



ALCOHOL

*An Oxfordshire Guide for Professionals working in
Primary Care and Community Settings*



1st Edition 2012

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Produced in partnership in Oxfordshire

Part A

Part A: Introduction

The National Institute for Health and Clinical Excellence (NICE) estimate that 24% of adults drink in a hazardous or harmful way and continued hazardous and harmful drinking can result in alcohol dependence (Alcohol Use Disorders – clinical management NICE Clinical Guideline 100, June 2010). Additionally the UK has the third highest proportion of 15 year olds (24%) who have been drunk more than 10 times or more over the past year and nationally it is believed that over 1 million children aged 11-17 drink alcohol weekly.

‘Brief Interventions, of various forms and delivered in a variety of settings, are effective in reducing alcohol consumption among hazardous and harmful drinkers’.

Review of the Effectiveness of Treatment for Alcohol Problems NTA 2006

This guidance is aimed at Oxfordshire organisations and individuals who will directly / indirectly come into contact with adults/children where alcohol use may be causing an increasing or higher risk to the individual.

To include:

- Guidance on effective interventions that can be undertaken by any staff to reduce patterns of harmful and hazardous drinking behaviour (Referred to as Brief interventions)
- Management of alcohol dependence within community drug and alcohol services
- Clinical management of alcohol detoxification in primary care.

There are a wide variety of professionals that already possess the skills to deliver brief interventions. These skills need to be utilised to ensure that opportunities to deliver interventions are maximised. Behavioural change methods are already used in smoking cessation, the management of obesity, and sexual health, to name a few; practice nurses, youth workers, pharmacists, teachers and housing support workers are already well placed to deliver these interventions as part of their routine practice.

Early intervention can reduce progression into harmful and dependent alcohol use, and related disorders.

This guidance is a support and resource for the workforce to identify and work with male and female adults and young people, who have or are at risk developing alcohol related problems.

All persons involved professionally with people where alcohol is thought to be problematic should be aware of the [Alcohol dependence and harmful alcohol use quality standard](#) NICE August 2011.

NICE has developed a pathway for an alcohol-use disorders overview:

[Alcohol-use Disorders Overview Pathway](#)

Learning

[The Alcohol Identification and Brief Advice e-learning project](#) (Alcohol IBA) helps professionals with identifying those individuals whose drinking might be impacting on their health and delivering simple, structured advice. The learning is an online e-module which teaches users how to use World Health Organisation validated tools to identify patients' levels of health risk from alcohol and how to intervene appropriately with those who could benefit from cutting down. The content is based on the robust evidence-base of 56 controlled trials over 30 years which show that five minutes of structured, motivational advice is effective in reducing health risks from alcohol in 1 in 8 recipients.

This is a free e-learning course providing professionals with all they need to know to deliver simple alcohol identification and brief advice in healthcare settings

Website: <http://www.alcohollearningcentre.org.uk/eLearning/>

Section 1 Screening

Definitions

Table 1. NICE clinical guideline 100 defines alcohol disorders into the following categories

Harmful Drinking	A pattern of alcohol consumption that increases someone's risk of harm
Hazardous Drinking	A pattern of alcohol consumption that is causing mental or physical damage.
Alcohol Dependence	A cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol and difficulties controlling its use. Someone who is alcohol-dependant may persist in drinking, despite harmful consequences.
Acute Alcohol Withdrawal	The physical and psychological symptoms that people can experience when they suddenly reduce the amount of alcohol they drink if they have previously been drinking excessively for prolonged periods of time.
Medically Assisted Alcohol Withdrawal	The deliberate withdrawal from alcohol by a dependent drinker under the supervision of medical staff.

Table 2. The NHS advice on drinking limits refers to levels that still include a low risk of developing future health problems

Lower Risk Drinking (Sensible Drinking)	<p>These levels are the recommended daily limits per day, on a regular basis:</p> <ul style="list-style-type: none"> • No more than three to four units for men • No more than two to three units for women <p>Lower risk drinking means that in most circumstances you have a low risk of causing yourself future harm.</p>
Increasing Risk Drinking (Harmful Drinking)	<p>Drinking at this level increases the risk of damaging your health:</p> <ul style="list-style-type: none"> • More than three to four units a day on a regular basis for men • More than two to three units a day on a regular basis for women
Higher Risk Drinking (Hazardous Drinking)	<p>If you're drinking at this level, you're at a much higher risk and your body is probably already being damaged, even if you're not aware of it yet:</p> <ul style="list-style-type: none"> • More than eight units a day, or more than 50 units a week, on a regular basis for men • More than six units a day, or more than 35 units a week, on a regular basis for women <p>See www.drinking.nhs.uk for more information</p>

NB The Department of Health and the NHS have moved to using 'risk' terminology in communications to the public.

Units of alcohol

Units are a standard way to indicate the alcohol content of any given drink. In the United Kingdom, a unit of alcohol is defined as 10 millilitres (or approximately 8 grams) of ethanol (ethyl alcohol). This is approximately the amount of ethanol an average healthy adult can break down in an hour.

Screening Tools

Alcohol Use Disorders Identification Test (AUDIT)

AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment and aid the identification of excessive drinking. See [Appendix A](#) for a printable version of the screening tools for use with individuals.

AUDIT scores from the alcohol screening tool inform the next step and the most appropriate intervention.

Table 3. Audit Score

0-7	Lower risk	= No intervention is required	
8-15	Increasing Risk	= Brief Advice	see Section 2
16-19	Higher Risk	= Brief Advice and or Extended Brief Advice	see Section 3
20 +	Possible Dependence	= Referral to structured psychosocial services	see Section 4

See [Appendix A](#) for *Audit C* Alcohol Screening Tool.

See [Appendix D](#) for Flow chart guide for professionals working with adults in primary care and community settings.

Section 2 Brief Advice – for Hazardous drinkers/increasing risk

Intervention suitable for those with an AUDIT score of 8-15

Summary

Brief Advice is a one off session usually delivered in 5-10 minutes. It is opportunistic, simple structured advice which aims to evoke change in an individual by providing information about their drinking and how they may reduce their consumption.

The aim is to get people to drink within the lower risk levels (within the recommended NHS levels/ AUDIT score 0-7) and emphasise the individual's personal responsibility for their decisions about drinking.

All competent professionals can deliver Brief Advice. It can be delivered to people professionals come into contact with in the work place, where alcohol is not the main reason for contact e.g. teacher, pharmacist, housing officer, health advisor, mid-wife .

The intervention is the same screening tool for adults and young people. However, the information given will need to be relevant to the individual and age appropriate.

Coverage

Brief advice should cover:

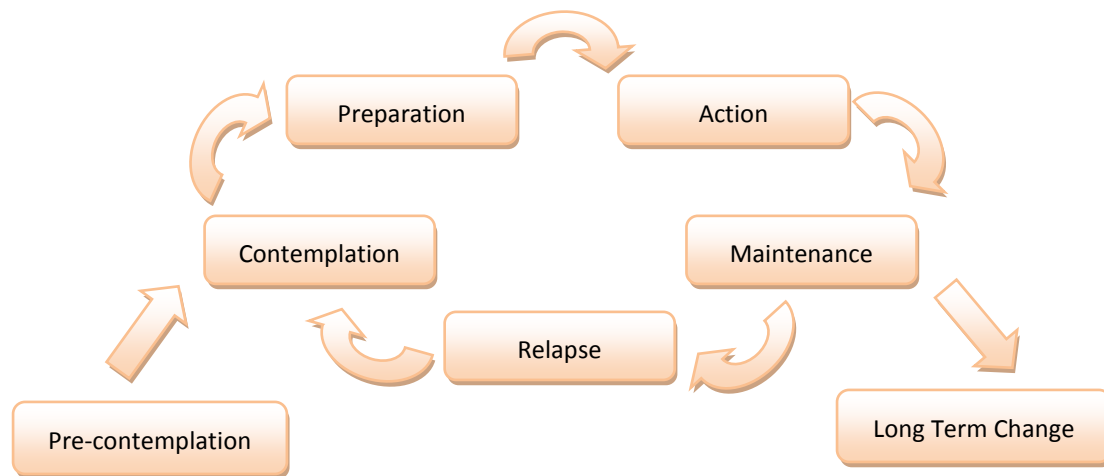
- understanding alcohol units,
- risk levels and where the individual is on the risk scale
- benefits of cutting down
- practical ways for the individual to achieve this.

Delivery

Refer to and give the Alcohol Effects Patient Leaflet - See [Appendix B](#)

- Raise the issue
 - it could be raised as routine with all individuals you see, as part of a planned consultation, by the individual themselves, or as the response for the presenting condition
 - You should seek permission from the individual to discuss their drinking further
- Give personalised feedback
 - If appropriate use the recognised AUDIT alcohol screening tool
 - Give factual information on the potential effects that drinking may have on their health and well being
 - Ask how the individual feels about this
 - Ask if they would like to discuss it further
- Listen for readiness to change
 - Use open questions, reflect and summarise the discussion
 - From the responses to the information provided choose a suitable approach depending on where they are in the cycle of change:

Fig 1: Cycle of Change - Prochaska and Diclemente



- If the individual is:
 - At the pre-contemplation stage provide:
 - information and advice – covering effects of alcohol and benefits of cutting down consumption (health and social)
 - Already on the cycle of change, choose one or more of these approaches:
 - Enhance motivation – build the individual’s motivation to change by helping them assess the pros and cons of their drinking and how they would benefit by cutting down (e.g. financial, health, home life etc).
 - Building Confidence – enhance the individual’s belief in their ability to change (their self efficacy). E.g. identifying their previous successes, people who can support them in changing their drinking patterns etc.
 - Menu of Choices – ask the individual if they can suggest ways to change their drinking pattern (e.g. lower strength drinks, having alcohol free days, not drinking in rounds, not drinking at home etc). Be ready to offer ideas if the individual agrees.
 - Coping Strategies – help the individual identify times when they might find it more difficult to stick to their plans to cut down and to come up with strategies for coping with these situations.
- Closing Brief advice
 - At any point, you or the individual may decide not to continue
 - Ensure the conversation is closed sensitively and, if appropriate, signpost or refer to further information or services.

FRAMES Approach

Brief Advice can be delivered multiple times to the same individual; the FRAMES approach (feedback, responsibility, advice, menu, empathy, and self-efficacy) provides simple structure for a five minute intervention.

- Provide personalised and relevant feedback (e.g. a leaflet that compares their feedback to national levels)
- Make it clear that responsibility lies with the individual

- Give some clear advice to cut down/abstain
- Offer a menu of choices about how the individual can change e.g. alternative activities
- Be empathic
- Use a non-judgemental style that promotes self-efficacy

Other useful resources/ leaflets

- [How Does Your Night End?](#)
- [Drinks Diary](#)
- [How much is too much? Drinking and You](#)
- [Alcohol Unit Calculator](#)

[NHS Choices Drinking and Alcohol](#)

Section 3 Brief Advice – for Harmful drinkers/Higher Risk

Intervention suitable for those with an AUDIT score of 16 - 19

Summary

Extended Brief Advice is based on motivational interviewing approaches and can sometimes be referred to as 'brief lifestyle counselling'. It is aimed at motivating individuals drinking at increasing and higher risk levels to reflect on their drinking patterns and associated behaviour and to reduce their consumption to lower levels. It is based on the individual identifying issues themselves with the support of a professional.

This type of intervention provides alcohol specific information, advice and support to help individuals reduce alcohol related harm over a longer period than the one off Brief Advice session.

As an intervention, it is the same approach for adults and young people. However, the information given will need to be relevant to the individual and age appropriate.

Any competent professional can deliver Extended Brief Advice as long as they can commit the time required and have been trained in motivational interviewing skills.

Delivery

- Deliver the Brief Advice as above
- Ensure the session is interactive and involving the individual with their own goal setting:
 - How important is it for you to reduce your drinking?
 - If you decided to reduce your drinking, how confident are you that you would succeed?
 - What might be the not so good things about reducing your drinking?
 - What might be the good things about reducing your drinking?
- Consider using the 'Six Step Plan' with the individual:
 1. Identify good reasons for changing: Can you think of 2-3 good reasons?
 2. Set yourself a goal to achieve change: Is this achievable?
 3. Recognise difficult times or situations: When might be the hardest times?
 4. Prepare for difficult times/ situations: Think of a way of dealing with hard times?
 5. Find someone to support you: Is there a family member/ friend who might help?
 6. Stick to your goals. But remember, nobody's perfect! If at first you don't succeed, try again.

Referral

If you don't feel confident to deliver extended brief advice or can't commit the time necessary, a referral can be made to the community drug and alcohol service provided by:

SMART – A service for men and women aged over 18

The Old Music Hall
106-108 Cowley Road
Oxford
OX4 1JE
Tel: 01865 403151

Referral forms in [Appendix C](#), or visit www.oxfordshiredaat.org

Section 4 Structured Psychosocial Interventions – for dependent drinkers

Intervention suitable for those with an AUDIT score of 20+

Summary

Structured Intervention is a community based treatment option delivered by alcohol workers. As an intervention, it is the same approach for adults and young people. However, the treatment given will need to be relevant to the individual and age appropriate.

The aim of this intervention may not be abstinence but to lower consumption to lower risk levels. This will depend on the individual receiving treatment and their specific needs.

NB Not all dependent drinkers will require a medically assisted withdrawal (detoxification) from alcohol. However, all dependent drinkers with an AUDIT score of 20+ should be assessed for suitability for structured intervention.

Intervention

An individual will receive a comprehensive assessment from an alcohol worker which will determine if they will benefit from attending structured one to one sessions and a referral for assessment for medically assisted withdrawal if appropriate.

The next stage will involve agreeing a care plan with the alcohol worker, which will be specific to that individual to address their alcohol misuse. The care plan will also address harm reduction, relapse prevention techniques and support in developing transferable skills and employment and/or training related opportunities. This plan will be regularly reviewed with the individual to ensure that it is still relevant throughout their recovery journey and goals are updated as progress is made.

The individual will be expected to attend regular appointments with the alcohol worker and be motivated to address their alcohol use. This type of treatment will include psychosocial interventions such as cognitive behaviour therapy and/or motivational interviewing.

Alcohol workers will also work with individuals being considered for community detoxification and those looking for a residential rehab placement to address the underlying causes of their drinking and prepare them for the next stage in their treatment.

Referral

The Women's Service – A service for women only
3, Collins Street
Hooper House
Cowley Road
Oxford
www.cranstoun.org
Tel: 01865 793880

SMART – A service for men and women aged over 18
The Old Music Hall
106-108 Cowley Road
Oxford
OX4 1JE
Tel: 01865 403151
<http://www.smartcjs.org.uk/>

Referral forms in [Appendix C](#), or visit www.oxfordshiredaat.org

Section 5 Community-based assisted withdrawal (detoxification)-for dependent drinkers

Intervention suitable for those who experience acute alcohol withdrawal and have an AUDIT score of 20+

This section is covered in Part B Guidance for Primary Care Alcohol Detoxification. If you are not in a position to deliver assisted community detoxification then please refer the individual to their GP or into the Alcohol Service providing Structured Interventions (see [Appendix C](#) for referral form).

The aim of this intervention is to provide a medically assisted withdrawal from alcohol with a pharmacological treatment that results in abstinence.

It is important to recognise that not all individuals who may be dependent on alcohol will automatically need a medically assisted detoxification. The need to provide a detoxification should be assessed on an individual basis.

Section 6 Mental health disorders

A person who has an alcohol problem and a mental health problem is termed dual diagnosis. The term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems that an individual might experience concurrently. For the purpose of this guide the definition of Dual Diagnosis will be as broad as possible: *Dual Diagnosis is defined as a condition/presentation where mental illness/mental health problems exist concurrently with a substance use problem.*

A substance misuse problem does not exclude patients from accessing appropriate mental health provision. Mental health services will take the lead in coordinating treatment for patients with a dual diagnosis who have a moderate to severe mental health problem. In these instances mental health services will work closely with specialist substance misuse services to ensure that care is well co-ordinated. (Dual Diagnosis Good Practice Guide, DoH, 2002). It is not acceptable for mental health services to refuse to treat a patient on the grounds of substance misuse.

NB Patients who misuse alcohol and have significant comorbid mental health disorder, and are assessed as having a high risk of suicide, should be referred to a psychiatrist in the specialist mental health service.

Patients who misuse alcohol and have comorbid depression or anxiety disorders should be treated for the alcohol misuse first, as this may lead to significant improvement in the depression and anxiety.

Mental health services in Oxfordshire

The diagrams below detail the voluntary and statutory mental health services available in Oxfordshire. In the majority of cases the first point of contact for mental health services will be via a GP and will be to one of the following:-

- **CMHT and/or Consultant Psychiatrist** – each area has their own contact details for their local service/s. <http://www.oxfordhealth.nhs.uk/>
- **Talking Space** – A service set up in 2009 supporting people coping with mild to moderate symptoms of anxiety or depression. Referral is self referral via GP - form available from the PCT intranet www.oxfordshire-mind.org.uk/help/talkingspace
- **Practice based Counselling** – Individual Practices have their own system of contacting their local Counsellor using the "Self referral via GP" form available on the Oxfordshire PCT Intranet

Patients who have a dual diagnosis and are pregnant, or in the prenatal period, may have a higher level of need. The community midwife team should be contacted as soon as possible if the patient is not already known to them. The team can be contacted via a GP or the hospitals. Good communication between mental health, addiction, community midwifery and health visitor services, is essential for the safe management of this patient group.

Statutory Mental Health Services

Fig 2. Statutory Mental Health Services

Community Mental Health Teams

- Deliver Social Care and treatment to those experiencing severe and/ or enduring mental illness
- <http://www.oxfordhealth.nhs.uk>/www.oxfordhealth.nhs.uk

Complex Needs Team

- Main team in Oxford, bespoke services across the county
- Predominantly for people with a personality disorder
- Therapeutic community approach
- <http://www.oxfordhealth.nhs.uk/?directory=oxfordshire-complex-needs-service>
- 01865 455872 / 01865 455815

Assertive Outreach

- Work alongside CMHTs
- Focus on small caseload of people with serious and enduring problems who are reluctant to engage

Early Intervention Service

- Works with people within two years of first diagnosis of psychosis
- <http://www.oxfordhealth.nhs.uk/?directory=oxfordshire-early-intervention-service>
- 01865 738800

Crisis Resolution Team

- Provides 24/7 care and support to individuals suffering acute mental illness and at risk of needing admission to hospital
- <http://www.oxfordhealth.nhs.uk/page/3/?location=oxford>
- 01865 738721

IAPT

- Improving access to psychological therapies
- Referral via GP to a range of talking therapies
- <http://www.oxfordshire-mind.org.uk/help/talkingspace>
- 01865 325777

Voluntary Sector Mental Health Services

Fig 3. Voluntary Sector Mental Health Services

Elmore Team

- Covers city of Oxford
- Works with individuals with complex needs who fall between services. Dedicated prison and anti-social behaviour teams
- <http://www.elmorecommunityservices.org.uk/services/elmore/>
- 01865 200130

MIND

- Range of groups across the county
- The Mill community resource project
- Floating Support
- Housing services
- <http://www.oxfordshire-mind.org.uk/>
- 01865 247788

Restore

- Three therapeutic work rehabilitation projects
- LEaP one- to – one employment training and support
- <http://www.restore.org.uk/services.html>
- 0845 250 0518

Connection Floating Support

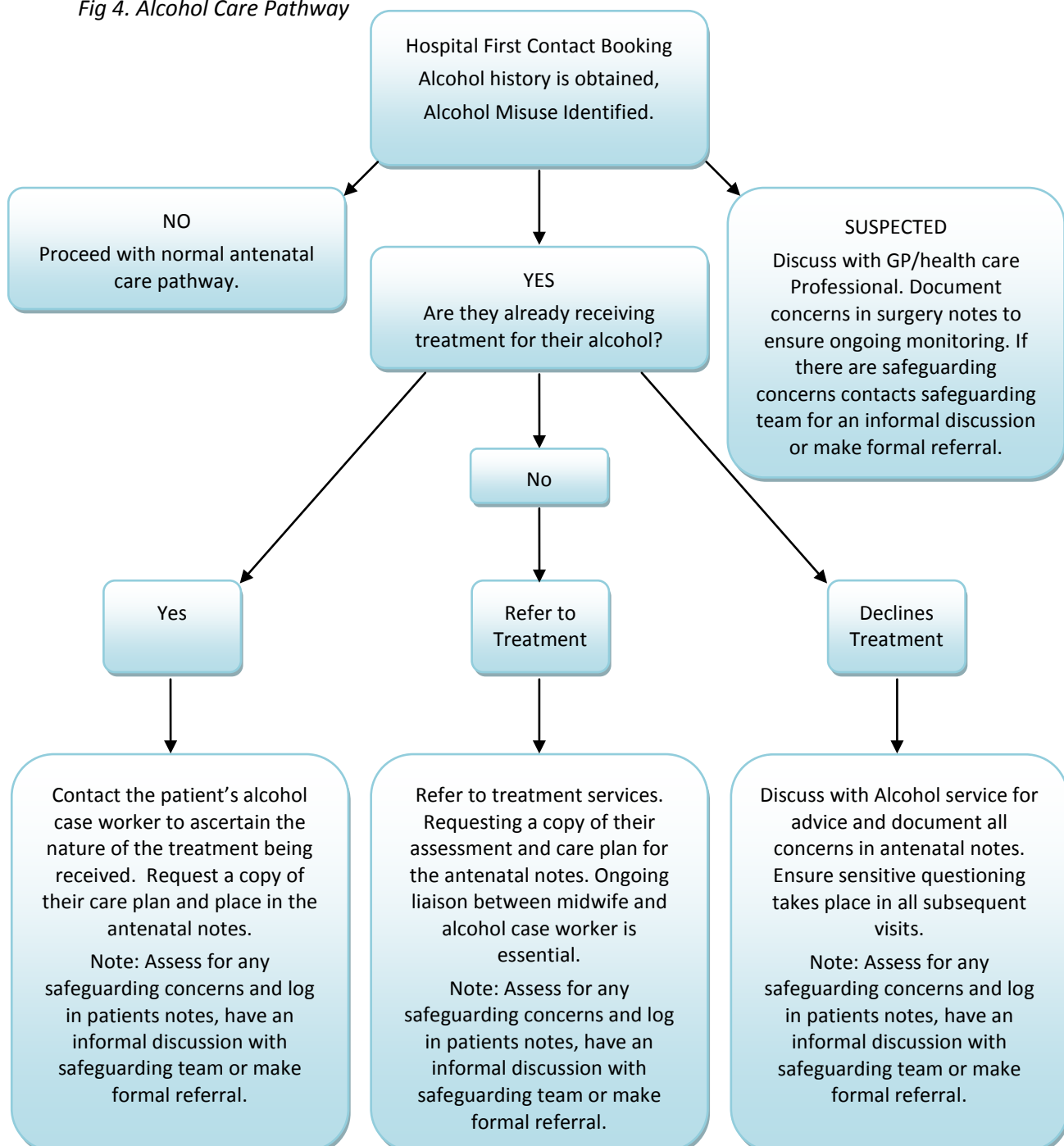
- Flexible, home visit based service
- <http://www.connectionfs.org/contact.asp>
- 01865 711267

Section 7 Pregnancy

Alcohol Care Pathway

This pathway is intended for pregnant women who have significant problems related to illicit drug and alcohol misuse, such as dependency. The aim is to ensure women who engage with health professionals receive appropriate referrals, support and treatment to ensure optimal long term outcomes for both women and their babies. Drinking alcohol during pregnancy can seriously harm the unborn child, and the Government currently states that women should avoid drinking alcohol during pregnancy. All women should be treated in a respectful, non judgemental and sensitive manner, all questions should be answered honestly involving them proactively in all aspects of their care. The best outcomes are achieved by a family centred approach and the participation of fathers where possible in the care process is beneficial.

Fig 4. Alcohol Care Pathway



Antenatal Care Pathway for Alcohol Dependent Women

NOTE: This pathway should be used in addition to the normal antenatal pathway. Due to the chaotic lifestyle of many women with a drug/alcohol addiction it may be difficult for them to attend some appointments and therefore a flexible approach is required. It is imperative that the midwife follows up any non attendance and actively seeks to make contact with her. Any safeguarding concerns must be dealt with as soon as possible.

Fig 5. Antenatal Care Pathway for Alcohol Dependent Women

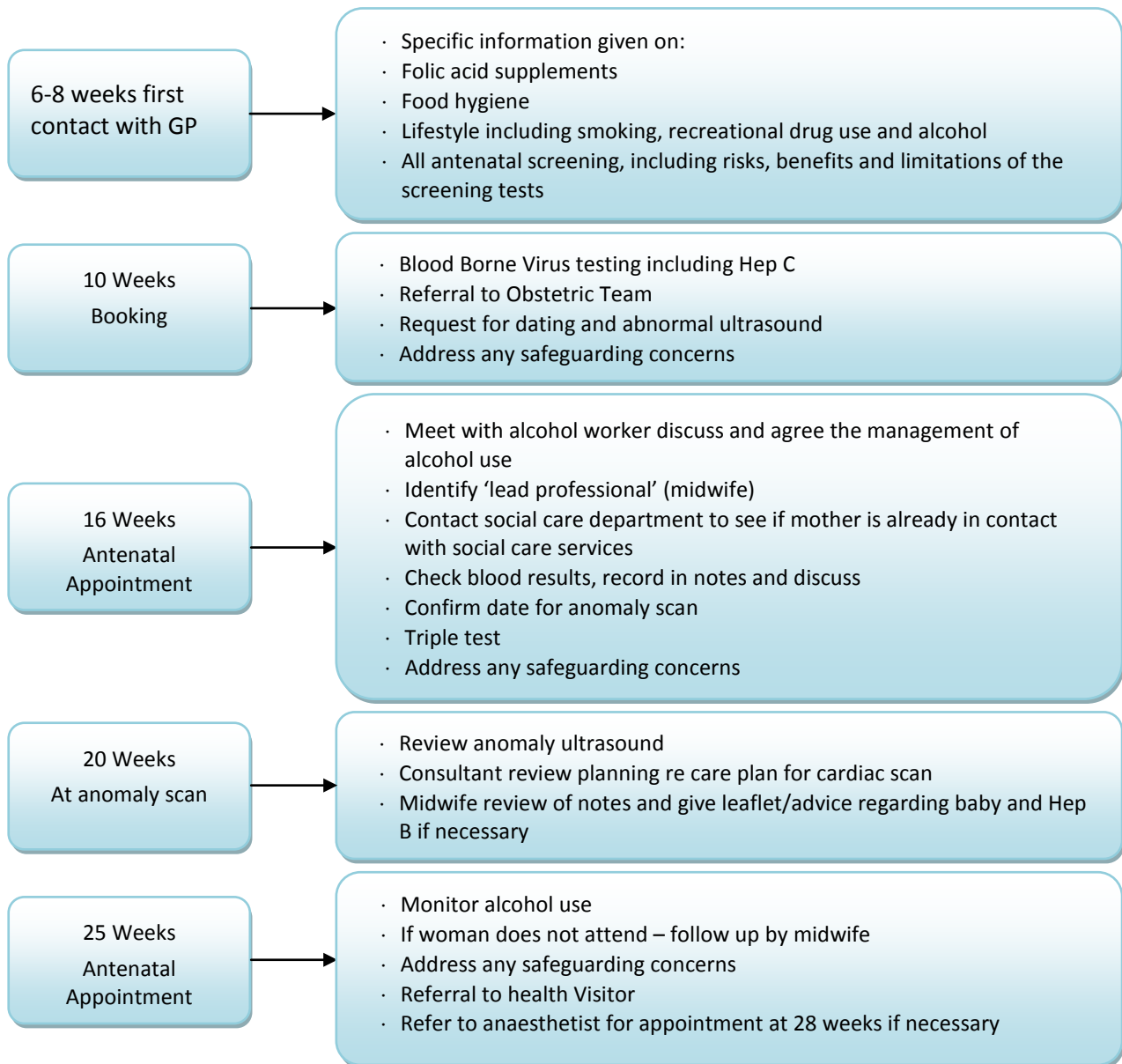
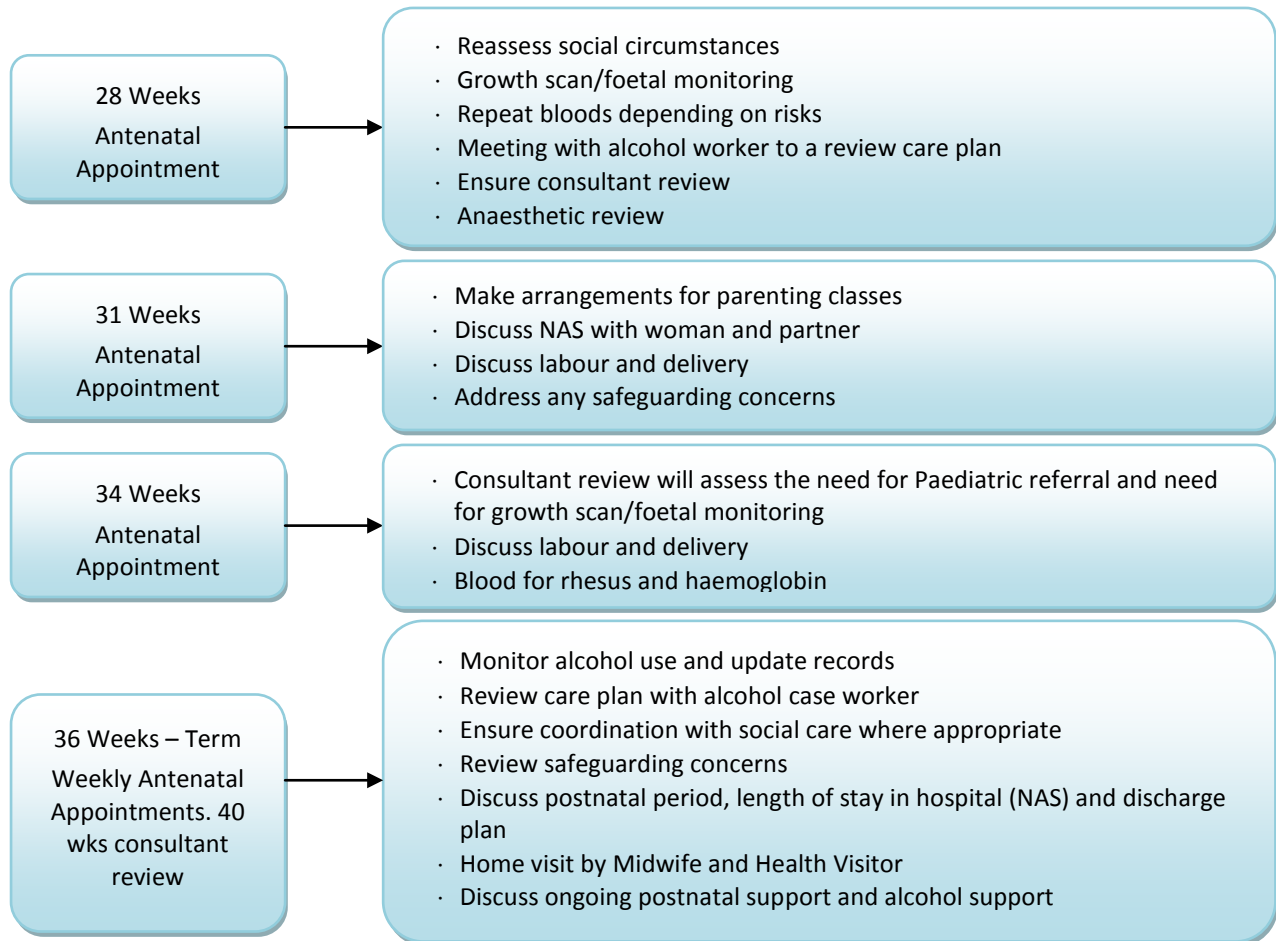


Fig 5. Antenatal Care Pathway for Alcohol Dependent Women (continued...)



Section 8 Young People

It can often be more difficult to engage young people in services, and for them to overcome the stigma of seeking help for themselves. Alcohol consumption amongst young people remains significantly high with it being seen as a rite of passage to adulthood; however alcohol can cause harm to the developing body. There are a number of interventions available starting with alcohol education within schools to more structured specialist support.

Assessment and referral of children and young people

[\(NICE clinical guidelines 115 – Alcohol -use Disorders, Feb 2011\)](#)

For all children and young people aged 10-17 years who misuse alcohol, the goal of treatment should usually be abstinence in the first instance.

The AUDIT tool can be used with young people (see [Section 1](#)) and brief advice and brief interventions ([Section 2](#) and [3](#)) can be very effective with young people. Anyone who works with young people can use these tools effectively to help reduce the risk of harm from alcohol consumption. For brief advice and brief intervention tools, see [Sections 2](#) and [3](#).

NB Ensure all tools used with young people are age appropriate.

If alcohol misuse is identified as a potential problem, with potential physical, psychological, educational or social consequences, in children and young people aged 10–17 years, conduct an initial brief assessment to assess:

- the duration and severity of the alcohol misuse (the standard adult threshold on the AUDIT for referral and intervention should be lowered for young people aged 10–16 years because of the more harmful effects of a given level of alcohol consumption in this population)
- any associated health and social problems
- the potential need for assisted withdrawal.

Refer all children and young people aged 10–19 years to a specialist child and adolescent mental health service (CAMHS) and the Young People’s specialist drug and alcohol service (Young Addaction) for a comprehensive assessment of their needs, if their alcohol misuse is associated with physical, psychological, educational and social problems and/or co-morbid drug misuse.

For young people aged between 10-17, structured interventions should be introduced at an earlier stage on the AUDIT scores.

Oxfordshire has a dedicated young people’s drug and alcohol service for any young person under 19 years old. Young Addaction Oxfordshire offers:

Structured Psychosocial Interventions

(If using AUDIT – a score of 16 or more would be appropriate for structured interventions)

Structured Interventions for young people would be appropriate when a young person has scored an audit score of 16 or more as regular consumption of alcohol at a young age is a significant risk factor. Structured interventions are a community based treatment option delivered by specialist workers.

A young person will receive a comprehensive assessment which will determine if they will benefit from attending one to one sessions. The next stage will involve agreeing a care plan with the key worker, which will be specific to that individual to address their alcohol misuse. This plan will be regularly reviewed to record successes and ensure that it is still relevant. The individual will be expected to attend regular appointments with the key worker and be motivated to address their alcohol use.

This type of treatment will include psychosocial interventions such as cognitive behaviour therapy and/or motivational interviewing. The care plan will also address harm reduction, relapse prevention techniques and support in developing transferable skills and employment and/or training related opportunities.

Support for Young People affected by a parent/carer or sibling alcohol misuse

The service offer one to one support for young people aged over 11 who are impacted upon by a family members alcohol use. The service is delivered anywhere the young person is most comfortable. (see [Section 10](#))

Rapid Response Alcohol Outreach team

A rapid response team who work in partnership with communities who have identified a problem with young people and alcohol within their area. The team will work with young people and local communities and schools over a set period identify risks and build resilience through training in the delivery of brief advice and will report back all relevant information to enable communities to respond to the needs of young people.

Referrals :

to any of the above service can be made directly to Young Addaction Oxfordshire by post fax or telephone. See [Appendix B](#) for referral form or visit www.oxfordshiredaat.org

[Young Addaction](#)

The Abingdon Business centre

7 Nuffield Way

Abingdon

OX14 1RL

Tel: 01235 468405

Fax: 01235 538519

www.oxfordshiredaat.org

Pharmacological Treatment of Young People

Before starting pharmacological interventions a comprehensive medical assessment needs to be undertaken to include baseline urea and electrolytes and liver function tests including glutamyl transpeptidase (GGT) taking into consideration any contraindications.

Refer to the specialist child and adolescent mental health service and Young Addaction for this assessment and any prescribing should be undertaken by the child and adolescent mental health service. Inpatient care will usually be offered for young people.

Prescribing

Please see [Section 5](#) for pharmacological guidelines above.

Residential Rehabilitation for young people

In exceptional circumstances, young people may be considered for a residential rehabilitation placement. The assessment, referral and placement must take place with the placement team. Referrals into the placement team would come from the Young People's service and/or CAMHS.

An assessment for the suitability for residential rehabilitation for young people will be made jointly between social care services, the young people's drug and alcohol service and the residential placement team. There are very few appropriate services in the country therefore every placement must be made as an exceptional placement with robust joint working.

Section 9 Family Services and Parental Alcohol Misuse

Family Services

SMART offers support for the families and carers of people misusing drugs and/or alcohol. Relatives and carers can get advice and information on how to understand and best support their loved one through recovery.

The service can offer one to one support or support through groups across the county

Family and Carer Groups:

Tel: 01865 403 151

www.smartcjs.org.uk

Abingdon

3rd Tuesday of the month, 6-8pm at 35 Ock Street, Abingdon OX14 5AG

Banbury

2nd Tuesday of the month, 6-8pm at Banbury Health Centre, 58 Bridge Street, Banbury OX16 5QD

Bicester

4th Tuesday of the month, 6-8pm at The Causeway Centre, 25 The Causeway, Bicester OX26 6AN

Didcot

1st Tuesday of the month in the Community Hall behind Didcot Baptist Church, Didcot

Oxford

1st Thursday of the month, 6-8pm at The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE

Witney

2nd Thursday of the month, 6-8pm, at Marlborough House, (Behind The Marlborough Hotel), Marlborough Lane, Witney OX28 6DY

Children and young people affected by a parent, carers or siblings alcohol use

The impact of parental substance misuse on their children can lead to a wide range of issues. Isolation and guilt are common, as is the heightened risk of misusing substances themselves.

Our Young people's drug and alcohol service will work with young people to help them understand the issues that their parents face, how they can keep safe and will help the young people develop coping strategies.

Young Addaction offers one to one support for any young person aged over 11 who is affected in any way by a family members alcohol or drug use. The service can see the young person wherever they feel most comfortable and can be confidential.

Contact Young Addaction Oxfordshire by post, fax or telephone. See [Appendix C](#) for the referral form or visit www.oxfordshiredaat.org

Young Addaction

The Abingdon Business centre, 7 Nuffield Way, Abingdon, OX14 1RL

Tel: 01235 468405

Fax: 01235 538519

www.oxfordshiredaat.org

Section 10 Residential Rehabilitation Process and Criteria

The Oxfordshire Rehabilitation Placement Team is part of the Specialist Community Addictions Service (SCAS) made up of Social Workers who have expertise in substance misuse. The aim of residential rehabilitation is to help the individual achieve abstinence from addiction and to improve their life and functioning in support of continued abstinence.

In Oxfordshire, the majority of placements are now made from a selection of residential detoxification and residential rehabilitation facilities that have been through an evaluation process and have been assessed as suitable for use by Oxfordshire residents who require this level of support. This is known as a 'Framework'.

There are four primary eligibility criteria for adults, they must:-

- Be an Oxfordshire resident and be engaged in treatment with appropriate drug or alcohol treatment services
- Be motivated and suitably prepared to go into residential rehab and to participate in the full treatment programme. They must be ready to go within 4 weeks from when a decision about funding is made
- Be currently (or recently) using drugs and/or alcohol to the extent that their health, well-being or safety is significantly compromised or the safety and well-being of others is significantly compromised

Have tried and exhausted all suitable community treatment options where possible and appropriate.

The placement team will carry out an assessment with the individual to identify whether residential treatment is appropriate and if so which facility from the 'Framework' would best meets their needs. This recommendation will then be reviewed at the rehab panel meeting and a decision made on whether to fund the placement or not.

Also before entering rehab, the individual will need to be actively involved in identifying the personal issues that they need to work on whilst in residential treatment. Once in rehab, the Social Worker will keep in contact with the individual to review progress and help make arrangements and/or referrals to relevant agencies as part of an aftercare package that will be agreed prior to leaving. This contact is an important part of ensuring that the rehab treatment is linked to the individual returning to live in the community.

Referrals

Referrals can be made by a GP or a drug and alcohol worker to the placement team based at Rectory Road using the referral forms in [Appendix C](#)

The Residential Placement Team
Specialist Community Addictions Service (SCAS)
The Rectory Centre
Rectory Road
Oxford OX4 1BU
Tel: 01865 455634

In exceptional circumstances, young people may be considered for a residential rehabilitation placement (See [Section 9](#)).

Section 11 Mutual Aid Groups

Mutual aid groups are self helps group that offer group support from peers who have recovered from or are in recovery from addiction. There are a variety of types of mutual aid groups which do follow different principles.

All patients with alcohol misuse problems, and their families and carers, should be provided with information of the value and availability of mutual aid groups, and have contact facilitated.

Alcoholics Anonymous

[Alcoholics Anonymous](#) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organisation or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.”

National helpline: 0845 769 7555

SMART Recovery® - STARS Oxfordshire

SMART Recovery (this is not the same organisation as the local treatment service) or STARS Oxfordshire as it is known locally, is a self-empowering addiction recovery support group. Participants learn tools for recovery based on the latest scientific research and participate in a world-wide community which includes free, self-empowering, science-based mutual help groups.

STARS helps people recover from all types of addiction and addictive behaviours, including: alcoholism, drug abuse, drug addiction, substance abuse, alcohol abuse, gambling addiction, cocaine addiction, and addiction to other substances and activities.

info@smartrecovery.org.uk

Tel: 0845 603 9830

Part B: Guidance for Primary Care Alcohol Detoxification

Part B: Introduction

This section is for Primary Care, to support General Practitioners undertaking alcohol detoxification in patients. Assisted withdrawal may be carried out in primary care under the supervision of a non-specialist *provided* the healthcare professional feels confident (that is, has previous experience with successful assisted withdrawal), knows the person, has the appropriate amount of time (including follow-up arrangements), and the social circumstances are in place to favour community withdrawal (for example the person has a good support network).

The aim of this intervention is to provide a medically assisted withdrawal from alcohol with a pharmacological treatment that results in abstinence for adults.

It is important to recognise that not all individuals who may be dependent on alcohol will automatically need a pharmacological intervention as part of a detoxification. The need to provide a detoxification should be assessed on an individual basis.

Community assisted withdrawal should consist of a package that includes a drug regimen and psychosocial support.

Learning

In addition to the [The Alcohol Identification and Brief Advice e-learning project](#) (Alcohol IBA), practitioners undertaking a medically-assisted detoxification should consider completing the [RCGP Certificate in the Management of Alcohol Problems](#)

NICE has developed a pathway for an alcohol-use disorders overview :

[Alcohol-use Disorders Overview-Pathway](#)

Section 1 Assessment of suitability for medically assisted withdrawal

Intervention suitable for those who experience acute alcohol withdrawal and have an AUDIT score of 20+

As part of a package of care, a comprehensive assessment should be undertaken by an alcohol worker within the alcohol service.

A comprehensive assessment should be undertaken for all adults, that covers the following areas:

- Drinking more than 15 units daily (12 in women) and/or score 20 or more on the AUDIT.
- The individual must express a clear wish to stop drinking for at least a few weeks.
- A score of between 15 to 30 on the SADQ-C (see [Appendix E](#)) assessment will indicate moderate dependence, which can be managed in primary care.
- Identify alcohol-related problems using the Alcohol Problems Questionnaire (APQ).

NB. The AUDIT screening tool only identifies a problem with dependence. The SADQ-C measures the severity of that dependence.

It is important that individuals are ready and motivated to work towards abstinence before receiving a community detoxification.

Individuals with more complex needs or co-morbidities should be referred to specialist service, for example:

- Severity of Alcohol Dependence Questionnaire score 30+
- Patients with dual diagnosis or significant mental health issues
- Significant polypharmacy and drug interactions complicating detoxification
- Consideration for inpatient detoxification is warranted
- The need to manage risk arising from past detoxification complications (medical emergencies such as Delirium Tremens (DTs), alcohol withdrawal seizure, Wernicke Encephalopathy (WE))
- Failure of previous interventions

Complex Alcohol Referral

Specialist Community Addiction Service
Rectory Centre
Rectory Road
Oxford
OX4 1BU
Tel 01865 455614
Fax 01865 455633
Referral Forms - [Appendix C](#)

Section 2 Planning for Detoxification

Before starting an alcohol detoxification:

- Agree a Joint Care Plan– This should be drawn up between the GP and the alcohol service in agreement with the patient. It is important that prior to drawing up a **clinical** care plan; the individual is also referred to the alcohol service to enable a joint care plan to be developed, so patient’s wider addictive behaviour needs can be met. The alcohol service will offer the individual structured intervention and ongoing throughcare support.
- Agree a clinical care plan with the patient to include:
 - Start date for detoxification
 - Prescribing regimen
 - Assessment of the risk for developing Wernicke’s encephalopathy
 - Start patient (in advance of the detoxification)
 - Thiamine vitamin B1 tablets
 - 100mg three times a day
 - or
 - 50mg four times a day

Important Note: Prophylactic IM Pabrinex (thiamine) should be considered in patients at high risk of Wernicke’s encephalopathy

- Be signposted to local mutual aid/peer support groups – See Part A Section 11.
- Have support at home to include:
 - House member to stay with the patient in the first 72 hours and support for the majority of week
 - Housing should be stable
 - Access to provision of small light meals and sweet sugary fluids.
- Discuss with the patient the pharmacological intervention for relapse prevention¹, see Section 4

¹ Nice Clinical Guideline 115 Alcohol-use Disorders 2011

Section 3 Clinical Management within Primary Care

Please also see [Prodigy](#) (formerly known as Clinical Knowledge Summaries CKS)

- A medical assessment needs to be undertaken to include:
 - baseline urea and electrolytes and liver function tests including gamma glutamyl transpeptidase (GGT), full blood count, ESR, Thyroid function test, calcium and phosphate levels, random glucose, taking into consideration any contraindications
 - Brief measures of cognitive functioning
 - Past medical history
 - Past history of alcohol misuse, detoxification
- Continue patient on Thiamine vitamin B1 Tablets, 100mg three times a day
- Advise the patient that their last alcoholic drink must be the night before (not on the day of the detoxification start)

Important Note: Try to start a detoxification on a Monday to allow for GP / Practice nurse interaction on a twice daily / daily basis for the first five days.

- Start detoxification

Detoxing medication

Benzodiazepine

Chlordiazepoxide (in preference to diazepam, as diazepam has a greater 'abuse' potential, although there are equivalent benefits with both).

Example: Community Detoxification regimen using **CHLORDIAZEPOXIDE**

	Dose				
	MANE	NOON	EVENING	NOCTE	TOTAL
Day 1	30mgs	30mgs	30mgs	30mgs	120mgs
Day 2	30mgs	20mgs	20mgs	30mgs	100mgs
Day 3	30mgs	20mgs	20mgs	20mgs	80mgs
Day 4	20mgs	20mgs	20mgs	20mgs	80mgs
Day 5	20mgs	10mgs	10mgs	10mgs	60mgs
Day 6	10mgs	10mgs	10mgs	10mgs	40mgs
Day 7	10mgs			10mgs	20mgs
Day 8					
Day 9					
Day 10					
				Total	520mgs

Adjust the dose of Benzodiazepine if severe withdrawal symptoms or over-sedation occur.

(For patients with hepatic toxicity or requiring an alternative detoxification medication to benzodiazepines- refer to the specialist alcohol services.)

Important Note: No more than 2 days medication should be supplied at any one time, a family member or carer should preferably oversee the administration of medication.

Clinical Monitoring

Monitor the patient daily / twice daily for the first three - five days according to need, there after review in the week following the detoxification start.

Each set of observations should include:

- Alcohol withdrawal scale CIWA – Ar Clinical Institute Withdrawal Assessment (See [Appendix F](#)).
- Alcometer reading for use in CIWA-Ar
- Observation of level of consciousness and orientation

- Pulse, blood pressure
- Observation for nystagmus & ophthalmoplegia & ataxia
- Observation for dehydration & marked tremor.

Important Note: A psychosocial support package should be in place throughout the detoxification

Adjunct medication

Vitamin Supplementation

Thiamine vitamin B1 tablets

Dose:

Thiamine 100mg three times a day or 50mg four times a day, during heavy drinking and assisted withdrawal

decrease to:

Thiamine 50mg three times a day for three months after detoxification,

reducing to:

Thiamine 50mg twice a day, as long as malnutrition persists

Thiamine (Pabrinex)

Wernicke's-type brain damage is highly prevalent in alcoholics as are associated memory deficits which cause permanent disability.

Prophylaxis

Parenteral thiamine, should be considered in patients at high risk of Wernicke's encephalopathy, I.M. Pabrinex should be considered in primary care.

Important Note: Access to anaphylactic treatment should be available on the premises if IM Pabrinex is given.

Dose:

Give **one pair** of I.M. *High Potency* ampoules of Pabrinex once daily for the first three-five days of detoxification.

The patient should attend the surgery/clinic if I.M. Pabrinex is to be given and should be monitored daily by the GP/Practice Nurse.

I.M. Pabrinex injection (total 7ml) consists of two ampoules that should be drawn up into a syringe to mix them just before use, then injected slowly high into the gluteal muscle. Licensed practice is to administer a **single** 7ml injection.

Important Note: Admit to hospital for parenteral thiamine in the case of peripheral neuropathy, blackouts, Wernicke's encephalopathy, Delirium Tremens and fits, developing during detoxification.

Signs of possible Wernicke-Korsakov syndrome in a patient undergoing detoxification

- confusion
- ataxia, especially truncal ataxia
- ophthalmoplegia
- nystagmus
- memory disturbance
- hypothermia and hypotension
- coma

Managing Adverse Effects

Seizures

Diazepam

Dose:

Diazepam 10mg per rectum, or diazepam 20mg orally

Important Note: All patients experiencing fits should go immediately to hospital after initial diazepam. Most patients come round spontaneously in which case give 20mgs diazepam oral and send to hospital. If it is a prolonged and an intractable seizure the dose is about 0.5mgs per kg PR diazepam.

Hypnotics

Zopiclone 7.5mg tablets

Dose:

Zopiclone 7.5mg tablets one or two at night when necessary for a maximum of five days

Important Note: Disrupted sleep patterns are inevitable and take time. Long term thiamine, improved diet and a change in behaviour will help sleep patterns, provide sleep hygiene techniques. Both alcohol and chlordiazepoxide bring about sedation and not sleep, so these patients haven't slept properly for ages, so keep sedation medication to a minimum.

Vomiting

Metoclopramide

Dose:

Metoclopramide 10mg, one tablet three times a day

Metoclopramide 10mg IM three times a day if vomiting is severe

Young adults 15-19 year under 60kg only if severe intractable vomiting give Metoclopramide 5mg three times a day.

Section 4 Relapse Prevention in Alcohol Dependence

After successful withdrawal consider offering a pharmacological intervention to prevent relapse. NICE² recommends offering acamprosate or naltrexone in combination with appropriate psychosocial package. However naltrexone does not currently have marketing authorisation for this indication and so locally this should be restricted to prescribing from specialist services only.

GPs should prescribe within their competencies and experience.

Acamprosate

Dose:

Acamprosate 333mg ec tablets

Immediately after detoxification, as an adjunct to psychosocial interventions.

Consider for 12 months unless there is immediate relapse to dependent drinking.

Acamprosate can be continued if there is relapse but commitment to be abstinent.

Dose will be according to weight:

Over 60Kg

Acamprosate 333mg, two tablets three times a day

Less than 60Kg

Acamprosate 333mg, Two tablets in the morning, 1 tablet at midday and one at night

[Naltrexone-supported by NICE (refer to specialist services)]

Disulfiram

- Only prescribe if acamprosate and oral naltrexone are not suitable or the patient prefers disulfiram and understands the risks of taking the drug.
- If disulfiram is to be prescribed a pre-review with the Specialist service should be undertaken, with a further review planned for 6 months from starting treatment as required.

Disulfiram 200mg tablets

Check U+Es, LFTs. Check for history of psychosis (disulfiram also blocks dopamine metabolism) or self-harm, cerebro-vascular disease or current pregnancy or breast-feeding (pregnancy test), or other physical or psychological disease.

Dose:

Disulfiram 200mg one tablet daily

Important Note: Scripts will need to be issued daily using FP10 forms or put on repeat dispensing for daily scripts if there is an agreed need for supervision. Supervision is available from pharmacies on a named patient basis only in agreement with Oxfordshire DAAT.

Important Note: The FP10 MDA form for instalments cannot be used.

² Nice Clinical Guideline 115 Alcohol-use Disorders 2011

Section 5 Information on Residential Detoxification

Residential Detoxification – Oxfordshire

Howard House is a 10 bed drug and alcohol detoxification service based on the Iffley Road in Oxford. Howard House provides medically assisted withdrawal from drugs and alcohol combined with a programme of intensive psychosocial interventions which last for up to 12 weeks. The project is aimed at severely dependent drinkers who are in either in unstable accommodation or for whom community detoxification would not be appropriate due to the complexity of their needs and patterns of addictive behaviour.

Referral

GPs can refer to Howard House by using the referral form in [Appendix C](#) or in writing to Specialist Community Addictions Service (SCAS).

The Rectory Centre
Rectory Road
Oxford OX4 1BU
Tel: 01865 455634

SMART
Howard House
190 Iffley Road
Oxford
OX4 1SD

All other referrals need to be through addictions nurses or SMART with the support of the individual's GP.

Residential Detoxification – Out of County

Out of county detoxification is generally (but not in all cases) undertaken prior to attending residential rehabilitation. Out of county placements are generally only explored when community options have been attempted. The Oxfordshire Rehab Placement Team is part of the Specialist Community Addictions Service (SCAS), Social Workers who have expertise in substance misuse undertake assessments for suitability for detoxification making their recommendation to a panel who agree the placement and the funding.

Referral

Should be made to the residential rehabilitation placement team who will undertake a community care assessment alongside a residential rehabilitation eligibility assessment, the placement team recommendation will then go to a panel for approval. Referral forms can be found in [Appendix C](#).

The Residential Placement Team
Specialist Community Addictions Service (SCAS)
The Rectory Centre
Rectory Road
Oxford OX4 1BU
Tel: 01865 455634

Appendices

[Appendix A: Alcohol Screening Tool](#)

[Appendix B: Referral Forms](#)

- SMART
- Specialist Community Addiction Service (SCAS)
- Women's Service
- Young Addaction

[Appendix C: Flow chart guide for professionals working with adults in primary care and community settings](#)

[Appendix D: Severity of Alcohol Dependence Questionnaire \(SADQ-C\)](#)

[Appendix E: Alcohol Withdrawal Assessment Scoring Guidelines \(CIWA – Ar\)](#)

[Download documents from the internet](#)

[Alcohol Effects Patient Leaflet, "Your Drinking and You"](#)

Referral Forms


- [SMART](#)
- [Specialist Community Addiction Service \(SCAS\)](#)
- [Women's Service](#)
- [Young Addaction](#)

[Structured Brief Advice Tool-pdf](#)


AUDIT C and AUDIT

1 unit is typically:
Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

UNIT GUIDE



The following drinks have more than one unit:
A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)



The following questions are validated as screening tools for alcohol use

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
TOTAL :						<input type="text"/>

A score of **less than 5** indicates *lower risk drinking* (see overleaf)

Scores of 5+ requires the following 7 questions to be completed:

AUDIT Questions (after completing 3 AUDIT-C questions above)	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
TOTAL :						<input type="text"/>

PLEASE TURN OVER for scoring & next steps >>>>>

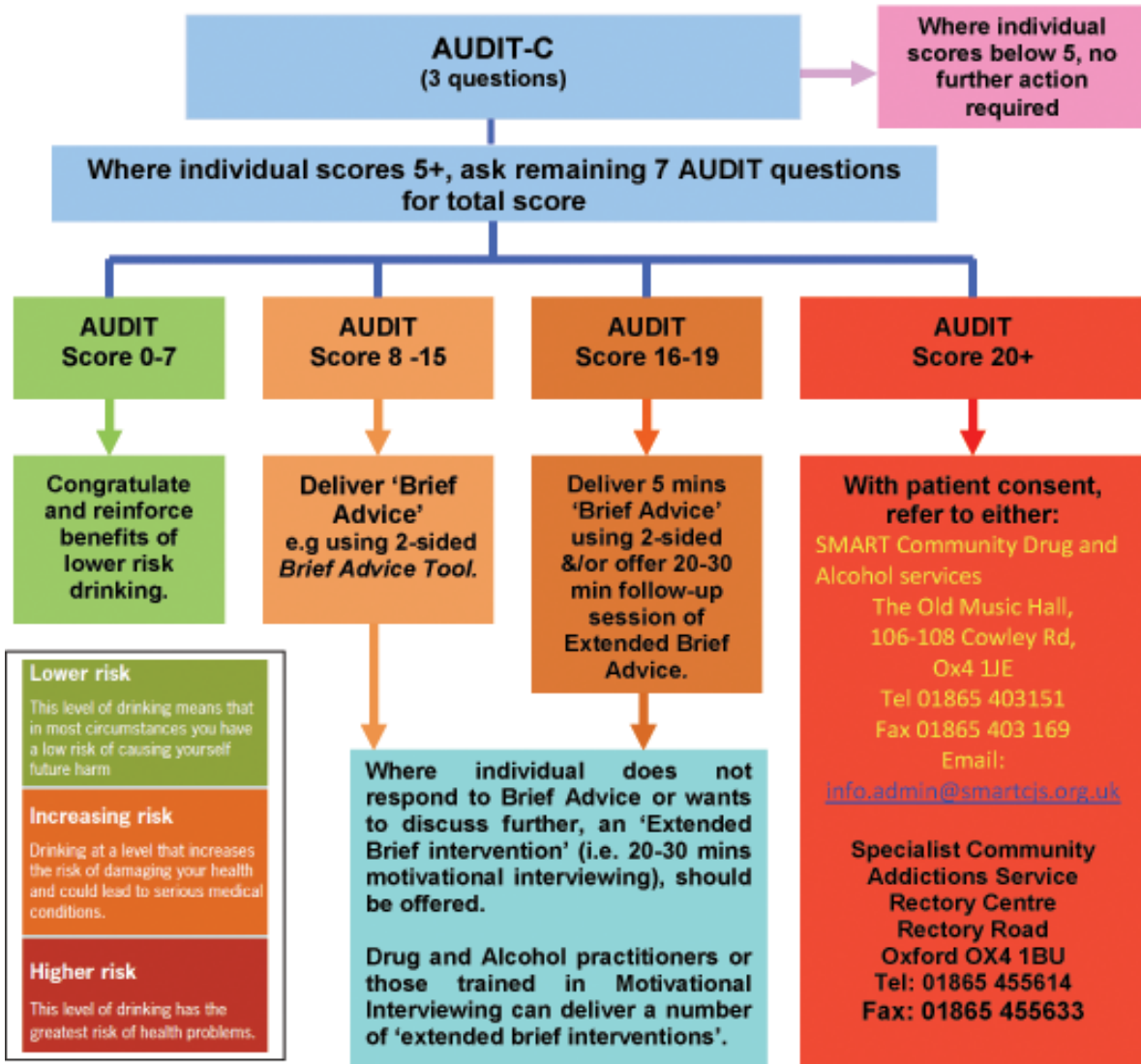
SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)

AUDIT C _____ + AUDIT _____ =

"Based on your answers, your drinking places you in the _____ risk category." (for 8+ scores lead to Brief Advice with) "How do you feel about that?"

AUDIT SCORE	RISK CATEGORY	=	DESIRED ACTION
0 –7	Lower risk	=	No intervention required
8 –15	Increasing risk	=	Brief Advice
16-19	Higher risk	=	Brief Advice and/or extended BA
20+	Possible dependence	=	Referral to services (see below)

Brief Intervention (IBA) pathway



For Brief Intervention/IBA tools and e-learning visit www.alcohollearningcentre.org.uk and see 'topics'> 'IBA'

Referral Forms - SMART

SMART
INNOVATIONS IN DRUG SERVICES

Drug and Alcohol Service Referral Form

For family and carers please complete section 1 and 3 ONLY

Section 1

Referral date		Assessment offered date	
Client contacted date		Assessment offered by	
Referral agency details		Client details	
Name		Name	
Referred by		DOB	
Address		Address (including postcode)	
Tel number		Tel number	
Fax number		Gender	Male/Female
Email		Ethnicity	

Are we able to contact client
via phone via letter Via email

Does the client have any physical or learning disability? Y/N

If yes please give details:

Section 2

Drug used						
Record amount in money per day and how the drug is administered (IV – intravenous, S – Smoked, O – Oral, Sn – Snorted)						
Drug	Amount in £	How is it administered?				
Heroin		IV	Sn	S	O	
Crack		IV	Sn	S	O	
Cocaine		IV	Sn	S	O	
Ketamine		IV	Sn	S	O	
Ectasy		IV	Sn	S	O	
Cannabis		IV	Sn	S	O	
Amphetamines		IV	Sn	S	O	
Alcohol (AUDIT needs to be filled in)		IV	Sn	S	O	
Other		IV	Sn	S	O	

Page 1 of 3

Referral Forms - SMART

Physical health				
Client experiencing problems with:				
Heart	Lungs	Kidneys	Liver	Convulsions
Stomach	Venal	Nasal	Fatigue	Other(s)
GP's details : and any medication client is using				
Mental health				
Client experiencing problems with:				
Anxiety	Panic	Paranoia	Mood swings	Depression
Suicidal thoughts	Hallucinations	Other(s)		

Section 3

<p>Any other risk factors? if not known please state "not known" any current social services involvement and any other professionals involved with your situation</p>
<p>Any recent OD attempts /self harm</p>
<p>Current involvement with other services</p>
<p>What are your motives for accessing the service right now?</p>
<p>Do you have a preference around either group work support or 1-1 sessions</p>

Evening Peer support group for Family & carers		Offending behaviour	
Motivational enhancement		Managing emotions	
Alcohol Awareness		Relapse prevention	
Alcohol CBT		Evening peer support group	
Get involved		FACT	

Referral Forms - SMART

Section 4

Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring System					Score
	0	1	2	3	4	
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 units 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	
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	
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	
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	
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	
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	
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	
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	

REFER TO DRUG AND ALCOHOL SERVICE



Tel: 01865 403151 / Fax: 01865 403169
North Oxfordshire: 01295 225 544 / Fax: 01295 279 528

- Hazardous= 8-15
- Harmful =16-19
- Mod dependent = 20-30
- Severely dependent = 30-40

Referral Forms - SCAS



GP Name & Practice:	
Practice Address:	Telephone No:
	Fax No:
Patient's Name	DOB:
Patient's Address	Telephone No:
	NHS No:
Reason for Referral:	
Brief History:	

Referral Forms - SCAS

Factors (including mental health issues):

Substances currently used (please tick all that apply)

- Heroin
- Crack/Cocaine
- Amphetamines
- Benzodiazepines
- Ketamine
- Cannabis
- Alcohol
- Is the patient drinking
to a physically dependant level?
- Other (please provide details)

**Have you explained to the patient that we may pass their information
onto another agency working in substance misuse, and do they consent
to this?**

Yes No

GP: _____ Date: _____

SCAS, The Rectory Centre, Rectory Rd, Oxford, OX4 1BU Tel 01865 455614 Fax 01865 455633

Referral Forms – Women’s Service



REFERRAL FORM

Referrer Details			
Referral Date:			
Referrer Name:			
Referrer Agency/Address: (Including Postcode)			
Telephone Number:		Fax Number:	
Email Address:			
Is TOP Open On Client? (where applicable)	Y / N		
If 'YES' TOP Co-ordinator:			
Client Details			
Family Name:			
First Name(s):			
Address (please include postcode):			
Date of Birth:		Age:	Ethnicity:
Telephone Number:		OK To Call This Number? Y / N	
GP Name:			
GP Address (please include postcode):			

Referral Forms – Women’s Service

Drug/Alcohol Use (Please tick all categories that apply)									
Heroin		Methadone		Cocaine		Crack	Alcohol		
Cannabis		Speed		Benzodiazepines		Ecstasy	Ketamine		
Other (please specify):									
Additional Information (Please provide details of the client’s need for access to the Women’s Service as opposed to other generic drug treatment)									
Current Accommodation Details									
NFA		With Friends		Supported Housing		Private Landlord			
Hostel		Council Tenancy		Parental Home		Other			
Details of Children									
Name		Date of Birth		Who does the child live with?					
Details of any Safeguarding Involvement (current/previous)									
Name of Professional involved:									
Risk									
Any Relevant Risk Issues (Please attach a copy of an up-to-date risk assessment):									
Has The Client Consented to this Referral? YES / NO									
Signature of Referrer:					Date:				

Referral Forms – Women’s Service



FOR OFFICIAL USE ONLY:	
Date WL letter sent:	Date appointment offered:
Any further comments:	

Referral Forms – Young Addaction



Part 1 – Screening

Date received _____

Referrer

Date of Referral	Name of Referrer:
Name of Referring Agency	Referrer's Address:
Referrers Contact No.	Signature of Referrer:
How did the referrer hear of the Addaction service?	

Consent

Does this young person consent to the referral? (If no, contact young person's service for advice)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the young person's parents/carers been informed of the referral for assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does a parent/carer consent to the young person attending an appointment if offered? (Consent is not essential for a referral to be made)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date referrer agreed with the young person that the referral would be made _____ (date)		

Young Person's Details

Client's Name:	
Client Address including postcode:	
Is this young person in Care (ie Looked After by the Local Authority)? Yes / No	
Client Home Tel No:	Client Mobile No:
Age:	Date of Birth:
School/Work:	Gender: Male/Female
Nationality:	Ethnicity:
Disability:	Email Address (if used):
GP Name:	GP Surgery:

Referral Forms – Young Addaction

Parent / Carer

Name of parent/guardian/carer:
Contact number of parent/guardian/carer:

Young Person's Expectations & Availability

Young person's expectations:
Young person's availability for appointments:

Other Agencies involved

Contact Name	Agency	Address	Contact No.
Child Protection concerns Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details (including lead agency and name of worker)			
Would this young person pose any significant risk to staff or others? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details			

Reasons for referral

Primary drug of use: Second drug of use: Third drug of use:

Referral Forms – Young Addaction

Please add any additional background information that may be relevant to the assessment of this young person

Alcohol Screening Tool

A
U
D
I
T
S
C
O
R
E

0-7

No intervention and information leaflets

8-15

Brief Advice – Delivered by any competent professional, a one off session of about 5-10 minutes of simple structured advice aimed at evoking change in an individual, by providing information about their drinking and how they may reduce their consumption.

16-19

Brief Interventions – Can be delivered by any professional or referrals can be made to SMART or The Womens Service

The Old Music Hall
106-108 Cowley Road
Oxford OX4 1JE
Tel: 01865 403151

Hooper House
Collins Street
Oxford OX4 1
Tel: 01865

Or see www.oxfordshiredaat.org

20+

Structured psychosocial Interventions and/or Medical Assisted Withdrawal

Structured Interventions
SMART
The Old Music Hall
106-108 Cowley Road
Oxford OX4 1JE
Tel: 01865 403151

Any GP or
Specialist Community Addictions Service (SCAS)
The Rectory Centre
Rectory Road
Oxford OX4 1BU Tel: 01865 455634

Or see www.oxfordshiredaat.org

Severity of Alcohol Dependence Questionnaire (SADQ-C)

[Download –pdf](#)

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ-C)¹

NAME _____ AGE _____ No. _____

DATE:

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month: Year:

Please answer all the following questions about your drinking by circling your most appropriate response.

During that period of heavy drinking

1. The day after drinking alcohol, I woke up feeling sweaty.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
2. The day after drinking alcohol, my hands shook first thing in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
4. The day after drinking alcohol, I woke up absolutely drenched in sweat.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
5. The day after drinking alcohol, I dread waking up in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
7. The day after drinking alcohol, I felt at the edge of despair when I awoke.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
8. The day after drinking alcohol, I felt very frightened when I awoke.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
9. The day after drinking alcohol, I liked to have an alcoholic drink in the morning.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
10. The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS
11. The day after drinking alcohol, I drank more alcohol to get rid of the shakes.
ALMOST NEVER SOMETIMES OFTEN NEARLY ALWAYS

¹ Stockwell, T., Sitharan, T., McGrath, D. & Lang, . (1994). The measurement of alcohol dependence and impaired control in community samples. *Addiction*, 89, 167-174.

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA – Ar)

Nausea/Vomiting - Rate on scale 0 - 7

- 0 - None
- 1 - Mild nausea with no vomiting
- 2
- 3
- 4 - Intermittent nausea
- 5
- 6
- 7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.

- 0 - No tremor
- 1 - Not visible, but can be felt fingertip to fingertip
- 2
- 3
- 4 - Moderate, with patient's arms extended
- 5
- 6
- 7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7

- 0 - no anxiety, patient at ease
- 1 - mildly anxious
- 2
- 3
- 4 - moderately anxious or guarded, so anxiety is inferred
- 5
- 6
- 7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7

- 0 - normal activity
- 1 - somewhat normal activity
- 2
- 3
- 4 - moderately fidgety and restless
- 5
- 6
- 7 - paces back and forth, or constantly thrashes about

Paroxysmal Sweats - Rate on Scale 0 - 7.

- 0 - no sweats
- 1- barely perceptible sweating, palms moist
- 2
- 3
- 4 - beads of sweat obvious on forehead
- 5
- 6
- 7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4

- 0 - Oriented
- 1 – cannot do serial additions or is uncertain about date
- 2 - disoriented to date by no more than 2 calendar days
- 3 - disoriented to date by more than 2 calendar days
- 4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA – Ar)

0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its colour different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or light-headedness.
0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (i.e. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

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