Provision of Alcohol Identification and Brief Advice Support and Guidance

Service Level Agreement

<table>
<thead>
<tr>
<th>Parties to the Agreement</th>
<th>Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purchaser: Wirral Ways to Recovery (WWTR), CGL</td>
</tr>
</tbody>
</table>
1. Background

Excessive drinking is a major cause of disease and injury, accounting worldwide for 9.2% of disability adjusted life years with only tobacco smoking and high blood pressure as higher risk factors. For the NHS alone, the estimated financial burden of alcohol abuse is around £2.7billion including hospital admissions and attendance at A&E and primary care (The cost of alcohol harm to the NHS in England, DH, 2008). Health inequalities are clearly evident as a result of alcohol-related harm where Department of Health analysis of ONS data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.

The number of adults with an alcohol use disorder (drinking above the recommended levels) in Wirral is estimated to be more 74,000; 22.3% of these are currently experiencing harm from their drinking.

There is evidence of the effectiveness of community pharmacy-based public health interventions such as smoking cessation and methadone maintenance for addictions, and in the management of osteoporosis, diabetes and raised cholesterol. Service users report positive experiences of using community pharmacy-based public health services, suggesting these services are acceptable as well as effective. Wirral is generally very well served by community pharmacies. There is currently one pharmacy for every 3,402 residents, which compares extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also has a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000), and Knowsley (at 25 per 100,000). This is very encouraging in enhancing the spread of pharmacy screening for alcohol use.

Pharmacies delivering opportunistic advice, brief interventions for alcohol will make a positive and significant contribution to early intervention and prevention for people drinking at increasing risk and harmful levels. Furthermore there is a very large body of international research evidence that shows early identification of alcohol misuse and the delivery of brief advice can be very effective in reducing people’s drinking to lower risk levels. The evidence indicates that for every 8 people who receive advice, one will reduce their drinking to within lower risk levels. This compares favourably with smoking advice where one in 20 will change their behaviour on the advice given (Safe. Sensible. Social. The next steps in the National Alcohol Strategy, DH, 2007).

2. The service

The Pharmacy will be contracted to deliver a coordinated alcohol identification and brief advice as part of Wirral’s Alcohol Harm Reduction Strategy.

The identification, initial screening and completion of the AUDIT questionnaire may take place at the counter. The provision of brief advice and referral to WWTR (for specialist alcohol treatment) will be provided in the pharmacy consultation room.

3. Aims and intended service outcomes

- To support the reduction in the level of alcohol related harm within the community
- To provide advice to patients drinking at increasing risk levels
To increase the number of referrals to WWTR service of those patients that have been identified as being at risk from their alcohol use

To support Wirral Public Health to increase awareness within the local population to the associated health risks linked to alcohol use

4. Service Description

4.1 To provide an Identification and Brief Advice (IBA) service through community pharmacies that has the following seven elements:

4.1.1 Identification
Using defined criteria (shown below), patients ‘walking into’ a participating Pharmacy will be offered screening using the AUDIT alcohol assessment tool (Alcohol Usage Disorder Identification Test, WHO 1982, Appendix IV).

Defined Criteria for Screening:

- Any patient aged over 18 that the Pharmacist / trained staff member identifies as needing advice/support around alcohol use
- Patients presenting frequently with symptoms which may be associated with alcohol misuse such as:
  - Gastric problems – e.g. peptic & duodenal ulcers
  - Falls and associated injuries
  - High blood pressure
  - Diabetes
  - Depression / Anxiety / Stress
  - Pregnant women
  - Homeless
  - Identified during a Medication Use Review (MUR) or other services provided by the Pharmacy such as Smoking Cessation Consultations or CVD screening

4.1.2 Screening using AUDIT-C
The Pharmacist/trained staff member will initially undertake an AUDIT-C (AUDIT Consumption) questionnaire (Appendix 1) with the patient. This will indicate whether an individual is potentially drinking at increasing or higher risk levels, but does not indicate alcohol dependence.

- For patients scoring 0 – 4: congratulate the patient on the benefits of lower risk drinking. No further action is required apart from recording/capturing this information on PharmOutcomes and to screen again in 12 months
- For patients scoring 5 or more, the pharmacist/trained staff member will continue and complete the remaining seven questions of the full AUDIT, to obtain a total final AUDIT score (Appendix 2)

4.1.3 Lower Risk
If a patient’s total final AUDIT score remains below 7 (lower risk category), congratulate the patient on the benefits of lower risk drinking. No further action is required apart from recording/capturing this information on PharmOutcomes and to screen again in 12 months
4.1.4 Brief Intervention

If a patient’s total final AUDIT score lies within 8-15 (increasing risk category), a brief advice/intervention should be carried out using the 2-sided Brief Advice Tool (also known as Structured Advice Tool, see Appendix 3) and which will cover:

- Explanation of recommended daily amounts
- What a unit of alcohol is
- Explanation of category of drinker
- Explanation of the content of the supporting leaflet

4.1.5 Referral

If a patient’s total final AUDIT score is above 16 (high risk drinking category) then with patient consent, an automated referral is made to WWTR for a comprehensive assessment. Both the referral form and patient consent are completed/captured on PharmOutcomes.

However, should a patient not give their consent for the referral, a Brief Intervention should take place (as described in 4.1.4) and the WWTR service leaflet should also be handed out. This may encourage patients to self-refer at a later date.

Patients can self-refer by attending the WWTR service (no appointment required) offered at the following Hubs:

- 23 Conway Street, Birkenhead, CH41 6PT  
  Tel: 0151 556 1335 Option 1
- Ashton House, Chadwick Street, Moreton, CH46 7TE  
  Tel: 0151 556 1335 Option 3
- 151-153 Brighton Street, Wallasey, CH44 2DU  
  Tel: 0151 556 1335 Option 5

4.1.6 Screening using the Alcohol Quiz

The Pharmacist/trained staff member can complete an Alcohol Quiz questionnaire (Appendix 7) with the patient. Completion of the full quiz is required in order to obtain the patient’s full AUDIT score. Using the full AUDIT score the pharmacist/trained staff member can provide the following interventions:

- For patients with an AUDIT score: 0 – 7 (Low Risk)
  - congratulate the patient on the benefits of lower risk drinking
  - No further action is required apart from recording/capturing this information on PharmOutcomes and to screen again in 12 months

- For patients with an AUDIT score: 8 – 15 (increasing risk category)
  - a brief advice/intervention should be carried out using the 2-sided Brief Advice Tool (also known as Structured Advice Tool, see Appendix 3)
  - Explanation of recommended daily amounts
  - What a unit of alcohol is
  - Explanation of category of drinker
  - Explanation of the content of the supporting leaflet

- For patients with an AUDIT score: 16+ (high risk drinking category)
  - with patient consent, an automated referral is made to WWTR for a comprehensive assessment
4.1.7 Monitoring of the service
Pharmacies are expected to:

- Use screening and data collection tools. The AUDIT-C, full AUDIT & Brief Advice Tool can be downloaded and printed from the following website: http://www.alcohollearningcentre.org.uk/
- Alternatively, pharmacies may use the Alcohol Quiz. Pre-printed copies will be provided by WWTR and pharmacies are required to maintain adequate stocks by requesting replenishment in time. (See Appendix 7)
- There is no restriction in patients completing the AUDIT more than once per annum. However, it is expected that staff involved in the provision of this service exercise some form of “patient selection/filter” to the best of their knowledge to avoid the unnecessary completion of multiple AUDITs on the same patients within short periods of time. WWTR will monitor and report back to the contractor (if necessary) on a monthly basis on patterns of AUDIT completions.
- Record details about all AUDIT’s completed, brief interventions and referrals on PharmOutcomes

4.2 The Pharmacy has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. WWTR will also provide annual update sessions if required.

4.3 The Pharmacy has a duty to ensure that all staff involved in the provision of the service are aware of and operate within local protocols.

4.4 The Pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

4.5 WWTR will provide a framework for the recording of relevant service information for the purposes of audit and payment using PharmOutcomes

4.6 All pharmacy staff delivering the service must have:
   i. Completed the Alcohol IBA e-learning course available from the Alcohol Learning Centre or attended a Public Health training event within the previous 2 years. The e-learning course can be accessed at: https://www.alcohollearningcentre.org.uk/eLearning/IBA/alcohol-iba-in-community-pharmacy/
   ii. The responsibility for the service including training and managing staff according to the approved protocol is with the pharmacy contractor. Staff should update their training every 2 years and the pharmacy should maintain training records which will be available for inspection if required by WWTR.

5. Quality Indicators

5.1 Annual training event(s) or additional refresher sessions for delivery of the service will be arranged by WWTR depending on need or for new pharmacies delivering the AUDIT service for the very first time

5.2 The Pharmacy must adhere to their company standard operating procedure written in line with the National Guidelines for the delivery of Alcohol Identification & Brief Advice (IBA)

5.3 The Pharmacy must participate and co-operate in any WWTR organised audit of the service provision or assessment of Service User experience.
6. Duties of the Pharmacy

6.1. To input all records of patient AUDITs and advice given onto PharmOutcomes within the timescales identified in Appendix 5.

7. Duties of Wirral Ways to Recovery (WWTR)

7.1 To arrange annual event(s) for pharmacists/staff for the service, this may also include training and up skilling/refresher sessions

7.2 To provide information on how to access resources and service documentation including:
   - WWTR Service leaflets
   - Alcohol awareness posters
   - Alcohol Quiz questionnaire

7.3 To pay the Pharmacy monthly based on information/invoices entered onto the PharmOutcomes system

8. Complaints

8.1 The provider must record any significant events or patient complaints. Any complaint relating to this service must be reported by email to gerry.pangalis@cgl.org.uk within two working days.

9. Terms and Fees

9.1 The Pharmacy will be paid a fee for patients that take part in the service (See Appendix 5 for precise payment rates)

9.2 To qualify for payment the following service must be provided:
   - Support all patients to complete either the Alcohol Quiz or the AUDIT-C screening and full AUDIT questionnaire (where applicable) including initial registration
   - Congratulate patients scoring 0–7
   - Provide a brief advice/intervention by a trained member of staff to all patients scoring between 8-15
   - Offer a referral to WWTR Service for Alcohol specialist treatment for patients with a score of 16 or above
   - Enter all data onto the PharmOutcomes database

9.3 A summary of the fees payable and conditions for payment are listed below:

1. Patients with an initial AUDIT-C score of 0-4 attract a fee and require initial registration and capture of the AUDIT score onto PharmOutcomes
2. For patients with a final total AUDIT score of 5-7 the fee will be paid upon initial registration and capture of full AUDIT questionnaire onto PharmOutcomes
3. For patients with a final total AUDIT score of 8-15 the fee will be paid upon initial registration and capture of full AUDIT questionnaire and Brief Intervention outcomes onto PharmOutcomes
4. For patients with a final total AUDIT score of 16 plus, the fee will be paid upon initial registration and capture of full AUDIT questionnaire and referral form (with patient consent) to WWTR onto PharmOutcomes
9.4 Payments will be made by BACS direct into the pharmacy's bank account, if this facility has not been set-up, payment will be made by cheque.

9.5 This service is subject to the usual Post Payment Verification (PPV) Procedures

9.6 Payment will only apply to those patients where data has been correctly entered and has been accepted for inclusion in service audit.

10. Variations to Terms

10.1 A request for variation may come from WWTR or the Pharmacy and should be made in writing 30 days in advance of the date from which it is proposed the variation will become effective.

11. Confidentiality and Data Protection

11.1 Information that can identify individual patients must not be disclosed without the explicit consent of the patient.

11.2 The pharmacy must protect personal data in accordance with the provisions and principles of the Data Protection Act 1998 and must ensure the reliability of their staff that have access to the data.

12. Indemnity

12.1 The pharmacy should ensure that it is adequately covered with indemnity insurance for the activities undertaken in this service.

13. Tax Liabilities

13.1 WWTR declare that it is the intention of the parties that the pharmacy shall have the status of a self-employed person and shall be responsible for all VAT, Income Tax liabilities and National Insurance or similar contributions in respect of fees.

14. Termination

14.1 This agreement may be terminated if either the pharmacy or WWTR give the other party one month’s notice in writing during the duration of the contract.

14.2 If the pharmacy or WWTR is in breach of the agreement, the agreement can be terminated with one month notice in writing or with immediate effect for a serious breach.
CONTRACT AGREEMENT AND SIGNATORIES

This agreement will run from 1 February 2017 to 31 January 2018

AGREEMENT:

Pharmacy Name: ……………………………………… (provider)

Address ……………………………………………
…………………………………………
…………………………………………

Signed: …………………………………….. Date: ……………...

(Pharmacist in charge)
Name (print) ………………………………………. Tel: …………………

Please list branches if multiple sites:

<table>
<thead>
<tr>
<th>Branch 1</th>
<th>Branch 2</th>
<th>Branch 3</th>
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<tbody>
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Authorised by:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Who</th>
<th>Signed</th>
</tr>
</thead>
</table>
|       | Gerry Pangalis  
Contracts Manager  
Wirral Ways to Recovery |        |
|       | Andrew Cass  
Services Manager  
Wirral Ways to Recovery |        |
Appendix 1: AUDIT-C Questionnaire

This is one unit of alcohol...

...and each of these is more than one unit

AUDIT - C

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>1</td>
</tr>
<tr>
<td>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?</td>
<td>Never Less than monthly</td>
<td>2</td>
</tr>
<tr>
<td>Scorin: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.</td>
<td>Monthly Weekly Daily or almost daily</td>
<td>3 4 4</td>
</tr>
</tbody>
</table>
Appendix 2: Full AUDIT Questionnaire (remaining seven questions)

Score from AUDIT- C (other side)

Remaining AUDIT questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never, less than monthly, monthly, weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never, less than monthly, monthly, weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never, less than monthly, monthly, weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never, less than monthly, monthly, weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before you had been drinking?</td>
<td>Never, less than monthly, monthly, weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
</tr>
</tbody>
</table>

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) + Score of remaining questions
Appendix 3: Brief Advice Tool

This is one unit... For more detailed information on calculating units see: www.nhs.uk/livewell/alcoholPages/alcohol-units.aspx

...and each of these is more than one unit

<table>
<thead>
<tr>
<th>Risk</th>
<th>Men</th>
<th>Women</th>
<th>Common Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Risk</td>
<td>Both men and women should not regularly drink more than 14 units per week spread over three or more days.</td>
<td>Regularly drinking 15-50 units per week</td>
<td>Increased relaxation, Sociability, Sensory enjoyment of alcoholic drinks</td>
</tr>
<tr>
<td>Increasing Risk</td>
<td>Regularly drinking 15-35 units per week</td>
<td>Progressively increasing risk of: Low energy, Relationship problems, Depression, Insomnia, Impotence, Injury, High blood pressure, Alcohol dependence, Liver disease, Breast, mouth and throat cancers</td>
<td></td>
</tr>
<tr>
<td>Higher Risk</td>
<td>More than 8 units per day on a regular basis or more than 50 units per week</td>
<td>More than 6 units per day on a regular basis or more than 35 units per week</td>
<td></td>
</tr>
</tbody>
</table>

What’s everyone else like?

Population by Risk Category

Source: Health Survey for England 2013

The potential benefits of cutting down

Psychological/Social/Financial
- Improved mood
- Improved relationships
- More time for hobbies and interests
- Reduced risks of drink driving
- Save money

Physical
- Sleep better
- More energy
- Lose weight
- Reduced risk of injury
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risk of cancer
- Reduced risks of liver disease
- Reduced risks of brain damage

Making your plan
- Have several ‘drink-free’ days, when you don’t drink at all.
- When you do drink, set yourself a limit and stick to it.
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks.
- Avoid drinking in rounds or in large groups.
- Eat when you drink – have your first drink after starting to eat.
- Switch to lower alcohol beer/lager.
- Avoid going to the pub after work.
- Plan activities and tasks at those times you would usually drink.
- When bored or stressed do something physical instead of drinking.
- Avoid or limit the time spent with ‘heavy’ drinking friends.

What targets should you aim for?

There is no completely safe level of drinking, but by sticking within these guidelines, you can lower your risk of harming your health:
- Adults are advised not to regularly drink more than 14 units a week.
- If you do drink as much as 14 units in a week, spread this out evenly over 3 or more days.

What’s your personal target?

This brief advice is based on the "How Much Is Too Much?" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drinks Leatherhead, originally developed at the University of Sydney as part of a WHO collaborative study.

Download this alcohol advice tool from: http://www.alcoholchange.org.uk/Topics/Browse/BriefAdvice/
### Appendix 4: Categorisation of alcohol misusers and pathway (Source: MoCAM 2005 & Ready Reckoner 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing Risk Drinkers</td>
<td>Those with no apparent problems but taking risks with their longer term health through regular excessive drinking or intermittent sessions of heavy drinking</td>
</tr>
<tr>
<td>Higher Risk Drinkers</td>
<td>Those who are already experiencing physical. psychological ill effects from their drinking but are not severely dependent</td>
</tr>
<tr>
<td>Dependent Drinkers</td>
<td>Those who have a wide range of alcohol related problems. Some are drinkers with complex problems such as co-existing physical or mental health needs, polydrug dependence and social problems</td>
</tr>
<tr>
<td>Binge Drinkers</td>
<td>Those who consume over double the maximum PHE recommended daily maximum number of alcohol units in one session.</td>
</tr>
</tbody>
</table>
Appendix 5: Rates & deadline dates for payment

The pharmacy will be paid a fee for each patient that takes part in the service. This fee is dependent on the AUDIT score of the patient and will be paid as follows:

<table>
<thead>
<tr>
<th>AUDIT SCORE</th>
<th>TYPE OF DRINKER</th>
<th>SUPPORT PROVIDED</th>
<th>FEE PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Low Risk</td>
<td>AUDIT-C screening. No further action required</td>
<td>£4 + VAT</td>
</tr>
<tr>
<td>5-7</td>
<td>Low Risk</td>
<td>Full AUDIT screening, Feedback to patient that they are drinking at low risk levels</td>
<td>£4 + VAT</td>
</tr>
<tr>
<td>8-15</td>
<td>Increasing Risk</td>
<td>Full AUDIT screening &amp; Brief Intervention</td>
<td>£7 + VAT</td>
</tr>
<tr>
<td>16+</td>
<td>Higher Risk</td>
<td>Full AUDIT screening &amp; feedback that patient is drinking at high risk levels. Referral to WWTR for Comprehensive Assessment</td>
<td>£7 + VAT</td>
</tr>
</tbody>
</table>

Payments only apply to ONE intervention in each ‘support provided’ section – there is no requirement to undertake more than one intervention per patient

Payment for participating pharmacies will be made monthly, retrospectively on submission of monthly monitoring data. In order to qualify for payment, complete patient AUDIT records must be submitted (onto the PharmOutcomes database) in line with the following timescales:

- Monthly deadline of the 5th for the previous month's completed AUDITs
Appendix 6: Service Overview

**Complete AUDIT-C (initial three questions) or full Alcohol Quiz**

**Score: 0-4 & 5-7**

**NO FURTHER ACTION REQUIRED**
Evidence suggests this is an effective method to sustain safer drinking levels. Congratulate the patient on the benefits of lower risk drinking.

- **Score: 0 - 4 £4 Payment**
- **Score: 5 - 7 £4 Payment**

**INCREASING RISK DRINKER**
REQUIRES BRIEF ADVICE

Brief advice consists of:
- Advice and guidance and an educational safer drinking leaflet (1 session only).
  - Explanation of daily benchmarks
  - What is a unit of alcohol
  - Explanation of category of drinker
  - Explanation of the content of the educational safer drinking leaflet

On completion of a brief intervention session the necessary monitoring information MUST be completed and reported on PharmOutcomes

- **£7 Payment**

**Score: 8 - 15**

**HIGH RISK DRINKER**

- Automated Referral to Wirral Ways to Recovery Service made via PharmOutcomes
- Patient is provided with a comprehensive assessment & structured package of care
- GP informed of outcomes

- **£7 Payment**

**Score: 16+**

**VERY HIGH RISK DRINKER**

For information, patients scoring 20+ are potentially dependent on alcohol and possibly requiring clinically assisted withdrawal from alcohol. Automated Referral to Wirral Ways to Recovery Service made via PharmOutcomes

- **£7 Payment**

**Criteria**
Any patient that the Pharmacist/trained staff member identifies as needing advice/support around alcohol use

Any patient that has not completed AUDIT evidenced by PharmOutcomes & is not currently open to Wirral Ways to Recovery

Patients presenting frequently with symptoms which may be associated with alcohol misuse e.g.
- Gastric problems
- Falls & associated injuries
- High blood pressure/Diabetes
- Depression/Anxiety/stress
- Overweight
- Pregnant women
- Homeless

Patients identified during an MUR or other service provided by the pharmacy

With patient’s consent, automated Referral to Wirral Ways to Recovery for all scores over 16

**Automated referral via PharmOutcomes**

Ensure all patient related data entered onto PharmOutcomes including initial registration, AUDIT score and referral made
Appendix 7: Alcohol Quiz

What your score means

<table>
<thead>
<tr>
<th>Total</th>
<th>Risk Category</th>
<th>Help and Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 7</td>
<td>Low Risk</td>
<td>Your score indicates you are drinking at safe levels.</td>
</tr>
<tr>
<td>8 to 14</td>
<td>Risky</td>
<td>Your drinking has potential to make you harm yourself.</td>
</tr>
<tr>
<td>15 or more</td>
<td>High Risk</td>
<td>It is likely that alcohol is damaging your health. The higher the score, the more likely your drinking is causing problems for you and those around you.</td>
</tr>
</tbody>
</table>

It's easy to make sure your drinking isn't increasing the chances of seriously damaging your health. Simply stick within the following lower-risk guidelines.

**Women**
- Should not regularly drink more than 2 to 3 units of alcohol a day.
- That's no more than 12 glasses of wine or 12 draughts of beer.

**Men**
- Should not regularly drink more than 3 to 4 units of alcohol a day.
- That's no more than 18 glasses of wine or 18 draughts of beer.

*For women over age 50, men over age 65 and those with diabetes, the limit is 1 or 2 units a day.

**Medical Warning** If you are pregnant, if you have an indicated illness, are trying to lose weight or feel ill, consult your doctor before changing your drinking. Even if you think you can cut down or stop drinking on your own, you should talk to a doctor before making the change completely - as it can be dangerous to do too quickly without proper advice and support.

For free advice about alcohol call: 0300 123 1110

Wirral Council is committed to improving health among local people. Drinking is part of many people's social life. However, some people find it can lead to problems. This quiz will help you consider how alcohol is affecting you and your friends and family.

Your answers to the questions will be treated in strict confidence.
**Alcohol quiz**

Please answer each question by ticking one box.

1. How often do you have a drink containing alcohol?
   - Hardly ever (0)
   - Monthly or less (1)
   - Two or three times a month (2)
   - Two or three times a week (3)
   - Four or more times a week (4)

2. How many units of alcohol do you have on a typical day when you are drinking?
   - One or two (0)
   - Three to four (1)
   - Five to six (2)
   - Seven, eight or nine (3)
   - Ten or more (4)

3. How often do you have 6 or more units on one occasion?
   - Never (0)
   - Less than monthly (1)
   - Monthly (2)
   - Weekly (3)
   - Daily or almost daily (4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - Never (0)
   - Less than monthly (1)
   - Monthly (2)
   - Weekly (3)
   - Daily or almost daily (4)

5. How often during the last year have you failed to do what was normally expected from you because of your drinking?
   - Never (0)
   - Less than monthly (1)
   - Monthly (2)
   - Weekly (3)
   - Daily or almost daily (4)

6. 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)
   - Less than monthly (1)
   - Monthly (2)
   - Weekly (3)
   - Daily or almost daily (4)

Please insert your score for each question in this box.

**Counting the units**

(ABV is the percentage of alcohol in the drink)

- Glass of red, white or rose wine (ABV 13%)
  - 125ml Small: 1.9 units
  - 175ml Standard: 3.2 units

- Bottle of strong lager, stout or bitter (ABV 5.6%)
  - 300ml Bottle of strong lager, stout or bitter (ABV 5.6%): 2.7 units

- Bottle of strong ale, bitter or porter (ABV 3.8%)
  - 500ml Bottle of strong ale, bitter or porter (ABV 3.8%): 2.2 units

- Bottles of spirits (above 6% ABV)
  - 44cl Can of regular lager, beer or cider (ABV 4.5%): 2 units

- Other drinks
  - 50ml Shot of spirits (above 6% ABV): 1 unit

<table>
<thead>
<tr>
<th>How often during the last year have you had a feeling of guilt or remorse after drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never (0)</td>
</tr>
<tr>
<td>Less than monthly (1)</td>
</tr>
<tr>
<td>Monthly (2)</td>
</tr>
<tr>
<td>Weekly (3)</td>
</tr>
<tr>
<td>Daily or almost daily (4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often during the last year have you been unable to remember what happened the night before you had been drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never (0)</td>
</tr>
<tr>
<td>Less than monthly (1)</td>
</tr>
<tr>
<td>Monthly (2)</td>
</tr>
<tr>
<td>Weekly (3)</td>
</tr>
<tr>
<td>Daily or almost daily (4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you or someone else been injured as a result of your drinking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never (0)</td>
</tr>
<tr>
<td>Yes, but not in the last year (2)</td>
</tr>
<tr>
<td>Yes, during the last year (4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never (0)</td>
</tr>
<tr>
<td>Yes, but not in the last year (2)</td>
</tr>
<tr>
<td>Yes, during the last year (4)</td>
</tr>
</tbody>
</table>

Please add the score from all 10 questions and insert it here.

**Alcohol quiz total score**

<table>
<thead>
<tr>
<th>0 - 7</th>
<th>8 - 15</th>
<th>16 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Risky</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

Find out what your score means by checking your total against the risk categories overleaf.