



**QUEEN'S  
UNIVERSITY  
BELFAST**

## Evaluation of the Alcohol Improvement Programme

Toner, P. (2010). *Evaluation of the Alcohol Improvement Programme*. Poster session presented at University of York, Research Showcase.

**Document Version:**  
Other version

**Queen's University Belfast - Research Portal:**  
[Link to publication record in Queen's University Belfast Research Portal](#)

### **General rights**

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

### **Take down policy**

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact [openaccess@qub.ac.uk](mailto:openaccess@qub.ac.uk).

# Evaluation of the Alcohol Improvement Programme

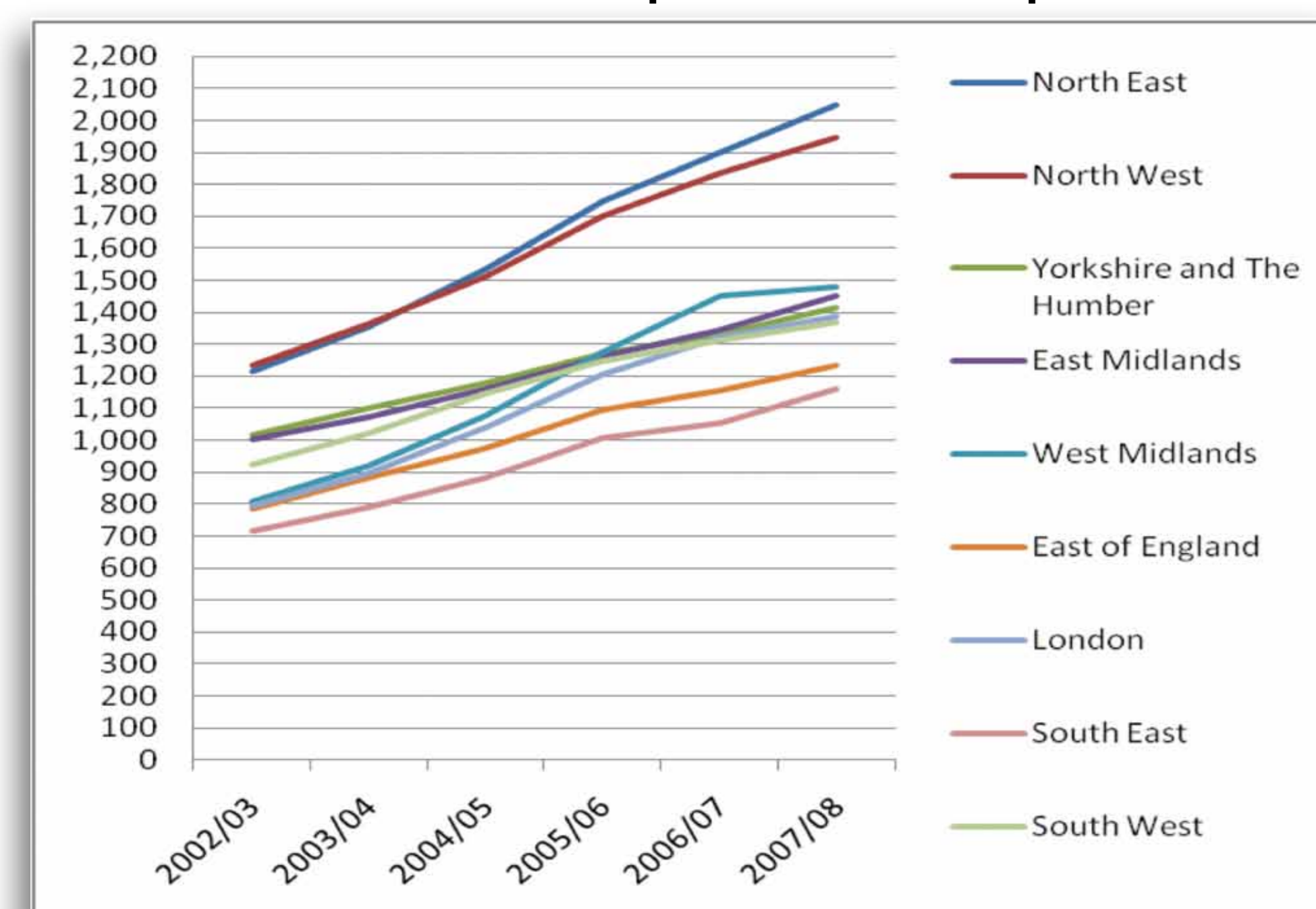
PREPARED BY PAUL TONER (PAUL.TONER@YORK.AC.UK) ON BEHALF OF THE AIP EVALUATION TEAM\*

- ▶ The Alcohol Improvement Programme (AIP) was a three year initiative (2008-11) funded by the Department of Health with the aim of reducing alcohol-related hospital admissions.

## OBJECTIVES

- ▶ This evaluation aims to assess the effectiveness, cost-effectiveness and appropriateness of the Department of Health funded Alcohol Improvement Programme (AIP).

Rate of alcohol-related hospital admissions per 100,000



- ▶ The AIP developed a delivery system which prioritised action to achieve a decrease in alcohol-related hospital admissions.
- ▶ The study is currently assessing:
  - ▶ the value of providing earlier and additional support to PCTs in deprived areas – the Early Implementer (EI) sites.
  - ▶ the effectiveness and appropriateness of programme components and the extent to which components contributed to the AIP as a whole.
  - ▶ the potential of the AIP model to achieve long-term change.
  - ▶ the views of different stakeholders and exploring differential effects within different local contexts.

## METHODOLOGY

- ▶ Quantitative analyses of regional and local alcohol-related hospital admissions data and cost-effectiveness information.
- ▶ Mixed method analyses of interviews with key AIP stakeholders.

## INITIAL FINDINGS

### The High Impact Changes

Since the introduction of the AIP in 2008 which Alcohol High Impact Changes (HICs) were prioritised within your PCT?	Early Implementer PCTs (n=15)		Non-Early Implementer PCTs (n=17)		
	Frequency	Percentage	Frequency	Percentage	
Appointed Alcohol Health Workers	YES	15	100	15	88
	NO	–	–	2	12
Improving the effectiveness and capacity of specialist treatment	YES	14	93	16	94
	NO	1	7	1	6
Implemented Identification and Brief Advice	YES	15	100	15	88
	NO	–	–	2	12
Engaged in partnership working	YES	15	100	17	100
	NO	–	–	–	–
Activities to control the impact of alcohol misuse in the community	YES	15	100	14	82
	NO	–	–	3	18
Social marketing	YES	11	73	13	77
	NO	4	27	4	23
Advocacy to implement change	YES	13	87	11	65
	NO	2	13	6	35

### Regional Alcohol Managers

- ▶ Key aspects of the Regional Alcohol Manager (RAM) function:
  - ▶ Single-issue focus on alcohol.
  - ▶ Development, co-ordination and support of networks and policy structures.
  - ▶ Development of regional/local strategies.
  - ▶ Fostering support for the HICs.
  - ▶ Encouraging comparison of provision across PCTs.
  - ▶ Providing support and advice to PCT leads.
  - ▶ Horizontal (regional) focal point for information/best practice, linked to the Alcohol Learning Centre (ALC).
  - ▶ Vertical conduit for information and policy between central and local levels.

### The Alcohol Learning Centre

- ▶ Respondents perceived the main function of the ALC to be a central hub from which busy professionals could quickly gain information regarding HIC implementation and evidence for activities.
- ▶ Participants utilised ALC resources/information in wider discussions surrounding the delivery of services and bids for funding.

### Strategic Approach to Alcohol

Since the introduction of the AIP in 2008 my PCTs strategic approach to alcohol has changed significantly	Early Implementer PCTs (n=15)		Non-Early Implementer PCTs (n=17)	
	Frequency	Percentage	Frequency	Percentage
STRONGLY AGREE	6	40	9	53
AGREE	7	46	5	29
NEITHER AGREE OR DISAGREE	1	7	2	12
NOT ANSWERED	1	7	1	6