

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

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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)

1st 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 ≤ 7) & high risk (AUDIT ≥ 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?

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