Identification of Alcohol Misuse Policy (N-036)

Version Number:	1.05
Author (name and job title)	Dr Soraya Mayet, Consultant Psychiatrist (Addictions)
Executive Lead (name and job title):	Hilary Gledhill, Director of Nursing
Name of approving committee:	Governance Committee
Date full policy approved:	September 2013
Date Ratified at Trust Board:	September 2013
Next Review date:	November 2024

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	27 January 2022
Date EMT as approving body notified for information:	February 2022

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION

Costs to the NHS of alcohol misuse are thought to be £3.5 billion every year (Health & Social Care Information Centre (HSCIC) 2013). It is estimated that the community prevalence is that one in our adults, aged 16 or more, are classified as hazardous/harmful drinkers (33% of men compared to 16% of women) with 9.3% of men and 3.6% of women experiencing alcohol dependence. These rates vary across the regions of England and are thought to be higher in our region. Similarly, as alcohol is casually related to numerous health problems (Appendix 1) the prevalence of alcohol misuse in healthcare settings is greater.

NICE has therefore recommended that all staff working in services provided and funded by the NHS who care for people who potentially misuse alcohol should be competent to identify harmful drinking and alcohol dependence. They should be competent to initially assess the need for an intervention or, if they are not competent, they should refer people who misuse alcohol to a service that can assess need (NICE, 2010, 2011).

Care Quality Commission (CQC) – This policy relates to a number Care Quality Commission's Essential Standards of Quality and Safety that ensure:

- People who use services are involved in and receive care, treatment and support that respects their right to make or influence decisions
- People who use services have their care, treatment and support needs met
- People who use services receive care, treatment and support where clear procedures are followed in practice, monitored and reviewed.

2. SCOPE

This policy aims to:

- Identify those at risk of developing significant alcohol misuse and provide advice to reduce this risk
- Identify those misusing alcohol and offer further help and support, which will enhance the individual's overall outcomes
- Identify those who are not in regular contact with relevant services
- Make people aware of the harms of alcohol at an early stage as individuals are most likely to change their behaviour if it is tackled earlier
- Prevent extensive damage of prolonged alcohol misuse through earlier detection
- Encourage Safeguarding vulnerable dependent drinkers by following the guidance (Alcohol Change UK, 2021) How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales.

So prevalent is alcohol misuse that NICE (2010) recommends that NHS professionals should routinely carry out alcohol screening as an integral part of practice. NICE (2010) also recommends non-NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and people who have alcohol-related problems.

Short, validated screening tools (i.e. questionnaires) should be utilised to identify those who misuse alcohol and should be integrated into assessment and review documentation.

Where screening everyone is not feasible or practicable, NHS professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition. This includes people:

- With relevant physical conditions (such as hypertension and gastrointestinal or liver disorders)

- With relevant mental health problems (such as anxiety, depression or other mood disorders)
- Who have been assaulted
- At risk of self-harm
- Who regularly experience accidents or minor traumas
- Who regularly attend GUM clinics or repeatedly seek emergency contraception
- Involved in crime or other antisocial behaviour
- At risk of domestic abuse
- Whose children are involved with child safeguarding agencies
- With drug problems

(See Appendix 1 for those diseases/conditions causally related to alcohol.)

3. POLICY STATEMENT

All Humber Teaching NHS Foundation Trust services will systematically screen for alcohol misuse using a validated screening tool/questionnaire (Appendices 2 - 5).

All those who score positively for alcohol misuse should be given appropriate advice, support and offered further help where indicated

All those thought to be alcohol dependent (e.g. AUDIT score 16 or more), or who typically drink more than 15 units of alcohol daily, should be offered comprehensive assessment through specialist services and assessed for alcohol withdrawal particularly when alcohol is restricted (e.g. on admission to hospital).

4. DUTIES AND RESPONSIBILITIES

Clinical leads and heads of service should oversee the implementation of this policy ensuring that the screening for alcohol misuse using a validated instrument is integrated into practice in such a way that all patients/service users are systematically asked about their use of alcohol.

Clinical leads and heads of service should identify any training needs for staff to support the full implementation of this policy within their services. The specialist service staff should support training across the trust.

5. PROCEDURES

5.1 All Humber Teaching NHS Foundation Trust services will systematically screen for alcohol misuse using a validated screening tool/questionnaire chosen from the following (see Appendices 2-5):

- Single Alcohol Screening Question (SASQ, Canagasby & Vinson, 2005) (Appendix 2)
- Alcohol Use Disorders Identification Test - Consumption scale (AUDIT – C; Bush et al, 1998) (Appendix 3)
- Fast Alcohol Screening Test (FAST, Hodgson et al, 2002) (Appendix 4)
- Alcohol Use Disorders Identification Test - Interview Version (AUDIT, Saunders et al, 1993) (Appendix 5)

5.2 Universal screening approaches should be adopted across services unless targeted screening practices can be justified. Universal screening approaches implies that all patients/service users* will be asked the screening questions as set out in the questionnaire and that *no pre-screening is required*. Pre-screening questions such as, “Do you drink alcohol?” significantly reduce the accuracy of the screening tools and questionnaires.

* The capacity of each patient to understand, and respond to screening tests should be accounted for prior to using alcohol screening tools.

5.3 All those who score positively for alcohol misuse should be:

- Notified that they are, or recently have been, drinking at levels or in a pattern which may have increased their risk of health or social problems
- Advised that cutting down on drinking will reduce risks associated to alcohol
- Offered further information on the risks of alcohol (leaflets, websites) and where to get further advice/help (Appendix 7).
- Considered for needing a referral to alcohol services for further assessment, advice and/or treatment (Appendix 7).

5.4 Those positive for alcohol misuse using shorter screening tools (SASQ, AUDIT-C, FAST) should be offered the Full AUDIT where staff feel competent.

5.5 All those thought to be alcohol dependent (e.g. AUDIT score 16 or more), or who typically drink more than 15 units of alcohol daily, should be:

- Considered at risk of alcohol withdrawal symptoms and should be assessed by a competent clinician, particularly when restricted from alcohol (i.e. on admission to hospital) as the individual may require medication to manage alcohol withdrawal symptoms and parenteral vitamins to avoid complications associated with abrupt cessation of alcohol (See Guideline G349 Alcohol Withdrawal on Psychiatric Wards).
- Considered in need of specialist comprehensive assessment and possible need structure treatment and referred to alcohol services where the patient service user agrees.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA. This assessment identified:

Screening tests and procedures have been used in individuals who are below the legal age for use of alcohol. Where alcohol misuse is identified in young people clinical staff should consider and explore safeguarding issues particularly where intoxication is linked to patient safety, exploitation and vulnerability.

Screening tests may require adaptation for use in Learning Disabilities; however staff with skills in this specialty will be able to adapt questions with guidance from specialist services

There is evidence that where patients perceive the reporting of alcohol misuse as impacting on medico/legal issues (i.e. parenting) results may be less valid. However, staff should only consider other approaches (i.e. specialist assessment) where the MDT considers the report of alcohol misuse is incongruent with clinical assessment – otherwise continue to use the AUDIT/TWEAK to support clinical decision making

Sensitivity in the recording and sharing of information with regards to alcohol misuse in relation to a service user's religion is required. Where a religion practiced by a service user supports abstinence from alcohol and it is found they misuse alcohol this can create conflict for the service user which may need support and care.

Screening tests and procedures have been used internationally and across diverse, age and cultural groups and found to be valid.

7. MENTAL CAPACITY

Clinicians should make every attempt to ascertain an accurate assessment of alcohol use in all patients, however, where a patient has limited capacity the assessor should seek further information with regards to the potential use of alcohol from record, other professionals involved in the care of the individual and where appropriate the individual's family or carer's. It must be remembered that third party reports of alcohol consumption have been found to inaccurate and therefore clinicians should record clearly the source of reported history.

8. IMPLEMENTATION

Screening those who use our services for alcohol use is a core component of assessment and the use of these tools are straight forward requiring limited training. The results of the screening test must be shared with colleagues and the patient when discussing the care plan.

Each service should consider the most appropriate screening tool for their area of practice.

- Urgent care and crisis services may consider shorter tools (i.e. SASQ, AUDIT-C, FAST) with the FAST being the most accurate test in the Accident and Emergency setting this should be considered in urgent care settings
- Primary care and OPMH should consider the use of AUDIT-C questions and where positive (5 or more) the remaining items from the full AUDIT should be considered
- CAMHS should consider employing the use of AUDIT-C a score of 3 or more has been linked to problematic drinking and 5 or more linked to the need for greater assessment of alcohol consumption
- Mental health services should employ the use of the full AUDIT given the high prevalence of alcohol consumption in these populations

Screening tools are routinely employed across the organisation and the same principles for alcohol should be employed: Introduction of the test explaining that these questions are asked of each individual. Application of the test should result in advice being tailored to the outcome of the test.

- No alcohol misuse: Advise that the results indicate that there is no indication that you currently drink alcohol at harmful levels but be aware of the recommended safe levels of consumption (i.e. 14 units of alcohol/week for men and women – guidance from 2016)
- Indication of alcohol misuse: Advise the person they are drinking in a way which may be harmful to them. It is advised they consider reducing alcohol consumption and may benefit from further advice and support
- Indication of alcohol dependence: Advise the person they are drinking in a way that is harmful to them and they may need help and support to reduce their drinking – offer referral to appropriate services

Each service area should consider the needs of its workforce. Training on Alcohol Misuse Identification and Brief Advice (Alcohol IBA) is freely available through Public Health England Alcohol Learning Resources (https://www.alcohollearningcentre.org.uk/eLearning/IBA/ and the National Learning Management System which can be accessed via the ESR using your smartcard. Further support and training on these approaches can be accessed by local alcohol service or nurses within the Dual Diagnosis Service.

9. MONITORING AND AUDIT

Policy adherence will be monitored through the case note audit which monitoring the completion and compliance with defensible documentation and the requirements for aspects of the risk and clinical assessments. The audit tool will be extended to consider the completion of alcohol screening questions.

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

GLOSSARY

Alcohol dependence A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties in controlling its use. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations. For further information please refer to Diagnostic and statistical manual of mental disorders (DSM-IV) (American Psychiatric Association 2000) and International statistical classification of diseases and related health problems – 10th revision (ICD-10) (World Health Organization 2007).

Alcohol-use disorders Alcohol-use disorders cover a wide range of mental health problems as recognised within the international disease classification systems (ICD-10, DSM-IV). These include hazardous and harmful drinking and alcohol dependence. See 'Harmful' and 'Hazardous' drinking and 'Alcohol dependence'.

Alcohol-use disorders identification test (AUDIT) AUDIT is an alcohol screening test designed to see if people are drinking harmful or hazardous amounts of alcohol. It can also be used to identify people who warrant further diagnostic tests for alcohol dependence (http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf).

Harmful drinking A pattern of alcohol consumption that is causing mental or physical damage.

Hazardous drinking A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by WHO to describe this pattern of alcohol consumption. It is not a diagnostic term.

Unit In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8g or 10ml of ethanol. The same volume of similar types of alcohol (for example, two pints of lager) can comprise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol).

REFERENCES:

Alcohol Change (UK) 2021. Safeguarding vulnerable dependent drinkers: How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales.

Bush, K., Kivlahan, D.R., Mcdonell, M.B., Fihn, S.D., Bradley, K.A. The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Archive of Internal Medicine 1998;158: 1789-1795.

Canagasaby, A. & Vinson, D. C. 2005. Screening for hazardous or harmful drinking using one or two quantity-frequency questions. *Alcohol and Alcoholism***,** 40 (3) (pp 208-213), 2005.

Canagasby, A & Vinson, D. C. 2005. Single Alcohol Screening Questionnaire (SASQ)

Health & Social Care Information Centre (HSCIC) (2013) Statistics on Alcohol England, 2013.

Hodgson, R., Alwyn, T., John, B., Thom, B. & Smith, A. 2002. The Fast Alcohol Screening Test. *Alcohol and Alcoholism***,** 37 (1) (pp 61-66), 2002.

NICE 2010. Alcohol-Use Disorders: Preventing the Development of Hazardous and Harmful Drinking. NICE public health guideline PH24. London: National Institute for Health and Clinical Excellence.

NICE 2011. Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence. NICE clinical guideline CG115. London: National Institute for Health and Clinical Excellence.

Saunders, J. B., Aasland, O. G., Babor, T. F., De La Fuente, J. R. & Grant, M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. *Addiction,* 88**,** 791-804.

11. RELEVANT POLICIES/GUIDELINES/PROCEDURES/PROTOCOLS

Guideline G349 Alcohol Withdrawal on Psychiatric Wards

Appendix 1: Diseases and Health Problems Related to Alcohol Misuse

Disease/Related health problem	ICD-10 code
Disease/condition wholly attributable to alcohol	
Alcohol-induced pseudo-Cushing's syndrome	E24.4
Mental and behavioural disorders due to use of alcohol	F10
Degeneration of nervous system due to alcohol	G31.2
Alcoholic polyneuropathy	G62.1
Alcoholic myopathy	G72.1
Alcoholic cardiomyopathy	I426
Alcoholic gastritis	K29.2
Alcoholic liver disease	K70
Chronic pancreatitis (alcohol induced)	K86.0
Ethanol poisoning	T51.0
Methanol poisoning	T51.1
Toxic effect of alcohol, unspecified	T51.9
Accidental poisoning by and exposure to alcohol	X45

Disease/Related health problem	ICD-10 code
Disease/condition partially attributable to alcohol	
Malignant neoplasms of lip, oral cavity and pharynx	C00-C14
Malignant neoplasm of oesophagus	C15
Malignant neoplasm of colon	C18
Malignant neoplasm of rectum	C20
Malignant neoplasm of liver and intrahepatic bile ducts	C22
Malignant neoplasm of larynx	C32
Malignant neoplasm of breast	C50
Epilepsy	G40-G41
Hypertensive diseases	I10-I15
Cardiac arrhythmias	I47-I48
Heart failure	I50-I51
Haemorrhagic stroke	I60-I62, I69.0-I69.2
Ischaemic stroke	I63-I66, I69.3-I69.4
Oesophageal varices	I85
Gastro-oesophageal laceration haemorrhage syndrome	K22.6
Unspecified liver cirrhosis	K73, K74
Acute and chronic pancreatitis	K85, K86.1
Psoriasis	L40 (EXCL L40.5)
Spontaneous abortion	O03
Road traffic accidents (driver/rider)	-
Pedestrian traffic accidents	-
Water transport accidents	V90-V94
Air and space transport accidents	V95-V97
Falls	W00-W19

Work/machine injuries	W24-W31
Firearm injuries	W32-W34
Drowning	W65-W74
Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	W78-W79
Fire injuries	X00-X09
Accidental excessive cold	X31
Intentional self-harm	X60-X84, Y10-Y34
Assault	X85-Y09

Appendix 2: Single Alcohol Screening Questionnaire (SASQ)

Single Alcohol Screening Questionnaire (SASQ)

Men:	When was the last time you had more than 8 drinks in one day?			
Women:	When was the last time you had more than 6 drinks in one day?			
Select one:	Never	Over 12 months	3 - 12 months	Within 3 months

Scoring: Within 3 months indicates hazardous or harmful drinking

Number of items: 1 (Derived from item 3 of AUDIT)

Administration: Self-completion or clinician/practitioner

Scoring: If ticks/circles “Within 3 months” indicates hazardous/harmful drinking

Positive Score: If trained, and feasible, consider application of Full AUDIT and follow guidance, otherwise:

- Notify the individual that they are, or recently have been, drinking at levels or in a pattern which may have increased their risk of health or social problems
- Advise the individual that cutting down on drinking will reduce risks associated to alcohol
- Offer further information on the risks of alcohol (leaflets, websites) and where to get further advice/help (Appendix 7)
- Consider the need for a referral to alcohol services for further assessment, advice and/or treatment (Appendix 7)

Comments: Used in and validated in a variety of setting (i.e. primary care and emergency department) might be best employed where there is a high turnover of patients or the cohort of patients reflects general population.

Appendix 3: Alcohol Use Disorders Identification Test: Consumption Scale (AUDIT) C

Alcohol Users Disorders Identification Test (AUDIT) C

Questions	Scoring System 0	1	2	3	4	Your Score
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	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

Number of items: 3 (Derived from items 1, 2, 3 of AUDIT)

Administration: Self-completion or clinician/practitioner

Adults Scoring: Maximum score of 12 with a score of 5 or more indicating hazardous/harmful drinking

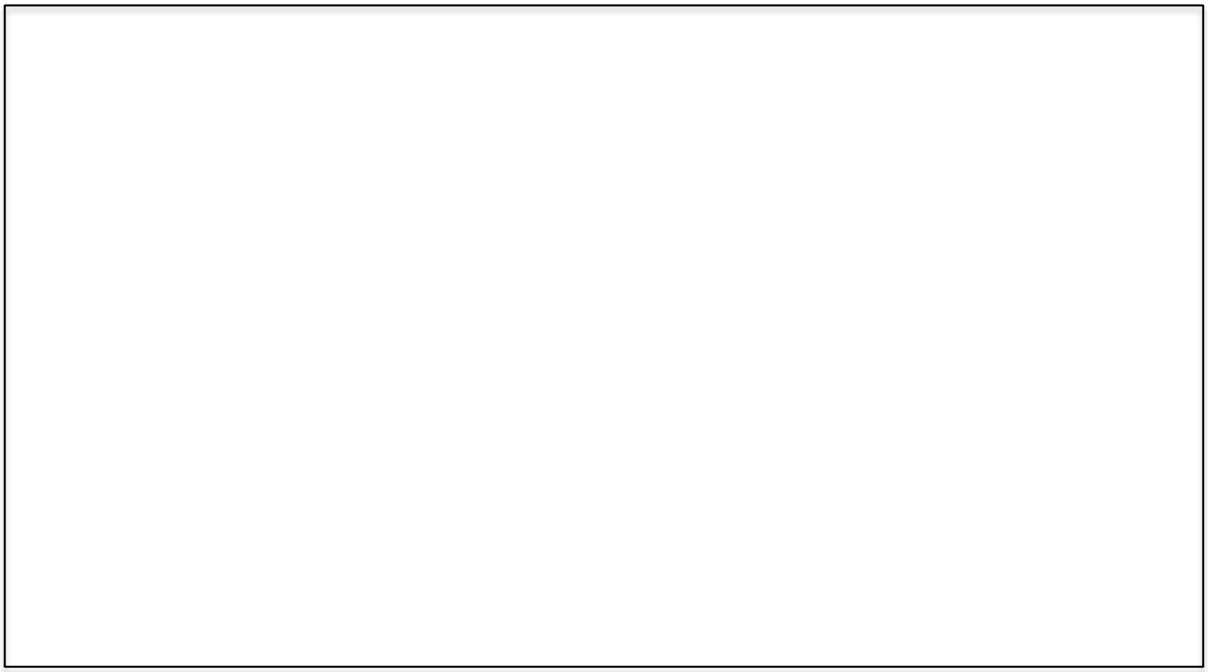
Young People: A score of 3 or more may indicate hazardous/harmful drinking and a score of 5 or more consider comprehensive assessment – with positive alcohol use in young people always consider safeguarding

Positive Score: If trained, and feasible, consider application of Full AUDIT and follow guidance, otherwise:

- Notify the individual that they are, or recently have been, drinking at levels or in a pattern which may have increased their risk of health or social problems
- Advise the individual that cutting down on drinking will reduce risks associated to alcohol
- Offer further information on the risks of alcohol (leaflets, websites) and where to get further advice/help (Appendix 7)
- Consider the need for a referral to alcohol services for further assessment, advice and/or treatment (Appendix 7)

Comments: Accuracy greater than SASQ. Used and validated in a variety of settings (i.e. primary care and emergency department). Best employed where the service intends to stage the assessment of alcohol misuse (e.g. community mental health teams). This would work by asking AUDIT- C in every case and where the result is positive the remaining items from the full AUDIT (4-10) are asked to obtain a full AUDIT score. This helps to minimize burden of questions on patients.

Appendix 4: Fast Alcohol Screening Test (FAST)



Fast Alcohol Screening Test (FAST)

Questions	Scoring System 0	1	2	3	4	Your Score
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
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	
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: A total of 3+ indicates hazardous or harmful drinking

Number of items: 4 (Derived from items 3, 5, 8 and 10 of AUDIT)

Administration: Self-completion or clinician/practitioner

Scoring: Two methods of scoring; recommended method is to arrive at a total score for all the 4 items with 16 being the maximum score. A score of 3 or more indicates hazardous/harmful drinking

Positive Score: If trained, and feasible, consider application of Full AUDIT and follow guidance, otherwise:

- Notify the individual that they are, or recently have been, drinking at levels or in a pattern which may have increased their risk of health or social problems
- Advise the individual that cutting down on drinking will reduce risks associated to alcohol
- Offer further information on the risks of alcohol (leaflets, websites) and where to get further advice/help (Appendix 7)
- Consider the need for a referral to alcohol services for further assessment, advice and/or treatment (Appendix 7)

Comments: Contains items related to alcohol problems and dependence. Used in and validated in a variety of setting (i.e. primary care and emergency department) might be best employed where there is a high turnover patients or patient profile reflects general population

Appendix 5: Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages ***during this past year***." Explain what is meant by "alcoholic drinks" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks" (NB: 1 standard drink in the UK = 8grams ethanol). Place the correct answer number in the box at the right.

Patient Name: _____**Date of Birth**: _____ **Date Completed:** _____

For attention of [Clinician]: _____ **Team:** _____

Question	0	1	2	3	4	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 standard alcoholic drinks do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more	
3. **MEN:** How often do you have **8** or more standard drinks on one occasion? **WOMEN:** How often do you have **6** or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 your 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 or 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	
Total AUDIT Score (maximum 40)						

Appendix 6: Interpretation of the Alcohol Use Disorders Identification Test

AUDIT Scores	Definition	Intervention	Evidence
0-7	No Alcohol Use Disorder	None required	NICE 2010 (PH24)
8 or more	8 or more presence of an Alcohol Use Disorder		NICE 2010 (PH24)
8-15	Hazardous drinking	• Inform patient of risks associated to hazardous drinking and discuss reduction of drinking • Issue patient with leaflet	NICE 2010 (PH24)
16-19	Harmful drinking (possible alcohol dependence)	• Inform patient of risks associated to harmful drinking • Brief lifestyle counselling • Issue patient with leaflet • Consider comprehensive assessment of Alcohol Use Disorder[1] • Monitor for signs of alcohol withdrawal if consuming 15 or more alcohol units/day[2]	NICE 2010 (PH24) NICE 2011 (CG115)
20 or more	Probable alcohol dependence	• Conduct comprehensive assessment of Alcohol Use Disorder[1] • Assessment for Assisted Alcohol Withdrawal[2] • Issue patient and leaflet regarding alcohol dependence	NICE 2011 (CG115)

[1] Comprehensive assessment of an Alcohol Use Disorder: Specialist Team (ERP)
A comprehensive assessment should assess multiple areas of need, be structured in a clinical interview, use relevant and validated clinical tools, and cover the following areas:

- alcohol use, including:
  - consumption: historical and recent patterns of drinking (using, for example, a retrospective drinking diary), and if possible, additional information (for example, from a family member or carer)
  - dependence (using, for example, Severity of Alcohol Dependence Questionnaire (SADQ)
  - alcohol-related problems (using, for example, Alcohol Problems Questionnaire (APQ))
- other drug misuse, including over-the-counter medication
- physical health problems
- psychological and social problems
- cognitive function (using, for example, the Mini-Mental State Examination (MMSE))
- readiness and belief in ability to change.

[2] Assisted Alcohol Withdrawal
Consider the need for assisted alcohol withdrawal for those who drink >15 units alcohol per day and/or scores ≥20 on AUDIT. An assessment will determine delivery of a community-based assisted withdrawal, or management in an inpatient setting.

Inpatient setting
Consider inpatient or residential assisted withdrawal if a service user meets one or more of the following criteria. They:

- drink over 30 units of alcohol per day
- have a score of more than 30 on the SADQ
- have a history of epilepsy or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes

- need concurrent withdrawal from alcohol and benzodiazepines
- regularly drink between 15 and 20 units of alcohol per day
- and have:
  - significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina, chronic liver disease) **or**
  - a significant learning disability or cognitive impairment

Community-based assisted withdrawal

Consider community-based interventions if the service user does not meet the inclusion criteria for inpatient care. They:

- drink less than 30 units of alcohol per day
- have a score of less than 31 on SADQ
- no history of epilepsy or experience of withdrawal-related seizures or delirium tremens
- no concurrent significant psychiatric or physical comorbidities or substance misuse

Appendix 7: Are You Worried You're Drinking Too Much Alcohol?

Many adults in the UK drink in a way that is harmful to our health. Harmful drinking can lead to physical or mental health problems such as alcohol-related injury, inflammation of the liver or pancreas, or depression. Continued harmful drinking can lead to high blood pressure, cirrhosis of the liver, heart disease, cancer, brain damage or death. Heavy drinking can also lead to other problems such as relationship breakdown, violence and job loss.

This leaflet can help you to work out if you are drinking harmfully and if you are, how to get help.

To find out if you are drinking harmfully, first work out how much alcohol you drink. We measure alcohol in 'standard drinks' or 'units'. The diagram below shows you how many units are contained in drinks commonly consumed in the UK. Many manufacturers print how many units are in a drink on the packaging.

How many standard drinks do you drink in a week?

The table below helps you to work out what category of risk you are in. Binge drinking is considered to be drinking twice the daily limit in one sitting (eight standard drinks/units for men and six standard drinks/units for women).

Gender		Low risk	Increased risk	High risk
Men	**Weekly**	0 – 14 drinks	15 – 49 drinks	50 or more drinks
	Daily	0 – 2 drinks	5 – 8 drinks	8 or more drinks
Women	**Weekly**	0 – 14 drinks	15 – 34 drinks	35 or more drinks
	Daily	0 – 2 drinks	4 – 6 drinks	6 or more drinks
Common effects of increased and high risk drinking			Less energy Depression/ stress Insomnia Impotence Risk of injury High blood pressure	As increased risk and… Memory loss Risk of liver disease Risk of cancer Risk of alcohol dependence

Advice about drinking

- **If you are pregnant** it is recommended that you do not drink alcohol
- **Men and women:** the weekly limits are 0-14 standard drinks/units and daily 0-2 standard drinks/units
- It is recommended that for men and women two days of the week should be alcohol free

The benefits of cutting down on alcohol

Physical

- Reduced risk of injury
- Reduced risk of high blood pressure
- Reduced risk of liver disease
- Reduced risks of brain damage
- Sleep better
- More energy
- Lose weight

Psychological/social/financial

- Improved memory
- Improved mood
- Improved relationships
- Save money
- Reduced risk of unwanted pregnancy
- Better physical shape
- No hangovers

Tips on cutting down

- Set your drinking limits and stick to them. Keep a record
- Plan activities and tasks at those times you usually drink
- When bored or stressed have a workout instead of drinking
- Explore other interests such as cinema, exercise etc.
- Avoid going to the pub after work
- Eat before drinking; drinking on an empty stomach can be harmful
- Quench your thirst with non-alcoholic drinks before alcohol
- Avoid drinking in rounds or in large groups
- Limit the amount of money you take when you go drinking
- Plan how to say 'no' to friends pressuring you to drink more than you intended
- Switch to low alcohol beer/lager
- Take smaller sips
- Avoid or limit the time spent with 'heavy' drinking friends

Further help

If after reading this you would like advice or you have found it hard to cut down on your drinking, speak to your family doctor. You can also get help from the following agencies:

- **National Drinkline**: 0300 123 1110
- **Alcoholics Anonymous** national helpline: 0845 769 7555

Getting help in East Riding and Hull

- Speak to your GP
- Search for services through NHS Choices – www.nhs.uk/pages/home.aspx
  Simply put in your postcode and search for alcohol services

Leaflet adapted from SIPS 'Brief Advice About Alcohol Risk' 2009 www.sips.iop.kcl.ac.uk

Appendix 8: Document Control Sheet

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type	Identification of Alcohol Misuse Policy (N-036)		
Document Purpose	This policy aims to: • Identify those at risk of developing significant alcohol misuse and provide advice to reduce this risk • Identify those misusing alcohol and offer further help and support, which will enhance the individual's overall outcomes • Identify those who are not in regular contact with relevant services • Make people aware of the harms of alcohol at an early stage as individuals are most likely to change their behaviour if it is tackled earlier • Prevent extensive damage of prolonged alcohol misuse through earlier detection		
Consultation/Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	October 2021	Addictions Clinical Network	
	27 January 2022	QPaS	
Approving Committee:	Governance Committee	Date of Approval:	September 2013
Ratified at:	Trust Board	Date of Ratification:	September 2013
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	Screening those who use our services for alcohol use is a core component of assessment and the use of these tools are straight forward requiring limited training. The results of the screening test must be shared with colleagues and the patient when discussing the care plan.		
Monitoring and Compliance:	Policy adherence will be monitored through the case note audit which monitoring the completion and compliance with defensible documentation and the requirements for aspects of the risk and clinical assessments. The audit tool will be extended to consider the completion of alcohol screening questions.		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
Version number/name of procedural document this supersedes	*Type of change, e.g. review/legislation*	*Date*	*Details of change and approving group or executive lead (if done outside of the formal revision process)*
1.00	New policy	September 2013	New policy
1.01	Review	November	Updated guidance from Government of on Safe Drinking

		2016	Levels Inclusion of the NLMS training modules available via ESR
1.02	Review	February 2017	Minor changes following QPaS committee Leaflet changes – due to new guidance from UK Government regarding units of alcohol to be consumed
1.03	Review	April 2017	Further amendments made following QPaS committee in April 2017
1.04	Review	February 2019	Full review undertaken; no changes made
1.05	Review	September 2021	Full review – minor changes • Scope to include Safeguarding consideration • Reference added Alcohol Change (UK) 2021 Approved through East Riding Partnership 16 September 2021 Addictions Clinical Network October 2021 Approved at QPaS "7 January 2022

Appendix 9: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Identification of Alcohol Misuse
2. EIA Reviewer (name, job title, base and contact details): Dr Soraya Mayet, Consultant Psychiatrist (Addiction Specialist)
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service
National guidance identifies the need for NHS organisations to routinely screen patients attending services for the presence of alcohol misuse and provide feedback on these screening test and where indicted refer the patient for assessment and treatment. This policy supports this process which is aimed at broadening the screening and referral of patients into treatment for alcohol misuse.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Screening tests and procedures have been used in individuals who are below the legal age for use of alcohol. Where alcohol misuse is identified in young people clinical staff should consider and explore safeguarding issues particularly where intoxication is linked to patient safety, exploitation and vulnerability.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Medium	Screening tests may require adaptation for in Learning Disabilities, however staff with skills in this specialty should be able to adapt questions with guidance from specialist services
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Medium	There is evidence that where patients perceive the reporting of alcohol misuse as impacting on medico/legal issues (i.e.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
			parenting) results may be less valid. Staff should ONLY consider other approaches (i.e. specialist assessment) where the MDT considers the report of alcohol misuse is incongruent with clinical assessment – otherwise continue to use the AUDIT/TWEAK to support clinical decision making
Race	Colour Nationality Ethnic/national origins	Low	Screening tests have been used internationally and amongst diverse cultural groups and found to be valid
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Sensitivity in the recording and sharing of information with regards to alcohol misuse in relation to a service user's religion is required. Where a religion practiced by a service user supports abstinence and it is found they misuse alcohol this can create conflict for the service user which needs support and care
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision above. Alcohol screening and identification of the need for brief interventions are a well-established principle of health care. The use of alcohol screening questions and the brief advice attached to such a procedure is of minimal burden to the patient and staff and found to effective in reducing alcohol consumption in patients. This approach also helps with the early identification of more problematic alcohol problems. Overall there is a low level of impact across equality and diversity groups of this policy.	
EIA Reviewer: Dr Soraya Mayet	
Date completed: 27 January 2022	Signature: S Mayet