



The Subutex Problem:

*Hindsight is 20/20, but
Foresight was not too bad either*

On 23 June 2006, in an article titled “Subutex abuse sparks a rethink” by *The Straits Times* reporter Salma Khalik, it was claimed that “The escalation in the number of addicts hooked on prescription drugs has led to the question of whether general practitioners (GPs) should be dispensing them.”

Data released by IMH Addiction Clinic to *The Straits Times* showed that the clinic treated only about 50 prescription drug addicts a year in 2002 and 2003. The numbers have since increased to the hundreds.

Why has this come to pass? Subutex first became available around 2001/2002. The College of Family Physicians Singapore (CFPS) issued comprehensive position statements on the “Management of Opiate Dependence with Opioid Replacement Therapy in General Practice” in April 2004.

These statements included the following:

“The singular use of opioid replacement therapy using agents such as Subutex in the absence of a holistic rehabilitation programme is unacceptable standard of care.”

“The GP clinic should preserve its identity as a clinic for general medical practice and not become a drug treatment centre. As such, each clinic should have no more than five cases of opiate dependence at any one time.”

“All GPs and their patients should be registered with the Ministry of Health (MOH).”

The Preamble to the Statements is particularly instructive:

“Opiate dependence is a complex condition with psychological, social, family, and medical dimensions. The opiate addict also tends to have dysfunctions

of relationships that are both cause and effect of the addiction. As such, many family physicians have chosen not to be involved in the management of opiate dependence. Consequently, the small number of doctors who do not mind handling such cases are inevitably faced with the need to service disproportionately large numbers of patients, usually with limited resources. The situation exposes participating doctors, even those with noble intentions, to professional and personal risks as they grapple with the problem under suboptimal conditions.”

It was only in October 2005 that MOH decided that all GPs who wish to prescribe and dispense Subutex would need to attend a training course and also have his clinic and his patients specially registered with the MOH.

There are some 2,000 doctors in general practice in Singapore, working in some 1,400 clinics and 18 polyclinics. It is clear to CFPS from early 2004, as evident from the Position Statements, that GPs should not treat drug dependency without extensive support or comprehensive monitoring from IMH and/or MOH. Whether GPs should dispense or not dispense Subutex is not the main issue. Overall strategies and policies to realise effective community-based management of drug dependency is the real and main issue.

The statement “The escalation in the number of addicts hooked on prescription drugs has led to the question of whether general practitioners (GPs) should be dispensing them” may lead to some people thinking that generally speaking, GPs cannot be trusted to dispense Subutex. There are 1,400 GP clinics in Singapore and well, no one can guarantee that all 1,400 clinics can be trusted to do the job well and CFPS has long ago predicted that a few clinics can cause a big problem.

But the Hobbit agrees with Ms Salma on one

thing: there is a Subutex problem now.

So what are the real issues behind the problem today? Only when we are truly honest can we begin to solve the problem. For a start, we can ask some questions:

- 1 Are there enough psychiatrists, nurses and allied health workers trained to handle drug dependency problems in our public healthcare system?
- 2 If we really want GPs to handle drug dependency problems well, what is the support the public healthcare system is providing GPs?
- 3 Why was CFPS' suggestion in April 2004 to register clinics and patients not taken up until October 2005, when numbers have already risen by then?
- 4 Why was CFPS' suggestion to limit the number of such patients per clinic not taken up even up till today? (The limit could be five, 10, 20 or 30 patients. Certainly some limit is better than no limit?)
- 5 Were other relevant agencies such as the Central Narcotics Bureau (CNB) consulted on the

Subutex policy when Subutex was originally made available to GPs a few years ago? If so, what was their input?

- 6 If we believe that it works, should Subutex treatment not be greatly subsidised nationally and not subject to the current almost free-market mechanism? Surely this would empower the GPs to refuse giving any patient Subutex and addicts will have fewer reasons to pressurise GPs to give them Subutex?

Now that the Subutex problem is manifest, it would be easy to point fingers and say, "Well, the GPs cannot be trusted." That would be unfair to the vast majority of GPs who work hard to earn a decent day's salary. Every system is perfectly designed to deliver the results that it does. If someone had taken heed of CFPS' Position Statements, many aspects of the Subutex problem could have been avoided. Hindsight may always be 20/20 but in this case, CFPS' foresight was pretty good too. If only the Position Statements had been taken heed of in 2004. ■