Bexley Alcohol Services

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Introduction

Models of Care for Alcohol Misuse (MoCAM)\(^1\) outlined the four-tiered framework of provision for commissioning alcohol treatment and interventions and the companion publication, Alcohol treatment pathways: guidance for developing local integrated care pathways for alcohol\(^2\) details the concept and purpose of developing local integrated care pathways (ICP).

The aim of this guide is to describe the local route for each alcohol treatment pathway (ATP) to ensure that everyone involved in the process has an agreed understanding of their role and responsibilities at every stage thereby improving the service user's experience of the treatment journey.

Integrated care pathways should be able to provide access to a range of services and interventions that meet an individual's needs in a comprehensive way and should be developed because:

- Alcohol misusers can have multiple problems that require effective co-ordination of treatment
- Several specialist and generic providers may be involved in the care of a client simultaneously or consecutively
- Continuing and evolving care needs requiring referral to services at different tiers of intervention
- To provide consistency and parity of approach nationally
- To ensure access to care is not based solely on individual clinical decisions or historical arrangements.

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\(^1\) Models of care for alcohol misusers (MoCAM) (DoH, 2006)
\(^2\) Alcohol Treatment Pathways – Guidance for Developing Local Integrated Care Pathways for Alcohol (NTA, 2006)
Each alcohol intervention should contain a number of elements that provide clarity as to the type of client catered for, what the client can expect services to provide and the roles and responsibilities of the service towards the client.

These elements should aim to include the following:

- A definition of the treatment interventions provided
- Aims and objectives of the treatment interventions
- A definition of the client group served
- Eligibility criteria (including priority groups)
- Exclusions criteria or contraindications
- A referral pathway
- Screening and assessment processes
- Development of agreed treatment goals
- A description of the treatment process of phases
- Co-ordination of care
- Departure planning, aftercare and support
- Onward referral pathways
- The range of services with which the interventions interface.
These are defined as: the identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions to reduce alcohol-related harm; and referral of those with alcohol dependence.

**Queen Mary’s Hospital - Accident and Emergency (A&E)**

- Targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need treatment using the FAST and AUDIT screening tools.
- Provision of simple brief interventions of hazardous and harmful drinkers using the Think/Drink booklet and the drinks diary.
- Referral of those requiring more than simple brief interventions for specialised alcohol treatment. Issue of the local services leaflet maybe appropriate for self referral.

* See Appendix D - Alcohol Assessment
Queen Mary’s Hospital - Urgent Care Centre

- Targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need treatment using the FAST and AUDIT screening tools.

- Provision of simple brief interventions of hazardous and harmful drinkers using the Think/Drink booklet and the drinks diary.

- Referral of those requiring more than simple brief interventions for specialised alcohol treatment. Issue of the local services leaflet maybe appropriate for self referral.

GP Surgeries

- Targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need treatment using the FAST and AUDIT screening tools.

- Provision of simple brief interventions of hazardous and harmful drinkers using the Think/Drink booklet and the drinks diary.

- Referral of those requiring more than simple brief interventions for specialised alcohol treatment. Issue of the local services leaflet maybe appropriate for self referral.

Police custody suite

- Targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need treatment using the FAST and AUDIT screening tools.

- Provision of simple brief interventions of hazardous and harmful drinkers using the Think/Drink booklet and the drinks diary.

- Issue of the local services leaflet for those requiring more than simple brief interventions.

Local pharmacists, health trainers and housing support workers

- Targeted screening and assessment for those drinking in excess of DH guidelines on sensible drinking and for those who may need treatment using the FAST and AUDIT screening tools.

- Provision of simple brief interventions of hazardous and harmful drinkers using the Think/Drink booklet and the drinks diary.

- Issue of the local services leaflet for those requiring more than simple brief interventions.
These are defined as: alcohol specific advice; information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm; and assessment and referral of those with more serious alcohol-related problems for care-planned treatment.

The Welling Alcohol Service Provision (WASP)

This is a user led service that offers a drop-in facility to support alcohol misusers during recovery. Staff are able to offer alcohol-specific information; advice and support, and referral to local services.

Alcoholics Anonymous

This is a mutual aid group that offers regular meetings for dependent drinkers whether or not in treatment or in recovery. The groups offer alcohol-specific information, advice and support and can provide information on local services.

Queen Mary’s Hospital – Gastroenterology Clinic

All new referrals are screened for alcohol misuse as part of the collaborative in-patient clinic provided by Signpost, and given alcohol-specific information, advice and support; extended brief interventions to reduce alcohol related harm; alcohol specific assessment and referral of those requiring more structured alcohol treatment.
**Probation (Equinox)**

This service works with clients within the criminal justice system to provide; alcohol-specific information, advice and support; brief interventions to reduce alcohol related harm and referral to appropriate services.

**Joint Antenatal Clinic (Willow)**

This is a collaborative out-patient clinic between midwives, Signpost and Social Services for clients who are pregnant offering alcohol-specific information; advice and support; brief interventions to reduce alcohol related harm and referral to appropriate services.

**Drug & Alcohol Team (Care Management)**

The service is primarily responsible for referrals to residential placements at specialised inpatient facilities within the statutory, independent and voluntary sector. Also provides alcohol-specific information, advice and support; brief interventions to reduce alcohol related harm and referral to appropriate services.

**Signpost**

Harm reduction services are available to all clients consisting of:

- alcohol-specific information, advice and support; extended brief interventions to reduce alcohol related harm.

- Pabrinex Administration Programme - 5 day course of pabrinex injections containing a range of vitamins including thiamine, vitamin C and vitamins B6 and B7.

**Bexley Alcohol & Drug Alliance (BAADA), Peer Support Group**

This is a mutual aid group that meets on a weekly basis offering alcohol and drug specific information and advice along with support for users in recovery.
This is defined as: the provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care-planned.

Aims and objectives of treatment.

Reduction of physical, psychological and social problems directly associated with alcohol use.

- Reduction in harmful or risky behaviours associated with alcohol.
- Attainment of controlled or non-dependent use of alcohol.
- Abstinence from alcohol.
- Improvement in service users overall personal, social and family functioning.
- Development of a working relationship with clients to facilitate them self assessing and seeing a range of options and lifestyle choices available to them.
- Facilitate the clients in gaining insight into the damage associated with continuous dependent use of alcohol.
- Provide structured treatment modalities to include family and significant others involved in the service users life.

SIGNPOST

Treatment provided.

The alcohol service provides treatment intervention to alcohol users who are physically dependent on alcohol and those with alcohol related brain damage and associated complex physical health issues that are specific to alcohol.
**Client group.**

Any client who is physically dependent on alcohol. Physically dependent is defined as using alcohol daily and experiencing physical withdrawal symptoms when not drinking. Also those with alcohol related brain damage and other complex physical problems specific to alcohol use.

**Eligibility criteria.**

- Alcohol users aged 18 and over.
- Resident of the London Borough of Bexley.
- Those who are of No Fixed Abode (NFA) in the Borough of Bexley.
- Alcohol misusers using alcohol as their primary substance.
- Those with complex substance misuse problems.

**Exclusions criteria**

Those assessed as posing a current and real risk to staff, other service users, and the community if treatment were undertaken (SLaMs clinical guidelines will provide more details).

**Referral pathway**

Referrals can be made by the client (self-referral) or by any other involved professional. A self-referral clinic is operated on a Wednesday morning at the service.

Referrals will be responded to within 2 working days.

At the time of referral duty staff will be responsible for responding.

All referrals will be directed to the self-referrals clinic. If it is not possible for a client to attend this clinic an appointment for triage assessment will be offered within 5 working days.

Home visits to undertake assessments can be arranged when a service user is physically unable to attend the service. Where possible initial triage screening will be undertaken by telephone. Physical as well as psychological/mental health factors that prohibit attendance must be supported and corroborated by the service users GP or appropriate professional, in order for the service user to be eligible for a home visit. Home visits are undertaken in line with SLaM’s Home Visiting Protocol.

Referral decisions are communicated by the triage worker, in writing, to the referrer following allocation meetings.
Screening and assessment process

The following are offered by the service:

- Tier 2 assessment
- Brief interventions including motivational interviewing
- Onward referral or offered full tier 3 assessment
- Baseline assessment of current alcohol use and dependence
- In-depth assessment
- Physical/psychological/social/nutritional health checks
- Investigations i.e. blood tests, hepatitis B & C testing, and vaccination
- Risk assessments, including family risk assessments
- Mini mental state examinations
- Health promotion

Development of agreed treatment goals

Care plans are completed in line with SLaM’s Care Planning Procedures. Staff are encouraged to supplement this guidance with the recommendations contained in MoCAM for an effective care plan as follows:

- set the goals of treatment and milestones to be achieved (taking into account the views and treatment goals of the alcohol misuser and developed with their active participation)
- indicate the interventions planned and the agencies and professionals responsible for carrying out the interventions
- make explicit reference to risk management and identify the risk management plan and contingency plans
- identify information sharing (what information will be given to other professionals and agencies and under what circumstances identify the engagement plan to be adopted with alcohol misusers who are difficult to engage in the treatment system
- identify the review date (the date of the next review meeting is set and recorded at each meeting)
- reflect the cultural and ethnic background of the alcohol misuser, as well as their gender and sexuality
- make clear who is the named keyworker who has agreed to be responsible for drawing up the care plan with the service user, involving any others as appropriate, and who will monitor the care plan and ensure its review
Care plans are reviewed on a regular basis with a recommended frequency of every 6 sessions. The review should cover the following areas:

- relevance of care plan
- effectiveness of care plan and outcomes
- any unmet need
- client satisfaction with the care

Description of the treatment process

All clients receive full psycho/social interventions and will be referred, if required, to general medicine.

Shared care home detoxification.

- Clients are offered a full assessment
- Clients have a mutually agreed treatment plan
- Detox is carried out in the client’s home in conjunction with their GP, who takes medical responsibility for the client
- Signpost home detox nurses provide initial assessment followed by daily visits for five days. The client identifies a nominated responsible carer for the home detox period.

- Detox lasts between 5 and 10 days
- Detox medication is prescribed as a reducing regime during this time.
- The home detox nurses offer clients 6 to 12 aftercare sessions. These sessions are for ongoing support and relapse prevention work with a view to onward referral to tier 3 & 4 aftercare services.

Harm reduction services

- Clients will have an assessment
- Clients will have a mutually agreed treatment plan
- Interventions, including counselling, motivational interviewing, CBT, relapse prevention work
- Alcohol education and awareness training including blood tests, breathalysing, sensible drinking, SADQ, physical consequences and psychometric testing
- Engagement and length of time in the service will be part of the goals of the client’s individual treatment plan.
Co-ordination of care

Where more than one agency is involved in a client’s care Signpost will negotiate with the partner agency to agree the co-ordinating care lead.

Where the client is on CPA and engaged with mental health services Signpost will endeavour to ensure that Mental Health Services take the care co-ordination lead.

Signpost will take the lead role where it is the only agency involved.

Departure planning, aftercare and support

The development of an appropriate package of aftercare and support should take place in the final phases of the treatment episode.

The service adopts the following 10 step process:

- Identify the client’s high-risk situations
- Identify where the client needs to develop alternative coping strategies
- Identify an unmet need in the following areas – alcohol use, psychological, physical, social and legal.
- Educate the client in the importance of aftercare and any needs that may arise following discharge
- Outline all the services and aftercare options that are available to the client
- Develop the plan, using the identified needs as a starting point
- Identify who is responsible for which element of the plan
- Identify who is the on-going care co-ordinator
- Review the plan and the process of developing it. Ensure that the client feels ownership of the plan and felt it was a collaborative process.
- Copy relevant professionals into the plan, with clients appropriate consent.
BAGRA

Treatment provided
The service provides assessment, key work, group work and counselling for clients who have problems with their drinking.

Aims and objectives of treatment
To improve understanding of alcohol units, its impact on health, relapse prevention and harm reduction and provide therapeutic support to achieve either abstinence or controlled drinking.

Client Group
Residents of Bexley aged 18 and over who are not physically dependent with a primary alcohol problem.

Eligibility criteria
- Alcohol users aged 18 and over.
- Resident of the London Borough of Bexley
- Able to be alcohol free for a minimum of 2 days a week without experiencing any withdrawal symptoms.

Exclusions criteria
It is important that clients are able to attend all appointments alcohol free, but equally this must be something that the client feels confident can be achieved without creating any physical discomfort. Where this is not possible the service will refer the client to get help to reduce their drinking to enable them to use these services.

Clients who pose a risk to the well being of either staff or other clients.

Referral pathway
The service provides assessments for problems related to alcohol use based on an appointment system. Although clients can drop-in, they should be aware that the service normally operates a waiting list. A referral can either be made by the client or on the client’s behalf by another agency. An external referral form is available for this process.

Where the referral is appropriate the client will be offered an assessment when a care plan will be agreed.

The service will write to the client to confirm an appointment and endeavour to offer an assessment within 3 weeks of contact.

If the client’s needs are not immediately appropriate for this service they will assist the client to access another service.
Screening and assessment process

The following are offered by the service:

- Triage Assessment
- Comprehensive assessment and care plan
- Risk assessment
- Onward referral where not appropriate for service
- Brief intervention
- Advice and information
- Agency information and confidentiality policy
- Health promotion

Development of agreed treatment goals -
Care plans are completed for all clients which include the agreement of treatment goals.

Group programme

The first stage group offers an initial 6 week intervention with three groups a week being run. At the end of this the care plan is reviewed and the client can decide to continue a further six weeks or if they are ready to be abstinent they can attend the second stage programme which offers a maximum of four groups a week.

There are both structured and open groups. In the structured groups we will cover topics such as:

- Stress management
- Anger management
- Life skills
- Coping skills
- Open support
- Relapse prevention
- Gender specific issues

Homeopathy, aural acupuncture and workshops on nutrition are also available.

Clients can attend the group programme for up to a year depending on support needs.

Counselling

This service offers a weekly fifty minute session for an initial period of 8 weeks. This can be extended following review where the client still requires help to change alcohol use or maintain abstinence.

Counselling in the evening is also available and one evening support group.

Aftercare

A football structured programme is linked to the service called Airfootball which is available to clients helping participants to build self esteem and confidence; gain fitness and develop team building and communications skills.

There is also a service user group which meets regularly.
This is defined as residential, specialised alcohol treatments which are care-planned and co-ordinated to ensure continuity of care and aftercare.

The Acute Assessment Unit

Inpatient services

A 14 bed rapid response unit for drug and alcohol misusers with chaotic and complex substance misuse patterns based in The Maudsley Hospital. The primary function of the unit is to offer 10-14 day inpatient detoxification and stabilisation treatment, providing medically supervised prescribing, high-level intensive assessment, care and treatment with brief intervention therapy to those patients who require stabilisation or detoxification from harmful substances.

The unit bases its theoretical framework on motivational enhancement therapy, utilising the harm reduction model and promoting health behaviour change.

The multi-disciplinary team comprises of doctors, nurses, clinical psychologists, occupational therapists, drug and alcohol workers and administration staff.

Alex I

A 16 bed unit based in The Bethlem Royal Hospital, which offers detox treatment over two to four weeks for men and women suffering primarily from alcohol dependence.

The primary function of the unit is to provide medically supervised prescribing, high level intensive assessment, care and treatment incorporating the principles of relapse prevention and solution focussed therapy to those clients who require medically assisted withdrawal from alcohol. The unit aims to offer an individual treatment approach promoting abstinence enabling clients to maintain change.

Group work is available that addresses issues such as health education, self-awareness, relapse prevention and stress management. There will be one to one sessions with an allocated key worker (twice weekly) and an Occupational Therapist on site arranges activities such as art and pottery.
Residential rehabilitation

It is recognised that people with alcohol misuse may require an intensive programme of support and care that cannot realistically be delivered in a community or outpatient setting. Access to specialist inpatient and residential rehabilitation is available via the following route:

Following an assessment by a Care Manager in the Bexley Drug and Alcohol Team clients can be referred to residential rehabilitation placements at specialist facilities in the statutory, independent and voluntary sector.

Residential services for drug and alcohol clients offer intensive and structured programmes delivered in a controlled, residential environment.

Residential services may take the client from their local community to anywhere in the country.
Over-arching principal

All professionals working with young people are involved within the Health Advisory Service (2001) four-tiered framework tiered model and all have a contribution to make.

Tier 1 and services

The purpose of generic and primary services within this structure is to ensure universal access and continuity of care to all young people. In addition, it aims to identify and screen those with vulnerability to substance misuse and identify those with difficulties in relation to substances. It will be concerned with education improvement, maintenance of health, educational attainment and information concerning substances, within a general health improvement agenda. These should be seen as mainstream services for young people.

The Health Promotion Specialist for substance misuse provides support for schools to deliver substance misuse education and devise drug policies.

Training is provided to professionals working with young people to use the Substance Misuse Awareness Raising Tool (SMART). This assists professionals to identify early signs of substance misuse during the normal course of their work through screening to ascertain whether further support and services are required.

Tier 2 and services

Youth orientated services, offered by practitioners with some drug and alcohol experience and youth specialist knowledge, should be working at this level. The aim and purpose of this tier is to be concerned with reduction of risks and vulnerabilities, reintegration and maintenance of young people in mainstream services.

Counselling is provided through The Youth Engagement Service to young people from the groups recognised as vulnerable to develop problematic substance misuse i.e. excluded from school, looked after, children of drug users etc.

The specialist substance misuse worker within the Youth Offending Team works with young offenders identified with substance misuse problems. All young offenders are screened for substance misuse and referred onto the specialist worker to provide more intensive support.

Bexley Moorings, a carers organisation, offers a specialist to work with young people affected by parental substance misuse and provide support and access to other services.
**Tier 3 and services**

Young people's specialist drug services and other specialised services, which work with complex cases requiring multidisciplinary team-based work, should be working at this level. The aim of Tier 3 services is to deal with complex and often multiple needs of the child or young person and not just with the particular substance problems. Tier 3 services also work towards reintegrating and including the child in their family, community, school or place of work.

A child psychologist within the Child and Adolescent Mental Health Trust provides specialised cognitive behaviour based therapy to young people identified with a primary substance misuse related problem.

An opiate prescribing service is provided by the adult community drug and alcohol service, Signpost to under 18s. This service will work closely with the specialist in the Child & Adolescent Mental Health Trust to ensure the service is caters for the young person.

Provision of specialised foster placements with individually tailored training support for foster carers.

Guidance is in place that introduces a staged process for accessing tier 4 residential treatment for under 18s (see Appendix B).

**Tier 4 and services**

Tier 4 services provide very specialist forms of intervention for young drug misusers with complex care needs. It is recognised that, for a very small number of people, there is a need for intensive interventions, which could include short-term substitute prescribing, detoxification and places away from home. Such respite care away from home might be offered in a number of different ways, such as residential units, enhanced fostering, and supported hostels.
Appendix A – Bexley Alcohol Service Provision

**Tier 1 service**
Service User presents to any of the following and has an assessment or referral to Tier 2

| General Practice and other health setting | Hospital (A&E, Urgent Care Centre) | Mental Health Services | Self Referral | Voluntary Sector; (MIND, Bexley Carers) | Criminal Justice (Equinox and Custody Suite) |

**Tier 2 service**
*Open Access alcohol services and outreach*
- Bexley and Greenwich Resource for Alcohol (BAGRA)
- Welling Alcohol Service Provision (WASP)
- Drug & Alcohol (Care Management) Team
- Alcoholics Anonymous (AA)
- Hospital - QMS Gastroenterology clinic
- Community Support Service: housing related support
- Signpost

**Tier 3 service**
*Individual need and problems identified*
*Personal care package and plan*
- BAGRA
- Signpost

**Tier 4 service**
*Detoxification and Rehabilitation*
- Acute Assessment Unit, SlaM
- Other providers commissioned as needed

Peer Support Group (BAADA)
**Tier 4**
Residential, specialised care-planned and co-ordinated alcohol treatments

**Tier 3**
Community-based specialised alcohol misuse assessment, and care planned and co-ordinated alcohol treatment

**Tier 2**
Alcohol-specific advice, information and support; brief interventions and assessment and referral of those with more serious alcohol-related problems for care-planned treatment

**Tier 1**
Identification of hazardous, harmful and dependent drinkers; referral of those with alcohol dependence, information; simple brief interventions to reduce alcohol-related harm.
Appendix B

Guidance in accessing tier 4 substance misuse services for young people in Bexley

Introduction

This guidance has been developed to provide a structured process to support young people in Bexley who may require specialist substance misuse treatment. They have also been designed to support professionals to understand the conceptual components of young people's substance misuse services and the full range of interventions that can be offered at Tier 4.

Numbers of young people in Bexley requiring this type of treatment have been low. However, for the small number of young people in Bexley who may require this intensive, specialist treatment it is important to have a clear process for assessing their need and an understanding of how Tier 4 services are provided in the borough.

Tier 4 Services

Traditionally tier 4 services have been viewed as residential treatment focusing on rehabilitation. Residential treatment is expensive and outcomes are often poor. Amongst the adult population it is estimated that approximately 30% of clients leaving rehab relapse within 12 weeks of leaving rehab. While this data is not currently available for young people, anecdotally, it is clear that most young people leave rehab early and do not maintain changes they have implemented whilst in rehab.

The NTA is advising commissioners to consider accessing mainstream support for the delivery of Tier 4 services, by applying Tier 3 provisions in a mainstream residential setting. This may include placing a child in supported housing, foster care or using paediatric inpatient services to stabilise a young person.

Staged process for accessing tier 4 treatment in Bexley

All young people who have been identified by services at tier 1 or 2 (or by parents/carers) as requiring a tier 4 intervention must be assessed by the senior substance misuse worker at CAMHS.
This worker will then offer the young person a series of sessions to determine the exact level of need and may also use other resources in the community to support a package of care e.g. diversionary activities from TYAP or the Youth Service, one to one support from YES.

The young person will then be assessed by the staff grade psychiatrist to further determine the level of need and supply pharmacological interventions if appropriate.

If residential treatment is still being sought by the client, a Young People’s Substance Misuse Panel will be convened. This will be composed of the following professionals:

- Senior substance misuse worker at BCAMHS
- Staff grade psychiatrist
- Adolescent Team manager (BCAMHS)
- Team Manager of Substance Misuse Care Management Team
- Assistant Direct, Children and Young People’s Services

The panel will determine the exact needs of the young person and discuss funding arrangements if residential rehab is considered the only option for the young person.

It is anticipated that a creative package of care would be offered in the first instance that would consist of:

- Specialist foster care
- Intensive support in the community
- Diversionary activities
- Support for parents/carers.

This is a notional process, that is open to review and aims to offer a framework that may be useful to a range of professionals when considering the complex substance misuse needs of a young person under 18 years of age.
Appendix C

PROTOCOL FOR THE MANAGEMENT OF YOUNG PEOPLE PRESENTING TO A&E WITH ACUTE INTOXICATION OF ALCOHOL

[Diagram showing decision flow for managing young people presenting to A&E with acute intoxication of alcohol.]

YP presenting to A&E after acute ingestion of alcohol.

YP is medically monitored to ensure they are safe from the effects of acute intoxication.

YP is moved to Children’s Ward until medically fit to be discharged.

Level of use is identified using the FAST (Alcohol Assessment) - 3 options below.

A. Fast score more than 3 but less than 10.
   - Indicates hazardous/experimental/binge drinking.
   - Offer Paediatrician brief intervention.
   - Discharge.

B. Fast score more than 10.
   - No mental health problems.
   - No risk behaviours.
   - Could be young person from vulnerable group: YOT involvement, Social Services involvement.
   - Refer to Youth Engagement Service.

C. Fast score more than 10.
   - Presents with mental health problems.
   - Risk behaviours:
     - Use of multiple drugs and alcohol
     - Injecting behaviour
     - Self-harm
   - Vulnerable groups:
     - Socially excluded
     - Homeless
     - YP sexually exploited.
   - Refer to Social Services.
   - Refer to CAMHS for specialist assessment.
Appendix D

Alcohol Assessment

Do I have a drink problem?
This resource has been produced as an intervention tool for use by people who need to help individuals who are not necessarily seeking alcohol advice. It consists of three evidence based tools:
FAST, AUDIT QUESTIONNAIRE, DRINKS DIARY.
A brief intervention is often defined as an intervention for individuals drinking at hazardous levels who have few if any signs of dependency. It usually consists of an assessment of alcohol intake, provision of information on hazardous/harmful drinking, and clear, specific advice supported by relevant literature (Think Drink booklet) and contact details of local agencies (Drug & Alcohol Services for Adults in Bexley).
It is important to remember that while it might be clear to everyone else concerned that the patient needs to change their drinking behaviour, they may not share this point of view.
For an explanation of units use Portman conversion wheel or NHS Know Your Limits card.
How to use the brief intervention tool.
- First determine which of these three brief interventions you wish to use.
- Decide whether you will fill in form yourself or if you will give it to the individual to complete.
- You may use the drink diary by itself or give it to the individual to complete in addition to the intervention you use.
- On completion of the intervention follow action plan as per score

Fast Alcohol Screening Test (FAST)

Name: ___________________________ Date: ____________ Male: ______ Female: ______

Circle the answer which best applies.

1) Men: How often do you have eight or more drinks on one occasion?
   Women: How often do you have six or more drinks on one occasion?

1 drink = 1/2 Pint of Beer or 1 Glass of Wine or 1 Single Spirit

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

2) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

3) How often during the last year have you failed to do what was normally expected of you because of drinking?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

4) In the last year, has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

<table>
<thead>
<tr>
<th>Yes, on one occasion</th>
<th>Yes, on more than one occasion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

SCORE
Add up scores from all questions and put sum here _________

- If final score is more than 3, this indicates probable harmful/hazardous drinking; offer advice and Bexley Alcohol Services booklet
- If final score is 10-14, this indicates signs of alcohol dependence please refer to specialist services
- If you were asked to complete this form by a nurse, doctor or other worker then please return it to them. If you would like more information on support about drinking you can talk to the professional who gave you this form.
Appendix D

Audit Questionnaire

Circle the number that comes closest to patient’s answer

A How often do you have a drink?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

B How many units of alcohol do you have on a typical day when you are drinking?
   1 to 2 units (5)
   3 to 4 units (1)
   5 to 6 units (2)
   7 to 9 units (3)
   10 or more units (4)

C How often do you have 6 or more units of alcohol on one occasion?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

D How often during the last year have you found that you were not able to stop drinking once you started?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

E How often during the last year have you failed to do what was normally expected of you because of your drinking?
   Never (0)
   Monthly (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

F How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

G How often during the last year have you had a feeling of guilt or remorse after drinking?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

H How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   Never (0)
   Monthly or less (1)
   2 to 4 times a month (2)
   2 to 3 times a week (3)
   4 or more times a week (4)

I Have you or someone else been injured as a result of your drinking?
   No (0)
   Yes, but not in the last year (2)
   Yes during the last year (4)

J Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?
   No (0)
   Yes, but not in the last year (2)
   Yes, during the last year (4)

SCORE
Add up scores from all questions and put the total here

- The minimum score, for non-drinkers, is 0 and the maximum score is 40.
- A final score of 8 or more may mean you are damaging your health - indicates probable harmful/hazardous drinking. Offer advice and Beasley Alcohol services booklet.
- A score of 16 or more indicates signs of alcohol dependence. Please refer to specialist services.

If you were given this form to complete then please return it to the person who gave it to you and if you would like more information on support about drinking you can talk to the professional who gave you this form.

Drink diary

Complete table  Week commencing

<table>
<thead>
<tr>
<th>Date</th>
<th>What</th>
<th>Where</th>
<th>When</th>
<th>Feelings and circumstances</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. Wine/Beverage</td>
<td>e.g. Pub/Home/Street</td>
<td>Morning/Afternoon/Evening/Night</td>
<td>Before and after</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
<td></td>
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</tr>
</tbody>
</table>

Total units for the week

Produced by Beasley Alcohol Support Group Nov 2007

Low risk range
21 units per week for men and 14 units per week for women, spread evenly over the week with 2-3 drink-free days, please offer Think Drink booklet

Harmful/Hazardous range
Exceeds the above please refer to specialist services

If you would like more information on support about drinking you can talk to the professional who gave you this form.
If you would like to know more about the services the Council provides, or would like either a translation of this document or the information in a different format, please call our Customer Contact Centre on 020 8303 7777 and press 0, quoting reference: 602869/12/08