

# Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting

## Briefing for Service Users and Advocacy Groups

October 2012



# Briefing for Service Users and Advocacy Groups

## October 2012

### Who is this briefing meant for?

This briefing is aimed at organisations and individuals who are interested in the operation of alcohol services at local or national level. These would include:

- Individuals who have been affected by risky alcohol use, whether their own or that of other people close to them;
- Local and national alcohol support and advocacy groups;
- Local and national alcohol education providers and policymakers.

In our report, we have made recommendations for four stakeholder groups: pharmacy service providers; pharmacy leaders, commissioners and public advocacy groups. This briefing is intended to provide ideas through which our recommendations may be advanced.

### What is the Issue?

Pharmacies are positioned within local communities and are easily accessible without appointment or stigma. Different pharmacy settings - such as health centres, on high streets and extended hours in supermarkets and retail parks – reach a broad swathe of the UK adult population. Pharmacy staff are perceived to be approachable, with less ‘social distance’ between the public and pharmacy staff than with other health professionals. Pharmacists and staff recognise, however, that their customers may be surprised if a member of staff asks them about their drinking. Customers may be reluctant to speak honestly about their drinking - they may worry about the consequences of revealing their behaviour.

In this evaluation, pharmacy has again showed that it could deliver a high quality identification / brief advice (IBA) service for alcohol, which is acceptable to the public. This evaluation - conducted with services across 6 areas in the North West of England - builds upon other small (and similarly positive) UK studies. This service could make a significant contribution to reducing risky alcohol use.

Most of the alcohol IBA services in the evaluation have now been decommissioned. Action is needed now if these services are to continue.

## What can Alcohol Service Advocates do?

The involvement of service users and alcohol advocacy groups could enhance the training of pharmacy staff, helping them to gain the confidence that comes with positive feedback. Pharmacies could also benefit from joint working with service users to decide how to promote services in their pharmacies, and how to make an initial approach to customers that is not judgemental. They can advise pharmacy providers what kind of information people will be willing to share about themselves and their drinking, and how to keep conversations private. We need to work together to make conversations about alcohol a normal part of pharmacy practice.

Service users and advocacy groups can advise pharmacists on how people might be referred into the IBA service, and – in return – where pharmacy staff can signpost people affected by risky alcohol use (either their own drinking, or the behaviour of someone close to them) to another healthcare group within an integrated alcohol service pathway. They can discuss the potential of pharmacy as a service provider with other service providers and commissioners.

In discussions with other alcohol service providers and commissioners, advocates may wish to mention the following information:

- The strengths of a diverse network of pharmacies that engage different populations e.g. older people in health centres and working adults in extended hours pharmacies;
- Consensus among users and stakeholders that the service is feasible and desirable;
- The potential to link conversations about alcohol to other common pharmacy services e.g. weight management, smoking cessation, and Medicines Use Review;
- The ability of pharmacy to identify a significant proportion of increasing and high risk drinkers (19% and 3.5% respectively in one area studied within the evaluation);
- That people who receive alcohol use messages in the pharmacy share them with others, including their significant others and their teenage children;
- The consistency of user follow-up in this evaluation with studies in other health settings e.g. that 1 in 8 people engaged by the service go on to change their drinking behaviour.

In two out of 16 cases, service users reported significant lifestyle changes, which they attributed to receiving the IBA service. In one case the respondent reported that, together with their partner, they had cut alcohol consumption from approximately four days per week to about 2 days a week. In another case a respondent reported cutting alcohol consumption very significantly and attending the gym on a daily basis following the consultation.

## We are interested in linking with pharmacy – what do we do now?

Local support and advocacy groups should get in touch with their Local Pharmaceutical Committee if they wish to talk about this service, and find out what is going on in their area. You can find your local contact online at <http://www.lpc-online.org.uk/>

## References

1. Gray NJ, Wilson SE, Cook PA, Mackridge AJ, Blenkinsopp A, Prescott J, Stokes LC, Morleo MJ, Heim D, Krska J, Stafford L. Understanding and optimising an identification/brief advice (IBA) service about alcohol in the community pharmacy setting. Final report. Liverpool PCT; October 2012. Available at <https://clock.uclan.ac.uk/5972>
2. The NW Pharmacy Alcohol Service Evaluation Team. "It's time to talk about drinking" – but have commissioners already called time on pharmacy alcohol IBA services? The Pharmaceutical Journal, 27th October 2012.

**If you need further information about the North West Pharmacy Alcohol IBA Service Evaluation, please contact:**

**Dr Sarah Wilson - UCLan Evaluation Lead**  
**[sewilson@uclan.ac.uk](mailto:sewilson@uclan.ac.uk)**

**or**

**Liz Stafford - NW Corporate Community Pharmacy Network**  
**[lstafford@rowlandspharmacy.co.uk](mailto:lstafford@rowlandspharmacy.co.uk)**

