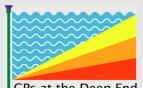
DEEP END SUMMARY 11

Alcohol problems in adults under 40

Fourteen Deep End GPs and 16 alcohol professionals from Glasgow and Edinburgh met on Friday 26 August 2010 at the Teacher Building, St Enoch Square, Glasgow, for a discussion about policies and practices for adults under 40 with alcohol problems.

- Alcohol misuse in young adults is a huge problem which needs to be addressed at many levels. This meeting focused mainly on the contributions of general practice and community addition services, with additional inputs from the acute and voluntary sectors and from public health practitioners.
- The NHS allocates fewer resources than might be expected to address alcohol problems, given their impact on individuals, families, the NHS and the economy.
- For people needing help there are many possible entry points to the system. There needs to be clarity about the paths they may then follow.
- Pathways are important for planning, integrating and evaluating services, but people with alcohol problems often lead chaotic lives, so there is also a need for continuity and flexibility based on ongoing relationships with professionals whom they know and trust.
- Effective links between services are the key to integrated care. General practices and community addiction services should actively review their links in terms of professional relationships, communications and record of joint working.
- Shared information concerning the progress of patients through systems is also essential, and can be helped by improvements in IT, although there are issues concerning confidentiality (whether people are content to have their personal information shared) and professional engagement (general practitioners vary in how they respond to information communicated from third parties).
- Community addiction teams also vary in what they do and how, but have developed a range of innovative services, some of which are not well known to GPs.
- The caseload of CATs in Glasgow is thought to cover about 40% of people with major alcohol problems, which leaves about 60% using other services, including general practice.
- The role of GPs is to assess risk, provide brief interventions, minimize harm, manage physical problems and co-morbidity and act as a signpost to other NHS, local authority and voluntary services.
- It is not clear whose role it is to provide practices with bespoke information on the range of services in their area.
- Current and future NHS staff need more education and training on alcohol and addiction issues at undergraduate, postgraduate and continuing professional levels.
- Professional experience of working on the front line is an important source of evidence to inform advocacy. Practitioners need to find their collective voice in this respect
- The meeting raised many unanswered questions including the effectiveness of brief interventions in young adults, and arrangements for detoxification, joint working, sharing information and practiceattached alcohol workers.
- The meeting demonstrated the value of the exchange of views and experience between professionals and between services, as the first step in developing a more integrated care system for young people with alcohol problems.



"General Practitioners at the Deep End" work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Section of General Practice & Primary Care at GPs at the Deep End the University of Glasgow.

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Full report available at http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend