

# ALCOHOL IDENTIFICATION AND BRIEF ADVICE (IBA)

## Your health challenge

- 31% of men and 16% of women drink at a level indicating increased or higher risk of harm<sup>1</sup>
- There were 5,843 alcohol-specific deaths in England in 2017<sup>1</sup>
- There has been a 15% increase in alcohol-specific deaths since 2007<sup>1</sup>
- 337,870 hospital admissions in 2017/18 were related to alcohol<sup>1</sup>

**Fact: Less than 20% of dependent drinkers are accessing treatment<sup>2</sup>**



## How can community pharmacies help?

Pharmacy teams can offer alcohol interventions and screening services using accredited tools such as AUDIT-C to assess drinking in a wide range of patient and demographic groups.

Where problem drinking is identified this can be followed by advice and follow up, support materials or referral to local specialist alcohol teams.

Results from pharmacy services and campaigns in the past have included:

- four out of every 10 customers who took part in a risk assessment service recorded a score which indicated higher risk drinking;<sup>3</sup>
- more than 60% of service users cut back on the number of alcohol units they drank afterwards;<sup>4</sup>
- 52% said pharmacy kits helped them to reduce the number of days they drank on;<sup>4</sup>
- four in five said they had started keeping better track of their drinking;<sup>4</sup>
- 100% of service users were comfortable talking about alcohol in pharmacies;<sup>5</sup> and
- mean Audit-C results reduced in some service users.<sup>5</sup>

1. NHS Digital, *Statistics on Alcohol, England (2019)*

2. Alcohol Change website ([www.alcoholchange.org.uk](http://www.alcoholchange.org.uk)) – accessed on 10/06/19

3. Results from Pharmacy London's Alcohol Awareness Service, December 2012 to March 2013

4. Results from Berkshire's 'What's in your glass campaign' (2013)

# CHOOSEPHARMACY

## What the experts say

Those interviewed perceived the service to be informative and a good idea, particularly for individuals drinking at higher risk levels. A number of respondents also reported an increased awareness of units in different drinks and recommended limits, and of other lifestyle services offered at the pharmacy.<sup>6</sup>

**Service Evaluators – Wirral**

“This kind of informal approach is so different to what GPs do.”<sup>7</sup>

**Rekha Shah, Secretary of Kensington, Chelsea and Westminster LPC**

5. Results from Devon's alcohol identification and brief advice service (2011)

6. Comments from 'Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting' (2012)

7. Comment from an interview on the Pan London Alcohol Awareness IBA Service (2014)

# THINKPHARMACY

## Potential benefits of a community pharmacy alcohol IBA service

### 1. Healthy Living Pharmacies can help reduce harmful drinking in local populations

With over 9,500 accredited Healthy Living Pharmacies in England, trained and experienced staff are ideally placed to reach out to local populations and offer public health advice. Pharmacy alcohol services have been shown to lead to behaviour changes in some people accessing them with reductions in drinking seen. This would have health benefits and may lead to fewer people living with preventable ill health or dying prematurely from alcohol-related conditions.

### 2. Reduce pressure on GPs, A&E and other healthcare providers

Sometimes people who are worried about their alcohol consumption visit their GPs; so, if receptionists could refer them to local pharmacists this may ease pressure on GP practices. Perhaps more importantly, with a plan in place to manage their alcohol intake, fewer people may end up with alcohol-related complications and health problems, reducing pressure on GP practices, A&E and hospital services.

### 3. Save NHS money and resources

If alcohol dependence and harmful drinking can be reduced in people accessing this service, then those people are likely to have fewer alcohol-related complications which reduces future NHS spend on services.

**Fact:** for every £1 invested in specialist alcohol treatment, £3 is saved on health, welfare and crime costs.<sup>8</sup>

### 4. Target hard-to-reach drinking groups

Community pharmacies are accessible to vulnerable patients and populations, with many located in deprived areas and communities. This means they can more easily access some groups of people. Pharmacy teams may also come into contact with people who are not registered with GP practices or accessing other health services.

## How might your local service work?

Trained pharmacy teams can offer a variety of alcohol interventions and screening services using accredited tools such as AUDIT-C to assess drinking. Screening can begin with quizzes or scratch cards to help engage people in a less formal way.

The service could target as many people as possible, or focus on specific groups such as men and women aged 18-30 years, or people with diabetes. Commissioners are advised to think broadly though as alcohol support can be needed in all areas and groups of people.

Where problem drinking is identified, pharmacy teams can offer people advice and support as appropriate. It is estimated that for every eight people in the higher risk levels who receive advice on their alcohol consumption, one person will reduce their drinking to a much lower level as a result.<sup>9</sup>

If the person gets a low risk score, then brief advice may

## CHOOSEPHARMACY

be given, for example, to explain daily benchmarks, what a unit of alcohol is and how to identify how many units are present in the person's preferred alcoholic drinks. They may be supplied with a leaflet to support the verbal information.

If they get a medium risk score a more comprehensive intervention can be offered. The person can again be given information leaflets and they may be invited to return to the pharmacy at a later date to talk about their drinking. A note sent to the GP, with their consent, may be relevant at this point also.

If someone is found to be at high risk then, with their consent, a referral to the specialist local alcohol service could be made. Some services also allow for a member of the pharmacy team to contact the person or local alcohol service after a period of time to 'follow up' if the person consents to this.

8. PHE, *Alcohol and drug prevention, treatment and recovery: why invest?* (2018)

9. *Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations* (2002)