

Pharmacy Alcohol Brief Intervention Service

Annual Update Briefing. Issue 6 2024-26

Introduction

The aim of this briefing is to:

- Support the pharmacy in meeting the training requirements in the Pharmacy Alcohol Brief Intervention Service Specification (described below).
- Update staff on the latest national guidance and facts on alcohol consumption.
- Summarise what should be covered during the brief intervention.
- Provide practical tips on how best to approach customers with this intervention.

Pharmacy service specification training requirements

A minimum of one member of the pharmacy team (the pharmacy service lead) should be fully trained. This training consists of:

- Reading the service specification and this Annual Update Briefing (available on the CPNEC website at <https://www.cpniec.org.uk/>).
- Completing the online brief advice training at <https://www.e-lfh.org.uk/programmes/alcohol/>. The course for community pharmacy is split into four e-learning sessions:
 - Alcohol facts
 - Introducing IBA and identifying risky behaviour
 - Practising IBA and delivering brief advice
 - Assessment
- The pharmacy service lead should be assured that all staff are adequately trained to meet the requirements of the service.
- All staff members providing this service should read the service specification and this Annual Update Briefing (available on the CPNEC website at <https://www.cpniec.org.uk/>).
- Each staff member who accesses the PharmOutcomes template will be required to enrol. This enrolment will ask for confirmation of information from the service lead.

Risks of alcohol consumption

In August 2016 the Chief Medical Officer (CMO) published national guidance for alcohol consumption.¹ Health risks start from any level of regular drinking and rise with the amount being drunk. The CMO guidelines are therefore set at a level to keep the risk of mortality from cancers and other diseases low.

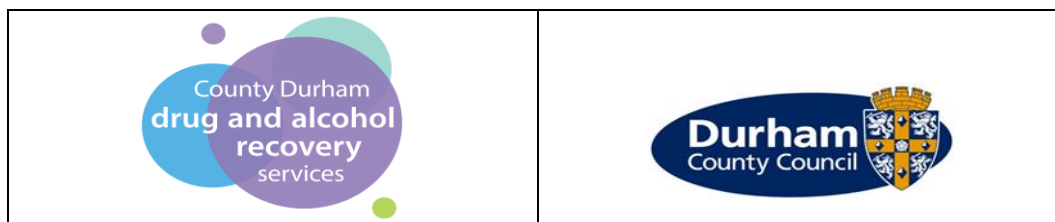
Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions including:²

1. Mouth, throat, bowel, stomach, liver and breast cancers;
2. Cirrhosis of the liver;
3. Heart disease;
4. Stroke;

¹ UK Chief Medical Officers Low Risk Drinking Guidelines. DHSC. 25 Aug 2016.

www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

² Health matters: Harmful drinking and alcohol dependence. PHE. 21 Jan 2016. www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence (collection at <https://www.gov.uk/health-and-social-care/harmful-drinking>)



5. Depression;
6. Pancreatitis.

The *Alcohol Change UK* factsheets at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets> provide further useful detail. Particularly useful factsheets are:

- Am I drinking too much at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/am-i-drinking-too-much>.
- Alcohol and cancer at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-cancer>
- Alcohol and diabetes at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-diabetes>
- Alcohol and mental health at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-mental-health>
- Alcohol and the heart at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-the-heart>.

The regional Balance webpage *Alcohol can cause cancer* at <https://reducemyrisk.tv/> provides a good overview of the health risks of alcohol, myth busting and a general quiz. Useful resources include:

- A short video at <https://reducemyrisk.tv/news/are-people-in-the-north-east-aware-that-alcohol-can-cause-cancer/> on local people's understanding of the risks of alcohol and cancer.
- The number of units at <https://reducemyrisk.tv/units-explained/> including a short video on local people's understanding of alcohol units.
- A tips and support on cutting down video from the Drug and Alcohol Recovery Service at <https://reducemyrisk.tv/support/>.
- The calorie content of drinks at <https://reducemyrisk.tv/alcohol-and-weight/> including a short video to illustrate this.

The calorie content of alcoholic drinks is significant:

- A large glass of red or white wine can have around 225 calories – similar to a jam doughnut. If you drink 4 large glasses of wine a week, you'd need to do 4 x 30 minute high impact step workouts a week to burn it off.
- A pint of 5% lager can have around 220 calories – the same as a Mars Bar and nearly as many as a McDonald's hamburger. If you drink 4 pints a week, you'd need to play football for over 90 minutes to burn it off.

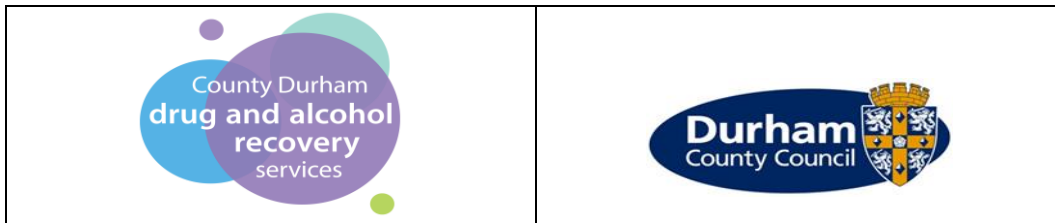
See further information in the *Alcohol Change UK* factsheet at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-calories>.

Public perception of alcohol risks

- Most people are unaware that they are drinking above the reduced risk guidelines.
- Many do not see drinking above the reduced risk guidelines as a problem.
- Many are aware that alcohol causes liver problems, but few are aware of its contribution to cancers.

The short videos highlighted above on the regional Balance webpage provide a good overview of local people's understanding of:

- The risks of alcohol and cancer at <https://reducemyrisk.tv/news/are-people-in-the-north-east-aware-that-alcohol-can-cause-cancer/>.
- The number of units at <https://reducemyrisk.tv/units-explained/>.



National guidance

National guidance on alcohol consumption is described in the UK CMO Low Risk Drinking Guidelines:³

Weekly drinking guideline

Advice to adults (both men and women) drinking regularly or frequently (i.e. most weeks) is:

- To keep health risks from alcohol to a reduced risk level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days.
- If you have one or two heavy drinking episodes a week, you increase your risk of death from long term illness, and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to do this is to have several drink-free days each week.

Single occasion drinking episodes

Advice for men and women who wish to keep their short-term health risks from single occasion drinking episodes to a reduced risk level is to:

- Limit the total amount of alcohol you drink on any single occasion.
- Drink more slowly, drink with food, and alternate with water.
- Plan ahead in order to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

Pregnancy and drinking⁴

- It's recommended that if you're pregnant or planning to become pregnant you should not drink alcohol.
- When you drink, alcohol passes from your blood through the placenta to your baby and can seriously affect its development.
- Your baby does not have a fully developed liver and cannot process alcohol.
- Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and your baby having a low birthweight. It can also affect your baby after they're born.
- Drinking during pregnancy can cause your baby to develop a serious life-long condition called foetal alcohol spectrum disorder (FASD).⁵

Children and drinking

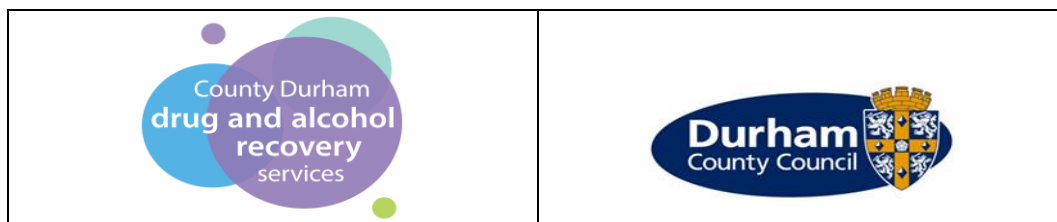
- Many parents know drinking increases the risks of accidents, injuries, smoking and drug taking. But many are less aware of the damage alcohol can do to children's developing brains, liver, bones and hormones, affecting their mood, their mental health and risking them falling behind at school. An alcohol-free childhood up to the age of 15 and ideally up to the age of 18 years is the healthiest option.

³ UK Chief Medical Officers Low Risk Drinking Guidelines. DHSC. 25 Aug 2016.

www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

⁴ <https://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/>. Updated 13 Mar 2023

⁵ <https://www.nhs.uk/conditions/foetal-alcohol-spectrum-disorder/>. Updated 4 Apr 2023



- See www.whatstheharm.co.uk to find out about the facts and the myths about children and alcohol, how best to have a conversation about alcohol with a child, and a leaflet which explains the risks to parents.
- A further useful factsheet is available from *Alcohol Change UK* at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-parenting>.

Key messages for people

The key messages are summarised in the tear-off advice pad that is provided to customers following their completion of the full AUDIT questionnaire and include:

- There is no completely safe level of drinking.
- Adults are advised not to regularly drink more than 14 units a week.
- It is important to be aware of the number of units contained in alcoholic drinks.
- 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.
- Eat when you drink: have your first drink after starting to eat.
- Switch to lower alcohol beer/lager.
- Keep track of how much you drink (use the *Better Health: Let's Do This Drink Free Days* app at <https://www.nhs.uk/better-health/drink-less/>, or The *Alcohol Change UK* online unit and calorie calculator at <https://alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator>, or *The Drink Coach* app at <https://drinkcoach.org.uk/>).

How to offer advice on drinking alcohol

The *Have a Word* campaign at <https://www.e-lfh.org.uk/programmes/alcohol/> builds on the concept of Making Every Contact Count and asks pharmacy staff to:

1. See the relevance of raising alcohol as an issue

Always ask before giving advice. This helps people feel at ease, gives them equal status in the conversation, and the chance to say no. For example:

- Is it OK if we talk about how your drinking might affect your health?
- Would it be OK to discuss how your drinking might affect your health?

2. Be present (or create) a 'teachable moment'

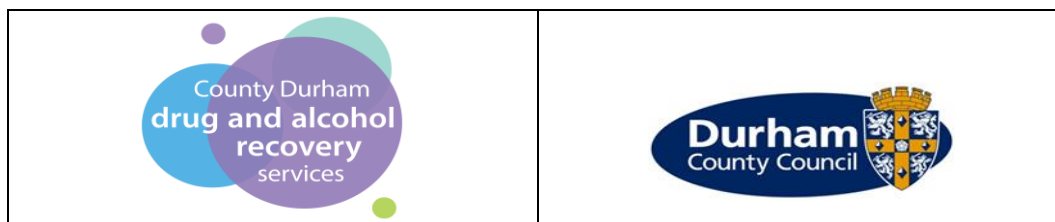
Always be on the look-out for 'teachable moments' which are naturally occurring life / health events that then motivate individuals to spontaneously adopt risk-reducing health behaviours. Ways to start a healthy chat include:

- What has made you want to.....cut down?
- It sounds like...you might be interested in changing.
- You mentioned that..... you are drinking every night.

3. Have the time and confidential space to *Have a Word*

How you give the advice is important. Consider asking:

- What do you think about how your drinking is affecting your health?
- Would you like more information?



Alcohol identification and brief advice

One of the key national priorities for reducing the risks of alcohol consumption is to increase the identification of people drinking above the CMO's reduced risk levels, and to then encourage them to reduce their consumption. Identifying people drinking above the CMO's reduced risk guidelines and then delivering brief advice about alcohol risk can make a big difference in reducing consumption and cutting future risk. This intervention is often referred to as alcohol identification and brief advice (IBA).

IBA is a short, evidence-based, structured conversation about alcohol consumption to motivate and support an individual to think about and/or plan a change in their drinking behaviour to reduce their consumption.

IBA is proven to be effective in primary care, reducing alcohol consumption in drinkers who are not dependent on alcohol, but drink at risky levels.

Evidence has shown that providing simple alcohol advice results in:⁶

- Reductions in weekly drinking by between 13% and 34%, (2.9 to 8.7 fewer units per week) with a significant effect on health risk.
- One in eight adults reducing their drinking to low-risk levels.
- Adults being twice as likely to moderate their drinking 6-12 months after intervention.
- Reduction from 50 units/week to 42 units/week reduces the relative risk of alcohol-related conditions by some 14% and the absolute risk of lifetime alcohol-related death by some 20%.

NICE Public Health Guidance *Alcohol-use disorders: preventing the development of hazardous and harmful drinking*⁷ identifies that professionals (who have received the necessary training) within a pharmacy setting, can screen and offer structured brief advice on alcohol.

Screening using the Alcohol-use disorders identification test (AUDIT), specifically developed by the World Health Organisation for use in primary care, is the most sensitive and specific particularly when used with people not seeking treatment.⁸

The primary goal of IBA is to reduce harmful drinking through showing the person:

- What the consequences of their drinking are likely to be.
- What the person can do about it.
- Where help and support can be accessed.

Therefore, what should be covered during IBA?

- An understanding of units.
- An understanding of risk levels.
- Knowing where that person sits on the risk scale.
- The benefits of cutting down.
- Tips for cutting down.

Summary of the steps involved in IBA in the pharmacy

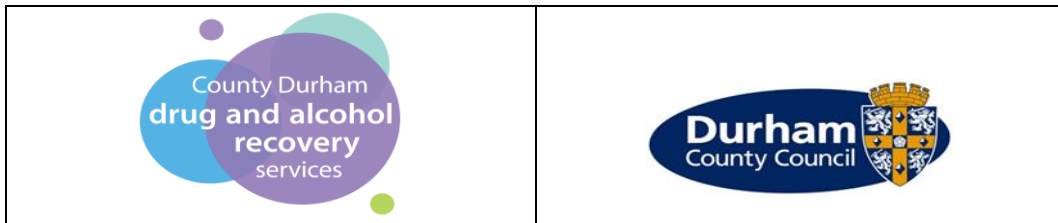
A customer should be asked the first 3 AUDIT questions, referred to as AUDIT C.

If that customer scores 5 or more, the remaining 7 questions of the full AUDIT tool should be completed (see service specification for details).

⁶ <https://www.e-lfh.org.uk/programmes/alcohol/>

⁷ Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE Public Health Guidance 24. 2 Jun 2010. www.nice.org.uk/guidance/ph24

⁸ <https://www.gov.uk/government/publications/alcohol-use-screening-tests>. Updated 30 Oct 2020



Explain to the customer that you will:

- Measure their level of risk using a questionnaire that is used all over the world.
- Give them feedback about their score on this questionnaire.
- Explain what that score means as far as their level of risk is concerned; and provide them with information about how to reduce that risk.
- Offer written information to take home and for reflection later – explain that it is up to them what they do with this information.

And remember for every **eight people** who receive IBA, **one** will reduce their drinking to reduced risk levels.

Sources of further advice and training

- Local information can be found at <https://www.durham.gov.uk/DrugAndAlcoholSupport> and at <https://www.durhaminsight.info/living-well/alcohol-related-harm/>.
- *Alcohol: Applying All Our Health. Evidence and guidance to help healthcare professionals reduce alcohol-related harm.* Office for Health Improvement and Disparities. Updated 1 Mar 2022 at <https://www.gov.uk/government/publications/alcohol-applying-all-our-health>