

# Development of pharmacy brief intervention practice: overview of a research programme

**Ranjita Dhital: Pharmacist / PhD student**

Professor Ian. J. Norman: Associate Dean, KCL

Dr Natasha. S Khan: Research Associate , KCL

Dr Jim Mc Cambridge: Senior Lecturer, LSHTM

Peter Milligan: Statistician, KCL

Dr Cate Whittlesea: Senior Lecturer, KCL



# Overview

- **Alcohol BI in community pharmacies?**
- **What do we currently know?**
  - Feasibility studies
  - Pharmacy customers' perceptions
  - Pharmacists' attitude & knowledge of alcohol brief intervention (BI)
- **Design for current trial**
- **Story so far**



# Current knowledge

## Other feasibility studies:

- **Glasgow** (Fitzgerald et al, 2006)
- **Grampian** (Watson and Stewart, 2010)
- **Lambeth**
- **Leeds** (Goodall et al, 2006)

## Customers' perceptions:

- Willing to discuss alcohol use (96%) & accept written information (98%), **Westminster** (Dhital et al, 2010)
- Customers positive being offered alcohol advice, **New Zealand** (Sheridan et al, 2010)

## 1<sup>st</sup> alcohol BI study, London (Dhital et al, 2004)

- 73 customers screened, 36% risky drinkers

## Pharmacists' perceptions:

- Barriers and facilitators:
- **New Zealand** (Horsfield et al, 2011),
- **Scotland** (McCaig et al, 2011),
- **Lambeth**

Is  
pharmacy  
BI  
feasible?

# Current knowledge

- Pharmacists' attitude & alcohol knowledge, Lambeth
  - 29 pharmacists recruited
  - Trained to deliver alcohol BI (*advice* style)
    - 134 interventions delivered over five months; using AUDIT-C and 7-day drink diary:

***Active: completed one or more BI (66%, 19)***

***Less active: unable to complete any BI (34%, 10)***

# Pharmacists' attitude and knowledge of alcohol BI?

## Training & support

### Satisfied with training & project support:

- Confidence to deliver BI
- Theory & practical content
- Trainers' presentations
- Visual aids/written information
- Pharmacy visits & support

## Knowledge

### Overall sig. increase in knowledge (post training):

- Post BI sig. decrease
  - *Recommend booster training?*
- No sig. difference between *active* and *less active* groups

## Attitude

### Overall sig. increase in total attitude (SAAPPQ):

- *Active* group sig. more **motivated** at pre and post BI than *less active*
- *Active* group sig. increased **role adequacy** and **work satisfaction**
- *Less active* sig. reduced **role legitimacy**

# Facilitators to support pharmacy BI



## Paperwork

- Simply forms
  - Ease completion in a busy pharmacy
- Reduce content
  - Barrier to building rapport

## Procedure

- Drink diary was useful, but lengthy
- Provide opportunity to discuss about drinking
- Conversational approach
- **Ready to introduce motivational interviewing approach?**

# Pharmacy alcohol BI RCT

- **Aims:**

- To determine if alcohol BI delivered by community pharmacists, compared to a control procedure (Alcohol: The Basics leaflet), is effective at reducing risky drinking at three-month follow-up (Dhital et al, 2011/12)
  - Inner London borough, UK



# Pharmacy alcohol BI RCT

## Objectives:

- Sig. difference in risky drinking between intervention and control subjects at three-month follow-up?
  - Measured using AUDIT subscales: hazardous, harmful and dependence symptoms
- Sig. difference in the general health status of intervention and control subjects?
  - Measured using EQ-5D
- Pharmacy customers' experience of participating in a trial?
- Demographic profile of customers interested to participate
- Rate of uptake & refusal by customers

# Pharmacy alcohol BI RCT

## Design:

Numbers required: based on effect size 0.30 (Moyer et al, 2002), assuming 80% power, *2-tailed*, alpha 0.05 & allowing for attrition: 272 per group (544 total)

- 17 pharmacists at 17 sites
  - At least 1 trained support staff per site
- Each pharmacist to deliver 16 intervention & 16 control procedures over 6-month study period
  - Limitation: single researcher (PhD)
- Procedures conducted in pharmacy private consultation room
- Low risk (AUDIT  $\leq 7$ ) & high risk (AUDIT  $\geq 20$ ) customers excluded
  - High risk customers advised to see their GP, provided information of local and national services

# Pharmacy alcohol BI RCT

## ▪ Recruitment of pharmacists:

- Assess attitude (SAAPPQ); motivation to work with drinkers

## ▪ Training & Support:

- One-day training for pharmacists: role-play BI scenarios & behaviour change
  - Focus on communication
- Half-day training for support staff:
  - Inform and identify potential participants (M-SASQ)
- Weekly visits by researcher:
  - Support
  - Check adherence to study protocol

# Work in progress

- Outcome of ethics committee review
  - How will customers react to being approached?
  - If pharmacists will be able to deliver BI?
- Intervention development:
  - What should this include/exclude?  
e.g. FRAMES / FLAGS
- Motivational interviewing style:
  - Challenge pharmacists' traditional 'advice giving' role?
- Additional barriers/facilitators pharmacy staff may experience?





**Questions?**

Contact: [ranjita.dhital@kcl.ac.uk](mailto:ranjita.dhital@kcl.ac.uk)