

# Brief alcohol intervention for risky drinking in young people aged 14–15 years in secondary schools: the SIPS JR-HIGH RCT

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## Scientific summary

### **The SIPS JR-HIGH RCT**

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# Scientific summary

## Background

In 2016, 11% of girls and 9% of boys aged 11–15 years reported consuming alcohol in the past week. Alcohol consumption also increases throughout adolescence, with 1% of 11-year-olds reporting drinking in the past week, increasing to 4% of 15-year-olds. This is against a backdrop of the Chief Medical Officer's recommendations that young people should not drink alcohol before the age of 15 years; those aged 15–17 years are advised not to drink, but if they do drink they should do so no more than once per week. They should also not exceed adult limits in any given week, and ideally should be consuming alcohol below this level.

Alcohol screening and brief interventions (ASBIs) have been shown to be effective in reducing alcohol consumption in young people. Brief interventions have been around since the 1970s and focus on providing one-to-one feedback on individuals' alcohol behaviours, are of short duration and often are based on the principles of motivational interviewing (MI), delivered by non-specialists.

There is currently a lack of evidence on the effectiveness of one-to-one ASBIs to reduce risky drinking in young people, particularly in a UK secondary school setting. However, evidence from other countries suggests that ASBIs have a positive impact on alcohol-related outcomes in young people. This study built on the SIPS JR-HIGH pilot feasibility trial, which found that it was feasible and acceptable to deliver ASBIs to young people in a UK secondary school setting, and aimed to establish the effectiveness and cost-effectiveness of the intervention.

## Objectives

1. To conduct an individually randomised controlled trial to evaluate the effectiveness and cost-effectiveness of an ASBI for risky drinkers compared with usual practice on alcohol issues conducted by learning mentors with young people aged 14–15 years in the school setting in four areas of England: the north-east, north-west, Kent and London.
2. To measure effectiveness in terms of percentage of days abstinent over the previous 28 days, risky drinking, smoking behaviour, alcohol-related problems, drunkenness during the previous 30 days and emotional well-being.
3. To measure the cost-effectiveness of the intervention in terms of quality of life and health state utility, quality-adjusted life-years, service use costs and cost-consequences at 12 months post intervention.
4. To monitor the fidelity of an ASBI delivered by learning mentors in the school setting.
5. To explore barriers to, and facilitators of, implementation with staff.
6. To explore young people's experiences of the intervention and its impact on their alcohol use.
7. If the intervention is shown to be effective and efficient, to develop a manualised screening and brief intervention protocol to facilitate uptake/adoption in routine practice in secondary schools in England.

## Methods

This study assessed the effectiveness and cost-effectiveness of an ASBI to reduce alcohol consumed by young people in an individually randomised controlled trial within a secondary school setting. It was informed by a prior three-arm, parallel-group, cluster randomised (with randomisation at the level of school) pilot feasibility trial with young people aged 14–15 years in Year 10 across seven secondary schools in the north-east of England. Thirty schools were recruited into the trial across four sites in England: north-east, north-west, Kent and London. The research included a qualitative evaluation with school staff (teachers and

learning mentors), young people and parents to explore the acceptability and implementation of the ASBI, and the acceptability and feasibility of wider trial procedures and processes in the school setting. Individuals were randomly allocated with equal probability to one of two trial arms: the control arm, in which they received a healthy lifestyles information leaflet only; or the intervention arm, in which they took part in a 30-minute one-to-one structured intervention session based on MI principles with a member of trained school staff (learning mentor) and received an alcohol leaflet. To assess young people's eligibility for the trial, they completed a baseline survey (unless their parents opted them out). If they screened positive on the Adolescent Single Alcohol Question (A-SAQ), left their name and provided informed consent, they were randomly allocated to either the control or the intervention condition. At 12 months post intervention or control, a follow-up survey was undertaken, including the same measures as at baseline in addition to the Timeline Follow-Back (TLFB). The primary outcome measure was total number of standard drinks consumed (units), for which one standard drink equates to 8 g of pure ethanol, in the previous 28 days, as measured using the 28-day TLFB.

## Results

### Objectives 1–3

#### Eligibility for the trial

In total, 4523 young people completed the baseline survey. Of these, 1064 screened positive (24%) for risky drinking on the A-SAQ.

#### Recruitment into the trial

In total, 443 young people (just under 10% of all those surveyed, 42% of those screening positive) were eligible to take part in the trial by scoring positive and leaving their name to be contacted to participate.

#### Control

In total, 223 young people were allocated to the control arm.

#### Intervention

In total, 210 young people were allocated to the intervention arm.

#### Follow-up

At 12 months post randomisation, 374 (84%) young people completed a follow-up survey and 368 (83%) completed the 28-day TLFB to report on the primary outcome measure. Of those in the control arm, 196 (88%) were successfully followed up, compared with 178 (85%) in the intervention arm.

#### Findings

The median values of the primary outcome (total units consumed in previous 28 days) were 7.3 in the intervention arm and 7.7 in the control arm. Quantile regression indicated that there was no difference in alcohol consumed by young people at follow-up between those who did and those who did not receive the intervention [intervention – control: median total units of alcohol in previous 28 days 0.8, 95% confidence interval (CI) –2.5 to 4.0]. The results showed no significant difference between trial arms in terms of alcohol consumed at 12 months after delivery of the intervention and control sessions. Quantile regression indicated that there was no difference in alcohol consumed by young people at follow-up between those who did and those who did not receive the intervention (intervention – control: median total units of alcohol 0.8, 95% CI –2.5 to 4.0). Economic analysis suggested that the average net cost saving of the brief intervention was £1324 (95% CI –£5277 to £1727) per year, compared with usual practice (results excluding the costs of missed school days), with a 77% probability of the intervention being more cost-effective than usual practice.

### Objective 4

Training of 80 learning mentors across schools in the four sites was undertaken to prepare them for delivering the control and intervention sessions with the young people in the school setting. To assess fidelity, recordings were undertaken of sessions delivered with some young people.

### Recordings

In total, 18 recordings were made, seven of control sessions and 11 of intervention sessions. The control sessions were considered to have adhered to the protocol if no mention of alcohol was made during the session. All of the intervention sessions adhered to the protocol.

### Fidelity

The Behaviour Change Counselling Index (BECCI) was used to measure fidelity of the brief alcohol intervention. BECCI is a tool developed to measure the microskills of behaviour change counselling and MI. BECCI ratings were given on a range of 0 to 4 to different items on a checklist, for which 0 = 'not at all', 1 = 'minimally', 2 = 'to some extent', 3 = 'a good deal' and 4 = 'a great extent'. Scores on the 11 intervention recordings ranged from 0.3 (behaviour change counselling delivered 'not at all') to 2.5 (behaviour change counselling skills delivered 'a good deal'). The mean BECCI score for the 11 recorded interventions was 1.6 and the median score was 1.5; these ratings suggested that the learning mentors overall were delivering behaviour change counselling to 'some extent'. Learning mentors typically performed well when discussing the risks associated with the young person's alcohol use. Lower scores were observed in respect of microskills relating to discussing and exploring behaviour change.

### Objectives 5 and 6

#### School staff interviews

In total, 30 interviews were undertaken with school staff: 21 with learning mentors and nine with teachers.

Five key themes were identified: (1) learning mentors' understanding of alcohol use by young people and of their role in delivering ASBIs, (2) initiating and sustaining alcohol screening and brief interventions, (3) factors influencing successful delivery of the trial, (4) the impact on staff and young people and (5) embedding the intervention into routine practice.

### Results

School staff perceived that components of the intervention were similar to some of the pastoral work that they already undertook within the school around alcohol, although the intervention emphasised alcohol use more strongly than their usual practice did. The intervention was perceived to be acceptable, with the intervention sheet in particular being thought of as a very useful tool for engaging young people in discussions around alcohol. This sheet included what the young people were drinking, who with, what they thought about their drinking, what they thought other people feel about their drinking and goal-setting in relation to their drinking. The learning mentors who delivered the intervention and control sessions felt that they were well prepared for delivering the sessions and that the preparatory training that they had received was well planned and thorough. A few learning mentors indicated that they would have liked refresher sessions when there had been a time lag between training and the intervention period.

#### Young people interviews

In total, 33 interviews were undertaken with young people (intervention,  $n = 7$ ; control,  $n = 10$ ; negative A-SAQ/not randomised,  $n = 16$ ).

Three key themes were identified: (1) drinking identities and awareness of risk, (2) access to support and advice in relation to alcohol use and (3) appraisal of the study and potential to impact on alcohol use.

### **Results**

Young people indicated that they thought that secondary schools were an acceptable setting in which to conduct alcohol screening and brief interventions with young people who may be drinking alcohol at risky levels. They perceived the survey to be easy to complete and understand, and also found the intervention worksheet to be a useful tool for engaging them in discussions around alcohol. However, some young people felt that the gap between participating in different elements of the intervention and follow-up was too long; for example, in some cases there could be months between the baseline survey and the intervention or control sessions. In addition, there was some doubt around the impact that the intervention would have on their alcohol use, with only a minority of young people explicitly stating that they had reduced their alcohol consumption as a consequence of receiving the intervention. There was an overall perception that the intervention could be useful for 'other' young people who drank more than they did.

### **Parent interviews**

In total, two interviews were undertaken with parents.

### **Results**

Given the poor recruitment of parents to take part in an interview, there were limited data to analyse. However, the two parents who participated agreed that school was an appropriate setting in which to deliver an alcohol intervention to young people and that, although alcohol use is declining in young people, interventions such as this remained important to inform young people about the dangers of consuming alcohol.

### **Objective 7**

The intervention was not found to be effective.

## **Conclusions**

The results showed no significant difference between the trial arms in the effectiveness of ASBI with young people. That is, there is no clear evidence about the mechanism that might drive cost savings. This raises doubts as to whether any cost savings would be real or an artefact of imprecise cost data. Interviews with school staff, young people and parents found that they were largely accepting of the trial procedures and processes, that they perceived learning mentors to be appropriate persons to deliver the ASBI in a school setting and that the intervention itself was a clear and informative way to inform young people about their drinking behaviours.

## **Trial registration**

This trial is registered as ISRCTN45691494.

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