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Support for community pharmacy-based alcohol interventions: a Scottish general public survey

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ABSTRACT

Background: Community pharmacy teams are recognised by health agencies as vital to increasing capacity in the provision of public health services. Public awareness and support of these services in general, and relating to safe alcohol consumption in particular, have yet to be established. This study aimed to determine the Scottish general public's views regarding the role and involvement of community pharmacists in reducing alcohol consumption amongst customers and alcohol-related harm.

Methods: A cross-sectional survey of 6000 adults in Scotland randomly sampled from the electoral register. The piloted questionnaire contained items on: those health professions which could potentially advise on safer alcohol consumption; areas of safer alcohol consumption on which pharmacists could advise; attitudes towards pharmacist involvement; and demographics.

Results: Of the 1573 respondents (a 26.6% response rate), more than half (56.4%, 888) agreed that pharmacists could advise on safer alcohol consumption. Those agreeing expressed high levels of support (≥70% agreement) for all activities, particularly referring people to other individuals or organisations, discussing recommended alcohol consumption limits and how consumption may affect health. There was a high level of agreement of trust that pharmacists would discuss issues confidentially (68.7%, 1080), with a similar proportion (64.3%, 1011) agreeing that they would be concerned over privacy in a community pharmacy.

Conclusion: Public support exists for pharmacist involvement in reducing alcohol consumption amongst customers and alcohol-related harm, with some concern over privacy. These findings warrant consideration as models of practice are developed and evaluated. Given the widespread availability of pharmacies and the ease of access to professional advice, there is potential for pharmacists to impact safer alcohol consumption although the efficacy of alcohol brief interventions remains to be demonstrated.

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Introduction

Alcohol consumption causes around 3.3 million deaths annually and is responsible for 5.1% of the global burden of disease.[1] Consumption of alcohol, in particular at higher levels, is associated with liver and cardiovascular disease, many cancers, mental health problems and with an increased risk of accidents, violence and injuries.[2] Hazardous, harmful and dependent alcohol consumption harms families, relationships, businesses and government.[3] One in 20 deaths in Scotland is attributable to alcohol,[4] with estimates of the total personal, social and economic cost of alcohol in Scotland equating to £7.5 billion per year.[5]

The contribution of community pharmacy to public health has been recognized and valued for many years by policy makers and the public[6–9] with evidence of benefit in smoking cessation,[10] cardiovascular disease,[11] diabetes,[12] emergency hormonal contraception[13] and obesity.[14] Support for these roles has been expressed by the United Kingdom Government[15] and professional bodies.[16]

Over the past decade, there has been growing interest in the potential role for pharmacists in reducing alcohol consumption and related harm[17] yet, there is limited evidence of efficacy to inform service development. Studies have demonstrated the feasibility and acceptability of pharmacists delivering alcohol brief interventions (ABIs).[18–25] Studies with pharmacy customers in England and New Zealand suggest broad support for pharmacists taking on this role,[26,27] while small studies of the general public's views on the public health role of pharmacists more broadly indicate some reservations, particularly about privacy.[28,29]

This study aimed to determine the Scottish general public's views regarding the role and involvement of community pharmacists in reducing alcohol consumption amongst customers and alcohol-related harm.

Methods

Study design

A cross-sectional survey using a mailed questionnaire.

Questionnaire development

The questionnaire was developed then reviewed for face and content validity by an expert panel of two academic pharmacists, one practitioner working in substance abuse and one health policy maker in Scotland, all with expertise in alcohol related developments. The questionnaire was piloted by mailing to a random sample of 500 members of the general public in Scotland aged 18 years and over, along with a letter inviting participation stating the research background and aims, and a reply paid envelope. Piloting resulted in minimal changes to questionnaire wording and format. The questionnaire contained items on: health professionals who could potentially advise on safer alcohol consumption (12 items); specific areas of safer alcohol consumption on which pharmacists could advise (eight items); attitudes towards pharmacist involvement in advising on safer alcohol consumption (10 items); the Fast Alcohol Screening Test (FAST)[30] (four items); recommended alcohol consumption limits (five items); health services utility (seven items); and demographics, with definitions and labels informed by Scotland's Census 2011 (six items).[31] Closed questions and five-point Likert scale attitudinal statements were used. Pictures of common alcohol beverages and their units were provided for completion of FAST.

Sampling

The final version of the questionnaire was mailed in November 2011 to a random sample of 6000 members of the general public (≥18 years) in Scotland, obtained from the electoral roll. While the roll is updated annually by sending a canvass form to every house in Scotland, it only includes those who return the form and agree to their information being in the public domain.[32] A sample size of 6000 was calculated to allow for a response rate of around 25% and to permit sub-group analysis. One thousand responses would give a precision of 3% with confidence of intervals of 95%. The following evidence based strategies adopted to maximize the response rate included: an invitation letter from an academic institution; provision of a reply paid envelope; up to two reminders sent to non-respondents at monthly intervals; and entering respondents into a prize draw for £50 of shopping vouchers.[33]

Data were entered into SPSS version 21.0 and analysed using descriptive and inferential statistics. Demographic data were compared to Scottish census 2011 data. Respondent postcodes were used to determine their Scottish Index of Multiple Deprivation (SIMD) quintiles[34] and compared to national data. FAST scores were calculated and those scoring ≥3/16 deemed to be hazardous/harmful drinkers.

Chi-squared tests were used to determine any associations between categorical variables (e.g. sex,hazardous/harmful drinking) and the outcomes of those agreeing or disagreeing/unsure that pharmacists could advise on safer alcohol consumption. Independent sample *t*-test was used for the continuous variable of age. *P*-values ≤ 0.05 were considered statistically significant.

Results

A total of 1573 completed questionnaires were returned (response rate of 26.6%, adjusted for those returned undelivered). Demographic data are given in Table 1.

Mean respondent age was 56.6 years (standard deviation 24.0), 59% (970) were male and almost all (98.4%, 1548) were white. While SIMD codes were generally similar to Scottish population data, respondents were older, more likely to be retired and male, and less likely to be single, in education and training or unemployed. Nearly one-third of respondents (30.6%, 482) had a FAST score ≥3, indicative of harmful or hazardous drinking: although the figures are not directly comparable, the Scottish Health Survey 2013 found that 25%