

**University of London** 

# 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)

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

•73 customers screened, 36% risky drinkers

Is pharmacy BI feasible?

#### Pharmacists' perceptions:

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

# 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):

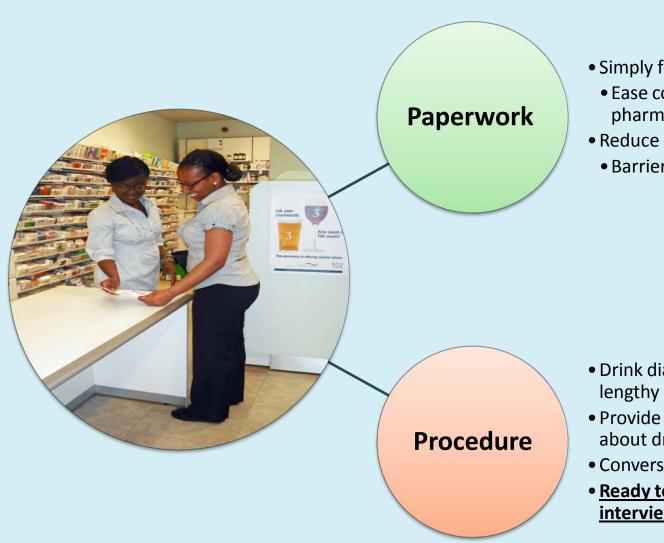
- Post BI sig. decrease
  - Recommend booster training?
- No sig. difference between active and less active groups

#### **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



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

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

#### • 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



## **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

### 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

- 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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