

Module 1961

Alcohol consumption and COVID-19

From this pharmacy CPD module you will learn:

- How alcohol consumption has changed during the pandemic
- The recommended alcohol intake for men and women
- How to assess patients for alcohol misuse
- Education to provide patients on reducing alcohol intake

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Recent figures suggest approximately 8.6 million adults in the UK (one in five) are drinking more often since the beginning of lockdown, and this increase has been reflected globally.¹ In the Global Drug Survey 2020, 44% of respondents said they have increased the frequency of alcohol consumption during the pandemic.² People having more free time and having less to do contributed to the increased alcohol intake, as did depression, loneliness and worry.²

The effects of alcohol consumption are wide-reaching, it is linked to health and social complications, and is a significant risk factor for morbidity and premature mortality.³ In this uncertain climate, with the possibility of a second lockdown, pharmacists play a vital role in helping to minimise alcohol consumption and ensure the increase in frequency of consumption does not develop into alcohol dependence.

What is a unit of alcohol?

A unit of alcohol is the measure used to assess the strength of and allow for easy comparison

between drinks. One unit is equal to 10ml or 8g of pure alcohol and can usually be cleared from a person's bloodstream in around an hour.⁴

The number of units in a drink can be calculated by multiplying the percentage of alcohol by volume (ABV) in the drink by the total volume of the drink in millilitres. This number is then divided by 1000 to get the units of alcohol.³

For example, an average strength wine (11% ABV) in a small glass (125mL):³
 $(125 \times 11) / 1000 = 1.4$ units of alcohol.

As a guide, one unit of alcohol is roughly equivalent to:³

- a small measure (25ml) of spirit (40% ABV)
- a standard measure (50ml) of fortified wine (sherry or port) (20% ABV)
- a half pint of (low or average strength) beer, lager or cider (3% ABV).

Safe alcohol consumption

Current UK guidelines recommend that women and men should drink no more than 14 units of alcohol per week in order to minimise health risks.⁵ These units should be consumed over several days and not on one or two occasions, as



One in five UK adults are drinking more since the beginning of lockdown, figures have also increased globally

there is an increased risk of harm associated with consumption over just one or two situations.⁵ Regular consumption of alcohol proportionally increases the risk of developing an alcohol-related condition, such as a range of cancers.⁵

For women who are pregnant, the safest approach is to not consume any alcohol – to avoid the risk of harm to the foetus.⁵

What is alcohol misuse?

Problem alcohol consumption is defined as regular consumption of alcohol above the recommended 14 units per week.³ Figures show that 31% of men and 16% of women in England consume alcohol at levels above this.³

Problem drinking can become harmful drinking. Harmful drinking is when health problems can be directly attributed to alcohol consumption.³ This includes accidents related to alcohol and the development of medical or mental health problems such as acute pancreatitis, depression and alcohol dependency.³

What is tolerance and dependence?

Regular exposure to alcohol can result in adaptive changes to receptors and

neurotransmitters in the central nervous system, resulting in tolerance.⁶ Tolerance is where the pleasurable and impairing effects of alcohol are diminished and usually results in the person consuming more alcohol in order to generate the same effects.⁷

Dependence refers to a stage where the consumption of alcohol has taken over the person's usual routine and they lose control over their drinking.⁸ In England, 4% of people are affected by alcohol dependence.⁹ Dependence means tolerance has already developed, therefore more alcohol is being consumed and there is an increased risk of damage.⁸ Dependence may also result in withdrawal effects when the person starts to sober up.⁸

Key characteristics of people who are dependent upon alcohol include:⁹

- loss of interest in activities other than drinking
- experiencing withdrawal symptoms
- excessive drinking
- increasing the amount of alcohol consumed (tolerance)
- craving or intense desire for alcohol consumption
- continued drinking despite the development

of harmful alcohol-related effects.

How to assess alcohol misuse

The AUDIT (Alcohol Use Disorders Identification Test) developed by the World Health Organization (WHO) is a 10-item screening test that can be used to assess alcohol consumption, alcohol-related problems and drinking behaviours.¹⁰ Clinician-administered and patient self-report versions are available on the GOV.UK website, with UK adaptations to the AUDIT tool.¹⁰

Each question has a set of possible responses, with a score from 0–4 and the questions are available in different languages. The total score is calculated and is as follows:

- 0-7: low risk
- 8-15: increasing risk
- 16-19: higher risk
- 20 or more: possible dependence.

What is an alcohol use disorder?

Alcohol use disorder is a chronic condition that refers to both harmful drinking and dependence, and is the result of a variety of genetic and environmental factors.^{3,6} It is commonly associated with psychiatric conditions and the clinical course progresses from impulsivity to compulsivity with patients going through phases of intoxication, withdrawal and abstinence.⁸

The American Psychiatric Association Diagnostic and statistical manual of mental disorders (DSM-5) fifth edition refers to alcohol use disorder as a pattern of alcohol consumption that results in levels of clinically significant distress and impairment.¹¹

The diagnosis requires a person to answer “yes” to two or more of a series of questions designed to assess the levels of physiological symptoms, psychosocial problems, cravings and compulsive alcohol use.^{3,7} Some questions included in the assessment are:³

- Have you had times when you ended up drinking more, or longer, than you intended?
- Have you wanted a drink so badly you couldn't think of anything else?



Long term effects of alcohol use disorder include lifestyle problems such as unemployment and homelessness

What are the effects of alcohol misuse?

Alcohol misuse can have detrimental effects on a variety of factors in a person's life. It can affect appearance, relationships, lifestyle and psychological and physical health. These effects can be short- or long-term.

Short-term effects include:^{3,12}

- accidents that can result in death or injury
- alcohol poisoning leading to hospital admission, seizures or loss of consciousness
- violence or becoming a victim of violence
- sexually transmitted infections or pregnancy resulting from unprotected sex
- losing valuables or belongings, such as wallets or keys.

The risk of these effects occurring is higher when binge drinking.³

Long-term effects include:^{3,12,13}

- mental illness: depression, anxiety, suicidal thoughts
- liver disease and pancreatitis: fatty liver, cirrhosis, hepatitis
- cardiac and vasculature problems: heart

disease, stroke, hypertension, arrhythmia

- cancer: mouth, liver, bowel, breast, throat, stomach
- Wernicke's encephalopathy: severe thiamine deficiency that leads to ataxia and confusion
- lifestyle problems: unemployment, homelessness, divorce, abuse.

Treatment for alcohol misuse

For people with a “low risk” AUDIT score, the WHO recommends education about alcohol.

For people who score at an “increasing risk” level, stage a brief intervention, with education and simple advice that focuses on reducing drinking.¹⁰ Brief interventions are usually of short duration and low intensity and can include:^{9,10}

- understanding why the patient drinks and helping to determine ways to avoid it
- providing information about the dangers of binge or excessive drinking
- supplying the patient with written information and leaflets
- determining measures to reduce consumption

that are agreeable and achievable (such as alternating alcoholic drinks with water, consuming drinks with a lower ABV).

For people who score at a “higher risk” drinking level, give a combination of brief counselling with simple advice and continue to monitor their consumption.¹⁰ Psychological therapies can also be used, including cognitive behavioural, environment-based and social network therapies. These focus on alcohol-related problems, actions, social networks and thoughts.^{9,10} If there is no response to these treatments, combination therapy with acamprosate or oral naltrexone may be used.⁹

Oral thiamine should be prescribed prophylactically to people who have harmful levels of drinking; they are often malnourished and at risk of developing Wernicke's encephalopathy. Thiamine is a coenzyme in alcohol metabolism and is usually deficient in such individuals.³

If the person scores 20 or more they are in the “possible dependence” category and require further diagnostic evaluation and treatment.¹⁰ Pharmacological therapies, such as benzodiazepines and beta-blockers, can be used to manage people who are withdrawing from alcohol.⁹

Role of the pharmacist

Pharmacists play a vital role in educating patients about the effects of alcohol and providing advice about methods to minimise consumption and reduce any potential harm. Approximately one in three people have used lockdown to reduce their alcohol consumption, or stop completely.¹

With a potential second lockdown, pharmacists will be more relied upon to provide advice about minimising consumption. Advice to patients should be tailored to suit the individual and their situation and should include information about methods to reduce consumption in a home setting.

Strategies to help reduce alcohol consumption

in any setting include:¹⁴

- having a drink with a lower ABV, such as a spritzer or shandy
 - having a smaller size, such as a half pint
 - alternating alcoholic drinks with water, soft drinks or fruit juice
 - drinking slowly
 - using an app to record what you drink.
- Strategies to reduce consumption at home include:¹⁴
- measuring drinks out using a standard measure (unit measure cup)
 - using smaller glasses and not filling the drink to the rim
 - not letting others pour drinks
 - having drink free days
 - buying lower ABV or alcohol-free drinks
 - apps to track consumption can also be used at home.

People may also request information about how to help someone they suspect might have an alcohol problem. Firstly, give advice about possible signs or symptoms that can

indicate a person has a problem with alcohol.

These include:¹⁵

- the person being drunk more often, or increasing their consumption to get the same effect (tolerance)
- loss of pleasure in activities they used to enjoy and avoiding these situations in favour of places where they can drink
- anxiety, depressed mood, irritability, tiredness, trouble with sleep
- unable to stop drinking or say no to alcohol
- dishonesty about how much alcohol they consume.

If the person wants to have a conversation about the problem, advise them to approach the situation carefully with empathy and an awareness of the possible outcomes. Using a calm and non-judgemental approach is appropriate. Advise them to avoid using the term “alcoholic” as this labels the person and has negative connotations.

Open-ended questions should be used to allow for conversation and any criticism avoided.

Ensure they understand that the person will need to accept the problem and want to change before any change can occur.¹⁵

Signposting people to organisations such as Drinkaware that provide extra support or counselling services can also help.

Better Health campaign and alcohol

The UK government recently launched the Better Health campaign, aimed at helping people maintain a healthier weight. Alcohol contributes on average between 4–10% of a person’s total calorie intake and pharmacists can increase awareness of the calories contained in alcohol.¹⁶

One unit of alcohol contains approximately 56 calories. Alcoholic drinks can also contain sugar, fruit juice or other ingredients that can add calories. Alcohol also acts as an appetite stimulant, and people may be more likely to eat greasy or fatty foods the day after consuming large amounts of alcohol. A large glass of wine or a pint of lager is approximately 220 calories.¹⁶

Advise people that to manage their weight, they should monitor or reduce their consumption of alcoholic drinks.

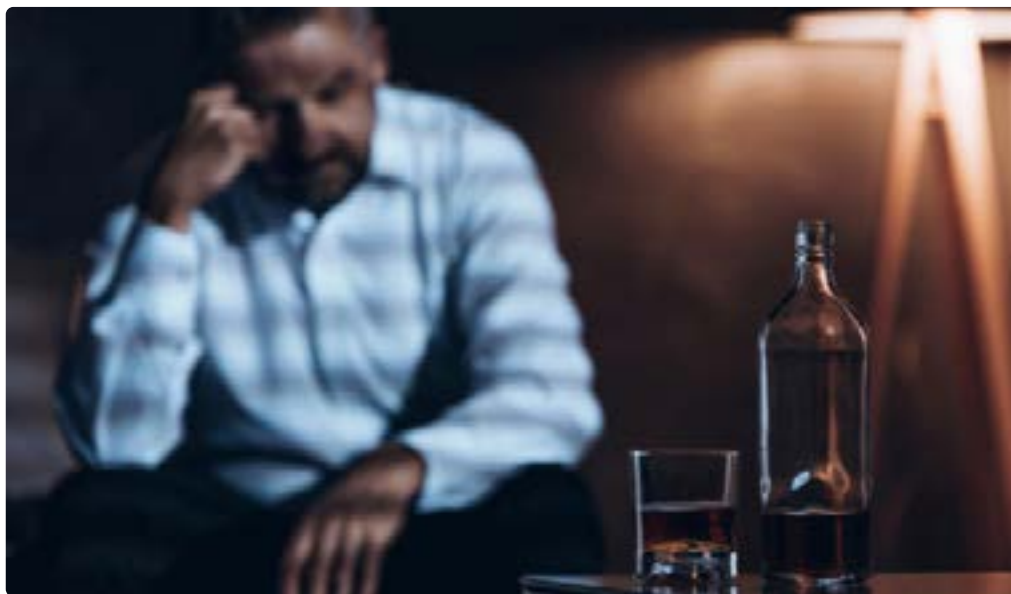
What resources are available?

Pharmacies wanting to increase alcohol awareness can sign up to get involved in Alcohol Awareness Week, 16–22 November 2020. Free resources are available at tinyurl.com/alcoholintake3.

Drinkaware (tinyurl.com/alcoholintake4) and Alcohol Change UK (tinyurl.com/alcoholintake5) both offer a variety of resources on their websites, including self-care information, fact cards and support services for patients.

Drinkline (0300 123 1110), is a helpline available for people who are concerned about their drinking, or someone else’s.

Alcoholics Anonymous offer a 12-step program to overcome addiction and have a helpline (0800 9177 650) and online chat available at tinyurl.com/alcoholintake6.



Anxiety, depression and trouble sleeping may all be signs a person has a problem with alcohol

References

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4. Drinkaware (2020) What is an alcohol unit?
5. Department of Health (2016) UK chief medical officers' low risk drinking guidelines
6. BMJ Best Practice (2018) Overview of chronic alcohol use
7. BMJ Best Practice (2018) Alcohol use disorder
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9. Patient.info (2015) Alcoholism and alcohol misuse - management
10. Gov.UK (2017) Alcohol use disorders identification test (AUDIT)
11. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (DSM-5) fifth edition
12. NHS Conditions (2018) Alcohol misuse
13. Drinkaware (2020) Mental health
14. NHS (2018) Tips on cutting down
15. Drinkaware (2020) Alcoholism: signs, symptoms and treatment
16. Alcohol Change UK (2020) Alcohol and calories

Alcohol consumption and COVID-19 CPD planned learning

What are you planning to learn?

I am planning to learn more about alcohol consumption; the recommended weekly limits, how to recognise signs of alcohol dependency, the tools available for alcohol intake assessments and how to manage and treat those who need to reduce their alcohol intake.

How are you planning to learn it?

- I plan to take the e-learning course on Alcohol Identification and Brief Advice at tinyurl.com/alcoholintake7
- I plan to learn about the signs and symptoms of alcohol misuse at tinyurl.com/alcoholintake8 and about the management and treatment of alcohol misuse at tinyurl.com/alcoholintake9
- I also plan to complete the five-minute test at www.chemistanddruggist.co.uk/update-plus to test my knowledge and confirm what I have learned.

Give an example of how this learning has benefited the people using your services

After carrying out my learning, I have increased my knowledge about alcohol intake, what is considered safe consumption levels and what is potentially high risk for chronic disease and alcohol-related morbidity and mortality. I recognise how drinking has increased among patients due to mental health issues, having more time to drink and financial stress.

As a pharmacist, I feel it is my duty to check in with my regular patients, ask them how they are doing and talk to them about their lifestyles, including their smoking and drinking behaviours. I recognise alcohol to be a sensitive issue and so learning how to approach patients without appearing judgemental is important. The AUDIT tool has been a great help for me to guide and refer patients where there is concern about their alcohol intake.

This learning has been beneficial so I can advise patients on lowering their alcohol intake as well as empower them to take control of their drinking by teaching them how to calculate their own weekly consumption.

Take the 5-minute test online

1. Alcohol consumption has decreased globally since the pandemic began.
True or false
2. Health professionals can use the AUDIT tool by the World Health Organization to assess patients' alcohol intake and whether any intervention is necessary.
True or false
3. Alcohol use disorder is a pattern of alcohol consumption that results in levels of clinically significant distress and impairment.
True or false
4. A score of 15 or more on the AUDIT tool is classed as alcohol dependency.
True or false
5. Signs that someone may have a problem with alcohol include loss of interest in activities that do not involve drinking.
True or false
6. Tips for cutting down on drinking include consuming drinks with a lower percentage of alcohol.
True or false
7. Units of alcohol in a drink can be calculated by multiplying the percentage of alcohol by volume (ABV) in the drink by the total volume of the drink in millilitres.
True or false
8. The maximum weekly consumption of alcohol is 21 units for men and 14 units for women.
True or false
9. It is better to drink 14 units over one or two occasions a week than to drink two units every night for a week.
True or false
10. Regular alcohol consumption is linked to increased risk of lung cancer.
True or false