

Client attitudes toward, and satisfaction with, their general medical practitioner's approach to cannabis use interventions

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1 Background

General medical practitioners (GPs) are the preferred first point of contact for individuals seeking treatment for a cannabis-related concern (CRC). Despite this, GPs report feeling insufficiently equipped or motivated to screen/treat those with a CRC. Scant research has described the expectations or experience of those with CRC who seek treatment from a GP.

2 Methods

An online survey of 41 adults with CRC regarding their most recent encounter with a GP.

Participants completed the Treatment Expectancies Scale, the Client Satisfaction Scale, an adaptation of the Discrimination-Devaluation Scale, and the Self-Stigma of Seeking Help Scale.

Participants were asked to detail how they expected the GP would respond to their CRC and how the GP actually did respond.

3 Results

Participants were typically male (61%) with a mean age of 35.6 (SD=13.4) years.

Participants often raised the issue unprompted (85.3%) but did not expect that the GP would successfully assist them with their CRC (mean rating = 67.5 [SD=26.1] out of 132).

Participants did not feel satisfied with their encounter (mean rating = 18.5 [SD=6.7] out of 32).

Participants felt that accessing a GP for CRCs would attract comparable stigma to accessing outpatient counselling, but less than residential treatment.

4 Results 2.

Greater satisfaction was associated with having a GP who provided emotional support ($r=0.55$), and having high pre-encounter expectations ($r=0.69$).

| GP actions | Expected outcome | | Actual outcome | | Ratio of expected to actual outcome | |
|-------------------------------------|------------------|----|----------------|----|-------------------------------------|------|
| | % | n | % | n | Match (n) : no match (n) | % |
| Intervention or treatment | 24.4 | 10 | 7.3 | 3 | 2:9 | 22.2 |
| Referral to counsellor/psychiatrist | 29.3 | 12 | 34.1 | 14 | 6:14 | 42.9 |
| Referral to D&A | 12.2 | 5 | 9.8 | 4 | 2:5 | 40.0 |
| Referral to cannabis specific | 17.1 | 7 | 2.4 | 1 | 0:8 | 0.0 |
| Prescribe a medication | 29.3 | 12 | 19.5 | 8 | 4:12 | 33.3 |
| Be supportive and listen | 63.4 | 26 | 34.1 | 14 | 12:16 | 75.0 |
| Chastise me | 0.0 | 0 | 12.2 | 5 | 0:5 | 0.0 |
| Just say "don't do it" | 0.0 | 0 | 14.6 | 6 | 0:6 | 0.0 |
| Other outcomes | 17.1 | 7 | 36.6 | 15 | 5:12 | 41.7 |

5 Implications

There is a serious gap in the capacity of the primary health care workforce to address cannabis related problems in the community.

- GPs are a popular & trusted source of assistance for CRC BUT.....
- Expectations of the GP are not high and users satisfaction with their assistance is low
- GP's typical response to CRCs is to offer referral to a counsellor or prescribe a medication
- YET research suggests that GPs can cost effectively deliver brief screening and/or substance use interventions
 - GP training about the nature & effectiveness of responding to CRCs is necessary