

## What do General Practitioners want from Specialist Alcohol and Other Drugs Services?

### A Qualitative Study of Australian GPs

HESTER HK WILSON<sup>1, 2, 6</sup>, MICHELLE SCHULZ<sup>1</sup>, CRAIG RODGERS<sup>3</sup>, NICHOLAS LINTZERIS<sup>1, 2, 4, 5</sup>, JOHN HALL<sup>2, 6</sup>, BEN HARRIS ROXAS<sup>2, 5, 6, 7</sup>

<sup>1</sup> Drug and Alcohol Services, South East Sydney Local Health District, Sydney, Australia, <sup>2</sup>School of Population Health, UNSW, Sydney, Australia, <sup>3</sup>Alcohol and Drug Services, St Vincent's Hospital, Sydney, Australia, <sup>4</sup>Department Addiction Medicine, USyd, Sydney, Australia, <sup>5</sup>NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN), NSW Health, Sydney, Australia, <sup>6</sup>Centre for Primary Health Care and Equity (CPHCE), UNSW, Sydney, Australia, <sup>7</sup>Population and Community Health (PaCH), South Eastern Sydney Local Health District, Sydney, Australia.

Presenter's email: <[hester.wilson@health.nsw.gov.au](mailto:hester.wilson@health.nsw.gov.au)>

**Introduction / Issues:** Alcohol and other drug (AOD) use is common in Australia with significant health and community impacts. General Practitioners (GPs) often see people with AOD use, however there is little research to understand what GPs would like from specialist AOD services to assist their management of patients with AOD issues. This research sought to describe GPs perceptions of enabling factors that would assist them with this work.

**Method / Approach:** GPs working in general practice in a metropolitan area in Sydney, Australia, participated in one of 3 focus groups. Interview data were reviewed, transcribed, and thematically analysed.

**Key Findings:** Thirty-five GPs attended 3 focus groups. The four core themes were; GP education and training, pathways between GP and Specialist AOD services, Specialist advice and collaborative care. GPs requested practical education focused on screening, assessing, managing AOD issues with a focus on alcohol, stimulants and prescription medicines with addiction potential. They suggested better referral processes and discharge summaries, with care planning for patients with complex presentations. They wanted easy access to specialist advice and suggested collaborative care would be assisted by experienced AOD liaison nurses.

**Discussion and Conclusions:** Australia has several existing programs; online referral pathways and specialist phone advice, that address some of the issues raised. Many GPs were not aware of these options. GP education, while integral, must be supported by durable referral pathways, ready access to local specialist advice, clear communication that includes patient attendance and a treatment plan, care planning and written summaries.

**Disclosure of Interest Statement:** None of the authors have any connections with the tobacco, alcohol, or gaming industry. Author H.W. has received funding for consultancies and/or expert advisory panels with Indivior, Lundbeck, Seqirus, Mundipharma and Pfizer. Author N.L. has been received funding for research studies, consultancies and/or expert

advisory panels with Indivior, Braeburn, and Mundipharma. All other authors have nothing to declare. This research received no funding.