Community pharmacy-based alcohol brief intervention in the UK: significant alcohol consumption reduction in risky drinkers

Natasha Khan¹*, Ranjita Dhital², Cate Whittlesea¹, Ian Norman², Peter Milligan³

From International Network on Brief Interventions for Alcohol Problems (INEBRIA) Meeting 2011
Boston, MA, USA. 21-23 September 2011

Previous studies have shown that community-pharmacy-based screening and brief intervention (SBI) for risky alcohol use is feasible. However, few studies have reported significant reductions in alcohol use following pharmacy-delivered BI. In this study, trained pharmacists (N = 29) at 28 community pharmacies in London, UK, offered BI from February-July 2010. Customers seeking alcohol-related medication and/or advice were targeted. Participating pharmacists used Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) scores (≥3 for women and ≥4 for men), a seven-day drinking diary, and feedback on a readiness to change form to identify people with risky drinking and to inform appropriate advice and feedback. One in four community pharmacy customers (n = 246) offered the alcohol BI were initially interested, and half of these (n = 134, 87 of whom were men) received the intervention. Participating pharmacists used Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) scores (≥3 for women and ≥4 for men), a seven-day drinking diary, and feedback on a readiness to change form to identify people with risky drinking and to inform appropriate advice and feedback. One in four community pharmacy customers (n = 246) offered the alcohol BI were initially interested, and half of these (n = 134, 87 of whom were men) received the intervention. Of the 128 customers whose alcohol use was recorded, 16% (n = 21) were classified as high-risk drinkers, 56% (n = 72) as increasing-risk drinkers, and 27% (n = 35) as low-risk drinkers. Three months following BI, low- and increasing-risk drinkers were contacted by a member of the study team to obtain a post-BI AUDIT-C score and to assess past seven-day alcohol consumption. High-risk drinkers were contacted to ascertain whether they had accessed specialty alcohol services. Seventy-five customers were available for follow-up (response rate, 56%). Of the high-risk drinkers, 91% (n = 10) had seen their general practitioner (GP) and/or accessed specialty alcohol services. Increasing-risk drinkers were found to have significantly reduced their weekly consumption (average decrease, 84%; p = 0.004) and number of drinking days (p = 0.05), however, no significant change in AUDIT-C score was observed. As anticipated, no significant differences in consumption were observed for low-risk drinkers. In this study, community-pharmacy-based alcohol SBIs were effective in reducing weekly alcohol use among increasing-risk drinkers and facilitated contact between high-risk drinkers and their GPs and/or specialty alcohol treatment services.

Author details
1Institute of Pharmaceutical Science, King’s College London, London, UK
2Division of Health and Social Care Research, King’s College London, London, UK. 3School of Biomedical and Health Sciences, King’s College London, London, UK.

Published: 9 October 2012