

Tackling alcohol harm: lessons from other fields

Findings
Informing change

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What lessons for tackling alcohol harm can we take from initiatives in other fields? This research comprised seven case studies, each of an initiative designed to bring about attitudinal, behavioural or policy change. The researchers identified wider learning which could inform efforts to tackle alcohol harm in the UK.

Key points

- Changing attitudes, behaviour and policy requires long-term commitment, sometimes lasting a generation or more. Issues such as HIV/AIDS and smoking prevention cannot be tackled once and then forgotten about. Organisational and financial support also needs to be long-lasting.
- Problems such as unsustainable transport use, HIV/AIDS and over-consumption of alcohol are not just an issue for minority groups but a challenge for society as a whole. Adopting a society-wide perspective encourages broad ownership of a problem and collective responsibility for tackling it.
- Successful initiatives often involve multiple approaches, such as awareness-raising, education, legislation and continued support for behaviour change.
- Changing behaviour often means changing social norms – as well as providing support for not engaging in risky behaviour. Changing the way the public sees a problem can increase buy-in and also encourage greater self-reflection.
- Good initiatives are built on an understanding, through research, of the target group's attitudes, values and needs.
- Good initiatives analyse and address 'competition' to the desired behaviour or policy change.
- Messages and appeals based on humour, empathy and realism may be as or more effective than messages based on fear and shock.
- Overall, the cases give cause for optimism regarding ways forward in relation to alcohol, confirming much of public health learning but also generating new ideas such as competitive analysis, strategic planning and avoiding short-termism. The case studies covered: HIV/AIDS, smoking in public, sustainable transport use, youth smoking, gambling, speeding, and mental health of gay and lesbian youth.

The research

By a team from Stirling University and the Open University.

Background

The last decade has seen dramatic increases in alcohol consumption, binge drinking and associated harm in the UK. Social attitudes towards alcohol are complex and ambivalent. This is reflected in uncertainty about the best way to tackle alcohol-related harm and about appropriate goals for alcohol policy. There is a clear need to look beyond traditional public health responses – e.g. taxation, education, treatment – to approaches which have been used in other fields to influence attitudes, behaviour and policies.

This study explores seven initiatives (see box) which sought, with varying degrees of success, to bring about attitudinal, behavioural and/or policy change. The initiatives used a range of approaches, including advocacy, campaigning, counter-marketing, theory-based communications, policy formation and legislation, social marketing, and positive role models.

Key findings

Despite their different fields, the issues addressed in the case studies have similarities with alcohol, such as:

- the problem behaviour is widely practised, socially condoned or approved, and sometimes addictive;

- the problem behaviour may harm the individual, families, and wider society;
- the desired alternative behaviour (for example, moderation or abstinence) is often seen as unappealing, difficult, inconvenient or embarrassing.

So they offer lessons for tackling alcohol harm.

Long-term commitment

Changing social norms around smoking has taken over 50 years and around condom use more than 20 years. Such problems cannot be tackled once and then forgotten about. The Swiss STOP AIDS campaign has been running since the 1980s. Although it has evolved and developed, political backing/support has been maintained and the campaign has remained consistent in its core aim of promoting condom use. In contrast, other case studies illustrate the problem of short-termism: when funding ceases, people's behaviour reverts to its previous state and any campaign credibility and value are dissipated.

Ownership of the problem

The STOP AIDS campaign recognised that AIDS was not just a threat to minority groups but was, and is, a challenge for society as a whole. Adopting a societal perspective encourages wide ownership of a problem. This in turn creates an environment which greatly facilitates change in both individual behaviour and policy.

The seven case studies

HIV/AIDS

The Swiss STOP AIDS campaign. Running since the 1980s, this ongoing national campaign promotes condom use. Key features are a non-judgemental tone which encourages collective responsibility for the problem, elements targeting both the general population and specific risk groups, and innovative and constantly changing communications approaches.

Smoking in public places

The activities leading to the passage of 'smokefree' legislation in Scotland in 2006. The successful campaign involved raising awareness, advocacy, setting agendas, building coalitions, lobbying, public consultation and research.

Promoting environmental sustainability

The InMotion travel awareness campaign, Seattle, USA. This uses a mix of positive messages, incentives, pledges and individually targeted advice to promote greener approaches to transport.

Tobacco counter-marketing

The 'Truth' youth smoking prevention campaigns, USA. Mass media-based campaigns use a 'counter-marketing' approach: this seeks to influence young people's attitudes and behaviour by exposing manipulative practices by the tobacco industry.

Campaign elements include mass media advertising, advocacy, youth action and websites.

Responsible gambling

The ClubSafe initiative, New South Wales, Australia. This seeks to promote responsible gambling and reduce gambling-related harm by training staff to identify customers with potential gambling problems; raising patrons' awareness of available help and the possibility of barring themselves; and removing gambling incentives such as promotions and irresponsible advertising.

Speeding

Two anti-speeding advertising-based campaigns – 'Foolsspeed' in Scotland and 'Pinkie' in Australia. These moved away from the traditional road safety 'shock' approach, instead using humour, low key realism, empathy and ridicule to change norms around speeding.

Gay and lesbian mental health

The Trevor Project, USA. A non-profit organisation which provides support to gay, lesbian, bisexual, transgender and questioning young people through a website, advertising campaigns, celebrity endorsement, events and a telephone helpline. Communications approaches include positive messages about the lives and achievements of prominent gay men and lesbians.

Framing the problem

In several of the cases, framing how a problem was seen was essential to developing solutions and securing support for implementation. Presenting smokefree legislation as a public health issue – the right of workers not to be harmed or killed as a result of their employment – both moved away from traditional ‘blaming’ approaches and gave the campaign a moral authority against arguments about ‘freedom’ and profits. The Truth campaign similarly moved away from presenting the smoker as the problem to scrutinising the tobacco industry’s tactics. This helped change the agenda for young people and encouraged them to rethink their own attitudes towards the product. A key strategy of the anti-speeding campaigns was to present the behaviour in a new way – speeding as a sign not of control and skill but of weakness and ridiculousness – causing people to reflect differently on their behaviour.

Understanding the target

The cases demonstrate the value of determining precisely whose behaviour has to change – whether it be casino owners, young smokers, male drivers, policy-makers – and learning how they see the problem. The two tobacco cases illustrate this point. Formative research for the Truth campaign showed that young people were not really interested in the health consequences of smoking. However, they were engaged by the idea of rebellion against the tobacco industry. The campaign reflected these priorities. The Scottish smokefree legislation campaign recognised that legislation on smoking in public places could be presented to politicians as a way for the new Scottish Government to demonstrate its independence from England.

Planning

The InMotion sustainable transport initiative shows how social marketing uses planning to:

- define clear and measurable objectives;
- identify the people who need to change (or can facilitate change);
- establish how they can be rewarded for changing (thereby creating a self-sustaining mutually beneficial exchange);
- recognise and either co-operate with or block the competition.

Positive messages

Several cases illustrate the power of the positive. Truth, Trevor, STOP AIDS and the anti-speeding campaigns all show how humour, empathy and positive messages can engage people’s emotions very effectively. In the case of Foolsspeed, it was notably the group who might be expected to be most dismissive – speeding drivers – who engaged most with the advertising and felt most challenged by it to reassess their behaviour.

The longer-lasting campaigns – Truth, Trevor and STOP AIDS – show the power of branding. Well-established

in commercial marketing, this is now increasingly recognised in public health. In essence, it offers the opportunity to convert positive ad hoc experiences into longer term relationships. A new message or service from a trusted brand will be heeded because of past good experiences with the brand.

Multiple approaches

The approach needs to match the problem: complex problems need complex solutions. Mass media communications can be the principal component and advertising can do most of the work. Typically, however, more multifaceted approaches are needed: the Trevor Project has a big communications component, but also invests heavily in an advice service for young people; the responsible gambling initiative is relatively light on mass media, focusing on service delivery.

Competition

Several of the cases address the problem of competition. The sustainable transport and speeding campaigns faced what might be termed ‘passive competition’ from existing behaviour (habitually taking the car rather than the bus; habitually speeding rather than slowing down). The ‘Pinkie’ campaign studied the macho attractions of speeding, and used this to inform a campaign that set about debunking the myth in a humorous but powerful way (the ‘Pinkie’ nickname refers to a gesture used in the campaign of a raised little finger calling into question the speeding recipient’s manhood, see <http://www.youtube.com/watch?v=c2nvAF0k7x0>).

Truth and Smokefree faced active competition from a tobacco industry pushing in precisely the opposite direction. In these cases there was no room for compromise or co-operation: the objectives of public health and the tobacco industry are diametrically opposed. Smokefree also faced a milder form of competition from the hospitality industry which was initially ambivalent about the legislation. Both the Smokefree and responsible gambling cases illustrate the limits to voluntary self-regulation and co-operation, and the need in some instances for strong statutory responses. In both cases, the existence of a statutory framework facilitated co-operation between the public health and hospitality and leisure sectors.

Research

Several of the cases illustrate how research assists the development of effective intervention. Research also helps us assess the acceptability and cultural relevance of transferring activities and messages which have ‘worked’ in one context to UK settings and target groups.

With the Foolsspeed speeding campaign, consumer research also brought abstract theoretical constructs such as attitudes and norms to life and helped translate

them into advertising that worked in the 'real world'. Measuring the impact of any activity is also vital to assess effectiveness, correct mistakes, plan future work and satisfy funders.

Conclusions

The cases confirm a lot of existing public health learning:

- complex problems need complex solutions;
- culture and norms take time to change;
- research is the foundation of effective action.

They also reinforce the challenges that changing the UK's relationship with alcohol presents, in particular:

- problematic drinking has a long history in the UK and deep cultural roots; responding to this will take time, resource commitment, and strategic vision;
- we need to accept that excessive consumption of alcohol is a problem created by all of us – not just the binge-drinking youth and unfortunate alcoholic – and that we all need to take responsibility for change. This requires us to re-think our relationship with alcohol and regard its consumption in a new light;
- progress will depend on seeing the problem from the perspective of multiple target groups. In essence, sensible and moderate drinking has to be presented as an attractive opportunity to both consumers and stakeholders;
- tackling the UK's drinking culture will need an engaging, sustained and appropriately complex response.

The case studies also generate some new ideas:

- branding and relationship building, which has been such a powerful force in commerce, also have traction in public health;

- analysing competing or contrary viewpoints is useful;
- positive appeals, humour and empathy can work as well as dire warnings;
- strategic planning is crucial: it provides a research-based tool which helps clarify the problem, set goals and objectives, identify the key players and determine how best to engage them in change. It can also help us move beyond thinking only of ad hoc interventions and match public efforts to the long-term task at hand.

The cases also give reason for optimism. They show that we already know a lot about what works, that cultures can change (smokefree Scottish pubs would have been unthinkable even ten years ago) and that, given the right legal frameworks, co-operative alliances are possible even with apparent competitors.

About the project

The case studies were selected through a semi-structured process and the final selection was intended to reflect a range of key elements:

- different goals (e.g. prevention, harm minimisation, moderation, new behaviour adoption);
- different strategies for bringing about change;
- a range of topics/behaviours of concern;
- different scales of intervention.

Information on each case study was gathered through literature searches, personal contact and interviews. A standard framework was used to report and analyse each case study, with lessons then drawn from across them.

For more information

The full report, **Changing attitudes, knowledge and behaviour: A review of successful initiatives** by Martine Stead, Ross Gordon, Ingrid Holme, Crawford Moodie, Gerard Hastings and Kathryn Angus, is published by the Joseph Rowntree Foundation.

For more details contact Martine Stead, Deputy Director, Institute for Social Marketing at the University of Stirling and The Open University (email: martine.stead@stir.ac.uk or 01786 467390).

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