

Project title:	Reducing alcohol-related harm in disadvantaged men: development and feasibility assessment of a brief intervention delivered by mobile phone
Project reference:	09/3001/09
Cost:	£220,846
Lead applicant and institution:	Professor Iain Crombie Clinical & Population Sciences & Education University of Dundee
Start date:	1 March 2010
End date:	30 November 2011
Website:	
Methodology:	The study will be conducted in three phases. Phase 1 will comprise six focus groups to develop the recruitment strategy, to optimise the design of the text messages and images and to determine the most acceptable sequence for their delivery. Phase 2 will involve the recruitment of 60 participants who will be randomised to receive either the alcohol intervention or a general health promotion intervention. The interventions will be delivered to mobile phones using a specially designed computer system. Participants will be followed-up for 3 months to assess recruitment and retention, willingness to respond to text messages and to complete the final assessment of drinking behaviour. Phase 3 will involve in-depth interviews with 20 participants to assess the acceptability of the intervention, the impact it had on their willingness to moderate their drinking and factors which might limit their ability to drink less.
Outcome measure:	The primary outcome measure for the full randomised controlled trial is the change in frequency of heavy drinking (consumption of ≥ 8 units in a single session). The outcome measures for this feasibility study are: i The proportion of men who complete the study ii The extent to which the intervention has influenced perceptions of harms, benefits of moderated drinking, intentions for future drinking
Sample group:	Men aged 25-44 years living in deprived urban communities who have consumed 8 or more units of alcohol in a single drinking session at least twice in the preceding four weeks.
Abstract:	Alcohol-related harm is a major public health problem. Disadvantaged men are at a greatly increased risk of experiencing alcohol-related harm. This study will develop an intervention to reduce alcohol-related problems among young to middle-aged disadvantaged men. The intervention will involve a series of interactive text messages with images sent

to mobile phones. Ownership of mobile phones is very high and younger people regularly send and respond to text messages, making mobile phones an attractive method of delivering interventions.

The intervention has been developed using messaging theory, imaging theory, social cognition models and reviews of interventions to tackle alcohol problems. A series of interactive text messages and images will be delivered by text messages to mobile phones. The intervention has four components: to increase awareness of and perceived risk of experiencing alcohol-related harm; to modify the balance between perceived benefits and harms of alcohol; to address misperceptions about alcohol consumption by peers; and to increase the ability to refuse drinks. Each component of the intervention will be addressed by several text messages. The control group will receive the same number text messages and images. These will cover the general health promotion messages from current government public health policy.

This feasibility study will address the challenge of recruiting and retaining young to middle-aged disadvantaged men in a controlled trial. It will also determine whether the intervention will engage the participants and encourage them to change their drinking behaviour. If successful the study will lead to a full-scale controlled trial to assess the effectiveness and cost-effectiveness of the intervention.

The study will take 21 months to complete and will involve three phases. Phase 1 will comprise six focus groups during which the recruitment strategy and the intervention will be developed. Phase 2 will test all aspects of a controlled trial, particularly the recruitment strategy and the extent of engagement of the participants with the intervention. Participants in phase 2 will be interviewed by telephone at baseline and at three months to assess changes in frequency of heavy drinking and attitudes and intentions about drinking. Phase 3 will involve in-depth interviews with a sub-group of those who took part in Phase 2 to explore whether improvements could be made to the intervention.