

A [two-year follow-up](#) of methadone patients in the national English NTORS study shows that experienced or supported GPs can provide [methadone](#) services at least as effectively as [specialist clinics](#). The report is based on 240 of the patients who in 1995 started methadone treatment at one of eight specialist clinics or seven GP-based programmes. Five of the latter were shared care schemes involving cooperation between several GPs and a specialist service, two were GP practices seeing large numbers of addicts. Two years after entering treatment GP and clinic patients had improved substantially and to roughly the same degree. What differences there were favoured the GPs. Their patients had made significantly greater reductions in use of stimulants and non-prescribed benzodiazepines and greater gains in psychological health. They also tended to stay longer in treatment .

The study was also partly a test of different treatment approaches. Three quarters of the clinics required patients to take their methadone under supervision but just one of the GP programmes. GPs also provided (especially in the first six months) fewer and shorter counselling sessions, but even at their height at the clinics these amounted to on average just half an hour a week. Doses issued by GPs and clinics were roughly the same. More GPs prescribed methadone tablets but since the time of the study this non-recommended practice has become rare.

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The results do not seem to have been due to caseload differences. GP and clinic samples were similar in demographic profile and drug problems. Which type of service a patient went to was largely down to what was provided locally. However, patients who could not be followed up were also the heaviest users of heroin, potentially those who might have benefited most from treatment at a specialist clinic.

1 Gossop M. *et al.* "[Methadone treatment for opiate dependent patients in general practice and specialist clinic settings: outcomes at 2-year follow-up.](#)" *Journal of Substance Abuse Treatment*. 2003, 24(4), p. 313–321.