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General Practitioners' views of home detoxification

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Abstract

There is a growing movement towards community-based health care for the treatment and management of alcohol and drug problems across Australia. In spite of substantial evidence to support the clinical efficacy, cost-effectiveness, and the utility of home detoxification, it is not an activity that has been readily embraced by Australian General Practitioners (GPs). Thus, GPs' views on this issue are vital if there is to be any form of viable home detoxification programme for alcohol and/or other drugs. A qualitative study was undertaken to determine General Practitioners' views in regard to alcohol and drug home detoxification. A qualitative data collection method, focus groups, was used. Focus group participants were obtained from a maximum variation sampling technique. Twelve focus groups were conducted in rural and metropolitan Queensland Australia, over a four-month period. Fifty-two participants (43 general practitioners and 9 other health professionals, 20 females and 32 males). Mean age was 40.5 years (age range 19–70). Views about home detoxification were dependent on level of experience with substance abuse treatment. Overwhelmingly, GPs argued that for home detoxification to become viable, there would need to be a more responsive infrastructure, clear policy guidelines, training and more reasonable remuneration than currently exists. GPs require improved training in addiction and drug and alcohol problems. Revised remuneration schemes will facilitate better GP management of complex chronic problems such as addiction. Even though GPs' held quite negative views about alcohol and drug dependent patients there was a high level of willingness to become involved in their treatment and support. Although the clinical efficacy of home detox has been demonstrated GPs have understandably mixed views about their potential involvement. Improved training, support and resourcing is needed to substantially facilitate the expansion of GPs' role into this growing area of care. [Roche AM, Watt K, Fischer, J. General Practitioners' views of home detoxification. *Drug Alcohol Rev* 2001;20:395–406]

Key words: general practitioners, home detoxification, alcohol & drug experiences

Introduction

There is growing concern about alcohol and drug related problems and increasing interest in the role that General Practitioners (GPs) can play in treatment and management [1–6]. It has also been argued that scope

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exists for greater involvement by GPs in home detoxification [7,8].

Overall, GPs are being encouraged to become involved in a wider range of patient health problems and act as the focal point for delivery of health services to the community. Concomitantly, there has been a shift away from institutionalized delivery of health care services with a greater emphasis now placed on the role of primary health care. The shift in emphasis to home detox is consistent with a general trend to minimum hospital stays and community-based treatment for a wide variety of conditions [9].

Within this broadening framework, numerous reasons have been proffered to support enhanced involvement by GPs [4], not the least of which is the greater frequency of presentation to general practice of patients with alcohol or drug problems [10]. The GP is also well located to offer highly accessible, non-judgmental, holistic care [3]. While considerable attention has focussed recently on early intervention and opportunistic screening [4], there is also growing concern surrounding the needs of patients who are dependent on substances such as alcohol, and who by definition have chronic and more severe problems that necessitate medical intervention and good clinical care.

Typically, care for such patients has been provided on an inpatient basis through beds in acute care wards, as part of inpatient psychiatric services, or through special purpose hospital-based detoxification centers [4,11]. However, the relative efficacy of inpatient versus outpatient care (for detoxification) has recently been investigated [12–16]. Research findings have consistently indicated that outpatient care is as good as that provided through inpatient care [17,18] if not superior in some respects, and support the value of having GPs involved in home detoxification [19,20]. Positive outcomes with respect to quality of patients' relationships and perception of their health status have also been found [21]. The increased use of after care services has also been highlighted as a further advantage to be derived from home detoxification compared to traditional inpatient care. In addition to the flexibility offered through home detox, it is also becoming increasingly evident that this is the preferred option of patients [22,23].

Home detoxification was initially considered suitable for those patients with relatively mild levels of dependence with good support networks and home environment [7,24]. However, recent work has indicated that patients with moderate to severe levels of dependence can also be safely detoxed at home providing that they are not assessed to be at risk of delirium tremens, hallucinations or seizures [17,25], or serious medical complications such as oesophageal bleeding or liver decompensation [13]. A review of studies over the past 20 years found no reports of any deaths or serious medical complications, and only one study reported a seizure occurring after outpatient detoxification [20]. Today, home detoxification is widely considered to be a potentially viable option for the majority of patients.

In spite of substantial evidence to support the clinical efficacy, cost-effectiveness, and the utility of home detoxification, it is not an activity that has been readily embraced by GPs in Australia [26]. Reasons for the lack of interest in engaging in this area of activity are unclear. To date, no work has been undertaken to examine GPs' position in relation to home detoxification. However, GPs' views on this issue are vital if there is to be any form of viable home detoxification programme for alcohol and/or other drugs. The present study was designed to investigate GPs' views on these questions.

Methods

Focus groups were used to examine GPs' views as they are considered superior to individual interviews when dealing with topics about which little is known, or where respondents have limited knowledge [27,28]. They also allow participants to draw on each other's experience, challenge views and to explore differences in views and actual behaviour [29,30]. Presentation of the findings from qualitative research involves an emphasis on the process undertaken through a partial narrative reconstruction and result in 'richly textured data' [32].

A maximum variation sampling technique was used to allow opportunity to search for shared views, common responses and systematic patterns across a heterogeneous group of general practitioners [31]. Sampling protocol involved selection and recruitment of GPs from the 1998 Yellow Pages, together with a snowball referral technique. Additionally, GPs were recruited from lists of GPs known to alcohol and drug services.

Twelve focus groups were conducted in Queensland over a 4-month period. Five groups were conducted in metropolitan Brisbane, three groups in coastal regions and four groups in rural regions. Each focus group lasted approximately 3 to 3 ½ hours. There were

Box 1. Questions raised during focus group discussions

1. What do GPs think of the concept of home detoxification?
2. What reservations do GPs hold about home detoxification?
3. What clinical and patient care concerns do GPs have about home detoxification (e.g. medication compliance)?
4. What are the preferred options to home detoxification?
5. Is home detoxification an appropriate or inappropriate role for GPs?
6. Is home detoxification something GPs' personally feel interested in doing?
7. Is home detoxification something GPs feel technically prepared to do?
8. Is it an area in which GPs feel they need extra training?
9. Would GPs be more interested if some specific training was available?
10. If so, what type of training would they consider suitable and useful?
11. Would GPs feel more disposed to home detoxification if there were back-up services guaranteed to be available in case of need/emergency?
12. Do GPs have differential views about home detoxification for different drug types (e.g. alcohol versus opioids?
13. Would GPs be prepared to supervise other staff (e.g. community nurses) to conduct home detoxifications?
14. What views are held about non-medical personnel conducting home detoxification?
15. Do GPs in rural areas have different views to those in non-rural areas?

approximately 3–7 GPs in each group. Groups were held as part of an evening meal and presided over by a moderator. The moderator provided an impartial catalyst for the group, raised questions and issues for discussion and ensured that all had an equal opportunity to speak, remained comfortable and focussed. Questions addressed in the focus group protocol are outlined in Box 1. Discussions covered all psychoactive drugs with a propensity for producing dependence. It should be noted that GPs were not given a prescribed view of home detox. Rather they were provided with a forum to explore their own existing pre-conceived ideas.

All focus groups were audiotaped with the agreement of the participants, and later transcribed. The text was coded with unique identifiers. Each line of text was numbered sequentially and linked (by alpha codes) to the participant.

Results

The results of the study are presented in three parts reflecting key theme areas. The first deals with definitions of home detoxification and GPs' experiences, the second with requirements for a successful home detoxification and the third with structural issues.

A total of 20 female and 32 male volunteers participated in the focus groups. Of these, 43 were general practitioners, and 9 were other health professionals. The age range of participants was 19–70 years (mean age = 40.5 years). General practitioners were from both group and solo practices. Ten focus group participants were located in rural settings, and 5 in semi-rural regions.

Part 1. Home detoxification, addiction and treatment

GPs generally saw addiction as a complex social problem for which treatment was difficult. Most expressed negative and stereotyped views of substance dependent individuals, often referring to addicts as 'the same' —regardless of drug of choice. Terms such as *aggressive, unpredictable, violent, manipulative* and *untrustworthy* were frequently used to describe substance dependent individuals. However, GPs who had more experience in managing alcohol and drug dependent persons expressed more positive and non-judgmental views towards addicts.

Detoxification experience

Understanding of the meaning of home detoxification varied widely, and was largely dependent on level of experience with drug and alcohol problems and with detoxification in particular. Some had no first hand experience at all with any form of detoxification. Others reported limited experience in specific settings, usually an inpatient hospital setting. GPs with extensive experience tended to obtain this in specialized drug and alcohol clinical treatment services.

Of the few GPs involved in successful detoxification processes, high levels of satisfaction were reported. These GPs commented on 'feeling privileged' at seeing the transformation in patients' lives.

> I think I was privileged to have been part of that, because it was such a learning thing for me as well. [3:1070]

In general however, GPs did not report such positive experiences. Many GPs reported negative experiences.

> All our experience is bloody dreadful! [7:524]

The majority of GPs commented on the lack of time they had available to spend on people who they did not perceive as motivated. Addicts were commonly perceived as 'nuisances' who take up valuable time that could be spent with other patients who exhibit 'real' medical problems.

> I don't ever want to put in that much time. [2:281]

Detoxification treatment options

GPs differed on preferred treatment options for detoxification. Some preferred to take on the whole treatment process themselves. Others held that a number of different treatment options are routinely required, depending on the patient's needs.

> It is a range of services at different times. I think you need them all—home detoxification, community-based detoxification, inpatient detoxification, etc. You make the clinical judgement about which is the best option for the patient and their circumstances. [8:362]

There was awareness of the importance of matching treatment options with patient needs and circumstances but this was balanced against cost efficiency, and safety (for the patient, family members, and also the GP). GPs with detoxification experience noted that the symptoms of detoxification often vary between patients, as does the level of discomfort. Assessment of the patient's character, support mechanisms, and general circumstances was recognized as necessary to determine the most appropriate detoxification process. GPs who do not have access to a wide range of treatment options (e.g., those in rural areas) found such a lack of treatment options particularly frustrating.

Hospital treatment

Some, and especially rural, GPs were supportive of hospital-based treatment for detoxification. Using empty beds in rural hospitals for detoxification cases was supported. Such treatment offered the element of control and immediate attention not available elsewhere. Some thought that inpatient detoxification removed much of the pressure experienced by GPs when treating addicts in other settings. Hospital-based detoxification was also seen by some as avoiding time spent making numerous house calls during the day (which is disruptive to other patients), and throughout the night.

> By putting them in hospital, they are in a controlled environment, where if they do get a crisis, there are nursing staff and other people that can attend to that. You don't have to do the blood pressure yourself every couple of hours. It takes a minimum of half an hour if you are called out—even if it is the simplest thing. If it is after hours, it interrupts your dinner, but if it is during the day, it interrupts your surgery and affects all your patients. [5:107]

Disadvantages associated with inpatient detoxification such as difficulties involved in admitting someone to hospital or an inpatient facility were also highlighted. Of particular concern were the strict admission criteria of most facilities. GPs reported frustration at the lack of other options available.

> You can't get them into a decent hospital bed, for love nor money. [3:243]

Overall, GPs believed that the current health system is inadequate in relation to treatment of substance dependent individuals. GPs indicated a high level of dissatisfaction with the current services available for patients requiring detoxification, citing lengthy waiting periods as a major concern.

> There should be an extension of current services, so that you don't get stonewalled when you inquire on somebody's behalf . . . 'Oh My God! We can't do anything for 2 weeks, because we are fully booked out, and there is a waiting list.' We should know what to do for those 2 weeks! So that perhaps we could at least give them some guidance while they are actually marking time, rather than have them hang out or just keep on using drugs until they get this appointment. [3:947]

GPs argued that a failure of the current health system is the reduction in availability of inpatient beds. GPs viewed this as impacting substantially on the detoxification options for substance dependent individuals, and one reason that home detoxification was considered by some GPs as a plausible option for many patients.

Home treatment

Some GPs were highly supportive of home detoxification as a treatment option noting that patients may be more willing to try detoxing in their own homes with the assistance of their regular GP. Utilizing established GP–patient relationships was considered a definite advantage. However, it was consistently noted that confidence and trust usually only occurs with patients who are highly motivated. Such highly motivated patients were seen as more appreciative of the one-on-one, continuous supervision offered in home detoxification.

Expectations of success

GPs with experience in detoxification were clear that there is a very low rate of success. Some GPs warned that it is easy to become discouraged because there are generally more failures than successes.

> You have a fairly low expectation, but at the same time, you have to be fairly full on in what you are trying to do. So it is not an easy road. [8:41]

A view frequently expressed was that for long-term success in terms of addiction treatment, substance dependent individuals need to change their environment. Many GPs found the concept of home detoxification difficult to reconcile with this objective.

> You have to take someone out of their home environment if you are going to have a major impact on their circumstances. Or else you just go right back to where you started from. [5:26]

Additionally, several GPs pointed out that the success of a detoxification process can be judged according to two separate criteria:

1. the individual completes the process without reverting to former substance use patterns, or
2. the level of comfort or discomfort experienced by the individual throughout the process is minimal.

These GPs emphasized the importance of focussing on what is to be realistically achieved through the process of detoxification, rather than success or failure of the process.

> What you are trying to achieve in the process of detoxification is to help someone who can deal with the other issues in their lives that have made them experiment with drugs. [1:363]

Part 2. Essential factors for a positive home detoxification

Perceived role of GPs in home detoxification

Varied views were held about the potential role of GPs in home detoxification. Some indicated that GPs are often in the best position to facilitate patients' detoxification and see this as simply another requirement of the job.

> I see it as part of my job to try to help them with all their medical problems. [6:189]

> I think to detoxifying from anything properly, is a fairly intensive process. They [patients] need contact daily, and the person best to do that is a GP. [8:155]

Other GPs indicated that while the concept of home detoxification was theoretically sound, its practical application would prove difficult. These GPs supported the incorporation of home detoxification into their role, but with important provisos (e.g., sufficient training, appropriate patient motivation).

> [Home detoxification] is a very useful thing. But you have to have the confidence to do it, and then you have to have the patient who comes in and requests it. [1:650]

> It can be done. It has to be very selective, and there has to be a lot of education. [4:136]

> I think it is something for GPs to choose whether they want to take it on, but I think it is perfectly acceptable for GPs to take it on. [1:182]

Some saw assisting patients with the detoxification process as definitely within the GP's role, but that anything further would fall outside their treatment obligations. They attributed their reluctance to be involved in follow-up to a lack of knowledge and skills in substance abuse.

> [It would not be for me] to follow them up. Obviously that wouldn't work. [I would] refer them on once they have got the drugs out of their system, to work on their head space, and why they went into it. [4:573]

Interestingly, other GPs believed that their input should be limited to providing support to a patient post-detox.

> That is where the GPs should come in—after they [patients] have been physically detoxified. [1:568]

Others were very supportive of the potential role of GPs in home detoxification—although indicating that they were not prepared to become directly involved. Reasons cited included lack of personal interest and knowledge/skills.

> If someone else was running it, I would be very happy to refer my patients. [6:479]

There were strong views (often held by metropolitan GPs) that there is a definite home detoxification role for GPs located in rural regions as these GPs were thought to be more familiar with this approach.

> GPs have the skills. In the country they do it all the time. [1:647]

However, some rural GPs did not agree and argued that there were already greater demands on their time and skills than GPs from metropolitan regions, making supervision of a patient's home detoxification extremely difficult.

> It is not a viable thing, especially for rural GPs. [5:133]

Several GPs from metropolitan regions were totally dismissive of any kind of role for GPs in home detoxification. Notably, these GPs were largely inexperienced in relation to treatment and other issues surrounding substance dependence.

> It is just not on. It is just not practical. [2:698]
>
> I think doing it at a home-based level is impossible. Utterly impossible. [5:48]

GP support

GPs consistently indicated that they would require a high level of support if home detoxification was to become viable. GPs also consistently identified a lack of support in the present system, especially in relation to treatment of substance abuse.

> Support from other avenues would make me more comfortable about doing it—if there were definitely these other support structures. [1:172]
>
> I would feel vulnerable legally if I was trying something like this on my own. But if there was a support network, I think that would help me an awful lot. [8:709]

In addition, GPs indicated that they felt a sense of isolation in relation to home detoxification, and that being part of a team with extra resources would be extremely beneficial. For these GPs, the ability to discuss issues with an expert in the field who is known to them was considered essential.

> You need to be able to pick up the phone and talk to somebody—not left by yourself to deal with it. [8:730]

Doctor characteristics

A particular set of characteristics was identified as important for GPs to possess if they were to play a role in home detoxification. GPs needed to display a *personal interest* in the field of substance dependence, and detoxification, be assertive, and able to set clear boundaries with patients.

> As long as you are up front with people and say 'first of all I am not going to prescribe you stuff like that. You can come here as often as you want to, and we will talk about things, but I don't prescribe benzos or narcs', and that is it. They take it or leave it. [8:485]

GPs believed that those offering home detoxification must be *accessible*. Many conceded that their own time constraints would render them inappropriate for a home detoxification role.

> I think to do detoxification for anything properly is a fairly intensive process. They need contact daily, and the person to best do that is a GP . . . They really should be able to see them every day. [8:155]

Not unexpectedly, characteristics such as a degree of *specialized skill*, competence, confidence and experience were emphasized by GPs as essential.

> It is about the experience. It is one thing having the technical training. It is another thing doing it lots of times. I know it is an intelligence thing, but you get a feel for it. The feel for it is about doing it lots of times, and learning the little tricks. [2:1089]

> It comes with experience and time. It is such an airy fairy area. Every drug has a different reaction [for] different people. [1:703]

GPs' resilience was held to be important, due to the perceived stressful and often *depressing nature* of the alcohol and drug field, where burn out was also thought to be particularly common.

> It is a fairly depressing area, addiction. Detoxification is so depressing because there is such a high relapse rate and people can manipulate you so much. [3:179]

Patient characteristics

GPs considered patients need to possess sufficient motivation for home detoxification to be successful. Many GPs indicated that they would not consider participating in a home detoxification process unless convinced that the patient's motivation was authentic. A common concern was that unless patients were highly motivated to change, the detoxification process would be a pointless exercise.

> I have concerns about people who come in and say 'I want to detox today'. The ones who detox now are usually feeling bloody awful and want to do it now. They don't always have the same feeling the next day when they wake up and they're feeling a bit better. [2:246]

GPs considered that a patient's environment can also impact greatly on their chance of successful detoxification. Specifically, GPs perceived that a change in environment was almost essential.

> The only ones that have made it are the ones contemplating life and really just change their environment—they are not mixing with the same group of people. [7:111]

Doctor–patient relationship

The relationship between doctor and patient was identified by GPs as a crucial component of any successful home detoxification programme. GPs agreed that several aspects of this relationship can impact on the success of a home detoxification process. GPs indicated a positive correlation between the period of time they had known a patient, and their ability to ascertain patient motivation, their own (GP) motivation, and viability of home detoxification.

> I would be more willing to put myself out a bit more for a patient I have known for some time, as opposed to someone who walked in off the street. If it is somebody who I have had a relationship with for some time, and involved with the family, I would be a lot more sympathetic and willing to give up some of my time. [6:160]

GPs indicated that the doctor–patient relationship itself can impact on the level of commitment to the home detoxification programme by both patient and GP. GPs acknowledged that a high level of commitment from all parties is necessary for success.

> If you are committed, if you say 'Yes, I will look after you for home detoxification for 7 days', you are not really entering into a contract for 7 days. You are entering into a contract for the rest of the time that they are prepared to visit you. So if you say 'Yes, I am prepared to help you with your detoxification and yes, I am prepared to help you at home', the two visits in the first 2 weeks are the least of your problems! It is the long term, and I don't believe you can get anybody off drugs in 7 to 10 days. [2:738]

Protocols

GPs were critical of the current lack of guidelines and indicated that if there existed a standard protocol for home detoxification, they would feel more comfortable and competent in facilitating such a programme for their patients.

> If we had some sort of protocol where someone comes in and says "I want to detox and can you

> give me a script for Rohypnol?", and you say "No I can't, but I can help you detoxify provided you agree to follow this standard regime, and come and see me regularly". If they will accept that, you would actually have something you could follow. You could say "look, this is the regime we use", and that may be a bit more acceptable to them than going to a clinic or a hospital'. [1:98]

While GPs were enthusiastic about a protocol outlining appropriate treatment approaches, they also indicated that it should encompass a whole range of related issues, including how to approach patients, clarification of patient and GP roles, etc.

> If I was given guidelines on what to do medically, I would probably be more confident medically detoxifying people. [1:722]

Follow up

Finally, GPs recognized that for home detoxification to be successful, patient follow-up is essential. In general, GPs were very aware that detoxification was only the first step by a patient in what is often an extremely long and difficult recovery process.

> Giving out the pills is the smallest part, and follow-up is the huge amount. The purpose of detoxification is to just get them through. [4:464]

However, many GPs were unsure about what procedures were appropriate for follow-up, and again indicated that some kind of follow-up protocol would be beneficial.

Part 3. External factors and infrastructure

Several issues relating to infrastructure and other external factors were raised consistently. In particular, concern focussed on issues such as safety, training, and the health system.

Safety

GPs expressed concern regarding home visits in general, and especially in relation to substance dependent individuals. Home visits were considered potentially dangerous at the best of times, but there was a definite perception that they would be at increased risk when visiting this population.

> I don't like to go to the home. [1:262]

Personal safety was a particularly problematic issue for women, as highlighted by the following response by a female GP.

> You have to be confident that you are going to be safe if you go to their home. If it was someone I knew and their family was there, I would be prepared to [visit], but if I didn't know them or who they were living with, then I wouldn't be prepared to do that. [1:133]

Conversely, some GPs considered that home visits were an integral, rather than an optional, part of the job.

> If you are a GP, you are a GP! If you don't want to see your patients at home, you shouldn't be bloody well doing this—you are not fit to do the job! [2:121]

Clinical risk

GPs also expressed concern regarding the potential dangers to the patient associated with home detoxification. Withdrawal symptoms and overdosing were identified by GPs as their main concerns. Some GPs believed that for the initial detoxification period, all patients should be located within an inpatient setting. Others recognized that it was therefore important to have the experience to assess potential risks for a patient in any given situation.

> You can make judgements about what is safe and what is not to minimize the risk to bodily harm. [8:536]

Not all GPs shared concerns about potential risks of home detoxification. Some believed that concerns expressed by others were an over reaction, and that in reality, the dangers are minimal. Such comments were made by those GPs with extensive experience in the alcohol and drug field, and particularly with detoxification.

> Everybody is terrified they are going to fit and all the rest of it. But it is uncommon in my experience in detoxification—extremely uncommon. [1:417]

Training

A consistent theme to emerge was that GPs believed that they are not adequately trained to deal with the issue of addiction—and specifically home detoxification. The majority of GPs identified their lack of both knowledge and skills required to competently treat substance dependent individuals.

> We are not trained to deal with this. [3:591]

Further, it was recognized that any knowledge of addiction that most GPs had gained was very general, and mostly through experience and not as a result of specific training. GPs differed in their perceptions of the type and extent of training required to overcome this problem. Some were strongly supportive of increasing the general level of knowledge about addiction across the board. For these GPs, including a comprehensive component on addiction studies in medical school was essential. For current GPs, short training courses were suggested consisting of the concepts and nature of addiction and what to expect from an addict in terms of behaviour and motivation.

> All you need is some education of the addict's thinking. What they [GPs] don't know is how an addict thinks, and how he is going to present as the most determined person in the world one second, and then you turn your back, and they are on you! It is not because they are a bad person. It is because that is the disease, and that is what it does. [4:453]

However, other GPs favoured a more specific approach which entailed recruiting those GPs who have an interest in the area of substance dependence, and facilitating intensive, specialized training. They would also require ongoing training, education and support.

> There have got to be GPs who are interested in being educated, and they have got to be flagged as the guy to do home detoxification. [3:907]

Remuneration

GPs were very aware of the lack of differentiation in remuneration for longer patient consults, than for 'diagnosing pharyngitis in a patient with a sore throat in 5 minutes'. GPs also argued that more skillful work should attract higher rates of compensation.

> There is an enormous financial disincentive to get heavily involved in this. [2:618]

> Your general practice is your main source of income. You can't really be stuffing around with drug addicts. You just don't have time. [2:223]

GPs recognized that treating substance dependent individuals—and in particular, being involved in a detoxification process—is time consuming. While some GPs believed that no amount of remuneration could compensate them appropriately for becoming involved in substance abuse treatment in any capacity, other GPs indicated that they may be willing to undertake these extra responsibilities under certain conditions.

> You need to supply more money and have some bureaucratic framework to develop a detoxification model outside the institutionalized setting. [2:1502]

Summary

The following summary statement captures the views generally expressed by GPs about what is necessary for a successful home detoxification.

> You need GPs who volunteer. You need to train them. You need to set up a number of networks. You need back up. You need some nurses, and perhaps you need 24 hour crisis call for a nurse to go if something happens. You also need further back up from specialists, who are going to be there to give advice if something goes wrong. You need access to a facility if things go dramatically wrong—the person starts fitting or is comatosed. You need to be remunerated properly, trained properly. They need some support. No GP is going to take it on if things go wrong and you are lumped with it. [8:202]

Discussion

This study was undertaken to examine GPs' views about their involvement in home detox. It highlights the extremely varied views that GPs hold about home detoxification. These views are underpinned by substantial differences in experience, understanding and training in relation to the management and treatment of a diverse range of drug and alcohol problems. Of note is that GPs often did not differentiate between alcohol and other drugs when discussing detoxifica-

tion. For these GPs, 'detoxification' seemed to be an umbrella term used to describe withdrawal from addictive substances in general.

While many GPs carried quite negative stereotypes about alcohol and drug dependent persons, there was also a considerable degree of support for the concept of home detox and for general practitioners' active involvement. Such support however was usually tempered by a number of important provisos and qualifiers. The caveats surrounding GP involvement largely focussed on the need for professional support and a team approach (including assistance from volunteers in community based organizations and family members) during the process, together with the necessary and appropriate training and remuneration. That is, a proportion of GPs were willing to undertake home detox, but not in professional isolation. This was in large part due to the logistics and time consuming nature of home detox as well as the need for both clinical guidance and support services.

For some, the issue of home-based care, in contrast to inpatient facilities, was a reflection of inadequate resourcing and was seen thereby as transferring such responsibilities on to the GP. In such instances, GPs felt understandably resistant and resentful about a further task being imposed on them. Interestingly, there seemed to be an under appreciation of the extent to which home detox was the preferred option of most patients [22,23].

A range of structural factors were identified as impediments to GP involvement in home detoxification. These included appropriate remuneration for what was perceived to be a very time intensive, and therefore costly, activity. Overwhelmingly, GPs reported extreme reluctance to become involved with substance abuse treatment under the current remuneration system. Also, their personal safety was highlighted as an issue in relation to any work in a patient's home. These types of barriers have been previously identified as sufficiently significant impediments to prevent clinician involvement [3]. Efforts are therefore recommended to address and remove these barriers.

Lack of training was also consistently stressed by GPs as an area which warrants attention. Without adequate and appropriate training most GPs indicated extreme caution and reticence about becoming more involved in patients' alcohol and drug problems. Those who were more experienced in this area noted that they had acquired 'training' through very informal means and largely through 'on-the-job' exposure. The need for the provision of high quality and clinically relevant training clearly emerged as a priority area warranting immediate attention [34].

Views varied with respect to the clinical safety and efficacy of home detox. There were concerns about clinical risk which were inconsistent with reality. Such concerns appear to be founded more on myth than fact [8,33,35]. It was evident that efforts are required to correct misunderstandings regarding the efficacy of this form of intervention.

Inspite of the wide range of negative issues and concerns raised by GPs in relation to home detox, it was evident that there was a growing interest in what they could reasonably and realistically attempt to do. It was also apparent that many GPs shared a sense of responsibility for their patients experiencing difficulties with alcohol or drugs. But most also felt somewhat powerless to help and overwhelmed by perceived difficulties.

The views expressed by the GPs in this study support the protocols developed and utilized elsewhere. In particular the comments by the GPs in the study support the following:

- a realistic but limited involvement of GPs including initial assessment, prescribing and perhaps follow-up in the surgery after the completion of detox;
- the use of family members or other health professionals holding medication to minimize its misuse;
- the application of clearly worked out protocols, assessment schedules and prescription regimes for different levels of dependence;
- the screening out of individuals with a particularly strong history of severe withdrawal reactions, e.g., seizures;
- support from other community-based services.

The findings of this investigation are of interest and benefit to GPs in Australia and overseas, to medical educators and other health care providers. More importantly, the findings of this study provide an otherwise unavailable insight into the views of GPs about a challenging area of health care. They also provide a vehicle by which GPs' voices may be heard, thereby affording them an opportunity to be more actively involved in decision-making processes surrounding this, and related issues.

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