Delivering

Alcohol Identification

and Brief Advice

in Healthy Living Pharmacies

The World Health Organisation's Global Burden of Disease Study identifies alcohol as the third most important risk factor, after smoking and raised blood pressure, for European ill-health and premature death.[1] Brief interventions have been shown to be one of the most effective approaches to helping people reduce their drinking to below harmful levels.[2]

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[1] The World Health Report, 2002. *Reducing Risks, Promoting Healthy Life.* WHO, Geneva.

[2] Raistrick, D., Heather, N. and Godfrey, C (2006). *Review of the Effectiveness of Treatment for Alcohol Problems.* National Treatment Agency for Substance Misuse, London.

Delivering alcohol identification and brief advice in healthy living pharmacies

Training course outline

Barnstaple, North Devon 2014

Course aim: To equip participants with the knowledge required on alcohol and develop techniques to help individuals to adopt low risk drinking behaviour.

Course objectives:

By the end of the session, participants will be able to:

- Recognise the risks alcohol can present to an individual's health and wellbeing
- Understand units as a way of measuring alcohol content
- Describe the Department of Health definitions of drinking patterns including dependency
- Know when and how to raise the subject of alcohol use with pharmacy customers
- Identify alcohol users who may benefit from brief interventions
- Administer and interpret results from an appropriate screening tool (AUDIT)
- Give advice on the changes which can be made to drinking behaviour to improve health, wellbeing and personal safety

Introductions

How often, in your current work, do you see people who drink alcohol at risky or harmful levels?

Hardly ever Very often

1 2 3 4 5 6 7 8 9 10

How important is it for you to be able to offer alcohol identification and brief advice to these people?

Not at all important Very important

1 2 3 4 5 6 7 8 9 10

How confident are you that you can offer effective alcohol identification and brief advice?

Not at all confident Very confident

1 2 3 4 5 6 7 8 9 10

What is attractive about drinking?

What are some of the concerns or potential harms from alcohol use?

Alcohol is a contributing factor in more than **40 medical conditions** and a wide range of social, legal and behavioural problems. Helping someone recognise the harm that drinking could cause, can help motivate them to address this issue. It is useful to consider four areas of harm.

Physical
Behavioural & psychological
Social and legal

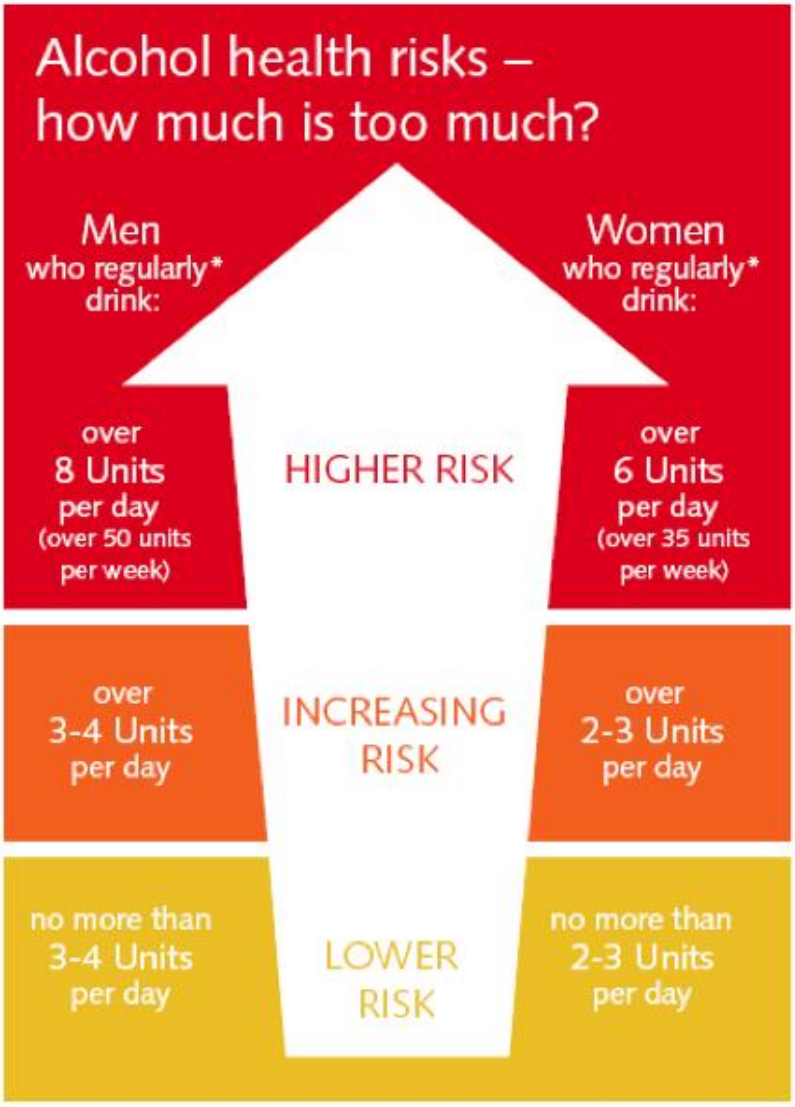
Understanding the patterns and risks of drinking

Lower risk – a pattern of drinking that remains within the recommended limits of alcohol units. 2-3 units per day for women and 3-4 units per day for men. With at least 2 days off every week.

Increasing risk or Hazardous drinking - a pattern of alcohol consumption that increases someone's risk of harm. The more you drink the greater the risk.

Higher risk or Harmful drinking - a pattern of alcohol consumption that will cause someone harm.

Dependent drinking - here someone may have such a strong desire to drink that they experience difficulties controlling their drinking and persist despite harmful consequences. Withdrawal and High tolerance will also be present.



The scale of the problem

8% of men and 5% of women are estimated to drink at higher-risk levels (i.e. for men, regularly drinking more than 50 units per week or more than 8 units per day; for women, regularly drinking more than 35 units per week or more than 6 units per day) which equates to 2.7 million people in England (DoH, 2008)[3].

31% of men and 20% of women (about 10 million people) drink at increasing-risk (regularly drinking more than lower-risk levels) or higher-risk levels (DoH, 2008).

Risky drinking

Many people drinking at risky levels don't see themselves as having a problem. Like with raised blood pressure, the problem is that the numbers (in this case, units of alcohol) are too high, thus putting them at increased risk of a wide range of problems.

The table below[4] shows some of the increased health risks for men drinking more than 7.5 units per day, or women drinking more than 5 units per day which would be considered higher risk drinking.

Condition	**Men**	**Women**
Liver cirrhosis	13 times	13 times
Mouth cancer	5.4 times	5.4 times
Larynx cancer	4.9 times	4.9 times
Oesophagus cancer	4.4 times	4.4 times
Hypertension	4.1 times	2.0 times
Liver cancer	3.6 times	3.6 times
Haemorrhagic stroke	3.6 times	3.3 times
Ischaemic stroke	3.0 times	2.7 times
Cardiac arrhythmias	2.2 times	2.2 times
Breast cancer (women)	-	1.6 times
Coronary heart disease (CHD) in middle age	1.7 times	1.3 times

[3] Department of Health, 2008. *Safe, Sensible, Social – Consultation on further action,* p.61

[4] Department of Health, 2008. *Safe, Sensible, Social – Consultation on further action*, p.10

Delivering Identification & Brief Advice

Evidence of the effectiveness of Brief Interventions

There is consistent evidence from a large number of studies that brief interventions can reduce total alcohol consumption and episodes of binge drinking. Within the literature the terms “brief “and “minimal” cover a range of interventions from one 5 minute interaction to several 45-minute sessions.

“Brief interventions, of various forms and delivered in a variety of settings, are effective in reducing alcohol consumption among hazardous and harmful drinkers to low-risk levels…. Effects of brief interventions persist for periods up to two years after intervention and perhaps as long as four years”[5]

NNT – a measure of effectiveness

One way of assessing the effectiveness of an intervention is to consider the number of people who need to be treated in order to bring about one positive outcome. This is known as the NNT, or ‘number needed to treat’. For example, between 40 and 125 people with hypertension need to be treated with medication in order to prevent one heart attack over a five year period. Seven to nine people need to be given a brief intervention to achieve a reduction of drinking to non-hazardous levels in one patient. This makes brief interventions to reduce hazardous drinking one of the most effective preventative interventions known. [6]

Cost effective

Because the harms from alcohol use are so costly to society, it has been calculated that £5 is saved for every pound spent on treatment. [7]

Brief Interventions in Pharmacies

Despite increasing amounts of research into the area of brief interventions there has been little development of this area within pharmacies to date. A recent study in Scotland (McCaig & Fitzgerald, 2007), investigating the role of community pharmacy, has made some promising findings. The outcome of this, reported in the August 19th edition of the Pharmaceutical journal, stated that **“*on follow-up, about six months later, a number in the trial group – particularly those who were wine drinkers – reported a clear change in their behaviour after the pharmacists interventions. The pharmacists involved were also positive about the project and noted no aggressive or strong negative reactions”.***

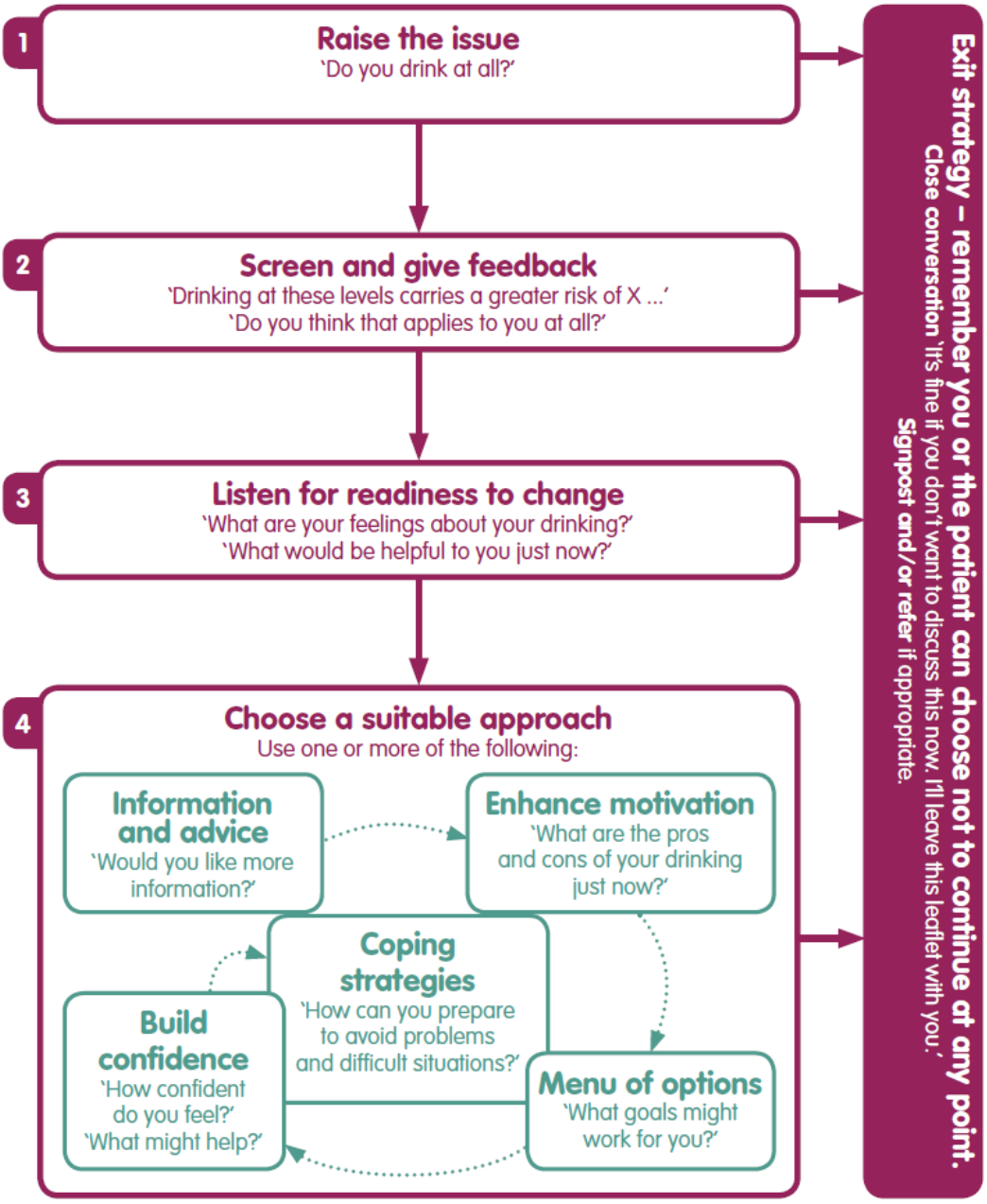
[5] Raistrick, D., Heather, N. and Godfrey, C (2006). *Review of the Effectiveness of Treatment for Alcohol Problems.* National Treatment Agency for Substance Misuse, London.

[6] *The Management of Harmful Drinking and Alcohol Dependence in Primary Care,* Scottish Intercollegiate Guidelines Network.

Stages of a brief intervention

Throughout the brief intervention remember to:

- maintain rapport and empathy
- emphasise the patient's personal responsibility for their decisions.



Step 1

Raise the issue

Teachable moments.

Why are alcohol brief interventions a good idea in pharmacies?

Footfall

Capturing those who aren't ill yet!

Relationships with your customers

In your experience, what are the top 3 presentations for people coming to the pharmacy and it being attributable to drinking alcohol:

1.

2.

3.

When might be the best opportunity in your work to talk with someone about alcohol?

Where would be the best place to do this?

What opportunities are there for it to become routine practice?

What makes you credible? What gives you the right to ask a question?

What kind of relationship do you need to have with someone?

Do you drink at all?

Please discuss how you could approach the subject of alcohol and offering a brief intervention to people who come into the pharmacy.

What would work for you?: What would make it feel more natural to you?

Here are some more examples:

"In this pharmacy we are asking everyone with X condition about their drinking habits because alcohol sometimes makes a difference to your condition. Is now a good time for you for me to ask you about your drinking?"

"At this pharmacy we ask all patients with X condition about their alcohol use. Do you think alcohol was involved in you being here today?"

"We are asking everyone who has a Medicines use review or New medicines service about their alcohol use. Would now be a good time to ask you a few questions? Or ask you to do this scratch card?"

"We have been talking about your low mood/ anxiety/ weight/ relationship problems. Sometimes this sort of problem can be affected by alcohol… Do you mind if I ask you a question about your drinking?"

"Some people use alcohol as a way of trying to cope with… Can I ask you about your use of alcohol?"

"How are you coping at the moment Mr Y / Mrs X……..?"

Build an alliance for more effective consultations

Positive outcomes and higher retention rates have been found to be related to worker's capacity to establish an alliance, as well as to other facets of interpersonal functioning, such as their **warmth and friendliness, affirmation and understanding**, **helping and protecting,** and an absence of belittling and blaming…ignoring and neglecting and attacking and rejecting" (Najavits & Weiss, 1994)

Who will you be talking to about alcohol?

- People attending the pharmacy for a MUR
- People attending the pharmacy for a NMS

  Within these groups, effort should be made to target people with:

  - relevant physical conditions – e.g. hypertension and gastrointestinal or liver conditions
  - relevant mental health problems – e.g. anxiety, depression or other mood disorders
- Opportunistic interactions
  - When presenting for the morning after pill?
  - When buying over the counter medicines – eg sleep aids?

Resources available:

Don’t let drink sneak up on you A3 poster

Could your drinking be putting your health at risk? A3 poster

Drinking causes damage you can’t see-male and female A3 poster

Step 2

Screen and give feedback

Drinking at these levels carries a greater risk of X…eg falling, head injuries etc

Do you think that applies to you at all?

Levels of screening

Level one is a simple question of how much, how often as on the AUDIT C scratch card

This would be done by the Health Care Assistants and pharmacists

Making this part of routine data collection reduces any stigma around asking. It also reinforces the message that alcohol is an important health issue. You can use the response to this question to calculate units, as this gives a reference point to assess risk.

Units

Calculating weekly or daily units with the person could give them a practical way of measuring their consumption and help them monitor it more closely in the future. This can be done using the unit diagrams on the Yeovil Hospital form or with the calculation below.

Units can be measured by this formula:

Volume (mls) multiplied by ABV (Alcohol By Volume (%) and divide by 1000

e.g.

A 1000ml (litre) bottle of vodka at 40% will be 40 units

A 500 ml can of cider at 5% will be 2.5 units

Level two might be a simple screening questionnaire such as full **AUDIT**

This would be done mainly by pharmacists

Level three might be a more detailed alcohol history.

This gives you an opportunity to develop more of an understanding of the person's pattern of drinking, as well as to identify any harmful consequences.

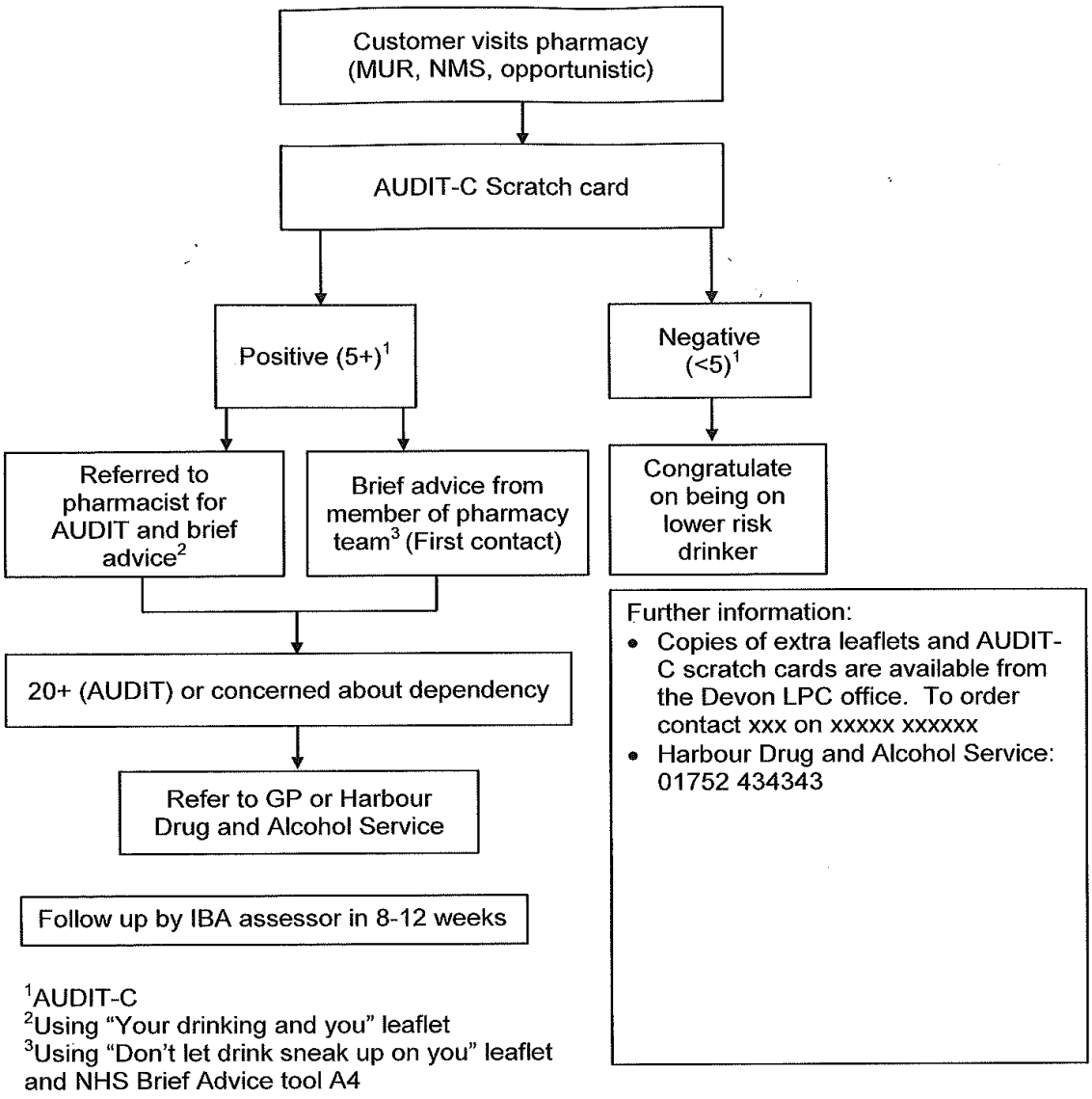
This would be done by Harbour specialist alcohol workers

Resources available:

Rethink your drink scratch cards

AUDIT questionnaire

Alcohol IBA flow diagram for plymouth pharmacies



Resources available:

NHS Brief Advice Tool

Your drinking and you leaflet

Don't let drink sneak up on you leaflet

Step 3

Listen for readiness to change

What are your feelings about your drinking?
What would be helpful to you right now?

Feeding back the result of the screening tool will raise awareness in the customer**.**

For example you may say:

''Increasing risk means - you are more likely to affect how well that medication works for you and it could increase your risk of other physical problems -eg sleep can be affected by alcohol use and your immune system''

''Higher risk means you are already likely to be harming yourself in a variety of ways and your risks of doing so in the future are higher.''

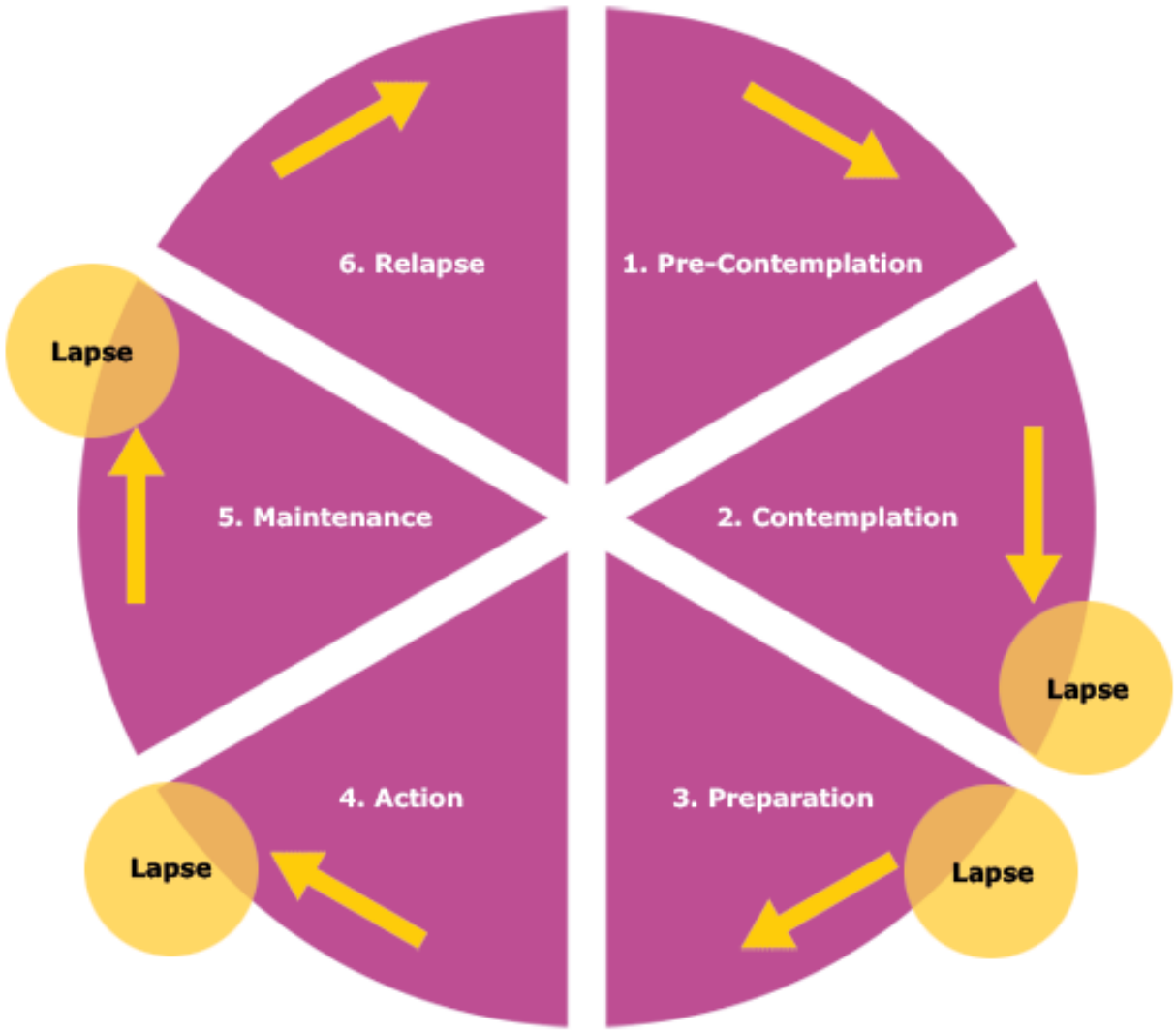
"How has that left you feeling?" "What are your thoughts about this?"

"What are your thoughts on your AUDIT score?"

When do you know someone else's alcohol use is a problem?

When does your customer know when their alcohol use is a problem?

The Stages of Change



Prochaska and DiClemente 1986

This model can be applied to looking at changes we make in our behaviour and how ready we are to do that.

It can be applied to many behaviour changes in life such as:

Drinking alcohol

Drug use

Losing weight

Getting fit

Leaving a violent relationship

Step 4

Choose a suitable approach

Information and Advice

"Would you like more information?"

Information Exchange

The person is more likely to hear and heed your advice if you have permission to give it

There are three forms of permission:

1. **The customer offers it (e.g. asks for advice)**

2. **You ask permission to give it**

"There's something that worries me here. Would it be all right if I……..

Would you like to know?

Do you want to know what I would do, if I were in your situation?

3 **You preface your advice with permission to disagree/disregard**

"This may or may not be important to you…

I don't know if this will make sense to you…

You may not agree…

Tell me what you think of this…"

Providing advice in pharmacies

This is defined as structured advice lasting 5 – 10 minutes to include:

- potential harm caused by the identified level of drinking
- reasons for changing behaviour
- barriers to change
- practical strategies to help reduce alcohol consumption
- agreed goals

Brief advice is not appropriate for dependent drinkers (20+ score on the full AUDIT tool) who should be offered a referral to a specialist service, or encouraged to see their GP.

Brief advice should be offered if the client scores 5 or above in one of two formats.

1. Referral to the pharmacist for a full AUDIT and brief advice using the leaflet "Your drinking and you" if the client opts into this OR
2. Brief advice provided by the first contact pharmacy staff using the NHS Brief advice tool and change 4 life leaflet "don't let drink sneak up on you".

The member of the pharmacy staff or pharmacist should work through the chosen leaflet with the client and the client should take it away for reference.

Clients who do NOT want brief advice following the AUDIT-C (pre-contemplators[7]) may be given the leaflet "don't let drink sneak up on you" and be encouraged to read this at a later time or date and come back to the pharmacy or visit their GP if they have further questions..

If there is suspected dependence (20+ on AUDIT) or the client is in need of more in-depth treatment, the member of the pharmacy team should encourage referral to a specialist treatment service or advise them to consult their GP.

NICE guidance recommends that brief advice should be based on FRAMES principles:

- **Feedback:** provide feedback on the patient's risk for alcohol problems
- **Responsibility:** highlight that the individual is responsible for change
- **Advice:** advise reduction or give explicit direction to change
- **Menu:** provide a variety of options for change
- **Empathy:** emphasise a warm, reflective and understanding approach
- **Self-efficacy:** encourage optimism about changing behaviour

[7] From Prochaska and DiClemente Model of Change which will be covered in face-to-face training

What advice should I give to a person who has complex needs or is dependent on alcohol?

Signposting or referral to the GP or harbour Specialist Alcohol Service.

Whilst waiting for specialist assessment, or if the patient declines the referral you could advise the person

- to reduce alcohol consumption somewhat where possible – but not to stop suddenly – this is dangerous
- Avoid activities where alcohol misuse may be hazardous (e.g. caring for children, swimming, driving).
- To consider involving friends and family in the treatment process, where possible.

Step 5

Exit strategy

Remember you or the customer can choose not to continue at any point.

Close the conversation: "It is fine if you don't want to discuss this now. I will leave this leaflet with you.

Signpost or refer

You do not need to get involved in a conversation with them about deeper unresolved issues

The client may choose not to continue at any point

This is not about pushing and nagging people but offering them the choice

This is one step in the journey

Have you referred or signposted?

Communication Skills for Health

When doing brief interventions, you'll be exchanging information with people about:

their risks

giving advice

encouraging people to make changes.

Sometimes these conversations go well: people are keen to hear your advice, seem enthusiastic and follow your suggestions. But there may also be times when you wonder how interested they are, they appear passive, resistant or unsure.

Here are some principles that can help these exchanges:

1) Recognise that we can influence resistance

Can you remember times when someone pressured you to do something in a way that got your back up and made you more resistant?

Think of what provokes resistance (e.g. arguments, being overly confronting or bossy, not listening etc), and then aim to do the opposite of this.

2) After giving information, check how it lands

If you've just told somebody they are at higher risk of a serious condition, check what their response to this is; this is an opportunity to draw out more motivation strengthening conversation and help the information sink in.

e.g. *"I'm aware I've just told you some things that might be quite disturbing.*

"How has that left you feeling?"

or

"What are your thoughts on what I've said so far?"

"Do you buy this idea that your drinking/ the way you use alcohol might be a problem?"

3) Aim for progress rather than perfection

Think of change as a journey: your goal is to have a conversation that helps nudge people to take the next step.

The 'stages of change' model is helpful here; the diagram on the next page represents the journey of moving through these stages as similar to passing through a revolving door.

If someone isn't even thinking about change (the pre-contemplation stage), then raising awareness in a way that starts them thinking is a positive step.

Following the video
How will you be putting alcohol IBA into practice?

What makes delivering Alcohol IBA at work important to you?

What single daily action do you need to put in place to make this happen?

What will be your reward?

What is a realistic first step you could take?

How will you record them?

Consider confidentiality and data protection policies

Who will you get supervision and support from?

Appendix

Frequently asked questions about alcohol

Alcohol Health Harms

Units and Calories

A pint sized history

10 easy steps to safer drinking

The Cost of alcohol

Enhancing motivation

Experiences from pharmacists who have trialled Alcohol IBA

Websites

Resources

Alcohol Health Harms

At high doses, alcohol is a poison with toxic effects to all the major organ systems. Harmful medical consequences include:

Nervous System
Memory problems, Wernicke's encephalopathy, Korsakoff's syndrome, cerebellar degeneration, dementia, strokes, subarachnoid haemorrhage, subdural haemotoma (after head injury). Withdrawal symptoms can include tremor, hallucinations and fits. Nerve and muscle damage can cause weakness, paralysis, burning sensation in hands and feet.

Liver
Infiltration of liver with fat, Alcoholic hepatitis, Cirrhosis and eventual liver failure, Liver cancer.

Gastrointestinal System
Reflux of acid into the oesophagus, tearing and occasionally rupture of the oesophagus, Cancer of the oesophagus, Gastritis Irritation and impaired healing of peptic ulcers, Diarrhoea and impaired absorption of food, Chronic inflammation of the pancreas leading in some to diabetes and malabsorption of food.

Nutrition
Obesity, particularly in early stages of heavy drinking. Later stages can lead to malnutrition from reduced intake of food, toxic effects of alcohol on intestine, and impaired metabolism, leading to weight loss.

Heart and Circulatory System
Abnormal rhythms, high blood pressure, chronic heart muscle damage leading to heart failure.

Respiratory System
Alcohol can depress or slow down the respiratory system causing slower breathing and sleep apnea. Heavy, persistent drinkers may have a weakened immune system and be susceptible to conditions such pneumonia

Reproductive System
In men, loss of libido, reduced potency, shrinkage in size of testes and penis, reduced or absent sperm formation and so infertility, and loss of sexual hair.
In women, sexual difficulties, menstrual irregularities, and shrinkage of breasts and external genitalia.

Alcohol and Pregnancy
Drinking alcohol during pregnancy can affect the development of the baby. The National Institute for Health and Clinical Excellence advises women to avoid alcohol in the first three months of pregnancy due to an increased risk of miscarriage. Heavy drinking during pregnancy can cause foetal alcohol syndrome (FAS). This is a serious condition that can cause restricted growth, facial abnormalities and learning and behaviour difficulties.

Skin Conditions
Exacerbation of psoriasis, increased risk in skin infections.

Psychiatric conditions
Worsening of depression, anxiety, panic attacks and sleep problems. Chronic use can be a cause of hallucinations and delusions. Worsening or destabilization of many psychotic conditions.

Units and Calories

Drinking alcohol reduces the amount of fat your body burns for energy. While we can store nutrients, protein, carbohydrates, and fat in our bodies, we can't store alcohol. So our systems want to get rid of it – and doing so takes priority. All of the other processes that should be taking place (including absorbing nutrients and burning fat) are interrupted.[8]

Making the connection between the number of calories in a drink and the equivalent food can be motivating for some people.

For example:

The average wine drinker consumes 2,000 extra calories each month. Over the course of a year, that's the equivalent of eating 184 bags of crisps or 38 roast beef dinners.[9]

2 pints of beer or cider (488 calories) is equivalent to 1 Big Mac (492)
8 pints of beer or cider is therefore equivalent to 4 Big Macs
1 large glass of wine (191 calories) is equivalent to 1 packet of crisps or a slice of cake
1 bottle of wine (573 calories) is the equivalent of a Mars bar, a packet of crisps and an onion bhaji

[8] *Lieber, Chaarles S, ALCOHOL: Its Metabolism and Interaction With Nutrients* http://arjournals.annualreviews.org/doi/full/10.1146/annurev.nutr.20.1.395

[9] Drinkaware website, 2012

A pint sized history of alcohol

Cultures change. How can we be part of it?

1. There is evidence of alcohol use for many thousands of years
Going all the way back to ancient China, there are wine jars dating to 7000 B.C. that show wine was being created from fermented fruit, rice and honey.

2000 B.C Written in the bible Genesis 9:20 -21 “Noah began to be a husbandman, and he planted a vineyard: and he drank of the wine and was drunken; and he was uncovered within his tent”.

2. In Britain, 3 - 5% proof ales, ciders and mead were the staple drinks of the lower classes from at least the 8th century. This was because of unsafe water supplies contaminated by sewage. The alcohol was regulated and taxed by the church.

3. The first endemic rise of alcohol “abuse” occurred in the 18th century during the industrial revolution when large numbers of people from rural communities were drawn into urban slums for unskilled labour. At the same time new production technology allowed 60% proof gin to become widely available. Gin became the escapism for the masses living in deprivation and working long hours in factories.

4. In 1835 the British Association for the Promotion of Temperance was formed. By 1884 the temperance movement became closely associated with the Liberal Party, whereas the Conservative Party tended to support the interests of the drink trade.

5. Far from being a story of perpetual drunkenness, English drinking habits throughout history fluctuated widely including a downward trend from the early 1900’s before the extraordinary increase in consumption over the last 50 years.
“It is important to bear in mind that in Britain drinking has had peaks but it has also had troughs; it has had some very low troughs.” James Nicholls 2009

6. In the 1920s and 1930s the once-mighty brewing industry was in something of a crisis. One 1938 advertisement, insisted that to drink beer was not only good for you but good for your country.
Wartime taxation meant beer remained expensive and weak.

7. Over the last half century there has been a massive increase in drinking. There was a growing popularity of stronger drinks, in particular wine and spirits and more recently strong white cider.
In 1961the law was changed allowing grocers to sell alcohol all day. A key consequence of this was that the new supermarkets were able to sell alcoholic drinks in the same manner as commodities such as food.

8. One of the biggest changes in the last 50 years has been in the drinking habits of women and young people:
Drinks producers, once again chasing a youth market threatened by alternative attractions (like raves and ecstasy), set about promoting new products using imagery and techniques that promoted alcohol as a party drug. All the while, supermarket

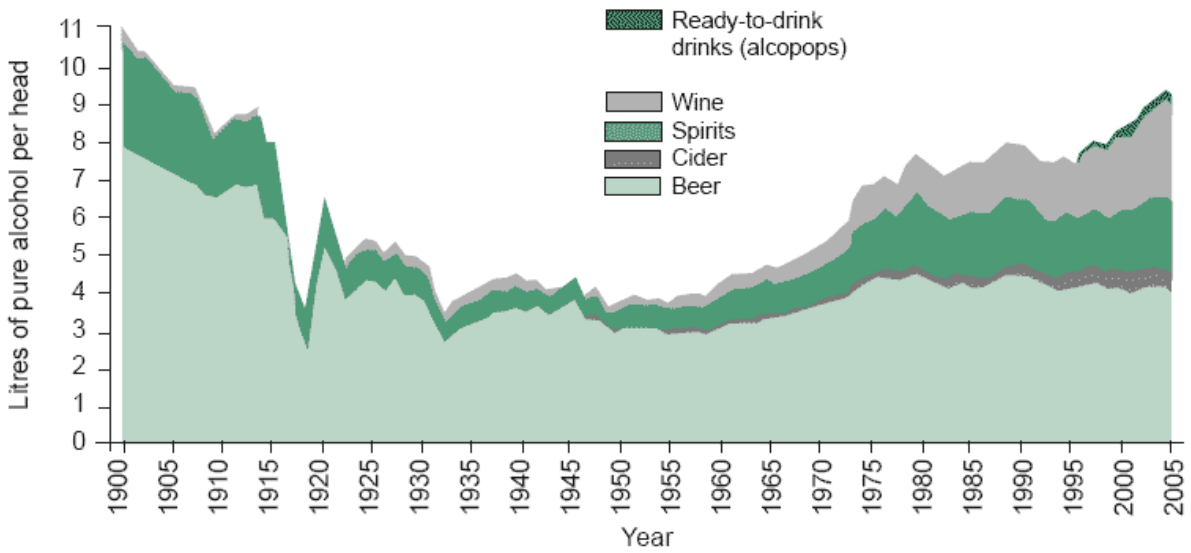
sales continued to increase on the back of aggressive discounts, something which not only encouraged domestic drinking, but also normalised the idea of drinking at home before going out on the town.

9. Alcohol advertising has changed over the last 50 years with key messages changing from : “alcohol is good for you” (Guiness) to “alcohol is a party and dance drug” (Alcopops, Smirnoff)
Alcohol Concern have recently produced a report, alongside young people looking at the regulation and promotion of alcohol use. It is estimated that the alcohol industry spends £800 million per year on marketing in the UK. (Cabinet Office (2003) Strategy Unit Alcohol Harm Reduction Project: Interim Analytical Report)

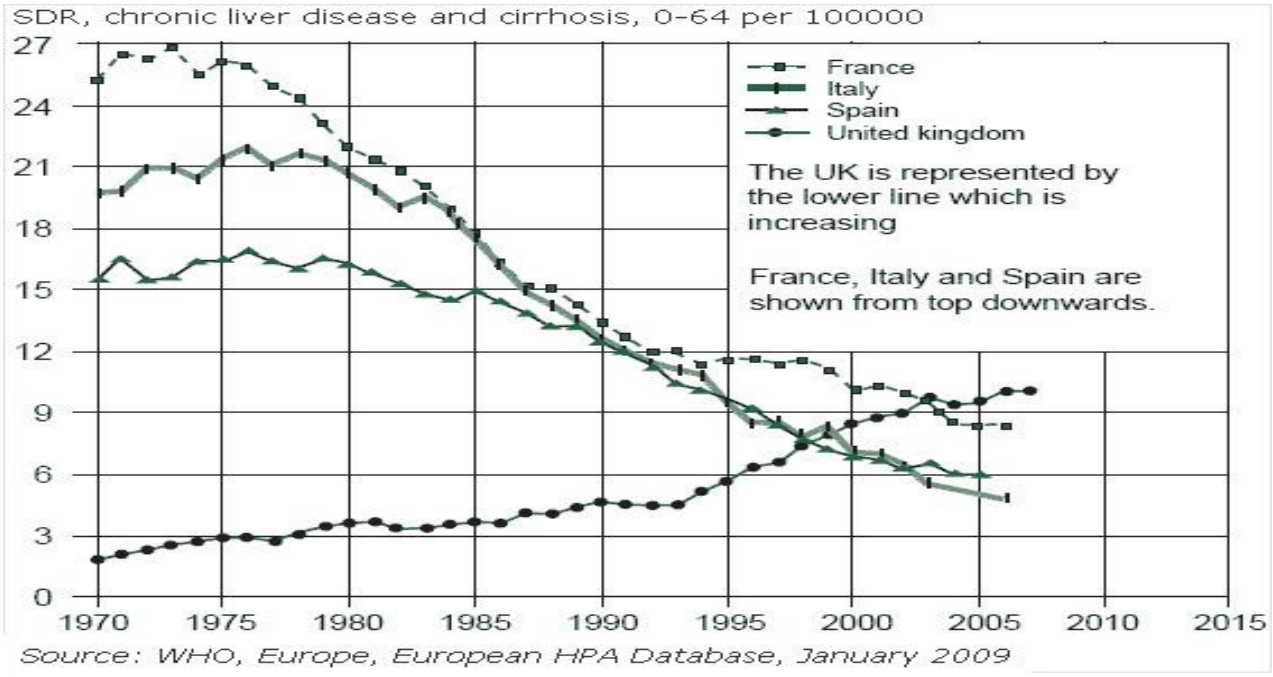
10. The number of off licensed premises including supermarkets in England and Wales has changed considerably:

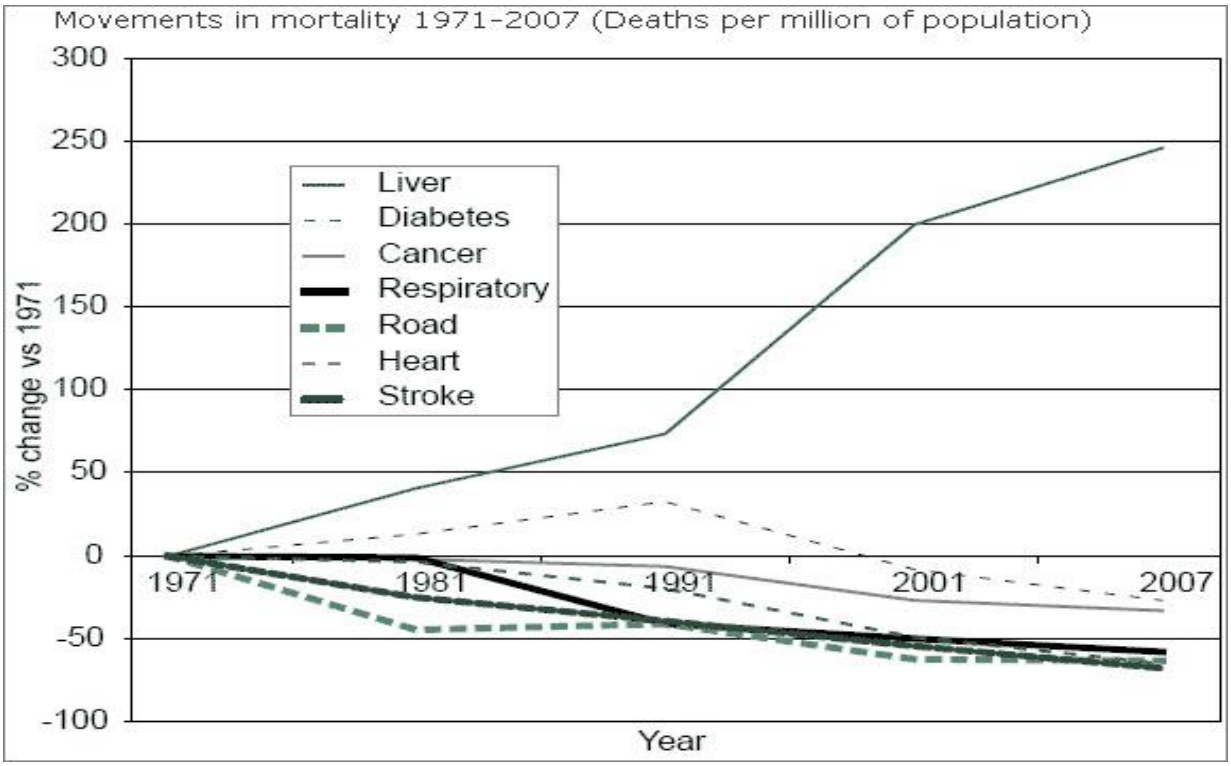
	1910	**1930**	**1970**	**1989**	**2009**
Number of off licensed premises	24,438	22,166	27,910	45,507	49,074

Figure 1 - per capita alcohol consumption in the UK (litres of pure alcohol)



Source: Statistical handbook 2007 (British Beer and Pub Association, 2007)





References:

James Nicholls is Senior Lecturer in the School of Humanities and Cultural Industries at Bath Spa University and the author of The Politics of Alcohol: A History of the Drink Question in England (Manchester University Press, 2009).

House of Commons Health Committee First Report Alcohol Dec 2009

10 easy steps for safer drinking

Eat before you drink

Food helps absorb alcohol and so limits how quickly what you drink will get into your bloodstream.

Eat while you drink

Giving your stomach something other than alcohol also prevents the drink irritating you so much.

Drink water or soft drinks before during and after

Try and avoid alcohol to quench your thirst. Have a soft drink first. Alternate between alcoholic and soft drinks. That way, you can spin your alcohol quota out for longer. It'll stop you getting dehydrated too and lessen the chance of having a hangover in the morning.

Don't drink every day

The human liver is an incredible (and vital!) organ. Not only does it deal with all kinds of poisons for us, including alcohol, it can also repair itself. Drinking alcohol causes changes in some liver cells and kills off others. But you have to give it a chance. Give yourself a 'liver detox' by making sure you have at least two alcohol free days every week. If you drink over twice the recommended unit amount in a day giving your liver 48 hours off from alcohol to recover is recommended.

Reduce the units per drink

Low alcohol drinks or more diluted alcohol such as spritzers

Reduce the available money

Take out a certain amount of money with you or set a budget when shopping or going out

Involve people to prevent sabotage

Who can support and encourage you?

Sit down / put glass down

Standing and holding on to a glass encourages faster drinking

Change your routine or change the position you would normally be in when you drink

A simple change like moving the chair you would normally sit in or moving to a different chair can help you change your habits.

Set targets

- Maximum number of weekly units
- Times that you won't drink before or after
- Identify days when you won't drink

Could you add any more?

The Cost of Alcohol

Cost to NHS[10]

- 6% of all hospital admissions
- Up to 35% of all A&E attendance and ambulance costs may be alcohol-related
- Up to 70% of A&E attendances at peak times on the weekends (between midnight and 5am) may be alcohol-related
- Alcohol misuse is calculated to cost the health service **£2.7 billion per year**

Costs of Alcohol related crime[5]

- Estimated at **£9 – 15 billion per year**

Costs of Accidents[11]

- 23 – 35% of deaths from falls are linked to alcohol
- 30 – 38% of deaths from drowning are linked to alcohol
- 38 – 45% of deaths from fire injuries are linked to alcohol

[10] Department of Health, 2008. *Safe, Sensible, Social – Consultation on further action, impacts assessment*

[11] Institute of Alcohol Studies - Alcohol and Health Factsheet

Enhance motivation

"What are the pro's and con's of your drinking just now?"

Important elements of motivational interviewing[12]

Expressing empathy
Empathy as a key ingredient in successful behaviour change consultations. Expressing empathy involves first aiming to understand your client by giving them room to express their view, and then accurately reflecting back or summarising what you've heard. A useful prompt for this is "Nudge, listen, summarise". A good question can invite or nudge the client into describing their view, making space through active listening can draw this out, and by summarising you show you've listened, can check you've understood their view correctly, and also help the consultation move on.

Developing discrepancy
- clients are helped to see the gap between the drinking and its consequences and their own goals/values - the gap between "*where I see myself, and where I want to be*"
- enhancing their awareness of consequences, perhaps adding feedback about medical symptoms and test results: "*How does this fit in?*" "*Would you like the medical research information on this?*"
- weighing up the pros and cons of change and of not changing
- progressing the interview so that client's present their own reasons for change.

Avoiding argument ("*rolling with resistance*")
- resistance, if it occurs (such as arguing, denial, interrupting, ignoring) is not dealt with head-on, but accepted as understandable, or sidestepped by shifting focus
- labelling, such as "*I think you have an alcohol problem*" is unnecessary, and can lead to counterproductive arguing.

Supporting self efficacy
- encouraging the belief that change is possible
- encouraging a collaborative approach (clients are the experts on how they think and feel, and can choose from a menu of possibilities)
- the client is responsible for choosing and carrying out actions towards change.

Facilitating and reinforcing "self motivating statements"
- recognising that alcohol has caused adverse consequences
- expressing concern about effects of drinking
- expressing the intention to change
- being optimistic about change.

"*People believe what they hear themselves say*"

[12] Miller and Rollnick, 2002

Experiences from pharmacists who have trialled Alcohol IBA

Client reaction

Among the pharmacists that had implemented the scheme the reaction from clients had been mainly positive. Pharmacists commented on some clients being '*really grateful for the advice'* particularly when reducing alcohol consumption was suggested as a way of helping a problem i.e. insomnia.

The majority of people who took part in screenings were not found to be drinking hazardously however despite this many clients were open to information being given on alcohol consumption, units and sensible drinking guidelines. Two pharmacists discussed that although clients were open to information they were reluctant to take part in the screening because it involved them going into the consultation room and one pharmacist was aware of stigma surrounding the consultation room as this was where methadone users went.

Only one pharmacist reported a mixed reaction from clients when alcohol consumption was raised. This was among older clients (50 plus) that were receiving an MUR. It appeared that the negative reaction of clients in this situation was limited with the pharmacist describing it as 'a look'. This had been interpreted by the pharmacist as clients thinking that questions on alcohol consumption were 'cheeky'. In these instances clients had not wanted advice on cutting down. This reaction from older clients was felt to be partly due to them having already made their lifestyle choice.

Community Pharmacy Alcohol Scheme. Evaluation report. Monmouthshire Local Health Board. 2008 Create Consultancy

Possible Barriers to Implementation

Lack of opportunity/Client Awareness
The lack of opportunity to raise alcohol consumption and naturally carry out a screening

What will help:
Publicity materials and any underpinning public health 'campaign' to raise public awareness

Time/Staffing pressures
The lack of time and staffing pressures could be a barrier to implementing any scheme that requires 1-2-1 consultation.

What will help:
Health Care Assistants being involved in this scheme and doing the screening with the scratch cards first

Motivation/Pharmacist awareness
Motivation to carry out the screening may reduce as time passes and awareness and mindfulness of the scheme may get lost.

What will help:
Posters around the pharmacy and prominent resources available. Also reminders and updates from Plymouth PCT about the scheme.

Confidentiality
Raising alcohol consumption is a sensitive subject to raise over the counter and is best discussed when prescribing medication and/or when in the consultation room. The need for confidentiality may bring it's own barriers due to the reluctance of some customers to go into the consultation room due to lack of time or simply not wanting to.

What will help:
Asking when would be a good time and making the brief interventions part of other consultations.

Role Appropriateness
Pharmacists now take a proactive, rather than responsive, approach to providing health information and advice. This is a fairly recent change in the role.

What will help:
Raising alcohol in an appropriate way as part of an MUR for example is a good way to start until it feels easier to bring it up.

Community Pharmacy Alcohol Scheme. Evaluation report. Monmouthshire Local Health Board. 2008 Create Consultancy

Useful sources of information on alcohol

Websites

Alcohol concern – Provide a series of factsheets on alcohol and related issues. Have a library of information available.

www.alcoholconcern.org.uk

Drinkaware – Unit wheel calculators, drink diaries and unit cup measurers are available from their resource department; you can receive £80 worth of resources free when you register with them. This organization is funded by the drinks industry.

www.drinkaware.co.uk

MI website - A useful site for practitioners who want to find out more about motivational interviewing

www.motivationalinterview.org

Alcohol Learning Centre – This is run by the Department of Health and holds a range of tools and research articles on alcohol. It also has specific South West pages providing local information and provides a free on line e learning training course on Identification and Brief Advice with alcohol users accredited by the RCGP.

www.alcohollearningcentre.org.uk/

Down your drink – This is a website designed to use evidence based interventions online. It gives people the information they need to make careful choices about the role alcohol plays in their life

www.Downyourdrink.org.uk

NHS Choices “Drinking and alcohol”
http://www.nhs.uk/livewell/alcohol/Pages/Alcoholhome.aspx

IPhone App – If you have an iPhone or iPod touch you can download the free NHS Drinks Tracker from the app store straight from your phone. It allows you to keep a drink diary and get feedback on your drinking**.**
http://www.nhs.uk/Tools/Pages/iphonedrinks.aspx

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