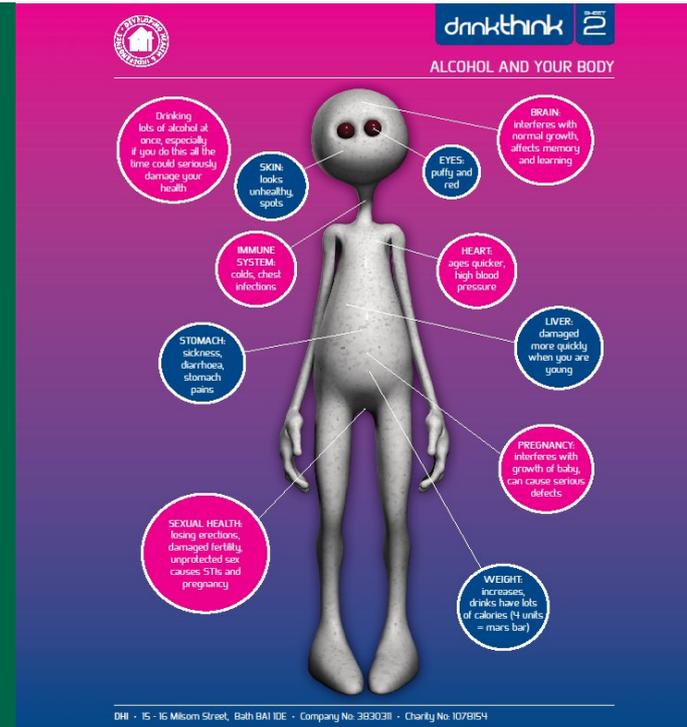


Delivering Alcohol Screening & Brief Interventions for young people

- Young people’s use of alcohol is an important public health concern and community-based settings are key to providing health support to young people
- Focus groups and interviews were conducted with staff working in health, youth and social care settings, who had been trained to deliver the DrinkThink Alcohol Screening & Brief Intervention (ASBI), to qualitatively evaluate the facilitators and barriers to its implementation with young people
- Facilitators included an increase in knowledge about alcohol. Barriers included; a lack of confidence in how to implement DrinkThink; an incompatibility between ASBI and the working ‘culture’ of youth services; alcohol seen as less of a problem compared to other drugs, and competing priorities



This study evaluated the facilitators and barriers among staff trained to deliver DrinkThink: an ASBI designed specifically for use with young people

Key issues

- Young people's use of alcohol remains an important public health concern and community-based settings are key to providing health support to young people.
- ASBIs are used regularly with adult populations but less is known about whether this approach is suitable to use with young people.
- NIHR SPHR researchers at the University of Bristol, along with partners at Project 28* and Bath and North East Somerset, looked at the acceptability of DrinkThink: an ASBI designed for and by young people & delivered by staff working in health, youth and social care settings.

What we did

*Project 28, a young person's drug and alcohol service, provided training to staff in delivery of DrinkThink. Young people were involved in the design of the materials, including picture cards with potential risk scenarios, information on alcohol measures, and how alcohol affects the body.

Five focus groups and eight interviews were conducted with 33 staff trained to implement DrinkThink, from health, youth and social care settings. Staff were asked specific questions about their experiences of delivering the intervention to young people.

Findings and implications

- Findings showed that staff were not implementing DrinkThink as intended. Barriers included: lack of confidence in how to deliver DrinkThink; the working culture in youth services perceived as unsuited to an ASBI approach; staff not identifying alcohol as a key problem among young people; and addressing alcohol use competing for time with the core aims of the organisations.
- Although young people were involved in the design of the DrinkThink materials, staff were not. A co-production approach needs to look at the context in which an intervention is to be used, and involve staff who will deliver the intervention in its design and early stage development.

What next?

We have undertaken an ethnographic review of ASBI among young people (BMC Public Health) and submitted our work on drink think to a public health journal. We are presenting our findings to local policy makers and practitioners in Bath. It is clear from our findings that health care and other workers that are expected to use ASBI need to be more closely involved with intervention and implementation design.

References

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Find out more about this study

<http://sphr.nihr.ac.uk/wp-content/uploads/2017/07/SPHR-BRI-PES-DTK-final-report.pdf#view=Fit>