



A Feasibility Study of the Provision of Brief Interventions on Alcohol by Community Pharmacists.

Dr. Niamh Fitzgerald, Create Consultancy
Project Manager – the Drinking Interventions in Pharmacies Study (DIPS)
Independent Consultant – Create Consultancy

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Why Community Pharmacies?

○ **Availability & Access:**

- 600,000 people visit a community pharmacy in Scotland every day without an appointment
- 95% of the population visit a community pharmacy at least once each year

○ **First port of call for many minor ailments:**

- Difficulty sleeping
- Feeling run-down
- Minor accidents



Planning



- No published studies of brief interventions in community pharmacies worldwide.
- UK pharmacists seemed to receive little/no training on alcohol-related health promotion (CPD & undergraduate gap).
- Potential confidentiality issues.
- No obvious reimbursement.



The Drinking Interventions in Pharmacies Study (DIPS)



- **Aim:** to develop, implement and evaluate a pilot project to deliver interventions on alcohol issues in community pharmacies.
- **Objectives:**
 - Establish a pilot project in which trained community pharmacists initiate discussion of alcohol consumption with targeted pharmacy clients and screen, intervene or refer as appropriate
 - Explore, with pharmacists and clients, the feasibility, acceptability, perceived value and perceived impact of the provision of such interventions in community pharmacy settings.
 - Identify markers of good practice and formulate recommendations for future practice.



Baseline Evaluation

- Telephone interview with pharmacists
- Two questionnaires: AAPPQ & competency-based
- Outcomes:
 - Virtually no current health promotion re alcohol
 - Poor knowledge of units or options for cutting down.
 - Unfamiliar with screening/BIs.
 - Positive about working with hazardous drinkers.
 - Lacking in confidence but supportive of BIs as a role for pharmacists.
 - Reservations: time, space, client willingness



Training



- Pharmacists each attended two full days of training covering:
 - Prevalence & consequences of problem alcohol use in Scotland including classifications of use
 - Attitudes to alcohol use, users and working with alcohol users as community pharmacists
 - Sensible drinking guidelines & units
 - The Fast Alcohol Screening Tool
 - Brief Interventions case studies & role plays.
 - Motivational interviewing case studies & role plays.
 - Local services
 - Recording & reporting procedures.
- Pharmacy Assistants (up to four from each pharmacy) attended 1 day of training.
- Self-rated competence & confidence improved dramatically after training.



How it worked...

- Either pharmacist or assistant introduced study to clients - if interested, pharmacist sought full informed consent.
- Primary targets were those clients who would not necessarily be picked up by other health services i.e.
 - Emergency Contraception
 - Smoking Cessation
 - Feeling Run-Down/Stressed/ Fatigued
 - Sleep Difficulties
- Clients were then asked by pharmacists to describe what they would normally drink in a week.
- Pharmacist completes FAST screening tool then proceeds to appropriate intervention.



Results



- All pharmacists successfully recruited clients between July & October 2005.
- In total 70 clients were recruited:
 - 19 seeking smoking cessation advice (27%)
 - 13 asked about posters/displays in the pharmacy (19%)
 - 12 feeling run-down/tired/lethargic or seeking a tonic/multivitamin or herbal remedy (17%)
 - 4 seeking sleep-aids (6%)
 - 2 seeking emergency hormonal contraception (3%)
 - 20 other/not recorded.



Results of Screening



- Of the 70 clients recruited:
 - 30 (43%) were drinking hazardously (3-6 on FAST)
 - 7 (10%) were drinking harmfully (7+ on FAST)
 - 40 agreed to be followed up of whom 25 had screened as hazardous or harmful drinkers.
- Interventions included:
 - Feedback on screening & risks to health
 - Explanation of sensible drinking & units
 - Discussion of pros & cons of present drinking.



Pharmacist Views

- Very positive about importance and relevance of this as a role for pharmacists.
- Clients did not seem to mind being asked to be involved
 - No aggression/negativity.
 - Some people said they didn't have time.
 - Posters & displays helped to recruit.
- Time-consuming.
- Easy to implement "once you got started"



Pharmacist Quotes



"I'd say people aren't used to being asked about their drinking habits and I think there is a lot of information you can actually provide for people. A lot of people were still in the attitude of weekly limits and didn't really think too much about binge drinking as being a problem so I think a lot of people appreciated me speaking to them."

"I definitely found everybody quite honest and open and I think people especially with all this publicity about pharmacies people do sort of see you as a health professional but without that white coat formality "



Client Views

- 19 clients participated in a follow-up telephone interview & re-screening.
- Most (15) were happy to take part & positive about it increasing their knowledge.
- Pharmacists' relaxed style was particularly commented on.
- 4 clients found it less worthwhile or interesting
 - All hazardous/harmful to begin with.
 - Not keen to change behaviour.



Client Quotes

- “[The pharmacist] was very friendly and didn’t make you feel like you had to do it and didn’t make you feel embarrassed about it and just encouraged you to be honest and I felt I could be honest with her.”
- “Personally I didn’t have any problem with it, and as I say I did find it quite interesting but you know it’s a bit of a shock as well.”



Client Quotes

- "I've got no intention of stopping drinking. I like a drink you know. He [the pharmacist] was just talking."
- "It wasn't embarrassing or anything, no...but its not really the kind of thing you want to be asked when you're in buying a pair of straighteners."



Client Follow-Up



- No statistical significance - not goal of research.
- Attrition & low numbers.
- Of the 19 clients followed up 4-8 months later:
 - 7 scored lower on FAST at follow-up
 - 1 scored higher on FAST at follow-up
- Randomised controlled trial planned.



Pointers for Future Practice



- Second pharmacist valuable to free up time.
- Private area better for pharmacists & clients.
- Posters considered valuable.
- Pharmacists felt training was essential and not too long.
- Formal paperwork was valued by pharmacists so that clients “felt they were taking part in something official” (not just pharmacists being nosy!).



Implications/Issues

- Current levels of knowledge probably low.
- Definitely feasible for pharmacists to take on role but training required.
- Seemingly high levels of hazardous drinking in pharmacy population – why?
- Some issues requiring further exploration (in addition to RCT to measure impact):
 - Which clients to target?
 - How best to recruit?
 - Specialist pharmacies or all pharmacies?
 - Role of non-pharmacist staff in pharmacy?
 - Economic implications.



For more info:

Full report available on
www.createconsultancy.com

Contact me:
niamh@createconsultancy.com

(+44) 0141 4455858