Providing alcohol screening and brief advice in pharmacies to women attending for emergency hormonal contraception: a pilot study

Short title: Alcohol screening in pharmacies

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Abstract

Introduction and Aims

To evaluate the feasibility of delivering alcohol screening and advice in community pharmacies to women attending for emergency contraception.

Design and Methods

Pharmacists in County Durham, UK, were invited to offer alcohol screening and brief advice, using the AUDIT screening tool, to women attending for emergency contraception. Pharmacists were interviewed about their experiences of the service; women who were classed as “low risk” (AUDIT score of 7 or less) were asked to take part in a telephone interview, and women classed as “risky” were asked to complete a follow-up survey online 3 and 6 months after the initial consultation.

Results

From 107 pharmacies providing emergency contraception, 32 pharmacists from 13 pharmacies took up the alcohol screening training. Pharmacists’ attitudes towards screening were generally positive, although there were organisational obstacles to providing the. Most clients felt that the advice given by the pharmacists was useful, and did not mind being asked about drinking. However, take up of the service by pharmacists was low, and those who did offer it did not do so consistently or frequently, meaning that it was not possible to assess the impact of screening on the target population.

Discussion and Conclusions

There is limited interest among pharmacists in delivering SBI for alcohol linked to the provision of EHC. Those who participate encounter a range of organisational obstacles. Use of the internet as a method of collection of follow-up data from patients failed to achieve an adequate response rate in this particular case.

Keywords: drinking behaviour; brief intervention; community pharmacy; attitude; customer

**Introduction**

Excessive drinking contributes to health and social problems [1-3], particularly in developed countries [4]. World Health Organisation estimates put the UK in the top 25 countries for recorded alcohol per capita consumption, along with other European countries such as Ireland, Germany and France [5]. Alcohol consumption adversely affects sexual risk taking; in particular, young people who drink and people who binge drink are more likely to have unprotected sex, to contract STIs, and for women, to have an unplanned pregnancy [6,7]. Research in several countries including the UK and USA shows that screening and brief interventions (SBI) in primary care can be effective in reducing harmful and hazardous drinking [10-14].

There has been considerable interest in the potential of community pharmacies as a setting for health promotion, partly because of accessibility and high level of use, and also because of the opportunity to provide advice to populations who might not be directly seeking information about specific problems. Interventions by pharmacists can be effective for smoking cessation and lipid management [15]; customers it find acceptable [16,17] and that advice is beneficial [18].

The Department of Health has recommended that pharmacists should provide SBI to their clients [19], and studies have shown that pharmacists are positive about the experience of delivering SBI [20] and keen to take on the role [21]. Clients also find it acceptable [20,22-24] and accessible [25], and it appears to be effective [26]. However, there is as yet little evidence of the long term effectiveness of SBI delivered in pharmacies in reducing alcohol consumption. The aim of this study was to evaluate the acceptability of delivering and receiving SBI by both pharmacists and their clients, and to evaluate the feasibility of a study to ascertain the long term effectiveness of SBI delivered in pharmacies.

**Methods**

This was a six month pilot study of the feasibility, acceptability and effectiveness of delivering SBI to women accessing pharmacies for emergency hormonal contraception (EHC) a service innovation which commenced in NHS County Durham and Darlington (NHSCDD) in October 2010. We had two objectives; firstly to assess the feasibility and acceptability to clients and pharmacists of delivering SBI in these circumstances, and secondly to pilot methods of engagement and data collection to optimise participation, particularly the use of internet follow-up.

Participants were pharmacists delivering SBI, and clients who had attended for EHC who completed an AUDIT questionnaire [32]. The service was configured such that those with AUDIT scores of 7 or less were considered low risk drinkers, and not offered brief advice; at the end of the consultation they were invited to take part in a telephone interview. Those with AUDIT scores of 8-19 were given advice about reducing their alcohol consumption, and asked to complete follow-up surveys online at 3 and 6 months following the initial consultation. Those scoring 20 or more were referred to the Community Alcohol Service for more intensive advice and possibly treatment, and were not included in the study.

Six pharmacists were interviewed, face to face, about their experience of delivering SBI. The interviewers used a semi-structured questionnaire, and were recorded and transcribed. The interviews took place in consultation rooms in pharmacies.

The pharmacist interviews were analysed using Framework Analysis [33]. Due to the low response rate insufficient data was collected from clients to permit statistical analysis.

**Results**

From 107 pharmacies delivering emergency contraception across County Durham, 32 pharmacists from 13 pharmacies took up the alcohol screening training, considerably fewer than NHSCDD had anticipated. Pharmacists were initially offered £2.37 per client to carry out the screening, and £5 per client to take part in the research. Although the fee for the screening was later increased to £7.37, this did not significantly increase the number of pharmacists offering screening. Pharmacists’ attitudes towards screening were generally positive, although there were organisational obstacles to providing the service such as lack of time, unfamiliarity with the tool, and pressure of competing demands in a busy pharmacy.

AUDIT forms from 138 clients were returned. Of these, 31 clients scoring 7 or less agreed to take part in an interview and 7 took part. The remaining 24 did not answer their telephone. Of the clients scoring 8-19, 30 agreed to complete the online survey, and 6 surveys were completed. Most clients felt that the advice given by the pharmacists was useful, and did not mind being asked about their drinking.

**Discussion**

Uptake by pharmacists of the opportunity to offer the screening service was low, despite the enthusiasm and encouragement of the Local Pharmacy Committee. Those pharmacists who agreed to be interviewed may not therefore be representative of the wider population of pharmacists.

At a time when pharmacists are being encouraged by the Department of Health to offer more health promotion services to their clients, the implication is that many will find it difficult or unattractive to develop these services. Those who were interviewed did not consider the fees offered were an incentive, though these may have been set too low to be effective.

Further interviews will be carried out with pharmacists who have taken up training and offer the service, taken up training and not offered the service, and those who have opted not to take up training, to ascertain why service uptake has been so variable.

The internet has been used to deliver alcohol-related interventions [27-30] and is an acceptable method for such interventions [31]. However, online questionnaires have not been used in following up the effectiveness of a face-to-face intervention. We considered this method of follow up would be less personal and therefore more acceptable to participants when sensitive personal issues were being studied. This appeared not to be the case, with only 20% of participants completing the online survey.

**Conclusions**

There is limited interest among pharmacists in delivering SBI linked to the provision of EHC. Those that do participate encounter a range of organisational obstacles. Use of the internet as a method of collection of follow-up data from clients failed to achieve an adequate response rate in this particular case.

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