

# Findings to fuel the Increasing & Higher Risk Alcohol Social Marketing Campaign



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## Agenda



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The role of further information and support

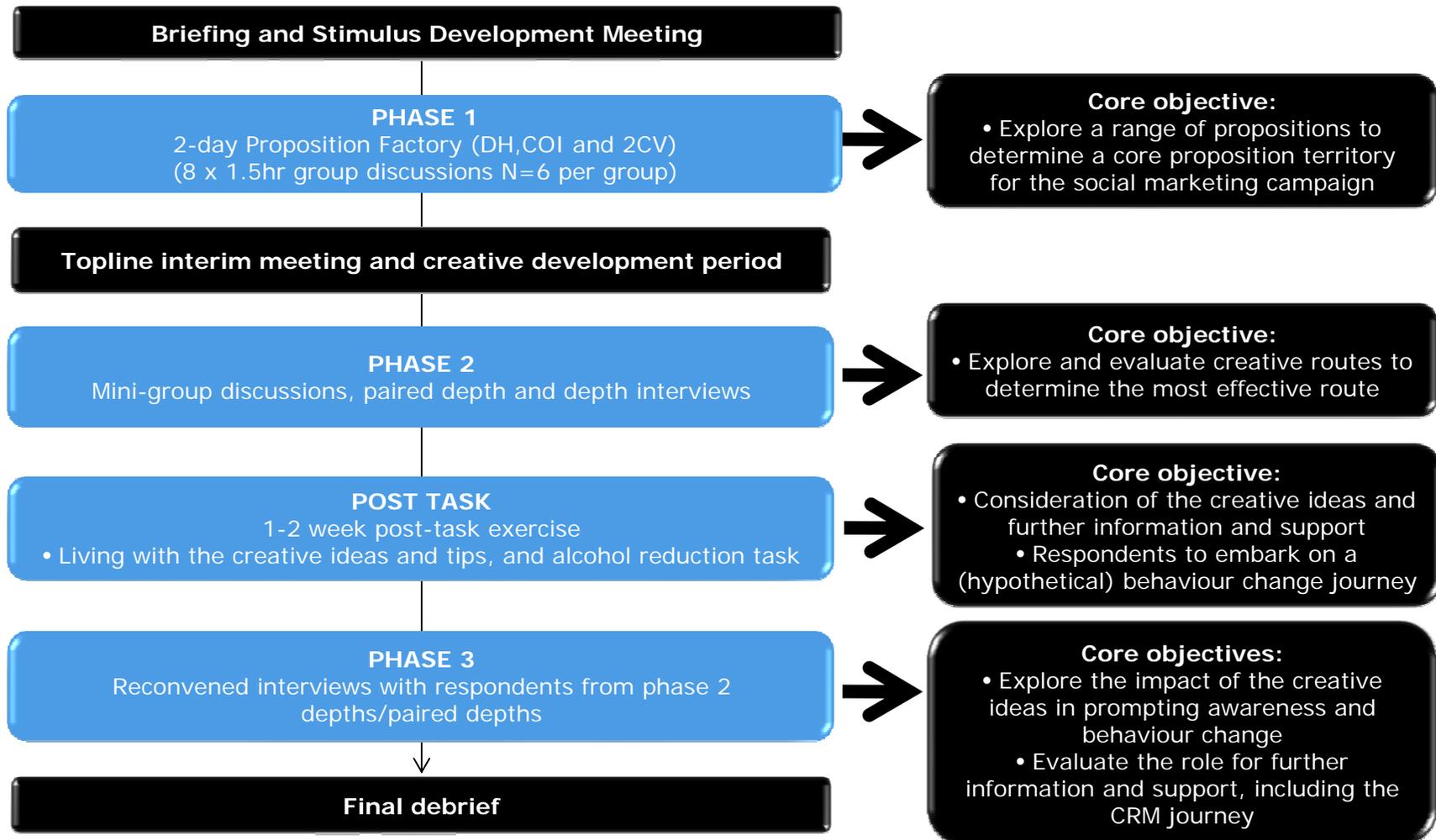
Tips and tools on the behaviour change journey

Conclusions and recommendations



## **Our research approach**

## Methodology and objectives



## Sample for Phase 1

Day	Group	Audience	Age	Journey Stage	SEG
1	1	Core / Higher risk	25-40	Pre-conscious	DE
1	2	Core / Higher risk	40-55	Pre-conscious	DE
1	3	Core / Higher risk	55-70	Pre-conscious	DE
1	4	Secondary / Increasing risk	25-40	Pre-conscious	DE
2	5	Core / Higher risk	25-40	Conscious	DE
2	6	Core / Higher risk	40-55	Conscious	DE
2	7	Core / Higher risk	55-70	Conscious	DE
2	8	Secondary / Increasing risk	45-65	Conscious	DE

## Sample for Phase 2 (reconvened to phase 3)

No.	Age (yrs)	Risk	Methodology	Journey Stage	Gender	SEG	Location
1	35-44	Higher	'Stranger' mini-group	Pre-conscious	Mixed	DE	London
2	45-55	Higher	Friendship mini-group	Conscious	Mixed	DE	Liverpool
3	35-44	Higher	Paired depth	Changing behaviour	M-F	DE	Newcastle
4	45-55	Higher	Paired depth	Pre-conscious	M-F	DE	London
5	35-44	Higher	Depth	Conscious	Female	DE	Liverpool
6	45-55	Higher	Depth	Changing behaviour	Male	DE	Newcastle
7	35-44	Increasing	Friendship mini-group	Conscious	Mixed	DE	London
8	45-55	Increasing	Depth	Conscious	Male	DE	Newcastle
9	35-44	Increasing	Paired depth	Pre-conscious	M-F	DE	Newcastle
10	45-55	Increasing	Paired depth	Changing behaviour	M-F	DE	London
11	35-44	Increasing	Depth	Changing behaviour	Female	DE	Liverpool

## Sample for Phase 2

No.	Age (yrs)	Risk	Methodology	Journey Stage	Gender	SEG	Location
12	45-55	Increasing	'Stranger' mini-group	Pre-conscious	Mixed	DE	Liverpool
13	55+ Pre-existing conditions	Higher	'Stranger' mini-group	Conscious	Mixed	DE	London
14	55+ Pre-existing conditions	Increasing	Paired depth	Pre-conscious	M-F	DE	Liverpool
15	25-34	Higher	Friendship mini-group	Pre-conscious	Mixed	DE	Newcastle
16	25-34	Increasing	'Stranger' mini-group	Conscious	Mixed	DE	London
17	25-34	Validation	Group discussion	Mixed	Mixed	BC1C2	Newcastle
18	30-40	Validation	Group discussion	Mixed	Mixed	BC1C2	Liverpool
19	40-55	Validation	Group discussion	Mixed	Mixed	BC1C2	London



# Overview of campaign effectiveness

# Recap on core proposition territory

## A unifying campaign proposition:

- An integrated campaign to take increasing/higher risk drinkers on a unified behaviour change journey
- 1 overarching core proposition with a range of messages, sources, channels allowing drinkers to opt in (pull not push)

**Step 1:  
IDENTIFY**



**Step 2:  
DISPLACE**



**Step 3:  
EMPOWER**



**Step 4:  
SUPPORT**



Role of communications campaign

Role of CRM journey

## Two highly effective core messages

- Two powerful core messages exist across the creative ideas – both are important for shifting misperceptions of risk, encouraging behaviour change and providing a RTB in a moderation message:

### Unseen damage (*Scan & Endoscope*)



- Counteracts perceptions that regular drinking does not cause harm
- Creates strong identification and personal adoption of the issue

Represents the most powerful message for the campaign: most effectively delivered by *Scan*

### Creeping long term damage (*Drinks & Fruit*)



- Challenges reactive mindset to health
- Encourages drinkers to take action *now* before it is too late

Ideally should be integrated into the message for increased impact

## Campaign is an effective catalyst for change

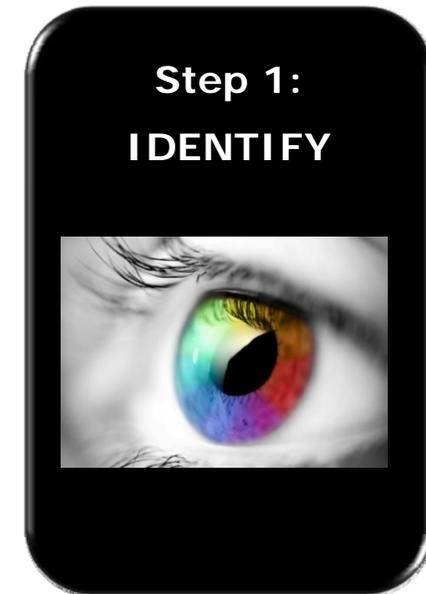
- The campaign is **clearly and effectively working** to make both increasing and higher risk drinkers identify with the issue and reappraise their drinking behaviour
  - Drinkers **relate** to the situations, behaviours, attitudes and motivations
  - New news shocks drinkers into **facing up** to the consequences of regular drinking
  - An informative, empathetic and non-dictatorial tone of voice creates **openness and receptivity** to the message
- This is an **enormous shift** amongst drinkers who are typically highly resistant to messages around their drinking
- It is likely that this new campaign will be **extremely effective as a catalyst** for propelling drinkers towards behaviour change
  - Conscious → curious → concerned → willing to change
  - N.B. drinkers will move along the journey at different rates



*"This has really made a difference to me, I never thought my drinking could lead to all these things... maybe I should think about cutting down!"*  
*(Male, 25-34, Higher risk, Pre-conscious, DE, Newcastle)*

## Focus should be on core 25-55 year old target

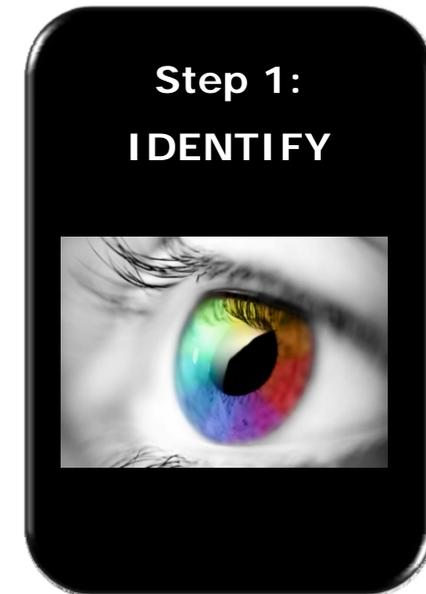
- The campaign is likely to be **effective across all audience groups**: I&H risk level; core, secondary and validation groups; current place on behaviour change journey; age groups
- However, the 25-55 year old audience were most likely to want to change their behaviour:
  - **35-55yr olds were the most receptive** as they recognise drinking habits have become engrained and they are increasingly conscious of getting older
  - Amongst **25-34yr olds the impact of the message varied** depending on life stage and attitude towards health:
    - For those at the younger end and those with less responsibility the campaign raised awareness but was less likely to prompt a willingness to cut down (still binge drinking)
    - The campaign tended to be highly effective amongst those at the older end and those with more responsibility



*"This makes me want to cut down... I think my drinking is becoming too much of a habit and I think I should put a stop to that now before it's too late"*  
*Female, 45-55, Higher risk, willing to change, DE, Newcastle*

## 55+ to be targeted based on pre-existing health

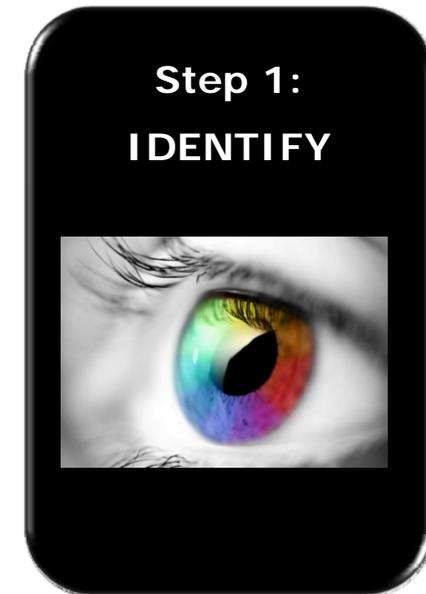
- As expected, the **55+ target audience** were highly resistant **to the campaign messages** due to their fatalistic attitude to health and their resistance to changing their habitual and long-established drinking behaviour
- Although they responded in a similar way to the creative ideas as the core target audience, **the campaign messages alone appear to have less potential** to encourage them to embark on the behaviour change journey
- However, this audience seemed more receptive to communications that **tapped into their pre-existing health conditions**
- It is likely that targeted messages about alcohol exacerbating their pre-existing health conditions has **potential to prompt a willingness to change behaviour** in order to improve or maintain their current health levels



*"If it was to say it would make my diabetes worse, then I'd be more likely to do something about it – I don't want anything to make that worse, so yeah this would make me think about cutting down"*  
*Female, 55+ pre-existing health condition, Higher, Conscious DE, London*

## Harm should be linked to increasing levels

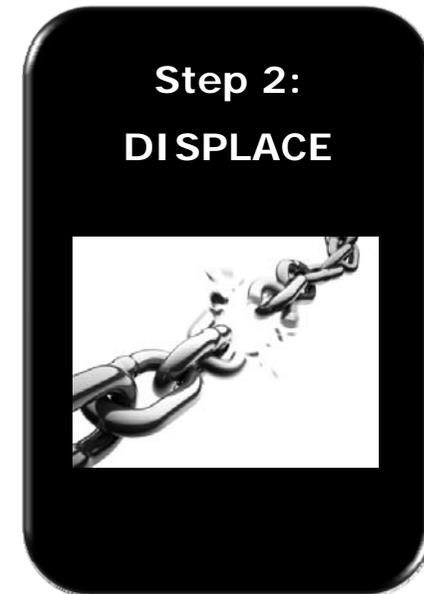
- Linking health harm to **higher risk levels** (i.e. 3 or more pints) **only resonates with higher risk drinkers** and has a danger of communicating that drinking below this (i.e. to increasing levels) is advisable and 'safe'
- This is seen to **contradict recommended daily limits** and causes increasing risk drinkers to disassociate themselves with the risks and disengage as an audience
- Linking health harms to increasing risk levels (i.e. 2 or more pints) is a more effective cut down message as it **engages both I&H risk drinkers** and communicates drinking below these levels is ideal
- This is especially **alarming for higher risk drinkers** as they are drinking considerably more than this!
- It is likely that communicating anything **lower than 2 pints** would be viewed as too dictatorial and unachievable, and create disengagement amongst both I&H risk drinkers



*"3 pints is loads, I don't normally drink that every day. This says to me I'm okay because I never drink that much"*  
*Male, 45-55, Higher, Conscious, DE, Liverpool*

## Multiple health harm message is most effective

- Serious *long term* and *unseen* health consequences (especially those that are new news) work to **disrupt their misperceptions** that their current drinking behaviour does not cause harm
- Communicating multiple serious health harm messages for regular drinking is the most effective way at **raising awareness and shocking drinkers** about the risks
- When health harms are seen in isolation there is **potential to avoid the issue** by attributing these to a range of other factors (diet, age, wider lifestyle choices)
- When seen collectively they create a **sense of unavoidability** around developing at least one alcohol related illness which makes it harder to deselect from the messages

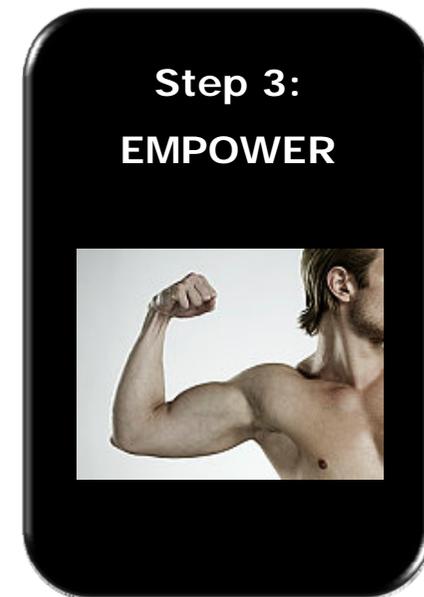


*"If they only have one illness there, I think I would ignore it and think that's not going to happen to me", but if they have 3 or 4 like that it's more like I could get one!*

*Male, 25-34, Higher, Pre-conscious, DE, Newcastle*

## Campaign implicitly creates empowerment

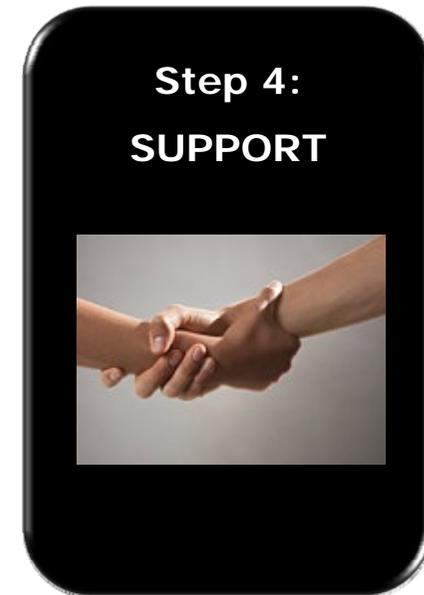
- The campaign objective of encouraging drinkers to cut down is (and should be) implicit rather than explicit in any ATL activity
- An implicit alcohol reduction message works well to enhance the **acceptability and receptivity** of the message
- Explicit 'cut-down' messages would feel **dictatorial and misplaced** because most drinkers believe that they can reduce their drinking to safer levels on their own terms
- Providing drinkers with 'the facts' and the offer of further information makes them feel empowered to make an informed and **self-motivated choice**
- At this stage, **repeat and prolonged** exposure to campaign messages is likely to represent the most effective means of empowering and supporting behaviour change



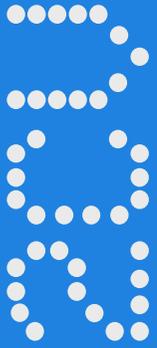
*"I get it, it wants me to cut down so I don't get ill - it's not saying stop drinking which I think is good, I would hate it if it said to stop!!"*  
*Female, 45-55, Increasing, Willing to change, DE, London*

## The idea of actively seeking support is rejected

- At this early stage of the journey, the majority of drinkers **struggle to understand the relevance, need or value** for support tools
- They feel in control of their drinking and believe they can **reduce their drinking alone**
- The need for support suggests to them that their **drinking is 'problematic'** (something they strongly reject)
- However, the **relevance and acceptability** of support can be increased if it is positioned as:
  - Information and guidance
  - Or as a way of **personalising the issue** for the individual



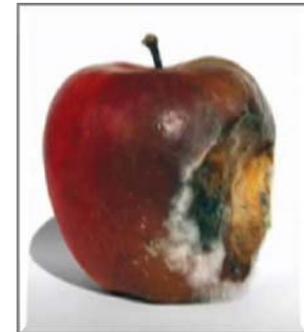
*"You don't need support to cut down. Just willpower. Alcoholics need support. I don't"*  
*Male, 25-34, Higher, Pre-conscious, DE, Newcastle*



## Response to creative routes

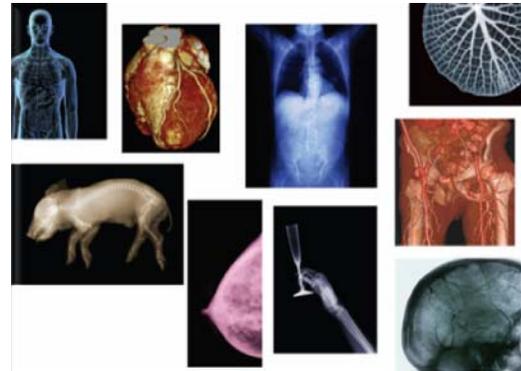
## Scan is the most powerful route

- Overall all 4 creative routes were thought-provoking communications ideas
- There was an overwhelmingly consistent response to the creative ideas tested across the broad target audience, with the overall order of preference being:

**1*****Scan*****2*****Endoscope*****3*****Drinks*****4*****Fruit***

## Overview of findings – *Scan*

*Scan* was overwhelmingly the strongest & most effective route at creating identification with the issue and disrupting drinkers' misperceptions of risk



We recommend developing this execution for the campaign and incorporating a number of developmental points

## *Scan* gets drinkers to identify with the issues

- *Scan* plays back drinkers' attitudes, behaviours and motivations and enables them to identify themselves as the target
  - The dialogue effectively demonstrates that the drinkers are **in control of their drinking** and do not drink to excess (“...my 2<sup>nd</sup>/3<sup>rd</sup> and last...”)
  - ...and also captures the target audiences' accepted and normalised belief **that drinking to their levels does not cause harm** (“Sure, what harm can it do” and “Yeah, won't hurt...”)
  - The context and alcohol consumption is set within **normal, recognisable social settings**
- Additionally, the visual 3D creative device was thought to be **intriguing, original and high-tech** and is likely to engage and create stand out



*“You can see it's for people like us as they're not going mad or getting drunk, just relaxing with a glass of wine in the evening... and the fact that you see him laughing at the end not knowing what's going on inside him is really scary.  
Female, 45-55, Higher, Conscious, DE, Liverpool*

## *Scan* displaces misperceptions of risk

- Using a scanned body to deliver the core message that ‘regular drinking causes unseen damage’ **effectively shifts misperceptions** of risk
- Drinkers **can relate the scanned body to their own** bodies which heightens identification and enables them to personalise the health harms as relevant
- Seeing alcohol directly affecting the body provides **visceral evidence that it can damage** internal organs - a powerful way of revealing the unseen consequences
- Visually and verbally linking multiple health harms to actual body parts **increases impact and recall**
- The characters’ **obliviousness to the damage** works well to reinforce the core message and mirror existing attitudes to alcohol
- This encourages drinkers to **think about the consequences** of alcohol on their own bodies



*“I can relate to this. You can understand what is happening and it makes me think these things could be happening inside of me”*

*Male, 55+ Pre-existing condition, Higher, Conscious, DE, London*

## Message and call-to-action is clear

- The core message was effectively reinforced by the endline *“Drinking causes you damage you can’t see”*
- The voice over *“...if you could see the long-term damage that drinking was doing to your body, would you do something about it?”* effectively **challenges the audience**
  - Causes them to consider their own drinking behaviour and the possible consequences
  - Empowers them to adopt the issue and take action for themselves (self-reflection and internalisation of the issue is the most powerful way to encourage them to take action)
- *‘Find out if your drinking is putting your health at risk...’* was the most motivating call-to-action as it personalises the issue and taps into their concerns



*“I’d want to know what this means for me and my drinks... I think maybe that would encourage me to go to the website and find out”*

*Female, 25-34., BC1C2, Newcastle*

## Language and tone is engaging

- The language used in all routes was thought to be **straight forward and understandable** without over-simplifying the core messages
- Having an emphatic introductory VO that plays back drinkers' behaviours/attitudes sets a sympathetic and non-judgemental tone of voice, which **helps break down resistance** to the campaign messages (however the VO in *Fruit* was preferred)
- An **adult-to-adult tonality** also helps avoid anti-establishment rhetoric that can occur when commenting on communications from government



*"It doesn't give me a hard time for drinking, it's like they understand me, they're not criticising me just pointing out the facts"*  
Female, 35-44, Higher, Preconscious, DE, London

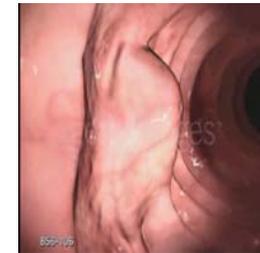
## *Scan* would benefit from some developments

- Consideration should be given to also seeing the subject as a 'real' (un-scanned) person to enhance identification and highlight the disparity between perceptions and reality
- Care needs to be taken to avoid binge drinking references (i.e. seeing a pint being filled and being finished)
- Care should also be taken to avoid perceived contradictory messages around harm (i.e. "...and there's nothing wrong with that...")
- Health harm messages will have maximum impact if the visual representation of the health harm is shocking
- Health harm messages should be presented in the order which the alcohol reaches those body parts to aid impact and recall



## Key learning from alternative routes

- It is important to **see body parts within the wider context** of the human body to aid understanding (*Endoscope*)
- **Surreal or abstract depictions** of health harms fail to effectively deliver the core message in a relevant or impactful way (*Drinks and Fruit*)
- Focussing on a **single health harms** either allows drinkers to deselect from the message or causes them to dismiss the message by attributing the harm to other factors (*Drinks*)
- It will be important that the **health harms are not portrayed as being irreversible** as this creates a resigned attitude and a lack of impetus to change drinking behaviour (*Fruit*)





**Overall learning for campaign development**

## Enhancing identification: scenarios

- The **scenarios are critical** in enabling drinkers to identify themselves as the core target audience
- Depicting both **in-home** and **out-of-home** settings works well to tap into the majority of their drinking occasions:
  - Drinking in-home with friends/family is the most relevant and typical situation (for males and females)
  - Drinking in the pub can be a typical situation (esp. males),
- Settings where characters are **relaxing and unwinding in social situations** works well to play back their claimed motivations



*“Seeing a few people drinking at home together is how I drink, so I can see this is for people like me, not kids who binge drink”*  
*Female. 45-55, Higher, Willing to change, DE, Newcastle*

## Enhancing identification: scenarios

- Drinking **during the evening** is most representative of their own behaviour – associations with drinking during the day creates de-selection by suggesting dependent drinkers
- References to ‘**after work drinks**’ or **regularly drinking in pubs** can struggle to resonate with the audience, especially those not working or on low incomes
- A **specific gender focus** within each execution was appreciated for delivering a discreet and simple quantity message
- Drinking in **smaller groups (2-3 people)** is **reflective** of their drinking and works well to communicate the risk behaviour is regular, non-occasion, ‘low level’ drinking



*“I don’t think it should be like they drink in the pub every night after work – I don’t have a job so I can’t afford to do that”*

*Male. 35-44, Increasing, Conscious, DE, London*

## Enhancing identification: drinks and drinking

- Using drinks (rather than units) works well to deliver a **clear, tangible and comprehensible** message, and encourages drinkers to consider how much they drink
- However, if drinkers do not drink lager or wine they can **deselect from the message** – consider including a caveat that references alternative drinks to resonate with a wider audience and encourage curiosity about their drinking
  - i.e. *‘But did you know that over time, women who regularly drink 2 or more large glasses of wine, **or the equivalent...**’*
  - i.e. *‘But did you know that over time, men who regularly drink 2 or more pints of strong lager, **or the equivalent...**’*
- Position regular drinking as **‘most days of the week’** rather than ‘every day’ to increase identification with the behaviour



*“I don’t drink every day, I drink most days of the week, so maybe if you average it out I don’t drink quite this much”*

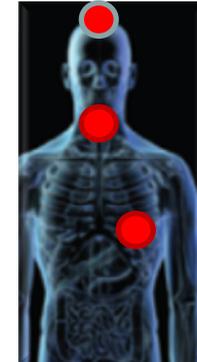
*Male, 25-34, Increasing, Conscious, DE, London*



# Health harm messages

## Health harm messages are motivating

- Communicating multiple health harm messages was **highly effective at raising awareness** through shocking drinkers about a range of consequences
- **Throat and mouth cancer** were new news and compelling information which shocked drinkers into considering their behaviour
- **Stroke** was also new and surprising news and could be credibly linked to regular drinking due to alcohol's debilitating effect on the body
- **Breast cancer** was concerning for females, although the probability (*1.5 times..*) was considered relatively low
- The impact of the message increases with higher **probability** figures



*"A lot of this is news to me. Throat cancer. Stroke. Heart difficulties. God - it makes you think."  
Male, 45-55, Increasing, Conscious, DE, Newcastle*

## Some health harm messages are less motivating

- The following harms were considered to be less alarming and motivating:
- **Liver cancer** tapped into recognised alcohol related harm but framing this as a consequence of regular drinking caused concern
- **High blood pressure** was polarising because it can be attributed to many other factors, can be managed by medication and some fail to recognise the seriousness of the condition
- **Irregular heart beat** was often dismissed as being a common complaint and a relatively minor health harm - often confused with heart palpitations



*“A lot of people get irregular heart beats. I don’t think it’s scary as it’s not that serious. Definitely not as scary as cancer or a stroke.”*

*Male, 45-55, Higher, Willing to change DE, Newcastle*

*“You can take medicine for High Blood Pressure and get it from so many other things – I had it when I was pregnant”*

*Female: 55+ Pre-existing condition, Increasing, Pre-conscious, DE, Liverpool*



## Brands and sources

## Multiple sources add credibility

- While the target expected the campaign to come from the NHS (considered a trusted and reliable source), the idea of a campaign being supported by trusted partners was welcomed
- It was felt the involvement of charity partners would add weight and credibility to the messages and help reduce any scepticism around Government initiatives
- Many saw a role for charities to deliver messages around specific health harms to increase overall impact (esp. relevant for those with pre-existing medical conditions)
- The preferred combination was the NHS *in association with* the charities/partners because it suggested a collaborative effort, led and managed by the NHS who are felt to have the requisite resources and medical 'know how'



## Responses to charity partners

- The target were broadly supportive of the suggested charity partners:
  - **British Heart Foundation** and **Cancer Research UK** were well received as they are high profile national organisations who would bring a high level of expertise/knowledge
  - While not well known, the involvement of **Stroke Association** and **British Liver Trust** was considered appropriate given the health harm messages being communicated
  - **Breakthrough** (though not well known) seemed an intuitive choice given the specific breast cancer harm message, though some assumed CRUK will 'cover' all cancers
  - Some confused by suggestion of **Mind** as drinkers can fail to make the link that alcohol causes mental health issues (i.e. depression)





## **The role of further information and support**

## Drinkers reject idea of requesting information

- There is an **extremely important role for door drop and press insert leaflets** as a way of increasing the impact of the campaign, reinforcing the message and disseminating more information
- Drinkers found them **highly informative** and specifically liked the units table (units information and risk levels), RDL, web address, health harms (esp. noticing 60 different medical conditions)
- However, the majority **rejected requesting further information** as it suggests they have a problem with their drinking – they wanted more immediate, private and anonymous access to information
- As such, we would suggest that the success of the materials should **not be judged on response rates alone**, as it is likely that any acquisition drive is likely to have seemingly disappointing results in this early stage of the campaign



*"I'm not sure I'd ask for further information. If I did want to know more, I'd go to the website. I wouldn't send off that coupon or call a helpline".*

*Female, 25-35, Increasing, Conscious, DE, London*

## Drinkers feel in control of their consumption

- After campaign exposure many drinkers felt that they had been **empowered enough** to make a decision to cut down (or not)
- Drinkers believe that once they have made a decision to cut down all it will take is **will power**
- They believe that they will adopt an effective **self-determined strategy** that will be tailored to their individual needs and situations
- The idea of **seeking support is strongly rejected** as this suggests dependency, alcoholism and lack of personal efficacy
- However, further information is welcomed to help **reinforce their mindset** to change their behaviour



*"All you need to cut down is will power, really. Once you've decided to cut down, that's all you need. I wouldn't need help"*

*Female, 25-35, Increasing, Conscious, DE, London*

## In reality drinkers do need further support

- Although drinkers reject the idea of seeking support, there is a **clear need** to support drinkers on their behaviour change journey
- Whilst some drinkers felt immediately motivated to change their behaviour many felt that in reality they would **require a bigger push** to take action
- Many felt that this would be achieved through sustained exposure to the campaign messages to prompt continual consideration and **push them towards the ‘tipping point’**
- For more immediate action it is likely that further support will be necessary to **trigger behaviour change** (as we saw from the reduction exercise)
- There is an opportunity for the campaign to provide the tools and support that are likely to be necessary as **part of the further information** they are willing to receive



*“The ads made me think about my drinking but it was actually having to do the exercise that I thought about reducing the amounts I was drinking.”*

*Female 35-44, Higher, Changing behaviour, DE, Newcastle*

## Further information will empower and support

- Further information to support the communications will **reinforce the message** and encourage drinkers to continue along the behaviour change journey
- Drinkers expect information to be made available for them to **access as and when they want it** – with online expected to be the primary source
- Drinkers felt the information that would benefit them was:
  - **Units information and RDL** – recognised as a standard measurement to help them assess *their* drinking behaviour
  - Further information on the **health harms** – providing more detailed information (they want it to be shocking!) to reinforce their decision to cut down
  - Information and tools that allow them to **personalise the issue** – ways of facilitating drinkers to relate their individual drinking behaviour to the specific risks



*"I wouldn't mind finding out a bit more about units and what's in my drinks"*

*Female, 25-34, Increasing, Conscious, DE, London*

## A role for actively providing further information

- There is a **role for actively providing further information** via a number of channels and sources to provide drinkers with the information they need and ensure repeat exposure to the messages
- The audience are open to receiving further information through a **number of channels** including: online, print, leaflets, press inserts, outdoor, door drops, radio, GP surgeries, POS (supermarkets, pubs, off-licence) etc.
- The most desirable way of **seeking further information was via the website** (consideration should be given to maximising this opportunity within the campaign materials)
- Receiving health harm messages from **additional sources** (e.g. charities, PR, editorial) is welcomed and likely to increase message credibility and social acceptability of the issue
- In particular, there is a role for charities and GPs to deliver specific health harm messages around the effect of alcohol on **pre-existing conditions**



*"If the British Heart Foundation or my GP gave me more information about my high blood pressure and alcohol then I'd read it"*  
Female, 55+ pre-existing condition, Higher, Pre-conscious, DE, Liverpool

## Support will need to be positioned carefully

- **Language will be critical** in positioning support tools effectively – words such as ‘support’, ‘help’ and ‘advice’ create immediate disengagement and should be avoided
- Drinkers are more likely to be open to some forms of support if they are positioned as **self-discovery tools**, ‘**information**’ and/or ‘**guidance**’
- As such, drinkers will require an **ad-hoc tool box** rather than a prescriptive approach
- Drinkers were looking for ways in which to **personalise the issue** and some of the support tools evaluated have the potential to be developed to meet this need

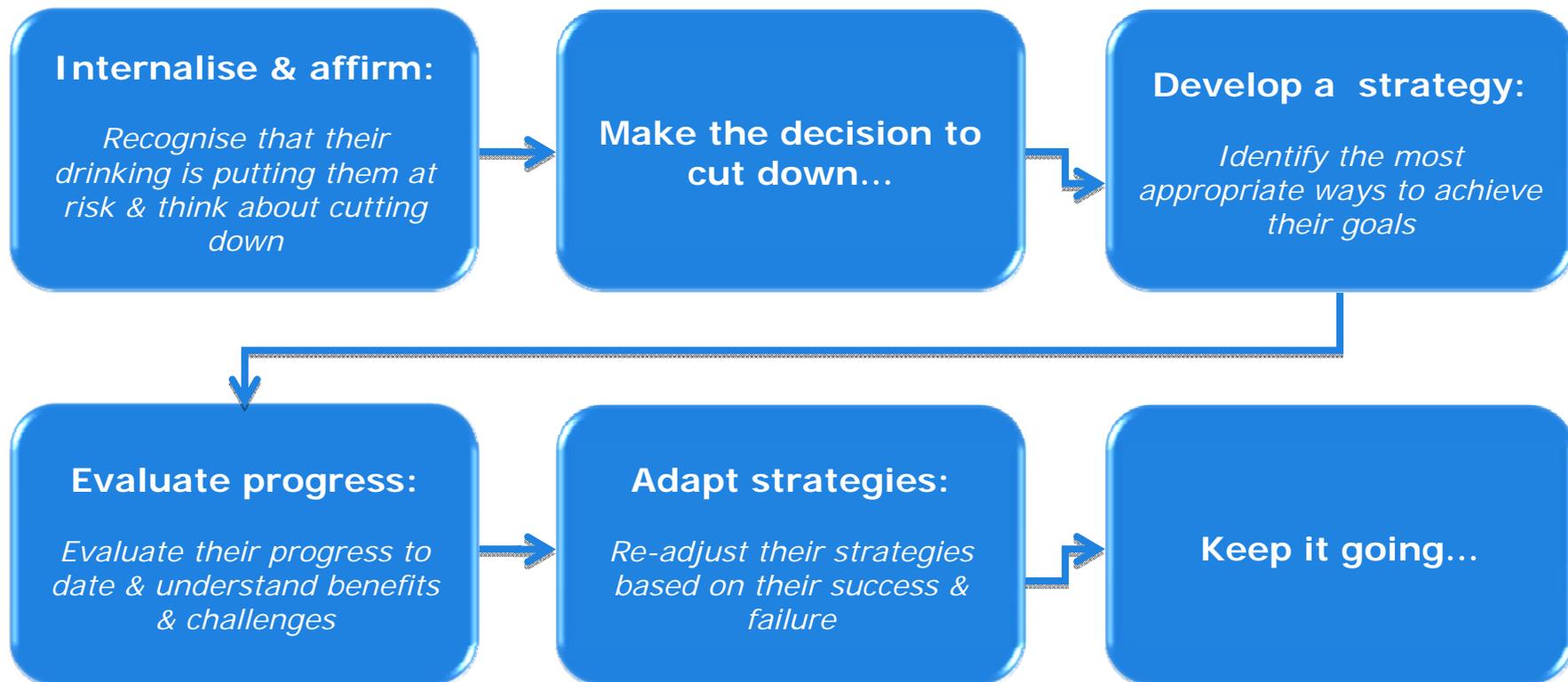




# Tips and tools on the behaviour change journey

## Understanding the behaviour change journey\*

- Understanding the behaviour change journey will help to develop the information and tools to meet specific and individual needs:



\* Findings based on a hypothetical behaviour change journey over a 1-2 week period with a small qualitative sample

## Stage 1: Internalise and affirm

- During the early stages of the campaign the majority of drinkers will be at this decision making stage and will not yet have embarked on the behaviour change journey
- Supporting this stage will be vital as drinkers will only change once they have **internalised the issue and established the self-motivation** and will power to commit to changing their behaviour
- Information and tools should be concentrated on helping drinkers to recognise the issue as being **personally relevant**
- The key information and tools for this stage are:
  1. Units information and RDL
  2. Further information on the health harms
  3. Tools that allow drinkers to personalise the issue



## 1 – Units information and RDL

### Units information and RDL:

- **An extensive list of drinks & their associated units** – enables drinkers to work out how much they are drinking
- **Units information table** – enables drinkers to identify their risk level
- **Recommended Daily Limits information** – affirms that they are drinking above the recommended amounts

### Potential channels and formats:

- Opportunity for widespread delivery: online, leaflet, KYL pocket guide, door-drops, press inserts, POS, GP surgeries, press etc.

## 2 - Further information on the health harms

### Further information on the health harms

- **How and why alcohol creates health harms** – provides additional affirmation and a RTB for why they should cut down to the RDL
- **More detailed information around the health harms featured in the comms** (including shocking/graphic pictures, facts and stats, case studies) – reaffirms the seriousness of the issue
- **Provision of additional health harm information** (i.e. 60 medical conditions, other serious long-term health harms)

### Potential channels and formats:

- Requires select delivery (pull vs. push), with opportunity for multiple voices: online, GP, charity partners

### 3 - Tools that allow drinkers to personalise the issue

#### Tools that allow drinkers to personalise the issue

- **Drinkers were looking for a tool that would calculate their risk level for them** – minimises the effort, more accurate, more personalised
- **Opportunity to introduce tracking tools as a way of establishing risk level (daily, weekly)** – sensitisation to *actual* drinking behaviour often represents a shocking wake up call and creates a desire to change
- **Drinkers were keen to establish personalised health consequences and understand impact of wider lifestyle choices** (cf. Midlife Health Check)

#### Potential channels and formats:

- Telling people to keep track is unlikely to be enough – the opportunity lies in interactive tracking tools: online, mobile units calculator

## Mobile units calculator

- The mobile units calculator was appealing to many I&H risk drinkers as it provided an **easily accessible, discreet and private tool** to help calculate their alcohol consumption
- Drinkers recognise the need to input daily information, but see the value of this tool in providing risk levels based on **cumulative and longer term consumption rates**
- The majority imagined that they would **use this tool at the end of the day**, rather than in situ, as this is a more manageable interaction and helps to maintain privacy
- This tool should be **positioned as a way of calculating risk levels**, rather than a monitoring or tracking tool, as this provides a motivating reason to adopt
- Some drinkers also wanted to use a **similar application online**, especially those with no/basic mobile phones



*"I really like the idea of something that calculates how much you drink and then tells you what will happen if you carry drinking at the same level. That would be really be interesting."*

*Male, 35-44, Increasing, Conscious, DE, London*

## Stage 2: Developing a strategy

- Once drinkers have made a decision to cut down they start to **think about how and when** this can be achieved
- They then often formulate a plan of action which can fluctuate between **daily, weekly or more general strategies** depending on their circumstances
- Strategies consist of **tried and tested techniques** as well as common sense thinking
- There is a role to inspire and affirm their personal strategies through **the provision of a range of tips and hints** so that drinkers can pick the ones that best meet their needs
- However, they should avoid being dictatorial, patronising or appearing to be new news; rather they should be positioned as **positive, friendly and empathetic suggestions**
- Opportunity for multiple delivery channels: online, POS and consumption, advertorials, Change4Life



*“All I did was think about what I could do to cut back a bit here and there – I decided to buy less from the shop and start drinking later”*  
*Male, 35-44, Higher, Pre-conscious, DE, London*

## Tips that were most positively received

- Drinkers were looking for tips around a number of different themes:

### Tips that help drinkers make a plan & reinforce willpower & determination

#### Make a plan

Before you start drinking, set yourself a limit on how much you're going to drink

#### Set yourself a budget

Only take out a set amount of money to spend on alcohol

#### Not in the house

If there's less drink at home then you're less likely to have a drink

#### On your side (female bias)

If you let your friends & family know you're cutting down & it's important to you, they'll support you

#### Keep it going

Don't worry if you slip up, try something else next time

#### Start today

Why wait for tomorrow? Try cutting back today

#### Take it a day at a time

Try and cut back a little every day – each day you cut back is a success

*Drinkers had a number of recommendations for new tips or how some tips should be developed (shown in blue)*

## Tips that were most positively received

### Adapting current drinking behaviour

#### Make it a smaller one

You can still **enjoy a drink but have less**. Try bottled beer or a small glass of wine

#### Have a lower strength drink

Manage how much you drink by swapping a strong strength beer or wine, for one with a lower ABV

#### Start later

To help manage the amount you drink, try starting a bit later than usual

#### Make it last

Get more out of your drink by adding a mixer to make it last longer

#### Take your time

Drink at your own speed. Don't feel pressured to keep up with others

#### Have a soft drink

**Replacing alcoholic drinks with soft drinks**

#### Stay hydrated

Drink a pint of water before you start drinking & avoid using alcohol to quench your thirst

## Tips that were most positively received

### Tips that provide alternatives to drinking

#### Take a break

Have the odd day here and there when you don't have a drink

#### Do something else

There are lots of other things you can do instead of drinking – like walking the dog, doing a hobby, doing exercise, spending more time with family

### Tips that help drinkers to recognise the greater benefits

#### Reward yourself

It's not easy cutting back, so with the money you save put it towards something you really want, like **going to the cinema, home improvements, days out with the kids or a nice meal**

#### Save your money

**Save up the money you would have spent on alcohol**

## Tips that did not work with I&H risk drinkers

### Tips that suggest failure or disempower

#### Don't give up

If something isn't working for you, try something else that does

#### Leave it out

If you're trying to cut down, stay away from situations that might leave you vulnerable

### Tips that are unreflective or irrelevant of their drinking scenarios

#### Quality over quantity

Treat yourself to a better quality drink and enjoy it over a longer period of time

#### One with your meal

To help reduce the amount of alcohol that you drink, only drink with your evening meal

#### Only with friends

If you're trying to cut down, try drinking alcohol only when you're out with friends and socialising

## Tips that did not work with I&H risk drinkers

### Tips that are unrealistic, unachievable and punitive

#### Keep track

Watch how many units you drink a day and keep a count when you're out

#### Give it a miss

If someone's getting a round don't feel like you have to have a drink

#### Sit one out

Buy yourself a soft drink when it's your round

#### Minimise the risk

If you're trying to cut down, minimise the situations where you're likely to drink more than you should

### Tips that suggest shame around drinking behaviour or the desire to cut down

#### Learn to say no

If you're trying to cut down, make sure you've prepared an excuse before you go out

#### No thanks

Sometimes it's difficult to say no, but people will understand if you've got a good excuse

#### Fake it/Mask it

So that you don't feel left out, try drinking a soft drink out of a wine glass or have a shandy

## Stage 3: Evaluate progress

- As drinkers attempt to implement their strategies and reduce their drinking they appear to **evaluate their success and failure** to assess whether they are meeting their goals
- This tends to happen in a **relatively unstructured and ad-hoc way**, with many evaluating their general performance over a short period of time (i.e. added up the rough number of drinks over a couple of days)
- To encourage drinkers **to sustain behaviour change and reduce to the RDL** they would benefit from information and tools to help them evaluate their progress in a more structured way:
  - **Reinforcing units information, RDL and risk levels** – to remind drinkers of how much they should cut down to
  - **Tracking tools** (e.g. online tracking tools, units diary, mobile units calculator) – invitations to check progress using tracking tools



*“After about 2 days I totted up how much I had cut down by and saw I had done quite well – I was really pleased that I had done it”*

*Female 35-44, Higher, Changing behaviour, DE, Newcastle*

## Stage 4: Adapt strategies

- If drinkers establish that their strategies are not enabling them to cut down as they desired, they **look to adapt their strategies**
- This stage generally happens at a low level of consciousness, where drinkers decide to either **revert back to tried and tested strategies or attempt new strategies**
- At this stage drinkers would benefit from the provision of **tips and hints** to help remind them of old strategies or provide new inspiration
- Drinkers felt encountering the **tips and hints** when out and about (POS and point of consumption) would act as beneficial reminders
- The real challenge for sustained behaviour change will be in **keeping drinkers on the journey** – how will you continue to motivate them?



*"I tried drinking less when out with the boys, but that didn't work, so I thought I'd have a day off the next day instead"*  
Male, 45-55, Higher,  
Conscious, DE, Liverpool

## 'Seeking support' tools are less desirable

- **1 way messages of support** (e.g. SMS messages, emails, postcards) were rejected by the majority of I&H risk drinkers for a number of reasons:
  - Signing up for these services suggest a level of dependency that they disassociate with
  - Receiving generic messages can feel impersonal, patronising and unrelated to their self-determined journey
  - Drinkers struggled to understand how a source could tailor messages to their specific needs as they would not be willing to engage in dialogue about their progress
  - For SMS – negative associations with spam texts and concerns around cost (even when reassured it is free)



*"I wouldn't want to sign up for something like this. I wouldn't want them sending me texts or letters... and I can't see what they would say to me that would help me"*

*Female 45-55, Increasing ,  
Changing behaviour, DE, London*

## 'Seeking support' tools are less desirable

- **Q&A services** (e.g. call centre helpline, SMS, emails, IM) were rejected by the target audience for a number of reasons:
  - Seeking personalised support from a professional source was rejected for being too suggestive of admitting they had an addiction
  - Drinkers believe that they can cut down by themselves and therefore fail to recognise the relevance
  - Importantly these ideas have potential to alienate the target audience from the message as they believe these tools would only be aimed at problem drinkers
- **Online forums** were rejected as the idea of publicly seeking or engaging with support tools was rejected; drinkers require more intimate and private forms of support



*"I don't see the point of these – why would I want to ask someone a question about my drinking... what would I say? Only an alcoholic would do this"*

*Male, 35-44, Higher, Pre-conscious, DE, London*

*"I wouldn't want to go online and chat to strangers about my drinking. If I needed to talk to someone I'd talk to [my partner] or a mate"*

*Female 35-44, Increasing, Changing behaviour, DE, Liverpool*



## **Conclusions and recommendations**

## Campaign conclusions

- The research would suggest that this campaign is likely to be highly effective at creating identification with the issue, displacing misperception of risk and empowering I&H risk drinkers to think about changing their behaviour
- The campaign has potential to not only reach the core target audience (I&H risk drinkers, 35-55yr olds, DE) but also engage a wider population (binge drinkers, higher SEG, 55+ with pre-existing health conditions)
- Although the campaign is likely to create a huge mindset shift amongst drinkers it is likely that they will require sustained exposure to the messages and additional motivation in order to make sustained behaviour change
- Partner involvement will help to increase the scope and impact of the campaign, as will message delivery via a range of different channels
- However it will be important to strategically and proactively provide drinkers with the additional information and tools they need to help drive their self-determined strategy for change; at this stage drinkers are unlikely to actively request this information for themselves

## Recommendations for campaign development

- For maximum impact, we would recommend developing *Scan* with the following developments:

- Enhance identification by also showing scanned person as a real person
- Consider changing the introductory VO to avoid contradictory messages around harm
- Avoid binge drinking references
- Ensure visual representations of *multiple* health harms as shocking
- Link health harms to increasing risk levels
- Present health harm messages in the order which the alcohol reaches those body parts
- Ensure that the risk of health harm is not portrayed as irreversible

## Recommendations for support channels/formats





**Thank you**



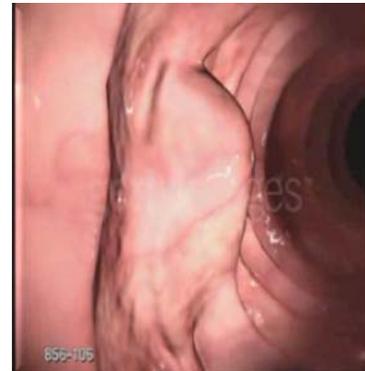
# Appendix



**Response to *Endoscope, Drink & Fruit*  
& Press consideration**

## Overview of findings – *Endoscope*

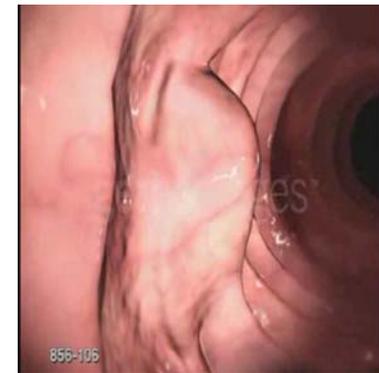
*Endoscope* contained similar motivating elements to *Scan* and did work to disrupt drinkers' misperceptions of risk



However, it suffered from issues with its visual style which affected the impact of health harm messages

## Learning from *Endoscope*

- While *Endoscope* prompted drinkers to consider the **unseen damage** caused by long term harmful drinking, the creative vehicle was less effective at visually delivering the health harm messages
- The contrast between the inner and outer world works well to **highlight the disparity** between perceptions of harm/risk and the reality
- But, the **internal perspective** of the body used does not allow viewers to identify the internal organs or damage caused and drinkers did not relate these images to their own bodies
- A few appreciated the **imagery of damaged internal organs** for being shocking/impactful, but the majority found the graphic depiction off-putting
- Creatively, the endoscope idea was considered **less original** and many felt it had already been used in other communication ideas (*Gaviscon, Nurofen*)



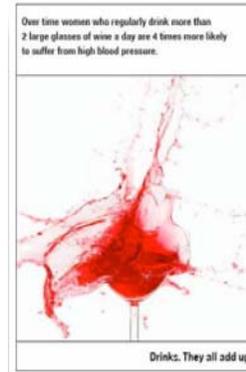
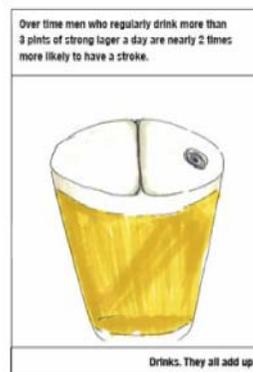
*"I don't know where in the body that is. You'd need to be a doctor to understand which organs are being shown. That's too unclear and quite gross!"*  
*Male, 45-55, Increasing, Pre-conscious, DE, Liverpool*



## Responses to *Drinks*

## Overview of findings – *Drinks*

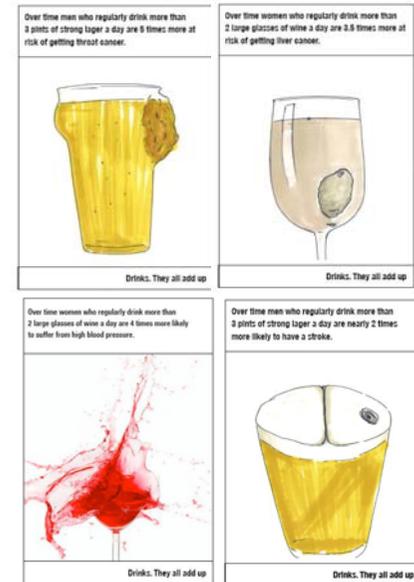
The approach used in *Drinks* unambiguously links regular alcohol consumption to health harms



However, issues around the creative style and communication of health harms limit effectiveness

## Learning from *Drinks*

- Seeing health harms developing over time in alcoholic drinks **clearly connects the long term health harms to alcohol**
- However, **surreal depictions** of the health harm failed to effectively deliver the core message in a relevant or impactful way (too removed from drinkers' bodies)
- Focussing on a **single health harm** in each execution either allowed drinkers to deselect from the message or caused them to dismiss the message by attributing the harm to other factors
- With a focus on actual drinks, this route runs the **risk of demonising alcohol** regardless of how regularly it is consumed
- **"It all adds up"** worked well to encourage the target to consider their own behaviour and cumulative consumption but fails to fully communicate the risk message



*"I don't think you'd get what that was growing on the side of the glass, and then to think it could be happening to you – nah, that would do anything for me"*

*Male, 35-44, Higher, Pre-conscious, DE, London*



## Responses to *Fruit*

## Overview of findings – *Fruit*

*Fruit* does communicate that regular drinking causes serious damage over time



But the creative style failed to engage and distracting visuals affected message comprehension and impact

## Learning from *Fruit*

- Conveying the idea of creeping health harms via the **metaphor of rotting fruit failed to resonate** with or be fully understood by the audience – for many it is too abstract
- Where the metaphor is understood, it lacked impact as it **failed to shock or create identification**
- The rotting fruit metaphor in the context of health harms could also be **connected to the natural aging process** which can detract from the alcohol message
- It could also suggest that the health harms portrayed are **irreversible** and could create a resigned attitude and a lack of impetus to change behaviour, which will be important to avoid



*"It does show that this is happening to you over time, but I'm not so sure about why they used fruit. What's a peach got to do with anything?!"*

*Female, 35-44, Increasing, Changing behaviour, DE, Liverpool*

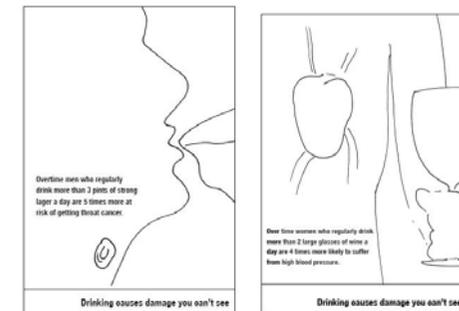
## Learning from *Fruit*

- Some were surprised/confused by the use of something typically **associated with good health** to depict health harms and damage
- The **introductory VO was the most effective** line from across all routes at creating empathy and identification – *‘Let’s be honest, many of us like a drink... and why shouldn’t we? Whether it’s a quick one after work or the odd glass at home... it’s a way to unwind at the end of the day’*
- The line *‘The problem is you won’t see it, you can’t see it... because the damage is all inside... slowly eating away... until the day it catches up you with’* was highly effective at communicating **unseen damage that creeps up over time**



## Challenges for press executions

- Responses to the print executions were **generally favourable**:
  - They had the potential to be visually engaging/intriguing and therefore likely to stand out
  - Considered a good fit with TV executions
- But most thought the print ads would only successfully engage and communicate messages **where seen in conjunction** with TV – less likely to work effectively as stand alone communications
- The single-minded health harm focus was regarded as **less impactful** and there is potential for drinkers to disassociate from single health harm messages
- Most anticipated the print executions **would run as a series** with different health harm messages to heighten impact and relevance



*"I think it's good that they only talk about one thing at a time as you don't normally spend long looking at these and you'd recognise it from the TV ad, but I'd want to see lots of different ads like this for different illnesses"*  
Female, 30-40, Validation, BC1C2, Liverpool



# Behaviour change case studies

## Behaviour change case studies

### **Jemma, 36yrs, E, higher risk, willing to change, Newcastle**

Jemma is married and has 2 kids. She drinks around 6 cans of lager every night when the kids are in bed to relax and unwind. She buys her (and her husband's) drinks daily from the local off license and is aware that she drinks too much and it is becoming a bit of a habit. Although she would like cut down (cost, making alcohol less a part of her daily routine), she had no real motivation to do so.

The comms worked well to make her realise her drinking could be causing her harm and encourage her to want to cut down to improve her long-term health (esp. reduce the risk of throat cancer).

To cut down she planned to have a few days off during the week and only have a few cans when she felt she really needed them to relax. Her main strategies were to 'stay strong', avoid going to the shop so she didn't have any cans in the house and finding other things to do to help her relax and unwind. To keep her going she thought about the health consequences and the money she was saving.

Over the course of a week she dramatically reduced her drinking by having 4 days off, and limiting herself to 3-4 cans when she did drink. Her husband also inadvertently cut down as she stopped buying him lager every day. To help her sustain behaviour change she wanted prolonged exposure to the messages to reinforce the issue.

## Behaviour change case studies

### **Russell, 48yrs, D, increasing risk, conscious, Newcastle**

Russell is divorced and lives alone. He is relatively health conscious and likes to go to the gym to keep fit. He drinks a couple of cans 3 nights a week after he finishes his shift as a cab driver. He has a couple of nights off the drink (usually the nights he goes to the gym). Every Friday and Saturday night he meets up with 'the boys' (3 old school friends) at the local pub for a few beers – but they only have 'a few' as they can't drink like they used to!

Russell found the comms really effective as he had never realised the harm drinking could do and it made him aware of the issue. Although he became more aware of the issue, he didn't feel as though he needed to cut down as he thought that he wasn't drinking too much (under estimated his drinking over the course of a week).

During the alcohol reduction task he noticed that he was a lot more aware of his drinking and did find himself thinking about the health harms when drinking. He did cut down his drinking for the task by having orange juice rather than lager in the evenings at home, however he did not compromise on his nights out with the boys and drank to the same levels on these occasions.

Russell felt that in the long term the comms would make him think about the issue but in reality he would probably not cut down. However, it is possible that increasing his awareness of his cumulative weekly alcohol consumption and the associated risk level would motivate him to cut down.

## Behaviour change case studies

### **Dee, 55yrs, E, increasing risk, changing behaviour, London**

Dee lives on her own in a council flat in New Cross. She is a single mum and her daughter has now grown up and moved away. She has never really worked. She likes to buy and sell things on eBay to make a few extra pounds. She has lots of friends and a good social life, and much of this revolves around drinking.

She has been cutting down on her drinking for the last 6 months or so. She had been drinking to extremely harmful levels and felt that she was bordering on dependency. She would see a different friend every evening and would often drink a bottle of spirits or 2-3 bottles of wine each night. She realised on her own that this was too much, and decided to cut down. She still drinks most nights (but not every night), but limits herself to one bottle of beer, or 1-2 glasses of wine. She has cut back on the spirits completely.

Although Dee was still drinking to increasing levels, she felt that she had already cut down enough and believed that her drinking was no longer causing harm. Although the comms would be unlikely to get her to reduce her drinking further they were reaffirming and reinforcing her original decision to cut down, and would likely be effective at preventing her drinking levels creeping back up to previous levels.

Dee did reduce her drinking further during the reduction exercise, which involved abstaining on days when she might normally have a drink. In her previous efforts to cut down from her very high level drinking, she had employed a number of strategies – not keeping alcohol in the house, having smaller measures and telling her friends who then stopped bringing as much alcohol round to the house when they visited. However, she believed her most successful strategy was having the sheer willpower and strength of mind to say 'no' after having had a couple of drinks. She felt that 'make a plan' was one of the strongest tips for cutting down.

## Behaviour change case studies

### **Kate & Juliette, both 36yrs, D, increasing risk, conscious, London**

Kate and Juliette are both cleaners and met at work. They came along to the sessions within a wider mixed friendship group, who had all met when out drinking and now regularly get together for nights out. All of them have children and use the pub as a way of escaping. Both Kate and Juliette say they go out less now they have children, but will often go round each others houses in the evening for a drink.

Although recruited to be drinking to increasing levels, they were in fact drinking to higher levels but underestimated their drinking as they did not really count drinks consumed at home. They also felt they were conscious of the issues around drinking because they had been binge drinkers and had stopped this behaviour (most of the time!), but were not aware of the impact of regular drinking.

The comms had a significant impact on them and they were shocked to realise that their drinking levels might be causing long-term damage, which was compounded by the fact they both smoked. Both felt that the advertising would cause them to reappraise their drinking behaviour.

They were concerned that they would not be able to cut down but were determined to give it a go following exposure to the advertising. Their main strategy was to support each other (within the friendship group, they all split into pairs to complete the exercise) and saw each other or called every day to check on progress. They felt that this really helped because they did not want to feel they were letting each other down. Other strategies they employed were to start drinking later, not to have it in the house, alternating alcoholic drinks with soft drinks and doing something else with their time (they took their kids on a day trip to the seaside).

Both felt really proud of their efforts to cut down and believed they had been successful in cutting down to 'safe' levels and felt they were already feeling the benefits – saving money and spending more time with their families. They said they would definitely continue trying to cut down on their drinking and would track their progress to ensure they were keeping a watchful eye on it.

## Behaviour change case studies

### **Sean, 53rs, D, higher risk, conscious , Liverpool**

Sean works as a van driver delivering car spares for company in Liverpool. He describes the work as physically tasking and dull. Sean picks his wife up after work and most days they stop off at a pub for a couple of pints of bitter before heading home for dinner. This is their time to catch up and unwind after long and taxing days. After dinner Sean will pop into the social club around the corner from their house for a few drinks. He's happy to have a few drinks there on his own (typically 2-3 pints while playing on the quiz machine), but he likes it more when other regulars he knows come in for a drink and chat where he'll drink around 4 pints in an evening

Prior to seeing the TV execution messages, Sean did not think the levels to which he was drinking to were putting him at risk. He was surprised by the health harms that could develop and the messages made him curious about his own drinking which prompted consideration of his behaviour and associated risk. This said, Sean did not feel the comms alone were not enough to motivate him to cut down and felt he would not have made an attempt to do so had he not undertaken the research reduction exercise.

For the behaviour change task he managed to cut down by setting himself a 2 pint a night limit. Sean found the exercise a challenge. While he started the week well, he found it difficult to continue, particularly as he carried on visiting the social club most nights and didn't want to appear to be cutting down in front of the other locals in case they thought he had a 'problem'.

It is likely that sustained exposure to the messages will trigger a continual consideration of the issues for Sean and push him towards the 'tipping point'.

## Behaviour change case studies

### **Lisa, 42rs, D, higher risk, conscious , Liverpool**

Lisa is married with an 18 year old daughter. She works part time as shop assistant in Wilkinson's in the Wirral. Lisa and her husband have a drink together at home most nights when he gets in from work. In addition, they tend to go out a couple of nights a week to socialise with friends including a regular Curry Night every Thursday.

The communications had a profound effect t on Lisa and made her very conscious that she was drinking too much and that there was a chance that this could be putting her health at risk. The messages particularly drew her attention to her habitual 'non-occasion' low-level alcohol consumption.

For the reduction exercise Lisa opted to substitute alcoholic drinks for soft drinks. She found this difficult as she complained that the cost of non-alcoholic drinks in pubs were on par with alcoholic ones and that she didn't get the same enjoyment from having just a lime and soda – she thought she'd be better off just having a 'real' drink and enjoying herself. As this strategy didn't seem to work for her she decided to change her approach by going out later on the nights she went to the pub so that she would reduce her amount of drinking time – she found this a lot more manageable and liked the fact she could still enjoy a drink. The benefits for her were she did not have to compromise on her socialising but was still drinking less.

Lisa wanted to continue reducing her drinking, but was worried that over time her motivation would wane and she would slip back into old habits – for her, repeat exposure and continued empowerment will be key to help her sustain behaviour change.