

Agenda

ALCOHOL MISUSE TASK & FINISH GROUP

Date: Friday 14 December 2012
Time: 1.00 pm
Venue: Mezzanine Room 2, County Hall, Aylesbury

Agenda Item	Time	Page No
6 PRESENTATION BY THE PCT PUBLIC HEALTH TEAM AND THE SAFER BUCKS PARTNERSHIP MANAGER Presentation by April Brett (PCT Public Health Team) and Susie Yapp (Safer Bucks Partnership Manager) followed by questions. Purpose: Members will hear about social marketing as a tool to change drinking behaviour, guidance and best practice on this, and impact. Members will hear about recent campaigns and social marketing activity locally aimed at reducing at risk drinking behaviour, their effectiveness and impact. They will also hear the extent of our knowledge about the local at risk population group. Susie and April will share their thoughts on future activity in this area.	1.50	1 - 26

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Liz Wheaton on 01296 383856
Fax No 01296 382421, email: ewheaton@buckscc.gov.uk*



INVESTOR IN PEOPLE



Members

Mr B Allen
Mrs L Clarke
Lin Hazell
Mr S Lacey

Mrs W Mallen
Ms W Matthews
Ms J Puddefoot
Mr N Shepherd

Alcohol Campaign/ Messaging Work In Buckinghamshire

December 2012

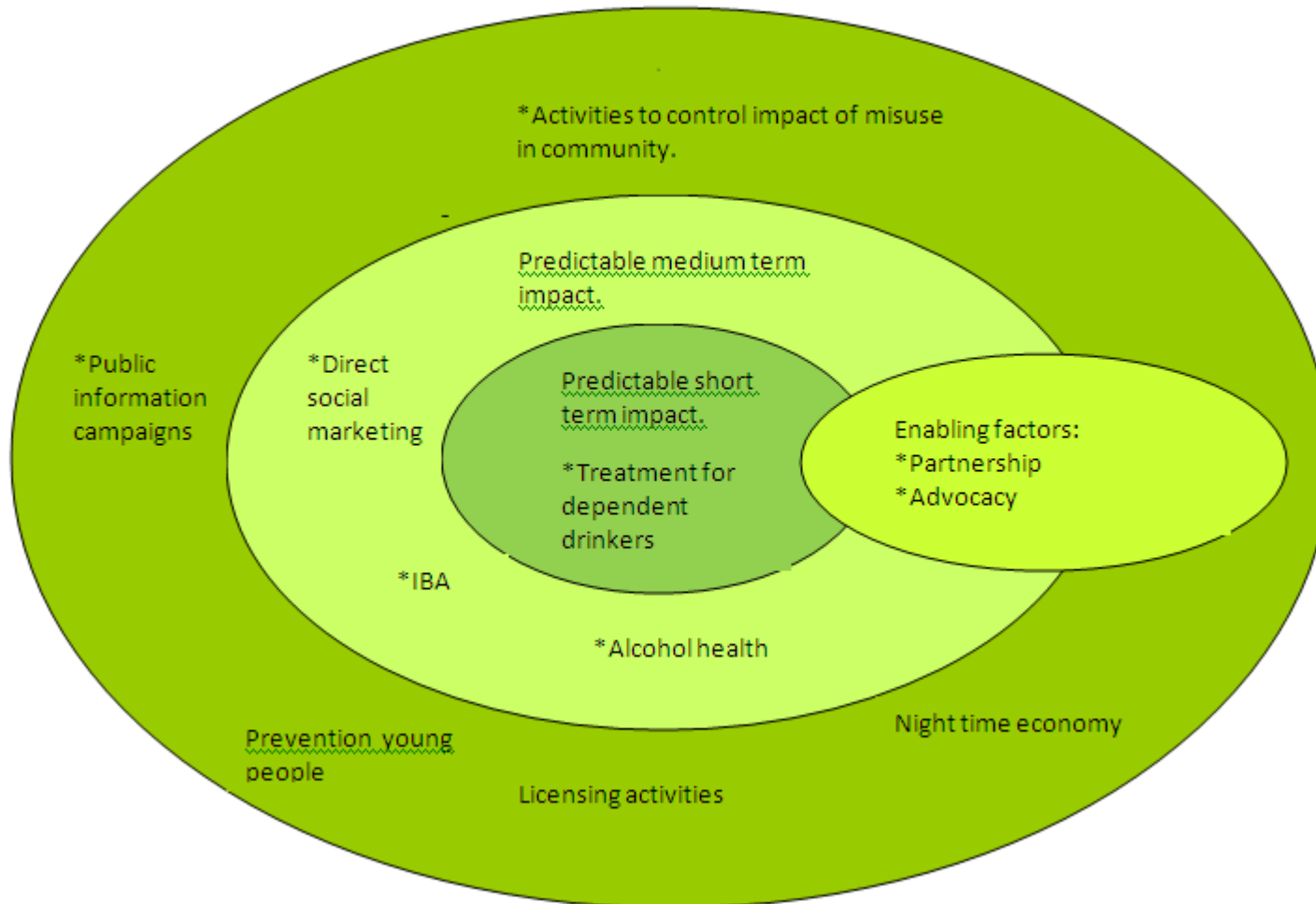
April Brett Public Health Principal

Drinking Behaviour in Buckinghamshire

Alcohol Dependency prevalence has been estimated by National treatment agency as 6184 persons aged 18-74yrs in Bucks

Table 1 Alcohol Consumption by Local authority
NWPHO Topography of drinking behaviours in England Aug 2012

	Abstain	Lower risk	Increasing risk	Higher risk
Aylesbury	17207	88152	23759	9524
Chiltern	9367	45725	12040	4803
S Bucks	7287	32469	8448	3363
Wycombe	21350	78743	20274	7665
Bucks	55211	245089	64521	25355



- Dept of Health High Impact Changes (2009)
- Partnership
- Influence through advocacy
- Improve specialist treatment for dependent drinkers
- Identification and Brief Advice
- Alcohol Health workers / liaison in acute hospital settings
- Amplify national social marketing
- Activities to control impact of alcohol misuse in the community

Key forces acting on consumer behaviour

DRINK!

Society

3,000 year old habit
Socially acceptable – normal behaviour
Increasing consumption and frequency
Peer pressure
Motivations/drivers:
excitement / reward / escape / social /
celebrate / switch off / liberation

Industry

£800m spend on advertising / promotion
Increasing affordability
Extreme price competition
Widening availability

Other pressures

Trigger points - life traumas
Mental health

Government

Very important source of tax revenues
Licensing laws relaxed / not a priority

CONSUMERS

DON'T DRINK!

Police

Drink drive
Asbos

Health System / practitioners

Media

Government advertising

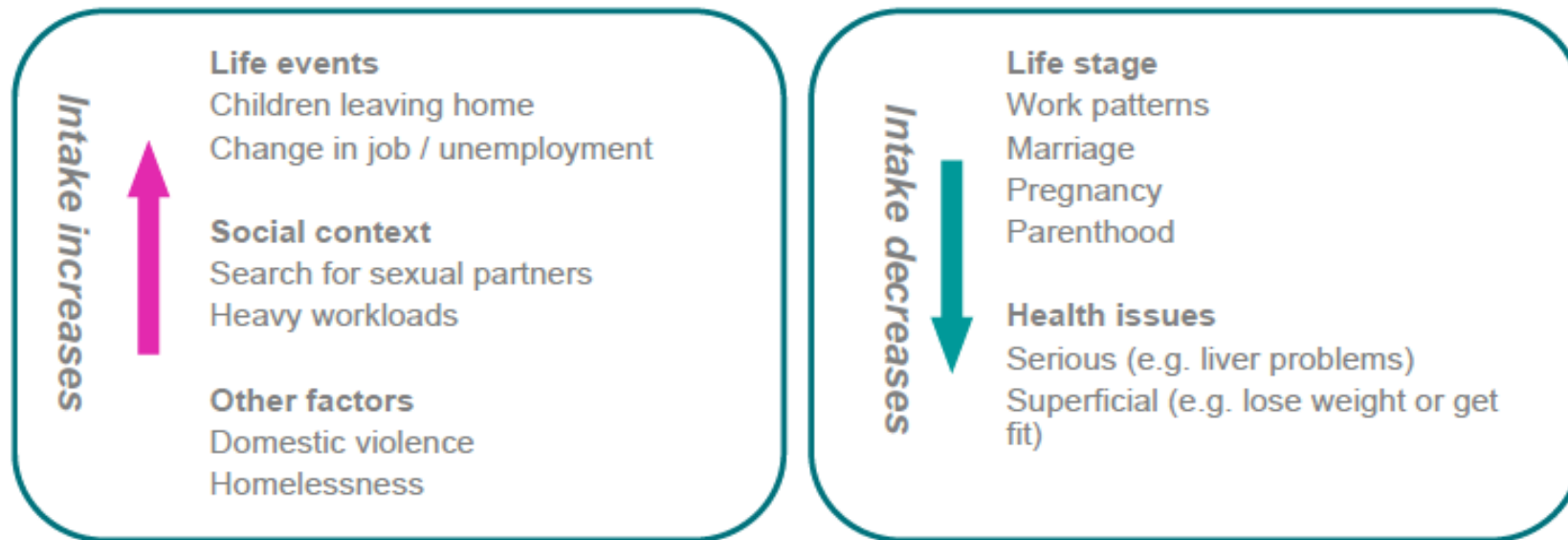
Parents / society / religion

Ill health or active health

What are some of the key motivators for drinking?

- People drink:
 - For pleasure
 - For thrill and excitement
 - Out of boredom
 - To be confident
 - To focus the week
 - For reassurance and regularity
 - Out of social pressure / norms
 - Because the benefits outweigh perceived drawbacks

Life stage and life events are also key drivers of how we drink

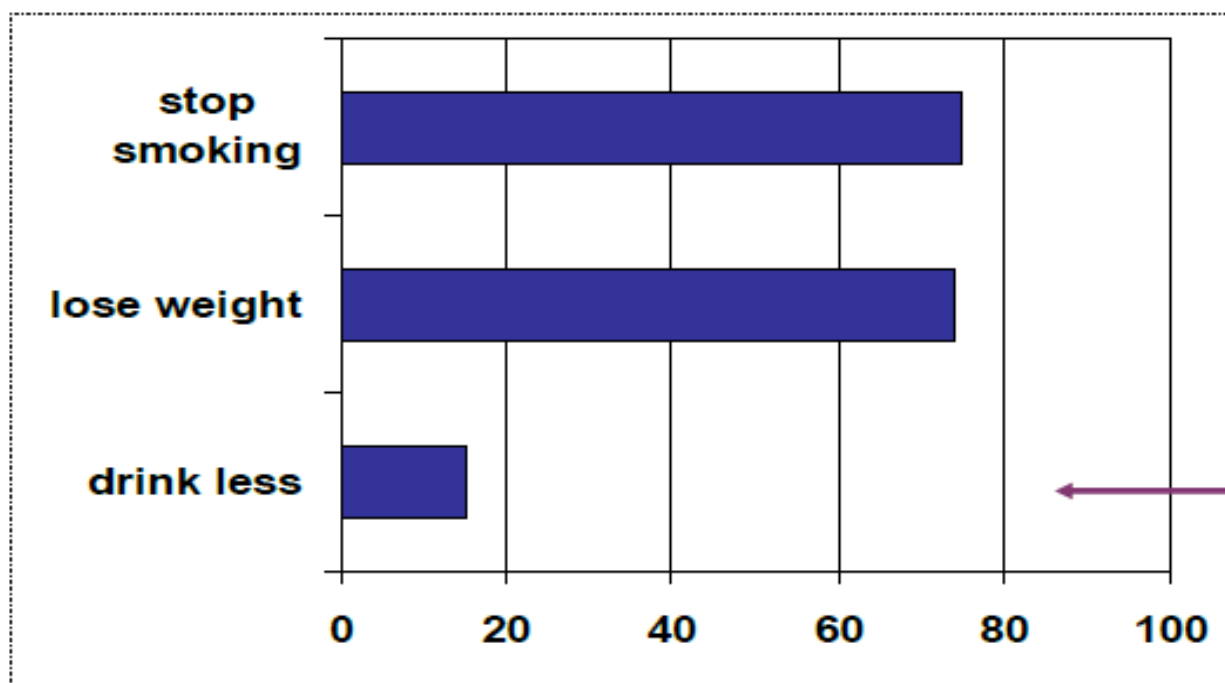


Changes in drinking are often a 'side-effect' to a change in some other behaviour (e.g. change in employment) or because drinking interferes with another goal (e.g. increase in caring responsibilities) ...

... however people can respond differently to similar events.

A challenge for changing drinking behaviour...

Proportion of people expressing preference to change behaviour



A key challenge for alcohol is that few people actively want to change their behaviour

Source: Professor Theresa Marteau, Kings College London, 2009

7

International guidance supports individual and population level targeting



“A considerable body of evidence shows not only that **alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm**, but that **policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems.**”



Aligning activity to behaviour change: DH approach **COI**[®]



Desired behaviour change:
For people to re-appraise their current drinking habits and to cut down their alcohol consumption to lower risk levels.

Supporting the customer journey



Pre conscious

"This could be me"

Step 1:
IDENTIFY



Most people do not think that they drink too much

Promote action:
Tactics to help people identify, IBA, opportunistic screening, road shows / events

"My drinking could be putting my health at risk"

Step 2:
DISPLACE



Once people have identified themselves as drinking too much, they might want to find out more

Make the case for change:
Explain the reasons and promote the benefits of non drinking, layer information

"I want to cut down and know how to make changes"

Step 3:
EMPOWER



Having found out more about the harms of drinking too much, they want to cut down

Provide information and advice which is personal and relevant:
Simple tips and strategies, alternative activities

"I'm on track and want to stay on track"

Step 4:
SUPPORT



Feeling supported and able to cut down and change drinking behaviours

Make change easy and normal:
Provide support, build and nurture a relationship to help people on their journey

Some general insights about messaging...

- Messages about alcohol, especially its dangers, tend to entrench people's position
- Heavier drinkers see messages as attacks, but lighter drinkers are more receptive
- People tend to rationalise their drinking behaviour and exempt themselves from those messages which warn of dangers
- People are unlikely to acknowledge they have a drinking problem unless they have already suffered the consequences of another close person's drinking problem

What works and what doesn't

What works	What doesn't
<ul style="list-style-type: none"> • References to health, especially cancer and rise of cirrhosis • Vulnerability • Embarrassment • Victim of crime • For older women, references to weight and calories • Loss of productivity for older drinkers • Social consequences for women - Tips for cutting down - Units information 	<ul style="list-style-type: none"> • Freak health messages – e.g. young people dying following heavy drink sessions • References to emotional health, especially for heavier drinkers • Impact on relationships, especially for heavier drinkers • Notion that alcohol is a depressant, refuted especially by bingers and young people • Social consequences for men • Reminders of the cost of drinking

Department of Health alcohol segmentation



The segmentation was built using:

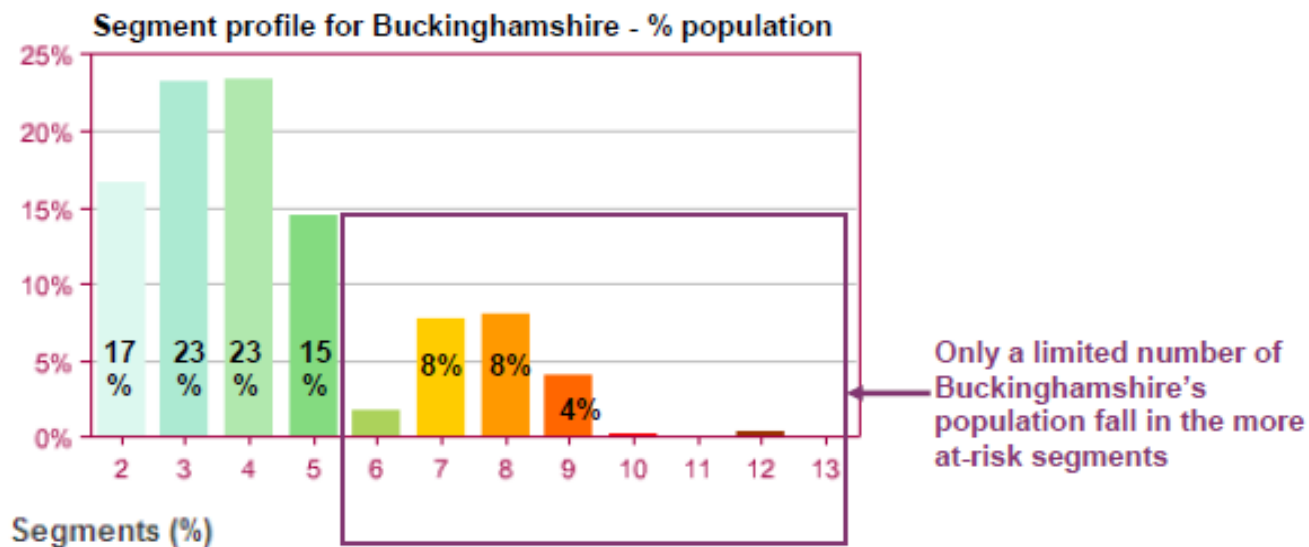
- Alcohol Related Hospital Admissions data:
 - Quantifies the types of people causing an impact on NHS resources which is what the project is trying to reduce
 - Looks at chronic and acute admissions (not low attributable fractions or mental/behavioural)
- HealthACORN to describe overall health inequalities in the population (already widely used within the NHS)
- TGI data to give penetration of people who are heavy users of almost all types of alcohol and can explain which types of segments are drinking at harmful level
- Further profiling was then carried out using:
 - Alcohol Expenditure Data from the Family Expenditure Survey
 - TGI for media consumption
 - CACI Ocean Data for further lifestyle information



HealthACORN



In Buckinghamshire most of the population is in lower risk segments

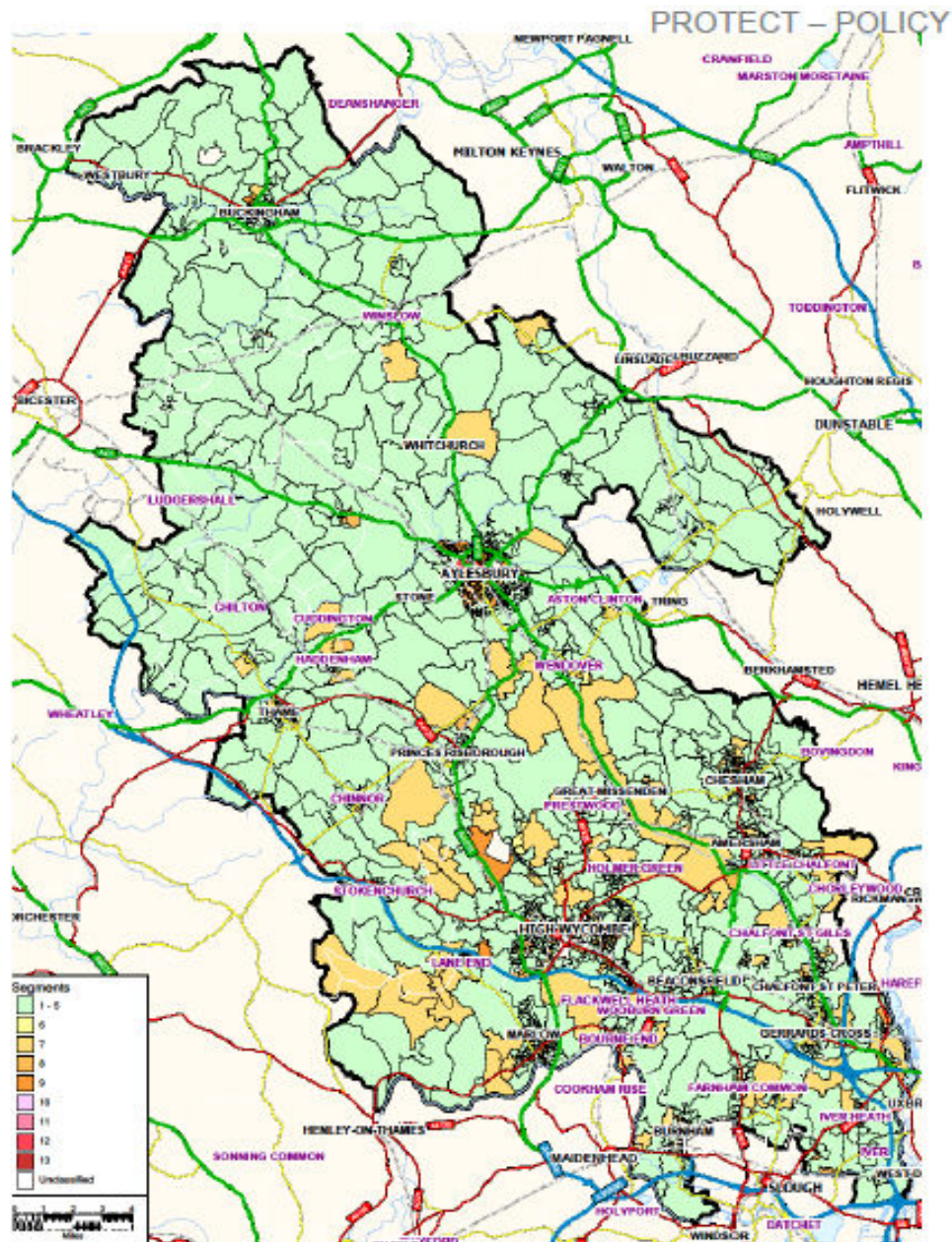


A reminder of the national picture – focus segments

National focus: 10, 12, 13

Secondary segments: 8, 9

Other segments: 6, 7, 11



COI[®]

The more at-risk segments tend to be clustered in slightly more urban areas, and in more southern areas of the PCT, such as:

- High Wycombe
- Aylesbury
- Amersham / Great Missenden / Wendover
- Princes Risborough

** Map shows the most dominant / prevalent segment by area*

Source: Segmentation Tool, Alcohol Learning Centre 2010

YOU AND COI: WORKING TOGETHER FOR HEALTH

What does segment 7 look like?

Chronic Admissions	Low – 0.8% of segment
Acute Admissions	Low – 0.1% of segment
Heavy drinking of canned lager*	3.3% - less than average
Heavy drinking of vodka	6.1% - less than average
Heavy drinking of wine	40.1% - much higher than average
Smoking	Very low percentage
General health	75% in good health – above average
Age	45+
Employment	Professionals, housewife, retired
Newspapers	Broadsheets – Daily Telegraph, Daily Mail, The Times (and all Sunday equivalents)
Ad Channels	Newspapers, Internet, Outdoor, Cinema
Campaign Responsiveness	Less aware of advertising, but internet and TV are key routes
Grocery preferences	Tesco, Sainsbury, Waitrose

- Affluent, professionals over 45
- Often living in own detached homes and with household incomes more than £50,000
- Generally healthy – though some issues with high cholesterol and blood pressure – and low hospital admissions
- 40% are heavy drinkers of wine – the highest for any segment
- Tend to read broadsheets



Source: Segmentation Tool, Alcohol Learning Centre 2010

* Consumption of alcohol = % of segment consuming at heavy levels

YOU AND COI: WORKING TOGETHER FOR HEALTH

What does segment 8 look like?



Chronic Admissions	Above average – 1.1% of segment
Acute Admissions	Above average – 0.2% of segment
Heavy drinking of canned lager *	6.1% - above average
Heavy drinking of vodka	8.5% - above average
Heavy drinking of wine	20.2% - below average
Smoking	Above average percentage smoke
General health	62% in good health – below average; very high BMI and long term illness common
Age	Fairly even spread across age groups with slightly older and younger skew
Employment	Skilled / manual worker, housewife, retired
Newspapers	Tabloids – The Sun, News of the World, Daily Mirror
Ad Channels	TV, Outdoor
Campaign Responsiveness	Very ad aware across all channels
Grocery preferences	Asda, Morrisons, Tesco

- Blue collar workers on fairly low income
- Often living in post-industrial areas
- More likely to live in terraces or semi-detached houses that are rented from local authorities
- High hospital admissions and they are likely to smoke
- More likely to drink bitter, lager and spirits, mostly at home
- Tend to read tabloids



Source: Segmentation Tool, Alcohol Learning Centre 2010

* Consumption of alcohol = % of segment consuming at heavy levels

What does segment 9 look like?



Chronic Admissions	Above average – 1.0% of segment
Acute Admissions	Above average – 0.3% of segment
Heavy drinking of canned lager *	6.5% - above average
Heavy drinking of vodka	9.5% - above average
Heavy drinking of wine	17.1% - below average
Smoking	High percentage smoke
General health	64% in good health (below average) – many health issues including high BMI
Age	High proportion under 35
Employment	Housewife, skilled / manual, shop worker, public sector
Newspapers	Tabloids – The Sun, News of the World, Daily Mirror
Ad Channels	TV, Outdoor
Campaign Responsiveness	Very ad aware across all channels
Grocery preferences	Asda, Morrisons, Tesco

- Parents, in late 20s to early 30s
- Have several young children
- Many divorced and / or single parents
- Likely to live in social housing – flats or terraced houses
- Low incomes – unskilled or housewife
- High hospital admissions, likely to smoke and eat fast food
- Drink vodka and canned lager
- Tend to read tabloids



Source: Segmentation Tool, Alcohol Learning Centre 2010

* Consumption of alcohol = % of segment consuming at heavy levels

YOU AND COI: WORKING TOGETHER FOR HEALTH

What is happening in Buckinghamshire already?



- In November 2007, Buckinghamshire DAAT launched a public awareness campaign which aimed to highlight the importance of sensible drinking, particularly the 30 to 50 year age group
- Included the production and promotion of advert entitled 'Gourmet Dining' which looked at the impact on the liver of exceeding recommended daily unit intake
- Video clip was released on YouTube and the DAAT website – www.bucksdaat.co.uk
- Advert shows a small group of people at a dinner party discussing the effects of alcohol on the liver, before going on to display what a liver might look like if the person has been drinking heavily on a regular basis
- Provides hard hitting message with intended aim of stimulating discussion around the clip and sensible drinking in general – viewers are prompted to access further information about safer drinking, information on alcohol units and the recommended daily amounts at DAAT website
- Launch of project was supported by advertising campaign with posters at railway stations on commuter lines used frequently by the target market, and a drink drive poster campaign



Source: www.hubbcan.org.uk, case study from 2009

YOU AND COI: WORKING TOGETHER FOR HEALTH

Examples of activities in Buckinghamshire

- Gourmet Dining – included events at Gerrards Cross and Beaconsfield train stations
- Road Safety Messaging
- Alcohol Health Theme and Alcohol Awareness week: amplification of national messages eg Unit awareness, Health effects – Hidden Harms, Parental Guidance. Main channels through health services, childrens centres, university,
- Rethink Your Drink Scratch Cards during alcohol health theme months and alcohol awareness week.
- Night time economy events

Alcohol Campaign 2011/12

Focus was on Bucks Adults segments 7 & 8 and including 9. (to include working age and older.)

	Identify	Displace	Empower	Support
ACTION Your Drinking and You leaflets and posters distribution to GP surgeries				
Message Unit awareness, personal identification of drinking levels	Unit awareness Drinking levels Health harms	Personal drinking levels	What you can do	Services available if need support
More focused and targeted pilot of Scratch Cards				
ACTION Rethink Your Drink Scratch Cards targeted adults through Pharmacies in addition to leaflets				
Message	Unit awareness Drinking levels Health risk Where to get tips on making change	Personal risk from drinking levels Where to find tips and advice on making change	What you can do Drink diaries drinking app for tips to cut down	Services locally available for support

Pharmacy Element of Alcohol Campaign

Aim: To raise awareness on risks of alcohol consumption above sensible limits and to increase adults self help responses to alcohol information.

Objectives:

1) To give specific adult customers scratch cards to assess their own drinking levels, so encouraging raised self awareness of personal alcohol consumption levels.

2) To increase self help responses by targeting increasing risk drinkers through encouraging use of webpage and website following use of scratch card.

measures

- *impact* through numbers of cards distributed and incidental comments and
-
- *outcome* through comparison of hits on webpage pre and post campaign, hits/ links through to self help tools pre and post campaign

FINDINGS

- 91 pharmacies were sent materials, a 30% response rate in returning evaluation sheets.

In terms of impact the use of scratch cards within pharmacies would appear to be positive.

- Scratch card distribution varied between pharmacies, average amount of 100 over the 1 month period.

- Customers were predominantly positive, from captured comments, and found the scratch card informative – particularly in relation to units and drinks, interactive/ fun and useful.

- The comments from the pharmacies' themselves reinforces a predominantly positive reception to scratch cards being distributed.

In terms of outcome the indications are positive although limited data

- There appeared to be a marked increase in the number of people accessing the alcohol web pages of the NHS Bucks website throughout November, particularly the 'Help with Alcohol' web page which contained the self-help tools.

- It has not been possible to gain specific insight into referrals from the NHS Website to the NHS Choices website.

several customers liked unit awareness linked
to health risk

Viewed as easy and quirky way of assessing
drinking

oh gosh didnt think glass of wine that
much

brilliant idea, made it fun but something to
think about

why do this? political correctness
gone mad

I dont have an alcohol problem

I never listen . You are only young once

Alcohol Health Theme and Awareness Week Activities 2012

- Widespread scratch card, leaflet and poster distribution. The approach is to amplify national messages and encourage self identification, change seeking behaviour. There is link to further support if required.

Primary Care, Pharmacy. NHS dentists, Sexual health services, Police in Aylesbury and High Wycombe, University and FE colleges, A&E,RAF, Prisons, Old Tea warehouse Wycombe, South Bucks Community safety, Night Time economy events.

To integrate with client journey CRM , We are rolling out IBA training with frontline staff Sexual health, community public health nursing and midwives, GP practice staff, minor injuries unit staff, youth service, anti social behaviour officers, family resilience.

Links with Making Every Contact Count work starting in BHT

Local gaps and Barriers

- Attitudes around drinking as mentioned previously.
- Do need to set within context of peoples lives and particularly where clustering of risky behaviors.
- Link with workplace wellbeing work as channel for messages

