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1. BACKGROUND
Evidence demonstrates that alcohol consumption amongst children and young people is declining, for instance, in England 38% of young people (11-15 years) reported having tried alcohol in 2014 compared to 64% in 2003 (Health and Social Care Information Centre, 2015). Despite this, adolescents who choose to consume alcohol often do so at a risky level (Marshall, 2014) and young people are known to be much more vulnerable than adults to the adverse effects of alcohol consumption (Newbury-Birch et al., 2009). These effects may include an increase in the likelihood of accidents and trauma due to impaired judgement (Rodham et al., 2006), as well as social factors which arise from a typically high-intensity drinking pattern (often called ‘binge drinking’) leading to intoxication and risk-taking behaviour (MacArthur et al., 2012). Risky drinking may be defined to encompass the commonly understood concepts of hazardous drinking (at a level or pattern that increases the risk of physical or psychological problems), harmful drinking (defined by the presence of these problems) and binge drinking (risky single occasion high intensity drinking which can be episodic), as well as the Department of Health concepts of increasing and high risk drinking (NHS Choices, 2014).

Primary interventions aimed at the prevention of risky drinking amongst all young people (regardless of current drinking behaviour) show mixed results, with few studies reporting positive outcomes (Foxcroft & Tsertsvadze, 2011). Secondary prevention, i.e. targeting interventions at young people who are already drinking alcohol, may be a more effective and efficient strategy since the intervention will have more salience for the individuals receiving it. These brief interventions usually consist of screening (to identify relevant recipients) followed by structured advice or counselling of short duration which is aimed at reducing alcohol consumption or decreasing problems associated with drinking (Bien et al. 1993). They generally focus on individuals’ beliefs and attitudes about behaviour, their sense of personal confidence (self-efficacy) about changing beliefs and attitudes and focus on how an individual’s behaviour sits in relation to other people’s actions (normative comparison). Brief intervention is designed to be delivered by generalist practitioners (not addiction specialists) and is targeted at individuals who may not be aware they are experiencing alcohol-related risk or harm. Although there is variation in the duration and frequency of brief intervention, two broad types exist: simple structured advice - based on the FRAMES model (feedback, responsibility, advice, menu, empathy and self-efficacy) and Behaviour Change Counselling,
based on the ethos and techniques of motivational interviewing (Rollnick et al., 1999).

A previous review or reviews (Patton et al, 2013) looked at the evidence on ABI for young adults. This systematic review seeks to update the review of review by Patton and colleagues, but will systematically review primary research as well other systematic reviews. This review also expands on the number of databases which were searched by Patton et al (2013), but focuses on a narrower definition of young adults than previously (we will use the WHO definition of 10-19 years in this review (WHO, 2017\(^1\)), compared to 10-21 years in Patton et al (2013)). We will also seek to use the TiDieR guidelines, which is a tool to describe interventions to allow their replication. These guidelines were not used in the Patton et al (2013) review of reviews.

2. RESEARCH QUESTION

2.1 Research question
This systematic review will seek to answer the following primary research question:
- What is the evidence on the efficacy/effectiveness of alcohol brief interventions targeting risky drinking in young people?

3. METHODS/DESIGN

3.1 Overview of the search strategy
The search strategy will focus on peer-reviewed articles identified through automated searching of scientific databases. Reference and citation searches of included papers will be undertaken. There will be no hand searching of journals or conference proceedings.

3.2 Inclusion criteria
All identified studies that meet the following criteria will be included in the review:
- Language: Any.
- Date range: All dates.
- Type of paper: Peer reviewed.
- Study design: Randomised controlled trials, controlled trials, quasi-experimental studies.
- Population: Young people aged 10-19 years.
- Intervention: Alcohol brief interventions comprising of between one and four sessions of engagement with young people in the form of one-to-one session, and/or the provision of information and advice that is designed to achieve a reduction in risky drinking in young people who screen positive for risky drinking.
- Setting: Any – but must be able to extract data for the population of 10-19 year olds.
- Target behavior: Risky drinking.

\(^1\) See: http://www.who.int/topics/adolescent_health/en/
• Comparator: Any.
• Primary outcome: Risky, hazardous, or harmful drinking.
• Secondary outcome: Any.

3.3 Data sources
The following databases will be searched for relevant publications: PsycInfo, Psycharticles MEDLINE, SCOPUS, CINAHL Nursing and Allied Health Source, NICE, HTA, NIHR, Joseph Rowntree Foundation.

3.4 Search strategy
The search will use the key terms relating to: alcohol, brief interventions, and systematic reviews. Full details of the search terms used are shown in Appendix 1. Search terms will be adapted for use in individual databases.

3.5 Screening
Once the initial searches of the databases have been completed, all papers identified by the search will be imported into an EndNote library and the sifting of papers will commence.

The first stage of the sifting process will involve at least two independent reviewers (ELG, DNB) each screening 50% of the title and abstracts of papers against the inclusion criteria. Any papers not meeting the inclusion criteria will be discarded at this stage. Any disagreement between reviewers will be resolved by discussion.

The second stage of the sifting process will involve at least two independent reviewers (DNB, ELG) who will each review 50% of the full texts of papers which were included in the title and abstract first sift. Again, any disagreement between reviewers will be resolved by discussion.

Double sifting will occur at each stage by independent reviewers, with a minimum of 20% of the papers being double-sifted at first stage (GW), and 100% sifting at second stage (GM, JF). Included and excluded papers at both stages of the sifting process will be recorded in a PRISMA diagram.

3.6 Data extraction
A data extraction form will be designed in Excel to record details of: author, country (setting), methodology, participants, control, intervention (n), measures, and results. The extraction form will be piloted with five included studies, and if it is found to be unfit for purpose it will be modified accordingly. In instances when we find an internal report and a peer-reviewed paper of the same research; the peer-reviewed paper will take precedence.
3.7 Quality assessment
Included papers will be quality assessed using the relevant CASP tool(s).

3.8 Data synthesis and reporting
When reporting the results of the systematic review, a descriptive narrative will report the findings in relation to the type and length of the interventions, population groups targeted, outcome measures reported, results, and study details. Finally, we will prepare a ‘Summary of Findings’ table. If possible, meta-analyses will be conducted.

4. ETHICAL APPROVAL
Ethical approval is not required for this systematic review.

5. REPORTING AND DISSEMINATION
The following outputs will be produced:
- Systematic review protocol which will be registered with PROSPERO;
- Results of the review will be published in a high-impact peer reviewed academic journal (e.g. Addiction).

6. TIMESCALES
The timescales shown below will be followed:

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<th>Month(s)</th>
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<tr>
<td>April-May 2017</td>
<td>Protocol development and registration with PROSPERO; searching of databases; first stage sifting</td>
</tr>
<tr>
<td>June 2017</td>
<td>Second stage sifting</td>
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<tr>
<td>June-August 2017</td>
<td>Data extraction and analysis of included papers</td>
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<tr>
<td>August 2017</td>
<td>Quality assessment of included papers</td>
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<tr>
<td>Sept-Oct 2017</td>
<td>Write-up of results</td>
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<td>Nov 2017</td>
<td>Dissemination and reporting</td>
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## APPENDIX 1: SEARCH TERMS

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REFERENCES


