Dudley Alcohol Identification and Brief Advice (IBA) Service in Community Pharmacy

Introduction

The growing scale of health problems caused by alcohol consumption is a significant public health issue. In 2012/13, 6,490 deaths in England were directly related to alcohol, there were 198,900 hospital admissions with a primary diagnosis attributable to alcohol and 1,008,850 hospital admissions which to some degree were attributable to alcohol (Health and Social Care Information Centre, 2014). The government estimates that the cost of this alcohol related harm to the NHS totals £3.7 billion every year, and the wider cost to the UK economy is estimated to be more than £21 billion (Institute of Alcohol Studies, 2015).

It can be argued that many people are not aware of the long-term effects of alcohol and many people are still unaware of unit information (Mongan and Long, 2015), and according to NHS Choices (2014) more than 9 million people in England are drinking more than the recommended daily limits. Furthermore, a 2010 survey by YouGov (NHS Choices, 2014) suggests:

- More than 55% of adults believe that alcohol only damages your health if you regularly get drunk or binge drink
- 83% of adults believe that regularly drinking more than the recommended daily limits doesn’t put their long-term health at risk
- 7.5 million people might be unaware of the damage their drinking could be causing

Excessive consumption of alcohol is a problem in Dudley. There are an estimated 65,000 adult heavy drinkers in the borough, with 1 in 20 14-15 year olds drinking more than healthy levels each week (Dudley Health and Wellbeing Board, 2013). Alcohol related disease has increased dramatically over the last decade and the rate of alcohol related admissions and deaths continue to rise. Dudley continues to have higher than regional and national rates of premature mortality from alcohol specific conditions.

According to Record and Day (2009) the most effective strategies to reduce alcohol related harm from a public health perspective include, in rank order, price increases, restrictions on the physical availability of alcohol, drink-driving counter measures, brief interventions with at-risk drinkers, and treatment of drinkers with alcohol dependence.

Evidence strongly supports the benefits of identification and brief advice programmes in primary care, and the World Health Organisation (2012) suggests that governments should support these programmes by supplying training, resources and advice to providers, and ensuring that these providers are adequately reimbursed. There also needs to be support from specialist services to which to refer difficult to manage drinkers.

Public Health England (2013) is aware that health problems and costs associated with alcohol misuse are rising year on year, and insist more needs to be done to increase focus on preventative measures to catch people before their problems escalate to the point where
they need treatment. Dudley Office of Public Health is committed to reducing levels and has put a number of initiatives in place to support low levels of alcohol related harm, one of these initiatives being the Alcohol Identification and Brief Advice (IBA) service in community pharmacies.

The Alcohol Identification and Brief Advice service was piloted in 2011 in 8 community pharmacies across Dudley, and because it was deemed a success by commissioners and pharmacies has since become a commissioned service. Training has been provided to pharmacy staff, both online and face to face, since 2011 and has on average seen between 10 and 30 staff trained annually. This service was put into the framework for Level 1 of the Healthy Living Pharmacy (HLP) programme in Dudley, along with smoking cessation and sexual health as these were seen as high priority services for Dudley Borough. Data on these services fed into a national evaluation for HLP (Evans et al, 2013) and results showed that pharmacy staff played a substantial role in delivering alcohol awareness; in Dudley 5 times more patients were recruited in the service from HLPs compared to non-HLPs. The high numbers of patients accessing the service and receiving brief advice and referral into specialist services indicates that the public are willing to accept advice on alcohol in a community pharmacy setting.

**Objectives**

The main objectives of the community pharmacy Alcohol IBA service are:

- To signpost clients that have been identified as being at risk from their alcohol use to the relevant specialist treatment services
- To support Dudley Office of Public Health to increase awareness within the borough to the associated health risks linked to alcohol use
- To provide alcohol misusers with information, advice and support to remain healthy, until, with appropriate support, he or she can reduce or abstain from drinking

**Dudley Community Pharmacy Alcohol IBA Service**

As mentioned earlier, this service started as a pilot in 2011. With the success of the HLP programme and several training sessions to pharmacy staff on providing brief advice, bringing up difficult discussions and the effects of alcohol on the body, the Alcohol IBA service has gone from strength to strength.

In 2014/15, twenty-four community pharmacies in Dudley provided brief interventions with people identified as at-risk drinkers after pharmacy staff encouraged their patients to complete an Alcohol Use Disorders Identification Test (AUDIT) (Appendix A). This tool was developed by the World Health Organisation to identify whether a person has hazardous drinking, harmful drinking, or alcohol dependence, and is the only screening test specifically designed for international use (World Health Organization, 2001). The AUDIT contains 10 questions about recent alcohol use, alcohol dependence symptoms, and alcohol related problems.
Pharmacies initially engage patients in the service by asking them to complete a scratch card (figure 1) which contains the first 3 questions of the AUDIT; if patients present with a score of 5 or more they are invited and encouraged to complete the full AUDIT.

Pharmacies provide this service all year round although many pharmacies have targeted campaigns at certain times of the year, for example in the lead up to Christmas and ‘Dry January’. Healthy Living Pharmacies use their Health Information Zones to display resources and educational material which they use to encourage and initiate conversation with patients (see figure 2).

There are also a number of Healthy Living Pharmacies that provide services via outreach work ie in colleges, workplaces and at various health events.

There are three elements to this service:

**Stage one**

This includes a brief intervention with any patient scoring 8 or more (hazardous drinking). Patients are provided with advice on the short and long term effects of alcohol, unit and calorie information, reducing drinking to safe levels, benefits of drinking less and advice on how to reduce consumption. Resources such as alcohol information booklets, unit (and calorie) wheels, alcohol measure beakers, and national and locally produced posters and leaflets have been supplied by Dudley Office of Public Health to pharmacies to support the service, and encourage uptake amongst patients/customers.

**Stage two**

Pharmacy staff encourage patients who have been identified as hazardous drinkers to keep an alcohol diary. The patient records what they drink and how many units they consume over 4 weeks and are then followed up with the pharmacy staff via a telephone call. The patient is asked the following questions:

1. Did you find the information provided useful
2. Has the information provided helped identify recommended safe levels of drinking for you personally
3. Has your drinking remained the same, increased or reduced
Stage three

If the patient wants, and consents to, extra support or referring into specialist services their full details are obtained by the pharmacy staff and sent electronically from Pharmoutcomes to a secure email address at Atlantic Recovery Centre (ARC), which is the commissioned adult drug misuse service for Dudley.

Full details of the service specification including the three stages and payment structure for community pharmacy providers can be found here:

Results and Discussion

Results from the national Omnibus Survey in 2009 showed that only one in ten male drinkers and a slightly lower proportion of female drinkers (7%) had discussions around alcohol in the last year. The majority of conversations were with the patients GP and there has been little change since 2000, when this question was first asked. Community pharmacy is an ideal venue to have conversations about alcohol with members of the public; 1.6 million people visit a pharmacy every day, 89% of the population and 99% in areas of highest deprivation has access to a community pharmacy within a 20 minute walk and may be seen as less formal environment than other health services (PSNC, 2016).

In 2014/15 twenty-four pharmacies in Dudley spoke to a total of 3,109 patients about alcohol and asked them to complete a scratch card and/or the AUDIT. Of those 3,109 patients 43% (n = 1,327) were identified as increased (hazardous), high risk or dependant drinkers and given brief advice and literature to take home.

The breakdown of the scores is shown on Graph 1.

The Royal Pharmaceutical Society (2015) reports that providing brief advice reduces weekly drinking by between 13% and 34%, and increased and high risk drinkers are twice as likely to moderate their drinking when compared to drinkers receiving no advice.
Patients that scored high risk \((n = 110)\) or dependant \((n = 82)\) were given advice and information from the pharmacy staff then encouraged to complete an alcohol diary for the next 4 weeks with agreement to a follow-up phone call from the pharmacy. They are also provided with information about specialist services (ARC) should they wish further support. At this point the pharmacy can refer the patient if the patient agrees or provide contact information for ARC should the patient wish to self refer.

There is no data on follow-ups with patients for 2014/15. This is due to a number of reasons including patients refusing to be contacted for a follow-up, pharmacy staff not encouraging patients to complete the 4-week diary and/or not contacting the patient 4 weeks later, and incorrect contact details for the patient or no answer. Further training is being provided to pharmacy staff to build confidence in promoting this part of the service with patients. Follow-ups with higher scoring patients are of particular importance as this can give patients time to reflect on their drinking and after the four weeks may then be ready to seek extra support and help.

Research by Anderson et, al (2012) suggests that only 6.4% of dependent drinkers access treatment in England. In 2014/15, 9 people were referred into specialist services in Dudley by pharmacy staff, which is 11% of those identified as being dependant drinkers. However, there was a technical fault in the new software initially, that prevented referrals getting to ARC. This issue has since been resolved and patients have been picked up, contacted and offered information and support by the substance misuse specialist service provider.

In terms of gender and ethnicity of patients seen, there was almost an equal split of male and female with most patients being white British \((n = 2,473)\) and the second biggest ethnicity being Asian or Asian British \((n = 136)\) (graphs 2 and 3).
The patients that accessed the service most during this year was 16-24 year olds, (see graph 4) with a total of 39% being in this age group. This is somewhat attributable to the outreach work that many of the Healthy Living Pharmacies in Dudley provide in colleges, schools and young people's training venues. This outreach activity targeting young people is significant since it is currently estimated nationally that 41% of young people may be drinking at harmful levels (YouGov, 2015). Public Health England (National Treatment Agency, 2014) suggest there is further need for targeted prevention programmes to improve awareness of alcohol harm in young people and delaying the age of first drink. From a public health perspective, it could be argued that it is more cost-effective to target behavioural intervention at a younger age to shape positive health and wellbeing changes for many future years ahead.

A breakdown for the cost of the 2014/15 service is shown in the table below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Cost per activity</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score below 8 (no intervention)</td>
<td>1,782</td>
<td>£1</td>
<td>£1,782</td>
</tr>
<tr>
<td>Hazardous drinkers</td>
<td>1,327</td>
<td>£10</td>
<td>£13,270</td>
</tr>
<tr>
<td>4-week follow up</td>
<td>0</td>
<td>£3</td>
<td>£0</td>
</tr>
<tr>
<td>Referrals</td>
<td>9</td>
<td>£5</td>
<td>£45</td>
</tr>
<tr>
<td>Resources (scratch cards, measures, wheels, booklets)</td>
<td></td>
<td></td>
<td>£4,235.50</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>£19,332.50</td>
</tr>
</tbody>
</table>

A systematic review of evidence conducted in January this year (Brown, et al 2016) on community pharmacy delivered interventions, concluded that there is currently insufficient evidence to evaluate community pharmacy alcohol interventions. Public Health Wales (2014) however, suggests the evidence base for alcohol interventions of over 30 years is extensive and robust; they are the most effective intervention used for reducing alcohol consumption and have been shown to be effective across a range of health and community settings. On average for every eight people who receive an alcohol brief intervention, one will reduce...
their alcohol consumption to safer levels (Number Needed to Treat (NNT) = 1 in 8). This should be able to be transferable to a community pharmacy setting.

A community pharmacy report by The Bow Group (2010) goes on to discuss the investment in prevention initiatives and estimates that an investment of £0.8 million on alcohol behaviour could save £3.3 million.

Conclusion

There has been a positive uptake of this service by both providers and the public with over 3,000 discussions taking place with pharmacists and pharmacy staff in a variety of settings. The outreach work provided by Health Champions from HLPs is invaluable in reaching targeted groups of individuals and communities, and providing the service in a community pharmacy means that patients get access to information, advice and signposting from an informal setting whilst having the option of using the consultation room for more private discussions.

Year on year there has been an increase in service delivery and improved confidence with pharmacy staff in Dudley pharmacies approaching patients and customers to discuss drinking. Pharmacies are referring patients into specialist services and/or giving information for self referral which means those consenting patients identified as high risk are having direct access to increased support, behavioural and psychological therapies and if necessary detox programmes. Patients referred to specialist services through a community pharmacy may not have been identified or given access to treatment if they had not been assessed in the pharmacy.

More work needs to be done around following patients up 4-weeks after the brief intervention takes place and this is being addressed by Dudley Office of Public Health with training support being offered to pharmacies. This part of the service would provide valuable data in whether, as a result of the intervention, an individual has reduced their drinking.

At present locally, and nationally, there appears to be very little research on the impact and cost-effectiveness of community pharmacy alcohol IBA services. Over 3,000 members of the public in Dudley in 2014/15 had a conversation (making every contact count) with trained pharmacy staff and now have a greater awareness of unit information, guidelines and problems with increased alcohol consumption.

It is recommended that Dudley Office of Public Health continues to ensure that funding remains available for Alcohol IBA commissioned services through community pharmacy within Dudley.
References


Record, C. And Day, C. (2009) Britain’s alcohol market: How minimum alcohol prices could stop moderate drinkers subsidising those drinking at hazardous and harmful levels, Clinical Medicine, 9(5), pp421-425

