



## BRIEF INTERVENTION RELATED TO ALCOHOL PROBLEMS IN DIFFERENT COMMUNITY BASE HEALTHCARE SETTINGS (GPS & PHARMACIES) IN UK: A SYSTEMATIC REVIEW

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### ABSTRACT

#### Background:

Alcohol abuse is also a major health issue affecting the United Kingdom as it gives a disease burden, hospitalization, and mortality particularly in people aged 15 to 49 years. The alcohol-related damage is preventable, and such interventions as Brief Interventions (BIS) within the primary and community health care have shown that such an intake and associated dangers could be diminished.

#### Aims and objective:

It is a systematic review that takes into account the effectiveness of the shorter interventions in the reduction of alcohol misuse in community-based healthcare services such as general practice services (GPs) and pharmacies in the UK.

#### Methods:

The databases were systematically searched like EBSCO Medline, EMBASE Ovid, PLOS Medicine, BMJ, PubMed, Cochrane Library, Scopus and PsycINFO. Published articles that were included in 2000-2022 were those that were full-text randomized controlled trials (RCTs), or quasi-experiments that evaluated the use of BIs in alcohol reduction. The extraction, synthesis, and critique of the data were carried out using the Critical Appraisal Skills Program (CASP) checklist.

#### Results:

Through the number of studies (342) that were identified, nine studies were incorporated (eight RCT and one quasi-experiment). The research showed that BIs provided within community-based and hospital settings can be useful in eliminating the usage of alcohol and related damages. Such interventions by general practitioners and practice nurses were found to be moderate success in particular combination with motivational interviewing or structured counselling. However different results were obtained depending on the mode of delivery, provider, and patient interaction. The interventions based on electronic or application turned out to possess the potential of scalable assistance and lacked consistency of effects in the long term. Few published findings have been done in investigating the role of pharmacists.

### **Conclusion:**

Brief intervention is an effective tool of preventing alcohol misuse particularly in primary care wherein qualified health care givers will carry out the interventions. The long-term outcomes will be achieved through the constant interaction with the patients and consciousness by the provider. The researchers should consider introducing digital technologies and interventions facilitated by pharmacists in the future to make them more accessible and effective.

## **1. INTRODUCTION**

Alcohol has been a social activity as well as a social norm that has been largely associated with fun and social networking. However, during the last several decades, the global trend in alcohol production shifted to excessive consumption with fatal results on the health of the population. In 2018, the World Health Organization (WHO) reported that the mean of 6.2 liters of pure alcohol per person aged over 15 years took, and one-quarter of the total consumption went unreported in the world. The fact that the rate has been increasing so rapidly, without any form of control, demonstrates that the populations in question are not educated on the ill physical and psychological impact of alcohol abuse [1-3].

These effects of alcohol consumption in the United Kingdom resemble them in the entire world. England boasts of approximately a fifth of adults and Scotland a quarter who are taking the amount of alcohol that makes them vulnerable to forms of health complications. Alcohol abuse contributes significantly to the disease burden in the country since over a million people are admitted in the hospitals annually [4, 5]. It continues to be one of the leading causes of non-communicable diseases, accidental injuries and preventable deaths. Alcohol is a significant risk factor to premature death and disability and the greatest burden is observed among persons between age 15 and 49 years old.

This issue is also complicated by the fact that this alcohol use begins at an early stage of adolescence. Teenage drinkers caught drinking before the age of 15 are greatly at risk of alcohol dependence, hazardous habits and bad health and societal results. Studies have established that exposure to alcohol at an early age has been related to high rates of accidents, violence, self-harm and mental illnesses [6, 7]. One of the ways that have been effective in delaying the onset of alcohol consumption and reducing the associated ills is primary prevention and education among the young people.

The related excessive alcohol use health conditions are many as they include cancers of the mouth, throat, breast and the bowel, cardiovascular and liver disorders. Alcohol is a poisonous substance and psychoactive substances that promote addiction and the concomitant use of alcoholic and smoking products aggravate the risks of cancer. The other issue that is related to alcohol misuse that gives rise to anxiety, depression, and low resiliency to stress. In the world, 5 percent of total disease burden is caused by alcohol, and more deadly effects on 3 million people annually are attributed to alcohol [8, 9].

Having these implications, there is an acute need to devise efficient and evidence-based interventions to minimize the harm related to alcohol. The Brief Intervention (BI) is one of the most realistic methods of the healthcare systems that requires time-based and structured counseling methods that aim at motivating individuals to reduce risky drinking. The BIs typically involve screening, individual feedback and very brief motivational interventions that are offered in community based set ups such as general practice clinics, pharmacies and hospitals [10, 11]. The health practitioners can understand those people who are at risks and give them specific suggestions on how to avoid drinking heavily by utilizing effective tools like the Alcohol Use Disorders Identification Test (AUDIT) to understand the intensity of the risk.

The effectiveness of short-term interventions will be determined by the way they are delivered. They seem to be the most effective when implemented in the form of motivational interviewing i.e. non-judgmental, patient-centered, a methodology that assists a person in realizing the effects of his/her drinking and decides to change. Although BIs cannot be utilized on patients with severe alcohol dependence who must be admitted in special services, they have been discovered to be useful among the dangerous and harmful drinkers who are not ready to seek help themselves [12, 13].

As the prevalence of alcohol abuse in the UK has been on the rise, the need to integrate brief intervention into the community-based medical practice has been brought into the limelight. Primary care and practice nurses are most suited to implement such interventions as part of the routine consultations, and community pharmacists are the least explored opportunities of fostering the population health since they are among the most accessible health care providers. Though the evidence on the efficacy of the BIs exists, the level at which the BIs are implemented in the pharmacy settings is low.

Therefore, the systematic review would evaluate the effectiveness of brief interventions that are conducted by general practice and community pharmacies to curb the alcohol misuse in the UK. Another objective of the review will also be the exploration of how these interventions have been designed, engineered and implemented and identification of how they can be improved to be used in future and the benefit they will bring to the population [14, 15].

## **2. Aim and Objectives**

### **Aim:**

The proposed study aims to give a systematic review of the short-term interventions with regard to alcohol misuse in community-based healthcare centers, i.e. general practice care and pharmacies.

### **Objectives:**

- To identify and search the quality peer-reviewed articles to find out the efficiency of BIs in preventing alcohol misuse.
- To critically assess the relevance and the quality of methodological standards of the selected studies.

To identify deficiencies, contradictions or research limitations in the literature

## **3. Methodology**

The systematic review framework used in the research was directed at determining the efficacy of brief interventions (BIs) in managing alcohol misuse in a community-based healthcare setting that incorporated both of the general practices (GPs) and pharmacies. The methodology presented the research design and the sources of data used besides the search procedure, inclusion and exclusion criteria, and the analytical procedures, which were used in order to harmonize the results of the literature that met the criteria. This approach is selected because it will be possible to offer a deep and unbiased interpretation of the available evidence.

### **3.1. Study Design**

The secondary research design was applied, and it involved the collection and evaluation of already existing peer-reviewed publications. It was possible to identify and assess randomized controlled trials (RCTs) and quasi-experimental studies on the efficacy of BIs in alcohol reduction in a methodical manner through the methodology.

Each of the selected studies was critically analyzed whenever identifying the quality of methods, the characteristics of the interventions, and outcomes. Owing to similarity of

designs and results, the studies were considered in potential quantitative synthesis however due to heterogeneity of the studies, meta-analysis was not done.

### **3.2. Eligibility Criteria**

#### **3.2.1. Inclusion Criteria**

- Peer-reviewed full-text articles in English.
- The written articles are not older than 2000.
- Quasi experimental studies or randomized controlled trials.
- Researchers that are particularly interested in the short-term intervention to reduce alcohol in community or primary care practice.

#### **3.2.2. Exclusion Criteria**

- Non-English publications.
- Studies published before 2000.
- Papers that are focused on BIs and in relation to other forms of behaviors (not alcohol misuse) (e.g., smoking cessation or weight management).
- Non-observational/non-experimental studies.

These were the criteria that were employed in ensuring that only rigorous, relevant and contemporary evidence was employed to achieve the objectives of the study.

### **3.3. Search Strategy**

A systematic literature search was carried out in a number of electronic databases to address the topic in its different aspects. The primary databases were EBSCO Medline and EMBASE Ovid that were supported by:

PLOS Medicine, BMJ, Interdisciplinary Journal of Pharmacy Practice (IJPP), PubMed, Cochrane Library, Medline, EMBS, Scopus and PsycINFO.

Warner (PICOS) framework (Population, Intervention, Comparator, Outcome, Study Design) was applied to develop search terms that were included using Medical Subject Headings (MeSH) where available.

Combinations of major search terms were:

Alcohol, brief intervention, alcohol reduction, randomized control trial, quasi experiment, primary care, general practice, pharmacy and brief advice.

The initial search was a planned general search to be able to get all the literature that would be relevant. Eligibility screening was done in titles and abstract screening, and full-text screening. The end inclusion was carried out by eliminating duplicates.

### **3.4. Data Extraction and Compilation**

An excel database was used to organize the database of all the studies. Some of the key information that was to be extracted included the year of study, the location of the study, study population, the type of intervention, study design, the outcome measures, and the key findings. The process of sorting out of duplicates was carried out and the second independent reviewer ensured that the selection of studies was carried out to minimize bias.

All the studies have been compared and clustered based on the nature of the intervention, the healthcare facility, and efficacy of the studies.

### **3.5. Data Synthesis**

The interpretation of extraction data in the form of narratives was done using narrative synthesis approach because the studies used different intervention design and outcome measures. The synthesis was to ascertain the themes that were similar, differences between the effectiveness of the intervention, and situations that preconditioned the outcomes. This approach helped to obtain the general understanding of the efficacy of short interventions in various health care institutions.

### **3.6. Quality Assessment**

The methodological rigor and reliability of all the studies included were assessed using Critical Appraisal Skills Program (CASP) randomized controlled trial checklist. The CASP

tool has 11 formatted questions, which included elements of clarity of research objectives, randomization procedures, comparability of groups, blinding, consistency of treatment, accuracy of effect estimates, and applicability of findings.

Each study was evaluated on:

1. Clarity of research focus.
2. Adequacy of randomization.
3. The completeness of the follow-up of the participants.
4. Participant and assessor-blinding.
5. Homogeneity in the groups of study.
6. The conditions of the treatment are stable.
7. Well-developed outcome reporting.
8. Proficiency and decision of the effects of interventions.
9. Cost and benefit assessment.
10. Relevance to the local/clinical environment.
11. Clinical inference to care.

The scores were captured in such a manner that there were transparency and consistency in the appraisal process.

### **3.7. Outcomes and Analytical Framework**

The idea of the review was to define the overall impact of short interventions on the elimination of alcohol abuse and the improvement of the health condition of the population. The beneficial effects of included studies were reported to be physical and mental health, decrease in hospitalizations, and alcohol-related injuries and violence. On the population level, the shift in the alcohol consumption was associated with the increased economic productivity, decreased spending on the medical care, and improved health of the community. These findings indicate the possibilities of BIs in primary care and community pharmacies regarding the issue of public health.

### **3.8. Meta-Analysis Consideration**

Study designs, interventions of various types, and various outcome measures are not homogenous, which means that no meta-analysis has been conducted despite the initial plan. A statistical invalidity would have occurred in such situations by a quantitative synthesis. Instead, a qualitative, narrative synthesis was preferred to be able to obtain a complete and contextually accurate explanation of findings.

### **3.9. Summary**

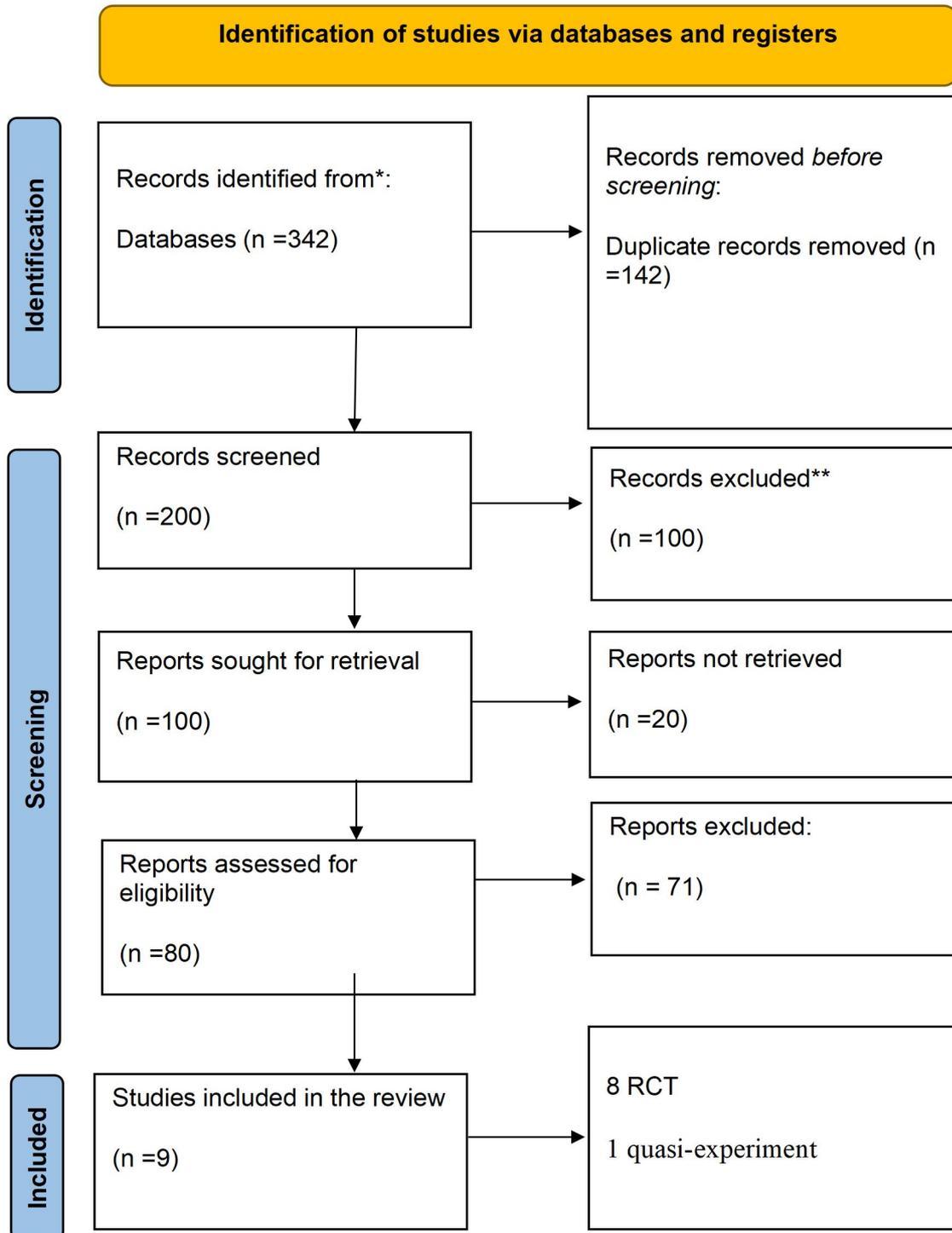
The systematic review adopted a rigorous and transparent methodology in attempt to identify and appraise the research to determine brief interventions to control alcohol abuse in the UK. The review provides information on the possibilities of BIs to reduce alcohol-related harm in the case of an effective introduction into the general practice and community pharmacy setting with the help of thorough screening, quality assessment, and synthesis.

## **4. Results**

In this section, the findings of the systematic review led to the summary of the findings of the surveys that were carried out to evaluate the impact of brief interventions (BIs) to reduce the alcohol misuse within the community-based healthcare systems in the UK. A detailed literature review was conducted with the help of a number of databases. The screens were screened by means of thematic analysis to measure the quality of the studies and synthesize them. The descriptive and heterogeneity of the studies covered prevented quantitative meta-analysis. Instead, a narrative synthesis is a report of important consequences, trends, and implication of practice.

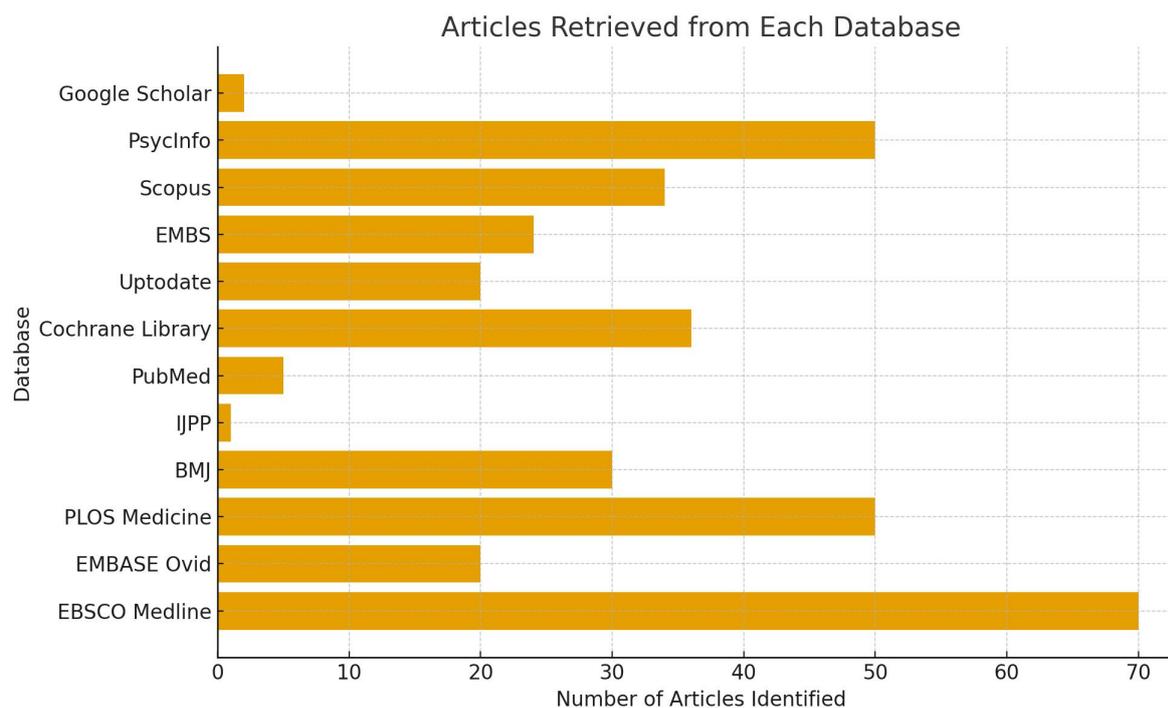
The number of 342 studies found in the electronic databases was the result of a comprehensive search of the databases. In filtering of articles, 100 and 20 articles respectively were filtered based on titles and abstracts following the removal of duplicates

and a full-text assessment of 100 articles occurred. Nine articles were selected as the final analysis after the use of Critical Appraisal Skills Program (CASP) checklist and inclusion criteria.



**PRISMA Chart 2020**

**Figure 1** below displays the number of articles retrieved from each database, showing the relative contribution of each source.



**Figure 2. Articles Retrieved from Each Database**

BAR chart of the number of articles per database - the highest percentage in EBSCO Medline and PLOS Medicine.

#### 4.1. Selection process

Of the 342 records initially identified:

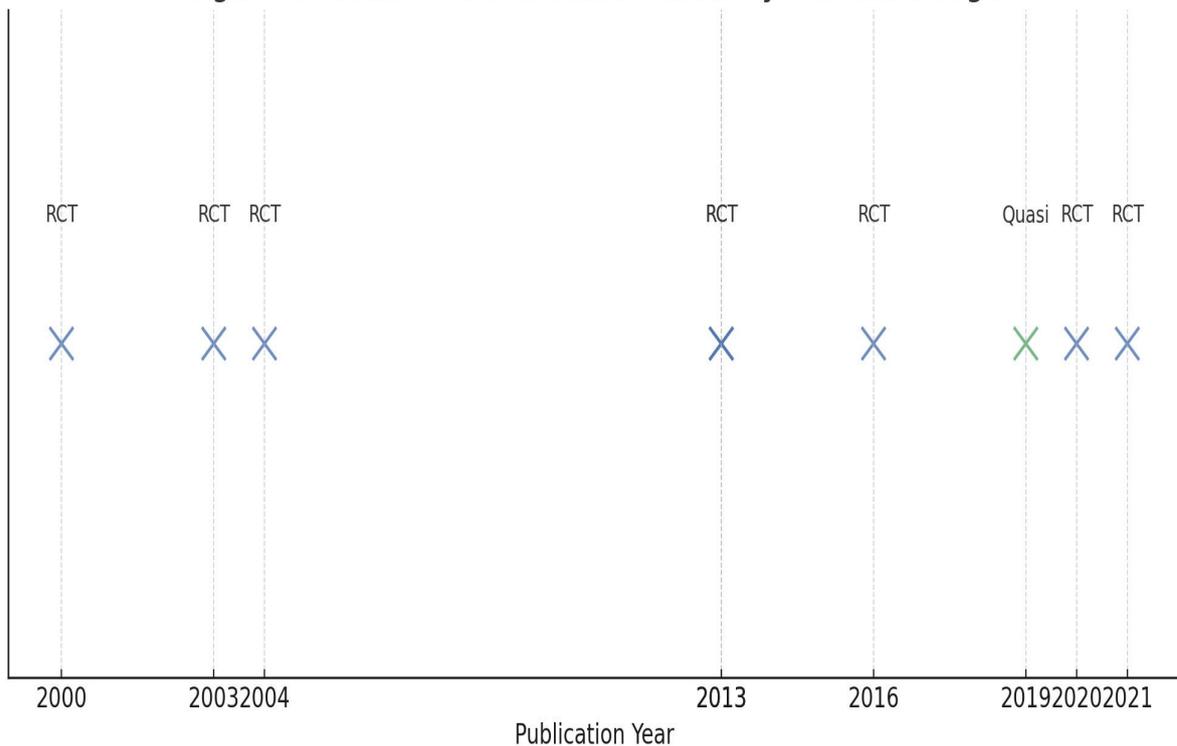
- 300 were eliminated through a duplication.
- Eligibility screening was done on 200 articles.
- There were 100 studies that were reviewed as full-text.
- 50 of them were eliminated because of the failure to satisfy CASP quality standards.
- 40 were eliminated as review or non-interventional articles.
- The number of final studies in the review was 9.

#### 4.2. Summary of Included Studies

**Table 1. Overview of Selected Studies**

No.	Author	Country	Year	Study Design	Quality (CASP)
1	Deluca et al.	UK	2020	RCT	10
2	Kaner et al.	UK	2013	RCT	9
3	Lock et al.	UK	2000	RCT	5
4	Lock et al.	UK	2004	RCT	9
5	Owens et al.	UK	2016	RCT	9
6	Dhital et al.	UK	2013	RCT	5
7	Smith et al.	UK	2003	RCT	7
8	Paolo et al.	UK	2021	RCT	8
9	Tait et al.	UK	2019	Quasi	10

**Figure 2. Distribution of Included Studies by Year and Design**



**Figure 2. Distribution of Included Studies by Year and Design**

There is a chart with the timeline of the studies performed between 2000 and 2021, with the majority of RCTs having been performed after 2010.

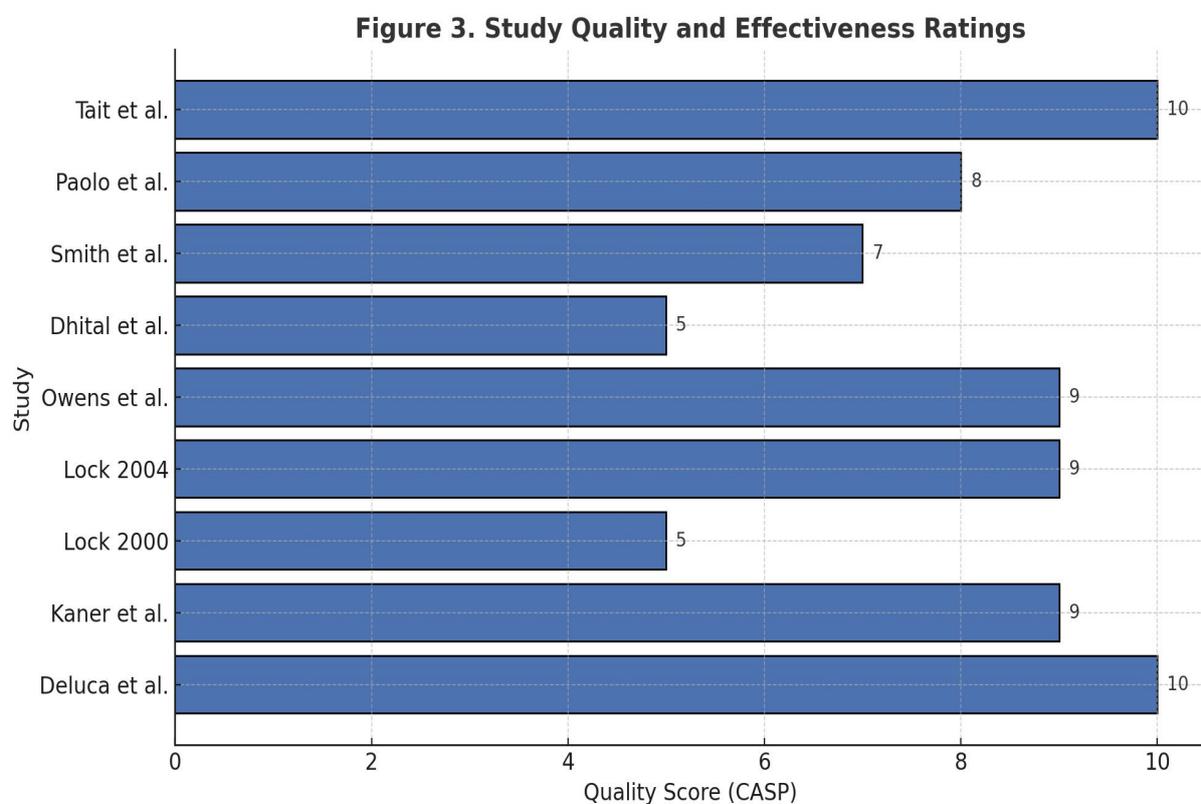
### 4.3. Study Findings

1. Deluca et al. (2020) The study is an RCT that investigated alcohol consumption in UK adolescents (12 to 20 years old) and found that emergency departments (EDs) seemed to be good places to screen risky drinkers. The researchers had concluded that electronic brief interventions (eBIs) and personalized feedback had a low level of efficacy, but screening tools were effective in identifying at-risk adolescents in their early years (AUDIT-C).
2. Kaner et al. (2013) Multi-centre RCT on screening and brief interventions in primary care the researchers found that three intervention groups (leaflet, brief advice, lifestyle counselling) showed no significant differences. Nonetheless, short-term lifestyle counselling showed a little more motivation of the patient towards behavior change. The article highlighted issues on the realization of faithfulness in intervention provision.
3. The research was conducted by Lock et al. (2004) that evaluated nurse-led BIs in primary care. Of the 1,500 risk drinkers identified, only 62% got interventions, and the patient risk status was the most significant variable in the determination of BI delivery. The study indicated the diversity within the nursing field, which requires enhanced training on BI delivery.
4. Lock et al. (2000) The article looked at dissemination plans of alcohol screening to GPs. It discovered the most economical way to be telemarketing which had a broader adoption of the program than using the post or face-to-face techniques. This showed the role of communication and awareness-building on BI implementation.

5. Owens et al. (2016) This was an RCT that investigated extended BI (EBI) administered by Alcohol Specialist Nurses in hospitals. Findings showed that there is a great reduction in the alcohol dependence scores in the short term but the outcomes are not long term hence the continuity of care is very important.
6. Dhital et al. (2013) The research was the first to assess the pharmacists who provided BIs. Seven-hour training and ten minutes motivational conversations were provided to pharmacists. Even though no final results were published, initial data indicated high feasibility and potential impact on the public health.
7. Smith et al. (2003) A motivational intervention led by a nurse among young males with alcohol-related facial injuries showed significant changes in the risky drinking behaviors at three months. The example provided in the study demonstrates that the acute injury events may act as those teachable moments of behavior change.
8. Paolo et al. (2021) This was an RCT that involved three interventions (screening-only, PFBA, PFBA + eBI) in adolescents. The results indicated that eBI or PFBA did not have a significant impact on low-risk drinking behavior because of no differences between groups.
9. Tait et al. (2019) It is a quasi-experimental study where the authors introduced a Daybreak digital program through web and mobile applications. Findings indicated a decrease in alcohol consumption, sick days and dependence in the participants after three months follow up. The platform attracted over 50,000 users, which means that it can be used to influence a population level.

#### 4.4. Effectiveness and Comparison

Figure 3 shows the relative rates of the effectiveness of study inclusions (CASP-based quality) which confirmed that the majority of robust evidence was produced since 2010, particularly, through digital or nurse-based interventions.



**Figure 3. Study Quality and Effectiveness Ratings**

Bar graph that indicates the CASP quality scores between 5-10 in all the nine studies.

#### 4.5. Meta-Analysis Feasibility

The metaphysical heterogeneity (population differences), intervention type, and outcome differences did not allow the use of meta-analysis. The combination of these different sets of data might result in wrong conclusions. In its place, the thematic synthesis gave deeper insights into contextual and practical issues of BIs.

#### 4.6. Synthesis of Key Findings

No.	Study	Efficacy	Core Findings
1	Deluca et al.	High	Screening (AUDIT-C) effective for adolescents; EDs useful contact point.
2	Kaner et al.	Moderate	Lifestyle counselling increased motivation but not significantly more effective than leaflets.
3	Lock et al. (2004)	Moderate	Nurse and patient factors influence BI delivery; training needed.
4	Lock et al. (2000)	High	Telemarketing most cost-effective strategy for GP engagement.
5	Owens et al.	High	Hospital EBIs effective short-term; relapse post-discharge.
6	Dhital et al.	Moderate	Pharmacist-led BI feasible; results pending publication.
7	Smith et al.	High	Nurse-led motivational counselling reduced hazardous drinking.
8	Paolo et al.	Low	eBI and PFBA showed limited impact on adolescent drinking.
9	Tait et al.	High	Digital app-based interventions effective and scalable.

#### 4.7. Summary of Results

Overall, there is evidence in the literature that short-term interventions are potentially effective in prevention of alcohol abuse in case they are included in primary care, hospitals or even online. It requires early detection and the help of such screening tools as AUDIT-C and practitioner or nurse interventions is effective in reducing the amount of alcohol consumed. However, in order to implement lasting behavior change, there is need to sustain intervention after the intervention.

According to Tait et al. (2019), digital health tools can be considered the one with scalability and affordability opportunities. Meanwhile, it also becomes important to have more practitioners, in particular, nurses and pharmacists, trained to maximize the delivery of BI.

### 5. Discussion

Alcohol misuse has been listed in the list of the greatest contributors to preventable morbidity and untimely death in the world with the most vulnerable being the ones in the between 15 to 49 years age group. Alcohol misuse is an important source of morbidity, mortality and cost of health care in the United Kingdom with an estimated expenditure of 25.1 billion a year on the condition [16, 17]. It is categorized as the third significant cause of ill health among the people. However, very little percentage of individuals with alcohol use disorders (AUDs) avail themselves of professional help, and even fewer alcoholics, approximately 6 per cent, have special treatment services.

The introduction of the population-level intervention which is a combination of behavioral, economic, and social implementation has been a necessary measure with these problems. General practice, community pharmacies, and new emerging digital platforms have become a notable source of brief interventions (BIs) that are realistic scalable tools on alcohol-related harm minimization. However, they are constrained by a variety of situational factors

including practitioner training, patient readiness and organization of the healthcare system [18-20].

### **5.1. Effectiveness of Brief Interventions in Reducing Alcohol Consumption**

This review has been indicated to have had good results of brief intervention of changing the harmful drinking behavior but with varying results depending on the design and setting of the interventions.

The studies by Tait et al. (2019) and Smith et al. (2003) suggested that structured BIs can be applied successfully in order to persuade dependent and risky drinkers to reduce their consumption, particularly when the activity takes place in a non-threatening and supportive environment. The effectiveness of early screening in the adolescence stage using such tools as AUDIT-C was also noticed by Deluca et al. (2020) to reveal the at-risk youth and, thus, offer a vital opportunity to intervene at a very young age.

Still, however, the outcomes of not all studies were positive. Owens et al. (2016) could note that the long-term BI offered in EDs did not have a greater benefit compared to usual care, but Deluca et al. (2021) could not find any significant differences between the mild drinkers undergoing personal feedback and electronic interventions [21, 22]. The implications of these results are that although BIs could reduce pernicious drinking, it is not generalized. Their success will be dependent on a number of factors such as skill set of the medical professional, involvement of patients and the appropriateness of the type of intervention that will apply to the target group.

### **5.2. Role of General Practitioners, Nurses, and Pharmacists in BI Delivery**

Healthcare professionals play a pivotal role in the successful implementation of BIs. Studies have established that, along with the role they play in the diagnosis of risky drinkers, nurses and general practitioners (GPs) are relevant in executing the behavioral change. Smith et al. (2003) demonstrated that interventions by the nurses working in maxillofacial clinics are effective in minimizing alcohol intake in the injured patients and that the post-injury periods might provide a good opportunity to change the behavior [23, 24].

However, the intention and the urge of practitioners to offer interventions are not similar in most aspects. Lock et al. (2004) found that patient characteristics, namely, their AUDIT score, were often the cause of decisions to offer BI and not standard practice. Such discrepancy indicates a necessity to educate the practitioners and exercise their skills periodically.

The potential dimension but not exploited is the role of pharmacists and the same (Dhital et al., 2013). The pharmacists have an upper hand since the community faith and ease of accessibility have inclined them in offering preventive interventions. Although there is limited evidence available, the pharmacists in the BI programs could be the most valuable addition to the coverage of the alcohol reduction endeavor. More empirical analysis is yet to be done, which would verify their potential impact.

### **5.3. Role of Digital Applications in Reducing Alcohol Consumption**

The intervention delivery platform can be offered as a new platform through digital technology integration into the alcohol reduction strategies. Tait et al. (2019) provided powerful evidence that Daybreak program, which is grounded in mobile and web-based applications can be applied to engage users in alcohol consumption reduction.

The availability and size of the online support systems were demonstrated by having over 50,000 participants. There are unique advantages of digital interventions, i.e. immediacy, anonymity and convenience, which introduce an ability of a user to access resources and coaching without the interference with his daily routine [25, 26]. This is a strategy in line with the increased number of individuals who depend on online mediums to obtain health services and consultation. The rise in the popularity of digital BIs is a veil that the traditional

face-to-face interventions could be enriched with techno-based interventions, particularly, with those population groups that are not eager to seek help via the existing healthcare system.

#### **5.4.Lack Of Awareness and Implementation Barriers**

Though there is evidence to support the effectiveness of BIs, it has not been widely said and embraced among the healthcare providers. Behavioral interventions are normally rejected by the practitioners as Smith et al. (2003) stated because of the pressure on clinical demands. Speaking of which, Lock et al. (2000) emphasized that the translation of the research findings to the process of health improvement can only be successful in case of a proper delivery to the practitioners.

The education and outreach through telemarketing was suggested as one of the viable options to bridge this gap, which is also viewed as a cost-effective strategy of furthering BI adoption among GPs. Besides the provider awareness, the engagement of the patients is also needed. Increased knowledge of the population regarding the harm caused by alcoholism and desire to seek help is one of the most important factors that determine the success of BI programs in the long-term [27, 28].

#### **5.5.Strengths and Limitations**

##### **5.5.1. Strengths**

The principal strength of this review is the methodological rigor which is a systematic and clear approach according to the CASP framework. A combination of the two trials and randomized controlled trials together with the quasi-experimental designs was a strong evidence base. The diversity of BI approaches, which include conventional, nurse-directed, and online interventions, also saw the light of the day in the review wherein the range of the contemporary practice is represented in a holistic way.

The second strength is that the contextual knowledge that comprises the significance of provider training and patient demographics determines the outcome of the interventions. The findings are indicative to the fact that BIs are efficient in case they are group-specific and delivered by qualified practitioners [29, 30].

##### **5.5.2. Limitations**

However, one should consider a number of limitations. Studies only in the UK were considered as well which can be a poorly performing point in generalizing it to other healthcare systems, which have different policies or cultural standards. Only articles which were written in English were considered and this could have excluded other possible international researches.

Moreover, the included studies were not all positive with the same results suggesting variability in the effectiveness of BI. Analysis according to age was not conducted and that would not give significant information concerning the effectiveness of various interventions at different life stages. Lastly, the heterogeneity in the study designs, and the outcome measures, could not permit the use of meta-analysis, which curtails the chances of estimating the overall effect size.

## **6. CONCLUSION**

The systematic review is evidence-based that brief interventions (BIs) can possess tremendous potential in reducing the amount of alcohol consumed and persuading the study participants to live healthier lifestyles. The BIs might be instrumental in creating the sense of self-awareness of the high-risk and addicted drinkers, and they should understand that alcohol is harmful in excess. The review also establishes that the role of general practitioners (GPs) and nurses plays a particularly crucial role in the implementation of such interventions due to the success those will be reached with a sufficient training and regularity and additional participation.

The literature review has shown that lifestyle counselling in hospital admission is more effective as compared to immediate and one-off counselling sessions offered in emergency departments. However, the success is not sustainable and the patients are likely to return to the prior stage of success due to lack of communication with the professional after discharge. Therefore, the sustainable models of continuous counselling and follow-up support are required that will ensure that behavioral change will change in the long run.

The focus needs to be created on the importance and the effectiveness of BIs to the professionals working in the healthcare sector, particularly in GPs, nurses, and pharmacists. Minimal training or ignorance as to the impact of this approach on the population health is what contributes to the fact that many practitioners do not implement this. Moreover, the frequent drinkers need to be encouraged to seek help through health literacy increase and educate them on the adverse health consequences of alcohol abuse overtime.

The digital technologies, including web-based interventions and mobile, are developing innovative solutions that can be implemented to supplement traditional BIs. Such platforms are capable of sustaining the motivation level, and further, it can provide the user with an after the fact support by delivering them with interactive and engaging content that is conveniently accessible. The design of these interventions however must be in a manner that the information is compelling, simple to use and supported by evidence so that there is the sustained use of the intervention.

Contribution of pharmacists in provision of BI is a good potential area that has not been investigated. Pharmacists would also play a significant role in carrying out alcohol reduction measures because they are readily available, and they have regular contacts with people. More specific research is needed to identify their effectiveness and develop models of their integration into the community-based alcohol prevention programs.

## **7. Future Recommendations**

Further research should be based on the findings of this review and answer:

- The specific role of nurses in offering brief interventions and the impact that their personal communication style and clinical situation have on patient outcome.
- The effectiveness of digital-based intervention including smartphone applications and online counselling portals in the long-term in sustaining low alcohol consumption.
- Collaborative models, which involve the GPs, nurses and pharmacists in the multidisciplinary support through chatting based, video counselling or face to face counselling.
- What BI models relevant to other situations beyond the UK to assess cultural and systemic differences in the implementation and the outcomes of the models.

More studies involving a technology implementation into the clinical practice, such as the utilization of telehealth-based BIs or AI-based follow-up applications, would help a lot in enhancing the scalability and accessibility of alcohol reduction initiatives in all countries.

## **8. Reflective Summary**

The undertaking of such a review has also been highly enriching experience in both regards to the academic discipline, and the complexity of the alcohol-related public health issues. First, systematic literature review was not consistently simple, specifically, to reduce the search strategies and select the most suitable papers among a vast variety of sources. Literature selected skills, key words maximalization and data extraction were guided and experienced.

Time management was another problem since making decisions between professional and research responsibility has to be considered. The time-management system, such as the important-urgent matrix, helped to plan the tasks more effectively and sustain the working process and make it successful within the frames of the project.

The research has contributed to the knowledge on the severity of alcohol abuse in the UK especially among the under-age group and the working adults. The facts demonstrate the

urgency of the situation in the environment of the need of some all-encompassing and community-wide interventions that will combine clinical, digital, and policy-level interventions and reduce alcohol-related harm. The gained knowledge of this study will be a foundation of future research, particularly at the doctoral level, to establish and experiment the integrated models of interventions to combat alcohol misuse and its long-term social effects.

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