadone Client Load

Further data giving the number of clients for each prescribing doctor does not distinguish between methadone clients and those on buprenorphine. Table 2 demonstrates that the majority of pharmacotherapy clients are being treated by doctors who have a large number of such clients in their practice. Given earlier data related to methadone providers (see Figure 2) it appears that the majority of pharmacotherapy clients are being cared for by a disproportionately limited number of doctors.

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Table 2: Number of Methadone and Buprenorphine Clients (Victoria) by Client Load

Prescriber Client Load (number of pharmacotherapy clients)	Number of Pharmacotherapy Clients	Percentage of Total Pharmacotherapy Clients
<10	664	6.7
10 to 29	1,661	16.9
30 to 49	695	7.1
50 to 99	1,695	17.2
100+	5,141	52.2

## Future Directions

Data collection continues across the four jurisdictions. The major obstacle is inconsistency between jurisdictions in the method of data collection and the scope of available data. This makes relevant comparisons difficult.

At this stage, it has been determined that in both South Australia and Victoria the majority of methadone clients are being cared for by a disproportionately small number of doctors. This may have serious repercussions if any of these practitioners discontinue practice. The South Australian data indicates that this could occur in the short term, given the age of some of the GPs heavily involved in methadone prescribing. No similar analysis can be conducted with the other jurisdictions given the absence of demographic details.

The next phase of this project involves personal telephone interviews with GPs regarding each step of the training and prescribing cycle.

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#### Author Contact Details

Ms Libby Hotham  
Lecturer  
National Centre for Education and Training  
on Addiction (NCETA)  
Flinders University  
GPO Box 2100  
Adelaide SA 5001  
Ph: 08 8201 7565  
[libby.hotham@flinders.edu.au](mailto:libby.hotham@flinders.edu.au)