

# Following up users of a pharmacy-based screening and brief intervention service

Janet Krska<sup>1</sup>, Elizabeth Stokes<sup>2</sup>, Adam Mackridge<sup>2</sup>

<sup>1</sup> Medway School of Pharmacy, Universities of Greenwich and Kent, Chatham Maritime, Kent UK

<sup>2</sup> School of Pharmacy and Biomolecular Sciences, Liverpool John Moores University, Liverpool UK

Pharmacy-based alcohol screening and brief intervention (SBI) services are becoming established in England. A variety of services have been commissioned in different areas, but the services vary in the requirements for follow-up.

One pilot study in Scotland showed that achieving follow-up in those receiving SBI from pharmacy was highly challenging.<sup>1</sup>

As a result, relatively little is known about service-user views of pharmacy-based SBI services,<sup>2</sup> although the UK public generally view these as acceptable.<sup>3-5</sup>

## Aim

To study the feasibility of following-up users of pharmacy-based SBI services and obtain their views on the service received.

## Method

- This work forms part of a large study covering six areas of NorthWest England, where alcohol-related problems are among the highest in the UK. Pharmacy SBI services were commissioned by local health organisations, the service specifications for which included a four-week follow-up in four areas, follow-up at 8 weeks in one and one required no follow-up.
- Five pharmacies providing SBI in three of these areas agreed to allow researchers to conduct telephone interviews with users of the service.
- Approval was obtained from a University ethics committee.
- Forty individuals receiving SBI interventions were invited by pharmacy staff to participate and contact details recorded with consent. A researcher conducted semi-structured telephone interviews at 1-2 weeks and 3 months after service use. Interview 1 covered views on the service and interview 2 covered behaviour changes, including subsequent discussions with third parties. Interviews lasted approximately 5-10 minutes and audio recordings were transcribed verbatim with participant consent. Transcripts were analysed thematically.

## Results

Sixteen service users took part in the first follow-up (40%), 14 of whom (86%) agreed to three-month follow-up.

All 16 viewed the pharmacy SBI positively, with most perceiving the services as potentially useful.

One was less certain:

*I don't think it'd change anyone's life. I don't think it would change the way they drink 'cos of doing that. (F, 35-44)*

Respondents typically distanced themselves from the possibility that *they* might benefit personally from the service, some felt that 'younger' people may benefit and one felt services should be targeted to under-50s.

*If it helps someone to, you know, if they've got a drinking problem, if you can stop it going further, it's going to save money for the National Health and it's going to save their life. (M, 65+).*

One admitted dishonesty in his responses.

All felt at ease having a discussion in the consultation room about drinking.

## Impact of the SBI

Six of the 14 interviewed at 3-months described talking to others about *their* drinking habits and safe drinking since the pharmacy consultation.

- two of these were within a work context
- three involved family and friends.

Almost all would recommend the service to family and friends and two had done so.

Two of the 14 reported significant lifestyle changes, which they attributed to receiving the IBA service, the remainder stating it had not affected their personal alcohol consumption.

One interviewee, together with her partner, had cut alcohol consumption from average four days per week to 2 days a week. (F, 35-44)

One had cut alcohol consumption very significantly and started attending the gym daily after the consultation. (F, 35-44)

## Conclusion

- Pharmacy SBI services were viewed positively by users in general, but not all viewed them as of personal benefit.
- A definite cascade effect was detected, with 2/14 having shown positive outcomes, consistent with this perception.
- Good follow-up rates were obtained, particularly at 3-months, which is in contrast to previous studies.

## References

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