

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 2026 to 31 March 2027

1. Purpose and Scope

1.1 National Picture

Alcohol-related harm is a major health problem and is a causal factor in more than 60 medical conditions. The main health consequences of alcohol misuse are liver disease, cancers (liver, oral, oesophageal, gastric, colon, breast), hypertension, stroke, acute intoxication and injuries. Additionally, there are psychiatric consequences such as depression and self-harm, as well as impact on the foetus. Deaths caused by alcohol are at an all-time high, with rates rising further since the Covid-19 pandemic.¹ 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/vision-and-priorities/joint-health-and-wellbeing-strategy/>.

In County Durham:

- Levels of alcohol harm are greater in County Durham than England.
- Estimates suggest levels of alcohol dependency are similar to England; this equates to around 7,100 people locally. However, estimates also suggest that 22% of adults in County Durham binge drink compared to 15% across England.
- In 2022-23 alcohol specific admission rates in County Durham were statistically significantly higher than England but statistically significantly lower than the North-East. That's around 3,800 admissions in County Durham in 2022-23. There is a social gradient to the local distribution of alcohol specific admissions. In 2022-23 they were around 4 times higher in the most deprived areas than the least deprived.
- Alcohol-specific mortality rates in County Durham are also statistically significantly higher than England. Locally this equates to 124 alcohol-specific deaths in 2023. Alcohol-specific mortality has been rising over time locally, regionally and nationally.

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

1.3 National Guidance

National guidance on alcohol consumption is described in the *UK Chief Medical Officers' Low Risk Drinking Guidelines*:²

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.

¹ Section 19.5. Clinical guidelines for alcohol treatment. DHSC. 28 Nov 2025. <https://www.gov.uk/guidance/clinical-guidelines-for-alcohol-treatment>

² UK Chief Medical Officers Low Risk Drinking Guidelines. DHSC. 25 Aug 2016. www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking (collection at <https://www.gov.uk/health-and-social-care/harmful-drinking>)

- 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 episodes³

To reduce your health risks on any single session:

- limit how much you drink
- drink more slowly
- drink with food
- alternate with water or non-alcoholic drinks

Pregnancy and drinking⁴

- It's recommended that if you're pregnant or planning to become pregnant you should not drink alcohol. This will keep any risk 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.
- 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*⁵ identifies that professionals (who have received the necessary training) within a pharmacy setting can screen and offer structured brief advice on alcohol.

The *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 a person's level of risk to alcohol harm, by completing 10 questions.⁶ Feedback is given to a person on their AUDIT score and the level of risk identified:

- 0 to 7 indicates low risk drinking – a person is drinking at a level that does not significantly increase lifetime risk of alcohol-related ill health. Give positive feedback and encourage the person to keep their drinking at low-risk levels.
- 8 to 15 indicates increasing risk drinking - a person is increasing their risk of a range of alcohol-related issues. Offer them a brief intervention to encourage a reduction in alcohol use and reduce the risk of alcohol harm.
- 16 to 19 indicates higher risk drinking - a person is drinking in a way that presents a higher lifetime risk of an alcohol-related condition and is likely already to be causing alcohol-related harm. Offer them a brief intervention to encourage a reduction in alcohol use and reduce the risk of alcohol harm.
- 20 or more indicates possible alcohol dependence - a person is likely to have at least some level of alcohol dependence. Offer them referral for a specialist alcohol assessment.

The *Alcohol use disorders identification test for consumption* (AUDIT C) is a test to quickly identify alcohol harm. It can be used to quickly assess a person's level of risk to alcohol harm by completing 3 consumption questions from the full AUDIT. If the person's AUDIT-C score is 5 or more, the full AUDIT

³ <https://www.nhs.uk/live-well/alcohol-advice/the-risks-of-drinking-too-much/>. Reviewed 24 Oct 2022

⁴ <https://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/>. Reviewed 13 Mar 2023

⁵ Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE Public Health Guidance 24. 2 Jun 2010. www.nice.org.uk/guidance/ph24

⁶ <https://www.gov.uk/government/publications/alcohol-use-screening-tests>. Updated 30 Oct 2020

questionnaire should then be used, because the score suggests they are drinking at a level that could cause or is causing harm.

Evidence has shown that providing simple alcohol advice results in:⁷

- 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 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 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 1 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 2).

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 3):

- *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

⁷ <https://www.e-lfh.org.uk/programmes/alcohol/>. Accessed 30 Oct 2025

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 person with their AUDIT score using the tear off advice pad (see Appendix 3).
- Signpost to Wellbeing for Life or the relevant Recovery Centre (see Appendix 4).

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.
- *Increasing risk drinking (8-15 full AUDIT score) or Higher risk drinking (16-19 full AUDIT score):* 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; 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 3 or signposting to online resources and Apps (see Annual Update Briefing), or to Wellbeing for Life (Appendix 4)).
- *Possibly alcohol dependent (20+ full AUDIT score):* Should be offered a self-referral to the relevant Recovery Centre using the signposting information in Appendix 4.

For young people (16-18 years)

- Who score 8+ on full AUDIT signpost to a Recovery Centre (see Appendix 4).

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 2026-28 Annual Update Briefing (available on the LPC website at <https://cpdands.org.uk/drug-and-alcohol/>).
- 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 2026-28 Annual Update Briefing (available on the LPC website at <https://cpdands.org.uk/drug-and-alcohol/>).

For 2026 – 27, a PharmOutcomes Declaration needs to be completed for each staff member accessing the claims template (see Appendix 5 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

The service should be provided in an appropriate confidential area. Within the pharmacy setting, the provider will comply with the General Pharmaceutical Council standards for pharmacy premises at <https://www.pharmacyregulation.org/pharmacies/standards-and-guidance-registered-pharmacies>.

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

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

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Appendix 1: 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.

Appendix 2: Full AUDIT tool

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

Appendix 3 - Tear off advice pad

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

Appendix 4: Signposting information



The Wellbeing for Life team at <https://www.yourwellbeingservices.uk/services/wellbeing-for-life/> can support residents to reduce their alcohol intake by providing them with simple advice, support and signposting to appropriate services.

Further information is available at <https://www.yourwellbeingservices.uk/alcohol-awareness/>.

Contact the service at <https://www.yourwellbeingservices.uk/contact/>.

Recovery Centre Contact Information

April 2026

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

See website at <https://codurhamrecovery.co.uk/get-support/>

There are a number of ways to get in touch to receive help and support:

Ring 03000 266666

Email cddars.adult@waythrough.org.uk

Or a referral form is available for completion at <https://www.waythrough.org.uk/find-support-near-me/county-durham-drug-and-alcohol-recovery-service/referral-form/>

Appendix 5: PharmOutcomes Declaration

Alcohol Brief Intervention Service Declaration 2026-27

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.