



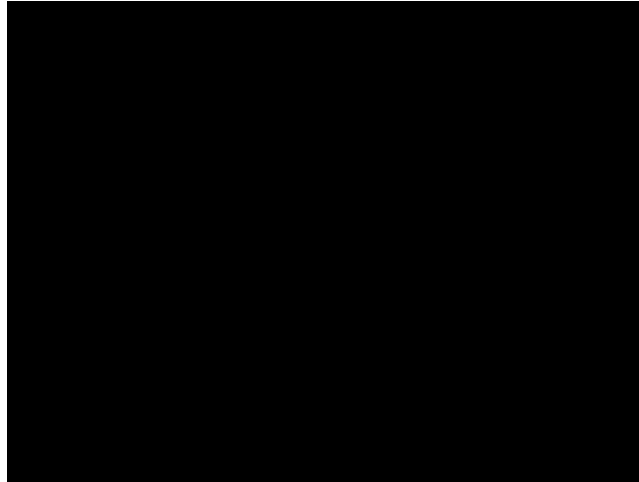
Alcohol / Substance Misuse

Carmel Newton

carmel.newton@nhs.net

Trudy Fenner trudy.fenner@nhs.net

Three Girls



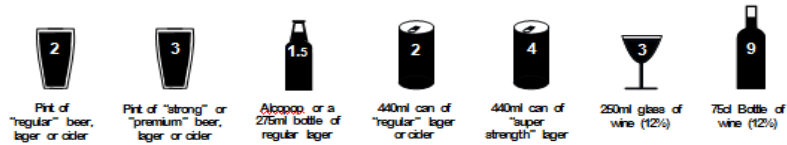
<https://www.youtube.com/watch?v=VQ2ryGqF2es>

- Group work – Scenarios (5mins)
- Feedback - 20 mins

This is one unit of alcohol...



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



FAST	Scoring system					Your score
	0	1	2	3	4	
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	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
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 been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	

Scoring:

If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.

An overall total score of 3 or more is FAST positive.



What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

Score from FAST (other side)



Remaining AUDIT questions



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?	0 - 2	3 - 4	5 - 6	7 - 8	10+	
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 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	
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	

TOTAL AUDIT Score (all 10 questions completed):

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







A JB BASSEAL SPECIMEN FORM - PATENT NO. 2021208 B
HAVE YOU LABELLED THE SPECIMEN CORRECTLY?

**PRESS FIRMLY ON EACH END
TO ENSURE A LEAKPROOF
SPECIMEN CARRIER**

Trust Combined CHM, HAE & IMM

SB-41122



Laboratory Medicine Services Hospital Request Form - Clinical Biochemistry / Immunology & Haematology		Heart of England NHS Foundation Trust
 BH-H06 <i>Failure to fully complete the demographics will cause delay and may result in the sample NOT being processed.</i>		
Hospital Registration Number Prefix Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date and time sample collected <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Urgent <input type="checkbox"/>
Surname <input type="text"/>	Collected by: <input type="text"/>	Specimen Type <input type="text"/>
Forename <input type="text"/>	Laboratory Use Only EACH DEPARTMENT REQUIRES SEPARATE SPECIMENS Chemistry, Immunology and Haematology Investigations	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Date and time received <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Address <input type="text"/>	Fasting <input type="checkbox"/> <input type="checkbox"/> Serum Glucose <input type="checkbox"/> HbA1C <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Cholesterol/Trig <input type="checkbox"/> U & E Creatinine <input type="checkbox"/> Liver Function <input type="checkbox"/> Bone <input type="checkbox"/> CK <input type="checkbox"/> CRP <input type="checkbox"/> Amylase <input type="checkbox"/> TFT On Treatment <input type="checkbox"/> TFT Not on Treatment <input type="checkbox"/> Prostate Specific Ag (PSA) <input type="checkbox"/> Uric Acid <input type="checkbox"/> Magnesium <input type="checkbox"/> γ Glutamyl Transferase <input type="checkbox"/> Lintum <input type="checkbox"/> Iron and IBC <input type="checkbox"/> Ferritin <input type="checkbox"/> Vitamin B12 <input type="checkbox"/> Folate <input type="checkbox"/> IgG, A & M	
Post Code <input type="text"/>	<input type="checkbox"/> Thyroid Antibodies <input type="checkbox"/> Beta - 2 - microglobulin <input type="checkbox"/> Alpha - 1 - Antitrypsin <input type="checkbox"/> Complement C3/C4 <input type="checkbox"/> C1 esterase inhibitor <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> IgE <input type="checkbox"/> Specific IgE (RAST) (Specify Allergens below) <input type="checkbox"/> Coeliac Screen (TTG) <input type="checkbox"/> Antinuclear Antibodies <input type="checkbox"/> dsDNA antibodies screen <input type="checkbox"/> ENA antibody screen <input type="checkbox"/> Anti-cardiolipin abs <input type="checkbox"/> ANCA <input type="checkbox"/> Hbs/Totanus/Pneumo Abs <input type="checkbox"/> Lymph subsets (Specify below) <input type="checkbox"/> Full Blood Count <input type="checkbox"/> ESR <input type="checkbox"/> Malarial Parasites (State Country Visited) <input type="checkbox"/> Glandular Fever Screen <input type="checkbox"/> Hb'opathy Screen <input type="checkbox"/> PT (INR) <input type="checkbox"/> APTT	
NHS Number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other Investigations <input type="text"/>	
Hospital <input type="text"/> Consultant <input type="text"/>	Date Requested <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Requesters signature <input type="text"/>
Location <input type="text"/>	Contact/Bleep Number <input type="text"/>	
Relevant Clinical Details and Drug Therapy <input type="text"/>		

Support for women who disclosed

Reach Out Recovery - Birmingham



<https://www.changegrowlive.org/content/reach-out-recovery-birmingham>

0121 227 5890



<https://sias-solihull.org.uk/>

0121 301 4141