The Royal College of
Chiropractors

PUBLIC HEALTH SOCIETY

Focus on Public Health:

Alcohol










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Focus on Public Health: Alcohol

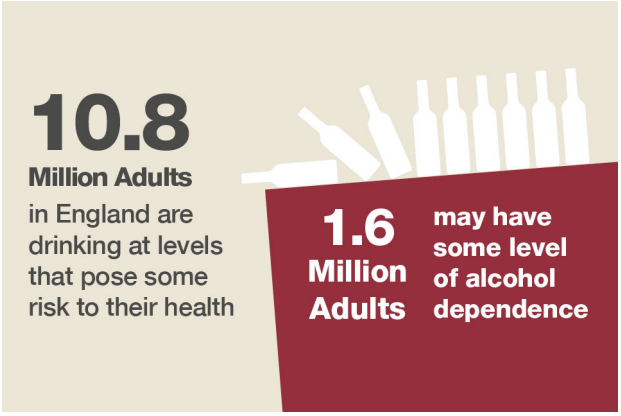
Contents

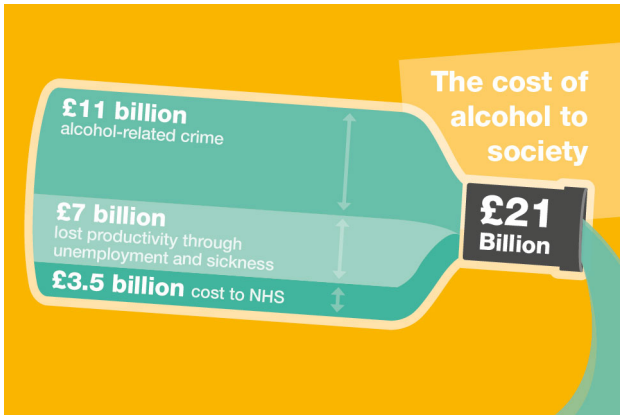
Introduction:

Alcohol as a Public Health Issue

In England, over 10 million people consume alcohol at levels above the [UK Chief Medical Officers' (CMO) low-risk drinking guidelines] and increase their risk of alcohol-related ill health[1].

The costs illustrate the scale of the problems caused by alcohol and the challenge we face as a nation. It has been identified as a causal factor in more than 200 medical conditions.





Over 10 million people consume alcohol at levels above the UK Chief Medical Officers' (CMO) low-risk drinking guidelines and increase their risk of alcohol-related ill health.[1]

In 2021 NHS Digital figures report that '21% of adults drank at increasing or higher risk of alcohol-related harm'[2]. Alcohol is stated as the third leading risk factor for death and disability after smoking and obesity[3].

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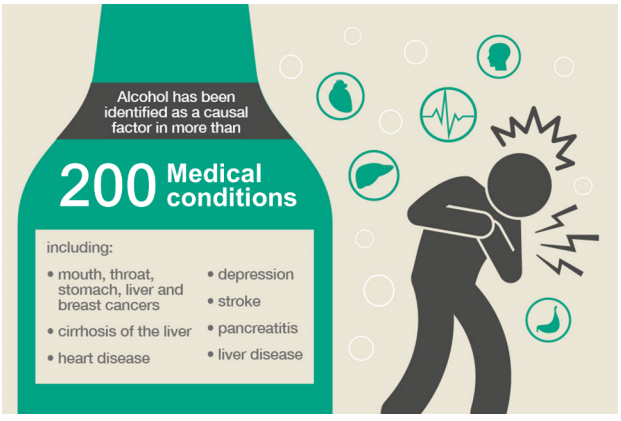

Image sources: [Public Health England]

The role of chiropractors addressing Alcohol consumption with their patients

Alcohol can be a significant contributor to musculoskeletal (MSK) frailty, with chronic or excessive alcohol intake a known risk factor for several conditions that compromise MSK health, such as osteoporosis and peripheral neuropathy as well as increased risk of falls. Furthermore, it can interfere with nutrient absorption, be a factor in sleep problems, as well as in mental health issues such as depression and anxiety. For those managing MSK pain or aiming to improve long-term physical function, reducing alcohol intake can be a valuable part of a wider strategy to support recovery.

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A survey by the Royal College of Chiropractors Public Health Society showed 63% of respondents always collected data relating to alcohol consumption amongst their patients, with 34% sometimes doing so and 3% never doing so.

Chiropractors are regulated health professionals and as such are required to abide by the standards of the GCC code of professional practice. GCC principal D of the new code of professional practice states[4]:

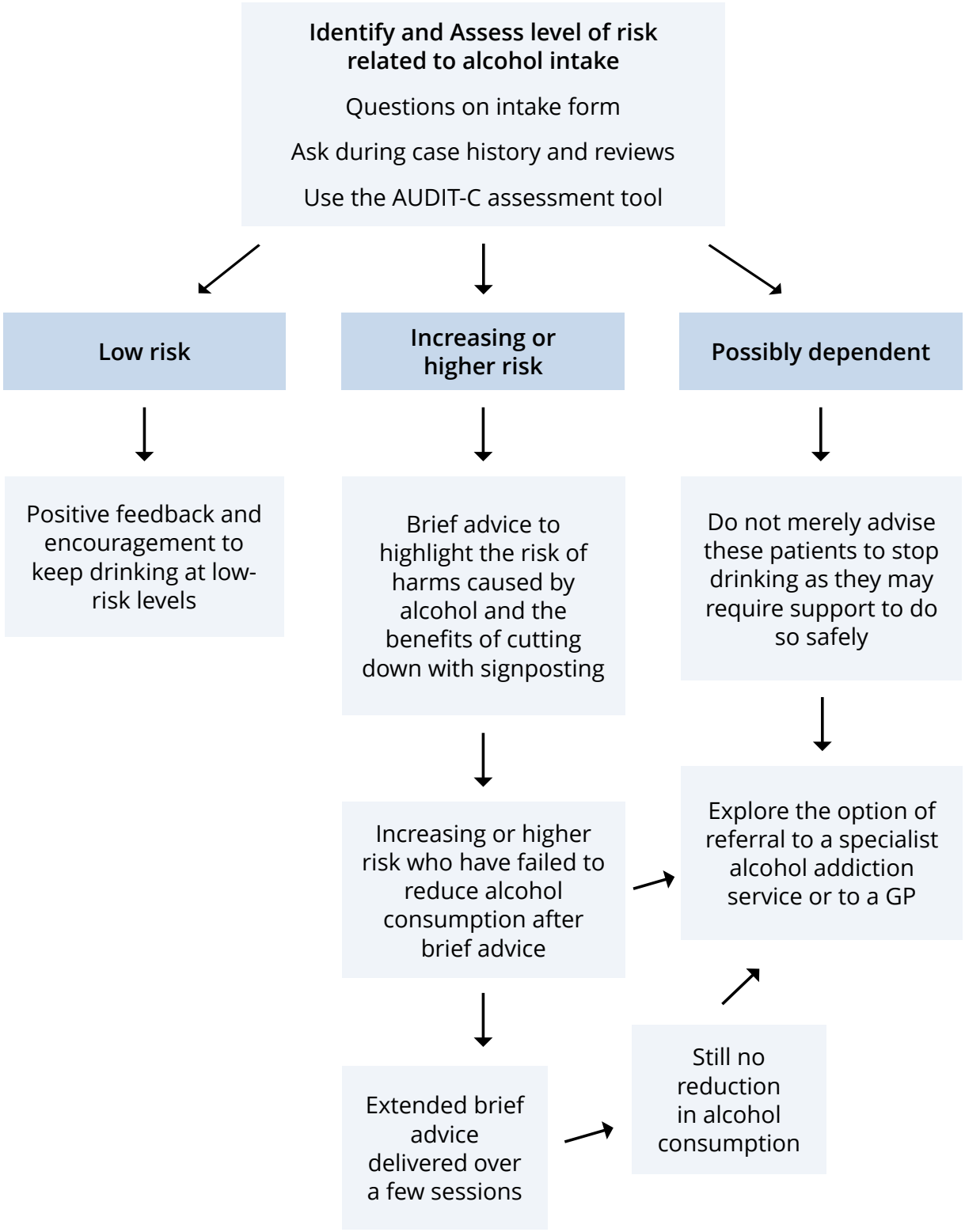
"Chiropractors, given that they are well-placed through their interactions with patients and as health and care professionals, are expected to engage in interventions that support prevention and health promotion for the benefit of individuals and the population"

"D13 - engage in evidence-based interventions that support prevention and health promotion, considering health inequalities, for the benefit of the patient and population health."

The statistics on alcohol intake highlight that it is a big public health issue and it can be argued that Chiropractors as healthcare professionals have a role to help in addressing this.

D13 - engage in evidence-based interventions that support prevention and health promotion, considering health inequalities, for the benefit of the patient and population health.

Basic guidance to help Chiropractors



The CMO's low-risk drinking guideline[5] advises that:

- It is safest not to drink more than 14 units a week on a regular basis
- People who drink as much as 14 units per week should spread this evenly over 3 days or more
- During pregnancy, the safest approach is to avoid drinking alcohol

Hazardous (increasing risk) drinking is a pattern of alcohol consumption that increases a person's risk of harm:

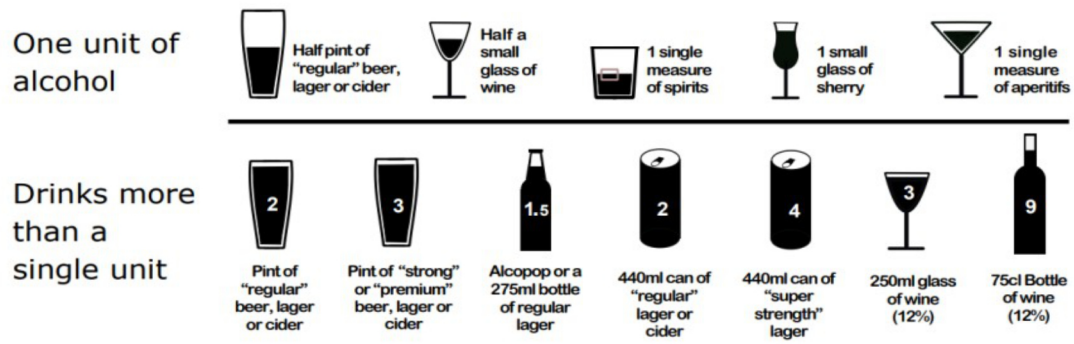
- Drinking more than 14 units of alcohol a week, but less than 35 units a week for women
- Drinking more than 14 units of alcohol a week, but less than 50 units a week for men

Alcohol-use disorder (AUD) encompasses both:

- Harmful (higher-risk) drinking — a pattern of alcohol consumption causing health problems directly related to alcohol

Alcohol dependence — characterised by craving, tolerance, a preoccupation with alcohol, and continued drinking in spite of harmful consequences.

Alcohol Unit Reference



Source: Department of Health England, Welsh Government, Department of Health Ireland, Scottish Government. UK CMO's Low Risk Drinking Guidelines 2016. London: Departments of Health; 2016

Identification and Brief Advice (IBA)

IBA is the delivery of 'simple brief advice' which follows identification of how much your patient is drinking and is usually delivered by non-alcohol specialists.

There is evidence that identifying individuals at risk due to their alcohol consumption and providing brief advice on reducing intake can effectively lower alcohol use[6].

Public Health England and NICE recommend that all health and care professionals

routinely deliver IBA in healthcare settings as part of the Making Every Contact Count initiative[7].

IBA is a structured but opportunistic approach that helps individuals understand and reduce their alcohol consumption. It typically involves two steps:

- Identify
- Advise or refer

The goal is to influence individuals to look at their intake and thus reduce the risk of alcohol related harms.

Screening Tools

The most commonly used screening tool is the AUDIT-C.

Download the AUDIT-C here.

Source: NHS England elfh

Identify

Chiropractors could have questions about alcohol consumption on a patient intake form, as well as ask and expand further on this during their case history.

AUDIT-C: A brief, three-question version of the full AUDIT, often used as an initial screen.

The full AUDIT can be done with patients who score 5 or more, but it is not always necessary to identify those at risk.

Another screening tool is the FAST tool, however this was developed for use in Emergency Departments, so may not be so applicable to Chiropractic practice.

Advise or Refer

Advise

Advise the patient of the level of alcohol health risk indicated by their score.

Provide feedback and information relevant to their level of risk. You could give a patient information leaflet such as the one here:

NHS Alcohol Structured Advice Tool (2019)

Low risk

It's good practice to give positive feedback and encourage your patient to keep their drinking at low-risk levels.

Increasing or higher risk

It's suggested to give brief advice to highlight the risk of harms caused by alcohol and the benefits of cutting down. Feedback to the patient that their level of drinking is putting them at risk of developing a range of health problems (including cancers of the mouth, throat and breast) and this risk increases the more you drink and how frequently you drink.

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Highlight the recommendations from the CMOs. For example, you can say that:

- to keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis
- if you regularly drink as much as 14 units per week, it's best to spread your drinking evenly over 3 or more days

- if you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days a week

Possibly dependent

Drinking could be becoming a problem, so explore the option of referral to a specialist alcohol addiction service or to a GP. Do not merely advise these patients to stop drinking as they may require support to do so safely. They may need to be referred for a full assessment by a specialised service who can advise on appropriate support. It can be dangerous for some dependent drinkers to withdraw without medical supervision.

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It is worth noting that most 'problem drinkers', and those suffering from alcoholism are ashamed and often falsify the information provided, so be prepared to ask at each appointment.

It can sometimes be seen as a difficult subject to discuss with patients. However, when framed in the right way does not have to be judgemental. The following phrases can be useful to help when discussing with patients.

"I have a responsibility as a Health Care Professional to ask questions about your alcohol intake."

"Many patients are surprised how alcohol affects sleep, pain and bone health. Would you mind if I asked about your drinking habits?"

Below is a link to a blog with information on health coaching and motivational interviewing with useful information to help have these conversations:

UK Health Security Agency

Resources and Signposting

For Patients

Alcoholics Anonymous

NHS - Better Health

Alcohol Change

Alcohol Change - Interactive Tools

Drinkaware

Al-Anon UK | For families & friends of alcoholics

Specifically for Teenagers:

Alateen - Al-Anon Family Groups

For Chiropractors

NICE Alcohol: Problem Drinking

NICE Guidance CG115

Gov UK Alcohol: Applying All Our Health

NHS England elfh: Alcohol Identification and Brief Advice

NHS England elfh: Alcohol and Tobacco Brief Interventions

Cochrane Library: Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

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