



Talk about alcohol

CAYT Impact Study: REP18

The Centre for Analysis of Youth Transitions (CAYT) is an independent research centre with funding from the Department for Education. It is a partnership between leading researchers from the Institute of Education, the Institute for Fiscal Studies, and the National Centre for Social Research.

STUDY REFERENCE: REP18

Programme name: Talk About Alcohol

Contact details/links for further details:

Alcohol Education Trust, Frampton House, Frampton, Dorset DT2 9NH www.alcoholeducationtrust.org

Research conducted by: **The National Foundation for Educational Research**, The Mere, Upton Park, Slough, Berkshire SL1 2DQ www.nfer.ac.uk

Programme description, aims and objectives:

The Talk About Alcohol intervention provides secondary-school teachers with informational materials to help them enable their students to make better alcohol-related decisions. Materials include teacher lesson plans and a DVD; a website for teachers; another website with targeted areas for teachers, parents, and their children; and support for hosting an event targeting parents. Materials are peer-reviewed and piloted prior to full implementation.

The programme's primary aims are: (1) to delay the age at which teenagers begin to drink; (2) for those who do drink, to encourage them to do so responsibly; and (3) reduce prevalence of drunkenness and drunken antisocial behaviour.

Target population:

Young people aged 11–18 years.

Expected outcomes:

Expected outcomes include: improved knowledge, awareness, attitudes and behaviour in relation to alcohol.

References:

Lynch, S., Styles, B., Dawson, A., Worth, J., Kerr, D. and Lloyd, J. (2013). *Talk About Alcohol: an Evaluation of the Alcohol Education Trust's Intervention in Secondary Schools*. Slough: NFER.

Related studies:

Fuller, E. (Ed). (2013). *Smoking, Drinking and Drug Use Among Young People in England in 2012*. London: Health and Social Care Information Centre. Available: <http://www.hscic.gov.uk/catalogue/PUB11334>.

Study details:

The study compares a group of students in schools receiving the intervention and a comparison group of young people across three time points during an 18-month period. The first time point was prior to the programme's commencement, the second six months after this point, and the third a further 12 months later. Participating students completed self-assessments on a number of alcohol-related outcomes, including three major outcomes tested by multi-level modelling: (1) onset of drinking, (2) knowledge of alcohol and its effects, and (3) frequency of drinking.

To ensure consistency, intervention-receiving schools were provided with minimum requirements to participate, i.e., the

delivery of four specific lessons from the teacher workbook in Year 8 and two in Year 9, in addition to an hour spent on the www.talkaboutalcohol.com website.

Study samples:

At the study's outset, the intervention-receiving groups comprised 2,142 students at 16 schools. The comparison group comprised 2,268 students at 17 schools. Schools were sampled across England. With some attrition, by the third time point the respective samples were 2,015 and 1,904. All students were in Year 8 at the beginning of the study.

Results and impact:

Onset of Drinking

In contrast to the comparison group (63%), fewer young people in the intervention group (49%) reported having begun drinking by the third time point. This difference was statistically significant at the 5% level and this calculation allowed for other factors (ethnicity, free school meals, household conditions, school conditions, attitude to school, and self-esteem).

Knowledge of Alcohol and Its Effects

Knowledge scores increased for young people in both groups, but at a higher rate for those receiving the intervention. This difference in the extent of improvement – 0.3 points on a nine-point scale – was statistically significant at the 5% level. This allowed for the same factors as the calculation for the onset of drinking. The Knowledge impact in terms of effect size is 0.17 at follow-up 1 and 0.15 at follow-up 2.

Frequency of Drinking

Levels of frequent drinking – defined as more than once a month – were lower for the intervention-group than for the comparison-group of young people. By round three, the same was true for binge drinking. Neither difference was statistically significant at any conventional level. This allowed for the same factors as the calculation for the onset of drinking.

Overall

The results suggest that the intervention group started to drink at an older age (based on a self report measure) and that the intervention group demonstrated better knowledge of alcohol. .

The report uses interaction effects to indicate whether programme impact varied according to ethnicity. Results suggest that, at the third time point, the intervention had a greater impact in reducing non-White students' onset of drinking age than it did on White students.

Impact grade: 3

Costs:

Information supplied by the AET suggests it costs approximately £33 to support a school with one teacher workbook and email, newsletter and web support for one year. Most schools require more than one teacher workbook, although it can be downloaded from the www.alcoholeducationtrust.org website free of charge. 4 lessons were delivered from the workbook in Year 8 and 2 in Year 9. Schools in the intervention group sent an information leaflet home to parents on talking to kids about drinking at a cost of 20p per leaflet. Seminars held in school for parents or teacher training cost between £150 and £500 depending on distance to be travelled. An analysis of costs was not included in the evaluation design.

Quality of evaluation evidence:

The study creates a comparison group using matching methods to ensure that the comparison group is similar to the intervention group across a range of characteristics. The study then takes measures of both groups at three time points, including pre-intervention. The third time point, at 18 months, enables the report to make some credible claims about sustained programme impact. Attrition rates are approximately 10%. These factors indicate good planning and execution of data collection.

The report uses multilevel modelling for its analysis. This is an appropriate choice of analytical approach, since students were nested within schools, and the school that students attend defines whether they receive the intervention. The report controls for a range of student characteristics that are plausible confounders. It also uses interaction terms to explore differential program effects. Data from these models is presented clearly in the report's appendices.

Both the matching and multilevel modelling approaches used in the study control for observed differences, but not for unobserved differences. Since the intervention schools were selected from a group of interested schools, they may well not be comparable with schools that have the same characteristics but that did not, for whatever reason, volunteer to participate.

Quality of evidence grade: 5

Appendix: details of impact grades and quality of evidence grades are set out below

Impact grade	Description
0 (none)	No relationship between the youth service and the outcome in question.
1 (low)	Provision of the youth service may be positively related to one but not all outcomes or just for sub-groups of the target population.
2 (medium)	The youth service has moderate impact on all outcomes and sub-groups or high impact on some outcomes and sub-groups.
3 (high)	The youth service has high impact on all outcomes and sub-groups.

Score	Type of study	More Description	Example of a study	How to improve the quality of evidence
0	Basic	Studies that describe the intervention and collect data on activity associated with it.	A study that describes the intervention and states how much it cost or how many hours of services young people received.	Collect some “before and after” data on the outcome of interest for those receiving the intervention. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
1	Descriptive, anecdotal, expert opinion	Studies that ask respondents or experts about whether the intervention works.	A study that uses focus groups or expert opinion or indeed surveys those who received the intervention after they received it.	Collect some “before and after” data on the outcome of interest for those receiving the services. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
2	Study where a statistical relationship (correlation) between the outcome and receiving services is established	The correlation is observed at a single point in time, outcomes of those who receive the intervention are compared with those who do not get it.	A study that conducts a survey only after the services have been delivered and concludes that youths who received the services responded more positively than those who did not.	This evidence does not allow for the fact that prior to the intervention youths who received the service may have been different from those who did not. Collect some before and after data on the outcome of interest for those receiving the intervention. If it is too late to do that, see if you can compare outcomes for a clearly defined comparison or control group using other “before” data sources, such as administrative data.
3	Study which accounts for when the services were delivered by surveying before and after	This approach compares outcomes before and after an intervention.	A study that conducts a survey before and after the programme.	If you have before-after data you can measure the change in a particular outcome after the services were delivered. Try to determine whether you can compare this gain in the outcome for those who received the youth services to the gain for a similar group of youth who did not receive the services. You might use administrative data for this.
4	Study where there is both a before and after evaluation strategy and a clear comparison between groups who do and do not receive the youth services	These studies use comparison groups, also known as control groups.	A study that matches two locations where both individuals and areas are comparable and surveys them before and after the programme e.g. pilot studies.	You have most of the data you need. Contact an expert on statistics or econometrics and they will be able to apply various statistical methodologies to improve the robustness of your results e.g. matching methods to define a better control or comparison group. NOTE: this is the minimum level of evaluation quality applied by the Social Research Unit et al (2011), which also stipulates that any such study fulfil various quality criteria.
5	As above but in addition includes statistical modelling to produce better comparison groups and of outcomes to allow for other differences across groups	Study with a before and after evaluation strategy, statistically generated control groups and statistical modelling of outcomes.	A study that uses a statistical method, such as propensity score matching, to ensure that the group receiving the youth services is similar to the comparison group and a statistical model of outcomes (e.g. difference in difference).	Short of a random control trial, this methodology is the most robust. To improve confidence in the results try to collect additional data, perhaps from administrative sources, on the comparison group to determine any differences between them that may have pre dated the intervention.
6	Study where youth services are provided on the basis of individuals being randomly assigned to either the treatment or		A study which conducts a Randomised Controlled Trial	The gold standard. It is challenging to run a RCT, with cost, ethical and practical issues arising. Even with a RCT you have to think about how generalisable it is to other situations. If the RCT was only males, it cannot tell you about how well the youth service would do for females, for example.