

# Preventing alcohol misuse in young people: an exploratory cluster randomised controlled trial of the Kids, Adults Together (KAT) programme

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## Plain English summary

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## Plain English summary

Alcohol misuse has high personal, social and economic costs, and misuse by young people is of particular concern. Schools have been identified as having an important role in the delivery of alcohol misuse prevention interventions. Researchers compared primary schools which ran the Kids, Adults Together (KAT) programme with schools which did not run the programme (control group). KAT aims to prevent misuse of alcohol by encouraging children and parents to talk about alcohol before children grow up and start drinking. It comprises classroom work about the effects of drinking alcohol, a family event and an educational digital versatile disc (DVD).

The best way to find out if KAT can prevent alcohol misuse is to conduct a randomised controlled trial (RCT) lasting 2 or more years, comparing a large number of schools running KAT with an equal number of schools which continue with their normal curriculum. This study assessed whether or not a RCT would be useful and practicable. Many schools invited to take part did not reply or declined. The research, lasting 14 months, involved nine schools and investigated whether or not (1) schools could run KAT successfully; (2) the research methods which would be used in a RCT were suitable and acceptable for children, parents and schools; and (3) how likely it was that KAT would increase family communication if we measured this in a RCT.

All four control-group schools completed the study and there was positive feedback from the three schools which ran KAT, where large numbers of parents and children participated. Two schools which should have run KAT withdrew. Most children completed questionnaires for the research but some of the questions were too hard for 9- to 11-year-olds. Few parents took part in interviews and KAT did not appear to increase family communication.

It is not appropriate to conduct a RCT of KAT because (1) we need to develop better questionnaires first; (2) the programme did not appear to increase family communication; (3) KAT's impact on alcohol misuse could be small, meaning that a RCT would be very expensive; and (4) we need to test how practicable it would be for a RCT to do follow-up questionnaires with children after they had moved to secondary schools.

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