



## **Pharmacy Alcohol Brief Intervention Service**

Annual Update Briefing. Issue 4 2022-24

### **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 2022-23**

- A 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 this Annual Update Briefing and consider any further training needs.
- All staff are also expected to keep up to date with guidance / service changes (via information circulated on PharmOutcomes) and to assess their competence on an ongoing basis.
- For 2022 – 23, 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.

A minimum of one member of the pharmacy team (the pharmacy service lead) should be fully trained. For 2022 – 2023 this training consists of:

- Reading the service specification and Annual Update Briefing.
- 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

### **Risks of alcohol consumption<sup>1</sup>**

Alcohol is the leading risk factor for early death, ill-health and disability in people aged 15 to 49 years. In August 2016 the Chief Medical Officer (CMO) published national guidance for alcohol consumption.<sup>2</sup> 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 has now been identified as a causal factor in more than 60 medical conditions, including:<sup>3</sup>

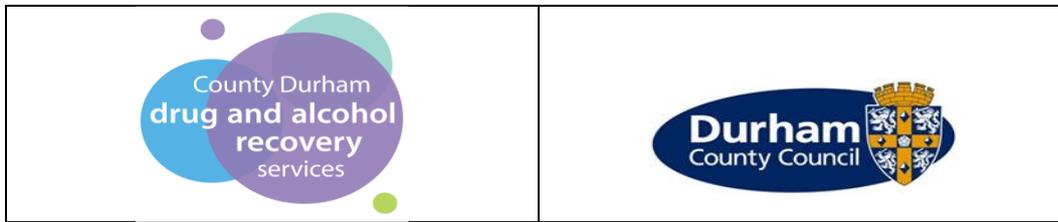
- Mouth, throat, bowel, stomach, liver and breast cancers
- Cirrhosis of the liver and pancreatitis

<sup>1</sup> See [www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance](http://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance) for the latest alcohol and drug misuse prevention and treatment guidance. See [www.gov.uk/health-and-social-care/harmful-drinking](http://www.gov.uk/health-and-social-care/harmful-drinking) for the latest harmful drinking tools and guidance.

<sup>2</sup> UK Chief Medical Officers Low Risk Drinking Guidelines. DH, Aug 2016.

[www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking](http://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking)

<sup>3</sup> Health matters: Harmful drinking and alcohol dependence. PHE, Jan 2016. [www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence](http://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence)



- Heart disease and stroke
- Depression

Tackling harmful drinking is an essential part of the Covid-19 recovery plan. 2020 was the worst year on record for alcohol specific deaths, with the highest rates in the North-East. Comparing March 2020 to March 2021, there was a 58% increase in people reporting that they are drinking at increasing and higher-risk levels (50 units a week for men, 35 units a week for women). Those drinking the heaviest before the pandemic were more likely to report increasing their drinking.

Since the onset of the pandemic, alcoholic liver deaths have increased by 21%. Increased alcohol consumption during the pandemic, particularly amongst heavy drinkers, is likely to be driving this unprecedented acceleration in alcoholic liver disease deaths with the North-East having the biggest increase in the death rate out of all the regions.<sup>4</sup>

Liver disease is currently the second leading cause of premature death in people of working age, and this is only set to get worse if the Covid-19 pandemic results in a long-term increase in drinking.

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

- 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>.

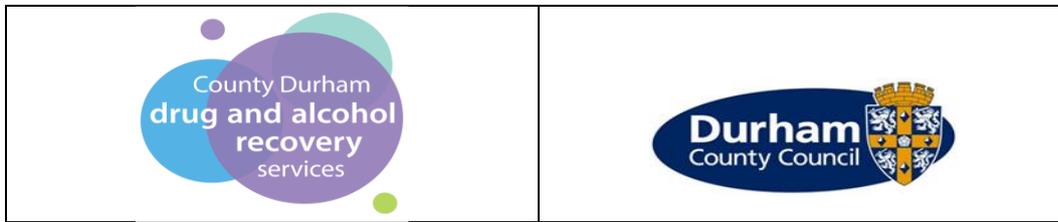
The regional Balance webpage *Alcohol can cause cancer* at <https://reducemyrisk.tv/> provides a good overview on risks of alcohol and cancer, myth busting and a general quiz.

In addition, the calorie content of alcoholic drinks is significant - Drinking 4 bottles of wine a month adds up to a yearly consumption of around 27,000kcal, which is equivalent to eating 48 Big Macs per year. Drinking 5 pints of lager each week adds up to 44,200kcal over a year, equivalent to eating 221 doughnuts (see information from the Better Health: Let's Do This campaign website at <https://www.nhs.uk/better-health/drink-less/> or factsheet at <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-and-calories>).

The Alcohol Change UK online unit and calorie calculator is also available at <https://alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator> for customers to use.

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<sup>4</sup> Alcohol consumption and harm during the COVID-19 pandemic. PHE, Jul 21.  
<https://www.gov.uk/government/publications/alcohol-consumption-and-harm-during-the-covid-19-pandemic>.



## National guidance

National guidance on alcohol consumption is described in the UK CMO Low Risk Drinking Guidelines.<sup>5</sup>

### 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.

### Binge drinking<sup>6</sup>

Binge drinking usually refers to drinking lots of alcohol in a short space of time or drinking to get drunk. In the UK, binge drinking is drinking more than:

- 8 units of alcohol in a single session for men
- 6 units of alcohol in a single session for women

Drinking too much, too quickly on a single occasion increases the risk of:

- accidents resulting in injury or death
- misjudging risky situations
- losing self-control e.g. having unprotected sex

### Pregnancy and drinking<sup>7</sup>

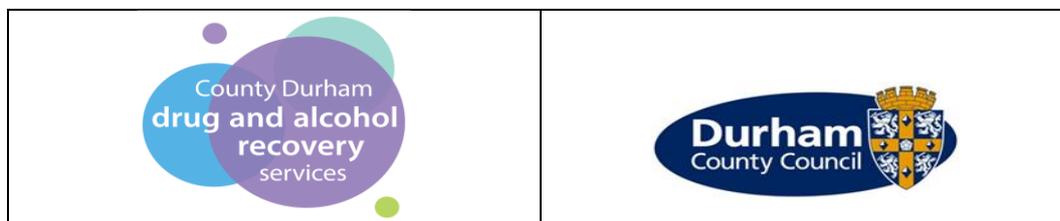
- CMO guidance recommends that if you're pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk.
- When you drink, alcohol passes from your blood through the placenta to your baby. Your baby cannot process alcohol well, and exposure to alcohol can seriously affect their development.

<sup>5</sup> UK Chief Medical Officers Low Risk Drinking Guidelines. DH, Aug 2016.

[www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking](http://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking)

<sup>6</sup> [www.nhs.uk/live-well/alcohol-support/binge-drinking-effects/](http://www.nhs.uk/live-well/alcohol-support/binge-drinking-effects/). Updated Feb 2019

<sup>7</sup> [www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/](http://www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/). Updated Jan 2020



## 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.
- See [www.whatstheharm.co.uk](http://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>.

## 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.

Annual surveys by Balance<sup>8</sup> continue to show that the impact alcohol can have on health is poorly understood by the general public across the region. While most people know that alcohol is linked to liver disease, only:

- 1 in 3 were aware alcohol causes cancer
- 1 in 4 knew alcohol increases the risk of heart disease
- 1 in 5 knew alcohol is linked with depression and anxiety
- 7% knew that alcohol is linked to stroke

The Balance survey also indicates that only around 1 in 8 adults can correctly identify 14 units as the weekly limit set by the UK CMO before drinking is classed as being risky.

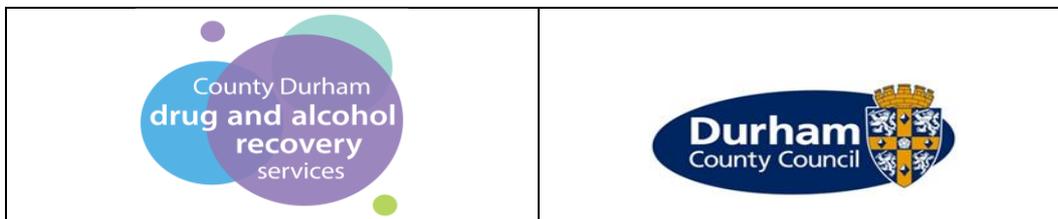
## Key messages for people are

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>).

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<sup>8</sup> <http://www.balancenortheast.co.uk/latest-news/alcohol-and-covid-19-a-perfect-storm>



## How to offer advice on drinking alcohol

The Have a Word campaign at <https://makingeverycontactcount.com/training/healthy-lifestyle-information/alcohol/have-a-word-resources/> 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.

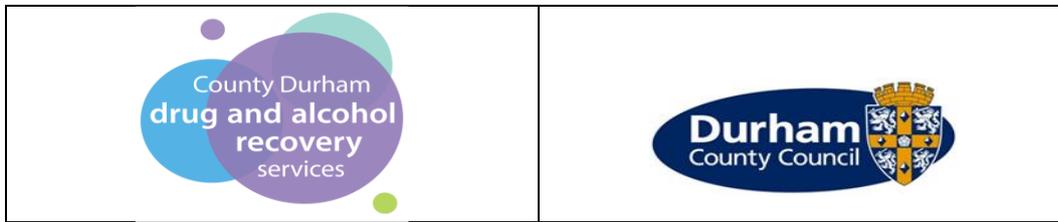
Evidence has shown that providing simple alcohol advice results in:<sup>9</sup>

- 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*<sup>10</sup> identifies that professionals (who have received the

<sup>9</sup> <https://www.e-lfh.org.uk/programmes/alcohol/>

<sup>10</sup> Alcohol-use disorders: preventing the development of hazardous and harmful drinking. NICE Public Health Guidance 24, Jun 2010. [www.nice.org.uk/guidance/ph24](http://www.nice.org.uk/guidance/ph24)



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.<sup>11</sup>

**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).

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 [www.durham.gov.uk/alcohol](http://www.durham.gov.uk/alcohol) 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. Mar 2022 at <https://www.gov.uk/government/publications/alcohol-applying-all-our-health>

<sup>11</sup> [www.gov.uk/government/publications/alcohol-use-screening-tests](http://www.gov.uk/government/publications/alcohol-use-screening-tests)