Pharmacy customers’ views of potential brief alcohol intervention in community pharmacies

Ranjita Dhital, Dr Cate Whittlesea, Prof Ian Norman, Peter Milligan

Outline

• New role for community pharmacists
• Research to date
• Link with complex interventions
• Pharmacy customers’ views of BI
• Analysis and findings
• What have we learned?
• Current research
• Questions?

Recommendation for the role

Community pharmacists should be involved in preventing and reducing harm from alcohol misuse.

What community pharmacists do already?

• Public Health services:
  • Smoking cessation
  • Addiction service
    • Supervised consumption, needle exchange schemes
  • Sexual health:
    • Chlamydia screening, emergency hormonal contraceptives
What community pharmacists do already?

- **National services:**
  - Medication Use Review (MUR), prescription intervention service
  - Help patients understand their therapy and identify any problems

- **Local services:**
  - Cardiovascular risk assessment
  - Alcohol BI service not currently available in pharmacies

How equipped for this role?

**NHS Community Pharmacy Contract:**
- Outline of services provided in pharmacies
- Future developments and modernisation

How equipped for this role?

- Variety of locations
- Accessible service
- 12,000 pharmacies in the UK
- Approx 12 visits a year
- Large potential to influence public health

How equipped for this role?

Confidential space, private discussion with pharmacist
How to develop pharmacy BI?

Medical Research Council provide a useful framework

Feasibility / piloting

Development

Evaluation

Implementation

Developing and evaluating complex interventions (MRC 2008)

Pharmacy alcohol BI research

Completed studies

Development, Feasibility/piloting and Evaluation

Current studies


Pharmacy customers views: Westminster, London, 2005

Pharmacists and customers views (New Zealand 2008)

Service feasibility: >30 sites >3 months

Economic evaluation NHS Lambeth, London 2008 ongoing

Pilot study: 6 test & 8 control sites (usual care)

Single contact vs. appointment based intervention

Hammersmith and Fulham, London

Pharmacy alcohol BI research

• Early feasibility studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Dhital 2004</th>
<th>Fitzgerald 2006</th>
<th>Goodall 2006</th>
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</thead>
<tbody>
<tr>
<td>Location</td>
<td>London</td>
<td>Glasgow</td>
<td>Leeds</td>
</tr>
<tr>
<td>Customers recruited</td>
<td>73</td>
<td>70</td>
<td>352</td>
</tr>
<tr>
<td>Harmful / hazardous</td>
<td>26 (36%)</td>
<td>37 (53%)</td>
<td>105 (30%)</td>
</tr>
<tr>
<td>Follow up rate</td>
<td>40 (55%)</td>
<td>19 (27%)</td>
<td>Not specified</td>
</tr>
<tr>
<td>Change in drinking habits</td>
<td>12-40 drinkers appeared to reduce drinking (Drink Diaries)</td>
<td>7/11 drinkers appeared to reduce drinking (FAST scores)</td>
<td>Not reported</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>1</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Screening period (months)</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Tool</td>
<td>AUDIT</td>
<td>FAST</td>
<td>FAST</td>
</tr>
</tbody>
</table>

Pharmacy alcohol BI research

• Small studies

• Lack randomisation

• However indicate BI could work in community pharmacies

• Perception & acceptability of participants (customers, pharmacists and pharmacy support staff)?
Pharmacy alcohol BI research

Development, Feasibility/piloting and Evaluation

Completed studies
- Pharmacist and customer views (New Zealand, 2006)
- Service feasibility: 30 sites, 3 months, Economic evaluation (NHS Lambeth, London 2008 ongoing)

Current studies
- Pilot study: 8 test & 8 control sites (usual care)
- Single contact vs. appointment based intervention (Hammersmith and Fulham, London)
- Pharmacy customers’ views (Westminster, London, 2008)

Future pharmacy research:

Development, Feasibility/piloting and Evaluation

Health Technology Assessment (HTA) awaiting outcome: RCT (England, Wales & Scotland)

Application for pilot study, Dr J Sheridan & team, New Zealand

Funding approved for pilot study (2009-2010) Chief Scientific Office, Dr M Watson & team, Grampian, Scotland

Implementation

Development and evaluation process:

Feasibility / piloting

Development

Evaluation

Implementation

Developing and evaluating complex interventions (MRC 2008)

Pharmacy alcohol BI research

Development, Feasibility/piloting and Evaluation

Completed studies
- Pharmacist and customer views (New Zealand, 2006)
- Service feasibility: 30 sites, 3 months, Economic evaluation (NHS Lambeth, London 2008 ongoing)

Current studies
- Pilot study: 8 test & 8 control sites (usual care)
- Single contact vs. appointment based intervention (Hammersmith and Fulham, London)
- Pharmacy customers’ views (Westminster, London, 2008)

Pharmacists’ and customers’ views (New Zealand, 2008)


Current studies
- Pilot study: 8 test & 8 control sites (usual care)
- Single contact vs. appointment based intervention (Hammersmith and Fulham, London)
Aim to inform future studies

- Customers’ views on a potential alcohol BI
- Reasons leading to participation
- Willingness to be assessed
- Conducted in Westminster PCT

Recruitment

- Purposive sampling:
  - Different locations
  - Two independent & two pharmacy multiple
  - Private consultation rooms
- As many customers as feasible interviewed:
  - Conducted over 3-month period
  - Total 12 days recruiting customers
  - 9am till 5pm, weekdays

Design and rationale:

- Semi-structured interview
- Conducted within pharmacies
- Interview many as feasible:
  - Anonymous
  - Not tape recorded
  - Duration 5 to 10 minutes

Interview of customers

Interview schedule:

- Background of service:
  - ‘Flashcards’ prompts, AUDIT-C items, retrospective seven-day drink diary
- Alcohol screening and BI:
  - Willingness to discuss alcohol use and receive feedback?
  - Frequency of pharmacy visits
  - Demographics (age, gender, qualifications, work, ethnicity)
  - AUDIT-C > 3 (women) and > 4 (men)
- Advantages and disadvantages of potential service?
  - ‘what would lead you to take part or put you off?’
How many will participate?

Of the total interviewed (n= 102):

<table>
<thead>
<tr>
<th>Willingness to participate:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss alcohol use with pharmacist</td>
<td>97 (96%)</td>
</tr>
<tr>
<td>Accept written information</td>
<td>99 (98%)</td>
</tr>
<tr>
<td>Complete retrospective seven-day drink diary</td>
<td>95 (94%)</td>
</tr>
<tr>
<td>Attend follow up appointments</td>
<td>88 (87%)</td>
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</table>

Who are the risky drinkers?

- Verification needed
  - Larger study with representative sample
- Factors to consider for future service:
  - High proportion of risky drinkers in sample (52%), compared to English norms (25%)
- Frequency of visits (Chi²= 11.58, p= 0.021):
  - Most frequent visitors to pharmacies
    - Twice or more per week
  - Least frequent pharmacy visitors
    - Less than monthly

Who are the risky drinkers?

- Occupation:
  - Employed professionals
  - Non-paid (e.g. unemployed, homemaker)
    - Rather than employed non-professionals or retired
      - (Chi²= 10.4, p= 0.015)
Why would customers use the service?

• Content analysis of open questions
  • Customers’ responses analysed inductively to derive categories grounded in the data

The abstraction process

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Generic category</th>
<th>Main category</th>
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<tbody>
<tr>
<td>Storage of personal data, anonymous service</td>
<td>Anonymity</td>
<td>Customers’ fears and anxieties</td>
</tr>
<tr>
<td>Unsuitable, intrusive</td>
<td>Pharmacist’s attitude</td>
<td></td>
</tr>
<tr>
<td>Embarrassing, offered, exposed</td>
<td>Personal subject</td>
<td></td>
</tr>
</tbody>
</table>

Main categories identified

• Five main categories of customers’ views of pharmacy BI service:
  • Appropriateness of role for pharmacists
  • Pharmacist as information source
  • Communication with pharmacist
  • Pharmacy environment
  • Customers’ fears and anxieties
‘Avoid drug interactions (with alcohol) and prevent bad side effects from occurring’

‘Provide education and awareness about alcohol’

‘Good idea, especially those with medical conditions. They would need to know’

Pharmacist as information source

‘To rid doubts, to ask if what I’m doing is okay?’

People would listen to a pharmacist

‘Easier to talk to a pharmacist than doctor’

‘Pharmacist talks to you like a normal human being’

‘People may be truthful if they are talking to a pharmacist’

‘Good idea, especially those with medical conditions. They would need to know’

‘Pharmacist talks to you like a normal human being’

‘It’s hard to see and talk to a doctor, feel judged by a doctor’

Pharmacist talks to you like a normal human being

‘It’s a bit public here, even doing it here in this consultation room’

‘Have to deal with untrained people at the front (counter staff). This would put people off’

Pharmacy environment

‘Drop in, no appointment necessary’

‘Good first port of call if people don’t know where to go or what to do’

Capture a wide range of people, who don’t normally visit their GP

‘As long as there is no labelling and someone is not treated as having a ‘victim complex’

Customers’ fears and anxieties

‘Some people may get offended if being asked about their alcohol’

‘Fear of breaking old comfortable habits, being strict with yourself’

‘May feel ‘got at’ wagging a finger at them’

‘Need to know if the service is totally anonymous or not’

‘It’s a bit public here, even doing it here in this consultation room’

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‘Need to know if the service is totally anonymous or not’
What have we learned?

• BI in pharmacies is feasible
• Modern pharmacy environment: public health services
• Customers’ positive about potential pharmacy BI
• Most willing to answer questions about their alcohol use with pharmacists
• Concerns about: anonymity, privacy, pharmacy environment and appropriateness of pharmacists’ role

Current research

• Finalising ethics for Lambeth Pharmacy BI Project
  • Guys and St Thomas’ Charity Trust’s (GSTT)
  • New Services and Innovation in Healthcare
  • Not randomised
  • Due to commence Jan 2010
    • 30 sites
    • 3 months screening and BI
    • AUDIT-C & Drink Diary
• Hammersmith and Fulham, London pilot study
  • 8 test (screening and BI) & 8 control sites (information leaflet)
  • Single contact vs. appointment based intervention
• Outcomes to inform future studies

Acknowledgements

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Questions?

Contact: ranjita.dhital@kcl.ac.uk