

Service	Alcohol Related Screening, Identification and Brief Advice in County Durham Pharmacies
Commissioner Lead	Jane Sunter Public Health Strategic Manager – Living Well, Ageing Well
Provider Lead	
Period	1 April 2022 to 31 March 2023

1. Purpose and Scope

1.1 National Picture

Information taken from the 2016 Public Health England (PHE) report¹ states that:

- 10.8 million adults in England are drinking at levels that pose some risk to their health, and 1.6 million adults may have some level of alcohol dependence.
- The number of alcohol-related deaths in England has increased from 20,996 in 2002 to 22,481 in 2013.
- Alcohol is the third leading risk factor for death and disability after smoking and obesity.
- Liver disease is one of the leading causes of death in England and people are dying from it at younger ages. Alcohol accounts for over a third of all cases of liver disease. Liver disease has more than doubled since 1980 and is the only major killer disease on the increase in the UK.
- Alcohol has also been identified as a causal factor in more than 60 medical conditions, including:
 1. Mouth, throat, bowel, stomach, liver and breast cancers;
 2. Cirrhosis of the liver;
 3. Heart disease;
 4. Stroke;
 5. Depression;
 6. Pancreatitis.
- Regularly drinking any level of alcohol carries a health risk for everyone. Men and women should limit their intake to no more than 14 units a week to keep the risk of illness like cancer and liver disease at a reduced level (see Section 1.3).

Tackling harmful drinking is an essential part of the Covid-19 recovery plan. 2020 was the worst year on record for alcohol specific deaths – with the highest rates in the North East.

Comparing March 2020 to March 2021, there was a 58% increase in people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women). Those drinking the heaviest before the pandemic were more likely to report increasing their drinking. Since the onset of the pandemic, alcoholic liver deaths have increased by 21%. Increased alcohol consumption during the pandemic, particularly amongst heavy drinkers, is likely to be driving this unprecedented acceleration in alcoholic liver disease deaths with the North East having the biggest increase in death rate out of all the regions.²

Liver disease is currently the second leading cause of premature death in people of working age, and this is only set to get worse if the Covid-19 pandemic results in a long-term increase in drinking.

1.2 Local Picture

Levels of alcohol harm continue to be greater in County Durham than England:

- Estimates suggest that 1.7% of adults in County Durham are dependent drinkers; this equates to around 7,000 people.
- 1 in 3 adults in County Durham drink over 14 units of alcohol a week, compared to 1 in 4 adults across England.
- 24% of adults in County Durham binge drink compared to 17% across England.
- 20% of 15 year olds have been drunk in the last 4 weeks, compared to 15% across England.³

¹ Health matters: Harmful drinking and alcohol dependence. PHE 21 Jan 2016 www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence (collection at <https://www.gov.uk/health-and-social-care/harmful-drinking>)

² Alcohol consumption and harm during the COVID-19 pandemic. PHE 15 Jul 21. <https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic>.

³ <https://www.durhamsight.info/living-well/alcohol-related-harm/> (accessed 8 Dec 21)

Annual surveys by Balance⁴ continue to show that the impact alcohol can have on health is poorly understood by the general public. While most people know that alcohol is linked to liver disease, only:

- 1 in 3 were aware alcohol causes cancer
- 1 in 4 knew alcohol increases the risk of heart disease
- 1 in 5 knew alcohol is linked with depression and anxiety
- 7% knew that alcohol is linked to stroke

The Balance survey also indicates only around 1 in 8 adults can correctly identify 14 units as the weekly limit set by the UK Chief Medical Officer before drinking is classed as being risky.

1.3 National Guidance

National guidance on alcohol consumption is described in the *UK Chief Medical Officers' Low Risk Drinking Guidelines*⁵ (see Appendix 1 for example leaflets from the PharmOutcomes template):

Weekly drinking guideline

This applies to adults (both men and women) who drink regularly or frequently i.e. most weeks:

- To keep health risks from alcohol to a reduced risk level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days.
- If you have one or two heavy drinking episodes a week, you increase your risk of death from long term illness, and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Single occasion drinking episodes

Advice for men and women who wish to keep their short-term health risks from single occasion drinking episodes to a lower level is to reduce the risks by:

- Limiting the total amount of alcohol that you drink on any single occasion.
- Drinking more slowly, drinking with food, and alternating with water.
- Planning ahead in order to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

Pregnancy and drinking (see Appendix 2 for the leaflet that can be printed from the PharmOutcomes template)

- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Summary

Both men and women should:

- Not regularly drink more than 14 units a week (see Appendix 1 for example leaflets that can be printed from the PharmOutcomes template).
- Evenly spread their drinking over 3 days or more.
- Have several drink-free days each week.
- Limit the amount of alcohol they drink on a single occasion.

Women who are pregnant or planning a pregnancy should:

- Not drink alcohol at all (see Appendix 2 for a leaflet that can be printed from the PharmOutcomes template).

⁴ <http://www.balancenortheast.co.uk/latest-news/alcohol-and-covid-19-a-perfect-storm>

⁵ UK Chief Medical Officers Low Risk Drinking Guidelines. DH 25 Aug 2016. www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

National Institute for Health and Care Excellence (NICE) Public Health Guidance *Alcohol-use disorders: preventing the development of hazardous and harmful drinking*⁶ identifies that professionals (who have received the necessary training) within a pharmacy setting can screen and offer structured brief advice on alcohol.

Alcohol-use disorders identification test (AUDIT) is a 10-question test for assessing an individual's level of alcohol risk. Health and social care professionals can use AUDIT as a comprehensive screening tool to assess the service user's level of risk to alcohol harm, by completing 10 questions:⁷

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk,
- 20 or more indicates possible dependence

Feedback should be given to a patient on their AUDIT score and the level of risk identified.

If the score is:

- 7 or below, give positive feedback and encourage the service user to keep their drinking at low-risk levels
- 8 to 19, give brief advice to encourage a reduction in alcohol use and reduce the risk of alcohol harm
- 20 or above, consider referral to specialist alcohol harm assessment

The Alcohol use disorders identification test for consumption (AUDIT C) is a test to quickly identify alcohol harm in service users. It can be used to quickly assess your user's level of risk to alcohol harm by completing 3 consumption questions.

Evidence has shown that providing simple alcohol advice results in⁸:

- Reductions in weekly drinking by between 13% and 34%, (2.9 to 8.7 fewer units per week) with a significant effect on health risk.
- One in eight adults reducing their drinking to low-risk levels.
- Adults being twice as likely to moderate their drinking 6-12 months after intervention.
- Reduction from 50 units/week to 42 units/week reduces the relative risk of alcohol-related conditions by some 14% and the absolute risk of lifetime alcohol-related death by some 20%.

1.4 Aims and Objectives

The aims of the service are to:

- Prevent progression from increasing risk to possible dependent drinking.
- Reduce alcohol related hospital admissions.

The objectives of the service are to:

- Raise public awareness of reduced risk levels of drinking and consequences of unsafe drinking.
- Identify levels of drinking amongst those presenting frequently with conditions possibly related to alcohol (see Section 2.1).
- Gather accurate data regarding service provision.
- Refer appropriately to the Drug and Alcohol Recovery Service.

2. Service

Note: Before the service can commence, the provider must sign a Public Health contract. Contact Adult and Health Services Commissioning (email: AHS.Commissioning@durham.gov.uk).

2.1 Service Description

The pharmacy can offer this service to people aged 16+ years presenting with symptoms / conditions /

⁶ Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE Public Health Guidance 24, Jun 2010. www.nice.org.uk/guidance/ph24

⁷ <https://www.gov.uk/government/publications/alcohol-use-screening-tests>. Information updated 30 Oct 2020

⁸ <https://www.e-lfh.org.uk/programmes/alcohol/>

interventions which may be associated with alcohol misuse e.g.

- Emergency Oral Hormonal Contraception (EOHC).
- Gastric problems – e.g. peptic and duodenal ulcers.
- Falls and associated injuries.
- High blood pressure.
- Depression /anxiety / stress.
- Diabetes.
- Patients purchasing hangover cures / excessive amounts of antacids.
- Identified during a smoking cessation consultation.

The service can also be offered following ad hoc requests, and to women who are pregnant or planning to conceive.

A person should be asked the first 3 AUDIT questions, referred to as AUDIT C (see Appendix 3 for the AUDIT C slip). This will take approximately one minute to complete. If a person scores 5+, the remaining 7 questions of the full AUDIT tool should be completed (see Appendix 4).

Screening and intervention can be done by any appropriately trained member of the pharmacy team (see Section 2.2).

2.1.1 Interpretation of the Full AUDIT Score

AUDIT scores are interpreted in the following way (see the tear off advice pad in Appendix 5):

- *Low risk drinking (1-7 full AUDIT score)* - Drinking in a way that is unlikely to cause harm.
- *Increasing risk drinking (8-15 full AUDIT score)* - Drinking in this way raises the long-term risk of ill health.
- *Higher risk drinking (16-19 full AUDIT score)* - Drinking that is likely to be affecting physical and mental health.
- *Possibly alcohol dependent (20+ full AUDIT score)* - A cluster of behavioral, cognitive, and physiological phenomena that may develop after repeated alcohol use. Typically, these phenomena include a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued.

Depending on the AUDIT score, the pharmacy will then provide a brief intervention and will:

- Provide the relevant patient information that can be printed from the PharmOutcomes template (see Appendix 1 for examples).
- Provide the person with their AUDIT score using the tear off advice pad (see Appendix 5).
- Refer (see Appendix 6) or signpost (see Appendix 7) to the relevant Recovery Centre. Please note that it is far better to actively refer a person rather than expect them to self-refer following the provision of the signposting information.

For young people (16-18 years)

- Who score 8+ on full AUDIT refer to a Recovery Centre.

For adults (18+ years) who score:

- *Low risk drinking (1-7 full AUDIT score)*: Give positive feedback and encourage person to keep their drinking at low-risk levels. Can be given information on reduced risk levels of drinking to raise public awareness/education (e.g. example information in Appendix 1 which can be printed from the PharmOutcomes template).
- *Increasing risk drinking (8-15 full AUDIT score) or Higher risk drinking (16-19 full AUDIT score without additional risk factors)* (see Section 2.1.2): Give brief advice to encourage a reduction in alcohol use and reduce the risk of alcohol harm. This can include verbal and written information about units and reduced risk drinking levels (e.g. see example information in Appendix 1 which can be printed from the PharmOutcomes template); health impacts of alcohol on physically/mental health; and practical tips on how to reduce drinking and alcohol related harm (by providing their AUDIT score on the tear off advice pad in Appendix 5 or signposting to online resources and Apps

(see Annual Update Briefing).

- *Possibly alcohol dependent (20+ full AUDIT score) or Higher risk drinking (16-19 full AUDIT score with additional risk factors (see Section 2.1.2))*: Should be offered a referral to the relevant Recovery Centre using the referral form in Appendix 6. If the person is over 18 years and does not wish to be referred, they can self-refer to the Centres identified in Appendix 7. However, note that it is far better to actively refer that person rather than expect them to self-refer.

2.1.2 Additional Risk Factors which will increase harm include:

- Over 65s and veterans.
- Pregnancy.
- Complex or life-threatening physical health problems / polypharmacy.
- Enduring mental health problems e.g. bipolar, schizophrenia.
- Risk of suicide / self-harm.
- Homeless / no fixed abode / traveller.
- Criminal justice involvement.
- History of violence / threats to others / domestic abuse / child welfare concerns.

2.2 Training Requirements

It is the duty of the provider to ensure that the service is delivered by staff who have the necessary competence and training in this intervention.

A pharmacy service lead should be assured that all staff are adequately trained to meet the requirements of the service.

All staff members providing this service should read the 2022-23 Annual Update Briefing and consider any further training needs.

A minimum of one member of the pharmacy team (the pharmacy service lead) should be fully trained. For 2022 – 2023 this training consists of:

- Reading this service specification.
- Reading the 2022-23 Annual Update Briefing.
- Completing the online brief advice training at <https://www.e-lfh.org.uk/programmes/alcohol/>. The course for community pharmacy is split into four e-learning sessions:
 - Alcohol facts
 - Introducing IBA and identifying risky behaviour
 - Practising IBA and delivering brief advice
 - Assessment

All staff are also expected to keep up to date with guidance / service changes (via information circulated on PharmOutcomes) and to assess their competence on an ongoing basis.

For 2022 – 23 training will be declared by the pharmacy service lead by completion of a PharmOutcomes Declaration (see Appendix 8 for the template PharmOutcomes Declaration).

For new pharmacies and pharmacies requiring training of new staff members:

- To organise an onsite visit to train staff on running the service and the service materials: contact Sandra Waters (email: sandra.waters@nhs.net).
- Staff are required to complete the above training requirements in advance of this visit.
- The pharmacy must sign a contract with the Council commissioning team before this pharmacy service can commence (email: AHS.Commissioning@durham.gov.uk).
- The pharmacy service lead will be required to complete the PharmOutcomes Declaration that will require completion upon making the first claim on the 2022 PharmOutcomes template.

2.3 Geographic Coverage/Boundaries

Pharmacies within County Durham.

2.4 Location(s) of Service Delivery

2.4.1 Within the Pharmacy Setting

The service should be provided in an appropriate confidential room / area. The provider will comply with the General Pharmaceutical Council standards for pharmacy premises at www.pharmacyregulation.org/standards/standards-registered-pharmacies.

2.4.2 Offsite Provision

Prior permission must be obtained from the service commissioner for any offsite provision by contacting Sandra Waters (Tel: 0191 3728702. Email: sandra.waters@nhs.net) in the first instance.

2.5 Days/Hours of Operation

Alcohol screening will take place during normal business hours.

2.6 Exclusion Criteria

- Patients aged over the age of 16 who have had an alcohol brief intervention in the previous 3 months.
- Patients under the age of 16 will be excluded from this service and the safeguarding children policy and procedures should be followed.

2.7 Data Collection

Payment claims are made via PharmOutcomes. All fields must be complete and accurate.

Any duplicate claims will be investigated on a quarterly basis. In the event of over claims being made, the Local Authority has the right to reclaim all monies.

Information on the AUDIT C slips should be entered onto PharmOutcomes no later than 2 months after the date of the intervention.

All AUDIT C slips entered onto PharmOutcomes must be marked with:

- An indication (e.g. a tick, or slip crossed through) that they have been entered onto the system.
- The initial of the staff member who has entered the data onto the system.

The AUDIT C slips must then be retained for at least 6 months for audit purposes.

Public Health will generate the monthly claim report from PharmOutcomes for all pharmacies on the 15th of every month and send the report to DCC Finance for payment. There will be no requirement for pharmacists to send invoices. Any queries relating to payment must be made to publichealth@durham.gov.uk.

3. Review / Audit

The service provider may be requested to participate in an end of year service review as defined by Public Health.

AUDIT C slips must be retained for at least 6 months for audit purposes. Public Health reserves the right to audit these slips against monthly claims made by the pharmacy.

In the event of over claims being made, the Local Authority has the right to reclaim all monies on a quarterly basis.

Using PharmOutcomes, the following data will be monitored on a quarterly basis:

- Number of patients screened and AUDIT scores.
- Outcome of those interventions.
- Number of patients referred to Recovery Centres.

Providers may be subjected to a 'mystery shopper' exercise to ensure compliance with the service specification and to ensure service quality.

4. Payment

Screening using the AUDIT-C tool	£2.50 ex VAT
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For patients scoring 5 or more on AUDIT C:

Completion of full AUDIT tool / brief intervention / referral to Recovery Centre as appropriate	£5.00 ex VAT
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Total	£7.50 ex VAT
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5. Notice Period

A minimum of 3 months' notice will be provided by either the service provider or the Local Authority in the event of any decision to withdraw from this service before the stated expiry date.

DCC Supporting Officer

Jane Sunter

Public Health Strategic Manager – Living Well, Ageing Well

Public Health Team

Durham County Council

County Hall

Durham

DH1 5UJ

Email: jane.sunter@durham.gov.uk

Alcohol Guidelines



Same for men and women

Both are advised **not** to regularly drink more than

14
units
per week

Don't save up your 14 units, it's better to spread them evenly over the week and have regular alcohol-free days.



14
units

=



6 pints of 4%
lager/beer

OR 6 glasses (175ml)
of 13% wine

County Durham Public Health

Find out more at www.durham.gov.uk/alcohol





HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

2.8% ABV lager

4.8% ABV lager





HM Government

The number of **units** you are drinking depends on the **size** and **strength** of your drink

11% ABV wine

14% ABV wine

1.4 units



1.8 units

125ml glass

1.9 units



2.5 units

175ml glass

2.8 units



3.5 units

250ml glass

8.3 units



10.5 units

750ml bottle



WHAT IS FASD?

Foetal Alcohol Spectrum Disorder (**FASD**) is a term given for a range of disabilities that can be caused when a developing baby in the womb is exposed to alcohol – this can include physical disabilities; learning difficulties and behavioral problems – **FASD** is permanent and there is no cure!

But FASD is preventable – no alcohol no risk! 0-4-9.

MYTHS AND FACTS

Myth:

- A baby is fully developed by the end of the first 3 months – so women only need to avoid alcohol during this period.
- If a woman drank in pregnancy and the baby was fine - then it's OK to do it again.
- It's just heavy or binge drinking that is the problem.

Facts:

- Whilst there may be the additional increased risk of miscarriage from drinking alcohol in the first three months, alcohol can damage important growth and development throughout the entire pregnancy.
- Alcohol is a poison - even small amounts can damage the development of an unborn baby - alcohol passes freely through the placenta – so whatever a woman drinks the baby drinks too. The risk of **FASD** depends upon many factors - but no alcohol, no risk, **0-4-9.**

Approximately 1% of all babies born may have some form of **FASD**, meaning around one baby is born each day in the North East with **FASD**.



Binge drinking for a woman is 6+ units in a single session. That's about 2 glasses of wine.



FASD is the most common, non genetic cause of learning disability in the UK

A woman wanting to know more about **FASD** should speak to her midwife.

For more information about alcohol and support services available contact:

VISIT BALANCENORTHEAST.CO.UK

BALANCE
Getting the
measure of alcohol

Appendix 3: AUDIT C slip

(national version at <https://www.gov.uk/government/publications/alcohol-use-screening-tests> (updated 30 Oct 2020))

3 quick questions to help keep you healthy and safe.

Don't let drink sneak up on you



	Questions	0	1	2	3	4	Your Score
1	How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
2	How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Thank you for taking part in the alcohol audit please hand this slip to a member of staff. If your score is **5+** please **continue** the audit with a member of the pharmacy team.

This brief intervention package is based on the DrinkLess programme originally developed at the University of Sydney as part of a W.H.O. collaborative study. ©2006 Institute of Health & Society, Newcastle University. Reproduced by Durham County Council.

For pharmacy use only				
Date	Client details (from 1st April 2019)	Reason for intervention (tick all that apply)	Intervention (tick one option)	Total score
	Full name	Gastric problems	Brief intervention and information provided	
		Falls and associated injuries		
		High blood pressure		
	Date of birth	Depression/anxiety/stress	Brief intervention and signposted to community alcohol service	
		Diabetes		
		Identified during MUR		
	M/F	Identified during smoking cessation consultation	Brief intervention and faxed referral form to community alcohol service	
		Hangover cure/excessive antacid use		
	Full postcode	EOHC	If pregnant, advice given that NO ALCOHOL is safest option	
		Pregnant or planning pregnancy		
		Ad hoc request		

46468 AHS

Appendix 4: Full AUDIT tool

(national version at <https://www.gov.uk/government/publications/alcohol-use-screening-tests> (updated 30 Oct 2020))

Units
 2 Pint of Regular Beer/Lager/Cider
 1.5 Alcopop or Can of Lager
 2 Glass of Wine (175ml)
 1 Single Measure of Spirits
 9 Bottle of Wine

Alcohol Users Disorders Identification Test (AUDIT)

Questions	0	1	2	3	4	Your Score
1	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
2	1 - 2	3 - 4	5 - 6	7 - 9	10+	
3	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates increasing or higher risk drinking - please continue with AUDIT.

4	How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5	How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6	How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	Have you or someone else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year	
10	Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes during the last year	

Scoring: 0 - 7 = Lower Risk, 8 - 15 = Increasing Risk, 16 - 19 = Higher Risk and 20+ = Possible Dependence.

Appendix 5 - Tear off advice pad

(national version at <https://www.gov.uk/government/publications/alcohol-use-screening-tests> (updated 26 Oct 2020))

This is one unit...

For more detailed information on calculating units see - www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx



Score	Risk	What this means	Common Effects
1-4 on AUDIT-C* or 1-7 on AUDIT**	Low risk drinking	Adults who don't regularly drink more than 14 units per week, spread over three or more days, are at low risk of harm from drinking.	<ul style="list-style-type: none"> Increased relaxation Sociability Sensory enjoyment of alcoholic drinks
5-7 on AUDIT-C* or 8-15 on AUDIT**	Increasing risk drinking	Drinking in this way raises your long-term risk of ill health.	Progressively increasing risk of: <ul style="list-style-type: none"> Low energy Relationship problems Depression Insomnia Impotence Injury High blood pressure Breast, mouth and throat cancers Alcohol dependence Liver disease
8-10 on AUDIT-C* or 16-19 on AUDIT**	Higher risk drinking	Drinking in this way is likely to be affecting your health or wellbeing in some way already.	
11-12 on AUDIT-C* or 20-40 on AUDIT**	Possibly dependent	Your drinking may have become quite problematic and further assessment by the County Durham Drug and Alcohol Recovery Service is advised.	

*Short 3 question AUDIT questionnaire. **Full 10 question AUDIT questionnaire

County Durham drug and alcohol recovery services
03000 266 666

There is no completely safe level of drinking and drinking even small amounts of alcohol can incur risk in certain circumstances

For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medications.

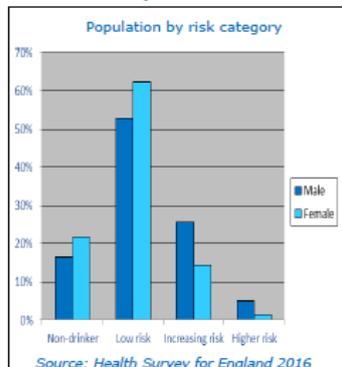
If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

Drinking in pregnancy can harm the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

This leaflet is based on the "How Much Is Too Much?" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study.

What's everyone else like?



The potential benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Improved relationships
- More time for hobbies and interests
- Reduced risk of drink driving
- Save money

Physical

- Sleep better
- More energy
- Lose weight
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risk of liver disease
- Reduced risk of brain damage

Making your plan

- Have several 'drink-free' days, when you don't drink at all
- When you do drink, set yourself a limit and stick to it
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks
- Avoid drinking in rounds or in large groups
- Eat when you drink - have your first drink after starting to eat
- Switch to lower alcohol beer/lager
- Avoid going to the pub after work
- Plan activities and tasks at those times you would usually drink
- When bored or stressed do something physical instead of drinking
- Avoid or limit the time spent with "heavy" drinking friends

What targets should you aim for?

There is no completely safe level of drinking, but by sticking within these guidelines, you can lower your risk of harming your health:

- Adults are advised not to regularly drink more than 14 units a week
- If you do drink as much as 14 units in a week, spread this out evenly over 3 or more days.

Your screening outcome is

NHS

Some brief advice about alcohol and your health

DRINK FREE DAYS APP

Choose your Drink Free Days and get reminders, support and practical advice to change your drinking habits for good.

DOWNLOAD THE APP
www.nhs.uk/oneyou/apps

More information is available from One You:
www.nhs.uk/oneyou

Appendix 6: Referral form

PHARMACY REFERRAL FORM TO RECOVERY SERVICE (for AUDIT scores of 20+, or 16-19 with identified risk factors)				
PATIENT DETAILS				
Name			Date of birth	
NHS number (if known)			Gender	
Address				
			Postcode	
Telephone / mobile number			Preferred mode of contact	
Number of dependent children under 18		Do the children live with patient?	Yes	No
GP details				
ORIGIN OF REFERRAL				
Referrers name				
Pharmacy address				
Patient has been seen in the pharmacy and has been advised to contact a Recovery Centre				
Audit Score				
Is the patient willing to engage or motivated to change?			Yes	No
HAVE ANY RISKS BEEN IDENTIFIED? Yes / No				
<i>Please specify below:</i>				
Complex physical health problems / polypharmacy		Homeless / no fixed abode / traveller		
Pregnancy		Criminal justice involvement		
Risk of suicide / self-harm		History of violence / threats to others / domestic abuse / child welfare concerns		
Enduring mental health problems e.g. bipolar, schizophrenia		Over 65 years or a veteran		
Any other key risk factors?				

Email completed form to: cddars.adult@humankindcharity.org.uk

Appendix 7: Signposting information



Recovery Centre Contact Information

January 2022

The Recovery Centres are open from 9am – 5pm Monday to Friday at the following locations:

Recovery Centre	Address	Areas covered
Horden	Horden Recovery Centre, Sunderland Road, Horden, Peterlee, SR8 4NL	Peterlee, Seaham, Murton, Horden and surrounding areas
Durham	The Centre for Change, 81-88 Whinney Hill, Durham, DH1 3BQ	Durham City, Consett, Stanley, Chester-le-Street and surrounding areas
Dales	Saddler House, Saddler Street, Bishop Auckland, DL14 7BH	Bishop Auckland, the Dales, Newton Aycliffe and surrounding areas

**Please ring 03000 266666
or email DurhamContact@humankindcharity.org.uk
in order to receive help and support**

See website at <https://codurhamdrugalcoholrecovery.co.uk/>

Appendix 8: PharmOutcomes Declaration

Alcohol Brief Intervention Service Declaration 2022-23

Core requirement

I can confirm that the contractor has signed the Public Health pharmacy contract (for any enquiries email AHS.Commissioning@durham.gov.uk).

Service specific requirements

As the pharmacy service lead I can confirm that:

Training

- I will complete the necessary online brief advice training at <https://www.e-lfh.org.uk/programmes/alcohol/> within 3 months of completing this declaration.
- I have read and understood the latest Service Specification and the 2022-23 Annual Update Briefing.
- Other members of staff providing the service have read the 2022-23 Annual Update Briefing.
- I will keep up to date with guidance / service changes (via information circulated on PharmOutcomes), and cascade this to other members of staff providing the service.

Patient materials

- The pharmacy has supplies of the customer materials and resources (contact sandra.waters@nhs.net).
- All pharmacy staff providing the service are aware of these materials and their use with customers.

Intervention

All staff involved in running this service understand:

- The UK Chief Medical Officers' Low Risk Drinking Guidelines.
- The use of the 10 question AUDIT tool, and that if a customer scores 5+ on the 3 question AUDIT C slip that the remaining 7 questions of the full AUDIT tool should be completed.
- What level of risk is attached to each AUDIT score, how to communicate this to the customer, and what information to provide.
- That all AUDIT C slips should be entered onto PharmOutcomes within 2 months of the intervention taking place. All processed slips must be marked that they have been entered onto PharmOutcomes and who by, and then be retained for at least 6 months.