

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 2024 to 31 March 2025

1. Purpose and Scope

1.1 National Picture

Tackling harmful drinking is an essential part of the Covid-19 recovery plan. Comparing March 2020 to March 2021, there was a 58% increase in people reporting that they were drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women).¹

Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.²

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.

1.2 Local Picture

Reducing alcohol harms, and increasing the number of people in treatment for drink dependency, is one of the four local priorities in the County Durham Joint Health and Wellbeing Strategy 2023-28 at <https://countydurhampartnership.co.uk/health-wellbeing-board/joint-health-and-wellbeing-strategy/>:

- 2020 was the worst year on record for alcohol specific deaths nationally, with the rates being highest in the North East.
- There has also been an increase in alcohol-deaths in County Durham, driven by a significant increase in alcoholic liver disease above levels seen before the pandemic.
- Despite a decrease in the rates of alcohol-specific admissions to hospitals across the country during Covid-19, County Durham saw an increase in rates.
- An estimated 80% of those who are alcohol dependent in County Durham do not access specialist alcohol treatment services. This increases the numbers of people living with long term conditions, including heart disease, stroke and cancer.

For further local information see <https://www.durhaminsight.info/living-well/alcohol-related-harm/>.

1.3 National Guidance

National guidance on alcohol consumption is described in the *UK Chief Medical Officers' Low Risk Drinking Guidelines*³ (see Appendix 1 for example leaflet 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

¹ <https://www.gov.uk/government/news/alcoholic-liver-deaths-increased-by-21-during-year-of-the-pandemic>. Published 15 Jul 2021

² Health matters: Harmful drinking and alcohol dependence. PHE 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>)

³ UK Chief Medical Officers Low Risk Drinking Guidelines. DHSC. 25 Aug 2016. www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

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

- 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 leaflet 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.

NICE Public Health Guidance *Alcohol-use disorders: preventing the development of hazardous and harmful drinking*⁴ 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.⁵

- 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.

⁴ Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE Public Health Guidance 24, Jun 2010. www.nice.org.uk/guidance/ph24

⁵ <https://www.gov.uk/government/publications/alcohol-use-screening-tests>. Updated 30 Oct 2020

Evidence has shown that providing simple alcohol advice results in:⁶

- 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.
- Signpost or refer appropriately to the Wellbeing for Life Service or the Drug and Alcohol Recovery Service.

2. Service

2.1 Service Description

The pharmacy can offer this service to people aged 16+ years presenting with symptoms / conditions / interventions which may be associated with alcohol misuse e.g.

- Identified during an OTC sale e.g. hangover cure, excessive antacid or PPI use
- Identified due to prescribed medicines e.g. BP, diabetes, gastric medication
- Pregnant or planning pregnancy
- Ad hoc request or intervention (e.g. whilst waiting for a script)
- Linked to another pharmacy service. For example:
 1. The national Hypertension Case Finding Service
 2. The local Emergency Oral Hormonal Contraception Service, or the national Pharmacy Contraception Service
 3. A smoking cessation service e.g. the national Smoking Cessation Service, the local Level 2 Stop Smoking Service or the eNRT Voucher Service
 4. The New Medicine Service

A person should be asked the first 3 AUDIT questions, referred to as AUDIT C (see Appendix 2 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 3).

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 4):

- *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

⁶ <https://www.e-lfh.org.uk/programmes/alcohol/> (accessed 28/11/23)

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 example).
- Provide the person with their AUDIT score using the tear off advice pad (see Appendix 4).
- Refer (see Appendix 5) or signpost to Wellbeing for Life or the relevant Recovery Centre (see Appendix 6). 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 4 or signposting to online resources and Apps (see Annual Update Briefing), or to Wellbeing for Life (Appendix 6).
- *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 5. If the person is over 18 years and does not wish to be referred, they can self-refer to the Centres identified in Appendix 6. 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 contractor to ensure that the service is delivered by staff who have the necessary competence and training in this intervention.

The contractor should ensure that a pharmacy service lead has completed the required mandated training which is to:

- Read this service specification and the 2024-26 Annual Update Briefing (available on the CPNEC website at <https://www.cpniec.org.uk/>).
- Complete 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:
 1. Alcohol facts
 2. Introducing IBA and identifying risky behaviour

3. Practising IBA and delivering brief advice
4. Assessment

The pharmacy service lead should be assured that all staff are competent to deliver the service and will complete the required mandated training which is to:

- Read this service specification and the 2024-26 Annual Update Briefing (available on the CPNEC website at <https://www.cpneec.org.uk/>).

For 2024 – 25, a PharmOutcomes Declaration needs to be completed for each staff member accessing the claims template (see Appendix 7 for the template PharmOutcomes Declaration).

All staff are also expected to keep up to date with guidance / service changes and to assess their competence on an ongoing basis.

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.

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 may 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 contractor 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.

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 / signposting and referral 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-month notice will be provided by either the contractor 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

Green Lane Council Offices

Spennymoor

DL16 6JQ

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



Appendix 2: 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 Drink-Less 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	Reason for intervention (tick all that apply)	Intervention (tick one option)	Total Score
	Full name	Identified during an OTC sale e.g. hangover cure, excessive antacid or PPI use	Brief intervention and information provided	
	Date of birth	Identified due to prescribed medicines e.g. BP, diabetes, gastric medication	Brief intervention and signposted to e.g. DARS or W4L	
	MF	Ad hoc request or intervention (e.g. whilst waiting for a script)	Brief intervention and faxed referral form to DARS	
	Full postcode	Linked to another pharmacy service e.g. NMS, BP screening, a sexual health service, a stop smoking service	If pregnant, advice given that NO ALCOHOL is safest option	
		Pregnant or planning pregnancy		

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Appendix 3: Full AUDIT tool

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

Alcohol Users Disorders Identification Test (AUDIT)

Units	Questions	0	1	2	3	4	Your Score
 2 Pint of Regular Beer/Lager/Cider	1	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
 1.5 Alcopop or Can of Lager	2	1 - 2	3 - 4	5 - 6	7 - 9	10+	
 2 Glass of Wine (175ml)	3	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
 1 Single Measure of Spirits	4	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
 9 Bottle of Wine	5	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	6	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	7	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	8	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	9	No		Yes but not in the last year		Yes during the last year	
	10	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.

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

Appendix 4 - Tear off advice pad

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

Alcohol causes damage you can't see!

Common effects are:

Low Risk
14 units or fewer per week or up to 3 units per day - with 2 alcohol-free days.

Increased Risk
15-35 units per week or regular drinking of more than 3 units per day.

Less Energy
Depression
Insomnia

Impotence
Risk of Injury
High blood pressure

High Risk
36 or more units per week.

All of the above
Memory loss

Risk of Liver disease
Risk of cancer

Men regularly drinking more than 2 pints of strong 5.2% lager a day...



Are 3 times more likely to get mouth cancer

Are 3 times more likely to have a stroke

Women regularly drinking 2 large glasses of 13% wine or more a day...



50% more likely to get breast cancer

Are 2 times as likely to have high blood pressure

Health Harms

Many people enjoy alcohol with their evening meal, or whilst watching TV. Some people use alcohol to manage how they feel. Have you noticed that your own, or someone else's drinking habits have increased?

Is the first drink of the day being poured earlier? Over time, your body will adjust to the amount of alcohol you drink and how frequently you consume it. If you are drinking heavily, your body can become dependent on alcohol. Drinking too much alcohol on a regular basis will affect your physical and mental health. Initially there may be small subtle changes such as:

- Weight gain
- Broken sleep
- Mood swings
- Depression

Over time your health will become severely affected. A regular use of alcohol can contribute to more than 200 medical conditions these include:

- Some types of cancer
- High blood pressure
- Cirrhosis of the liver
- Heart disease and strokes

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

Men and Women should not regularly drink more than 14 units of alcohol per week. This means:

No more than six pints of 4% lager or ale (568ml - 1 pint)



or
No more than five pints of 4.5% cider (568ml - 1 pint)



or
No more than six 175ml glasses of 13% wine



or
No more than fourteen 25ml glasses of 40% spirits



There are many **ADVANTAGES** of cutting down drinking alcohol for you...

- Reduced risk of liver disease
- Reduced risk of high blood pressure
- Sleep better
- Lose Weight
- Reduced risk of brain damage
- No hangovers
- More energy

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

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.	<p>Progressively increasing risk of:</p> <ul style="list-style-type: none"> • Low energy
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.	<ul style="list-style-type: none"> • Relationship problems • Depression • Insomnia • Injury
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.	<ul style="list-style-type: none"> • High blood pressure • Breast, mouth and throat cancers • Alcohol dependence • Liver disease

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

If you are concerned about your own levels of drinking or that of someone you know or care for, please refer directly to County Durham Drug and Alcohol Recovery Service by phoning

03000 266 666
or visiting



www.codurhamdrugalcoholrecovery.co.uk

For facts and tips about cutting down your alcohol consumption please access the following apps.

<https://drinkcoach.org.uk/county-durham-alcohol-test>
www.nhs.uk/better-health/drink-less

Appendix 5: 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 6: Signposting information



The Wellbeing for Life Service at www.wellbeingforlife.net helps individuals and communities to improve their health around diet and nutrition, physical activity, obesity, smoking, alcohol consumption, mental wellbeing, and cancer awareness.

Any healthcare professional can signpost or refer people to the Wellbeing for Life Service, for example, to help them to improve their weight, physical activity, or mental wellbeing. A general online enquiry form and the healthcare referral form is available at <https://www.wellbeingforlife.net/#/Referral%20&%20Contact>.

Key contacts for pharmacies in the Service are the local Wellbeing Practitioners who can help individuals aged 16+ and/or their families to set up personal health plans to improve their health. This involves 8-12 x hourly sessions over a period of weeks or months, either individually or as part of a group.

Appendix 6: Signposting information



Recovery Centre Contact Information

April 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 7: PharmOutcomes Declaration

Alcohol Brief Intervention Service Declaration 2024-25

The pharmacy service lead has confirmed that:

Training

- They have completed the mandated training specified in the service specification.
- They will ensure that all other staff complete the mandated training specified in the service specification.
- They will keep up to date with guidance / service changes and cascade this to other members of staff providing the service.

Patient materials

- The pharmacy has supplies of the customer materials and resources.
- 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.