Pharmacy undergraduates' alcohol use and perceptions to supporting those with alcohol problems

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Introduction

Young people between 18-24 years are most likely to 'binge drink' and increase their health risks than other age groups. [1] Risky drinking imposes health, financial and social consequences [2]. Evidence shows health staffs' attitudes towards patients affects service delivery[3]. Therefore, this study will explore pharmacy students' alcohol use and perceptions towards supporting those with alcohol problems.

Aims:

Identify a range of drinkers amongst UK final year pharmacy students and explore if their alcohol use is related to their perceptions towards supporting those with alcohol problems.

Objectives:

Qualitative and quantitative methods were used to:

- Identify low risk, harmful/hazardous or possibly dependent drinkers using the validated Alcohol Use Disorders Identification Test (AUDIT) [4]

- Assess students' attitudes towards to supporting patients with alcohol problems as future pharmacists, using a modified version of the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ) [5]

- Explore students' views and perceptions of supporting those with alcohol problems using a focus group

Method:

Research tools development, validation and recruitment:

- Demographic items, AUDIT, SAAPPQ and Alcohol Support Information Sheet (signposting tool developed for study) were reviewed for suitability and accuracy by non-target students and pharmacists.
- Online survey was developed from validated items.
- Students were recruited through email invitations, included weblink of survey.
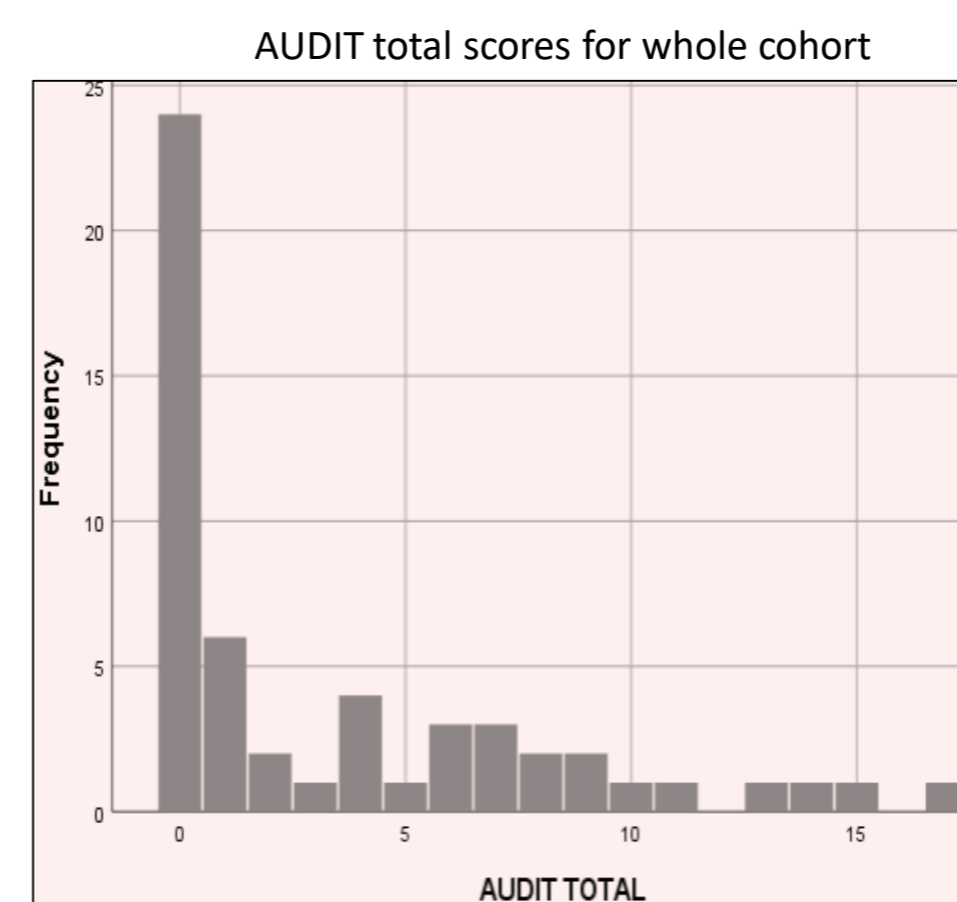
Online survey of pharmacy students:

- Drinker types from AUDIT scores: low risk ≤ 7 or higher risk ≥ 8.
- Attitudes assessment from SAAPPQ (scale from 1 to 7): most positive =7 and least positive =1. Sub-scales (role adequacy, self-esteem, motivation, role legitimacy and work satisfaction) and total scores.
- Data analysis: non-parametric tests using SPSS to compare subgroups.
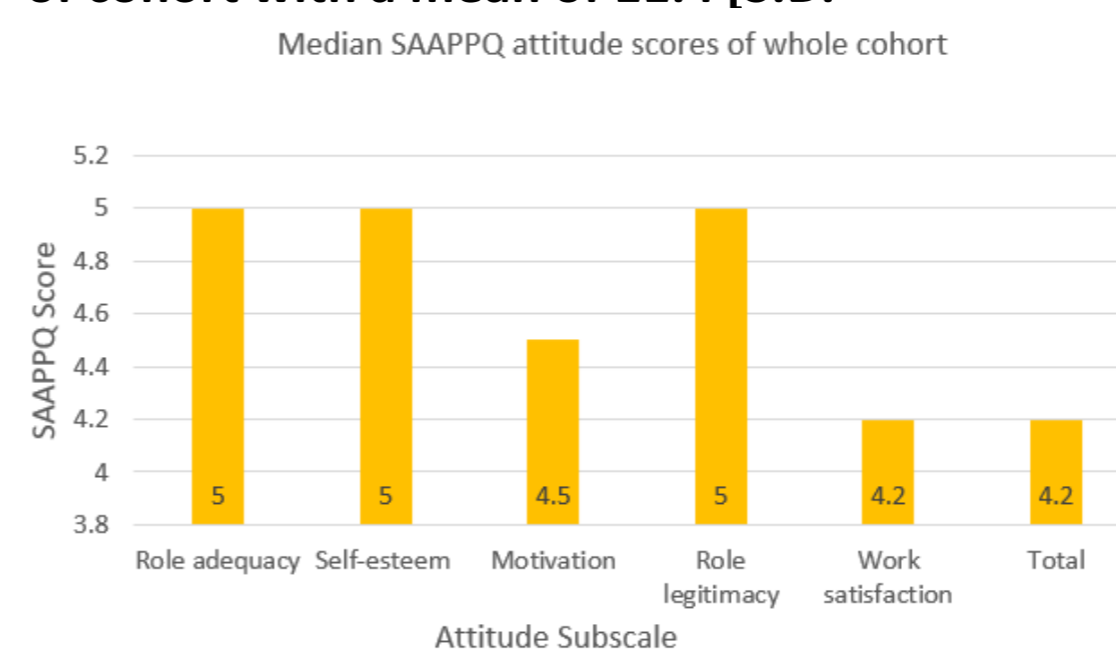
Students' views and perceptions to support those with alcohol problems

- Focus group (1.5 hours) with eight students (2 male and 6 female) from Pharmacy Department, University of Reading (UK).
- Topic guide developed and used to explore experience, knowledge and future clinical role preparation.
- Transcribed data thematically analysed (inductive & deductively), NVivo 11

Results: Response rate 51% (Total 54 participants from cohort of 106; age range 21-25 years; 44 = female and 10 = male;)

Figure 1: Cohort mean AUDIT score of 3.46 [S.D. ±4.58] and a range of 0 to 17. Low risk drinkers formed 81.5% of cohort with mean score 1.66 [S.D. ±2.36]. Higher-risk group formed 18.5% of cohort with a mean of 11.4 [S.D.

Figure 2: Median attitude scores for cohort (7= most positive and 1= least positive). Total attitude was close to neutral for working with drinkers as a patient group. Relatively worse attitude for motivation towards drinkers and work satisfaction.

Alcohol education and health information
'Personally wouldn't feel comfortable giving advice if I'm not sure myself.' (P1)

Work environment pressure
'Time in pharmacy, pressure on pharmacists is quite high' (P1)

Stigmatisation
'Stigma around alcohol is a bit more accepted in society compared to smoking' (P3)

Intervention opportunities and support network
'Being able to help anyone with a problem is a good thing because no one should have to go through a problem alone' (P7)

Types of relationships
'I wouldn't want to start off a conversation straight about alcohol' (P2)

Social influences
Everybody else is drinking so I'll just join in' (P2)

Figure 3: Six themes were identified from focus group on students' views to support patients with alcohol problems

Variable	Attitude	P-value
Smokers	Work satisfaction	0.034
	Total	0.034
Higher risk drinkers (AUDIT ≥8)	Work satisfaction	0.013
	Total	0.013

Table 1: Smokers and high-risk drinkers had significantly higher work satisfaction and total positive attitudes compared to non-smokers and low risk drinkers. (significance P ≤0.05)

Discussion:

- Cultural diversity of cohort (44% (n = 24) were non-drinkers), knowledge of health issues and awareness of professional standards, through studying a pharmacy degree, may explain majority low risk cohort status
- More exposure to alcohol and smoking may improve subject knowledge and relatability to drinkers, potentially influenced by students' own attempts to reduce substance use
- Limitations: low response rate and small sample size

Conclusions:

- Majority of the cohort were low risk drinkers with overall neutral attitude towards supporting patients with alcohol problems
- Social smokers and higher risk drinkers had more positive attitudes
- Students' expressed the need for further education and counselling skills to better support those with alcohol problems
- Future: To evaluate alcohol education content in MPharm degree to support patients. Examine if experience of alcohol use and smoking may enhance knowledge and relatability to drinkers in larger studies

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