

Alcohol Social Marketing for England

Working together to tackle higher risk drinking



**ALCOHOL
KNOW YOUR
LIMITS**

SHOULD NOT REGULARLY EXCEED	
MEN	WOMEN
3-4	2-3
UNITS DAILY	UNITS DAILY

PINT OF CIDER:
ABV 5.3% **3 UNITS**

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Introduction

Alcohol misuse is a national problem but it can only be successfully addressed through a combination of local, regional and national action. Many PCTs are already doing excellent work to tackle alcohol problems in their area. This work is a vital part of the Department of Health's (DH) three year alcohol social marketing strategy, which aims to reduce levels of alcohol related hospital admissions and the number of higher risk drinkers.

In a recent DH report for commissioners, social marketing has been identified as one of the high impact ways that PCTs can tackle higher risk drinking and reduce alcohol-related harm. But a DH consultation showed that many PCTs are unsure about how to carry out effective social marketing activity. This guidance aims to help address this by explaining what social marketing is and how it can bring about behaviour changes which can be measured at a local, regional and national level. It also aims to help PCTs be consistent in their approach to social marketing and to enable them to share best practice and learnings.

Who is this guidance for?

This guidance is for social marketers within PCTs. It aims to help you to develop your own social marketing activity to tackle higher risk drinking in your area. It will also be of interest to commissioners and decision-makers who are responsible for commissioning alcohol services.

What's in this guidance?

This guidance includes information about:

- Why social marketing works
- How to do your own social marketing activity
- Other useful resources
- Best practice case studies
- DH's three year alcohol social marketing strategy

Other tools

This guidance is one of a number of tools that are being developed to support you in delivering local and regional programmes to reduce alcohol harm. For details of other tools, please see the Alcohol Learning Centre www.alcohollearningcentre.org.uk



PINT OF LAGER: ABV 5.2% **3 UNITS**

Alcohol and social marketing

What is higher risk drinking?

Higher risk drinkers (previously called harmful drinkers) are:

- Men who regularly consume over 50 units of alcohol per week
- Women who regularly consume over 35 units of alcohol per week

Men drinking between 22 and 49 units per week and women drinking between 15 and 34 units per week are at an increasing risk of alcohol-related illness (previously called hazardous drinkers).

The guidelines recommend that women shouldn't regularly drink more than two or three units per day, and that men shouldn't regularly drink more than three or four units per day.

The risk of alcohol-related harm rises in a linear fashion, broadly-speaking, so there is no clear differentiation between those drinking at increasing and higher risk levels. Those drinking at increasing risk levels are a legitimate secondary audience for social marketing.

Although binge-drinking is usually associated with young adults, it is typically older drinkers consuming at higher risk or increasing risk levels for a sustained period of time who will suffer longer term alcohol-related illness or death. The challenge for PCTs is how to engage and target these drinkers.

A 2007 DH scoping study showed widespread public ignorance of the health consequences related to heavy drinking. Frequent alcohol consumption was identified as a key indicator of higher risk drinking. The study found evidence that although higher social and economic groups (SEGs) consumed more, lower SEGs experienced greater alcohol-related health harm and that males over the age of 35 were most commonly at risk. It also found that identification and brief advice (IBA) was as an effective way of engaging with the audience.

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 a large glass of wine (3 units) or two pints of moderate strength lager (4 units) every day can move you into increasing risk

		Units per day														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Drinking days per week	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	52	56	60
	5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75
	6	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
	7	7	14	21	28	35	42	49	56	63	70	77	84	91	98	105
Female increasing risk 14+ units per week		Female higher risk 35+ units per week														
Male increasing risk 21+ units per week		Male higher risk 50+ units per week														

It is very difficult to avoid increasing risk if you drink on most days of the week.

The impact of higher risk drinking

Higher risk drinking has social and health consequences for drinkers and their families, as well as a huge impact on NHS resources. Alcohol-related hospital admissions in England are increasing at a rate of approximately 70,000 per year. DH is committed to delivering a fall against the trend of alcohol-related hospital admissions each year until 2010/11 (PSA 25, indicator 2).

What is social marketing?

Social marketing is talked about a lot – so much so that it is sometimes difficult to understand what it actually is.

Social marketing is evaluated and measured against behaviour change. It begins with the problem, in this case alcohol-related harm, and is careful not to jump to the solution before having carefully scoped the issue and considered all the possible influences that affect the way an audience behaves.

Customer insights are therefore central to any social marketing programme. In-depth research with the audience facilitates understanding of their beliefs and values on a particular issue.

The National Social Marketing Centre (NSMC) outlines the following three key elements of social marketing:

1. Its primary aim is to achieve a particular 'social good' (rather than commercial benefit), with clearly defined behavioural goals
2. It is a systematic process phased to address short, medium and long-term issues
3. It uses a range of marketing techniques and approaches (a marketing mix). In the case of health-related social marketing, the 'social good' can be articulated in terms of achieving specific, achievable and manageable behaviour goals, relevant to improving health and reducing health inequalities

What are its key features?¹

The following six features and concepts are key to understanding social marketing and have been incorporated into the 'customer triangle' model below:

- **Customer or consumer orientation:** A strong 'customer' orientation with importance attached to understanding where the customer is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work
- **Behaviour and behavioural goals:** A clear focus on understanding existing behaviour and key influences upon it, alongside developing clear behavioural goals. These can be divided into actionable and measurable steps or stages, phased over time
- **'Intervention mix' and 'marketing mix':** Using a mix of different methods to achieve a particular behavioural goal. When used at the strategic level this is commonly referred to as the 'intervention mix', and when used operationally it is described as the 'marketing mix'
- **Audience segmentation:** Clarity of audience focus using audience segmentation to target effectively
- **'Exchange':** Use of the 'exchange' concept – understanding what is being expected of people, and the real cost to them
- **'Competition':** Use of the 'competition' concept - understanding factors that impact on people and that compete for their attention and time



Source:

1 National benchmark criteria, NSMC www.nsmcentre.org.uk

Alcohol and social marketing cont.

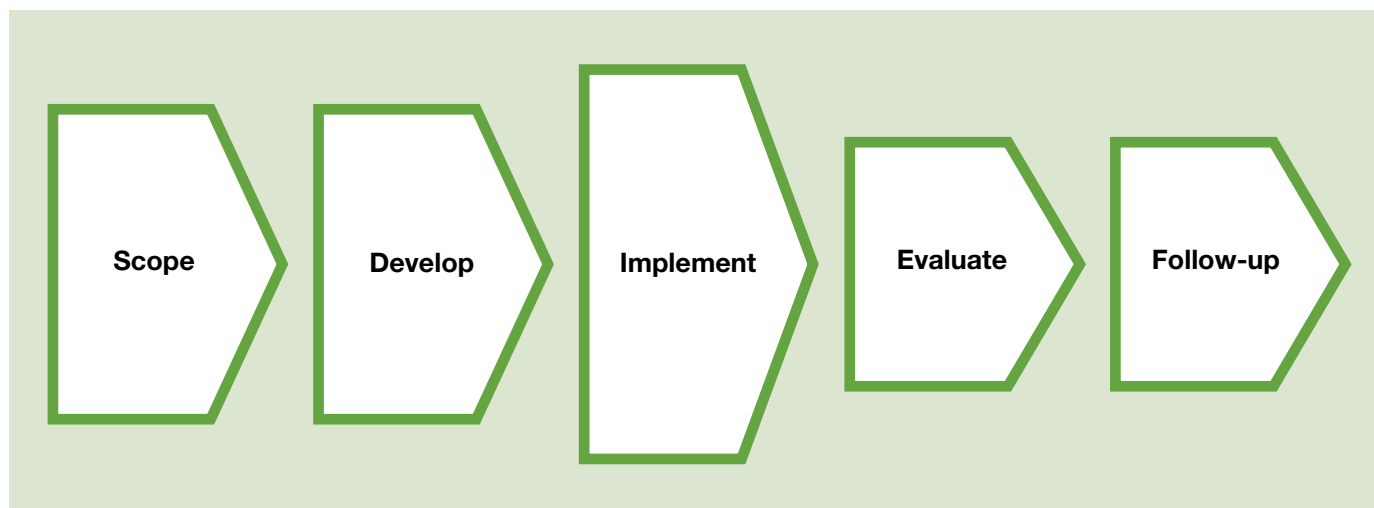
What are the key stages involved?

In line with all good planning and development tools, social marketing has key stages. The diagram below summarises these in the National Social Marketing Centre's 'total process planning model'.

The front end 'scoping' stage needs to drive the whole process. The primary concern is with establishing clear, actionable and measurable behaviour goals to ensure focused development across the rest of the process. Social marketing programmes are ultimately measured against behaviour change.

Social marketing uses audience insight. It is critical to understand the importance attached to understanding where the audience is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work in order to determine what levers can influence their behaviour. Some of this work has already been undertaken by the Department of Health and this insight and segmentation can be used to support local activity. See section beginning on page 08 'How to carry out your own social marketing activity'.

The National Social Marketing Centre now has a showcase of best-practice examples, including the Alcohol Strategy, at www.nsmcentre.org.uk.



How can social marketing tackle higher risk alcohol use?

Social marketing can be an effective tool in tackling and changing the behaviour of higher risk drinkers. By identifying different types of higher risk drinkers, we can get a deep understanding of the kind of people they are. This means looking at not only why they drink, but other factors in their lives – for example, where they live, what media they consume, how they spend their money and what motivates them to think about their own health.

By identifying different kinds of drinkers, we can target those who are risking their health the most. By getting an insight into their lives, we can try and engage them in a way that they can relate to and encourage them

to change their behaviour so that they can reduce their drinking to lower risk. For example, Lincolnshire PCT found that although dependent drinkers might contact alcohol services, higher risk drinkers would be more likely to access information online. This knowledge helped them to develop a website that helped higher risk drinkers to evaluate how much they drank and to get help with cutting down. See the case study on page 12 for more information.

The impact of social marketing on higher risk drinking can be measured in a number of ways – for example, increased awareness of services amongst the target audience, the take up of treatment or a fall in alcohol-related hospital admissions.

Stages of behaviour change

Social marketing uses behavioural theories, one of which is the stages of change model. This model recognises that audiences fit into different 'stages of change' or likelihood to respond or change behaviour. The stages are listed below along with examples of how higher risk drinkers might behave at these stages:

- **Pre-contemplation:** these people aren't concerned about their drinking and are not thinking about changing
- **Contemplation:** these people might be aware that they are drinking too much and could be thinking that they need to do something to change
- **Preparation:** these people are thinking about changing their behaviour and are getting ready to act – for example, they may have picked up a leaflet about alcohol use or found out where they could get help
- **Action:** these people are doing something about their drinking. They may have attended an appointment with their GP or an alcohol service
- **Maintenance:** these people are no longer higher risk drinkers. They are drinking at lower risk levels
- **Transformation/closure:** these people have remained lower risk drinkers. Low risk drinking is now normal behaviour for them

Alcohol Learning Centre

www.alcohollearningcentre.org.uk

The Alcohol Learning Centre (ALC) is a central hub for all information and resources relating to reducing alcohol harm. It includes details of all the health related alcohol work being carried out across England and also shares learning and best practice from across the NHS and third sector.

The ALC is developing a number of useful resources that can support your social marketing activity, including:

- Social marketing tools including a communications segmentation tool
- Information about better social marketing practice from across England
- An online forum to discuss issues
- Training and conference opportunities
- Latest news and updates

It is also important that DH learns from the experiences of the NHS. You can share your experiences with us through the ALC.



Alcohol and social marketing cont.

Case study

The North West acquisition pilot (2008)

The North West has the highest rate of alcohol-related illness in England, which is why it was chosen for a DH social marketing pilot that targeted increasing risk and higher risk drinkers. The aim of the pilot was to engage, or acquire, 'new' drinkers who were in these categories and to measure and track their behaviour over time. The pilot also tested the self-help pathway, described in the Resources section on page 11, and looked at what encouraged higher risk drinkers to respond to the direct marketing materials.

Scoping

To develop a model that identified where increasing risk and higher risk drinkers were likely to live, two types of profiles were used: ACORN profiles and profiles of increasing risk and higher risk drinkers developed by DH.

ACORN is a tool that looks at the lifestyles and characteristics of people living in different areas. It breaks this down into postcodes. Although typically used by businesses, it can give healthcare practitioners a 'pen portrait' of their local communities.

The DH profiles identified the characteristics of different types of drinker – for example, 'depressed drinkers' might use alcohol as a form of self-medication, 'de-stress drinkers' might use alcohol to wind down at the end of the day and 'community drinkers' get a sense of community by drinking in a social group. New profiles are planned to be available from the summer from the ALC website – see 'Segmentation tools' on page 09.

Communications activity

Direct marketing was used as an initial vehicle to encourage increasing risk and higher risk drinkers to order the Your Drinking and You self-help booklet and cut down on their drinking. People were targeted through direct mail, door drops, press inserts and email. Responses were sought via a freepost coupon, the drinkcheck website and the drinkline helpline. Unique codes and telephone numbers were assigned to the response channels to allow accurate tracking of responders and evaluation of the campaign's effectiveness.

Evaluation

The pilot's successes included:

- More than 6,000 people responded to the campaign. The majority of these were 'contemplators', that is people who were already concerned about their drinking
- Very accurate targeting, which led to 'high quality' responses. Respondents came from lower socio-economic groups and there was an equal mix of men and women. Most were ready to change their behaviour
- Positive feedback about the self-help manual
- Useful feedback about the key messages used to engage higher risk drinkers – see 'summary of message testing findings' on the opposite page

The freepost coupon was the most effective at generating orders of the self-help booklet, possibly because it did not require internet access and was anonymous. The helpline was well received amongst people with easy access to a landline, and the website was the worst performing channel, perhaps because of the requirement to complete a questionnaire before being able to order the booklet. Future phases of activity will look to measure behaviour change outcomes. A similar pilot was carried out in the East Midlands. To learn more about this go to www.alcohollearningcentre.org.uk

Summary of message testing findings

In March 2009, to further develop insight from the North West pilot, the key materials from the activity were revised and put into qualitative research to find out what the target audience felt about the messages and tone of the content. The research results are included here to assist you with developing your own materials. Findings included the following:

- The 'general health' message ('When does drinking start to affect my health?') was the most positively received and had the broadest appeal
- 'Neutral nudge' ('Are you drinking too much?') worked in a similar way to 'general health', but was sometimes interpreted as accusatory or dismissed as not relevant
- 'Stern' ('Regular drinking can lead to serious health problems') was disliked by most as it was seen as dictatorial and forced drinkers to feel concerned before they were ready
- 'Testimonial' ('Drinking, I never realised the harm it was doing me.') was the least engaging as it was not contextualised, could be dismissed (as not relevant) and was seen as too 'gimmicky'
- Although the supporting messages were often overlooked, on reflection, 'general health' ('There's a proven link between drinking and up to 60 different medical conditions') and 'neutral nudge' ('How much is too much?') were the strongest and complemented the lead message
- The language and tonality considered effective and most appealing was when it was conversational, approachable and inclusive
- Recommendations for developing the materials to increase response rates include: increasing the relevance and benefits of the booklet for drinkers across all stages of the journey towards behaviour change; enhancing the flow of information to lead drinkers directly to the call to action; and using more accessible information channels (e.g. available online, available at supermarkets/GP surgeries)



How to carry out your own social marketing activity

The following guidance will help you to commission or develop your own social marketing activity. This section includes case studies of social marketing being carried out by PCTs. There is also information on tools and resources that will help you to progress your own social marketing programmes – including some new materials that are being developed.

A NSMC guide to help you in commissioning external agencies to carry out social marketing work on your behalf will be available at www.nsmcentre.org.uk in July 2009.

Step one: Carrying out research

The first stage of any social marketing programme is to carry out research to identify the scale of the problem in your area. Local data provides a benchmark that you can use to measure behaviour change.

You can:

- Go to the ALC and look at:
 - Audience insights to help you understand more about higher risk drinkers
 - Segmentation, which gives you data that will be explored more fully in Step two
 - Best practice from across the regions
- Look at existing communications interventions that you have in place to tackle higher risk drinkers
- Conduct secondary research before carrying out your own primary research into the attitudes of your local audiences
- Agree Key Performance Indicators (KPIs) for the evaluation stage (see Step four)

For further support and advice on conducting research contact alcoholsocialmarketing@alcohollearningcentre.org.uk

The difference between primary and secondary research

Secondary research looks into the target audience and issue. This may include desk research and stakeholder consultation.

Primary research is carried out directly with the target audience. For example:

- Face-to-face or telephone interviews
- Online or emailed questionnaires
- Vox pops or 'clip-board' research
- Focus groups



Step two: Segmenting your audiences

Segmenting your audiences will help you to target higher risk drinkers. Insights into their values and attitudes can help you to develop communications that will effectively engage them.

You should:

- Go to the ALC and look at:
 - Segmentation which you can compare with your own local data
 - Best practice from across the regions, especially those from areas with similar target audiences and local characteristics
- Use your primary research and national insights to segment your audience according to different values such as location, attitudes and demographics as well as different stages of behaviour change or likeliness to respond to communications

New segmentation tools

1. CACI segmentation tool

A new segmentation tool for PCTs is being developed which identifies 'pen portraits' of increasing and higher risk audiences and gives an insight into which of these audiences are most likely to respond to direct marketing communications.

The tool uses data to define people in terms of their behaviour – for example, responsiveness to communications, frequency of drinking alcohol and propensity to be admitted to hospital – as well as key demographics. These profiles are for communications purposes only.

The data sources used to develop these segments include:

- Hospital admissions data held by the North West Public Health Observatory (NWPHO)
- Health ACORN to map against health inequalities
- TGI data to show drinking consumption levels
- Responder data from the NW social marketing pilot
- Alcohol expenditure data from the Family Expenditure Survey
- CACI Ocean Data to provide lifestyle information
- TGI media usage data

The segmentation tool includes maps for all PCTs which highlight where these segments live. The maps include recommendations about the most appropriate segments for you to target with communications first in order to impact on the PSA target NIS39, to reduce alcohol related hospital admissions. They will also provide guidance on the most appropriate communication channels for your target segments. NIS39 is the National Indicator Set for Local Authorities and Local Authority Partnerships within PSA 25. For more information, please see the explanation on the ALC website.

You will be able to use these maps to support the development of your communications – for example, they can help you with media buying. At a national level we will also be using this segmentation tool for all communications so that we are all working in synergy.

2. North West Public Health Observatory (NWPHO) segmentation tool

The NWPHO segmentation tool uses alcohol-related hospital admissions data to segment audiences. It has been developed to inform commissioning decisions about clinical service and service development and will be available through the ALC later in the year.

Using your own insights and the national segmentation tools described above, you can map your audiences according to the 'stages of change' described on page 05 so that you can target your activities and tailor your messages accordingly.

It is also important to recognise that people can move in and out of higher risk drinking throughout their lives. With this in mind, don't neglect other segments drinking above NHS recommended guidelines.

For further support and advice on segmenting your audiences contact alcoholsocialmarketing@alcohollearningcentre.org.uk

How to carry out your own social marketing activity cont.

Case study

Newcastle PCT: audience segmentation

The public health team at Newcastle PCT has been recognised by the Department of Health's National Support Team for good practice in research and audience segmentation. Newcastle has one of the highest rates of alcohol-related hospital admissions in England and the PCT is one of the Department of Health's Alcohol Improvement Programme Early Implementer PCTs, who receive additional funding from the Department of Health.

Research

Through close analysis of hospital admission figures in the area, the PCT has identified that most cost is attached to people who are frequently re-admitted to hospital. Further qualitative research with current service providers also indicated that they were unclear on where to refer patients after treatment and felt that there was not enough follow-up support.

Activity

Building on these findings, the PCT has developed a support system for those being re-admitted to hospital. Multi-agency care plans in partnership with other services, such as social care and housing, ensure that drinkers are offered support once they have completed treatment. These are backed up by new lifestyle clinics set up with voluntary sector partner Cyrenians. Both new services are focused on areas of the city in which the majority of those being admitted to hospital live. The PCT has identified these by analysing admissions data by postcode.

Evaluation

The PCT hopes that this activity will contribute to a reduction in hospital admissions in Newcastle and have recently committed to reaching a stretch target five per cent higher than was originally included in their Local Area Agreement.



Step three: Developing your programme

Based on your segmentation, the next stage is to develop and test activities that are likely to affect behaviour change.

You should:

- Look at existing plans in place (regionally and nationally) and see if you can incorporate them into your social marketing programme. These are available to you on the Alcohol Learning Centre website
- See if you could involve key local and regional stakeholders to help endorse and implement your programme
- Look at national messages and see if they are relevant to you locally
- Look at the national insights to audience motivations and barriers to reduce drinking and develop a 'barrier and exchange' model which your programme can be based on
- Develop a number of activities that are relevant to your target audience and most likely to change their behaviour. These may include communications techniques, peer-to-peer activity, self help, changes to services or partnerships with stakeholders. See the High Impact Changes document available via the ALC website for more information
- Test and review your plans with the target audience before rolling them out more widely

See the Resources section below for details of marketing materials that you may want to include as part of your intervention.

Resources

A number of DH resources have been developed for you to use in your social marketing activities. All of these are available via the ALC website: www.alcohollearningcentre.org.uk

The self-help pathway

The following materials are known as the self-help pathway as they help targeted audiences to change their own behaviour. These materials were tested during the North West acquisition pilot – see page 06.

- **Drinkcheck:** this online self help questionnaire identifies drinking risk levels and signposts increasing and higher risk drinkers to further support (www.drinkcheck.nhs.uk)

- **Your Drinking and You:** a booklet developed by alcohol health experts, offering self help practical support and advice on cutting down. This is available from Prolog, DH's distribution house, by emailing dh@prolog.uk.com quoting reference 287822
- **Drinkline:** Additional training has been provided to advisors to ensure they offer increasing risk and higher risk drinkers the latest advice and support, including delivering Identification and Brief Advice where appropriate.

If you want to reference Drinkcheck or the Drinkline number in any material you distribute to the public please contact Rachel Guipet (Rachel.guipet@coi.gsi.gov.uk) so that she can arrange resourcing for the phone line.

Direct marketing materials

On www.alcoholstakeholders.nhs.uk and the ALC website you will find brand guidelines for the direct marketing creative that was used in the North West and East Midlands pilots. This document outlines the rationale behind the messages tested as well as details of the different formats. It also outlines which messages and formats got the most responses. There is advice on the use of logos and copy.

Resources for healthcare professionals

Patient materials and materials focused on IBA for healthcare professionals are available on www.nhs.uk/alcoholstakeholders as well as the ALC site. They include:

- Fact sheets, wall charts and handouts outlining the different risk levels associated with drinking alcohol
- The development of an e-learning training package to support healthcare practitioners in delivering IBA

Identification and Brief Advice (IBA)

IBA is a way in which professionals can identify patients drinking at increasing or higher risk levels and provide them with five minutes of brief advice on how to reduce the risk of alcohol-related harm.

Identification and Brief Advice (IBA) has been proven to be effective in reducing alcohol consumption to lower risk levels in many patients. The e-learning tool available from the ALC website introduces healthcare professionals to the skills and tools they can use to identify patients drinking at harmful levels and subsequently provide brief advice on how to cut down their drinking.

How to carry out your own social marketing activity cont.

Case study

Lincolnshire PCT: targeting higher risk drinkers

Lincolnshire PCT has identified alcohol as a strategic priority under their Local Area Agreement. The main focus of their communications activity has been on higher risk drinkers who are unaware that they are putting themselves at risk of health harms.

Research

Using data about hospital admissions and information from the NWPHO, they identified that higher risk drinkers were their main target audience. Anecdotal evidence also showed that this was an area of need, as the previous treatment service had only been able to help and treat dependent drinkers. Scoping activity included a number of focus groups with people whose drinking was identified as higher risk. As well as taking into account national campaign messages about alcohol, they tested images and messages to identify what would have the most impact with the target audience.

Developing the activity

Research showed that higher risk drinkers were most likely to respond to online information, as opposed to engaging with substance misuse services or talking to their GP. To meet their needs, Lincolnshire PCT developed the website **www.Lincs2alcohol.com**, which provides web-based resources for members of the public to assess their own drinking habits and unit consumption levels.

The site includes assessment tools based on the Alcohol Use Disorders Identification Test (AUDIT). AUDIT is an alcohol risk screening questionnaire that healthcare professionals can use to identify how much their patients are drinking and whether there is evidence

of them drinking at increasing or higher risk (including dependent) levels. This tool has been adapted so that visitors to the site can carry out this assessment themselves. The site also includes general information on cutting back, as well as links to Drinkline, and local services for those wanting to seek further support.

The PCT also launched a new tier two and tier three specialist alcohol treatment service, called Lincolnshire Drug and Alcohol Services, which offers services to higher risk drinkers as well as dependent drinkers.

Promoting the site

The website was launched in August 2008, during Lincolnshire Alcohol Awareness Week, which helped to advertise the new service and the website. As well as lots of local media interest in the site, the web address was promoted through the DAAT website, the county council website, a PCT bulletin to all staff and the local free newspaper. All promotional materials about the new service also directed people to the website.

Evaluation

Lincolnshire PCT is evaluating the success of the activity by looking at awareness levels and behaviour change. Results from surveys posted on the website are monitored to assess users' understanding of units. They can also see how many people visit the site, how many complete the AUDIT and which pages users visit. After they have completed the online AUDIT, users are given advice and then encouraged to return to the site to reassess their habits at a later date. The PCT will be monitoring these results to evaluate the success of the campaign in encouraging behaviour change.

Step four: Evaluation and follow up

The final stage of your social marketing programme is to evaluate and measure any change in behaviour.

You should:

- Review the KPIs you set at the start of your social marketing activity
- Review national evaluation criteria (a template evaluation form will be available for you to submit to DH in summer 2009)
- Send your evaluation to DH through the ALC so that we can begin to monitor progress and share best practice

New evaluation model

DH is currently developing an evaluation model that will help all PCTs to evaluate their activity in a consistent way. This will mean we can assess how effectively PCT activities are contributing to a reduction in hospital admissions. This will be available on the Alcohol Learning Centre website later in the year.

Until this template is available please send details of your social marketing programmes to the Alcohol Learning Centre. In particular we would be interested in receiving the following information:

- Current number of higher risk drinkers/alcohol-related hospital admissions
- Details of the segmentation used
- Details of the activity, including stakeholders engaged
- KPIs set and any measurable behaviour change that has occurred because of the social marketing activity
- Results and impact the intervention had on reducing hospital admissions
- Future activity planned

For further support and advice on evaluation contact alcoholsocialmarketing@alcohollearningcentre.org.uk



The DH alcohol social marketing strategy

As part of its alcohol social marketing strategy, DH is developing an integrated programme aimed at supporting everyone involved in reducing levels of alcohol related hospital admissions and the number of higher risk drinkers. It brings together better practice and resources to deliver robust social marketing programmes, as well as providing occasional bespoke support.

We are also working with the NHS to:

- Help embed social marketing best practice
- Establish common evaluation processes so real progress toward the PSA across the NHS can be measured
- Develop a first port of call for learning, products and evidence at the Alcohol Learning Centre (www.alcohollearningcentre.org.uk) so we can learn from the innovations of the NHS and you can learn from us
- Provide product development and support to enable the NHS to deliver rigorous social marketing interventions on the ground
- Build measurable and innovative alcohol social marketing throughout England

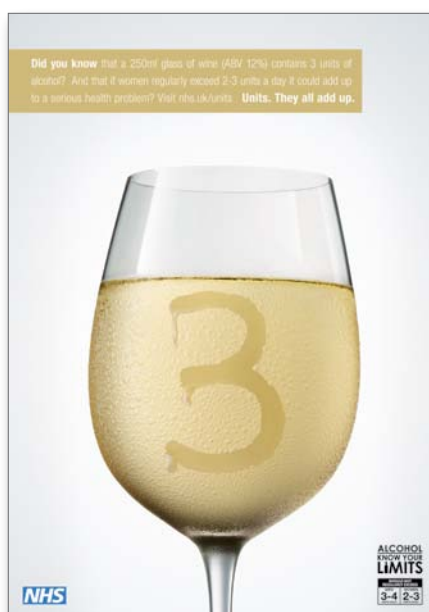
The national campaign: Units

The Units campaign was developed to raise awareness of alcohol units, recommended daily limits and health risks of exceeding these levels. Alongside campaigns by Drinkaware (www.drinkaware.co.uk) it has started to shift public awareness and understanding of health risks and to begin changing our drinking culture.

Research carried out from May to October 2008 amongst adults aged 25 or over in England, who drink alcohol at least once a week shows:

- 73% prompted recognition of the campaign
- Increased knowledge of units for wine: at pre-wave only 6% drinkers correctly said there were 3 units in a large glass of wine but this significantly rose to 21% at mid-wave
- Increased agreement that we tend to drink more than is good for us from 77% to 82%
- Website statistics – Unique visitors (312,990), pages viewed (1,122,895) and average time spent on site (2.41mins)

Examples of the national advertising campaign for Units:



Examples of collateral from the Units campaign:

Is drinking putting the health of your patient or client at risk?

More than 1 in 4 adults are currently drinking above lower risk limits.

Recommended alcohol limits

- Women should not regularly drink more than 2-3 units a day
- Men should not regularly drink more than 3-4 units a day
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1-2 units of alcohol once or twice a week and should not get drunk
- Anyone who has drunk heavily in one session should then go without alcohol for 48 hours, to give their liver and other body tissues time to recover

Impact on health

It may be worth discussing levels of alcohol consumption and possible impact on health. Alcohol may be a factor in the following conditions/complaints:

- mental health problems
- gastrointestinal problems
- obesity
- liver complaints
- diabetes
- high blood pressure
- stroke
- coronary heart disease
- pancreatitis
- kidney problems

Alcohol health risks – how much is too much?

Men who regularly drink	Women who regularly drink
over 8 Units per day (over 50 units per week)	over 6 Units per day (over 40 units per week)
over 3-4 Units per day	over 2-3 Units per day
no more than 3-4 Units per day	no more than 2-3 Units per day

For more information and materials go to www.nhs.uk/units



How to develop a communications plan

ALCOHOL KNOW YOUR LIMITS 3-4 2-3

Defining lower, increasing and higher risk drinking

Drinking at lower risk

For men, drinking at lower risk means drinking no more than 3-4 units a day, and no more than 14 units a week. For women, drinking at lower risk means drinking no more than 2-3 units a day, and no more than 10 units a week.

Drinking at increasing risk

For men, drinking at increasing risk means drinking more than 3-4 units a day, and more than 14 units a week. For women, drinking at increasing risk means drinking more than 2-3 units a day, and more than 10 units a week.

Drinking at higher risk

For men, drinking at higher risk means drinking more than 8 units a day, and more than 50 units a week. For women, drinking at higher risk means drinking more than 6 units a day, and more than 40 units a week.

Risks of health to those drinking at higher risk levels

Conditions	Men	Women
Hypertension	1.5 times	1.5 times
Coronary heart disease	1.7 times	1.7 times
Stroke	1.4 times	1.4 times
Liver cirrhosis	10 times	10 times

Drinking at higher risk (continued)

Drinking at increasing and higher risk levels – the facts

- For men and women living in the high deprivation areas, alcohol-related death rates are over five times higher than in the low deprivation areas.
- For men and women living in the high deprivation areas, alcohol-related death rates are over five times higher than in the low deprivation areas.

Alcohol health risks – how much is too much?

Men who regularly drink	Women who regularly drink
over 8 Units per day (over 50 units per week)	over 6 Units per day (over 40 units per week)
over 3-4 Units per day	over 2-3 Units per day
no more than 3-4 Units per day	no more than 2-3 Units per day

Alcohol case identification

Identification using AUDIT or other screening tests

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire that can be used to identify people who are at risk of alcohol-related problems. It is a validated tool for identifying people who are at risk of alcohol-related problems.

For more information about case identification and brief advice, go to www.nhs.uk/alcoholcheck

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How often in the last year have you had a binge or got drunk?	Yes	No	How often in the last year have you had a binge or got drunk?	Yes	No
More than 4 times <td>4</td> <td>0</td> <td>More than 4 times <td>4</td> <td>0</td> </td>	4	0	More than 4 times <td>4</td> <td>0</td>	4	0
3-4 times <td>3</td> <td>0</td> <td>3-4 times <td>3</td> <td>0</td> </td>	3	0	3-4 times <td>3</td> <td>0</td>	3	0
2-3 times <td>2</td> <td>0</td> <td>2-3 times <td>2</td> <td>0</td> </td>	2	0	2-3 times <td>2</td> <td>0</td>	2	0
1-2 times <td>1</td> <td>0</td> <td>1-2 times <td>1</td> <td>0</td> </td>	1	0	1-2 times <td>1</td> <td>0</td>	1	0
Less than 1 time <td>0</td> <td>1</td> <td>Less than 1 time <td>0</td> <td>1</td> </td>	0	1	Less than 1 time <td>0</td> <td>1</td>	0	1

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Future activity

The next 12 months

In the next 12 months you can expect to see:

- The launch of renewed above the line, PR and direct marketing
- Continued learnings and improvement in social marketing techniques that tackle alcohol related health harms
- Greater national insights into audience behaviours and motivations
- Further opportunities to learn and share social marketing better practice
- Practical evaluation and measurement metrics that can be applied to local and regional social marketing programmes
- Refreshed campaigns to support Identification and Brief Advice (IBA) in the NHS
- Some bespoke support across the regions
- Updates on the development and impact of the social marketing programme in reducing alcohol related health harms

Self-help pathway

The Department of Health is planning work around the development of other communication interventions to help move drinkers along the self-help pathway. Further information on this will be available on the Alcohol Learning Centre website throughout the year.



Tell us about your work

We are keen to hear more about your work with higher risk drinkers. Please send details to [**socialmarketing@alcohollearningcentre.org.uk**](mailto:socialmarketing@alcohollearningcentre.org.uk)

We are particularly interested in hearing about:

- Current number of higher risk drinkers/alcohol related hospital admissions
- Details of the segmentation used
- Details of the activity, including stakeholders engaged
- KPIs set and any measurable behaviour change that has occurred because of the social marketing activity
- Results/impact of the activity
- Future activity planned

The Alcohol Learning Centre

The Alcohol Learning Centre provides online resources and learning for commissioners, planners and practitioners working to reduce alcohol-related harm. For more information, please visit [**www.alcohollearningcentre.org.uk**](http://www.alcohollearningcentre.org.uk)

The National Social Marketing Centre

The National Social Marketing Centre is a strategic partnership between the Department of Health in England and Consumer Focus (formerly the National Consumer Council). For more information, please visit [**www.nsmcentre.org.uk**](http://www.nsmcentre.org.uk)



DOUBLE GIN AND TONIC(50ML): ABV 40% **2 UNITS**

**ALCOHOL
KNOW YOUR
LIMITS**

SHOULD NOT REGULARLY EXCEED	
MEN	WOMEN
3-4	2-3
UNITS DAILY	UNITS DAILY