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# **Standard Operating Procedure (SOP) for the provision of Peterborough Alcohol Screening Service**

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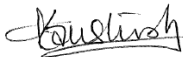



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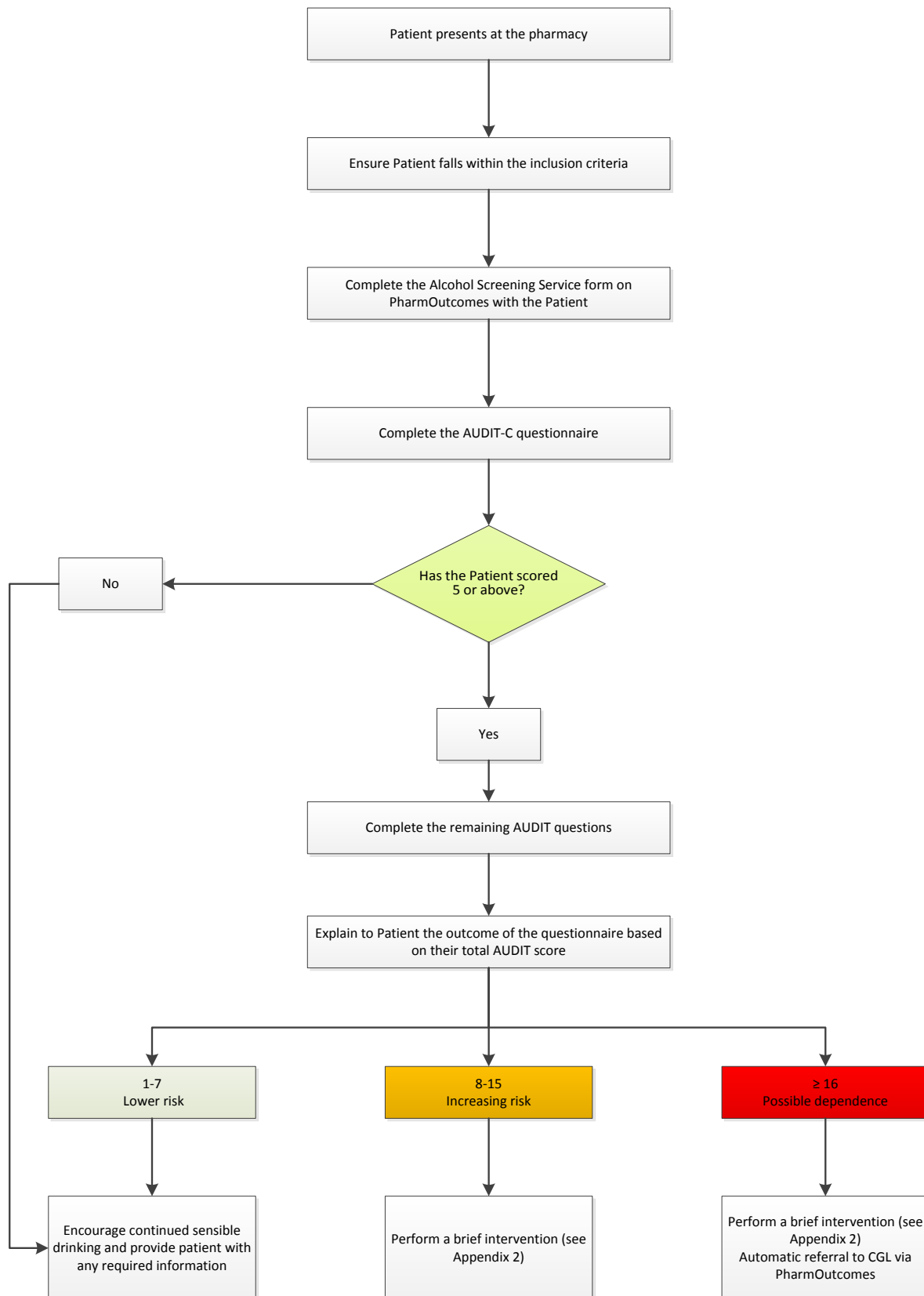
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## Standard Operating Procedure

<b>Title</b>	Alcohol Screening Service
<b>SOP number</b>	PS 324 001
<b>Issue Date</b>	April 2016
<b>Purpose</b>	To define the procedures for this Alcohol Screening Service in order to ensure that the Service is conducted in a consistent, professional and accurate manner.
<b>Scope</b>	This procedure applies to all staff participating in the provision of the Service.

	<b>Title</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Written by</b>	Service Development Pharmacist	Charan Kaushish		<b>February 2016</b>
<b>Approved by 1.</b>	Professional Standards Pharmacist	Sarita Nanda		<b>March 2016</b>
<b>Authorised by</b>	Superintendent Pharmacist			
<b>Reviewed &amp; amended by</b>	Contract manager	Anna White		April 2017
<b>Reviewed &amp; approved by</b>	Professional Standards Pharmacist	Asad Shabir	 April 2017	
<b>SOP review date</b>	<b>March 2019</b> or earlier if exceptional circumstances require it, e.g. major changes to current guidelines			

## 1. Service overview



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## **2. Local contacts and inter-professional relationships**

- 2.1 The pharmacist on duty and trained members of staff involved in the provision of the Service (the Operators) must establish a good working relationship with the commissioned services local manager and the team of nurses at Pathways.

## **3. Operator training**

- 3.1 All Operators must have read and be familiar with this Standard Operating Procedure. Following which the Record of Completion training form must be completed and kept in the Service folder (see Appendix 4).
- 3.2 All staff must treat all users of the Service (the Patients) with respect and courtesy.
- 3.3 Once the Service is in operation, any new members of staff should be briefed of its existence on their first day of service. Staff must meet the minimum requirements (as stated above) within three months of joining the pharmacy, if they are to provide the Service.
- 3.4 All Pharmacists are recommended to read the following as it will help them to provide the Service:
- CPPE Alcohol misuse: support and advice from the pharmacy team – Distant Learning Pack
  - CPPE Dealing with difficult discussions – eLearning
- 3.5 Prior to the Service going live staff offering this Service are required to attend a training event prior to offering the Service.
- 3.6 Operators must meet relevant Safeguarding of Children and Vulnerable Adults policy requirements.

## **4. Patient inclusion**

- 4.1 This Service must be offered and promoted to everyone at least annually.
- 4.2 Patients must be aged 18 and over to be eligible for this Service.

## **5. Service advertisement**

- 5.1 It is not necessary to include information about the Service in the practice leaflet.
- 5.2 The Operator is required to display various materials relating to the Service, as provided by the commissioned services local manager.
- 5.3 No other signs or advertisements relating to the service should be displayed without the agreement of the commissioned services local manager.

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## 6. Facilities

- 6.1 The Service should be offered in a private area of the pharmacy where the Patient can request the Service and seek advice from the Operator without being easily overheard by other customers, such as the consultation room.

## 7. Advice and referral

- 7.1. Patients scoring below 5 in the AUDIT-C questionnaire must be encouraged to continue drinking sensibly.
- 7.2. Patients scoring 5 and above in the AUDIT-C questionnaire must be asked the remaining AUDIT questions.
- 7.3. Patients scoring a total AUDIT score of up to 7 must be encouraged to continue drinking sensibly.
- 7.4. Patients scoring a total AUDIT score of 8 to 15 must have a brief intervention (see Appendix 2).
- 7.5. Patients scoring a total AUDIT score of 16 and above must have a Brief Intervention and be referred to CGL Aspire (this is done via an auto PharmOutcomes referral notification).

## 8. Confidentiality

- 8.1 Confidentiality is of paramount importance, as with any other services we are offering. Please refer to the Medicines, Ethics and Practice further information.
- 8.2 The Operator must ensure that any conversation with the Patient is not overheard by anyone in the pharmacy.
- 8.3 All forms and paperwork containing the Patient's personal details and information must not be left unattended and must be securely kept in a folder when not in use, to prevent any unauthorised access to the data.
- 8.4 Ensure the Patient understands that this Service is confidential and that the information that they choose to give the Operator will be covered by the Data Protection Act.
- 8.5 The Patient must be informed that their recorded personal details/information will only be accessible by the Operator undertaking the testing.
- 8.6 The Operator must inform the Patient that their information will be kept securely and will not be shared with their GP without their consent.

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## Appendix 1

### Alcohol units

Alcoholic drinks in the UK are measured in units and each unit corresponds to approximately 8g or 10ml of pure alcohol. The number of units in a drink depends on the strength of the drink and the volume. The strength of some drinks, e.g. wine, has increased in recent years and serving sizes can vary, making it difficult to count unit intake accurately.

It is recommended that both men and women should not regularly drink more than 14 units per week, and that it is best to spread this evenly over 3 days or more. Both men and women should have several alcohol free days every week.

Some common drink units are shown in the table below:

Drink	Quantity	Units
Lager, beer, cider (4%)	Bottle (330ml)	1.3
Lager, beer, cider (4%)	Pint (568ml)	2.3
Lager, beer, cider (6%)	Bottle (330ml)	2
Lager, beer, cider (6%)	Pint (568ml)	3.4
Wine (10%)	Standard glass (175ml)	1.75
Wine (10%)	Large glass (250ml)	2.5
Wine (14%)	Standard glass (175ml)	2.5
Wine (14%)	Large glass (250ml)	3.5
Spirits (38-40%) (gin, rum, vodka, whiskey)	Small measure (25ml)	1
Spirits (38-40%) (gin, rum, vodka, whiskey)	Large measure (35ml)	1.4
Alcopops (5%)	Bottle (275ml)	1.4

### Drinking patterns

#### Sensible drinking

Sensible drinking is consuming alcohol in a way that is unlikely to cause significant risk of harm. Guidelines used to be defined in terms of weekly limits, but the Department of Health has shifted the emphasis to daily drinking limits with alcohol free days.

#### Hazardous drinking

Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the individual. It is measured as drinking between 22 - 50 units per week for men, and between 15 - 35 units per week for women. Hazardous drinkers drinking patterns are either regular excessive consumption or less frequent heavy drinking sessions. Hazardous drinkers don't currently have significant alcohol related problems.

#### Harmful drinking

Harmful drinking is a pattern of alcohol consumption that causes harm to physical and/or mental health and commonly, but not always, has adverse social consequences. Women who regularly drink over 6 units a day (or over 35 units a week) and men who regularly drink over 8 units a day (or 50 units a week) are at highest risk of alcohol-related harm. Harmful

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drinkers will show signs of some alcohol related harm but many won't have understood the link between their alcohol consumption and the range of problems they are experiencing.

**Dependent drinking:**

- **Moderately dependent** drinkers may recognise they have a problem. Treatment for these drinkers can be managed in the community, including medically assisted withdrawal
- **Severely dependent** drinkers may have serious and long standing problems; in old terminology they would have been called 'chronic alcoholics'. They experience significant withdrawal and may have formed the habit of drinking to stop the withdrawal symptoms. They may have daily alcohol use or heavy bouts of drinking over a prolonged period

**Binge drinking**

The term binge drinking has no standard definition. It usually refers to drinking too much alcohol over a short period of time, e.g. in one evening. It is usually measured as drinking over 6 units a day for women or over 8 units a day for men, and in practice, many binge drinkers drink substantially more than this level.

**Effects of alcohol**

The damage caused by excessive alcohol consumption affects many aspects of everyday life. Alcohol is toxic to the brain, psychiatric disorders are common, especially anxiety and depression, with up to 25% of dependent drinkers presenting with severe psychiatric disturbances.

The social effects arising from alcohol consumption can be significant and can result in loss of employment which can lead to financial problems. Criminal charges may also arise from drink driving or public disorder offences. Alcohol induced behavior and mental impairment while drunk also impacts on family and friends.

**Health risks of alcohol consumption**

Short term	Long term
<ul style="list-style-type: none"><li>• Impotence</li><li>• Loss of consciousness</li><li>• Suffocation and choking</li><li>• Vomiting</li><li>• Anxiety</li><li>• Slowed breathing and heartbeat</li><li>• Impaired judgment leading to accidents and injuries</li><li>• Poisoning</li></ul>	<ul style="list-style-type: none"><li>• Liver disease</li><li>• Stomach ulcers</li><li>• Heart disease</li><li>• Stroke</li><li>• Brain damage</li><li>• Increased risk of cancer</li><li>• Osteoporosis</li><li>• Infertility</li><li>• Raised blood pressure (hypertension)</li><li>• Dementia</li><li>• Pancreatitis</li><li>• Depression &amp; anxiety</li></ul>



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## Appendix 2

### Offering Brief advice

The content of a brief intervention can be summarised by the acronym **F.R.A.M.E.S**:

- **Feedback** – on the AUDIT score and ‘risk category’ and guidelines
- **Responsibility** – emphasising that drinking is a choice, drinker’s decision
- **Advice** – explicit information on the risks of drinking above lower risk levels and the benefits of cutting down
- **Menu** – a menu of goals or strategies to assist in cutting down
- **Empathy** – an understanding and non-judgemental attitude is important
- **Self-efficacy** – instil optimism and confidence that change can be achieved

Ideas for reducing current consumption levels include:

- Switching to low alcohol lager
- Having a soft drink before each alcoholic drink
- Eating a meal before drinking
- Sticking to single shots of spirits
- Doing something else instead of going to the pub e.g. go to cinema, go bowling, go for a walk, go for a coffee

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## Appendix 3 – Record of completion form

### Record of completion

Provision of Alcohol Screening Service in conjunction with Peterborough CGL Aspire

Complete all fields when an employee has read, understood and is familiar with this Standard Operating Procedure and the Service *Specification*.

I have understood all elements of the training that has been provided and had the opportunity to raise any questions or issues regarding the safe delivery of the service.

Name (Block capitals)	Training undertaken	Date of completion	Employee's signature

Signed:		Date:	
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Position:	
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The person signing the above (usually the pharmacist) has ensured all named employees are competent to deliver this service and have read and understood the Standard Operating Procedure and the pharmacy toolkit.

**Please keep a copy of this form for reference in your pharmacy in the folder provided for this Service**