Exploring the management of alcohol problems in Deep End practices in Scotland

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Executive Summary

Background to the study

Alcohol causes significant harm to the health of the population in Scotland, and especially among those living in the most deprived areas. Increases in alcohol consumption among certain groups of the population during the COVID-19 pandemic may further escalate alcohol harms. There are issues within the current system of alcohol treatment and services (both in primary care and specialist alcohol services) which make it difficult to cater for the needs of all individuals with alcohol problems. In 2019, the Primary Care Alcohol Nurse Outreach Service (PCANOS) (piloted initially as the Attached Alcohol Nurse in 2015/16) was implemented in selected Deep End GP practices (those that service the 100 most deprived communities across Scotland) in Glasgow. This involved specialist addiction nurses working closely with GP practices to help engage and provide care for patients with alcohol problems who had not previously engaged or had not engaged well with community alcohol services, and to eventually link patients to mainstream services upon discharge.

This report presents the findings of a qualitative study to gather stakeholders' experiences and perspectives on PCANOS and the wider community alcohol services. The study involved interviews with 18 professionals (including PCANOS Addiction Nurses, GPs, Link Workers, Practice Managers and strategic staff) and seven patients.

Key findings

PCANOS provided a novel and practical approach to managing alcohol problems in primary care, specifically for people with moderate to several alcohol problems who had low engagement with other alcohol services.

- **PCANOS was perceived as a person-centred approach that helped to address the needs of individual patients** – it was felt to have had a positive impact on patients' drinking behaviour and health and wellbeing. Key aspects related to this included that PCANOS offers a flexible service, facilitates a good therapeutic relationship between the nurse and patient, is supportive and motivational for patients and that the PCANOS nurses can draw on a wide range of skills when helping patients address their alcohol problems.
- Collaborative working between staff in GP practices was enabled by having the PCANOS Addiction Nurses working in close proximity with the practice – this facilitated the referrals process and allowed information about patients and expertise among different practice staff to be more effectively shared, helping to address multiple patient needs.
- **Collaborative working helped to generate a more coordinated approach to patient care** – PCANOS Addiction Nurses discussed care plans with staff across primary care, the hospital sector and mainstream community services, helping patients to make a quicker and smoother transition between different services.
- **Support from GP practices was viewed as essential in facilitating the implementation of the PCANOS service** – GPs' awareness of the service and referrals to the service were important to ensuring that the correct patients received support for managing their alcohol problems.
- **Some barriers and challenges to implementing the service included a reluctance among some GPs or practices to engage with the service and a lack of awareness of the service among some GPs**. There were also challenges relating to working with a stigmatised patient group who may be reluctant to discuss their drinking and have complex needs, requiring sufficient time to build up a relationship with patients.
- **Compared with treatment and support provided through PCANOS, other alcohol services were thought to be less person-centred** – experiences of other alcohol services were that there was limited time to focus on engaging patients and limited flexibility in when patients can be seen. GPs also reported that the communication between them and other alcohol services was not as good as the communication they had with PCANOS.

Recommendations

- Provide long-term funding for PCANOS to enable the continued support of people with alcohol problems who have complex needs.
- Conduct more research to establish an evidence base on the effectiveness of unique services such as PCANOS, in supporting people with moderate to severe alcohol problems who do not engage with alcohol services.
- Conduct research to look at impact of COVID on alcohol services in primary care.

1.0 Background

1.1 Alcohol harm in Scotland

Alcohol continues to cause significant harm to the health of the Scottish population. It is established that alcohol is a primary cause in at least 200 health conditions, this includes cancer, liver disease, heart disease and stroke (NHS 2018). The harm caused by alcohol in Scotland is evidenced by the latest alcohol-related deaths reported by the National Records for Scotland (NRS). The latest figures show an increase from 1, 020 alcohol-related deaths in 2019 to 1, 190 in 2020, in other words, a 17% increase in deaths caused directly by alcohol (NRS 2021). The latest death figures are a timely reminder of the harm caused by alcohol, in particular, to those living in the most deprived areas of Scotland. For instance, alcohol related deaths in 2020 were 4.3 times higher among those living in the most deprived areas of Scotland compared to the least (NRS 2021).

The COVID-19 pandemic has also seen drinking habits change in the UK, including Scotland. For example, the Scottish Health Survey for 2020 found that 24% of people interviewed said that they had increased the number of days that they were drinking during the first lockdown, 12% said that they had increased the volume of alcohol that they were consuming, and young people were more likely to have increased their drinking during the first lockdown (Scottish Government 2021). At the UK level, there was a decline in alcohol sales during the first national lockdown (mainly due to a decline in on-trade sales), after which they recovered again (Angus, 2020). Early UK-level survey data indicates that high-risk drinking may have increased during the pandemic, especially in women and disadvantaged groups; attempts to reduce alcohol consumption were more commonly reported by more affluent groups, creating a risk that existing inequalities could be widened (Jackson et al, 2021; Oldham et al, 2021). There are public health concerns about increased drinking during the pandemic among groups already at risk of alcohol harm (Clay and Parker, 2020; Finlay and Gilmore, 2020; Rehm et al, 2020) or among the heaviest buyers of alcohol (Anderson et al, 2022). However, the true impact of the pandemic on alcohol consumption and in relation to primary care's ability to support people with alcohol problems is unknown.

1.2 Managing alcohol problems in the primary care setting

General Practitioners (GPs) see a large proportion of the general population, providing primary care with an opportunity to identify patients with all levels of alcohol problems (Rehm et al., 2015). The traditional model of primary care involvement has tended to focus on screening patients for their alcohol use, offering brief advice or brief interventions to those who are considered to be drinking at harmful levels, and referring patients who are thought to require more support for their alcohol problems onwards to a service that provides specialised treatment (Rehm et al, 2016). Specialist treatment varies depending on the nature of the specialist service, but can include assessment of physical and mental health needs and other social needs, pharmacological interventions, behavioural self-control training, motivational enhancement therapy and home visits (Cheng et al. 2020). In terms of the approaches to care for individuals with alcohol problems, the National Institute for Health and Care Excellence (NICE) recommends that care be person-centred, i.e. treating the individual as unique and putting their needs first, and that healthcare staff should build trusting relationships with patients, and encourage families and carers to be involved in patients' care to support and maintain positive changes (NICE 2011).

There are many challenges to managing alcohol problems in primary care. Research on brief interventions for alcohol highlights a number of barriers including a lack of GP time, skills and resources and challenges in identifying and engaging patients (Wilson et al, 2011; Derges et al, 2017; Holloway and Donaghy, 2017; Rosario et al., 2021). There are also challenges for specialist alcohol treatment services in meeting the needs of individuals who require more support. Among these are budget cuts, structural issues including that many specialist addiction services cover both alcohol and drugs services, a lack of patient engagement due to factors including the stigma associated with attending an addiction service (Alcohol Concern and Alcohol Research UK, 2018; Goh and Morgan, 2017; Rosenberg, 2020; Mohammadi, 2014; Krachler and Greer, 2015). It is thought that being able to access alcohol treatment in primary care may help address some of these issues with accessing specialist services and encourage more patients to come forward (Andréasson et al, 2013).

1.3 Primary Care Alcohol Nurse Outreach Service

In Glasgow, there are a range of community-based organisations providing services for people with alcohol problems, ranging from specialist addiction treatment offered by a range of alcohol and/or drugs service providers such as the Glasgow City Alcohol and Drug Recovery Service (ADRS), formerly known and still sometimes also referred to as the Community Addiction Teams (CATs). One service, the Attached Alcohol Nurse (AAN) Pilot, was an initiative that aimed to embed specialist alcohol services into Deep End GP Practices in Glasgow City. Deep End GP Practices aim to address inequalities in health by focusing on the most socio-economically deprived areas in Scotland, and currently serve the 100 most deprived populations in Scotland (Watt, 2011; Watt 2020). The AAN Pilot was funded by Glasgow

City Alcohol and Drug Partnership and involved two full-time Addiction Nurses (ANs) who worked across six Deep End Practices to support GPs in providing specialist alcohol services to their patients, with the aim of linking them to other mainstream services such as the ADRS. Although there was no formal evaluation of the AAN pilot, feedback gathered from discussions with staff suggests that the pilot gave rise to successful partnership working between general practice and the AAN nurses, to engage and address the needs of patients with serious alcohol problems who did not engage with other alcohol services (GPs at the Deep End and Glasgow City Health and Social Care Partnership, 2016). There was a recommendation that the AAN initiative be repeated for a longer period (three years) and include a programme evaluation incorporating patient feedback (GPs at the Deep End and Glasgow City Health and Social Care Partnership, 2016). Further funding was obtained from the Glasgow City Alcohol and Drug Partnership in 2019 to continue the initiative for a period of three years in Glasgow City – it was rebranded 'Primary Care Alcohol Nurse Outreach Service' or PCANOS. This service provides specialist AN support to GPs situated in the Deep End practices and aims to engage patients with alcohol problems who have either not engaged with or have low engagement with specialist alcohol services in the local community.

It is important to understand how alcohol problems are managed in primary care, including new models of working such as PCANOS, which aim to address a major issue in treating patients with alcohol problems – that of how to set up treatment services so that they meet the needs of patients and make it easier for patients to engage on a sustained basis. This report presents stakeholder experiences and perspectives relating to the PCANOS model and wider community alcohol services (including community addiction services and other community-based services for alcohol problems).

1.4 Aim and areas of interest

The aim of our study was to explore stakeholders' experiences and perceptions of the management of alcohol problems in Deep End general practices in Scotland including the following aspects:

- views and experiences of the AAN Pilot/PCANOS
- levels of intervention for alcohol problems offered by the ANs
- facilitators and barriers of the AAN Pilot/PCANOS
- views and experiences of current service provision for people with alcohol problems within practices and the local community
- facilitators and barriers of current service provision for people with alcohol problems within practices and the local community

2.0 Methods

2.1 Research design and methods

This was a qualitative study which used semi-structured interviews to explore the perspectives of frontline staff (GPs, other practice staff and ANs), patients and strategic staff, to understand how alcohol problems are managed in Deep End Practices in Glasgow that signed up to PCANOS. Our strategy was to recruit four practices in Glasgow City that took part in the AAN pilot, and from there, recruit up to 17 frontline staff and service users from these practices. We also planned to recruit up to seven strategic staff who had a role in designing, implementing or evaluating the AAN or PCANOS, and up to eight patients from Deep End Practices in Glasgow who were also service users of PCANOS. Thus, we planned to recruit up to 24 participants. In total, six practices were recruited; three took part in the AAN pilot, and three took part in PCANOS. We conducted 23 interviews with 25 participants: nine practice staff, five ANs, seven service users and four strategic staff.

2.2 Recruitment procedure

We approached 10 Deep End Practices, four of whom had signed up to the AAN Pilot and six who had signed up to PCANOS – details of these practices were provided by a member of our study advisory group and one of the PCANOS ANs. Six of these practices (three AAN and three PCANOS) agreed to participate in the study. From each practice, we recruited between one to three frontline staff who had experience of supporting patients with their alcohol problems; in total, nine frontline practice staff participated: six GPs, two Link Workers and one Practice Manager (Table 1). Link Workers are specially trained staff who support patients with complex health and social care problems (e.g. employment and housing problems) by connecting them to appropriate local community organisations and other providers; link workers are situated in practices but are not employed by the practices (NHS Health Scotland, 2016). We also recruited five PCANOS ANs who worked with these six recruited practices. The ANs contacted 14 PCANOS patients and obtained their consent to pass on their contact details to our research team. Twelve patients responded to our phone calls or emails, and seven were recruited. We also contacted six strategic staff and recruited four (one of whom was not involved with PCANOS, but who had a strategic role within alcohol treatment and recovery).

2.3 Research ethics

Ethical approval was obtained from the NHS East of Scotland Research Ethics Service (19/ES/0127). R&D approval was obtained from NHS Greater Glasgow

and Clyde. We were aware that our study focused on the sensitive topic of alcohol problems and involved a vulnerable group (service users). For this reason, we have reported limited demographic data for them to protect their anonymity.

2.4 Data collection

We conducted 23 semi-structured interviews with 25 participants between September 2020 and June 2021. Their demographics in terms of role and gender, and additionally for patients, whether they were actively involved with PCANOS or discharged from the service (at the time of the study) are presented in Table 1. Interviews were conducted either by telephone or online via Microsoft Teams. Interview guides were developed for each participant group to facilitate discussions that explored topics from our research objectives. As the study took place during the COVID pandemic, we also explored experiences of how patient support and alcohol services were impacted during this time. We offered £50 to each practice to cover their participation in the study and gave each patient £30 worth of shopping vouchers as a gesture of thanks for participating. Interviews were 37 to 85 minutes in length. All interviews were audio-recorded and transcribed by a professional transcription service.

Of the seven patients interviewed, five were male and two were female. One participant was aged between 18 and 29 years, two between 30 and 39 years, one between 40 and 49 years, one between 50 and 59 years and two between 60 and 69 years. Most of the patients were employed, at least one patient was retired, and at least two assumed a care giving role for family members. Several of the patients had health problems, either unrelated or related to their alcohol consumption. For example, three patients had experienced significant physical morbidity as a result of drinking. Of the seven patients, at the time of interviewing, three were still actively engaging with PCANOS and four had been discharged from the service.

2.5 Data Analysis

Data were analysed following a thematic approach using qualitative analysis software NVivo Version 12. All interview transcripts were anonymised prior to analysis to ensure no identifiable information about participants was present. Transcripts were read several times and an initial coding framework developed based on discussions among the research team. Following initial coding of the transcripts, the framework was refined, and the final themes were agreed on.

Table 1: Participants

No.	Interview no.	Participant	Role	PCANOS status	Gender
1	1	AN1	Addiction Nurse	-	F
2	2	AN2	Addiction Nurse	-	F
3	2	AN3	Addiction Nurse	-	M
4	3	GP1	GP	-	F
5	4	SS1	Analyst	-	F
6	5	GP2	GP	-	M
7	6	SS2	Nurse	-	F
8	7	SS3	Alcohol Treatment Manager	-	M
9	8	PM1	Practice Manager	-	F
10	9	LW1	Link Worker	-	F
11	10	GP3	GP	-	M
12	11	LW2	Link Worker	-	F
13	12	SS4	GP	-	F
14	13	GP4	GP	-	M
15	14	GP5	GP	-	M
16	15	GP6	GP	-	M
17	16	PP1	Patient (active)	Active	M
18	17	PP2	Patient (discharged)	Discharged	M
19	18	PP3	Patient (discharged)	Active	M
20	19	PP4	Patient (active)	Active	F
21	20	AN4	Addiction Nurse	-	F
22	20	AN5	Addiction Nurse	-	M
23	21	PP5	Patient (discharged)	Discharged	M
24	22	PP6	Patient (discharged)	Discharged	F
25	23	PP7	Patient (active)	Active	M

3.0 Results

Below we present a summary of the patients' relationship with alcohol and their reasons for seeking help, followed by a description of the PCANOS model based on our participants' accounts. Next, we present three main themes from our analysis of data relating to the PCANOS model: the person-centred approach, collaborative working and coordinated care. We also present the facilitators, barriers and challenges in relation to PCANOS and other community services who support people with alcohol problems.

3.1 Patient relationship with alcohol and reasons for seeking help

Patients were asked to share their history of alcohol problems, as far as they felt comfortable doing so. They reported several contributing factors and circumstances relating to their drinking, including to cope with physical and mental health problems (e.g. depression, eating disorder), to cope with past trauma (e.g. sexual abuse). Other reasons given for drinking were to socialise or to increase their confidence. Regarding levels of alcohol consumption, some patients were binge drinkers and others would drink every day at high levels.

> *"So right from an early, well an early age I used alcohol to cover up a multitude of sins. And I went through my life I tended to go from peaks down to troughs so you know I would be working at a good job you know, earning a good money, living in a nice area, and because I had issues mentally, I mean maybe it's fair to say I had, I was abused when I was younger, sexually abused by someone up the street which was all hushed up."* - (Interview 18, Patient)

> *"See with me it started off I had an eating disorder since the age of 15 and I seeked counselling for that but even they said I was too kind of far gone with it, they could'nae help because I had my mind set on that but apart from that see how when I went to my work and that and went nights out I always took the car. I never touched a drink. I enjoyed myself without a drink but then I think it was like my confidence was gone because I started to put on a bit of weight, every time I was going out I went I'll take a wee drink and then that kind of started it off. But the problem with me was I was a binge drinker, see how when I did drink I was one of they ones that see once I started I didn't stop."* - (Interview 22, Patient)

There were several reasons given by patients as to why they sought help for their alcohol consumption. One reason given by several patients was that they recognised that there was a problem or that others had brought it to their attention (e.g. friends or family). Other reasons included family reasons (e.g. partner or family threatening to leave) and health reasons caused by alcohol (e.g. liver and stomach problems).

> *"So basically I got to a certain point, of course the GP was helping me, I was off work obviously for a while because my stomach was bad and I ended up in hospital being sick for eighteen hours. So I was initially off for I think it was maybe about five weeks, and of course the doctor was phoning me every week checking in on me, trying to help with cutting down and things like that but as he advised is there is other teams out there that are more suitable for it."* - (Interview 23, Patient)

> *"I mean it's unbelievable I mean I would starve myself and at work I'd save my lunch money just for a drink. I'd starve the whole day and have just water, for this."* - (Interview 21, Patient)

> *"Yeah definitely, that's when I started knowing that I had a really serious problem, see when people are coming up to your house and you think you're alright but people are like she's steaming. I was like I'm not drunk. But obviously I was and then I was waking up and not remembering stuff. Like I was walking down and like did I eat that last night or did I leave all that on? I was blanking out, having blanks"* – (Interview 22, Patient)

> *"I had had a bad weekend and my wife and my children threatened to leave the house. I called the doctor on the Monday and they put me in touch with a lady called [Name1] – I can't remember the pronunciation of her surname. I've been with her for nine weeks. I've come down from seven litres to – yesterday I was down to just under three bottle"* - (Interview 16, Patient)

3.2 The PCANOS model

From our discussions with professional participants, there was agreement that the aim of PCANOS was to engage and provide care for patients with serious alcohol or drinking problems, whom alcohol services had previously failed to engage with successfully, and to eventually link these patients to mainstream community services.

Addiction Nurses (ANs) and GPs reported that PCANOS clients were those whom previous services had failed to engage with. Although they tended to vary in terms of age and employment status, most clients were men, came from areas of high deprivation and had past trauma and/or mental health problems.

Patients had to be referred to PCANOS by their GP practice, with most referrals made by the GPs. However, other members of staff in the GP practice such as nurses or the practice Link Worker could alert the GP to a patient who may be eligible for PCANOS or go straight to the PCANOS AN to discuss this - "I would just chap the door on the day they [AN] were in, have a conversation about someone and so you could have that, does this person fit for you?" (Interview 11, Link Worker). The process of

referring patients to PCANOS as described by one GP participant was through using existing referral pathways in the GP electronic system, which went to the CAT team with a notification that the case be for the attention of the PCANOs AN. For a short period during the COVID-19 pandemic, patients were also referred to PCANOS from the Glasgow Alcohol and Drug Recovery Service due to an increased demand for alcohol services during this time. Once the PCANOS team receive a referral, they aimed to contact the patient as quickly as possible, and arrange to meet at the patient's home.

The PCANOS ANs initially complete a full health and wellbeing assessment to identify the patient's needs and explore the patient's goals in terms of alcohol treatment. The service had a harm reduction philosophy such that patients would be supported with any treatment goal that may help their physical or mental wellbeing or their social functioning and relationships, even if they did not wish to abstain from drinking longer term. The ANs are qualified to provide a range of interventions including detoxes, psychological support and dietary advice. All these interventions are usually provided in the patient's home. Where needed, the ANs also connected patients with Link Workers to address underlying issues such as housing and employment. The average time patients engaged with PCANOS was 12 weeks, although patients could stay longer with the service if necessary. Towards the end of this period, the ANs let patients know that they will be referred on to one of the mainstream services, and connect the patient to that service, after which the patient is officially discharged from PCANOS.

All patients viewed PCANOS positively, and reported a wide range of benefits from engaging with the service; these include reduced alcohol consumption, improved physical and mental health, improved sleeping patterns and confidence to cope with triggers. GPs and ANs also reported seeing improvements in patients' health and wellbeing as a result of engaging with PCANOS.

> *"I was up at four hundred and odd units for a week's drinking, the very first week she came. Yesterday I was down to 83.6 units, which is a lot over the space of eight weeks, basically. She gives you the encouragement to try it. She can only help you so far. It's down to yourself personally. I can just throw the ball out and say don't bother coming back, I'm not interested. But I don't want to do that. I said to her a couple of weeks back, I don't want to waste your time and my time and your resource if somebody else could use it. She said but you need it, as much as anybody else. Just carry on with what you're doing. You're getting there. She's quite happy with the progress I've made, coming down from four hundred and odd units a week, down to 83.6 yesterday."* - (Interview 16, Patient)

> *"Well I suppose obviously less crises, crises, problems, less A&E injury things, how the patient perceives it, how the family perceives it, how their general health is because alcohol affects other health as well and it affects […] disease it affects the management of that and how they're complying with medication as well so that comes into it as well. Their physical health has otherwise improved or mental health has improved as well. Obviously with their alcohol problem they may not be totally teetotal but certainly there's less crisis involved."* - (Interview 5, GP)

3.3 Person-centred approach

The general view, and most salient theme, was that the PCANOS model and the ANs followed a person-centred approach where the focus was on the needs of the patient as an individual. This included the fact that the ANs approached the patients directly and visited them in their own environment at home. The flexibility was also a perceived benefit of the attached alcohol nurse, with comparisons drawn from more structured services out with primary care. The person-centred approach also included the therapeutic relationship created between the nurses and patients, the support and motivation that they provided and their wide range of knowledge and skills, discussed below.

> *"…it was very much a person-centred approach because what might work for you to engage you in a service with me, might not work for me to engage in a service with you. So the nurses needed to use a variety of very in reach and outreach approaches and I think that's what the difference was"* - (Interview 6, Strategic staff)

> *"So, and then that's about people being able to engage in the service because sometimes with the addiction services it is 9am to 5pm so time is restricted so people don't get access to, if they want assessed or whatever, so it's about being flexible and giving the person choice and access to the service as well"* - (Interview 2, AN)

Therapeutic relationship

The relationship between the patient and the PCANOS AN was viewed as therapeutic, with the AN considered by patients as approachable, easy to talk to, understanding, honest and that they listened to, and took an interest in them.

> *"It was a lot more personal. As I say, she was taking an interest in me. My likes and dislikes and circumstances. The others didn't. They didn't give a shit. Give up drinking or die, you know"* - (Interview 17, Patient)

> *"So for me, when basically she's a bit like myself, she doesn't beat around about the bush, or hide anything, so for me having somebody telling you basically tell [...] if I had someone who wasn't more open and physical in the way the treatment was going I think it could have been a hell of a lot worse. For me to have somebody who is open and honest and upfront towards you helps out a hell of a lot"* - (Interview 23, Patient)

Support and motivation

The PCANOS AN was viewed as supportive and motivating by both patients and other staff within the GP practices. For example, the ANs made sure that patients knew that they could contact them whenever they needed to but also provided emotional support, for example: "Aye, aye a hundred percent, yes, if you need anything, anything at all, I'm always here contact me. It doesn't matter what it is, if it's not to do with drink or anything like that, just contact me." (Interview 21, Patient). Furthermore, the ANs involved the patients in their treatment plan and provided motivation and encouragement.

"I think, for some people, actually doing things like a home detox, would be a lot easier than uprooting and attempting to manage a longer detox or an in-house residential detox, but also the additional support and emotional support. I think that intensity and the capacity to be able to go and meet with them and spend, maybe, more time than you would get through the Community Addictions Teams. So that intensity of support was what I found proved successful." - (Interview 9, Link worker)

"You feel safe letting that person in because at the end of the day you're vulnerable. That's what…that's what I've…especially lately because och I did'nae drink for…a couple of weeks before Christmas but then lockdown…it all came to fruition that…I feel more that…I can pick up the phone and say to [PCANOS AN] right I'm struggling with this, or…she's told me phone me any time..." - (Interview 19, Patient)

Skills and knowledge of the PCANOS ANs

The range of skills, including knowledge of medications, the ability to conduct home detoxes and provide advice on other health related issues such as diet, were beneficial to patients. The skills and support provided by the ANs led to benefits to the patients with regards to their drinking and their general mental and physical wellbeing. For example, patients were able to reduce how much they drank, were able to sleep better and saw improvements in their mental health.

"I do think that [alcohol focused service] is a strength in this situation, because of the nature of alcohol addiction and maybe the lack of people wanting to engage with Community Addictions, because there is almost a focus on other substance misuse. Also, the specialist knowledge of being able to administer medical care relating to alcohol and having a deeper understanding of all of that. Plus I think the Alcohol Nurse provided that emotional support and understanding of that type of addiction. So I think in this case, I think having that specialist support meant you could really engage with people that were very disengaged" - (Interview 9, Link worker)

3.4 Collaborative working

Participants discussed that PCANOS enabled collaborative working between practice staff, including with the ANs. For example, it was mentioned that the ANs were able to work with the Link Workers within the practice, with both parties sharing their expertise (on alcohol or wider issues faced by patients); as such, multiple issues faced by a patient were being addressed. Furthermore, because the ANs were in proximity and communication with the GP practice, this promoted quicker and more detailed information exchanges between practice staff (e.g. GPs) regarding patients and their progress, greater awareness of the service among practice staff and as a result, more referrals onto the PCANOS service.

"And then obviously we've done some joint work. So I've maybe had somebody I've been working already closely with. But not you know not able to tap into that alcohol use issue. Particularly where it's a health-related concern. The person is maybe not eating. You know they are maybe losing weight, they are just really quite unhealthy with it. And so to be able to kind of I've taken the [PCANOS] nurses out for the first couple of home visits. Introduced the service." - (Interview 11, Link Worker)

"…the relationship side of things between professionals I think was one of the key sort of findings from the pilot, was that actually that proximity, knowing the nurses that you're working with, knowing the GPs, the GPs feeling that they had somebody who would go and help sort things out, I mean that was just so important." - (Interview 12, Strategic Staff)

3.5 Coordinated care

Collaborative working between professionals enabled the care of patients to be coordinated, up until the point at which the patients were discharged from PCANOS. This coordinated care was steered by the ANs, who were responsible for creating tailored care plans for each patient, discussing these plans and updating the GP on the patient's progress and directly linking the patient to other services such as the link worker, hospital or mainstream community services. This resulted in a smoother transition between different services, and faster access to services for patients in a complex healthcare system:

"…recently I had a man who needed a detox, but we couldn't detox him at home because he lived alone, he had previous self-harming behaviour, overdosing and things, but I managed to engage him to the extent that he had, where he had agreed to go into one of the in-patient wards, so I had done all that work with him, so then when I referred him into the [Community Addiction Team (CAT)] team, he was already on the waiting list so we had by-passed quite a few months… …he was handed over to a worker within the CAT team, but all of that initial ground work was done by us." - (Interview 1, AN)

3.6 Factors facilitating the implementation of PCANOS

Support from practice staff and support from patient families were two key factors thought by participants to have facilitated the implementation and functioning of the service. Support and 'buy-in' from individual GPs and GP practices was particularly important at the early stages to establish good lines of communication and stimulate referrals to the ANs. ANs recounted the support they had received from those GPs and practice staff who welcomed the service:

"It's lovely when a GP practice is really motivated and enthusiastic about the service and they want to meet you and they are coming into us about it. This is the offer and this is what we are doing and we just start referring onto you, so it's great when that happens" - (Interview 20, AN's)

A number of participants (including staff and patients) talked of the benefits of having support from and the involvement of patients' families to help patients to engage with the service and successfully reduce (or stop) their drinking. Because PCANOS patients could be seen at home this was felt to facilitate family involvement. The importance of family support was described by one strategic interviewee in relation to helping to prevent relapse in patients:

"it's about building up that relationship with the families as best you can but if your patient does'nae want you to do it you cannae do it. So…some of that takes time to do and if you're doing an alcohol detox with someone that's quite a short period of time and then your relapse prevention work but if you can equip families to assist in that relapse prevention work then that benefits all." (Interview 6, Strategic staff)

One patient provided an example of where family has contributed in helping him monitor his drinking by completing a drinking diary with him:

"I've got a wee chart, I've got a spreadsheet that my daughter done for me. I take what I have, one unit, one bottle of beer or whatever it may be. My wife marks it down, what my mood is, what food I've taken etc, on a daily basis." - (Interview 16, Patient)

3.7 Barriers & challenges to PCANOS implementation

Participants also talked of some of the challenges of implementing or running the service. From the practitioner and service side, these included limited support from some GPs. For example, some participants (including ANs, and a Link Worker) felt that some GPs and practices held negative attitudes towards the service. One explanation given for this included a perceived lack of interest among some GPs/GP practices in treating individuals for alcohol problems: this was viewed as a specialist alcohol service responsibility. Another was a sense that GPs had some negative experiences of previous initiatives being implemented for a short period in practices and then removed again – "they are maybe just a bit fed-up, they don't want to sign up for something else that again they will get used to and then it disappears." (Interview 11, Link Worker). Negative attitudes to the service were felt to result in a lack of communication from some GPs and delays in referring patients. There was a suggestion that there was still work to do to encourage some GPs to embrace this new model of working:

"I think you know if they put the money in, even for a cluster of Deep-End GPs to have one alcohol nurse, or two alcohol nurses, it would make such a difference. I think just now that we are still breaking down the barriers of GP attitudes because GPs are that used to doing the referral on the system, sending it off to the CAT teams, and then that's it." - (Interview 1, AN)

"So before we detox somebody if you have worked, we try and get them onto [Acamprosate] before we do the detox. Now most of the GPs that we are working with just now are more than happy to give us that prescription. There are some GPs who refuse, the, one of the GP practices that I am working with just now is basically saying [Acamprosate] is a specialist medication therefore if you want that prescribed that person needs to sit with a specialist service." - (Interview 1, AN)

Another challenge experienced by the ANs included a lack of awareness of the service among some practice staff, also resulting in patients being referred direct to the ADRS rather than to PCANOS. This was especially problematic where there were changes in practice staffing such as the use of locum GPs. Some suggested solutions to increasing staff awareness were mentioned by one of the ANs, including having a poster in the surgery and adding the PCANOS service into the drop down list of referral options in the GP system (this latter solution was said to be currently in consideration). ANs felt it was important to have continuous communication with GPs and practices to remind them of the service and encourage referrals.

Another challenge arose from the fact that the ANs had to update a number of different electronic patient record systems each time they needed to record notes about a patient– "it feels like you are just, you are being swamped with notes and writing up assessments and just typing the same thing over and over again when it would be easier just to have it all in one place (Interview 20, AN).

ANs also reported experiencing some practical difficulties such as a lack of space in some GP practices for them to work in. For example:

"Because we're an outreach service and we're also agile workers sometimes just finding space in the doctor's surgery to do your notes and things or if you're in seeing

patients, just having maybe a room to pop in and do your notes and whatever, I find that quite challenging in the GP's that I'm in just now" - (Interview 2, AN)

Challenges also arose from working with a stigmatised patient group some of whom had been let down by services in the past. Patients' experiences of stigma sometimes made them reluctant to talk about their drinking and could also mean that they were reluctant to involve families in helping address their drinking problem. Staff and patients' accounts suggest that there was also a reluctance among at least some patients to attend other alcohol services after their PCANOS sessions are completed. A wider challenge was thought to be a lack of awareness of the PCANOS service among patients. A participant from one practice mentioned that they advertised the service on their practice TV in the patient waiting room to increase patient awareness and address an unmet need in some patients. Finally, ANs talked about trauma, which was common in the patients they see, and which meant that there needed to be time to build up a relationship of trust with the patient before being able to assess their mental health. For example:

"I had one young guy who was stabbed when he was seventeen from a work colleague… ….all his alcohol and mental health problems all stemmed from that young age you know, and I advised him then to go on and see psychology, but to refer him to psychology you had to do a mental health assessment before you can refer them. And for him to speak about this trauma, also his dad died of cancer, you know the hospital said his dad was going to be fine and then he ended up with a brain tumour, so for the NHS services that he's been involved with, he can't have trust. You know. So I had to build up the relationship." - (Interview 20, AN)

ANs also expressed concerns about funding, specifically around whether the service would continue to be funded. There was a perception that funders placed too much emphasis on patient numbers rather than quality of care, and would therefore may not be willing to continue funding PCANOS due to the small number of patients they treat compared to larger services such as the ADRS.

3.8 PCANOS versus other community services for alcohol

Participants were asked how treatment and support from PCANOS compared to that provided by other alcohol services they had previous experience of; most compared PCANOS to the ADRS. Compared with PCANOS, treatment provided by the ADRS was viewed as less person-centred in the sense that there was limited time to focus on engaging patients due to heavier caseloads, limited flexibility in how and when patients can use the service, and that these services were generally less responsive. For example, one patient described the difficulty in committing to a regular time slot in the community-based service due to work shifts:

"…I've only spoke to her [person from community service] once and it was somebody else that contacted me before her and then there was a new woman I spoke to her for an hour one day… …she said to me she can't commit for me, to drop my case because I work in Aldi and I work in the mornings and I work at night and it's all different shifts, so I can only see three weeks [ahead]… … I cannae commit to a certain time or a certain day every week… …they have basically told me if I cannot give them a Wednesday at 1:00 for the foreseeable future… … they will give someone the space and slot." - (Interview 21, Patient)

Attending the ADRS for alcohol problems was viewed as challenging for a number of reasons, including the stigma associated with using these services, especially where alcohol and drug services had been combined into one service.

"They're (ADRS) are a good service but for a lot of people, particularly people who alcohol problems, they see that service as a drugs service, when they go up there in a room and see its full of people that are using drugs then they're uncomfortable. Particularly I think some of the women that have alcohol problems don't like sitting in that environment." - (Interview 13, GP)

Some participants (including ANs, GPs and a Link Worker) felt that unlike the PCANOS service, the ADRS was focused on drug use problems rather than alcohol and there were some comments that they were more focused on recovery as opposed to the harm reduction focus within PCANOS. Communication with GPs also differed across the two types of service, with poorer communication about patients coming from the ADRS.

"One issue that we've got with the CAT team is that we don't necessarily get brilliant communication from them ... … any patient contact that I have it goes in their notes about it. Any clinic attendance that a patient has in a hospital we should get a letter about it. If we get letters about the patients who are engaging (with the CAT team), they tend to be few and far between so they can be potentially like months…" - (Interview 14, GP)

Another issue, raised by one of the practice staff participants was that the ADRS did not recognise the role of wider practice staff in helping to address a patient's alcohol problems:

"I think a lot of outside services don't realise the role of the wider practice staff as well… … They just think that the GP is the only person who they can talk to, when actually sometimes, if you talk to someone else, maybe the nurse or links worker, something can get done maybe quicker, than having to wait for a GP who is already in surgery dealing with their surgery list, house calls and then trying to prioritise phoning other services

back, while they nurse could maybe speak to someone at reception if it's something straightforward, as in we would like a medication to be added. We can put that through to the doctor straightaway and get it done." - (Interview 8, Practice Manager)

The complex nature of the wider community alcohol services was thought by some participants to make it challenging for GPs to decide where to refer an individual if they thought they would need some support for their alcohol problem. Some effort was required to keep track of the various services operating. This is illustrated by one GP:

"I think the way alcohol services are set up makes it difficult for GPs, especially new GPs, so do I refer to the alcohol and drug recovery service, do I refer to Addaction, do I refer to Glasgow Council on Alcohol, who does what? All these different questions, who's appropriate for what service, how do I get them engaged in AA, how do I get them engaged in, you know, all the different ways." - (Interview 10, GP)

A challenge for both PCANOS and community alcohol services was thought to be how to address the needs of patients with co-occurring substance use and mental health problems. It was suggested that it was sometimes unclear which service was responsible for addressing problems experienced by these patients. An AN nurse described their role in helping to address the alcohol issues for these patients:

"So sometimes addiction and mental health get into this sort of a fight, no it's your responsibility, no it's yours. So if we can get that person sober and abstinent then we can say well now you need to look at their mental health, you know?" - (Interview 2, AN)

3.9 Impact of COVID

Participants discussed that COVID had impacted the service in several ways. There was mention, specifically by one GP, that being unable to see patients face to face meant that alcohol problems were not being picked up as much or as easily as before the pandemic.

"I think it's massively impacted on the volume because quite often we would pick things up by seeing patients; so they may be coming in at 8.30am for an appointment to get, I don't know, I'm trying to think of an example, a skin lesion looked at, and you notice their breath smells of alcohol and then you go into that conversation. So it's that whole kind of opportunistic part of it is completely lacking and it's not something you can do over the phone. So, again, using the skin lesion as an example, usually we do a consultation over the phone, get the patient to send in a photo of the skin lesion and then deal with it from there and you never smell the alcohol off the breath. Or you never see the whole patient, how dishevelled they're looking or lacking self-care or, all these things, yes, it completely lacks that, but I suppose we just have to accept that that's the way it is at the minute. Hopefully it won't last for too much longer" - (Interview 10, GP)

There was mention by other practice staff, such as link workers, that referral rates had reduced following COVID, there had been delays in access to practices to run the service, AN's had been unable to attend practice meetings and update practice staff on the progress of the service.

"…when I came on board the service was just starting to really open up and then obviously COVID happened and I find that has sort of maybe put, not blockages, but it's delayed us getting into other practices, obviously because a lot of practices aren't seeing patients just now as well and it's like phone consultations and things like that. So we are still positively outreaching the GPs and trying to get into the surgeries but there's been some teething issues with that [P2AN2] hasn't there?" - (Interview 2, AN)

"Well the new service we do referrals in the same way as we did to [Name1], through the Addiction Team and just pointing out it was for the GP service. But they had just really started when COVID hit so we haven't had interaction with them, as far as I'm aware the addictions services are not seeing patients face to face at all, they're certainly not seeing our drug addicts face to face and so I don't think I've had any personal feedback on the one person that I had done a referral to the new team, I didn't hear anything back at all. So not as good but I don't know if that's COVID or if that's because the new service is not planned in the same way as the old one was." - (Interview 3, GP)

A further impact of COVID on the service was that nurses were unable, at certain points, to see patients face-to-face. There was mention that meetings with patients moved to different formats, such as, facetime and phone calls. Furthermore, it was mentioned by a patient, that they didn't know whether to seek help because they assumed everything was closed.

"Yeah it's started to so when the restrictions had become more lax then they had just started to do home visits again, with appropriate use of PPE etcetera but then when we went back into tier 4 restrictions then the face to face stuff stopped again so we're hopeful that that will start to pick up. So…the team have been quite…they're doing a lot of phone calls, they're doing a lot of that kind of stuff and the Face Timing stuff. So they're being quite creative and now they're seeing people but its never the same as that face to face consultation" - (Interview 6, Strategic staff)

"…because of the COVID I want to get this clear, I didn't want to phone anybody because I thought…everything was shut down but then I got the phone call from the doctor…I can't remember her name." - (Interview 19, Patient)

4.0 Discussion

This study aimed to explore how alcohol problems are managed in Deep End GP Practices in Glasgow, with a specific focus on PCANOS, a specialist alcohol service that works closely with general practices. Our findings show that the PCANOS model provides a novel and practical approach to supporting people with alcohol problems who have low engagement with other alcohol services. The service had a positive impact on patients' drinking behaviour and health and wellbeing, and we identified three key elements of the PCANOS model that were important in meeting the needs of its patients: a person-centred approach, collaborative working and providing coordinated care.

The person-centred approach to care was evident from the responses of the ANs and patients – patients were treated as unique individuals and placed at the centre of their care by having their physical, mental and social needs assessed, and having their goals in terms of their drinking behaviour and overall health and wellbeing considered. The person-centred approach is a key principle of care when working with people who have alcohol problems (NICE 2011). The fact that the care provided was primarily delivered in the patient's home is key to the person-centred approach. The homes provided a familiar, comfortable and safe environment which enabled the ANs to begin to build trusting relationships with the patients. A recent systematic review of treatment interventions to maintain abstinence from alcohol in primary care concluded that home visits can potentially complement treatment of alcohol problems in primary care, though the evidence base for this is still limited (Cheng et al. 2020).

The second key element of PCANOS was collaborative working, which was done among the PCANOS ANs, general practice staff, Link Workers and to a limited extent, the ADRS. The collaborative working drew on the different skills and support offered by each service. For example, the ANs reported reaching out to Link Workers to help to address wider issues experienced by patients with alcohol problems such as housing, employment and mental health. The collaborative working between the ANs and practice staff enabled the third key element of PCANOS – coordinated care. The ANs steered the coordinated care of the patient, ensuring that all parties were kept up to date with the patient's care plan and progress, and that patients received the correct support up until their time of discharge from PCANOS. Coordinated care is also a key principle of care when working people who have alcohol problems (NICE 2011).

Our findings show that the three key elements of the PCANOS model helped to remove barriers that are often faced when managing alcohol problems in primary care such as a lack of GP time, skills and resources, and challenges in identifying and engaging patients (Wilson et al, 2011; Derges et al, 2017; Holloway and Donaghy, 2017; Rosario et al., 2021). The home visits conducted by the ANs also helped to remove other barriers that patients with alcohol problems face in relation to other community-based alcohol services such as access issues, stigma and the limited ability to meet a diverse range of patients' needs. The role of the PCANOS ANs was crucial to removing these various barriers by building trusting relationships with patients and ensuring that their diverse health and wellbeing needs were met.

Our findings also show that GPs and other practice staff such as nurses, also have an important role to play as their awareness of PCANOS, ability to recognise patients that are eligible for the service, and support for PCANOS, were reported as challenges to the successful implementation of PCANOS. ANs also believed that some GPs had a lack of interest in treating patients with alcohol problems or were reluctant to sign up to PCANOS because of negative experiences with other services in the past. The solutions offered to combat these challenges mainly centred around the PCANOS ANs increasing their communication with GPs to promote greater awareness of the service. From the GP perspective, one GP reported that it was sometimes challenging to decide where to refer patients who needed specialist treatment, as there were so many alcohol services in Glasgow. This suggests that that more needs to be done in terms of raising awareness of the roles of different alcohol services in Glasgow, for example, by providing sufficient and up-to-date information about all the services in the same location.

One important finding is that despite that aim of PCANOS to engage patients with mainstream services after being discharged, there was a perception that some patients would be reluctant to do so. One patient who was discharged from PCANOS at the time of the study reported experiencing flexibility issues and a less personal approach when dealing with the ADRS. GPs, ANs and strategic staff all noted that challenges associated with ADRS such as less communication, less personalised focus on patients and treating with people with drug problems alongside those with alcohol problems, were barriers to preventing patients from engaging with the ADRS. This suggests that more investment is needed for services such as the ADRS them to offer patients a more person-centred, collaborative and coordinated service.

From our participants' accounts, we have identified one group of patients who PCANOS and other services such as the ADRS may experience challenges in supporting – people with an alcohol problem or co-occurring substance use problems who also have a moderate or severe mental health problem. It is well-established that many people with alcohol and/or drug problems also experience mental health problems (Alcohol Concern and Alcohol Research UK, 2018). We found this in our study where the ANs reported that many of their patients suffered with mental

health problems that arose from past trauma, and at least two of our patients mentioned experiencing past trauma at a young age. While the ANs did try to support patients with mental health problems for example, by providing them with coping skills, there was an acknowledgement that at times, there were tensions between PCANOS, the ADRS and mental health services in deciding whose responsibility it was to support patients with mental health problems. Other research has also identified this issue (Alcohol Concern and Alcohol Research UK, 2018). Thus, some people within this group of substance use and mental health problems will fall through the gaps between services, and more needs to be done to address how better to support this group.

5.0 Conclusion and Recommendations

Our study focused on managing alcohol problems in Deep End GP Practices in Glasgow. We found that PCANOS, an alcohol harm reduction service, provides a novel and practical approach to managing alcohol problems in primary care, specifically for people who have low engagement with other alcohol services. In this way, PCANOS is filling an important gap in service provision, that of supporting people with moderate to severe alcohol problems who do not engage with other services. We found that the service resulted in positively changed drinking habits and improved health and wellbeing among patients. This was enabled by three key elements of PCANOS: a person-centred approach to care, collaborative working with general practices and providing coordinated care for patients. These key elements set PCANOS apart from other alcohol services, in particular, the Glasgow ADRS. Main barriers and challenges to the successful implementation of PCANOS were the lack of awareness of the service among GPs, GPs' lack of interest in treating alcohol problems and GPs' reluctance to sign up to the service. Another main challenge to PCANOS was that despite its aim of linking patients to mainstream services such as the Glasgow ADRS after patients are discharged, there were perceptions that some patients would be reluctant to do so due to the less personalised and inflexible nature of these services. One patient group, those with an alcohol problem or co-occurring substance use problems with a mental health problem, was identified as potentially falling through the gaps between services due to tensions around which service was responsible for these patients' care. More research is needed to build the evidence base around the effectiveness of unique services such as PCANOS in managing alcohol problems in primary care. More research is also needed to better understand how people with substance use problems and mental health problems can be better supported. As PCANOS is filling an important gap in service provision, more long-term funding is important to ensure that it continues to support the complex needs of its patients. This investment will be increasingly important in addressing alcohol harms, given public health concerns about alcohol consumption and access to services resulting from the COVID-19 pandemic. Future research would be helpful in understanding the impact of COVID-19 on delivery of alcohol services in primary care.

References

Alcohol Concern and Alcohol Research UK (2018) *The Hardest Hit: Addressing the crisis in alcohol treatment services*. May 2018.

Anderson, P., O'Donnell, A., Llopis, E.J., Kaner, E. (2022) *The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019*. PLoS ONE 17(1) e0261609. **https://doi.org/10.1371/journal.pone.0261609**

Andréasson, S., Finn, S. W. and Bakshi, A.S. (2013) *Barriers to treatment for alcohol dependence: a qualitative study*. Addiction Science & Clinical Practice, 8(S1), p. A5.

Angus C. *What has 2020 done to the UK's alcohol consumption?* [Internet]. Institute of Alcohol Studies Alcohol Knowledge Centre, 2020. Available at: **www.ias.org.uk/2020/12/02/what-has-2020-done-to-the-uks-alcohol-consumption/** (accessed 31 January 2022).

Cheng, H., McGuiness, L.A., Elbers, R.G., MacArthur, G.J., Taylor, A., McAleenan, A., Dawson, S., Lopez-Lopez, J.A., Higgins, J.P.T., Cowlishaw, S., Lingford-Highes, A., Hickman, M. and Kessler, D. (2020) *Treatment interventions to maintain abstinence from alcohol in primary care: systematic review and network meta-analysis*. BMJ 2020;371:m3934 **http://dx.doi.org/10.1136/bmj.m3934**

Clay, J. and Parker, M.O. (2020) *Alcohol use and misuse during the COVID-19 pandemic: a potential public health crisis?* The Lancet Public Health. Corrspondence. Volume 5, Issue 5, E259, May 01, 2020.

Derges, J., Kidger, J., Fox, F., Campbell, R., Kaner, E. and Hickman, M. (2017) *Alcohol screening and brief interventions for adults and young people in health and community-based settings: a qualitative systematic literature review*. BMC Public Health, 17(1), pp. 1-12.

Finlay, I. and Gilmore, I. (2020) *Covid-19 and alcohol – a dangerous cocktail*. British Medical Journal; 369: m1987 doi: 10.1136/bmj.m1987 (Published 20 May 2020)

Holloway, A. and Donaghy, E. (2017) *Practices and attitudes of General Practitioners in the delivery of alcohol Brief Interventions in Scotland*. Scottish Health Action on Alcohol Problems.

Jackson SE, Beard E, Angus C, Field M, Brown J. *Moderators of changes in smoking, drinking, and quitting behaviour associated with the first COVID-19 lockdown in England*. Addiction 2021. [Epub ahead of print]. **https://doi.org/10.1111/add.15656.**

Goh, E. T. and Morgan, M. Y. (2017) *Review article: pharmacotherapy for alcohol dependence – the why, the what and the wherefore*. Alimentary Pharmacology and Therapeutics, 45(7), pp. 865–882. doi: 10.1111/apt.13965

GPs at the Deep End and Glasgow City Health and Social Care Partnership (2016). Deep end Report 31 Attached Alcohol Nurse Deep End Pilot (July 2015-2016): final report. December 2016.

Krachler, N. and Greer, I. (2015) *When does marketisation lead to privatisation? Profit-making in English health services after the 2012 Health and Social Care Act.* Social Science & Medicine, 124, pp. 215–223.

Manca, F., Lewsey, J., Waterson, R., Kernaghan, S.M., Fitzpatrick, D., Mackay, D., Angus, C. and Fitzgerald, N. (2021) *Estimating the Burden of Alcohol on Ambulance Callouts through Development and Validation of an Algorithm Using Electronic Patient Records*. International Journal of Environmental Research and Public Health, 18(12), p.6363.

Mohammadi, D. (2014) *Addiction services in England: in need of an intervention*. The Lancet Psychiatry, 1(6), pp. 421–422

National Institute for Health and Care Excellence (NICE) (2011) *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence: Clinical guideline*. Manchester: National Institute for Health and Care Excellence. Available: **www.nice.org.uk/guidance/cg115/resources/alcoholuse-disorders-diagnosis-assessment-and-management-of-harmful-drinking-highrisk-drinking-and-alcohol-dependence-pdf-35109391116229**

NHS (2018) Alcohol Misuse. Available: **www.nhs.uk/conditions/alcohol-misuse/** [Accessed: September 9, 2021].

NHS Health Scotland (2016) *Evaluation of the Links Worker Programme in Deep End general practices in Glasgow*. Interim Report May 2016.

National Records of Scotland (2021) *Alcohol-specific deaths in Scotland increase*. Available: **www.nrscotland.gov.uk/news/2021/alcohol-specific-deaths-in-scotland-increase** [Accessed: September 9, 2021].

Oldham M, Garnett C, Brown J, Kale D, Shahab L, Herbec A. *Characterising the patterns of and factors associated with increased alcohol consumption since COVID-19 in a UK sample*. Drug Alcohol Rev 2021; 40: 890– 9

Rehm, J., Allamani, A., Vedova, R.D., Elekes, Z., Jakubczyk, A., Landsmane, I., Manthey, J., Moreno-Espana, J., Pieper, L., Probst, C.Snikere, S., Struzzo, P., Voller, F., Wittchen, H.U., Gual, A. and Wojnar, M. (2015) *General practitioners recognizing alcohol dependence: a large cross-sectional study in 6 European countries*. The Annals of Family Medicine, 13(1), pp. 28-32.

Rehm, J., Anderson, P., Manthey, J., Shield, K.D., Struzzo, P., Wojnar, M., and Gual, A. (2016) *Alcohol use disorders in primary health care: What do we know and where do we go?* Alcohol and Alcoholism, Volume 51, Issue 4, July/August 2016, Pages 422–427.

Rehm, J., Kilian, C., Ferreira-Borges, C., Jernigan, D., Monteiro, M., Parry, C.D.H., Sanches, Z.M. and Manthey, J. (2020) *Alcohol use in times of the COVID-19: Implications for monitoring and policy*. Drug and Alcohol Review (May 2020), 39, 301-304.

Rosario, F., Santos, M.I., Angus, K., Pas, L. Ribeiro, C and Fitzgerald, N. (2021) *Factors influencing the implementation of screening and brief interventions for alcohol use in primary care practices: a systematic review using the COM-B system and Theoretical Domains Framework*. Implementation Science, 16(1), p. 6.

Rosenberg, H., Grant, J. and Davis, A. K. (2020) *Acceptance of non-abstinence as an outcome goal for individuals diagnosed with substance use disorders: a narrative review of published research*. Journal of Studies on Alcohol and Drugs, 81(4), pp. 405–415.

Scottish Government (2018) A*lcohol Framework 2018: Preventing Harm next steps on changing our relationship with alcohol*. Available: **www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/3/ [Accessed October 8, 2021].**

Scottish Government (2021) Scottish Health Survey – telephone survey – August/September 2020: main report. Available: **www.gov.scot/publications/scottish-health-survey-telephone-survey-august-september-2020-main-report/**

Watt, G. (2011) *GPs at the Deep End. British Journal of General Practice*. British Journal of General Practice, January 2011.

Watt, G. (2020) *The Scottish Deep End Project: 10 years on*. Available: **www.gla.ac.uk/media/Media_705055_smxx.pdf**

Wilson, G.B., Lock, C.A., Heather, N., Cassidy, P., Christie, M.M. and Kaner, E.F.S. (2011) *Intervention against excessive alcohol consumption in primary health care: a survey of GPs' attitudes and practices in England 10 years on*. Alcohol and Alcoholism, 46(5), pp. 570-577.

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