### **Nick Tancock**

Senior Adviser - Social Marketing, Alcohol & Drugs Programme
 Department of Health, England

### Formerly...

- Strategic Health Authority
- Fairtrade Foundation (UK)
- Save the Children (UK)
- Developments magazine
- Department for International Development, UK
- National media
- NCTJ National Certificate, Journalism (1991)
- BA Communication Studies (1988)



Traditional information communications & 'message based' approach\_\_\_\_\_

OUR mission & crafting 'our messages' communicating the information & messages



Customer understanding & insight based social marketing approach



starting with 'the customers' understanding the customer

> everyday lives hopes & fears values & beliefs

generating *'insight'* 

what really 'moves & motivates'

# Bottom-up, not top-down (and some other observations...)

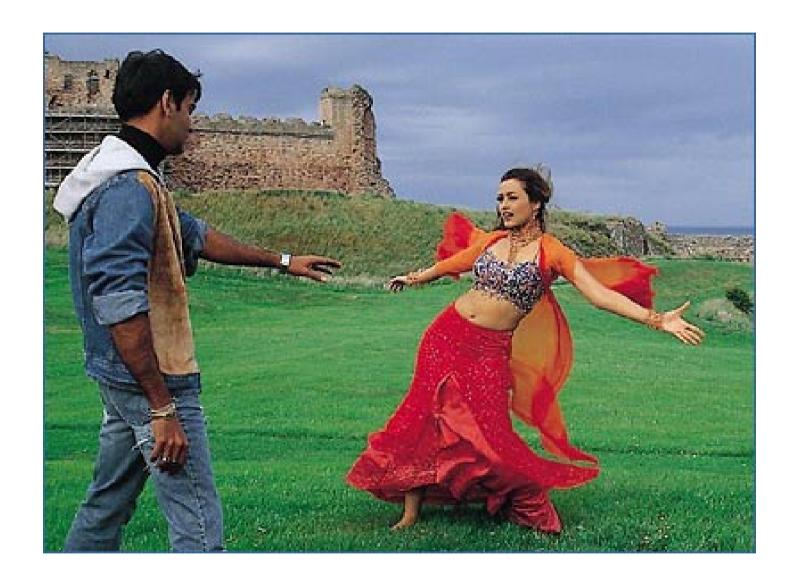
- "Social marketing" often sends the wrong message
- In England the ambition is to use insight to inform and shape policy development
- Begins with insight ends with behaviour change
- In the NHS for example targeting services according to segmentation
- Less money = more opportunity for social marketing if prepared to agree medium-to-long term targets. It should be the first choice of the "serious" decision-maker
- Conversely social marketing struggles to achieve "quick hits"

## AIDS prevention Africa

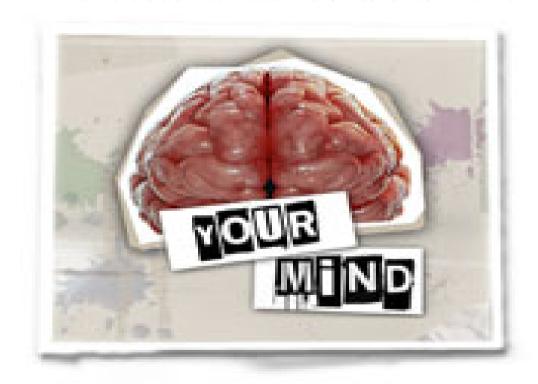
- The open and closed message
- Free = useless
- A prestige product



Meanwhile, in India.....



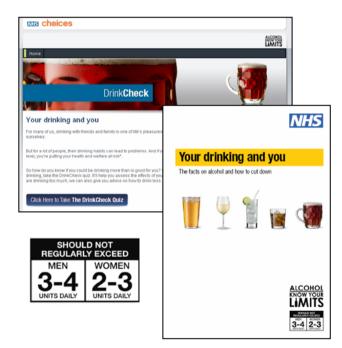
# 多多用用



### Talk to FRANK

- Target increase service use by Vulnerable Young People
- FRANK: Government-backed information line to ensure young make informed choices about drugs
- Uses "trusted friend" to warn against use
- Insight with Vulnerable Young People
- Use as referral service?
- Review of systems
- From pilot-stage to national implementation
- Piloting peer-to-peer, ambient, carer-information

## ALCOHOL KNOW YOUR LIMITS







### **Alcohol costs**

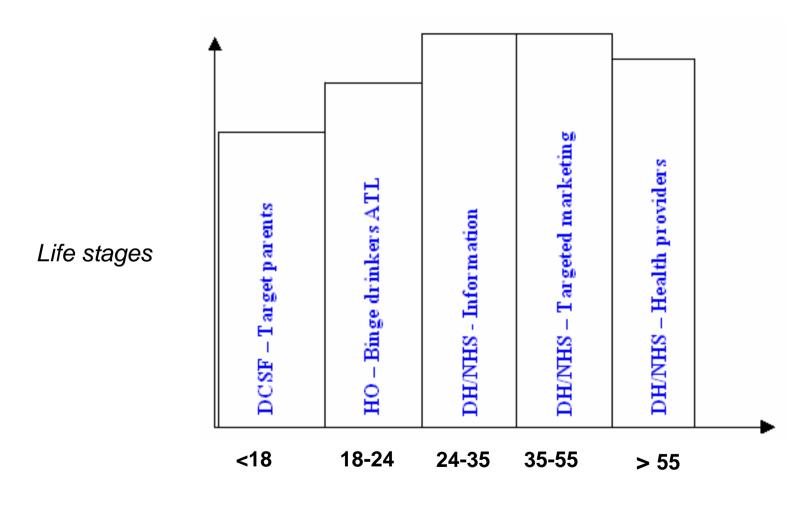
- Alcohol-related hospital admissions have almost doubled in the last decade
- Alcohol-related illness costs the NHS at least £2.7 billion and the UK economy £20 billion a year
- Alcohol-related deaths are 45% higher among the poor
- Harmful drinkers are most at risk



- Reduce the number of people drinking at harmful levels in England
- Contribute to NHS Vital Signs: "Reducing the rate of hospital admissions per 100,000 for alcohol related harm"



## Changing our drinking culture – from no consequences to taking care, across a lifetime



Moving towards a healthy drinking culture



### The start of our journey

- New territory
  - few people understand what "a unit" is
  - most people have never been asked to consider how much they drink
- A massive task
  - drinking is an embedded part of our culture
  - plus a spectrum of stakeholder interests
- It's a process
  - not yet a "solution"



# A social marketing approach from the outset

- Initial scoping
  - Epidemiological evidence; clinical expertise and experience; consumer research and industry studies
- Stakeholder involvement
  - From across the sector
- Pricing and promotions review
  - a separate, parallel investigation
- Supplementary ethnographic research
  - social context



 Segmentations, propositions, messaging and interventions to effect voluntary behaviour change It is very difficult to avoid increasing risk if you drink on most days of the week.

### Importance of frequency

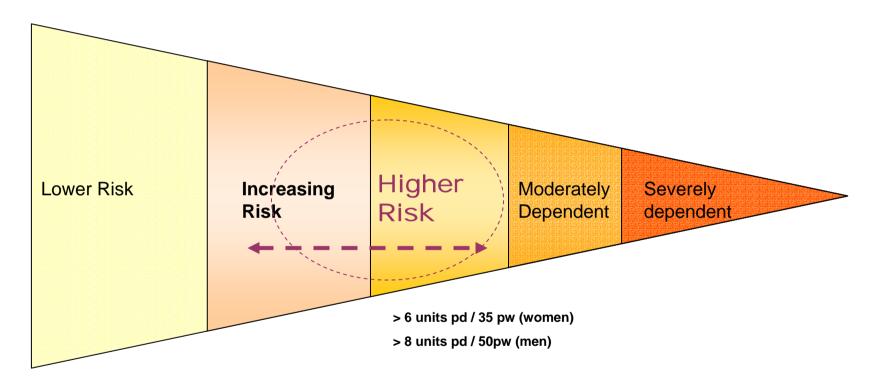
- If drinking on most days an escalation of drinking following a change in circumstances will almost inevitably move individuals into increasing or higher risk drinking
- Drinking every day a large glass of wine (3 units) or two pints of moderate strength lager (4 units) can move you into increasing risk

		Uni	its per	day												
	_	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
inking Dav	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	2	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30
	3	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45
	4	4	8	12	16	20	24	28	32	36	40	44	48	<b>52</b>	<b>56</b>	<b>60</b>
	5	5	10	15	20	25	30	35	40	45	<b>50</b>	<b>55</b>	60	<b>65</b>	<b>70</b>	<b>75</b>
	6	6	12	18	24	30	36	42	48	<b>54</b>	<b>60</b>	66	<b>72</b>	<b>78</b>	84	90
	7	7	14	21	28	35	42	49	<b>56</b>	63	70	<b>77</b>	84	91	98	105

Female increasing risk 14+ units per week
Male increasing risk 21+ units per week
Female higher risk 35+ units per week
Male higher risk 50+ units per week



## Our current understanding A continuous scale



 Estimated 10 million men and women drinking above lower risk levels



## "Lower-risk" drinkers on the surface...

Drink to have fun, socialise and to relax

Don't drink to get drunk (not "binge" drinkers)

In control of their consumption

## ...passionate ambassadors for alcohol

Seamless and integrated part of everyday life

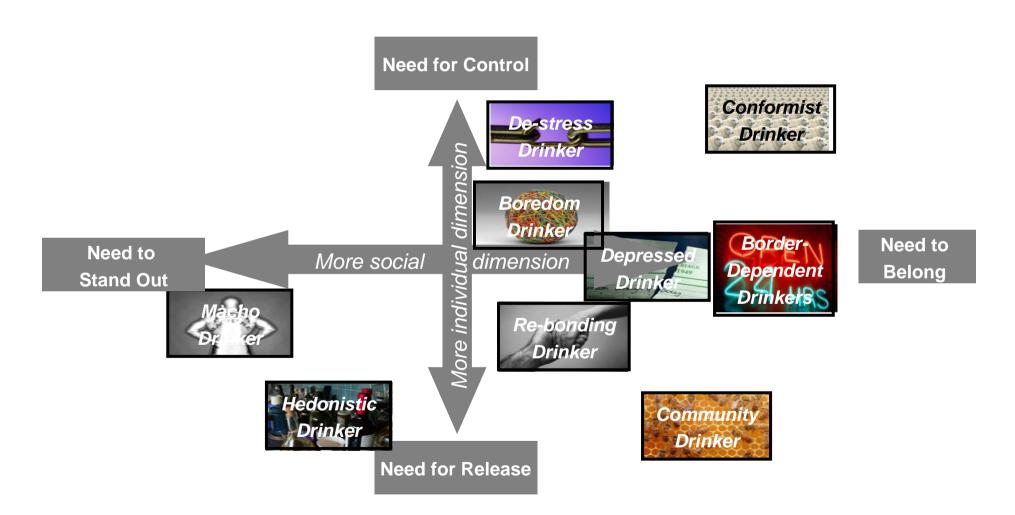
Adamant belief their drinking is normal

Drinking is part of their identity

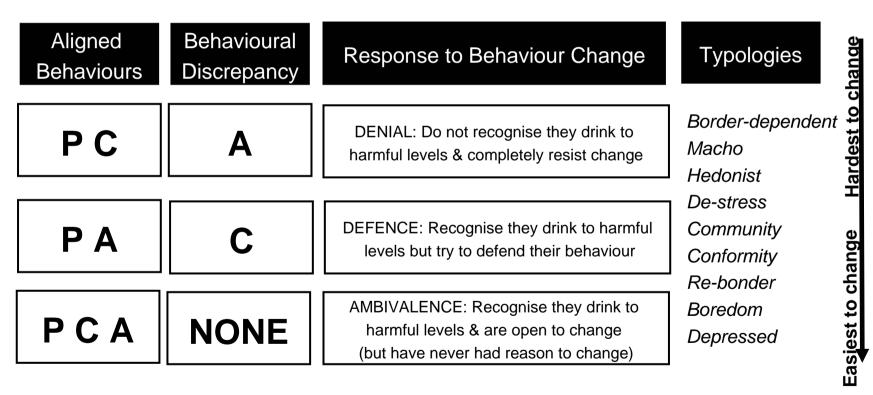
Disassociated from negative consequences

(Subconscious) belief that alcohol gives them control over their lives

## **Plotting the segments**



## Three stages in behaviour change



Segments in a state of DENIAL are likely to need to pass through DEFENCE before they are ready for behaviour change



# Developing the social marketing strategy

- Epidemiological evidence points to Men 35-plus C2DE
- Identification & Brief Advice = a proven reduction for 1 in 8
- Ethnographic insights have helped us:
  - Enter the world of the higher-risk drinker
  - Gain a better understanding of how we might influence their behaviour



## Developing the social marketing strategy A parallel approach

- "Why cut down"
- "How to cut down"



- Terminology to reflect risk
  - Lower risk; Increasing risk; Higher risk
- Messaging to achieve cut-through
  - relevant and "newsworthy" health messages
- Identification and Brief Advice (IBA)
  - established clinical best practice
  - the basis for self-help mechanisms
- Regular and robust measurement



## **Theoretically**

Engage "ladder of change" incorporating elements of:

### Social Norms Theory

Suggests people's behaviour is strongly influenced by their perception of how other members of their social group behave, as well as their level of desire for conformity.

### Health Belief Model

Suggests a person's willingness to change their health behaviour is based on their perceived susceptibility to risk; the perceived severity of those health risks; the perceived benefits of taking protective action; and the perceived barriers that might frustrate this intention.

**Practically** we seek to employ IBAs to disrupt people's idea of what kind of behaviour is normal and alert them to the abnormally high risks to their health.



## **Achievements since May 2008**

- Units campaign
- New terminology
- Promotion of IBAs to GPs
  - including support material

### & virtually:

- DrinkCheck web site
- Expansion of the Drinkline telephone helpline service
- Pilot acquisition campaign
  - North West of England, East Mids

### support

- Self-help manual: Your drinking and you
- Development of stakeholder channels
  - website, action days, and shared learning



## **NW** pilot - Key Findings

- The target audience behave differently in relation to response. Some are ready to accept help, are concerned about the risks of their drinking and ready to respond, whilst the harder to reach are in denial about the risks of their drinking.
- Cost of only £52 in delivering an active response (ordering the booklet).
- Press inserts and door drops were the most cost effective channels.
- General health (closely followed by liver disease) was the most effective message.
- Your Drinking & You was found to be relevant and useful by both responders and non-responders.
- For the harder to reach audience the messaging was seen to be too complex and hard hitting (creative development is required).

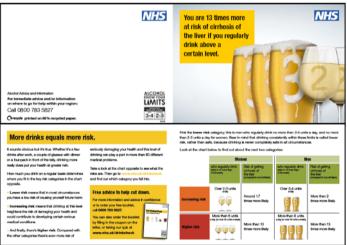






NHS









# Steps toward a social marketing solution

#### **EVALUATE/ DEVELOP**

#### **SUPPORT**

Your drinking & you

CRM development
Integrate with ATL
Roll out to NHS

#### **DELIVER**

Real and Virtual IBA via

- GP promotion
- DrinkCheck
  - Drinkline
- NW acquisition pilot

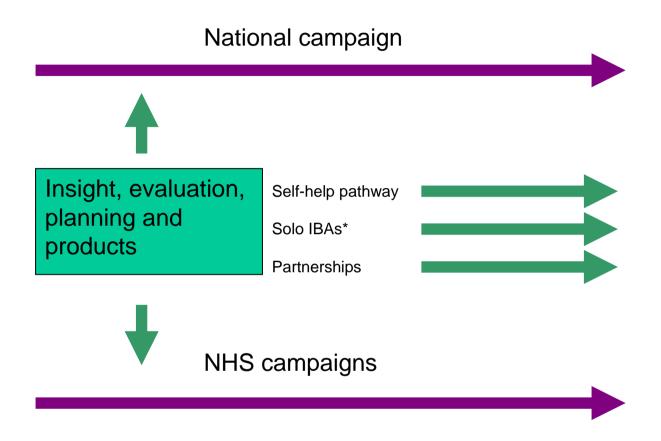
#### **SEGMENT**

Nine types
Possible
levers

### **SCOPE**

C2DE males 35-plus IBAs work





<sup>\*</sup>Both to public and through NHS, multiple channels

