

“The London Challenge: Are you healthier than your mates?”

Service Evaluation of Alcohol Identification and Brief Advice Direct to the Public

November 2015

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## Acknowledgements

The London Challenge was commissioned by Lambeth Alcohol Prevention Group and the pilot project was developed and delivered by Resonant [www.resonant.agency/](http://www.resonant.agency/). The evaluation was undertaken by the Health Innovation Network. An evaluation steering group comprised representatives of all three organisations:

- Matthew Andrews, Senior Programme Manager, Health Innovation Network
- John Isitt, Director, Resonant
- James Morris, Alcohol Commissioning Manager, London Borough of Lambeth
- Rod Watson, Senior Project Manager, Health Innovation Network

All photographs and 'The London Challenge' design are credited to Resonant. Many thanks to Ros Blackwood and Andrew Walker, Innovation Fellows at the Health Innovation Network, for their comments on drafts of this report.

## Executive summary

### Background

The pilot project tested whether alcohol identification and brief advice (IBA) can be delivered to 18 – 30 year old people by trained workers, known as Brand Ambassadors, who were not healthcare professionals and were not delivering the intervention in a health-related setting. Alcohol IBA is simple, structured and brief advice given to a person after completing a validated alcohol screening tool. It is a preventative approach aimed at identifying and providing brief advice to increasing and higher-risk drinkers. Specifically, the aim of the project was to determine the feasibility of delivering alcohol IBA in a direct outreach fashion to young people in Lambeth, South London. Qualitative research with Lambeth young people informed the approach and branding used for the project.

### Evaluation methodology

Quantitative and qualitative data were captured by monitoring and feedback forms. A post-training questionnaire was completed by all Brand Ambassadors. Feedback was also obtained from the Brand Ambassadors about their experiences of delivering the intervention and how the intervention could be improved. Numbers of people stopped, requested to participate in the intervention and given a leaflet were recorded on a monitoring sheet, along with the individual's AUDIT<sup>1</sup> score. The evaluator approached some participants and asked them to complete a brief anonymous feedback form about their experience of participating in the intervention. All data were stored securely.

### Results

The project was delivered over 3 days in August 2015, amassing a total of 24 hours across 2 Saturdays and 1 Sunday on high streets in Lambeth and adjacent to a busy Underground station. There were 4 Brand Ambassadors present on all 3 days. Mocktails were the best tool to stop passers-by and engage them in an intervention. In total, 402 IBA interventions were completed; however, data from 379 participants were recorded. Of the 379 participants, 41% were female and 38% were male (21% missing data); 42% were aged in their teens or twenties, 18% were in their thirties and 20% were 40 years or over (20% missing data). AUDIT score risk categories of participants completing IBA with a Brand Ambassador (n=379) were:

- Lower risk: 36%
- Increasing risk: 42%
- Higher risk: 12%
- Possible dependency: 10%

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<sup>1</sup> Alcohol Use Disorders Identification Tool (AUDIT) was developed by the World Health Organisation and is widely considered to be the 'Gold Standard' alcohol screening tool.

The average score calculated from participants completing the AUDIT was 9.11. Upon completion of the intervention, a participant feedback form was completed by 61 people. Ninety-three percent (n=57) rated the London Challenge as 'Excellent' or 'Good'. Ninety-five percent (n=58) of respondents rated the delivery by the Brand Ambassadors as 'Excellent' or 'Good'. All respondents who answered the question on the suitability of the setting of the service said it was suitable. Rating of the resources was considered 'Excellent' or 'Good' by 88% (n=54) of respondents. Nine out of ten respondents (n=55) stated they would participate in this service in a public setting again.

There were 145 participants who consented to be followed-up. However, a number of these left illegible email addresses or phone numbers that were no longer in use. A total of 106 participants were sent an email with a link to an online AUDIT. This was followed by 2 days of telephoning those participants who did not complete it online in order to complete AUDIT over the telephone. Eighteen people completed a follow-up AUDIT between 6 – 9 weeks after the IBA Direct service (9 from the email and 9 over the telephone), giving a 17% response rate. The average score from participants completing the AUDIT at follow-up was 6.11. Sixteen of the 18 participants' scores were lower at follow-up compared to baseline; one remained the same and one was slightly higher.

High rating scores on the training received by the Brand Ambassadors (based on a 6 point Likert scale) were given across all items for the event effectiveness (average rating 5.4), event impact (average rating 5.5) and trainer (average rating 5.8). The most useful parts of the training were reported as the information on alcohol units, understanding the risk categories and putting knowledge in to practice.

## **Discussion**

Although undertaking IBA in a public setting is not entirely novel, little was known about participants' and workers' experiences of it. Findings from this project indicate that alcohol IBA can be delivered by newly trained, non-health workers in a public environment, such as on a high street. Feedback from people who participated in the project was exceedingly positive and constructive; very little feedback of a negative nature and no complaints at all were received.

The quality of the project and of the service provided by the Brand Ambassadors cannot be underestimated. The Brand Ambassadors engaged people with professionalism and their approach to interacting with passers-by over the customer journey was central to the large number of participants taking part in the project. The mocktails were a huge success in attracting people to the stand and for initiating a conversation about alcohol.

People were interested in completing the AUDIT and were happy to complete it on the street – either doing it themselves or with the Brand Ambassador completing it with them. There was nothing reported back that indicated any concerns from people about delivering or being in receipt of this type of intervention in a public setting. However, it is not known what people who did not participate in the project thought about it. It was not feasible to ask people who declined to participate why they were declining.

The AUDIT scores of the cohort of people participating in this project indicate the intervention attracted more people at increasing risk of alcohol harm than national or local averages. Forty-two percent of participants were identified as drinking at increasing risk. This is considerably higher than expected when compared with latest data compiled in the Alcohol Harm Map (Alcohol Concern, 2015) which indicates 20% of Lambeth residents are drinking at increasing risk levels. However, the design of the project was aimed to attract younger adults who typically drink at higher risk levels.

The average AUDIT score of the cohort at follow-up (6.11) was lower than the average score at baseline (9.11). Caution must be exercised when comparing the follow-up results with the baseline results, as there was no control group and there were relatively few responses at follow-up.

The evaluation of this pilot project has demonstrated the feasibility and acceptability of alcohol IBA being delivered by non-health workers in an outreach setting on high streets of Lambeth, South London. There were high levels of engagement at each location and across all ages, particularly those in the 18-30 years age group. Potential for research into this method of delivering IBA would be a sensible next step.



## Recommendations

The following are recommendations for further implementation of IBA Direct arising from the evaluation of the pilot project.

- The findings of this service evaluation indicate that it is feasible and acceptable to deliver alcohol IBA direct to the public by newly-trained, non-health workers in an environment such as on a high street.
- The role of the Brand Ambassador could be extended to other existing trained providers of IBA within an area, such as Health Trainers or Youth Workers to work on the project. This may reduce costs of the project. Future projects should consider trialling this.
- Adequate time should be allocated to following up participants who consented to follow-up by phone, in addition to contacting them by email. An incentive to complete a follow-up AUDIT online or over the phone should be included.
- Use a variety of non-alcoholic drinks to promote the London Challenge to passers-by but be mindful of the high sugar content of some Mocktail ingredients – opt for low sugar alternatives.
- Choose the location of the intervention and placement of the stall carefully. It should be placed in a visible location with enough room around the stall to accommodate groups of people. A dedicated space to have one-to-one conversations should be assigned for participants who prefer privacy. Have some seating available.
- Consideration should be given to using AUDIT-C initially and based on the participant's score, follow on to full AUDIT, as appropriate.
- In addition to the London Challenge leaflet, ensure a variety of written alcohol resources are available at the stall to give to participants. These may also be given to people who approach the stall looking for information but do not want to, or have the time to, engage in an IBA.
- Ensure the training given to Brand Ambassadors covers how to appropriately provide feedback and referral to participants with high (20+) AUDIT scores.
- Research into the effectiveness of IBA Direct which employs a methodology with a control group and a longer follow-up period, for example 3 – 6 months, should be considered.

## Background

Alcohol IBA is simple, structured and brief advice given to a person after completing a validated alcohol screening tool. It is a preventative approach aimed at identifying and providing brief advice to increasing and higher-risk drinkers. It is not a treatment and it is not aimed at dependent drinkers. The advice includes feedback on the individual's score from the identification tool and information about harm from alcohol; aimed at motivating risky drinkers to reduce their alcohol consumption to lower risk levels. Written information may also be provided.

The evidence base for the effectiveness of alcohol IBA is strong. The World Health Organisation and the Department of Health have both acknowledged over 50 peer reviewed, academic studies that demonstrate IBA is both effective and cost-effective in reducing the risks associated with drinking. Many of the studies on the effectiveness of alcohol IBA have been conducted within primary care (Kaner, 2013), hospital (Drummond, 2014) or pharmacy settings (Gray, 2012).

The current project aimed to investigate whether IBA can be delivered in a different setting: on the street. Furthermore, the delivery was piloted using trained non-specialists, known as Brand Ambassadors, rather than by health professionals. This approach may be referred to as 'IBA direct'.

Resonant was commissioned by NHS Lambeth Clinical Commissioning Group and Lambeth Council to deliver a piece of work aimed at understanding alcohol misuse among local Lambeth residents not currently receiving interventions (Isitt, 2015). The research identified younger drinkers typically did not receive alcohol interventions as they were less frequent users of health services. In order to change their alcohol consumption behaviour, focus groups identified that at-risk younger drinkers wanted an intervention that engaged them personally.

The findings recommended that alcohol IBA should be delivered directly to young people; rather than expecting young people to attend a primary care practice, for example. An action-based co-creation workshop, held on 29 November 2014 with 7 young people, explored how this approach should be developed and delivered with this group. Additionally, participants identified how they would individually like to experience IBA and then designed the ideal setting by which to target young Lambeth residents.

A report from this research, called 'Reducing Alcohol Misuse in 20-somethings living in Lambeth' (Isitt, 2015) was produced by Resonant with the following recommendation:

*"That a [pilot] be funded to test the co-created ideas of Lambeth residents to develop, implement and evaluate 3 pilot-sites ... on the streets of Lambeth."*

The pilot project was funded by NHS Lambeth Clinical Commissioning Group and Lambeth Council via the Lambeth Alcohol Prevention Group. The Health Innovation Network evaluated the pilot.

## **Aim and objectives of the pilot project**

The pilot project tested whether alcohol IBA can be delivered to 18 – 30 year old people by trained workers that were not healthcare professionals and were not delivering the intervention in a health-related setting. Specifically, the aim of the project was to determine the feasibility of delivering alcohol IBA in a direct outreach fashion to young Lambeth residents.

The objectives of the pilot were to:

1. Identify elements of a suitable training package to prepare non-health professionals to feel skilled and knowledgeable to deliver IBA in a public setting.
2. Identify how willing people are to stop and complete AUDIT in a public setting.
3. Identify how best to engage with passers-by and what type of incentive is best to get people to actively engage in an alcohol IBA.
4. Identify how people react to discussing their drinking habits on the street and to gain an understanding of their overall experience of the approach.
5. Identify whether alcohol IBA can be successfully delivered by Brand Ambassadors, rather than healthcare professionals.
6. Identify participants' thoughts on the resources they were given.
7. Identify any changes to drinking patterns of the cohort at 2 months' follow-up compared with the baseline.

## **Aim of the evaluation**

The aim was to evaluate the project against the 7 objectives presented above and to capture any other learning generated by the intervention.

## **Description of the intervention**

### Recruitment of Brand Ambassadors

For the purposes of this pilot, the Brand Ambassadors were professional street marketers, recruited through Resonant's professional networks. The Brand Ambassadors were paid a daily rate, with targets of number of participants to engage in the intervention.

### Training of Brand Ambassadors

Brand Ambassadors were given a half day training session which covered both IBA delivery and how the project was going to be delivered. Approximately 2 hours were dedicated to the IBA training specifically, delivered by the Alcohol Academy. The session covered typical IBA training elements, including knowledge of alcohol misuse and terminology, as well as key IBA concepts based on FRAMES (Miller and Sanchez, 1993). There was some discussion around ideally extending the time spent on exploring and practicing IBA skills, particularly using IBA direct scenarios. However, a time limitation and need to cover practical aspects of the project, including utilising incentives and set up procedures on the day, restricted further training time on IBA skills. As such support to the Brand Ambassadors was offered

during the project including prompt sheets and additional short briefings. A refresher session was given by Resonant at the start of the second weekend.

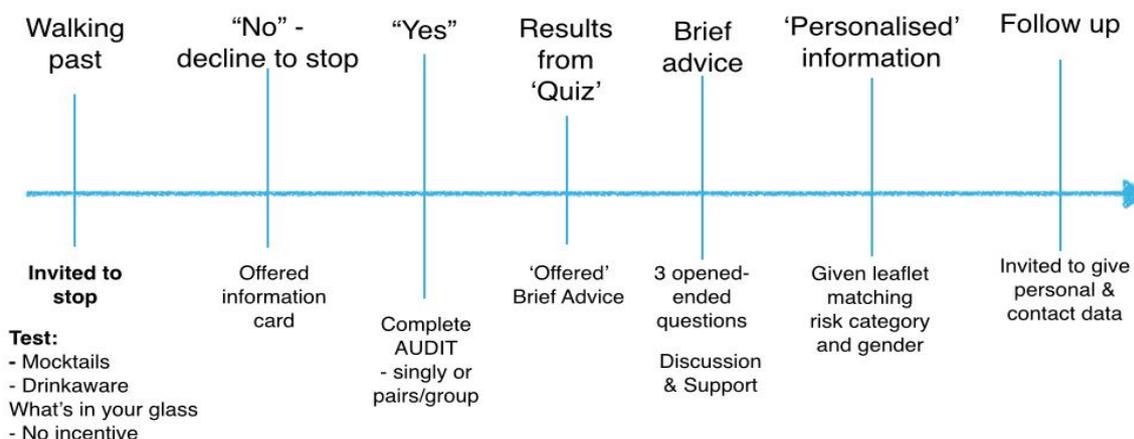
### Service delivery

The pilot project was delivered using Brand Ambassadors, supported by a stand, branded materials and with free incentives. The materials were designed to encourage young people to stop on the street and take a few minutes to complete AUDIT and discuss their results. The project was called “The London Challenge”, with a strapline of “Are you healthier than your mates?” Key attributes included:

- A brand identity was created for the intervention, based on findings from Resonant’s research (Isitt, 2015)
- Incentives were offered to get people’s attention
- An invitation to people to take the Alcohol Quiz (full AUDIT), with follow up discussion of results, information and signposting, as suitable
- The intervention was supported by written ‘take-away’ information based on benefits of cutting down and possible strategies, or further help. Participants were given a semi-personalised leaflet matching their risk category and gender.

Figure 1 shows a diagrammatical representation of the customer journey with the options available to a single person encountering a Brand Ambassador.

### **London Challenge - the IBA Direct customer journey**



**Resonant**

**Figure 1: The IBA Direct customer journey.**

During the course of the pilot project, a variety of incentives were tested, including:

- Simple conversation starters

- Give-aways of the Drinkaware 'What's in your glass'
- Free 'mocktail' serving (non-alcoholic 'cocktails' e.g. virgin mojito and strawberry woo-woo)

Participants were invited verbally to participate at different parts of the customer journey above to continue to the next stage. As this was a pilot project taking place on the high street, participants were free to walk away at any time. People who opted not to participate were offered a credit-card sized resource with details about the project on it, including a website they could access in their own time.



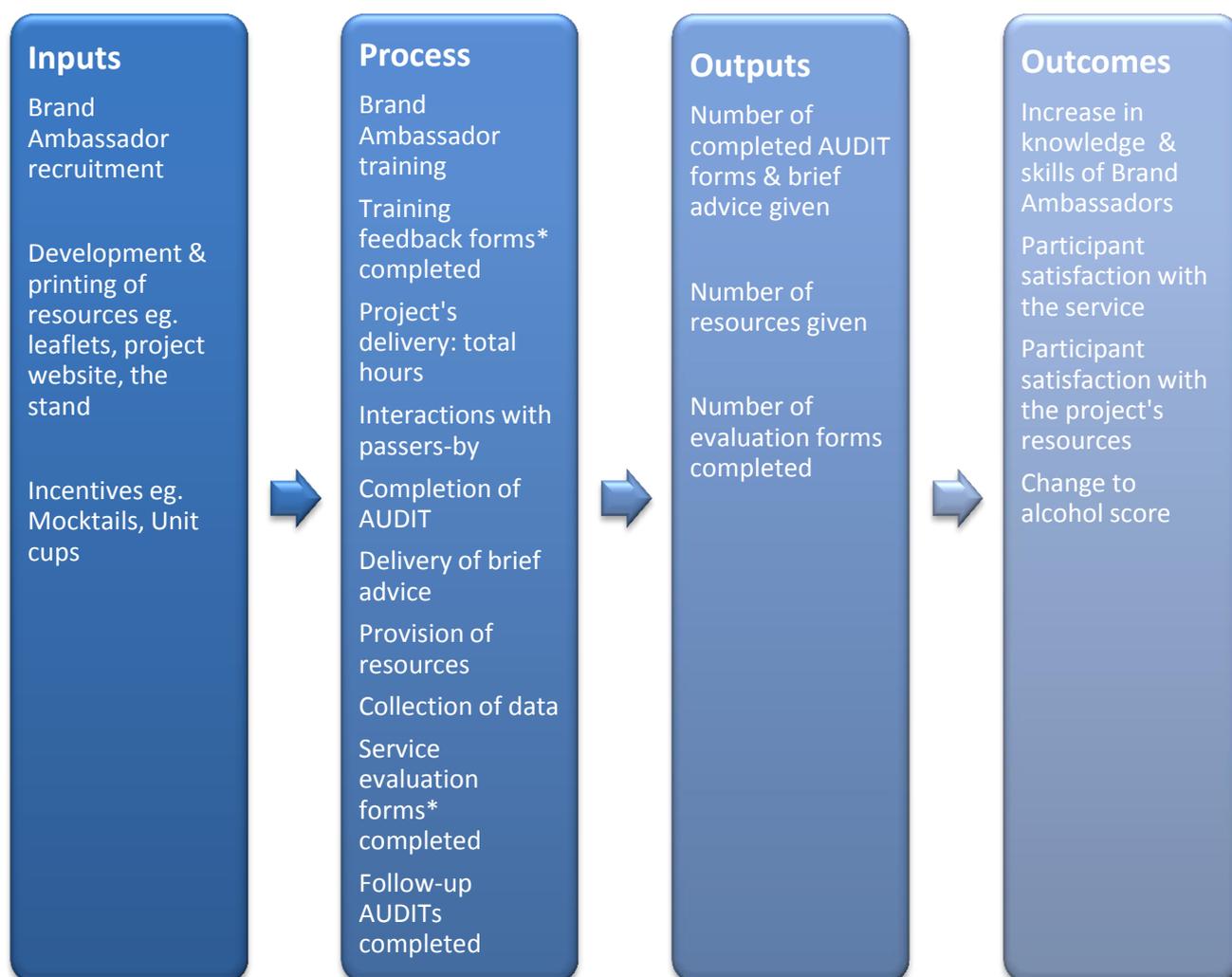
People who were happy to complete the AUDIT were provided with 'Feedback'; that is, their score and what risk group this placed them in, as well as written information specific to their risk category. Where participants were willing, the Brand Ambassadors offered simple 'brief advice' as per the training. Eight different information leaflets were produced, one for each of the four main alcohol AUDIT categories, with male and female versions of each.

After a participant had completed the AUDIT and was offered brief advice, they were asked to leave their contact details; gender, age, ethnicity and borough of residence and consent to be contacted via email within the next 2 days with their score, a link to the project's website and further information, including signposting to local services. As an incentive, they would be placed in a prize draw to win a £50 Amazon voucher. Participants were asked if they would like to complete an online version of AUDIT again in a month's time and consent to contact participants for this purpose was requested at this point. Therefore, demographic details were available for the cohort of people who consented to follow-up only; not everyone who engaged with a Brand Ambassador.

A brief (2 ½ minutes) video demonstrating part of an intervention between a Brand Ambassador and a participant was taken on one of the days and can be viewed at <https://www.youtube.com/watch?v=bYQkYqFEbT4>

### Theory of Change

A theory of change model was used to guide the project and the evaluation was designed around this. The theory supposes that the inputs to the project, such as the Brand Ambassadors, the resources and incentives will lead to a number of outputs and subsequently, may translate into desired changes (Figure 2).



\*All forms can be found in the Appendices

**Figure 2: A theoretical model of the IBA Direct service.**

### Data storage

All data collected throughout the day was taken to and stored securely at Resonant's office. Resonant complies with the Data Protection Act. Data was stored for the duration of the pilot project only. The data was used for this pilot project only. Personal data (ie names and email addresses) were destroyed after the 1 month follow-up email was been sent on 8 September 2015.

## Service costs

The total cost of the project amounted to £20,475. This was allocated in the following way:

Staff	£5,400
Resources	£7,966
Training	£1,400
Overheads	£5,709
<b>Total</b>	<b>£20,475</b>

## **Evaluation methodology**

The evaluation used a mixed methods approach with both qualitative and quantitative methods. The Brand Ambassadors, along with people who were recipients of IBA, were both a part of the evaluation.

### Brand Ambassadors

#### *Quantitative*

- Post-training questionnaire, completed at the end of the training day (see Form A)<sup>2</sup>.

#### *Qualitative*

- Post training questionnaire, completed at the end of the training day (Form A).
- Feedback from the Brand Ambassadors about their experiences of delivering the intervention and how the intervention could be improved. This was administered via email and completed independently by the Brand Ambassadors (Form B).
- Further questions were asked on Form B about the training they received/ongoing support and how it equipped them for the intervention/how the training could be improved.

### Participants

#### *Quantitative*

- Numbers of people stopped, requested to participate in the intervention and given a leaflet were recorded by the Brand Ambassadors. Demographic data including gender, age, ethnicity and borough of residence were collected for this group (Form C).
- Numbers declining to participate in the intervention were recorded also (Form C).

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<sup>2</sup> All Forms can be found in the Appendices.

- The evaluator approached some participants and asked them to complete a brief anonymous feedback form about their experience of participating in the intervention (Form D).

### *Qualitative*

- The evaluator approached some participants and asked them to complete a brief anonymous feedback form about their experience of participating in the intervention, which included some open-ended questions (Form D).

## **Results**

The London Challenge was delivered over 3 days in August 2015, amassing a total of 24 hours across 2 Saturdays and 1 Sunday. On Saturday 1 August and Sunday 9 August the project was mainly on the pavement adjacent to Clapham Common Underground station and on Saturday 8 August, it was outside WH Smith on Streatham High Road. In total, 6 Brand Ambassadors delivered the project. Due to illness, one of the Brand Ambassadors who attended the training was unable to attend on 8 and 9 August. A new substitute Brand Ambassador attended on each of those days and a short briefing was provided to them at the beginning of the session by the project manager.

There were 4 Brand Ambassadors present on all 3 days.

### Who engaged with the project?

On the first day of the project, 3 different approaches to engaging people were tried for an hour each:

- Hour 1: 'What's in your glass?' 6 people engaged.
- Hour 2: Free mocktail. 24 people engaged.
- Hour 3: Health quiz (AUDIT)/no incentive. 4 people engaged.

From the numbers of people engaged with each approach, it quickly became apparent that the mocktails were the best tool to stop passers-by and engage them in an intervention. This approach was subsequently adopted and maintained for the rest of the pilot project. The 'What's in Your Glass?' was subsequently offered as a gift following the intervention, rather than an incentive to attract people to the stall.

By the end of the 3 days of the London Challenge project, 402 full AUDITs had been completed. Of the total 402 participants who took part in the project, 379 left their AUDIT forms. Data are presented on this sample of 379 participants. Of the 379 participants, 145 (36%) consented to follow-up and provided contact and demographic details. The following table presents their demographic details.

**Table 1: Demographic breakdown of cohort of participants completing IBA with a Brand Ambassador (who consented to be followed-up), n=145 (%)**

<b>Gender</b>		<b>n (%)</b>
	Female	89 (62)
	Male	54 (37)
	Missing	2 (1)
	Total	145 (100)
<b>Age</b>		
	Teens	3 (2)
	20s	73 (50)
	30s	32 (22)
	40s and older	30 (21)
	Missing	7 (5)
	Total	145 (100)
<b>Ethnicity</b>		
	White	84 (58)
	Black	30 (21)
	Asian	18 (12)
	Mixed	3 (2)
	Other	1 (1)
	Missing	9 (6)
	Total	145 (100)
<b>Residence</b>		
	Lambeth	80 (55)
	Wandsworth	15 (10)
	Croydon	7 (5)
	Other South London	11 (8)
	Other London	13 (9)
	Outside London	4 (3)
	Missing	15 (10)
	Total	145 (100)

### AUDIT results

The following data were from 379 participants who left completed AUDIT forms and were given brief advice. Table 2 shows the gender and age breakdown of this cohort, along with the location of the intervention. Table 3 and Figure 3 present their AUDIT score by risk category.

**Table 2: Gender and age of the cohort of participants completing IBA with a Brand Ambassador and the location of the intervention (total sample, n=379).**

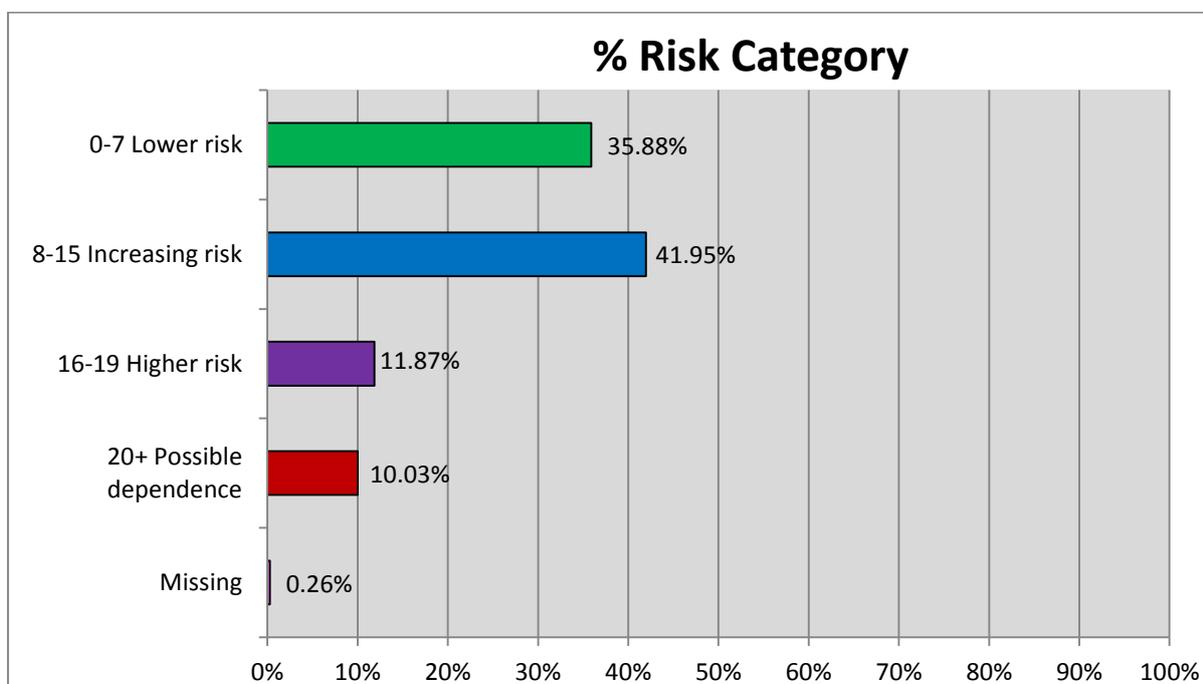
<b>Gender</b>		<b>n (%)</b>
	Female	155 (41)
	Male	143 (38)
	Missing	81 (21)
	Total	379 (100)
<b>Age</b>		
	Teens	9 (2)
	20s	151 (40)
	30s	68 (18)
	40s and older	74 (20)
	Missing	77 (20)
	Total	379 (100)
<b>Location</b>		
	Clapham I, 1 August 2015	122 (32)
	Streatham, 8 August 2015	147 (39)
	Clapham II, 9 August 2015	110 (29)
	Total	379 (100)

**Table 3: AUDIT score risk categories of participants completing IBA with a Brand Ambassador, n=379 (%)**

<b>Risk category (score range)</b>	<b>n (%)</b>
Lower risk (0-7)	136 (36)
Increasing risk (8-15)	159 (42)
Higher risk (16-20)	45 (12)
Possible dependency (20 and above)	38 (10)
Missing	1 (0) <sup>3</sup>
Total	379 (100)

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<sup>3</sup> Not completed.



**Figure 3: Bar graph of AUDIT scores by risk category, n=379.**

The average score calculated from participants completing the AUDIT was 9.11.

#### Participant feedback

A participant feedback form (Form D) was completed by 61 people. A further 5 people who were approached by the evaluator to complete a feedback form declined, giving reasons such as a lack of time or a train to catch.

#### **Q1. How would you rate the London Challenge? n=61 (%)**

Response	n (%)
Excellent	24 (39)
Good	33 (54)
Average	3 (5)
Poor	0 (0)
Missing	2 (1)
Total	61 (100)

Of the 61 respondents, 93% (n=57) rated the London Challenge as 'Excellent' or 'Good'. Most of the comments were also positive, including several people mentioning the project as informative, a good initiative and good at raising awareness about alcohol. Other comments included: "the NHS logo should be prominent", "Not immediately obvious what the scheme is trying to achieve. Not everyone knows about units. A scale would be useful" and "Although the campaign is about alcohol and health, the non-alcoholic alternatives were full of sugar; more sugar than some alcohol. Not a healthy alternative for someone".

## Q2. How would you rate the Outreach Worker's delivery of the London Challenge?

n=61 (%)

Response	n (%)
Excellent	49 (80)
Good	9 (15)
Average	2 (3)
Poor	0 (0)
Missing	1 (2)
Total	61 (100)

Ninety-five percent (n=58) of respondents rated the delivery by the Brand Ambassadors as 'Excellent' or 'Good'. Comments on this item were also overwhelmingly positive, with many people leaving remarks such as: "Friendly", "Approachable", "Good service" and "Informative". One person commented, "It was a bit disguised. I thought they were selling a health check" and another wrote, "Ok info. She's not a doctor".

## Q3. How would you rate the suitability of the setting? n=61 (%)

Response	n (%)
Totally suitable	32 (52)
Suitable	26 (43)
Unsuitable	0 (0)
Totally unsuitable	0 (0)
Missing	3 (5)
Total	61 (100)

Every person who answered this question felt that the setting was suitable. Several people left comments saying it was a good location, a busy location and visible. A few people mentioned that it was a suitable location for people who do not have any problems with alcohol; implying they felt it may present an issue for people with alcohol problems. One person suggested having a bigger stand and another wrote, "Catching the average public".

## Q4. How would you rate our resources? n=61 (%)

Response	n (%)
Excellent	22 (36)
Good	32 (52)
Average	3 (5)
Poor	0 (0)
Missing	4 (7)
Total	61 (100)

Rating of the resources was considered 'Excellent' or 'Good' by 88% (n=54) of respondents. There was a variety of comments left in response to this question. The free 'What's in Your

Glass' mug was appreciated by some people. A couple of people mentioned a lack of variety of leaflets to take away. Other comments included: "The stall is flimsy", "Simple, clear to understand but leaflets not always best way - digital/social engagement?", and there were several positive comments about the mocktails.

**Q5. Would you participate in this service again in a public setting? n=61 (%)**

<b>Response</b>	<b>n (%)</b>
Yes	55 (90)
No	1 (2)
Don't know	2 (3)
Missing	3 (5)
Total	61 (100)

Nine out of ten respondents (n=55) stated they would participate in this service in a public setting again. Of those respondents stating such, some of the comments included: "Helpful, always good to receive info on healthy living", "Only took a few mins, people friendly and interesting to talk to", "Great idea to raise awareness and start the education and discussion", "The approach from [named Brand Ambassador] was outstanding. Based on that I would do it again" and "I like the prevention health taking place anywhere". Of the few people stating they would not or did not know if they would take part again, the comments included: "I rated so low that I don't think I need to" and "Might do if in different location eg next to doctor's surgery".

When asked about how the service could be improved, the responses included, to provide seating, a bigger table and a variety of mocktails. Several people commented on the delivery of information such as, "More info afterwards", "More display about the consequences to health problem linked to drinking", "More information on how it impacts health, how much it costs the NHS and what Units are" and "Maybe bit more explanation into how it will be used as I had to ask to gain one. Overall good."

The final question asked if there were any further comments you'd like to make. The majority of the comments were positive statements thanking the team and praising the mocktails and the service. One person suggested music should be played, others stated, "Give details on guidelines and if you think you are above guidelines, call and get advice" and "No mention of Facebook or Twitter. Could challenge your friends via Instagram: put pictures up and share your experiences."

Participant follow-up

There were 145 participants who consented to be followed-up. However, a number of these left illegible email addresses or phone numbers that were no longer in use at the time of follow-up. On 18 September 2015 (6 weeks after the end of the intervention), a total of 106 participants were sent an email with a link to an online AUDIT. This was followed by 2 days (8 and 9 October) of telephoning those participants who did not complete it online in order to complete AUDIT over the telephone.

In total, 18 people completed a follow-up AUDIT (9 from the email and 9 over the telephone), giving a 17% response rate. Of this sample, 14 (78%) were female, 15 (83%) were white and 12 (67%) were Lambeth residents. There were 6 respondents a piece from Clapham I, Streatham High Road and Clapham II.

The average score from participants completing the AUDIT at 6 – 9 weeks' follow-up was 6.11. Sixteen of the 18 participants' scores were lower at follow-up compared to baseline; one remained the same and one was slightly higher.

### Brand Ambassadors' feedback

#### (i) Training

The training was attended by 6 people: 4 Brand Ambassadors and 2 managers from Resonant. The post-training questionnaire (Form A) responses were collated from all 6 attendees.

High rating scores (based on a 6 point Likert scale) were given across all items for the event effectiveness (average rating 5.4), event impact (average rating 5.5) and trainer (average rating 5.8). The most useful parts of the training were reported as the information on alcohol units, understanding the risk categories and putting knowledge in to practice. One person stated the least useful part of the training was the specific medical information.

The Brand Ambassadors were asked further questions relating to the training after the project was finished. Four responses were received. The 3 Brand Ambassadors who attended the half-day training stated that it fully equipped them for the project. One Brand Ambassador who had not attended the half-day training and was given a briefing on the day of the project said it partly equipped them. Two Brand Ambassadors mentioned they would have liked to have been provided with more training on how to handle people who appeared upset by their result, and how to deal with 'recovering alcoholics' or people still dealing with alcohol issues.

#### (ii) London Challenge

Of the 4 Brand Ambassadors who responded to the feedback questionnaire (Form B), there were mixed experiences about engaging passers-by in the project. One thought it was challenging and difficult as people were unsure what the project was about and had assumed they were being approached to be sold something or sign up to something. Another felt it was challenging to begin with but became easier with time. Others said it was easy to approach people and that it was a very rewarding experience. All Brand Ambassadors stated that the experience was made easier by the free mocktails – these were very popular with the public. Other answers were the good training they received made them feel confident and the location offered a large footfall of people in the target group. Also, working in a team assisted as a motivational factor. The smallish size of the stand and a lack of space were reported by a couple of Brand Ambassadors as making

delivery of the service more difficult. One person found asking questions about how much people had drunk made some people feel uncomfortable.

In relation to delivering the AUDIT and results, one of the Brand Ambassadors mentioned the good training they received made it easy. Although others said they found delivering the AUDIT fairly straightforward, they mentioned providing feedback on the person's result could feel difficult; especially if the score was high. Factors which made the experience easier included working in a good team. Clipboards instead of iPads were considered to be good as the Brand Ambassadors could hand out a few AUDITs at a time, meaning more people taking part. One of the Brand Ambassadors thought the NHS logo also made it easier, as people saw something that made the 'quiz' seem more legitimate and they trusted it more. One Brand Ambassador mentioned the experience was made more difficult when they had engaged with someone battling a drinking problem or said they were a recovering alcoholic.

A couple of the Brand Ambassadors stated that one-to-ones were preferred as they were more personal and provided an opportunity for more in depth discussion. One stated that some people in a small group appeared to get embarrassed and may have potentially altered their answers. "Groups were more fun and also meant more numbers, but one on ones were more personal." Several of the Brand Ambassadors perceived the participants would have preferred completing it in a group as the spotlight on them was removed. Also, they could compare scores and talked about their results and the mocktails afterwards. However, one Brand Ambassador thought participants would prefer one-on-one as "answers seemed to be more honest and it seemed less of a laugh with friends".

There were similar views in response to information from participants about the setting of the intervention. A couple of the Brand Ambassadors felt that it was positive and there were very few concerns about giving information about alcohol in a public place. The NHS logo was mentioned as a positive element.

With regards to improvements to the project, a couple of the Brand Ambassadors mentioned the AUDIT was too long, too wordy and some of the questions were off-putting to some participants. A suggestion of having more varied mocktails was also mentioned as a way to improve the project. "[Participants] mentioned that the drinks were a tad sugary (encountered many diabetics) and some thought we were substituting alcohol with sugary drinks". A couple of the Brand Ambassadors suggested making the area more inviting, making it like a festival or a club, by providing music and seating. Also, more of a spectacle could be made of the cocktail making. Other sweets or treats could also be given as a reward for engaging in the project.



## Discussion

The London Challenge pilot project was conceived in response to research with 18-30 year old Lambeth residents about approaches to engaging young people with alcohol IBA (Isitt, 2015). Although undertaking IBA in a public setting is not entirely novel, little was known about participants' and workers' experiences of it. Findings from this project indicate that alcohol IBA can be delivered by newly trained, non-health workers in a public environment such as on a high street, and 'IBA direct' appears a useful term for the approach. Feedback from people who participated in the project was exceedingly positive and constructive; very little feedback of a negative nature and no complaints at all were received.

Over the course of the 3-day project, 402 interventions were completed. Across the 24 hours of the project delivery time, this averages at 17 people per hour or one person every 15 minutes for each of the 4 Brand Ambassadors. Ratings from participants on all items from the service they received from the Brand Ambassador to the resources and their rating of the project itself were exceptionally high. None of the 61 respondents who completed a participant feedback form rated any of the items pertaining to the project as 'poor'. The quality of the project and of the service provided by the Brand Ambassadors cannot be underestimated. The Brand Ambassadors engaged people with professionalism and their approach to interacting with passers-by over the customer journey was central to the large number of participants taking part in the project.

The mocktails were a huge success in attracting people to the stand and for initiating a conversation about alcohol. They were very popular with participants. However, consideration should be given to the variety of the mocktails available and to lowering their sugar content. The position of the stand was important, for example the location on a busy

footpath outside WH Smith on Streatham High Road. However, it also worked well adjacent to Clapham Common Underground station where people were lingering, often waiting for friends. The stand itself was a magnet for some people – attracted by the “London Challenge” display and also by the free drinks. However, some people felt the stand could be bigger and of a higher quality so that it would make more of an impact. The NHS logo could be placed in a more prominent position on the stand. Providing seating and music were suggested as ways to further attract people to the service. These points highlight some of the issues that differentiate this service from traditional ways of delivering IBA.

Slightly more women than men were engaged with the service. However, when it came to leaving contact details for follow-up, considerably more women were happy to be contacted. From the cohort of people leaving their contact details, data on ethnicity and place of residence were collected. With regards to ethnicity, this sample is broadly reflective of South London. Just over half of the people lived in the Borough of Lambeth. The largest age group of people completing an IBA were those in their 20s; indicating the project was well-targeted. Including those people in their teens, 42% of all participants fell into the 18-30 year old age bracket. This is a good result given the stall could be accessed by adults of all ages and no one wanting to participate in the project (over the age of 18) was refused the service.

People were interested in completing the AUDIT and were happy to complete it on the street – either doing it themselves or with the Brand Ambassador completing it with them. There was nothing reported back that indicated any concerns from people about delivering or being in receipt of this type of intervention in a public setting. However, it is not known what people who did not participate in the project thought about it. It was not feasible to ask people who declined to participate why they were declining.

It may be more practical and efficient for Brand Ambassadors to use the AUDIT-C tool rather than full AUDIT for this setting. Some participants felt that the AUDIT was too long and too wordy. AUDIT-C is a shorter version of the full AUDIT and asks the 3 questions on consumption only. If the participant scores 5 or more, the remaining questions of the full AUDIT are asked. This approach could save time with participants identified sooner as lower risk drinkers.

Generally, participants were pleased with the look of the project and the resources provided. Written resources based on gender and risk category were popular as they were tailored to the individual. Again, this was something that distinguished this service from traditional methods of delivering IBA. Some participants requested other written resources on alcohol in addition to the “London Challenge” leaflet. A variety of leaflets could be made available on the stall and given to people who participate in an IBA, as well as being given to those people who want information but do not have the time to complete an IBA.

The AUDIT scores of the cohort of people participating in this project indicate the intervention attracted more people at increasing risk of alcohol harm than national or local averages. Forty-two percent of participants were identified as drinking at increasing risk.

This is considerably higher than expected when compared with latest data compiled in the Alcohol Harm Map (Alcohol Concern, 2015) which indicates 20% of Lambeth residents are drinking at increasing risk levels. However, the design of the project was aimed to attract younger adults who typically drink at higher risk levels.

Seventeen percent of participants who consented (and were contactable) at follow-up actually completed AUDIT at the follow-up stage. The small numbers completing the follow-up AUDIT from an email or telephone call may indicate a reluctance of people to engage on this issue in this manner, even with the incentive of going into a draw for a £50 voucher. Future projects may want to consider time and financial resourcing to adequately engage in reaching people at follow-up; especially for a sample size large enough to demonstrate statistical significance of results.

The average AUDIT score of the cohort at follow-up (6.11) was lower than the average score at baseline (9.11). This is a promising result, particularly as the time between the two interventions was only 6 – 9 weeks. Caution must be exercised when comparing the follow-up results with the baseline results, as there was no control group and there were relatively few responses at follow-up. This is something that could be investigated more in future studies.

The half-day training was suitable and adequate to equip the Brand Ambassadors for their role in delivering the service. The only suggestion made to add to the training was more information about addressing the needs of people who score 20 or higher (possibly dependent drinkers). For future recruitment and training of Brand Ambassadors, it could be possible to involve local volunteers, perhaps drawn from a local health champion's network.

At a total cost of £20,475 and with 402 full AUDITs completed, this calculates at a cost per AUDIT of £51. Although this figure appears high in comparison to AUDIT being delivered in some other settings, it also includes set-up costs, training costs and costs of printed resources, the stand, refreshments and project website. If the service were to be delivered again, many of these costs would be removed from the overall budget and the cost per AUDIT greatly reduced. Making use of existing workers such as Health Trainers, for example, would also contribute to a reduction in costs.

The evaluation of this pilot project has demonstrated the feasibility and acceptability of alcohol IBA being delivered by non-health workers in an outreach setting on high streets of Lambeth, South London. There were high levels of engagement at each location and across all ages, particularly those in the 18-30 years age group. Potential for research into this method of delivering IBA would be a sensible next step.

## References

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## Appendices

### End of Event Evaluation

<b>Event Title:</b> Alcohol IBA	<b>Date:</b>
<b>Venue:</b>	<b>Trainer(s):</b> James Morris
<b>Name (optional):</b>	<b>Organisation:</b>

► Please tick the rating which best reflects your level of satisfaction with each of these aspects of the event:

	<b>Satisfaction Rating</b>					
	Low			High		
<b>EVENT EFFECTIVENESS</b>						
• Achievement of stated objectives	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Length of event	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Appropriateness for role	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>EVENT IMPACT</b>						
• Improvement in knowledge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Improvement in skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Value of event in relation to job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<b>TRAINER(S)</b>						
• Knowledge of subject matter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Use of suitable delivery method(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
• Organisation and style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

<b>Which parts of the event were MOST useful to you, and why?</b>
<b>Which parts of the event were LEAST useful to you, and why?</b>
<b>How do you intend to put what you have learnt into practice?</b>
<b>Please give an overall rating for this training event by ticking the most appropriate box.</b>
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>

<b>Please add any further comments or suggestions for improvement:</b>

**“The London Challenge: Are You Healthier than your Mates?”****Brand Ambassador Feedback**

1. How would you describe the experience of attempting to engage passers-by in the Project?
  - a. What factors made the experience easier?
  - b. What factors made the experience more difficult?
  - c. What advice would you give to future workers in a similar role?
  
2. How important was using mocktails as an incentive for engagement? Why do you think so?
  - a. Do you have any suggestions on other ways to engage people in this type of Project?
  
3. Once a person had agreed to take part, how did you find delivering the AUDIT (quiz) and discussion of results to them?
  - a. What factors made the experience easier?
  - b. What factors made the experience more difficult?
  - c. What advice would you give to future workers in a similar role?
  
4. Was there a preference between one-to-one delivery and small group delivery?
  - a. By you? Why?
  - b. By the participants? Why do you think so?
  
5. Did participants offer any information about the setting of the project and the content of the Challenge? Eg. How they felt about talking about alcohol consumption in a public place or in front of their friends or parents?
  
6. How would you suggest this Project could be improved?

7. What unexpected outcomes occurred (either positive or negative) that you'd like to share?
  
8. Did the training you receive equip you for the Project? (Please highlight one of the following three responses.) i. Yes, fully            ii. Yes, partly            iii. No
  - a. Why?/Why not?
  - b. Was there any further information or training you would have liked to have received?
  
9. How could the training be improved in order to better equip a new Brand Ambassador for the intervention?
  
10. Do you have anything else you would like to add about any parts of the training or delivery of the London Challenge?

Thank you very much!



Ambassador name: \_\_\_\_\_

## Entering people into a prize draw

- Personal data will not be shared with anyone else
- We want your contact details to send you 2 emails:
  - o One: with your results in it and a link to further information and support
  - o Second: in a month's time to enter you into a prize draw by taking a 3 question quiz
- All personal data (names and contact details) will be destroyed within two months from today.

<b>No to Quiz</b>	IIII IIII <del>IIII IIII</del>	<b>Yes to quiz</b>	
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Stop type	Name	Email	Mobile	Age range	Which Borough do they live?	Gender (M / F)	Ethnicity	Quiz Score
1	John Doe	john@doerame.com	07777 666999	20s	Lambeth	M	W	11

**Stop type:** 1) Mocktail; 2) WIYG; 3) Talk

**Age range:** a)Teens; b) 20s; c) 30s; d) 40+

**Ethnicity:** a) **White** (British/Other); b) **Black** (British/African/Caribbean); c) **Asian** (British/Indian/Pakistani/Bangladeshi/Chinese); d) **Mixed**; e) **Other**



## Give your feedback!

We would like to know what you thought about the London Challenge. Please answer the questions below and return this form to the Outreach Worker. Please **DON'T** put your name or email address on this form. Your feedback is anonymous. Thanks!

**How would you rate the London Challenge?**

- Excellent     Good  
 Average     Poor  
 I declined to participate

Do you have any comments about the outreach service?

**How would you rate the Outreach worker's delivery of the London Challenge?**

- Excellent     Good  
 Average     Poor  
 I declined to participate

Do you have any comments about the outreach worker's delivery?

**How would you rate the suitability of the setting (being on a public street) in which you spoke with an outreach worker?**

- Totally suitable     Suitable  
 Unsuitable     Totally unsuitable  
 I declined to participate

Do you have any comments about the setting of this service?

Please turn over ...



<b>How would you rate our resources?</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good
	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Are there any comments you have about our resources?		

<b>Would you participate in this service again in a public setting? (eg. At a festival, on a high street)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Don't know	
Why/Why not?		

<b>How do you feel we could improve the service we have given to you?</b>

<b>Are there any other comments you would like to make?</b>

**Thank you very much for completing this form – now take it back to the stand  
[www.londonchallenge.me](http://www.londonchallenge.me)**