

**Alcohol harm monitoring in Derby
County Community Trust's health
programme: 12-month follow-up data**

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Contents

Introduction	3
Participants at Baseline.....	3
Change in Participants' AUDIT-C Categories/Scores.....	4
Limitations.....	6
Conclusions and Next Steps	6

Introduction

In September 2017, Drinkaware began a partnership with Derby County Football Club which involved providing alcohol education resources to participants in their Community Trust’s health programmes. The programmes aim to help people of all ages across the city of Derby to get fitter, stop smoking, reduce harmful drinking and improve their overall health and wellbeing.¹

Since the start of the partnership 119 participants² have undertaken the Derby County Community Trust’s health programme—ninety-one of which began the programme in January or February 2018 (referred to here as the 1st wave), and 28 who joined the programme in April 2018 (2nd wave). AUDIT-C scores were collected every three months. As of February 2019, baseline and three-month data were available for all participants (N=119), with six-, nine-, and 12-month data also available for 1st wave participants (n=91). The following section will present a summary of participant characteristics, followed by a presentation and discussion of available findings. All data is collected by the Community Trust and sent in an anonymous spreadsheet to Drinkaware for analysis.

Participants at Baseline

Of the 119 participants undertaking the health programme, 106 are male and 13 are female; all but one female participant entered the programme during the 2nd wave.

Figure 1 displays the age of all participants (A), as well as the age of those in each wave (B, C). Just over one quarter (27%, n=32) are between 45-55 years old, followed by those aged 25-34 (22%, n=26) and 35-44 (19%, n=22)—1st wave participants maintained this split; however, the 2nd wave had a larger proportion of 35-44 year olds (32%, n=9), and no participants aged 18-24.

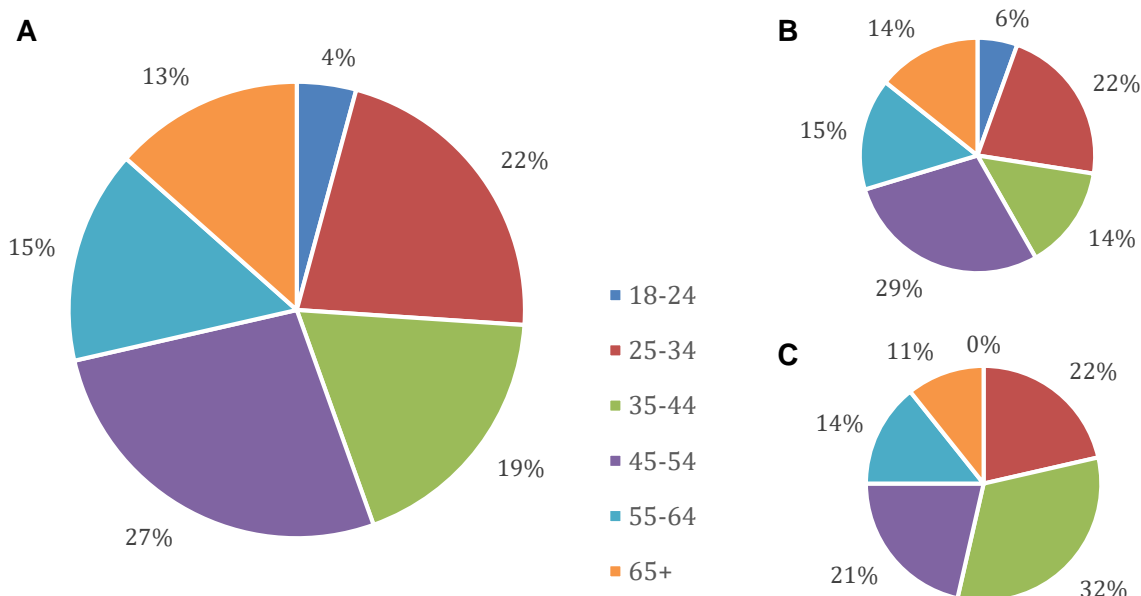


Figure 1: Age of Participants.

A. All participants (N=119). **B.** 1st Wave Participants (n=91). **C.** 2nd Wave Participants (n=28)

¹ Information about the programmes: <https://www.derbycountycommunitytrust.com/programmes/health> [Accessed 27 February 2019].

² One participant was removed (DCCT 82) due to an invalid AUDIT-C score at baseline.

Figure 2 presents participants' AUDIT-C scores at baseline, coded according to the AUDIT-C guidelines.³ Among all participants (A), 17% were classified as 'non-drinkers' (n=20), 30% were deemed 'low risk' (n=36), 33% were 'increasing risk' (n=39), 17% were 'higher risk' (n=20), and 3% of participants had AUDIT-C scores that indicated 'possible dependence' (n=4). These proportions were reflected among 1st wave participants, while there was a higher proportion of 'non-drinkers' (29%) and 'higher risk' (21%) participants in the 2nd wave.

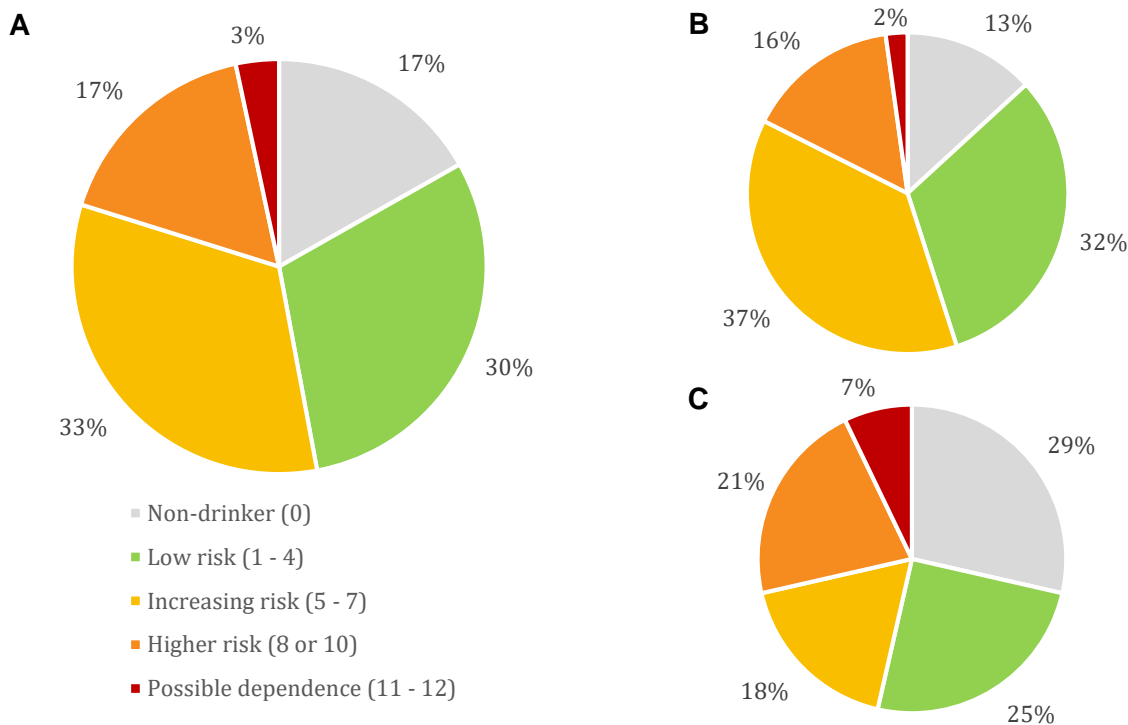


Figure 2: Participant AUDIT-C Score at Baseline.

A. All participants (N=119). B. 1st Wave Participants (n=91). C. 2nd Wave Participants (n=28)

Change in Participants' AUDIT-C Categories/Scores

Figure 3 illustrates the change in AUDIT-C categories for all participants between baseline and the three-month follow-up (N=119). All four participants with 'possible dependence' scores at baseline dropped into the 'higher risk' category. Of the 20 'higher risk' participants at baseline, all but three dropped into the 'increasing risk' category. The three remaining 'higher risk' participants each reduced their AUDIT-C score by 1 point. Of the 39 'increasing risk' participants at baseline, 19 dropped into the 'low risk' category, with the remaining 20 participants staying at 'increasing risk', with 14 of those decreasing their AUDIT-C score by either 1 point (n=9) or 2 points (n=5). The remaining six participants scores stayed the same. All 36 participants who were 'low risk' at baseline, continued to be 'low risk' at three months. Similarly, all non-drinkers (n=20) at baseline remained non-drinkers at the three-month follow-up.

³ AUDIT-C scores range from 0 to 12. Categories include: non-drinker (0), low risk (1-4), increasing risk (5-7), higher risk (8-10), and possible dependence (11-12). Guidelines can be viewed at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684826/Alcohol_use_disorders_identification_test_for_consumption_AUDIT_C.pdf.

Note: Participants with a score of zero on every question in the AUDIT-C have been categorised as 'non-drinkers'.

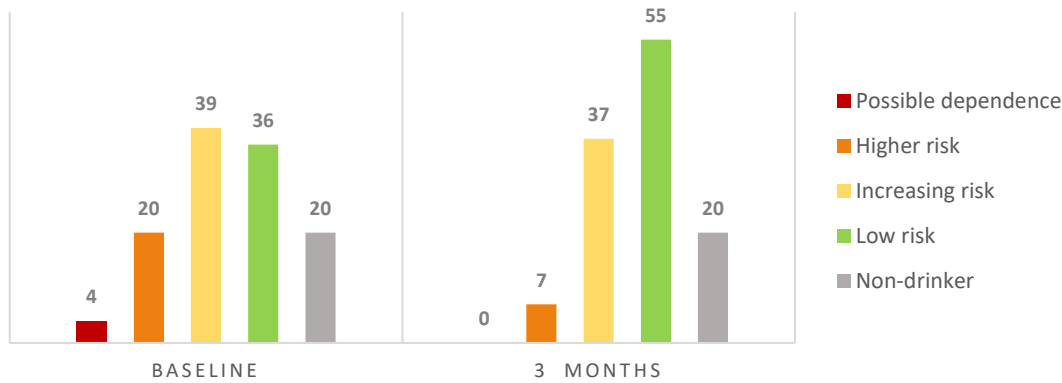


Figure 3: Change in all participants AUDIT-C categories from baseline to 3 months (N=119)

These results are reflected in the mean AUDIT-C scores for all participants between baseline and the three-month follow-up, as displayed in **Figure 4** below. The mean AUDIT-C score for all participants (excluding non-drinkers, n=99) at baseline was 5.62, which dropped to 4.36 at the three-month follow-up. All participants either reduced their score (n=68) or remained the same (n=31).

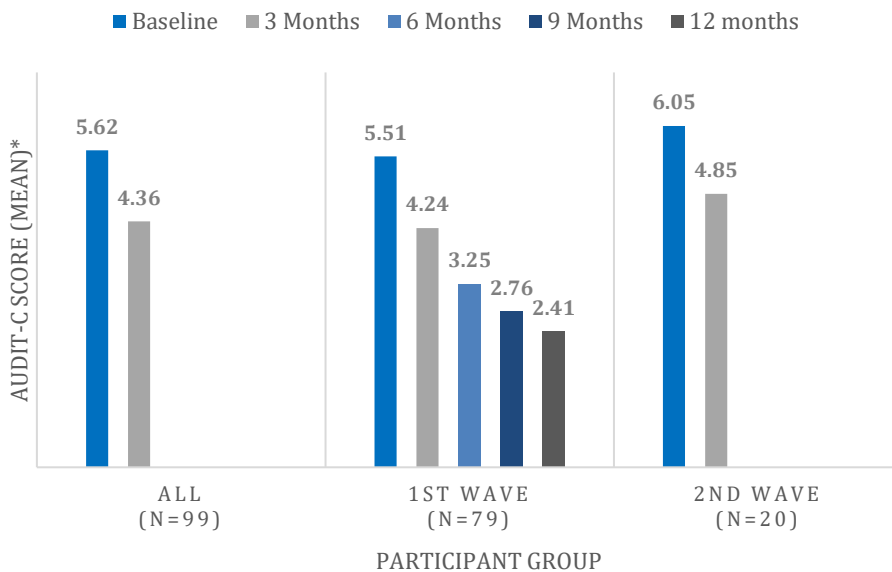


Figure 4: Change in AUDIT-C scores (mean) for participant groups

*Excludes non-drinkers (1st Wave, n=12; 2nd Wave, n=8)

Figure 4 also presents the change in mean AUDIT-C scores for 1st and 2nd wave participants from baseline through three-, six-, nine-, and 12-month follow-ups (where available). For 2nd wave participants, the mean AUDIT-C score at baseline was 6.05, which fell to 4.85 at the three-month follow-up. Again, all participants either reduced their score (n=12) or remained the same (n=8).

Six-, nine-, and 12-month data is available for 1st wave participants; no participants dropped out during this period. Results illustrate a consistent decrease in mean AUDIT-C scores, suggesting a positive impact of the Community Trust programme. Indeed, the mean AUDIT-C score decreased from 5.51 at baseline to 2.41 by the end of the programme (12 months).

Improvement in AUDIT-C score is more apparent when looking at the change in AUDIT-C categories over the course of the programme. As demonstrated in **Figure 5** below (which includes non-drinkers), there is a clear trend of 1st wave participants in the ‘possible dependence’, ‘higher risk’ and ‘increasing risk’ categories moving into the ‘low risk’ category. By the end of the programme, 85% of participants (n=77) had an AUDIT-C score classified as ‘low risk’—a figure that rises to 98% if non-drinkers are included (n=89). This is compared to 32% of participants (n=29) at baseline classified as ‘low risk’; 45% if non-drinkers are included (n=43). Only 12% of 1st wave participants (n=11) were not classified as either ‘low risk’ or ‘non-drinker’ at the six-month follow-up, falling to 7% (n=6) at the nine-month follow-up, and 2% by the end of the programme. These results suggest that it is in the first half of the programme were the biggest reductions in AUDIT-C scores occur, with participants maintaining this through the later stages of the programme.

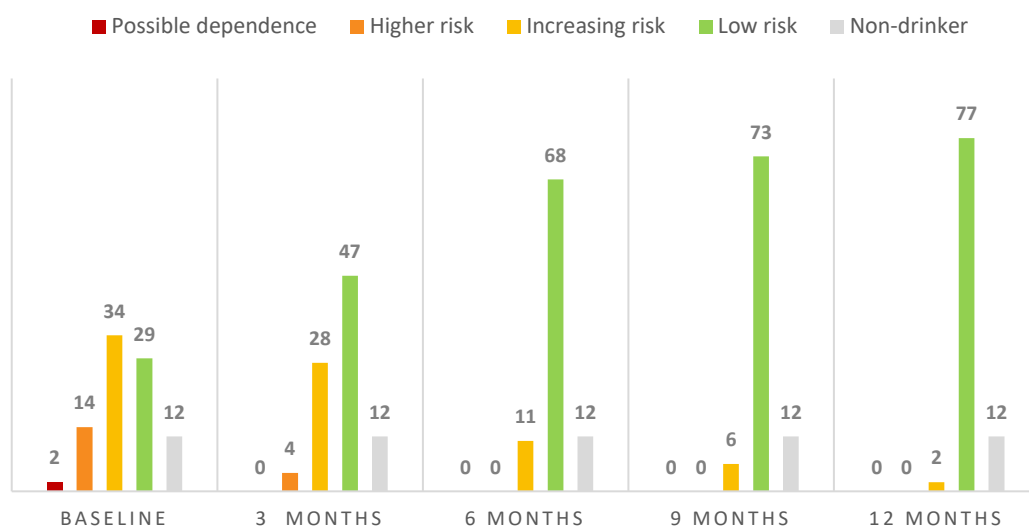


Figure 5: Change in 1st wave participants AUDIT-C categories over time (n=91)

Limitations

While the findings are promising, care should be taken in attributing the reduction in AUDIT-C scores to the intervention participants received. The absence of a counterfactual or control group prevents ruling out other factors that may have led to a reduction in AUDIT-C scores, or whether scores would have reduced without the programme, simply through the passage of time. In addition, as participants were asked to complete the same tool (AUDIT-C) on several occasions, response bias may have influenced the results. However, the clear improvement in AUDIT-C scores is positive. Going forward it would be beneficial to have a counterfactual with which to compare results.

Conclusions and Next Steps

While some care should be taken in the interpretation of these very positive findings related to alcohol consumption, they do mirror positive results found across a range of health behaviour areas

from similar health programmes run through football clubs and targeting 'hard to reach' groups.^{4,5} A recent Europe-wide randomised control study found that a health programme delivered through professional football clubs targeting overweight men aged 30-65 achieved significant improvements in diet, weight, well-being, self-esteem, vitality and heart health.⁶

As next steps, Drinkaware plans to obtain qualitative case study data from several participants in order to put the findings into context. Insight into the reasons behind the consistent fall in AUDIT-C scores over the course of the programme would better explain the findings and provide insights into how the intervention could be replicated elsewhere. Once complete, a report will be produced to inform the possible wider implementation of the programme in other parts of the country. This report will provide a summary of the results and investigate the short and medium-term impact of the intervention.

⁴ Hunt, K., Wyke, S., Gray, C.M., Anderson, A.S., Brady, A., Bunn, C., Donnan, P.T., Fenwick, E., Grieve, E., Leishman, J. and Miller, E. (2014). A gender-sensitised weight loss and healthy living programme for overweight and obese men delivered by Scottish Premier League football clubs (FFIT): a pragmatic randomised controlled trial. *The Lancet*, 383 (9924), 1211-1221.

⁵ Pringle, A., Zwolinsky, S., McKenna, J., Daly-Smith, A., Robertson, S. and White, A. (2013). Effect of a national programme of men's health delivered in English Premier League football clubs. *Public Health*, 127(1), 18-26.

⁶ Wyke, S., Bunn, C., Andersen, E., Silva, M.N., Van Nassau, F., McSkimming, P., Kolovos, S., Gill, J.M., Gray, C.M., Hunt, K. and Anderson, A.S. (2019). The effect of a programme to improve men's sedentary time and physical activity: The European Fans in Training (EuroFIT) randomised controlled trial. *PLoS medicine*, 16 (2), e1002736.