

Interventions in built, natural and social environments to change behavioural norms and minimise harm associated with drinking alcohol

Research Question(s)

- Which interventions in built, natural and/or social structural environments are effective* in modifying drinking behaviour and/or social norms, and minimising harm?

The harmful effects of alcohol misuse are far reaching and costly to society. For an individual consuming alcohol problematically risks include: health risks associated with consumption of alcohol, adverse effects on wellbeing and risks to personal safety resulting from drunkenness or the drunkenness of others. Misuse of alcohol by individuals may also affect the health and wellbeing of their families and wider society, particularly members of communities living in the vicinity of alcohol outlets or areas where alcohol is consumed.

The relationship between alcohol and socio-economic inequalities is complex. However, there is strong evidence that alcohol is a factor underlying higher mortality risks in more disadvantaged populations despite these groups often reporting lower average levels of alcohol consumption (1).

There are specific issues related to problematic drinking at night time. The night-time economy (NTE)**, which tends to be alcohol-oriented, generates economic activity and employment; it can bring people together to socialise; and it is an environment that many people value. However, it can also come with costs which may include: noise, pollution, crime, injury, street cleaning around licensed premises and fast-food takeaways, sale of alcohol to underage persons, light pollution, and ambulance/A&E/hospital costs. The impact of some of these costs may be exacerbated because the trading times in the NTE conflict with many people's daily routine/sleep.

The following research is of interest:

Evaluations of effectiveness of interventions pertaining to the built, natural (for example green space) and social environment, on drinking behaviour and/or social norms and alcohol harm reduction. Interventions may include structural or policy changes in these environments. Specific areas of interest include:

1. Evaluations of interventions to minimise harm due to alcohol consumption as part of the Night Time Economy (NTE).
2. Evaluations of interventions to minimise harm due to consumption of alcohol bought at on-licence premises (i.e. premises licenced to sell alcohol for consumption on the premises).
3. Evaluations of interventions to minimise harm due to consumption of alcohol bought from off-licence premises (i.e. premises licenced to sell alcohol for consumption off the premises), including supermarkets.
4. Evaluation of interventions aimed at positively impacting on patterns/intensity of drinking, including "pre-loading"****.
5. Evaluation of aspects of built, natural or social environments which provide incentives or disincentives to consume alcohol at particular times, or which influence drinking patterns or alcohol-related harm. Examples may include (but are not restricted to): premise design and operations, bylaws, street lighting, public transport, street and park furniture and shelter, public toilet provision, and general urban layout (interventions may be multifactorial).

6. Evaluation of interventions which may act directly to minimise harm to individuals consuming alcohol problematically; examples may include (but are not restricted to): safe havens, alcohol arrest referral schemes, sobering up centres, and initiatives such as Street Pastors which offer practical help to those requiring support).
7. Evaluation of multifaceted interventions that pertain to built, natural or social environments and which impact on harm minimisation.
8. Interventions that address differences in problematic alcohol use norms by race/ethnicity, gender and other sub-groups such as socioeconomic status.
9. Evaluation of population level interventions which aim to change social norms pertaining to alcohol use.
10. Evaluation of the impact of interventions to change behavioural norms and minimise harm associated with drinking alcohol on other health behaviours associated with night-time-economic activity.

Research for any of the above may consider impact on health, crime, injury and the local economy. Whole system cost-effectiveness assessments are encouraged. Studies may evaluate one or more of a range of innovative interventions.

Studies may evaluate **multi-component interventions**. Researchers are asked to specify and justify study design and indicate how long-term impact will be assessed. Interventions to be evaluated must be outside the NHS and the primary outcome must be health-related. Researchers should **identify underlying theory** and should include a logic model to help explain underlying context, theory and mechanisms. Research should consider the impact of the intervention on health inequalities. Proposals should ensure adequate public involvement in the research.

Public health initiatives are complex and wide-reaching. Evaluation should acknowledge this by **adopting a broad perspective**, taking account of costs and benefits to all relevant sectors of society. A **health economic evaluation** to inform affordability and return on investment should be included where appropriate.

For all proposals, applicants should clearly state the **public health utility** of the outcomes and the mechanisms by which they will inform future public health policy and practice. Details about the potential **impact and scalability** of interventions, if shown to be effective, should be provided.

For the evaluation of **time sensitive** naturally occurring interventions applicants may wish to consider the fast-track work stream - www.nihr.ac.uk/phr

*'Effectiveness' in this context relates not only to the size of the effect, but it also takes into account any harmful or negative side effects, including inequitable outcomes.

**The NTE may be defined as economic activity which occurs between the hours of 6pm to 6am and involves the sale of alcohol for consumption on-trade (e.g., bars, pubs and restaurants).

*** Pre-loading may be defined as the action or practice of drinking alcohol, especially in large quantities, before going out socially.

- (1) Alcohol Research UK. Understanding the alcohol harm paradox in order to focus the development of interventions. Final report 2014.

Remit of Call:

All proposals submitted under this call must fall within the remit of the Public Health Research programme. Please go to www.nihr.ac.uk/phr for details.

General Notes:

The NIHR Public Health Research programme evaluates public health interventions, providing new knowledge on the benefits, costs, acceptability and wider impacts of non-NHS interventions intended to improve the health of the public and reduce inequalities in health. The scope of the programme is multi-disciplinary and broad, covering a range of interventions that improve public health delivered in a non-NHS setting.

The NIHR Public Health Research programme is unable to fund intervention costs. The affordability of the intervention, and at least an indication of the public health stakeholder(s) willing to fund the intervention, should be referenced within the outline application. At the full application stage, statements of support confirming stakeholder commitments to funding will be required.

The NIHR Public Health Research programme is interested in and open to the joint funding of research projects with other organisations such as charities and the third sector. If you would like to explore the potential for joint funding, please contact us at phr@nihr.ac.uk with details of your proposal and the other funder prior to submission.

Notes to Applicants

The NIHR Public Health Research programme is funded by the NIHR, with contributions from the CSO in Scotland, NISCHR in Wales, and HSC R&D, Public Health Agency, Northern Ireland. Researchers in England, Scotland, Wales and Northern Ireland are eligible to apply for funding under this programme.

Applicants are recommended to seek advice from suitable methodological support services, at an appropriate stage in the development of their research idea and application. It is advisable to make contact at an early a stage as possible to allow sufficient time for discussion and a considered response.

The NIHR Research Design Service (<http://www.nihr.ac.uk/research/Pages/ResearchDesignService.aspx>) can advise on appropriate NIHR programme choice, and developing and designing high quality research grant applications.

Clinical Trials Units are regarded as an important component of many trial applications however, they are not essential for all types of studies to the PHR programme. The CTUs can advise and participate throughout the process from initial idea development through to project delivery and reporting. NIHR CTU Support Funding (http://www.netscc.ac.uk/supporting_research/CTUs) provides information on units receiving funding from the NIHR to collaborate on research applications to NIHR programmes and funded projects. In addition, the UKCRC CTU Network (<http://www.ukcrc-ctu.org.uk>) provides a searchable information resource on all registered units in the UK, and lists key interest areas and contact information.

Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

<http://transparency.number10.gov.uk/>

http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp

<http://www.contractsfinder.businesslink.gov.uk/>