2CV

Informing the Harmful Drinking Strategy:

Evaluation of alcohol self-help pilot – the journey, acquisition materials and self-help booklet

Full Report of Qualitative Research Findings

Prepared by: Selena King at 2CV

COI job no: 290199

Prepared for:

COI
Hercules House
Hercules Road
London
7DU SE1

On behalf of:
The Department of Health: Alcohol Strategy Unit

January 2009

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A. EXECUTIVE SUMMARY

Research overview

Qualitative research was conducted to evaluate a pilot acquisition campaign targeting increasing and higher risk drinkers, as part of the harmful drinkers' strand of activity within the Alcohol Harm Reduction Strategy. The pilot launched in September 2008 in the North West region of England, and was aimed at encouraging the target audience to send off for a drinking self-help booklet.

The overall aims of the research were to explore the journey and experiences of those who had responded to the acquisition materials, as well as to understand the barriers to response amongst a sample of non-responders, in order to inform the further development of the acquisition campaign prior to national roll out.

The research took a three pronged approach: in-depth interviews and follow-up telephone interviews with responders from the NW pilot area; telephone interviews with responders from outside the pilot area; and mini-group discussions with non-responders.

An overview of typologies, drinker mindsets and response rates

Whilst not recruited for, there was a wide range of drinker typologies (based on the recent 2CV qualitative segmentation) identified within the sample. Responders tended to be from those typologies previously identified as being more likely to be predisposed towards changing their drinking behaviour. Although the non-responders included a broad mix of different typologies, it was evident that they were not yet open to changing their behaviour and consequently the campaign materials were unable to trigger a willingness to change. The research identified that the key factor driving response (or non-response) across both responders and non-responders, was their predisposition towards changing their drinking behaviour.

The steps towards a positive response to the materials

A key finding from the research was that four 'mindset' factors needed to be in place before a harmful drinking audience would be open to harmful drinking messages. These were 'Consciousness', 'Curiosity', 'Concern', and 'Change'.

The first step towards behaviour change was identified as 'consciousness'. Drinkers needed to become aware of the new issue of harmful drinking (through media and drinking communications campaigns), before they would be motivated to appraise their drinking behaviour. Once they had become more conscious of the issues, they tended to become more 'curious' and were keen to find out more about their own drinking and the health impact that their drinking levels may have on them. This often led these drinkers to becoming 'concerned' about the amount of alcohol they were drinking on a regular basis, which in turn led to a willingness to 'change' their behaviour.

Overall, the non-responder mindset was one of 'pre-consciousness' with respect to these issues, whilst the responders had already reached a level of concern and/or openness to change which made them more predisposed towards the acquisition materials and messages.

An evaluation of the acquisition materials: an overview
Overall, there was little recall of the acquisition materials in any detail. The responders recalled seeing or receiving something informing them of a booklet about drinking, which given their raised levels of consciousness and concern, had triggered their curiosity and interest, but they could recall little else about the materials. Their decision to respond to the materials tended to have been made spontaneously and instantaneously and beyond requesting the self-help booklet, no deeper engagement with the acquisition materials themselves took place.

Ultimately, the research found that the visual cues, rather than the provision of information or the messages themselves, were driving responders to request the booklet. Indeed, the visual cues so enabled this audience to quickly get to the information about the self-help booklet and response channels, that they consequently dismissed or overlooked the detailed information provided by the body copy of the acquisition materials.

Those non-responders who recalled having seen the acquisition materials tended to have dismissed the communication as not being relevant to them. They felt that they were drinking to 'normal' and reasonable levels and tended to believe that the communications were targeted at someone other than themselves.

Evaluation of the acquisition materials in detail
Of all the **channels** explored in the research (press insert, door drop and direct mail), the press insert was felt to be the most effective channel and format; conducive to a more open mode of consumption and supported with a more digestible 2-sided format. Whilst the door drop represented an easy and accessible channel, its 4-sided format was felt to be more challenging than the press insert. The direct mail channel was the least effective channel and format overall; it was frequently ignored or overlooked and its format was felt to be overly demanding.

In terms of the **risk messages**, these were not acting as the key hooks into the materials (this was more down to the visuals). The 'general health' message - *'What are the health risks of drinking?'* was deemed the most effective in being the most open, curiosity-inspiring and relevant of the risk message questions posed. The more hard-hitting messages around cancer and cirrhosis of the liver were less effective, particularly as a leading message, as they were consumed as rhetorical questions and could prompt dismissal, especially amongst non-responders who could dismiss them as being too extreme to apply to them. Essentially, these messages were considered to have a more powerful role to

play as supporting messages in the body of the materials, rather than as core hooks.

A key criticism of the acquisition materials, in terms of their content, was the **complexity of the information** provided. Many of the materials tended to be criticised for trying to collapse too much complex information into a small area, providing inadequate explanation of the information and creating a visual 'busyness' that was found to be too overwhelming. The units/ risk level guide in particular, was felt to be especially complex to decode. In some cases, there was a feeling that the acquisition materials themselves were 'the information' rather than pieces of communication leading to a call to action.

In terms of the **flow of the information**, this was not felt to be working hard enough to take people on a journey towards requesting the booklet. This was particularly the case with the direct mail and door drop formats. The most effective flow was deemed to lie with the press insert format, as it provided a reason to read with the visuals, provided the additional information in a succinct way, and then went straight to the call to action.

With respect to the **call to action information**, it was felt there was too much emphasis given to getting advice to help cut down. The majority were not ready to cut down until after they had read the booklet and felt that greater priority should be given to 'receiving advice and information' within the call to action.

Finally, although the overall **language and tone** of the materials had reasonable appeal, a specific focus on after-work drinks or wine with dinner was alienating to lower SEGs for whom this situation was not relevant, and some felt that some of the copy could be patronising.

The response channels

There was a very positive response to all the response channels amongst the responder sample. The **coupon** proved to be an important element in the overall channel mix, especially in reaching a more disadvantaged, lower SEG target audience who may not have access to the Internet or a landline.

The **website** was favoured by those with regular Internet access and they appreciated this channel for its ease, convenience and anonymity. There was, however, a polarised response to some of the more extreme questions in the compulsory questionnaire, and the hyperlink for ordering the booklet was felt to be too recessive.

Feedback for the telephone **helpline** was very positive. However, the level of questioning via this response channel did seem to vary quite dramatically. Overall, the majority felt that too many questions over the phone in relation to their drinking could be too obtrusive.

Attitudes towards and usage of the self-help booklet

Overall, responders' expectations of the booklet were met and they felt that it served to both reinforce their existing knowledge and beliefs, as well as providing a more comprehensive understanding of drinking and its effects. It was felt to speak to them on their level, enable them to identify their drinking behaviour as risk behaviour and provide a credible and realistic approach for reaching behaviour change goals. Consequently, the majority were very happy and satisfied with the booklet and on reading the booklet most claimed to have experienced the motivational push needed to encourage them to try and reduce their drinking.

Non-responders were also shown the booklet and found it to be a lot more relevant than they had anticipated from having looked at the acquisition materials. This was a function of the fact that the booklet and its structure, began to take them on the requisite journey towards considering behaviour change. Overall, their responses to the booklet reflected the most positive responses of responders.

Despite the overall positive response to the booklet, there were a few criticisms. People had expected to see more information about the health risks in terms of the details of the damage being done, and how alcohol caused this. Within the Units information some felt that the absence of a specific drink from the drinks given, removed their ability to accurately make their drinking calculations, which they felt could lead to inaccurate assumptions. There was also confusion around the size of measurements especially if drinking off-trade.

Conclusions and recommendations

In order for people to respond to the acquisition materials, they needed to have already embarked on a journey towards wanting to change their drinking behaviour. It was apparent that in such early stages of raising awareness around the issue, the acquisition materials would need to work incredibly hard not only to motivate people to request the booklet, but also raise awareness as to why they might need it. Whilst the acquisition materials can be developed to more strongly meet this requirement, they may be unlikely to be as effective as hoped until the wider campaign has had more time to filter through.

There were, nevertheless, some clear recommendations on how the acquisition materials could be developed moving forward:

- In terms of media targeting, lead with the two-sided press insert and door drop formats, and de-prioritise direct mail.
- In terms of the materials, visual cues provide a strong short cut to the call to action and should prioritised within the materials.
- The lead risk message should be a general health message to raise consciousness and curiosity, however, this should be supported by more hard-hitting specific health risk messages within the body of the materials and in the booklet.

- Simplify the quantity of written information (bullet points could help) to make it less overwhelming and easier to digest.
- Re-consider the way in which the units/ risk level guide is presented to aid comprehension and relevance (consider reducing the amount of different but corresponding numbers and communication points).
- Carefully consider the flow of information to capture people's attention and then take them quickly, easily and obviously to the call to action.
- Position the booklet not only as a tool for cutting down, but also as a source for more information and advice about the effects of regular drinking to maximise the effectiveness of the call to action.
- Ensure the language and tonality does not exclude or alienate some audiences – it needs to reflect the broadest target audience.
- In terms of response channels, we would recommend that the associated drinking questionnaire is provided as optional to avoid deterring some people
- The call to action hyperlink on the website could benefit from being more obvious.

There were also some suggestions for development of the booklet creative:

- Drinkers wanted to know more detail around the health risks to further motivate them towards changing their drinking behaviour i.e. images and explanations of diseases.
- There were also requests for more emphasis on the 'softer' side effects of regular drinking i.e. depression, tiredness, weight gain.
- Consider including an exhaustive list of drinks and their units to avoid potential de-selection or inaccurate calculation.
- Consider signposting the Units Tracker within the 6 steps and make it more visible.

B. BACKGROUND and OBJECTIVES

1. Background

In 2004, the government published the Alcohol Harm Reduction Strategy aimed at raising awareness of the harm caused by alcohol and outlining the need for better education and communication. The overall Alcohol Harm Reduction Strategy consists of three different strands of activity that include: a binge drinking campaign, a units campaign and campaign targeting increased and higher risk drinkers These all sit within the overall Know Your Limits brand. The research findings contained in this report refer to the harmful drinker's strand of activity.

This research was commissioned to evaluate a pilot campaign targeting increasing and higher risk drinkers. It follows on from an initial phase of research refining the development and content of self-help materials prior to their launch in May 2008.

The increasing and higher risk drinkers campaign includes an acquisition campaign encouraging these drinkers to contact the campaign website or helpline in order to calculate their drinking levels, gain information on the risks and issues around harmful drinking, and be provided with the opportunity to sign up for self-help materials as part of the overall strategy. The acquisition campaign also consists of traditional coupons as a direct response mechanism to order the self-help booklet. These materials include practical tips and advice on how individuals can moderate their drinking.

The campaign is underpinned by the current Know Your Limits Campaign raising awareness of Units, the recommended guidelines and health risks associated with drinking above these limits (which also provides a call to action to visit the website/ call the helpline).

Prior to a national roll out of the acquisition campaign, it was piloted in the North West of England. This pilot launched on 6th September 2008 up until the week of 6th October 2008. The pilot included the following:

- Press Inserts
- Door Drops
- Direct Mail Packs
- E-Mails

The broad target audience for the campaign were:

- Men 35+, C1C2DE, who drink daily and are health aware
- Women 35+, ABC1C2 who drink daily and are health aware

The door drops, direct mail packs and e-mails more specifically targeted the following ACORN groups:

- 41 – Skilled workers in semis and terraces
- 48 – Low Income, High Unemployment
- 44 - Low Income, Large Families

These targets were decided upon following an exercise to map drinking typologies developed by 2CV against TGI, and correlating these with 'best fit' ACORN Types.

For each media route, three messages were piloted. The messages and campaign materials are appended:

A: Are you drinking too much: general health message: *"When does my drinking start to affect my health?"*
B*:* Cancer - New news health risk: *"You are around 5 times more at risk of mouth, throat and larynx cancer if you regularly drink above a certain amount".*
C*:* Liver and heart – Better established health risk: *"You are 13 times more at risk of cirrhosis of the liver if you regularly drink above a certain amount".*

This report represents the findings from a qualitative study designed to explore the experiences of those who requested the self-help materials, in order to feed into an evaluation of the pilot and the extent to which materials supported reduction in consumption. In addition, the research was also commissioned to gauge the barriers to response amongst a sample of non-responders and overall, to inform the further development of the acquisition campaign approach prior to national roll out.

2. Research Objectives

There were two sets of research objectives as follows:

Responder sample

- To evaluate the journey from receiving acquisition communications, through to website/ helpline contact, to receiving the self-help materials.
- To understand perceptions of, and gauge reactions to, the information, advice and support given at the relevant stages of the process (acquisition materials, website/ helpline and self-help booklet) in order to identify areas for improvement.
- To explore the usage and value of the self-help materials in terms of raising awareness and supporting behaviour change (at least in the shorter term).

Non-responder sample

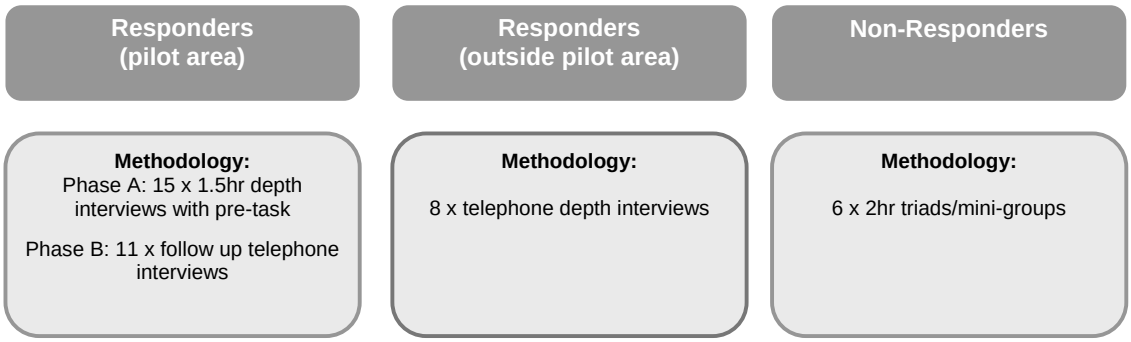
- To explore reactions to the acquisition materials and messages and understand barriers to response
- To understand how to overcome barriers in terms of messaging, language, tone and delivery channel

C. METHODOLOGY and SAMPLE

1. Overview of the research approach

A qualitative methodology was agreed as being the best approach for the research as it was felt to provide the deepest and richest understanding of the 'alcohol self-help' journey, the most effective way of unearthing the reasons behind a lack of response, as well as allowing for a detailed exploration of the materials amongst the target audience.

The research used a mixed methodological approach to reach the different sample strands. Below is an outline of our approach:



2. The rationale behind the methodological process

The different elements of the methodology are outlined below:

Responders (pilot area)
Although all of the responders had agreed to take part in research around harmful drinking, we still felt there might be a degree of sensitivity around discussing the topic. In previous research we found that even harmful drinkers who were willing to change their behaviour often claimed that they would feel uncomfortable disclosing this to other people, including close family and friends. Therefore, we recommended in-depth interviews to ensure that we created a private and confidential environment where honest thoughts and feelings could be comfortably shared.

Initially, given the need to elicit information about responders' reactions and thoughts and feelings at each stage of the acquisition journey, from receiving the campaign communications through to receiving and 'living with' the booklet, a staged approach was considered, involving interviewing one set of responders after they had requested and received the booklet, and then speaking to a fresh set of responders after they had had the booklet for a couple of weeks. However, given the complexities and timescales involved in adopting such an approach, this consideration did not prove practical or feasible.

Instead, responders (those who had requested the self-help materials and who had opted in to be contacted for research purposes), were recruited by telephone after they had received the booklet, and appointments were made for in-depth interviews, lasting 1.5 hours, a fortnight later. During this interview we discussed their initial drinking levels and attitudes, their experience of receiving and responding to the acquisition materials, their responses to the different messages, their expectations, subsequent impact and experience of the self-help booklet, any subsequent behaviour change and their development recommendations for all the materials, as well as the acquisition journey. For the Responder (pilot area) discussion guide, please see Appendix 1.

In order to refresh their memories of the acquisition communications they had been exposed to, we pre-placed them with a short questionnaire prior to their interview; this was designed to get them thinking about the materials they had picked up and responded to, as well as the acquisition journey itself. For the pre-task exercise, please see Appendix 2.

Following the depth-interview, we conducted a number of follow-up telephone interviews (30 minutes) with the same respondents to explore any further thoughts they had about the acquisition journey and to further explore any behaviour change that had occurred as a result of the campaign. These took place between 2-3 weeks after our initial meeting with them.

Responders (outside the pilot area)
As well as responders from the North West pilot area, we also recruited a sample of responders from outside the pilot area, who had requested the self-help materials. As the majority were likely to have requested the self-help booklet without exposure to the acquisition materials, it was thought useful to explore what their journey was, how they came across the booklet, their reactions to the booklet and any subsequent behaviour change.

As this sample was spread across the UK, the most cost-effective methodology was to conduct 1 hour telephone interviews. In order to get their feedback on the actual acquisition materials (which they may not have seen), these were pre-placed with respondents in the week before the interview. The interview followed a similar structure to that undertaken with responders from the pilot area. For the responder (outside the pilot area) discussion guide, please see Appendix 3.

Influencers
In both the North West pilot sample and the non pilot sample, the responder sample cells also included a small quota of ‘Influencers’ i.e. those who had requested the booklet either for themselves *and* another person, or who had solely requested it for another person. These were included to explore perceptions amongst the broad spectrum of people who had requested the self-help booklet.

Non-responders
The chosen methodology for the non-responder sample was mini groups comprising 3-4 participants. These sessions were briefed out to be triads (i.e. groups of 3 participants), but were over recruited to ensure attendance, and in a number of instances, these groups comprised 4 people.

The rationale for mini groups reflected the nature of the communications materials being researched, which were designed to be read in a more personal and/ or private way (which was also reflected in the choice of media channels for the acquisition campaign). It was therefore necessary for the research to accommodate this intention to some extent, by providing a suitable environment as well as sufficient time, for participants to read the materials and voice their *individual* opinions, thoughts and feelings, whilst at the same time allowing scope for some group interactivity to aid in the creative development process.

There were a number of considerations which needed to be given to the recruitment of non-responders, including the following:

- A need to show the acquisition materials at the recruitment stage in order to establish whether people could recall having seen them and whether they had responded or not, so that we could be sure as to their non-responder status. This required a face-to-face recruitment approach.
- The potential for low recall rates amongst those approached for recruitment, with those approached either not recalling or not having actually been exposed to the materials.
- The need, in adopting such an approach to recruitment, to keep budgetary considerations in mind.

Given such considerations, it was decided to recruit increased risk and higher risk drinkers who lived in the North West pilot area, and specifically within the ACORN Group areas targeted by the door drops and direct mail packs which had suffered from a particularly low response rate. It was envisaged that some of those approached during recruitment would have received the materials (referenced herein as 'Live non-responders'), and some who fitted the recruitment profile but may not have been exposed to the materials in the pilot, to whom we have referred to as 'Hypothetical non-responders'. The 'Hypothetical non-responders' had not seen (or could not recall) the materials, but on being shown them at the recruitment phase, needed to claim they would not have responded even if they had seen or received such materials. In the event, both types of non-responders were recruited for the study, although the bias was towards 'Hypothetical non-responders'.

During the mini groups we discussed their drinking levels and attitudes; their experience of receiving/ being exposed to the acquisition materials; their barriers to responding; their perceptions of the messages, channels and formats; their perceptions of the booklet and any recommendations for future development of

all these materials. For the non-responder discussion guide, please see Appendix 4.

Both types of non-responder were recruited not to reject direct mail as a channel.

3. Sample

The sample was split by gender and by increasing risk versus higher risk levels of alcohol consumption. For responders, it also included a mix of request channels – website, helpline and coupon response.

The sample structure for each of the sample strands was as follows:

Responders (pilot area)

Depth	Type	Age	Gender	Drinking levels	SEG	Channel
1	Responder	49	Male	Increasing risk	C2	Website
2	Responder	33	Male	Increasing risk	B1	Website
3	Responder	32	Male	Higher risk	C1	Coupon
4	Responder	41	Male	Higher risk	E	Helpline
5	Responder	36	Male	Higher risk	E	Coupon
6	Responder	34	Female	Increasing risk	C1	Helpline
7	Responder	50	Female	Increasing risk	C1	Helpline
8	Responder	34	Female	Higher risk	C1	Helpline
9	Responder	44	Female	Higher risk	C2	Helpline
10	Responder	43	Female	Higher risk	C2	Helpline
11	Responder	33	Female	Higher risk	E	Helpline
12	Responder	30	Female	Higher risk	C1	Website
13	Responder	59	Female	Increasing risk	B1	Helpline
14	Responder / Influencer	58	Female	Increasing risk	C1	Helpline
15	Influencer	70	Female	n/a	C1	Helpline

All were recruited from the NW pilot area, with fieldwork conducted in Leeds, Preston and Manchester.

Responders (non-pilot area)

Depth	Type	Age	Gender	Drinking levels	SEG	Channel
1	Responder	36	Male	Higher risk	B	Website
2	Responder	38	Male	Increasing risk	C1	Helpline
3	Responder	65	Male	Increasing risk	C1	Helpline
4	Responder / Influencer	43	Male	Higher risk	C2	Helpline
5	Responder	36	Female	Higher risk	E	Helpline
6	Responder	61	Female	Higher risk	C1	Helpline
7	Responder	47	Female	Increasing risk	C1	Website
8	Influencer	50	Female	Higher risk	C2	Helpline

All had requested the self-help booklet and were recruited from across the UK, outside the NW pilot area.

Non-responders

Triad	Type	Gender	Drinking levels	SEG
1	Non-responder	Male	Increasing risk	C2DE
2	Non-responder	Female	Increasing risk	C2DE
3	Non-responder	Female	Increasing risk	C2DE
4	Non-responder	Female	Higher risk	C2DE
5	Non-responder	Male	Higher risk	C2DE
6	Non-responder	Male	Higher risk	C2DE

Non-responders contained a mix of 'live' (30%) and 'hypothetical' (70%) responders

- Live – recall acquisition materials and not responded
- Hypothetical – did not recall/ not exposed to the campaign, but on exposure to the acquisition materials believed they would not respond to the campaign

All were recruited from highly populated areas that matched the demographic profile of the following ACORN typologies in the NW: Secure families, Asian communities, Post industrial families – Preston & Blackburn

For the recruitment questionnaires please see Appendix 5.

Stimulus tested within this project (i.e. acquisition materials, stills from the website) can be found in Appendix 6.

All fieldwork was conducted between the 28th October and the 28th November 2008 by Selena King, Caroline Westwood and Brian Donaghey of 2CV Research.

D. MAIN FINDINGS

1. An overview of typologies, drinker mindsets and response rates

In January 2008, 2CV completed a research study exploring harmful drinkers' motivations which also provided a qualitative segmentation of this target audience. Nine key drinker segments emerged from this study – 'Border-Dependents', 'Macho Drinkers' 'Hedonistic Drinkers', 'De-stress Drinkers', 'Community Drinkers', 'Conformist Drinkers', 'Re-Bonder Drinkers', 'Boredom Drinkers' and 'Depressed Drinkers'.

Although we did not recruit for these typologies for this research, we could identify a range of drinker typologies across both the responder and non-responder sample. Responders tended to be from those typologies previously identified as being more likely to be predisposed towards changing their drinking behaviour, and included , 'Boredom Drinkers', 'Conformist Drinkers', and 'Depressed Drinkers', as well as some harder to reach 'De-stress Drinkers'. Non-responders included harder to reach audiences such as 'Hedonistic Drinkers', and 'Border-Dependents', as well as 'De-stress Drinkers', but also included softer targets ('Conformity drinkers',' Boredom Drinkers' and 'Depressed Drinkers'), which to some extent was indicative of the challenges faced by this campaign in its early stages.

It was evident that non-responders were not yet open to changing their behaviour and consequently the campaign materials were unable to trigger a willingness to change, which accounted for low response rates amongst this type of sample. Moreover, the research indicated that this challenging audience would require a lot more time for the wider 'Know Your Limits' campaign efforts to filter through before their levels of consciousness and concern around the issues were raised to a sufficient level to take action.

Responders, on the other hand, were already open to changing their drinking behaviour, and the campaign materials provided a clear avenue for actionable change. Indeed, the key factors driving response (or non-response) across both responders and non-responders, was their predisposition, at this point in time, towards changing their drinking behaviour.

2. The steps towards a positive response to the materials

A key finding from the research was that four 'mindset' factors needed to be in place before increased and higher risk audience would be open to harmful drinking messages. These were 'Consciousness', 'Curiosity', 'Concern', and 'Change', and are described in more detail below. Overall, the non-responder mindset was one of 'pre-consciousness' with respect to the issues, whilst the responders had already reached a level of concern and/ or openness to change which made them more predisposed towards the acquisition materials and messages.

2.1 'Consciousness'

Although still in its early stages, identification and recognition of the new issue of harmful drinking was apparent amongst responders. They had begun to recognise that *regularly* drinking above the recommended unit limits could be damaging to one's health in the long term. This attitudinal shift evident amongst the responder sample appeared to be largely driven by media coverage, with responders being very aware of the units and drink awareness campaigns, as well as having read newspaper articles or having seen TV programmes around the issue.

> "*I've been seeing a lot more advertising about this. There's the one recycling all the bottles and the one on TV about these units, so when I saw that leaflet, I thought why not ring up.*" – (Responder)

> "*There was also something about all this on GMTV which I watched, and which made me think about how much I was drinking.*" – (Responder)

Moreover, this increased awareness of the issues meant that the responders had become conscious of their own drinking levels and felt or suspected that they might be drinking too much, or were being told by others that they were doing so. An awareness of the health risks associated with their current drinking levels was beginning to build, and this was often being reinforced by other people around them who were displaying concern about their drinking behaviour. Finally, another factor contributing to their raised levels of consciousness was the fact that they knew or were beginning to learn about units *per se*, and starting to measure or evaluate the drinks they were drinking in terms of units rather than glasses or pints.

> "*We all like a drink in my family, but I'd got to the stage where I was drinking the most and my sister actually mentioned it to me, and then I saw all these adverts and it all started to make me think.*" – (Responder)

> "*You always think you've just had a couple of glasses of wine, or shared that bottle, but it came as a bit of a shock to see how many units that meant.*" – (Responder)

Essentially therefore, responders had a level of raised consciousness and an awareness of a new drinking issue which was not in evidence amongst non-responders.

Amongst non-responders, media coverage had not yet impacted, and there was little recall of the units (Know Your Limits) or other drink awareness campaigns. These drinkers were consequently lacking in awareness (or were in denial) with respect to the new issue of harmful drinking. They still tended to frame 'harmful drinking' in terms of alcoholism or 'youth binge drinking', and did not identify themselves with either of these issues. Most non-responders believed they were drinking to 'normal or average' levels and did not see themselves to be at risk. They claimed that they did not drink to levels where they regularly got drunk and felt that they knew when to stop. In short, they were not particularly aware of their own drinking levels, nor were they conscious of the consequences of regularly drinking to these levels.

> "*I couldn't tell you how much I drink over a week, I do drink most days like we all do, but the amount varies, but I don't need to have a drink.*" – (Non-responder)
>
> "*I don't see any harm in it, we all like a drink, but we're not alcoholics.*" – (Non-responder)
>
> "*It's the young ones they should be looking at, not us lot, we know how to take our drink, we're used to it…we're not out to get drunk.*" – (Non-responder)

There were a few however, who did acknowledge their alcohol consumption to be comparatively high and felt that there was probably some health risk attached to their level of drinking. However, they were not particularly health-conscious in general, and often adopted the stance that the pleasure they gained from having 'a few drinks' on a daily basis outweighed the potential risk.

> "*I enjoy my drink and yes I probably do drink quite a lot, but something's going to get you in the end.*" – (Non-responder)

2.2 'Curiosity'

It was evident from the research that an increase in consciousness tended to lead to a desire to have a number of questions answered. Responders were quite forthcoming in revealing the types of questions they had started asking themselves and wanted answers to, following on from their exposure to the media coverage around the issues.

These questions included the following:

- *What exactly are units and how many units are in my drink?*
- *What are the recommended daily/ weekly limits?*

- *How much do I actually drink?*
- *What are the risks and how could they affect me?*
- *Do I need to cut down?*

This curiosity around the issue meant that responders were much more open to harmful drinking messages and sensitised to other information about drinking that they came across, in an effort to get these questions answered. Their raised consciousness also meant that they were starting to explore the relevance of the drinking messages (especially units' information), that they were encountering, against their own lives. Furthermore, they had begun to create a dialogue amongst friends and family around the issues, which further reinforced their desire to know more about 'harmful drinking'.

> "*I had been seeing all these adverts about how many units you should be drinking and just wanted to know more about it really.*" – (Responder)

> "*It's just social. I pop into the neighbours and the wine comes out, or they come over to me, but actually you don't realise how much you might be drinking and how it might be affecting you, and that's what I was curious to find out more about when I saw this.*" – (Responder)

This was not the case amongst non-responders for whom a lack of consciousness around the issues meant a lack of curiosity. Information around the typical units in typical drinks, had not registered in a way that had impacted on the world of these drinkers. Furthermore, they sub-consciously adopted strategies that acted as barriers to messages about drinking, such as seeing such messages as being aimed at heavier 'alcoholic' drinkers or young binge drinkers, which allowed them not to have to question their own behaviour.

2.3 'Concern'

Unsurprisingly, a higher level of consciousness about units and personal consumption patterns could also lead drinkers to become concerned about the amount of alcohol that they were drinking on a regular basis, and the effects this could be having on their health. Many acknowledged, on becoming aware of the 'Know Your Limits' campaign, that there must be associated health risks attached to regular drinking, but apart from damage to the liver, they were unaware or uncertain as to the wider risks of regular drinking.

> "*It's a habit isn't it? I'm retired now, but it used to be get home, open the wine and then it would be gone, and I was still doing it up until last month, but I had started to think this really can't be good for me, a bottle of wine everyday, I mean how many units is that?*" – (Responder)

Again, the responders in the pilot were curious to learn more. They had taken the issue of harmful drinking on board and were beginning to worry that they

might be drinking too much; moreover some were starting to think about the health risks, and talking about this to others.

Their worry and concern varied from looking for more immediate physical symptoms, to thinking about the long term cumulative effects of alcohol upon their health. Indeed, some responders acknowledged having suffered symptoms such as tiredness, hangovers, and aching kidneys, which had caused them to want to re-evaluate their drinking behaviour, and the acquisition campaign had provided the impetus for them to do so.

Others expressed a concern that their current levels of drinking might escalate, resulting in dependency or alcoholism.

> "*There were times when I could feel an ache at the sides around my back, and thought that's the booze doing that. It does make you pause and think.*" – (Responder)

> "*You reach a stage where you think I better not carry on like this. I was worried I might be turning into an alcoholic, which is why I sent off for this.*" – (Responder)

Finally, there were those whose concerns centred on how their drinking was viewed by others, particularly their own children, and the influence this might have on their children's future drinking behaviour.

> "*It was when my little boy said, 'I'll get the crisps while you go get your wine mummy', and I thought, is he starting to see me as some sort of alchy.*" – (Responder)

Again it was their raised level of consciousness that had triggered these concerns, but this was not in evidence amongst non-responders, who were not worried that they might be drinking too much. Even those non-responders who had ailing health concerns, saw this as 'a part of life and a part of getting older', and were in denial about alcohol being a core contributor, particularly since they tended to see their alcohol consumption as 'normal'.

The minority who did acknowledge that they might be drinking too much, were either in denial or were defensive about their drinking, framing it as a pleasure they were prepared to take health risks for.

> "*We are all going to die of something in the end, it might as well be the booze, at least you get some pleasure out of it.*" – (Non-responder)

2.4 'Change'

The research highlighted that a combination of consciousness, curiosity, and concern were required in order for drinkers to reach the stage where they were willing to consider changing their behaviour. It was evident that for a behavioural change to occur, first and foremost an attitudinal shift was required so that drinkers were willing to address their behaviour.

Responders, who had started to suspect or to recognise that they were drinking to harmful levels, were already open to information and advice about their drinking and how to cut down, (or at least open to advice about whether they needed to be cutting down). They tended to be ready for change, and wanted to take responsibility for their behaviour and cut down if necessary. Indeed, some had already attempted to cut down, and wanted that extra support, whilst others had pro-actively been seeking information and advice on how to cut down, by talking to family and friends, or visiting websites just prior to the pilot acquisition campaign launch.

> "*I'd been through a stressful time, my mum had died and I was in a job where it wasn't really working out, and I noticed I was drinking a lot more than I should be, and thought, right I need to cut back on this.*" – (Responder)

> "*I actually decided a little while ago I should probably give up the wine and when I saw this it just gave me that extra push.*" – (Responder)

Non-responders however, were a long way from the point of change, and generally had never considered it. Often being in denial, they were resistant to change and, at this point in time, could see no reason to change their behaviour. There were, nevertheless, some who had cut down on their drinking in the past, either because they were dieting, or because they had had to undergo operations or had suffered general ill health. However, they tended to have returned to their previous drinking levels, or thereabouts, sometimes seeing this as indicative of 'being back to their old selves'.

> "*We are a big family and there is always something happening somewhere, this or that party or a meet up down the pub, and drinking is always part of it. I did have to give up though before I went into hospital, but now it's back to how it was and I feel like I'm back to my old self.*" – (Non-responder)

> *"I got gout in my leg and the doc told me to give up the lager, I did, and now I drink stout as I find that doesn't affect it."* – (Non-responder)

2.5 Implications

The research showed that the Know Your Limits campaign is starting to have an impact in driving consciousness and concern around the issue of harmful drinking. However, there was evidently much work that still needs to be done by the Know Your Limits campaign, and a need for wider 'noise' around the issue, in order to generate further consciousness and curiosity amongst those not responding and ultimately to drive movement along the journey towards behaviour change for these types of drinkers. Ultimately, the research demonstrated the potential of the acquisition materials to create a positive response once drinkers have reached the concern and/ or change mindsets.

3. An evaluation of the acquisition materials: an overview

Overall, there was little recall of the acquisition materials in any detail amongst both responders and non-responders, although it should be noted that many of the non-responder sample were 'Hypothetical non-responders'.

3.1 Responders

The responders recalled seeing or receiving something informing them of a booklet about drinking, which given their raised levels of consciousness and concern, had triggered their curiosity and interest, and ultimately their response, but they could recall little else about the materials. Many in fact, although having requested the booklet, had forgotten about doing so until the booklet arrived.

> "*I can't remember what it looked like, but I think it came through the door and had yellow on it.*" – (Responder)

> "*I remember a leaflet, but to be honest, I honestly can't remember much about it.*" – (Responder)

> "*I just remember seeing the free phone number, and I was interested in information about these units so I just called the number.*" – (Responder)

For responders, the acquisition materials worked to tap into their current mindset (consciousness, curiosity and/ or concerns around the issue) and provided them with the impetus and the relevant channels to take action. They were quickly able to decode the communications they had seen or received, and understood that there was a *free* booklet available that could both further inform them about units and their drinking levels, and help them to reduce their drinking. Their decision to respond to the materials tended to have been made quite spontaneously and fairly instantaneously. Essentially, they realised quite quickly that there was a booklet they could enquire about or send off for, and therefore no deeper engagement with the acquisition materials themselves took place. This helps to explain their lack of recall for the acquisition materials.

> "*I'd been thinking about my drinking for a while and then this came along and made me do something about it.*" – (Responder)

> "*I didn't really think about it. I looked at it, could see what it was about and then just called them.*" – (Responder)

> "*I saw there was a booklet I could send off for and sent off for it. I didn't read all the stuff, I just noticed the booklet and sent off for it.*" – (Responder)

Ultimately, the research found that it was the visual cues, rather than the provision of information or the messages themselves, that drove responders to

pay attention and request the booklet. Many of the visual cues tended to go straight to the heart of the curiosity and/or concern prevalent amongst responders, and combined with their immediate reaction to the response channels, they consequently overlooked the detailed information provided by the body copy of the acquisition materials. The key visual cues they quickly decoded are outlined below:

These visual cues helped them to quickly detect that there was information available that could address the questions they were starting to ask themselves about their drinking levels, and could also provide information about cutting down. They felt that they would get all the information that they required from the self-help booklet and so there was no real reason for them to engage any further with the acquisition material.

> "*You don't need to read it, you can see it's from the NHS and it's about drinking and your health, and for me I thought, yes I want to find out more about this.*" – (Responder)

3.2 Non-responders

The non-responders who recalled having seen the acquisition materials tended to have dismissed the communication as not being relevant to them. They felt that they were drinking to 'normal' and reasonable levels and the materials were unable to challenge their complacency about their drinking. Most tended to believe that the communications were targeted at someone other than themselves. However, for some, they suspected the materials might be relevant to them, but their resistance to change was not being sufficiently counteracted.

> "*I think I opened it, but I thought it was for people who needed help … I know when to stop, so I didn't think it was aimed at me.*" – (Non-responder)

> "*I do remember getting that and leaving it in the kitchen, but my wife thought it was junk mail and threw it out.*" – (Non-responder)

"*I look at that and I see NHS and cirrhosis, and think that must be for problem drinkers, I can't see why it would be for people like us.*" – (Non-responder)

Some non-responders, who had either remembered seeing the communication or were presented with the materials during the course of the research, were initially curious about the communications, their interest being triggered by the images of alcohol, but they then quickly disengaged. A quick scan of the health messages combined with the NHS branding, placed next to a picture of a drink led most to believe the communications were probably not targeted at them, and this persuaded them against reading further. For some, the prominence given to the drinks could lead them to feel they were being misled, which sometimes evoked an element of animosity. This worked to further reinforce the sense of denial or defensiveness present amongst some of the non-responder sample, which further helped them to legitimise their dismissal of the materials.

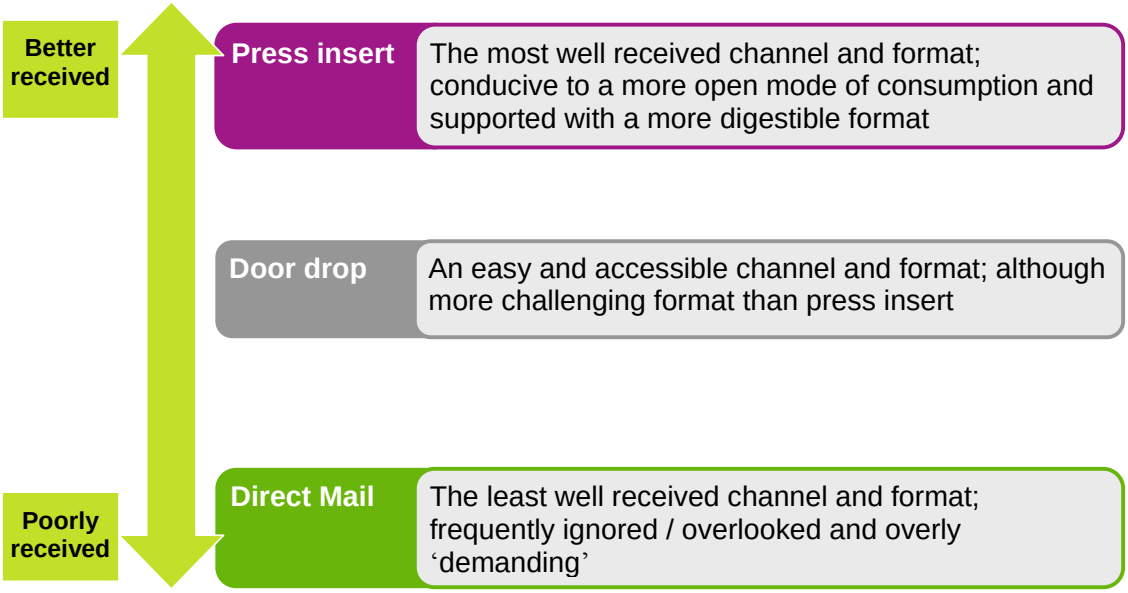
"At first you look at the really nice drinks and it actually makes you want to have one, but then you see they are telling you about something scary…I don't like that as it's like they are trying to trick me." – (Non-responder)

"But I don't drink to excess, I don't need to cut down, so why would this interest me." – (Non-responder)

4. Evaluation of the acquisition materials in detail

4.1. Channel and format

The diagram below summarises the effectiveness of the different channels and formats.



4.1.1 Press Insert

Ultimately, amongst our sample, for both responders and non-responders, the press insert was perceived as the most effective channel and format. This proved to be the case for a number of reasons.

At one level the press channel lent itself to self-discovery and drinkers appreciated the fact that it was a more public forum for delivery. They felt that they had the choice to read the information if they so wished; it was not seen as being forced upon them, which was the way in which many received or thought about the direct mail and door drop channels. There was also a sense that they might be more likely to read it simply because they were already reading a newspaper, and that they would be in the right frame of mind to receive and consume additional written information. This, many felt, might make them more predisposed towards reading the information, especially if they were already curious about units and had concerns in relation to their drinking.

Furthermore, the press insert channel clearly supported a sense that this communication was part of a mass media campaign, and that *individuals* were not deliberately being targeted or seen as 'harmful drinkers'.

Additionally, all the visual cues as to the nature of the communication were felt to be present from a quick glance at the front and back of the press insert. Moreover, the format and flow of this piece of communication i.e. 2-sided, following a linear flow and fewer words overall, was felt to be the easiest to digest and was believed to lead effectively onto the call to action information, especially when compared to the other channels.

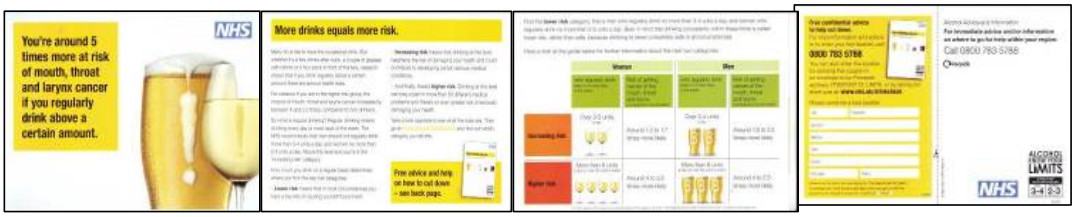
> "*If you are already reading the paper and you see this, it does grab your attention, and if you are interested, like I am you would have a read. There isn't too much to read there and you are already in a reading mood anyway.*" – (Responder)

> "*With that, it's up to you to read it if you want to. Sending something through the post makes you wonder why they've picked you.*" – (Non-responder)

> "*I don't know why they don't just put that through the door if that's what they want to do. It's much easier to read and you can clearly see it's for a booklet.*" – (Non-responder)

> "*This is the best one, as there's not as much to read and you can clearly see there is a booklet to send off for.*" – (Non-responder)

4.1.2 Door drop



The door drop approach was reasonably well received and was seen to be a *potentially* effective channel and format for delivering the information. The format was felt to be quick and easy to digest, but four sides of content were considered to be somewhat overwhelming. Whilst many grasped the essentials of the communications from the front and the back sheets of the door drop, some felt that on opening the leaflet, they were not sure where to start reading. Essentially, there was a tension between the eye being drawn to the diagram versus the natural urge to read the text from the beginning, although the amount of text on the inside front page was seen as off-putting.

> "*At least this is just one thing, you look at the front and back and you can see what it's for.*" – (Responder)

> "*There is still quite a lot to read there, so you don't bother, you look over to the diagram to see what it's about.*" – (Non-responder)

Moreover, a number of responders felt that the channel itself had the potential to be dismissed as junk mail. Nevertheless, it was also felt to have potential for impact at key moments when more conscious and concerned drinkers were open to reconsidering their drinking behaviour, for example, landing on the doormat (or being seen on the doormat) pre or post drinking.

> "*I got this on a morning when I had a bit of a hangover, so it made me think a bit more that I should do something about my drinking.*" – (Responder)

Finally, the call to action was felt to be a lot clearer compared to the direct mail version of the leaflet (where it is buried in the body of the text), although some felt that there was still a danger of missing this aspect of the communication, as it was placed on the back page, which may not get read if the reader has lost interest before this point.

4.1.3 Direct Mail

The direct mail channel was considered to be the least effective channel and format overall within our sample. In fact, none of our responders had requested the self-help booklet via this channel.

Many commented on the communication as being addressed 'to the occupier', which they felt strongly connoted junk mail, and which they believed could easily be thrown out, unless people were already thinking about or were worried about their unit consumption and the effects on their health. Nevertheless, a more personalised address approach, whilst considered a better approach by some (as it would be more likely to be opened), was ultimately dismissed as being 'too familiar' for this type of communication, and could potentially suffer from being seen as accusatory.

> "*If it's not addressed to me personally, it usually goes in the bin….. I'm not sure with this though that I would want that addressed to me, some people could find that a bit insulting actually.*" – (Non-responder)

Aside from the 'addressee' issue, this channel and format suffered from a number of criticisms. There was a belief that having to open an envelope could in itself act as a barrier to engagement if the 'front of envelope' communication was not immediately seen as potentially relevant. As has previously been highlighted, this was less of an issue for responders who were already primed and more predisposed to units and health risk information. However, it did act as a barrier for non-responders whose mindsets were at the 'pre-consciousness stage'.

Moreover, it was felt that, even if the information on the envelope worked to arouse interest or curiosity, the combination of a letter and leaflet inside seemed too overwhelming an amount of information. Non-responders, in particular, were especially critical with respect to the demanding nature of the text-heavy content of the letter and leaflet, but even responders commented on the fact that there was just too much to read. Ultimately, these factors, in combination, could help further disengage those who were not especially curious in the first place..

> "*There is so much here and it's so confusing. Having the letter and then this leaflet is way too much; I would never read all of this*." – (Non-responder)

Finally, it was noteworthy that the call to action information tended to get missed by non-responders seeing the direct mail for the first time. The booklet information was buried within the leaflet content and was generally overlooked. Furthermore, the call to action on the bottom of the letter was also missed, as it was placed at the bottom of the letter, which was folded over and often not opened out.

> "*We have been here talking an hour, and I've only just realised there is a booklet they want you to send off for.*" – (Non-responder)

> "*I didn't even see that coupon thing. We did get this at home, and started to read the letter, but lost interest, but neither of us saw that bit. It's folded over so you just don't notice it.*" – (Non-responder)

4.2. Content and messages

4.2.1. Introduction

As it has been illustrated, the overarching mindset of the sample was a key factor in driving their overall openness to the acquisition materials. Nevertheless, there were a number of additional issues relating to the content of the materials that could also contribute to a lack of engagement with the information, especially amongst non-responders.

These issues divide into the following:

- The risk messages
- The complexity of information
- The flow of information
- Language and tonality

4.2.2. The risk messages

Overall, the risk messages were not acting as the key hooks into the materials. Rather, as previously described, this was more down to the visuals than the messages.

In terms of the three risk messages themselves, the general health message *'What are the health risks of drinking?'*, was deemed the most effective, as it was considered the most open and relevant of the risk message questions. The question itself is non-threatening and promises to inform the reader (rather than lecture or scare). Ultimately most felt that this more open style of question was best suited to inviting the reader into reading the materials themselves.

The reason the 'general health' approach worked so well was that it mirrored the curiosity already present in the minds of responders, reflecting the general health questions they were already asking themselves. Moreover, even amongst non-

responders, the questions, “What are the health risks of drinking?” or “When does drinking start to affect my health?” came closest to igniting their curiosity.

> “*I kind of thought I was drinking too much and wondered what the effects were….this made me think the booklet would tell me what the risks were and how they affected me.*” – (Responder)

> “*Now with that one, at least it makes you curious, and you might think to yourself, I don’t know the answer to that.*” – (Non-responder)

The follow-up health message to the general health message of “sixty different medical conditions” also operated to increase curiosity and concern. However, this message was felt, by some, to be somewhat tenuous, especially for those responders who had requested the booklet and had found no clear, direct reference or explanation of the ‘sixty medical conditions’.

> “*60 different medical conditions is quite a lot, but I want this to tell me what they are…they could just be lots of tiny things.*” – (Non-responder)

> “*It talks about 60 medical conditions but then nowhere does it tell you what they are.*” – (Non-responder)

The more hard-hitting messages around cancer and cirrhosis of the liver received mixed reactions and tended to generate polarising responses. Essentially, these messages were considered to have a more powerful role as supporting messages in the body of the materials rather than as core hooks to invite the reader in, and there were a number of reasons for this.

The cancer and cirrhosis messages were less effective, particularly as messages on the front of an envelope, as they were consumed as rhetorical questions and could prompt dismissal i.e. there is no need to read further because it is obvious that the answer is affirmative, and therefore the reader now has the information that the communication is trying to convey. For non-responders especially, this gave them a further excuse to ignore or dismiss the materials. They were also able to dismiss or ignore these messages as being too extreme to apply to them. Essentially, non-responders were too early in the journey for such hard-hitting messages to have immediate credibility.

> “*It would be a worry if you were like a really heavy drinker, but this won’t happen to me as I don’t think I drink too much.*” – (Non-responder)

> “*I think it’s important to know about the cancer risk, but it’s probably not the sort of thing for the envelope, you wouldn’t connect it to yourself until you had read more about it.*” – (Non-responder)

"*You see that word cirrhosis and you think of alcoholics, you don't relate it to yourself as a normal drinker.*" – (Non-responder)

For many of the responders, the cancer message was worrying new news, whilst the cirrhosis message tended to affirm existing fears associated with alcohol consumption.

"*This was scary to me that my drinking that bottle of wine most nights, might be causing things like this.*" – (Responder)

"*It's the cancer one that gets me. I didn't know that. That is a worry.*" – (Non-responder)

"I've never thought about cirrhosis of the liver affecting me as I thought that was something that happened to alcoholics, but this tells me that it could affect me even with the amount I drink!" – (Responder)

Overall, therefore, there was a sense that the cancer and cirrhosis messages would be best placed as supporting messages within the booklet once acquisition had already taken place, and when recipients were in a better position to 'hear', accept and digest such messages.

"*13 times more likely to get cirrhosis sounds a lot, but you would only really understand it reading it in something like that booklet*" – (Non-responder)

4.2.3. The complexity of the information

The majority of the sample, responders and non-responders alike, felt that, overall, all formats, with the possible exception of the press insert, contained too much information, making it difficult to quickly and easily digest the communications. This was particularly the case with the direct mail approach, which contained both a letter and leaflet.
Many of the materials tended to be criticised for trying to collapse too much in terms of actual quantity, but also in terms of the amount of different information

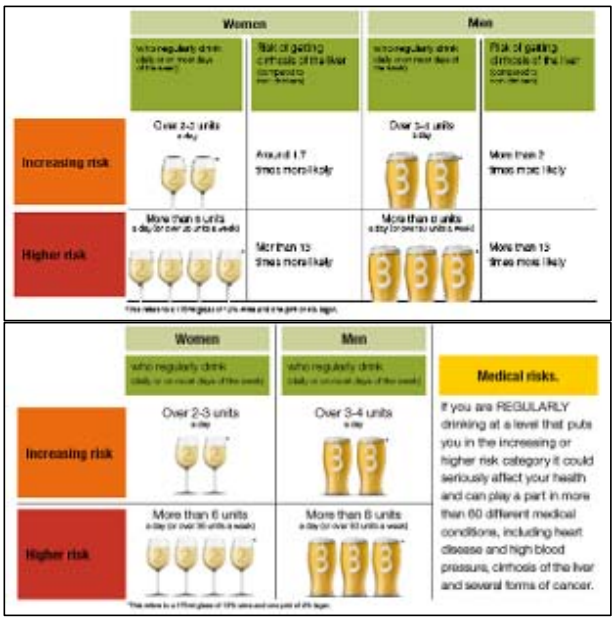
and content, into a small area, for example, information about units, gender differences, risk categories, health risks and so on.

Moreover, a lack of sufficient explanation in relation to each of these factors created a sense of confusion, making it difficult for the reader to decode the relevance of the content as it might personally apply to them. Furthermore, trying to convey all this information in a single medium created a visual 'busyness' that was found to be too overwhelming and off-putting. Indeed, on closer examination there was a feeling that the acquisition materials themselves were 'the information' rather than pieces of communication leading to a call to action, which could impact on the actual call to action.

> "*There's so much to take in, I don't even know where to start.*" – (Non-responder)

> "*I thought this was all the information as there is so much here, you know, the information they wanted to get across, I didn't think it was some advertising for a booklet.*" – (Non-responder)

It should finally be mentioned, in relation to this issue of complexity, that the units\ risk level guide was felt to be particularly complex to decode.



Amongst the majority it was evident that they had extreme difficulty in taking in the various communication points in one go, namely the number of units being drunk, the number of units in different drinks, the risk associated with levels of drinking and the gender divisions that all of this applies to. This was exacerbated by the fact that those who were less familiar with or unaware of the Units campaign, struggled to recognise that the numbers on the drinks represented units.

Moreover, particularly amongst the more ill-educated DE non-responders, the wealth of numbers with which they were confronted in the units/ risk level guide required too much effort to work out and digest. The different numbers for daily units and units per drink were particularly confusing; when specific health risks (for example, around 1.8 to 2.5 times more likely) were also featured, this added further complexity.

"All the numbers are confusing, they don't even add up." – (Non-responder)

"It's so much to figure out. I drink pints, although I am a woman, so I look at the pints then see that's about men. Then I notice it says 6 units with the wine, but on the glasses the numbers add up to 8, it's all a bit confusing." – (Non-responder)

4.3 Flow of information

There were a number of issues with the flow of the information within the acquisition materials. Overall, the flow of information was not working well enough to take people on the journey towards requesting the booklet. This was particularly the case with the direct mail and door drop formats, where it was felt that presenting the information about the different risk categories in so much depth and so early on, was creating a barrier to engagement, particularly for non-responders, given their 'pre-consciousness' stage in relation to the issues.

The most effective flow was deemed to lie with the press insert format, and specifically with the general health message, as the images and open question drew drinkers in, then provided unit and risk information in a relatively succinct way, and then led readers straight to the call to action. Indeed, the most important element within the flow is the call to action, and in the press insert it completed the flow, whereas with the door drop and direct mail, it tended to disrupt the flow and could get ignored.

"*Here (direct mail letter) how to get the booklet is tucked away at the bottom and you don't notice it, and it's only mentioned randomly in the middle of that leaflet which at first I missed completely.*" – (Non-responder)

4.4 The call to action

In addition to the aforementioned factors relating to the flow of information and the need to lead the reader more intuitively to the call to action, it was evident that the call to action needs to better prioritise the message, '*For more information and advice, or to order your free booklet…*' Currently, the call to action prioritises the message, '*Free confidential advice to help cut down*',

however, this suggests that the reader has already reached a decision that they are ready to cut down and want to change their behaviour.

However, a lot of people, including responders, were not necessarily in this mind frame until they had read the booklet. If they are not yet ready to change, they are unlikely to respond positively to such a specific call to action. Leading with a call to find out more information and advice would represent a softer and more encompassing call to action.

> "*I don't think I would ask for this anyway, as it's about cutting down…. I don't think I need to cut down.*" – (Non-responder)

> "*I think the most important thing is to tell people they can get more information as that's what we really need … it was only once I had read all the information in the booklet I decided to cut down.*" – (Responder)

4.5 Language and tonality

Whilst the overall language and tone of the materials were assessed to be generally acceptable, there were certain elements within the body copy that were off-putting to certain drinker types, particularly the sample of DE non-responders. The focus on a '*few drinks after work or a couple of glasses of wine with dinner*' proved quite alienating amongst those for whom these drinking occasions were not relevant, and tended to allow lower SEGs to de-select from the message, particularly as this sentence came very early on in the body copy. The sentence did however elicit a more positive response from higher SEGs, as it tended to mirror their drinking situations.

The line '*a four-pack in front of the telly*' was felt to be more acceptable and generally more inclusive for all audiences.

> "*This isn't really me…. I don't work and I don't drink wine with my dinner…. I think it's better when they also talk about beer in front of the TV.*" – (Non-responder)

Finally, some elements of the conversational approach in the copy were felt to be patronising, in particular the statement, "*It sounds obvious, but it's true. Drinking more really does put your health at risk",* which could create some disengagement.

> "*I don't think that sentence makes sense, it sounds obvious, well I'm not sure it does, shouldn't it say it might not be obvious, but it's true.*" – (Non-responder)

5. The response channels for requesting the booklet

The key response channels explored in this research were the coupon, the website and the helpline. Overall, there was a positive response to all of the response channels. The range of response channels available meant that there was a channel to suit everyone's needs. Furthermore, responders felt that the quick, easy and *free* nature of the response channels (freepost, free phone, online) had enabled an immediate response. Indeed, the majority of responders claimed to have responded immediately via the channel that had best suited them. Moreover, the majority claimed to have had positive experiences with the response channel they had used to request the booklet.

5.1 Coupon

In terms of the coupon, this was favoured by those without regular Internet access. It was also used by those who did not have a landline and were reliant on their mobile phone. Mobile phone charges were seen to be a big barrier for 0800 numbers, especially when other response channels are free. The coupon was thought to be simple and easy to complete, only asking for simple information that all were happy to provide. The freepost was also considered a benefit.

> "*It's simple isn't it, you just fill in your name and address and it's done.*" – (Responder)

> "*I don't have a landline or access to the Internet, and I didn't want to use my mobile as it costs too much. It was good for me that there was a freepost option.*" – (Responder)

However, for those who had access to the Internet or a landline, this channel was considered to be something of a hassle, in that it needed to be completed, cut out, put in an envelope and required a trip to the post box. For these people it was much easier to go on the Internet or make a phone call. Nevertheless, the coupon was an important element in the overall channel mix, especially in reaching a more disadvantaged, lower SEG target audience.

5.2 Website

The website was favoured by those with easy Internet access, and who were accustomed to using the Internet. They felt the NHS web address added credibility and appreciated this channel for its ease, convenience and anonymity.

Nevertheless, there were a few who felt that the compulsory questionnaire acted as something of a barrier to requesting the booklet. They had just wanted to request the booklet and had not been expecting to have to fill out a questionnaire. Moreover, some commented that some of the questions, such as '*how often in the last six months have you needed an alcoholic drink in the morning?*' sounded quite extreme; leading them to question whether they were in

fact the right target audience for the self-help materials. Such questions could position the website and the booklet itself as being for extremely heavy, borderline dependent drinkers rather than drinkers at an increasing risk level of drinking, and could work to create disengagement especially amongst those who are less open to changing their behaviour.

> "*Looking at that I'd think this probably isn't for me, it's more for like someone with a problem.*" – (Non-responder)

On the other hand, for some of those who fell within the higher risk category, the questionnaire had actually prompted increased consciousness and concern by making them further reflect upon their behaviour.

> "*I remember doing that questionnaire and it really made me question my drinking even more. I was totally honest and found it quite interesting…. it did make me think.*" – (Responder)

One of the major criticisms a number of responders who had used this channel did have, was that the small '*click here'* hyperlink for ordering the booklet was recessive and could get buried in the amount of text that featured on the website at this juncture.

> "*I went online and did the questions, but I almost missed how to get the booklet.*" – (Responder)

5.3 Helpline

The helpline was favoured by those who had easy access to a landline and felt comfortable with the prospect of speaking to someone about their drinking. The feedback with respect to the telephone staff was very positive and they were typically described as being pleasant, friendly, conversational and non-judgemental.

> "*They were great on the phone, she didn't judge me at all and was really friendly.*" – (Responder)

> "*I found them really pleasant and easy to talk to.*" – (Responder)

All responders could recall having been asked if the booklet was for them or someone else, but aside from this, the level of questioning seemed to vary quite dramatically. Some claimed that they had simply requested the booklet and that there was little more to the telephone call than that, whilst others remembered formally going through a set of questions and being told their risk category. It was also apparent that some had answered the units' calculator questions without knowing it. They had obviously felt the questions to be part of a more general conversation and were not informed as to their risk category at this stage.

"*She was quite chatty on the phone. I think maybe she did ask me a few questions, but I didn't feel like I was being interrogated."* – (Responder)

Overall, the majority felt that too many questions over the phone in relation to their drinking would have been too obtrusive. This was particularly true amongst non-responders when they were informed that they might be asked a number of questions to assess their units' level and risk category over the phone, if they were to chose to request the booklet via the helpline. Moreover, many felt that they would find it difficult to answer questions about their previous week's unit consumption accurately if suddenly asked to do so during a phone conversation.

"*I don't remember being asked lots of questions. To be honest, if she'd asked me how much I had drunk the previous week, I wouldn't have been able to answer. I'd need to get my diary out to see what I had been doing."* – (Responder)

"I'm not sure I'd want to answer any questions about my drinking, I'd just want to ask for the booklet." – (Non-responder)

6. Responders outside the pilot area

Responders from outside the pilot area had a similar mindset to those spoken to in the North West pilot area, in that they had all reached a point where they had become concerned about their drinking behaviour and were willing to change. Essentially, their consciousness had been raised via the same means as responders in the North West (i.e. units campaign, media coverage etc.) and they were either curious to learn more and had been receptive to drinking messages they came across, or as in many instances, had reached a high level of willingness to change and become self-motivated enough to seek information to help them better understand and/ or reduce their drinking.

Most of these responders had actively been seeking general information about drinking and their health, or how to cut down, and had come across the booklet during their search. For example, some had looked in the Yellow Pages, found Drinkline and had called the number, whilst others had searched on the Internet and had come across the Drinkcheck/ NHS website. There were also those who had specifically been prompted by the units and drink awareness campaigns, as well as a few who had become aware of the booklet through editorial content in local papers or magazines, and had then either called Drinkline or gone online to request the booklet. There were finally a few responders outside the pilot area who lived in proximity to the North West and who had seen press inserts in newspapers they had purchased within the North West area.

> "*I'd wanted to do something about my drinking so looked out the information. I came across Drinkline in the Yellow Pages and gave them a call and they sent me this book.*" – (Responder – non-pilot area)

> "*I've got to that age where I suffer quite bad hangovers, and my kids are getting a bit older and I want to spend time doing things with them, so I decided I really needed to cut down and then saw the booklet being advertised in some paper."* – (Responder – non-pilot area)

> "*I'd seen the [units] advertising on TV, and then I found this number, I think it was in the paper, and that prompted me to get the booklet.*" – (Responder – non-pilot area)

7. Attitudes towards and usage of the self-help booklet

7.1. Overview

The primary focus for this research was not to provide a detailed evaluation of the self-help booklet content and format. However, as part of understanding responses to the acquisition materials and response channels, and fundamentally to provide an early indication of how people used the booklet in practice, we also explored reactions to the self-help booklet and its usage amongst responders. This section also provides an overview of the immediate and top line responses of non-responders.

A number of responders, as previously mentioned, had forgotten about the booklet until it arrived. Nevertheless, once the booklet did arrive, all claimed to have dedicated time to reading through it, either in one go or in sections. Overall, responders' expectations of the booklet were met and they felt that it served to both reinforce their existing knowledge and beliefs, as well as providing a more comprehensive understanding of drinking and its effects. Consequently, the majority were very happy and satisfied with the booklet.

Most of the responders had expected the booklet to contain hints and tips about cutting down, and appreciated this content within the booklet. Few, however, had expected a reduction plan and this came as a pleasant surprise for most, although some felt, once having calculated their drinking to be towards the lower end of 'increasing risk', that they did not require such a dedicated strategy for cutting down.

Overall, the booklet was appreciated as being highly relevant to the needs of most responders, in that it was seen to speak directly to them in a number of ways. It enabled them to identify their drinking behaviour as risk behaviour, and it provided a credible and realistic approach for reaching behaviour change goals. Moreover, in terms of tonality, it was seen to speak to them on their level.

> "*I thought the booklet was great. It tells you loads of interesting stuff and is really helpful.*" – (Responder)
>
> "*It was really good, everything I wanted really. It was also nicely laid out in different sections which all made sense.*" – (Responder)
>
> "*I'd wanted to find out more about units and the health risks, and it was all in there.*" – (Responder)
>
> "*I read the whole thing through the moment it arrived, and I now keep it handy to remind me not to overdo it.*" – (Responder)

Nevertheless, for influencers, who tended to have requested the booklet to help a dependent drinker, the booklet was something of a disappointment, as it was not

felt to be relevant for their required needs. It is likely that a more tailored script at the point of request, as well as the provision of relevant information about how they can help would manage their expectations and therefore avoid disappointment with the booklet.

> "*I got it for my brother-in-law, but I never gave it to him in the end. He is a really heavy drinker, and I just couldn't see him using this or it making a difference. I think he's one of those people that probably need proper help.*" – (Influencer Responder)

7.2. Usefulness of the booklet

Many elements of the booklet were felt to be useful. In particular, the following aspects of the booklet were commented upon as being the most appealing and useful:

- **Know your units:** The page illustrating the different drinks and their unit content was very appealing for everyone, as it helped them to better understand units and how many were in different drinks.
- **Which category are you? :** This section of the booklet was felt to be easy to digest and was very helpful in allowing readers to realise they were drinking too much.
- **Health risks:** The health risk section worked well to raise levels of concern and gave responders the reasons they needed to take action.
- **Think of some good reasons to change (Step 1):** This section of the reduction plan was particularly well received, as many could identify with a variety of aspects highlighted here, which provided motivation to help with their efforts towards behaviour change.
- **Know when you might slip up (Step 3):** This element of the booklet was seen to provide a realistic approach to making drinkers more conscious of their behaviour and habits. It also demonstrated an understanding of and empathy with those drinking at increasing risk or higher risk levels.
- **Plan for the times you might slip up (Step 4):** This enabled drinkers to think about and plan how they might go about reducing their drinking and served as an extra motivational factor within the booklet as a whole.

7.3. The booklet and behaviour change

Upon reading the booklet, most responders claimed to have experienced the requisite motivational push needed to encourage them to try and reduce their drinking.

A number of the responders had already embarked on the initial stages of their journey towards behaviour change at the time of being interviewed and had reduced their drinking having read the booklet. They claimed to be keeping the booklet 'handy' for encouragement and motivation and were determined to try and maintain their lower levels of drinking. Post research telephone calls revealed that some had succeeded in continuing with their reduced drinking,

although others had experienced varying degrees of success in this. No one, however, had given up with their quest to reduce their drinking.

> "*My husband doesn't really drink, but I would open a bottle of wine most nights. When I read this I was shocked at how many units that all was and actually now I've totally given up.*" – (Responder)

> "*I had actually started to cut down a bit before this arrived, but it has really helped me to think of my drinks as units and to try to stick to the limits.*" – (Responder)

> "*I have slipped up a couple of times, like they say you might do, but I'm still determined not to go back to what I was at before.*" – (Responder)

Other responders had not yet changed their drinking behaviour at the time of the research, although with the help of the booklet they were more consciously thinking about it and were confident that with time and further reinforcement, they would be likely to start to cut down.

For the majority, the focus for changing behaviour tended to be on manageable steps, rather than adopting a 'cure all' approach. However, some had actually stopped drinking completely, feeling that an 'all or nothing' approach worked best for them.

In this respect, the different risk categories were felt to provide manageable targets for people to reach, for example, higher risk drinkers initially aiming to reduce their drinking to levels within the increasing risk category.

It should be noted that those who had support from friends or family were more likely to continue to cut down, whereas an absence of further support had allowed others to slip back to their higher levels of drinking.

> "*I discovered I was in the higher risk category which was a worry, so my first step has been to get into the one below that to start off with.*" – (Responder)

> "*I was at higher risk, but now I'm in increasing risk and one day I might consider aiming for lower risk.*" – (Responder)

> "*With me it's all or nothing, and to be honest, I'm not really missing the booze, like anything, it was just a habit I got into.*" – (Responder)

> "*Because my husband doesn't really drink, I've actually not found it too difficult, and I know he's happier that I'm not drinking like I was. It's just the odd beer with him at weekends now.*" – (Responder)

In describing their approach to cutting down, it was evident that a number of approaches to reduced drinking had been adopted by responders. A few had taken quite a structured approach and were following the self-help plan. Most, however, used the plan as a guide and had adopted their own method for cutting down. Often this involved a combination of using tips from the booklet and keeping a mental record of their units' consumption, although some did keep their own written notes.

In terms of the strategies adopted for cutting down, some had cut down on their consumption across all their drinking occasions, whereas others had increased their number of alcohol free days, as they had found it difficult to cut down on the their usual amount when they were in a drinking situation.

Overall, most responders used the booklet by mentally ticking the requisite boxes and monitoring their progress in their minds, rather than filling out the booklet. This tended to be a function of their wanting to keep their record secret, or of being afraid to commit their thoughts or progress to paper in case they failed.

> "*I'm just not going out as much or popping round to the neighbours as much, because I know I'll be tempted, but when I do go out, I drink my usual amount, although I am a lot more conscious of it.*" – (Responder)
>
> "*I'm now pacing myself a lot more. I will now have a break and have a water rather than one drink after the other.*" – (Responder)
>
> "*The plan was good for getting you thinking about how to cut down…lots of useful tips which I do refer to. I have not been writing in the booklet though. I just mentally count my units and go right that's it for today.*" – (Responder)
>
> "*With me it just involves cutting down on that extra glass of wine most days and then I'm close to their recommended limits. I can do that quite easily, I don't need a plan.*" – (Responder)
>
> "*I set some goals in my head, but I didn't write them down just in case.*" – (Responder)

It should finally be mentioned, that a number of responders had failed to notice the Units Tracker section. This seemed to be a function of the fact that it felt 'hidden' at the back of the booklet and the reference to it with the body of the booklet was often overlooked.

7.4. Areas for improvement

Whilst attitudes towards the booklet were, on the whole, very positive, there were a few areas of disappointment for some of the responders. This tended to centre on the health risk information, which was felt by some to under deliver. They had expected the booklet to act as an even stronger motivational tool by providing more hard-hitting health risk content to motivate them.

Essentially, these people had expected and were looking for more information about the health risks in terms of the details of the damage being done, and how alcohol caused this. For example, with cirrhosis of the liver, few understood what this actually meant, and had expected more information on this. There were also those who had been intrigued by the general health message mentioning 'sixty medical conditions', but felt that the booklet failed to highlight these sixty conditions. Others felt that the risks highlighted in the booklet needed to be brought to life more, via graphic visual imagery.

> "*To be honest, I thought there would be more about the risks so that I would think I really needed to cut down… maybe they could put in some images of livers like they do with lungs for smoking.*" – (Responder)

> "*It could do with explaining things a bit more, like why would alcohol give you breast cancer.*" – (Responder)

> "*I have heard of liver cirrhosis, but I'm not sure what it is. I think they should explain a bit more about it, like what actually happens with the liver if you have cirrhosis.*" – (Responder)

> "*In the leaflet, it mentions these 60 conditions, and says it again in the booklet, but it only tells you the more serious ones, they could have a list of them all somewhere.*" – (Responder)

Finally, there were those who felt that the 'softer risks' or symptoms such as weight gain and feeling tired or depressed needed to be emphasised as much as the harder hitting health messages. This was generally because they could more easily identify with these consequences of alcohol consumption and as such, highlighting these would provide that extra motivational push to encourage them to reduce their drinking levels.

Another criticism amongst some responders was in relation to the provision of the Units information. Some felt that the absence of a specific drink from the drinks given, removed their ability to accurately make their drinking calculations, which they felt could lead to inaccurate assumptions. The specific drinks mentioned as missing from the list, but which were nevertheless being consumed by quite a number of the participants, included small bottles of beer, cans of cider, different strength ciders, cans of stronger lager and Guinness.

"*This page with all the drinks and the units is great, but my drink isn't on here – I had to guess how much my cider would be. I'm not sure if I am right so I might be drinking too much still.*" – (Responder)

There was also some confusion around the size of measures, as few, especially if drinking off-trade, knew exactly what measures they were pouring themselves. In the home context, terms like single or double could be meaningless. Consequently, some were surprised and often confused as to the comparatively lower unit content of spirits drinks in the visuals, and could feel this was encouraging a switch from beer, wine or cider to spirits drinking; they were quite negative in their reactions to this.

"*How big is a measure? Does it depend on the drink? Is it a splash or half bottle? I don't know?!*" – (Non-responder)

"*So this is saying that spirits are better than lager?! I don't believe that, no way is someone who drinks half a bottle of vodka better than me drinking a few pints of lager."* – (Non-responder)

It should finally be noted, that the '*Just Remember*' block in the 'know your units' section, which helped to explain measures in a little more detail, was often overlooked.

7.5. The booklet and non-responders

Non-responders were shown the booklet to look over towards the end of the mini group sessions, and found it to be a lot more relevant than they had anticipated from having looked at the acquisition materials. This was a function of the fact that the booklet and its' structure, began to take them on the requisite journey towards considering behaviour change. The title felt non-threatening with the promise of educative information, and the booklet lived up to this promise. Firstly, it educated this audience about units, around which there was a lot of uncertainty, confusion and a lack of awareness, and this began to put their drinking within a framework of risk. Secondly, it served to start to raise their levels of consciousness with respect to harmful drinking, steering them on the journey towards concern about drinking at their current levels.

"*Now I've seen the booklet, I think it's really good. It makes a lot of sense and I'm thinking now maybe I should be reading this.*" – (Non-responder)

"I didn't think I drank that much but looking in here it seems like I am in the higher risk category, that's worrying, maybe I should start thinking about this more." – (Non-responder)

"*I like the booklet. I like the title and the way it shows different drinks. 'You and your drinking' is not trying to scare anyone, it's just giving the facts, it makes it sound interesting.*" – (Non-responder)

> "*The page with the units is really good. It's quite surprising some of that. They could have had that as the front page for the advertising stuff, that would have made it clear what it was about.*" – (Non-responder)

In reviewing the acquisition materials in the light of having seen the booklet, non-responders felt that the acquisition materials should mirror the journey mapped out in the booklet, albeit in a much briefer form. They felt that jumping in too soon with hard health messages (cirrhosis and cancer) as in some of the acquisition materials, was distancing, and believed they needed to be gently guided towards this type of information in the way that was successfully managed by the booklet.

> "*I like the way it goes through things step by step. It tells you about the different units and different drinks, then it lets you find out which category you are in, and that diagram is much easier to understand. Then you can read about the different risks.*" – (Non-responder)

> "*That leads you quite subtly into it in a way. It doesn't shout at you like with some of those leaflets. I have found that now I have got to this bit, I'm actually quite interested to read about the risks.*" – (Non-responder)

Overall non-responders' reactions to the booklet reflected the most positive responses of responders. They particularly liked the drinks and units page and the easy to digest units/ risk level guide. However, similarly to the responders, they felt that some of the health risks could be demonstrated more graphically.

8. Conclusions and directions for moving the Campaign forward

8.1. Overview of key implications from the research

This research was commissioned as part of a broad programme designed to evaluate the acquisition campaign pilot in the North West of England. The other key component of the evaluation was an analysis of response data from the COI Artemis system, which gathered and analysed data according to channel, audience and message.

The Artemis data revealed a relatively modest response rate to the acquisition materials, and our research helped to explain the reasons for this by demonstrating that in order for people to respond to the acquisition materials, they needed to have already embarked on a journey towards wanting to change their drinking behaviour. The findings suggested that the wider Know Your Limits communications strategy was starting to have some effect on some of the target audiences' consciousness around drinking behaviour, which in turn had served to drive these people along a journey of curiosity and concern to an actual willingness to change their drinking behaviour.

Essentially, the research highlighted how responders to the acquisition campaign had far greater levels of awareness in terms of the media coverage and advertising around 'harmful drinking'. Moreover, this had served to raise their levels of consciousness around their own drinking behaviours, and made them both curious to find out more, and at the same time, concerned about how their drinking might be affecting their health. As a consequence of this, many had reached a stage where they had been considering behaviour change when the acquisition campaign launched. This was not the case amongst the non-responders, for whom the wider Know Your Limits campaign had not, as yet, really made an impact, indicating that more time is still required for an acquisition campaign to have relevance for this audience.

It was apparent that in these early stages of raising awareness around the issue, the acquisition materials would need to work incredibly hard to not only motivate people to request the booklet, but also to raise their awareness as to why they might need it. Whilst the acquisition materials can be developed to more strongly meet this requirement, they may be unlikely to be as effective as hoped until the wider campaign has had more time to filter through and more people have moved along the journey towards a willingness to change their behaviour.

8.2. Specific developments for the acquisition materials

There were some clear indications as to how the acquisition campaign could be developed in moving forward.

In terms of media targeting, the findings suggested that the media strategy should lead with the more easily digestible two-sided press insert and door drop

formats, with consideration given to de-prioritising the direct mail which suffered from a number of complexity issues.

With respect to the materials themselves, the research illustrated how relevant visual cues provided a strong short cut to the call to action and these should be prioritised within the materials. The lead risk message should be the 'general health' message, which had worked well to raise consciousness and curiosity. However, this should be supported by more hard-hitting specific health risk messages (cancer and cirrhosis), within the body of the materials and in the booklet.

The research also highlighted a clear need to simplify the quantity of written information to make the materials less overwhelming and easier to digest. The use of bullet points could help in this respect. Furthermore, the way in which the units guide is presented needs re-consideration, in order to better aid comprehension and relevance. In this respect, it is worth considering how to reduce and clarify the amount of different but corresponding numbers and communication points. However, it should be mentioned that these aspects of the guide might become clearer over time and once the wider Know Your Limits campaign has become more embedded.

The research also demonstrated that the flow of information needs to capture people's attention and then take them quickly, easily and obviously to the call to action. At present, the amount of information detracts from the flow. Drinkers' potential curiosity with respect to units needs to serve as an initial hook, reinforced by succinct messages about consequential health risk categories and implications, with a clear statement referencing the booklet as an avenue for finding out more. Indeed, the materials need to position the booklet not only as a tool for cutting down, but also as a source for more information and advice about the effects of regular drinking in order to maximise the effectiveness of the call to action.

A further recommendation from the research would be to ensure that the language and tonality does not exclude or alienate some audiences; it needs to reflect the broadest target audience. In this respect, attention needs to be paid to phrases such as '*a few drinks after work or a couple of glasses of wine with dinner*', which proved distancing for lower SEGs.

In terms of response channels, the findings showed that that drinking questionnaire, and in particular some of the questions, could deter some people from responding and that the questionnaire could benefit from being provided as optional. The call to action hyperlink on the website could also benefit from being more obvious.

8.3. Specific guidelines for the booklet development

The research provided a number of suggestions for the development of the booklet. Firstly, drinkers wanted to have more detail around the health risks, to further motivate them towards changing their drinking behaviour i.e. visual images/ diagrams and greater explanation around some of the diseases (e.g. cirrhosis of the liver).

There were also requests for more emphasis on the 'softer' side effects of regular drinking i.e. depression, tiredness, weight gain, which served as identifiable hooks that drinkers could easily match with their current experiences of drinking at higher levels.

It was also evident that the inclusion of an exhaustive list of drinks and their unit levels would help to avoid potential de-selection or inaccurate calculation, which was a key criticism levelled against the booklet by both a number of responders and non-responders. However, this may need to be included as a supplement to the highly visual drinks/units page currently given, as the current impact and layout was very well received.

Finally, consideration should be given to better signposting the Units Tracker within the 6 steps and making it more visible, as this was often missed.

APPENDIX 1 – Responder (pilot area) discussion guide

Project Twist:

Evaluation of alcohol self-help pilot – the journey, acquisition materials and self-help booklet

Responder Depth Interview Discussion Guide

1.5hr

Moderators will need to take with them:
Discussion Guide
Copies of acquisition materials and self-help booklet
Incentives
Dictaphone

October 2008

Introduction and welcome (5 minutes)

- *Welcome and thank respondents for their time and agreeing to be part of this research*
- *Explain confidentiality*
- *Remind & reassure about our role as researchers and the research process (confidentiality, impartiality, not there to judge peoples' lives / drinking behaviour)*
- *Introduce research project: DH are currently running a pilot phase in the NW to encourage people to request the 'Your Drinking and You' booklet. They would like to understand how the materials (acquisition and booklet) are working and the journey people go on – so that they can make any necessary developments in time for the national role out*
- *Tell them that they have been invited to take part in the research because they have requested the booklet*
- *Reassure them that we are impartial researchers, there are no right or wrong answers (i.e. we do not expect them to have reduced their levels of drinking) and that it is really important to us that they give us their honest opinions and account of their journey*
- *Thank respondent for completing their homework task, and let them know they can refer to this during the interview to prompt their memory if they wish*

- Respondents to introduce themselves: name, a brief description of their life at the moment, nature of work, living situation, how they spend their free time etc.

Drinking habits and attitudes (20 minutes)

During this conversation, please try and evaluate which drinking typology the respondent falls into:

- *Boredom, Hedonistic, Conformist, De-stress, Macho, Depressed, Border-dependant, Re-bonding, Community*

- Where do they usually drink alcohol?
  - At home, the pub, friends' houses?
- When do they drink alcohol?
  - Specific times or occasions during the week?
- How often do they drink in a week?
- What do they drink?
  - What is their drink of choice?
  - Do they have a repertoire? If so, what and why? (e.g. different people, occasions, drinking locations)
- Do they tend to drink with other people or alone? Who? Why?
- What are all the different reasons they drink alcohol? (e.g. stress relief, relaxation, having a good time, habit, something to do, other)
  - Of these, which is their main reason?
- Do they ever drink more than they intend to do so?
  - In what kind of situations?
  - How often does this happen?
- On average how many units did they drink a day / week:
  - Before receiving the promotional materials for the booklet
  - After receiving the promotional materials for the booklet / before receiving the booklet
  - After receiving the booklet
  - Last week
- What (if any) impact has the campaign had on their drinking behaviour?
  - Explore impact of the promotional materials for the booklet
  - Explore impact of booklet
- How do they feel about the amount they drink each week / day nowadays?
  - Are they worried? Not worried?
  - What has made them feel this way (probe promotional materials for the booklet, booklet etc.)
- How did they feel about the amount they were drinking:
  - Before receiving the promotional materials for the booklet
  - After receiving promotional materials for the booklet / before receiving the booklet
  - After receiving the booklet
- Do they think they drink / drank to levels referred to as 'riskier' levels? Why?
- What impact has the campaign had on their awareness of risk levels (lower risk, increasing risk and higher risk)?
  - Would they have considered themselves to drink to more risky levels prior to the campaign? Why / why not?

    - Do they consider themselves to drink to increasing or higher risk levels now? Why?
- What (if any) are their concerns about their level of drinking?
    - Probe health risks, financial, social, behavioural etc.
    - Listen out for acquisition messages (general health, liver, cancer and heart)
    - Where have these concerns come from?
- What impact has the campaign had on their awareness of the risks associated to harmful drinking?
    - Which risks were new?
    - Which risks were they more aware of?

Detailed exploration – acquisition materials (20 minutes)

Ask them to cast their minds back to when they received the promotional materials for the booklet

- Which promotional materials for the booklet do they recall seeing?
    - (Do not probe) channels: direct mail, press insert, door drop, email, units TV campaign
- (If multiple channels) which materials prompted them to request the booklet?
- Spontaneous reaction to materials they received

Moderator to show respondent all acquisition materials (DM, press insert, door drop, email) Rotate order across groups. Ensure to cover all 3 messages.

- When prompted, do they recall seeing other promotional materials for the booklet (from other channels)? If so, which?

For acquisition materials they recall receiving explore:

- Visualisation task – respondent to close their eyes and think back to when they received the promotional materials for the booklet. Ask them to recall: where they were, what they were doing, how they were feeling etc.
- What were their first impressions of the materials?
    - Positive and negative
    - Overall, what did they think the materials were for?
- What did they do with the materials?
    - Did they read it straight away, keep for later etc.
- What prompted them to read the materials?
    - If DM – what prompted them to open the envelope?
- How much of the materials did they read? Why?
- What stood out the most / least? Why?
- Which key phrases, words or images caught their attention?
- Who did they think the materials were aimed at?
    - Did they seem relevant to them? Why / why not?
- Do they think the information is credible?
    - Is does it have the right tone of voice? Why / why not?

- How did the promotional materials for the booklet make them feel?
    - How did it make them feel about their drinking levels?
- What did they do once they had read the materials?
- Did they share them with anyone else? If so, who and why? If not, why not?
- When did they decide to request the booklet (i.e. was it immediate, more considered) etc.
- Why did they request the booklet? Role of influencers/detractors if relevant
- What were their expectations (needs) from requesting the booklet?
    - What did they think it would be like?
    - What did they think it would contain?
    - What did they think the benefits of having it would be?
    - What impact did they think it would have on their drinking levels?
- Did the promotional materials for the booklet influence their attitude or behaviour? How?
- Did anything about the materials turn them off? What? Why?
- How do they think the promotional materials for the booklet could be improved / developed to encourage people to enquire about the booklet?
    - Probe tone of voice, language, imagery, content etc.
    - Anything that needs to be changed? What? How?

Detailed exploration – response channel (15 minutes)

Ask them to cast their minds back to when they requested the booklet

- When did they request the booklet?
- How did they request the booklet (website, helpline, coupon)? Why?
- Advantages and disadvantages of channel used and any others considered
- Ask respondent to recall the process they went through to request the booklet *(for online prompt with stimulus)*
    - Prompt: what happened first, and then etc.
- What do they think about each element of the process?
    - What was good vs. not so good?
- Were there any difficulties? If so, what?

For online and helpline:

- Did they do the drinks unit calculator? If not, why not?
    - How did this exercise make them feel?
    - How did they feel about the information (i.e. their risk level) they were given?

All

- What impact did requesting the booklet have on their attitudes and behaviour (before they received it – did they start thinking about their drinking differently etc)?
- How do they think the process of requesting the booklet could be improved / developed?
    - Probe tone of voice, language, imagery, content etc.

Detailed exploration – booklet (25 minutes)

- Spontaneous reactions / first thoughts & associations?
- Ask them to tell us about what happened when the booklet arrived:
    - When did they read it? (Have they read it?)
    - Did they read it all at once?
    - What did they read first?
    - Are there bits they didn't read at first? Which bits and why?
- Did they think the booklet was relevant to people like them? Why / why not?
- How did the booklet compare with their expectations?
    - What was better? Why?
    - What was not as good as they expected? Why?
- How did they plan to use the booklet after they first received it?
- What did they like / dislike about the booklet?
- How have they used the booklet?
    - How many times have they read it? When and where etc?
    - To what level have they read the information?
    - Have they completed the tasks?
    - Where do they keep it?
    - Do they refer to it?
- What were the drivers and barriers to using it? Why?
- What was the experience of reading the booklet?
- How did they feel when reading the booklet?
    - For the first time, other times?
    - Positive and negative thoughts, feelings and emotions
- Have they found the booklet useful?
    - What has been the most useful? Probe on the targets and specific tasks (e.g. setting goals, overcoming challenges)
    - What has been the least useful?
- Did they do the drinks calculator? Why?
    - Do they agree with their drinking level categorisation? Why?
    - How do they feel about this?
- What impact has the booklet had on their attitudes and drinking behaviour?
    - Have they reduced their drinking levels?
    - How much do they drink now?
- What targets did they / have they set themselves? How do they feel about these
- How have they implemented behaviour change?
    - What factors impacted / inhibited behaviour change? Why?
    - What encouraged behaviour change? (Including role of strategies adopted, influencers/detractors etc – did they speak to anyone about the booklet or work on it together in anyway)
- How do they plan to use the booklet in the future?
- What are their expectations from the booklet in the long term?
- How long do they think they will use the booklet for? Why?

    - When and why do they think they will stop using the booklet?
- Would they recommend it to others?
- How do they think the booklet could be improved / developed?
    - Probe tone of voice, language, imagery, content etc.

- What other types of support & information would they want to receive now?
    - Probe the specific type / format / source of information
    - Are they aware of any existing information or support of this kind?

Summary (5 minutes)

- Overall impact of the materials
- What developments would they like to see for the national role out (promotional materials, process of requesting and booklet itself)?
- Are they happy to take part in the follow up telephone interview?

Thank and close

APPENDIX 2 – Responder pre-task

My homework task

My name……. My Age…… Town I live in……..

Hello & thank you! for agreeing to take part in our research project.

Let us introduce ourselves…we are 2CV, an independent research agency and we have been asked to conduct research with people who have requested the 'Your Drinking and You' booklet. We will be researching your views on the way you found out about and requested the booklet to understand how this can be improved.

Before we come and meet you in person, we would really appreciate it if you could spend some time answering some questions. Don't worry, this is not a test! It's just designed to get you thinking about how you found out about the booklet and what it was like to request it.

Please try to complete the questions as best you can. This means writing as much as you can for each question before we come & meet you. We will be paying you extra money for completing this task.

If you have any questions about this please don't hesitate to contact Caroline on 0207 655 9900 and we will be happy to talk you through it.

Good luck with this task & we look forward to meeting you soon!

How I found out about the 'Your Drinking and You' booklet:

Please tell us about how you found out about the booklet (i.e. was it a leaflet / letter / email / advert / etc.?, where were you when you saw this? etc.)

……
……
……
……
……

Overall what did you think about the materials (i.e. leaflet / letter / email etc.) that told you about the booklet? What did you like / dislike? etc.

……
……
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……
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……

What stood out to you and caught your attention (i.e. were there any particular words, sentences or thoughts that caught your attention)? Why?

……
……
……
……
……
……

Who did you think the materials were aimed at (i.e. age, gender, lifestyle, drinking habits etc.)? Why?

……
……
……
……
……

Why did you decided to request the booklet?

……
……
……
……
……

What were your expectation of the booklet? (i.e. what did you expect the booklet to be about? what did you think the booklet would include? what did you think you would do with the booklet?)

……
……
……
……
……

How do you think the materials could be improved to encourage people to read them and go on to request the booklet?

……
……
……
……
……

<u>How I requested the 'Your Drinking and You' booklet:</u>

How did you request the booklet (i.e. helpline, website, email, coupon, etc.)? Why?

……
……
……

Overall how did you find the process of requesting the booklet in this way? What did you like / dislike? etc.

……
……
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……

How do you think requesting the booklet in this way could be improved?

……
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……

Thank you for completing these questions! We look forward to meeting you

APPENDIX 3 – Responder (outside the pilot area) discussion guide

Project Twist:

Evaluation of alcohol self-help pilot – the journey, acquisition materials and self-help booklet

Influencer / Responder (outside pilot area) Depth Interview Discussion Guide

1hr

Moderators will require:
Discussion Guide
Copies of acquisition materials and self-help booklet

(Respondents will have a set of the acquisition materials)

October 2008

Introduction and welcome (5 minutes)

- *Welcome and thank respondents for their time and agreeing to be part of this research*
- *Explain confidentiality*
- *Remind & reassure about our role as researchers and the research process (confidentiality, impartiality, not there to judge peoples' lives / drinking behaviour)*
- *Introduce research project: DH are soon to role out a national campaign for the 'You and Your Drinking' booklet and want to understand the experience of those who have requested it so far.*
- *Tell them that they have been invited to take part in the research because they have requested the booklet*
- *Reassure them that we are impartial researchers, there are no right or wrong answers (i.e. we do not expect them to have reduced their levels of drinking) and that it is really important to us that they give us their honest opinions and account of their journey*
- *Thank respondent for completing their homework task, and let them know they can refer to this during the interview to prompt their memory if they wish*

- Respondents to introduce themselves: name, a brief description of their life at the moment, nature of work, living situation, how they spend their free time etc.

Drinking habits and attitudes (10 minutes)

During this conversation, please try and evaluate which drinking typology the respondent falls into (for Influencer interviews – the typology the person the booklet was requested for):

- *Boredom, Hedonistic, Conformist, De-stress, Macho, Depressed, Border-dependant, Re-bonding, Community*

- Where do they usually drink alcohol?
  - At home, the pub, friends' houses?
- When do they drink alcohol?
  - Specific times or occasions during the week?
- How often do they drink in a week?
- What do they drink?
  - What is their drink of choice?
  - Do they have a repertoire? If so, what and why? (e.g. different people, occasions, drinking locations)
- Do they tend to drink with other people or alone? Who? Why?
- What are all the different reasons they drink alcohol? (e.g. stress relief, relaxation, having a good time, habit, something to do, other)
  - Of these, which is their main reason?
- Do they ever drink more than they intend to do so?
  - In what kind of situations?
  - How often does this happen?
- On average how many units did they drink a week:
  - Before receiving the booklet
  - After receiving the booklet
  - Last week
- What (if any) impact has the campaign had on their drinking behaviour?
  - Explore impact of the source that informed them about the booklet
  - Explore impact of booklet
- How do they feel about the amount they drink each week / day nowadays?
  - Are they worried? Not worried?
  - What has made them feel this way (probe the source that informed them about the booklet, booklet etc.)
- How did they feel about the amount they were drinking:
  - Before receiving the booklet
  - After receiving the booklet
- Do they think they drink / drank to levels referred to as 'riskier' levels? Why?
- What impact has the campaign had on their awareness of risk levels (lower risk, increasing risk and higher risk)?
  - Would they have considered themselves to drink to more risky levels prior to the campaign? Why / why not?
  - Do they consider themselves to drink to increasing or higher risk levels now? Why?
- What (if any) are their concerns about their level of drinking?

    - Probe health risks, financial, social, behavioural etc.
    - Listen out for acquisition messages (general health, liver, cancer and heart)
    - Where have these concerns come from?
- What impact has the campaign had on their awareness of the risks associated to harmful drinking?
    - Which risks were new?
    - Which risks were they more aware of?

Influencers – For the person/people they also requested the booklet for, probe:

- Who did they request the booklet for?
- What relationship do they have with them?
- Do they drink with them? If so how often?
- Why did they request it for this person?
- What were their concerns over this persons drinking?
- How did they think they might benefit?
- Did they think the other person would be receptive to their intervention?

Also ask above questions, answering for the person they requested the booklet for

Detailed exploration – learning about the booklet (10 minutes)

- How did they learn about the booklet?
    - Had they heard about it from others, on the website anyway, called drinkline for another reason, Units TV campaign etc.
- Ask them to describe the source in as much detail as possible.

If they saw promotional material, ask them to look at the materials we have sent them (i.e. acquisition materials) to see if it was any of these:

- Had they seen promotional materials for the booklet?
- If so, which (direct mail, press insert, door drop, email, units TV campaign)?
- How did they come across these? Where did they get them from?

For the way they found out about the booklet, explore:

- What did this source tell them about the booklet?
- What did they like the most and least about the source?
- What stood out the most / least? Why?
- Which key phrases, words or images caught their attention?
- Who did they think the booklet was aimed based on this source?
    - Did they seem relevant to them? Why / why not?
- Did they think the source was credible?
- How did learning about the booklet make them feel?
    - How did it make them feel about their drinking levels?

- Did they tell anyone else about the booklet? If so, who and why? If not, why not?
- When did they decide to request the booklet (i.e. was it immediate, more considered) etc.
- Why did they request the booklet? Role of influencers/detractors if relevant
- What were their expectations (needs) from requesting the booklet?
    - What did they think it would be like?
    - What did they think it would contain?
    - What did they think the benefits of having it would be?
    - What impact did they think it would have on their drinking levels?
- Did applying for the booklet influence their attitude or behaviour? How?
- Did anything about the materials turn them off? What? Why?
- How do they think the sources that informed them about the booklet could be improved / developed to encourage people to enquire about the booklet?
    - Probe tone of voice, language, imagery, content etc.
    - Anything that needs to be changed? What? How?

Influencers – For the person/people they also requested the booklet for, probe:

- Did they show or discuss the sources that told them about the booklet with the other person? Why?
- If so, how did they respond – positive/negative/ambivalent?
- Were they involved in your final decision to request them?

If so, repeat above (relevant) questions for the person they request it for (respondent to answer from their perspective, and if possible based on their knowledge of the other person's response)

- Why do they think the other person did not request if for themselves?

Detailed exploration – response channel (10 minutes)

Ask them to cast their minds back to when they requested the booklet

- When did they request the booklet?
- How did they request the booklet (website, helpline, coupon)? Why?
- Advantages and disadvantages of channel used and any others considered
- Ask respondent to recall the process they went through to request the booklet *(for online prompt with stimulus)*
    - Prompt: what happened first, and then etc.
- What do they think about each element of the process?
    - What was good vs. not so good?
- Were there any difficulties? If so, what?

For online and helpline:

- Did they do the drinks unit calculator? If not, why not?
    - How did this exercise make them feel?
    - How did they feel about the information (i.e. their risk level) they were given?

All

- What impact did requesting the booklet have on their attitudes and behaviour (before they received it – did they start thinking about their drinking differently etc)?
- How do they think the process of requesting the booklet could be improved / developed?
    - Probe tone of voice, language, imagery, content etc.

Detailed exploration – booklet (15 minutes)

N.B Influencers to answer the questions based on their perceptions, and if possible based on their knowledge of the other person's response. Please note there may be some questions they are unable to answer (i.e. if they have not discussed the booklet with the other person, have not seen the person since etc.)

- Spontaneous reactions / first thoughts & associations?
- Ask them to tell us about what happened when the booklet arrived:
    - When did they read it? (Have they read it?)
    - Influencers – When did they give it to the other person? Why?
    - Did they read it all at once?
    - What did they read first?
    - Are there bits they didn't read at first? Which bits and why?
- Influencers
    - What role have they played in this journey? How involved have they been with the other person reading/using the booklet?
    - How did the person they requested it for respond to the fact you had requested it – were they receptive/negative/ambivalent?

    - Did you discuss the booklet at all – if yes, what did the person think/do/say?
    - Do you know if they have used it or not and whether they have attempted to change their behaviour?

- Did they think the booklet was relevant to people like them / the person they requested it for? Why / why not?
- How did the booklet compare with their expectations?
    - What was better? Why?
    - What was not as good as they expected? Why?
- How did they plan to use the booklet after they first received it?
- What did they like / dislike about the booklet?
- How have they used the booklet?
    - How many times have they read it? When and where etc?
    - To what level have they read the information?
    - Have they completed the tasks?
    - Where do they keep it?
    - Do they refer to it?
- What were the drivers and barriers to using it? Why?
- What was the experience of reading the booklet?
- How did they feel when reading the booklet?
    - For the first time, other times?
    - Positive and negative thoughts, feelings and emotions
- Have they found the booklet useful?
    - What has been the most useful? Probe on the targets and specific tasks (e.g. setting goals, overcoming challenges)
    - What has been the least useful?
- Did they do the drinks calculator? Why?
    - Do they agree with their drinking level categorisation? Why?
    - How do they feel about this?
- What impact has the booklet had on their attitudes and drinking behaviour?
    - Have they reduced their drinking levels?
    - How much do they drink now?
- What targets did they / have they set themselves? How do they feel about these
- How have they implemented behaviour change?
    - What factors impacted / inhibited behaviour change? Why?
    - What encouraged behaviour change? (Including role of strategies adopted, influencers/detractors etc – did they speak to anyone about the booklet or work on it together in anyway)
- How do they plan to use the booklet in the future?
- What are their expectations from the booklet in the long term?
- How long do they think they will use the booklet for? Why?
    - When and why do they think they will stop using the booklet?
- Would they recommend it to others?

- How do they think the booklet could be improved / developed?
    - Probe tone of voice, language, imagery, content etc.

- What other types of support & information would they want to receive now?
    - Influencers – what additional support do they think the other person needs now? As an influencer, what support do they need now?
    - Probe the specific type / format / source of information
    - Are they aware of any existing information or support of this kind?

Thoughts on the acquisition materials (5 minutes)

Ask them to look at the acquisition materials

- Overall thoughts and feelings?
- What stands out the most / least? Why?
- Which key phrases, words or images catch their attention?
- Who do they think the booklet was aimed based on this source?
- Is it relevant to them?
- Do they think the source was credible?
- How does this make them feel about the booklet?
- Do they think they would have requested the booklet if was how they learnt about it? why? Why not?
- What would be their expectations about the booklet based on these materials?
- Explore impact of the 3 messages – which is the most effective & why?
- How do they think the promotional materials for the booklet could be improved / developed to encourage people to enquire about the booklet?
    - Probe tone of voice, language, imagery, content etc.
    - Anything that needs to be changed? What? How?

Thank and close

APPENDIX 4 – Non-responder discussion guide

Project Twist:

Evaluation of alcohol self-help pilot – the journey, acquisition materials and self-help booklet

Non-Responders Mini Group Discussion Guide

2hrs

Moderators will require:
Discussion Guide
Copies of acquisition materials and self-help booklet
Dictaphone
Incentives

November 2008

Introduction and welcome (10 minutes)

- *Welcome and thank respondents for their time and agreeing to be part of this research*
- *Explain confidentiality*
- *Remind & reassure about our role as researchers and the research process (confidentiality, impartiality, not there to judge peoples' lives / drinking behaviour)*
- *Introduce research project: DH are soon to role out a national campaign for the 'You and Your Drinking' booklet and want to understand why some people have requested it and why some haven't*
- *Tell them that they have been invited to take part in the research because they either did not / would not request the booklet (either for real or hypothetically)*
- *Reassure them that we are impartial researchers, there are no right or wrong answers (*

Warm-up

- Respondents to introduce themselves: name, a brief description of their life at the moment, nature of work, living situation, how they spend their free time etc.
- Favourite alcoholic drink

Drinking habits and attitudes (15 minutes)

Explain that we initially want to get some background in their drinking repertoire, attitudes and behaviour.

During this conversation, please try and evaluate which drinking typology each respondent falls into:

- *Boredom, Hedonistic, Conformist, De-stress, Macho, Depressed, Border-dependant, Re-bonding, Community*

- What do they drink?
  - What is their drink of choice?
  - Do they have a repertoire? If so, what and why? (e.g. different people, occasions, drinking locations)
- Where do they usually drink alcohol?
  - At home, the pub, friends' houses?
- When do they drink alcohol?
  - Specific times or occasions during the week?
- How often do they drink in a week?
- Do they tend to drink with other people or alone? Who? Why?
- What are all the different reasons they drink alcohol? (e.g. stress relief, relaxation, having a good time, habit, something to do, other)
  - Of these, which is their main reason?
- Do they ever drink more than they intend to do so?
  - In what kind of situations?
  - How often does this happen?
- On average how many units do they think they drink a week:
- What do they know about units?
- How do they feel about the amount they drink each week / day nowadays?
  - Are they worried? Not worried?
  - What has made them feel this way
- What (if any) are their concerns about their level of drinking?
  - Probe health risks, financial, social, behavioural etc.
  - Where have these concerns come from?

Detailed exploration – non-response to acquisition materials (15 minutes)

Explain various materials promoting a booklet 'You and Your drinking' were distributed in the North West area. We've spoken to people who saw these and sent off for the booklet. And we're now talking to people who either did see them and did not respond, or who hypothetically would not have responded had they seen them

Show board for each type of acquisition approach (lead with DM across all triads - rotate order of DD and PI across groups)

- *Direct Mail*
- *Door Drop*
- *Press Insert*

For each:

- Do they recall seeing this?
- Levels of recall
- Do they recall receiving an email about the booklet?
- Spontaneous comments about the materials as they get shown
    - Including stand out, target audience etc.
- Do they recall seeing any advertising to do with the units / drink awareness
    - Spontaneous thoughts and feelings about anything recalled
    - Perceived target audience

For those who recall seeing the promotional (acquisition) materials:

- What did they do on receipt of or on seeing the materials?
- Why? Probe in detail
- Why did they decide not to respond to the materials?
    - Probe in detail, including message, images, tone, information, any influencers or detractors etc.

For those who do not recall seeing the promotional (acquisition) materials:

- Probe if, as could be the case, they did happen to get such materials but just cant recall them?
- What do they think they did or could have done with them?
    - Probe behaviours and reasons for behaviour
- Why do they think the materials didn't make an impact on them?
    - Probe visuals, communication, perceived target, relevance etc.

Allow respondents to spend some time looking at the materials (and messages) in detail

For each set of materials, explore:

- Spontaneous thoughts and feelings?
- What do they like the most and least about it?

- What stands out the most / least? Why?
- How much of the source did they / would they be likely to read?
    - Did they read all of it? Certain bits?
- Which key phrases, words or images catch their attention (listen out for the message being replayed)?
- Explore in depth the units calculation table, categorisation and generals communications
- What do they think about the amount and type of information?
    - Is there too much, too little, about right?
- Who do they think the booklet is aimed based on this source?
    - Do they seem relevant to them? Why / why not?
- Do they think the source is credible?
- How does learning about the booklet make them feel?
    - How does it make them feel about their drinking levels?
- Would they tell anyone else about the booklet? Who and why? If not, why?
- How do they think the materials could be improved / developed to encourage people like them to enquire about the booklet?
    - Probe tone of voice, language, imagery, content etc.
    - Anything else that needs to be changed? What? How?

Detailed exploration – the 3 messages (40 minutes)

Explain that there are 3 different messages DH are considering – show respondents the 3 messages

- Spontaneous thoughts and feelings to each?
- Likes and dislikes

Explore each message in detail

- Spontaneous thoughts and feelings
- What does the message communicate to them?
- What do they like and dislike about the message?
- How does the message make them feel?
    - Is this feeling positive or negative?
    - How does this feeling make them want to behaviour / react to the message / affect call to action?
- Do they think the message has the right tone?
    - Is it too hard hitting? Too soft? Why?
- What tone do they think would be the most effective? Why?
- What are their expectations of the booklet based on the message?
    - What do they think it would be like?
    - What do they think it would contain?
    - What do they think the benefits of having it would be?
    - What impact do they think it would have on their drinking levels?
- Does anything about the message turn them off? What? Why?

For all 3 messages together:

- Which has the most impact / arouses curiosity etc. why?
- Which message would most likely encourage them to request the booklet?
- Which has the least impact? Why?
- Do any of the messages discourage them from requesting the booklet? Why?
- What other types of messages do they think could be used to grab their attention?
    - What would work for them? Why?
    - *Potential probes* – shocking and surprising messages, messages about the amount they drink (units) i.e. it all adds up / how much do you drink?, hard hitting health messages, new news, the 'plague' of our era, stats, non-health messages
- How do they think the messages could be improved / developed to encourage people like them to enquire about the booklet?

Detailed exploration – response channel (10 minutes)

- Which response channels are they aware of from the promotional materials?
    - If not mention, explain the different channels: coupon, telephone, website
- If they were to request the booklet, which channel would they most likely use? Why?
- Advantages and disadvantages of each channel
- What do they think each element of the process would be like?
- Do they perceive any difficulties? If so, what?

Explain the drinks calculator for online and helpline (show the boards for online)

- Would they do the drinks unit calculator? If not, why not?
- How do they think the overall process of requesting the booklet could be improved / developed?

Detailed exploration – booklet (15 minutes)

Explain that we would now like them to have a quick look at the booklet. Allow respondents time to get to know the booklet

- Spontaneous reactions / first thoughts & associations?
- Likes and dislikes
- What stood out?
- Do they think the booklet is relevant to people like them? Why / why not?
- Who do they think is the target audience?
- How does the booklet compare with their expectations from the promotional materials?
    - What was better? Why?

    - What was not as good as they expected? Why?
- How did they feel when reading the booklet?
    - Positive and negative thoughts, feelings and emotions
- Do they think having a booklet like this would benefit them? How? Why?
- How might they use the booklet?
- What are the drivers and barriers to using it? Why?
- Might they find the booklet useful?
    - What in particular? E.g. sections, targets, specific tasks (e.g. setting goals, overcoming challenges) etc.
    - What do they think would be the least useful? Why?
- Would they do the drinks calculator? Why?
- Ask them to do the calculation
    - Do they agree with their drinking level categorisation? Why?
    - How do they feel about this?
- What impact might the booklet have on their attitudes and drinking behaviour?
- How do they think the booklet could be improved / developed?
    - Probe tone of voice, language, imagery, content etc.

- What other types of support & information would they want to receive now?
    - Probe the specific type / format / source of information
    - Are they aware of any existing information or support of this kind?

Thoughts on the acquisition materials (15 minutes)

Ask them to revisit the acquisition materials having now seen the booklet they promote

- Overall thoughts and feelings?
- What stands out the most / least? Why?
- Which key phrases, words or images catch their attention?
- Who do they now think the booklet is aimed at?
- Is it relevant to them?
- Do they think the materials are credible?
- How do they make them feel about the booklet?
- Do they think they would have requested the booklet now they have seen it? Why? Why not?
- Is there fit between their expectations of the booklet based on these materials and the booklet itself? Why / why not?
- How do they think the promotional materials for the booklet could be improved / developed to encourage people to enquire about the booklet?
    - Probe tone of voice, language, imagery, content etc.
    - Anything that needs to be changed? What? How?

- How do they feel about their level of drinking now?

- Do they consider themselves to drink to increasing or higher risk levels?
- Are they concerned at all?
- What impact overall might this campaign have on their awareness of risks associated with increasing or higher risk levels of drinking when launched nationally?
- Any final advice for the promoters of the booklet?

Thank and close

APPENDIX 5 – Recruitment screeners

RESPONDER RECRUITMENT QUESTIONNAIRE

PROJECT : Twist

JOB NUMBER : 2792

34 Rose Street, WC2E 9EB
020 7655 9900
E-mail: mail@2cv.co.uk

Q.1 Have you ever taken part in a market research group discussion or depth interview on any subject?

Yes	……..	□	**GO TO Q2**
No	……..	□	**RECRUIT!!! – go to demographics**

Q.2 When did you last take part in a market research group discussion/depth interview?

In the last 6 months	…….		**DO NOT RECRUIT**
More than 6 months ago		□	**GO TO Q3**

Q.3 How many times have you taken part in a market research group discussion/depth interview?

1-3	……	□	} **GO TO Q5**
4-6	……	□	}
More than 6	……	□	**GO TO Q4**

Q.4 When was the last time you took part in a market research group discussion/depth interview?

In the last year		**DO NOT RECRUIT**
1-3 years ago		**DO NOT RECRUIT**
Over 3 years ago	□	**GO TO Q5**

IF RESPONDENTS HAVE TAKEN PART IN MORE THAN 6 GROUP DISCUSSIONS/DEPTH INTERVIEWS, THEY MUST HAVE LAST ATTENDED A GROUP/DEPTH OVER 3 YEARS AGO.

Q.5 What subjects have you been interviewed on before? (PLEASE WRITE IN)_____

_____

CHECK RESPONDENT HAS NOT BEEN INTERVIEWED ON THIS SUBJECT BEFORE

SEX.		**MARITAL STATUS.**	
Male	□ **Check**	Married/cohab	□ **No**
Female	□ **Quotas**	Single	□ **Quotas**
		Living with parents	□
AGE write in actual			
29 or under	Do not recruit	**WORKING STATUS.**	
30 - 44	□ **Recruit**	Full time	□
45 – 60		Part time	

61+	□ **Spread** □ Do not recruit	Non working Full time student/ in education	□ **No** □ **Quotas** □
CLASS. A BC1 C2 DE	□ □ **Recruit** □ **Spread** □	**PRESENCE OF CHILDREN.** No children Children	□ **No** □ **Quotas**

Sample

Quotas

- **50/ 50 male female**

- **10 x Responders (for themselves) / 2 x Influencers (solely for someone else)**
- **3 x Responder / Influencers (both for themselves and for another/s)**

- **7 x Increasing risk / 8 x Higher risk**

- **4 x Online / 4 x Coupon / 7 x Helpline**

Q6. Please tell me if :-a) you or b) any of your friends/relatives; work or have ever worked in any of the following trades/professions or for any companies mentioned here?

		a)	b)
Market Research	…….	☐	☐
Marketing	…….	☐	☐
Journalism	…….	☐	☐
Advertising	…….	☐	☐
Public Relations	…….	☐	☐
Licensed trade	…….	☐	☐
Manufacturing or distribution of alcoholic drinks		☐	☐
Healthcare (doctor, nurse, medical researcher)		☐	☐
Department of Health	…….	☐	☐
NHS	…….	☐	☐
Emergency services	…….	☐	☐

IF ANY OF THE ABOVE TRADES/PROFESSIONS MENTIONED – DO NOT RECRUIT
Note no respondents or friends / family to CURRENTLY work in the licensed trade but may have in the past.

Q7. How do you like to spend your time?

I like to socialise with my friends □
I like a mixture of time alone and time with friends □
I prefer spending time on my own □

Q8. Which of the below do you enjoy doing in your free time?

Sports □
Listening to music □
Watching TV □
Going to the cinema □
Socialising with friends □
Going to pubs / bars □
Eating at restaurants □
Reading newspapers □

Q8b. And, do you drink alcohol during any of these activities? Tick for each that apply.

After playing sports □
Listening to music □
Watching TV □
Going to the cinema □
Socialising with friends □
Going to pubs / bars □
Eating at restaurants □
Reading newspapers □

All to drink alcohol for at least one of these activities

Q9. You recently requested some information on the facts about alcohol and were sent a booklet called Your Drinking and You. Was this for…?

Yourself □
Someone else (e.g. friend or relative) □
Got more than one copy both for yourself and for someone else □

Check quotas –
10 x Responders (for themselves)
2 x Influencers (solely for someone else)
3 x Responder / Influencers (both for themselves and for another/s)

Q10. Do you / the person that you requested the leaflet for (as appropriate) suffer from any of the following conditions?

Depression □
Diabetes □
Coronary heart disease □
Alcoholic liver disease □
High blood pressure □

None to suffer from Alcoholic liver disease

Ask only of those who requested the leaflet for themselves – Influencers please skip to Q12

Q11 Thinking about last week can you please tell me what drinks you had on each day (please ask for size / measure of drink and if lager strength)? This information is confidential, we are collecting it just to see if you fit with the categories that we would like to speak to as part of this research.

Monday _____ VP fill in Units using guide_____

Tuesday _____ VP fill in Units using guide_____

Wednesday _____ VP fill in Units using guide_____

Thursday _____ VP fill in Units using guide_____

Friday _____ VP fill in Units using guide_____

Saturday _____ VP fill in Units using guide_____

Sunday _____ VP fill in Units using guide_____

TU please add up total number of units per week _____and divide by 7 = _____

Please check category

7 x Increasing risk / 8 x Higher risk depths to be recruited.

ASK ALL

Q12. And where do you / the person that you requested the leaflet for (as appropriate) mainly drink alcohol nowadays?

On licence, i.e. pubs, bars, clubs, restaurants ☐
Off licence, i.e. at home, friends ☐

Aim for a mix of mainly On trade and Off trade

Q13. Which of these alcoholic drinks do you / the person that you requested the leaflet for (as appropriate) usually drink?

Beer/lager ☐
Cider ☐
Wine ☐
Spirits ☐

Across sample ensure to recruit a mix of types of drinks usually consumed

RESPONDENT TO SIGN

I agree that these answers and information are truthful and correct.

Respondent Signature :

Respondents Number
(See Respondents List) :

This to be signed by respondents as they are recruited.

I give permission for the research group/interview to be recorded (video and/or audio DELETE AS APPROPRIATE) and I give permission for the tapes to be used only by the research company and the company commissioning the research. The tapes are to be used solely for the purposes of research.

SIGNED……

PRINT ……

Day/Date of Group :

Time :

INTERVIEWER TO SIGN

I certify that I have carried out this interview according to your instructions, and have conducted it within the MRS Code of Conduct.

Signed :

ALL QUESTIONNAIRES MUST BE HANDED TO EXECUTIVES CONDUCTING GROUP/INTERVIEW BEFORE THE GROUP/INTERVIEW STARTS.

Non-responder recruitment questionnaire

MARKET RESEARCH QUESTIONNAIRE Private & Confidential

PROJECT TWIST 3	
Project Number	2792
Field Start	November 2008
Project Director	Claire Sullivan
Field Director	Colin Butcher

RECRUITED?	
YES	1
NO	2

IF YES: GROUP NUMBER / TIME

PROJECT TWIST 3 QUESTIONNAIRE

Introduction:
Hello, my name's……. from 2CV research **(show ID).** We're undertaking a local survey in this area about alcohol consumption on behalf of the NHS. It's aimed at 35 – 65 year olds; - is there someone in your household of that age who may be interested in taking part in the survey?

IF RESPONDENT IS OF QUALIFYING AGE:
Repeat intro above, if required.. plus:

We'd like to ask you a few questions about your personal alcohol consumption and also about some Direct Marketing you may or may not remember receiving.

Depending on the answers you provide we may invite you to take part in some further research in the form of a local focus group, for which you'd be paid fr attending.

Please be assured that all of your responses will remain completely confidential Can I ask you the questions now please?

SHOWCARD SQ1

SQ1 Firstly, do any of your close family (parents or brothers or sisters) work in any of these kinds of jobs?
MULTICODE POSSIBLE

Journalism/Market Research/PR/Marketing/Advertising	1	**CLOSE**
For the Government	2	**CLOSE**
In the Health Service	3	**CLOSE**
Manufacturing or distribution of alcoholic drinks	3	**CLOSE**
Travel	4	**SQ2**
Financial services	5	**SQ2**
None of these	6	**SQ2**

Note no respondents or friends / family to CURRENTLY work in the licensed trade but <u>may have in the past.</u>

SQ2 What was your age last birthday?
Write in exact age

AND please code to:

Under 34	1	**CLOSE**
35 -49	2	**CONTINUE : AIM FOR A MIX**
50 -65	2	
66+	3	**CLOSE**

SHOWCARTD SQ3

SQ3a Please indicate to which occupational group the Chief Income Earner in your household belongs, or which group fits best.
This could be you; the Chief Income Earner is the person in your household with the largest income.
If the Chief Income Earner is retired and has an occupational pension please answer for their most recent occupation.
If the Chief Income Earner is not in paid employment but has been out of work for less than 6 months, please answer for their most recent occupation.
SINGLE CODE

Self Employed / Business Owner	1	**CONTINUE: SQ3B**	
Skilled manual worker: employed or self employed (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc)	2	**C2**	**SKIP TO Q4**
Semi or unskilled manual work: employed or self employed (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)	3	**D**	
Supervisory or clerical/junior managerial/professional/ administrative (e.g. Office worker, Student Doctor, Police Constable, Firefighter, Foreman with 25+ employees, salesperson, etc)	4	**C1**	**CLOSE**
Intermediate managerial/professional/administrative (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director small organisation, middle manager in large organisation, teacher, principle officer in civil service / local government, military lieutenant)	5	**B**	
Higher managerial/professional/administrative (e.g. Established doctor, Solicitor, Architect, Board Director in a large organisation (200+ employees), head teacher, police/fire chief, top level civil servant / public service employee, high ranking military officer)	6	**A**	
Casual worker – not in permanent employment	8	**D**	**SKIP TO Q4**
Student	9	**C1**	**CLOSE**
Housewife / Homemaker	10	**E**	**SKIP TO Q4**
Retired and living on state pension	11		
Unemployed or not working due to long-term sickness	12		
Full-time career of other household member	13		

SQ3b As a self employed business owner, is your business…

Manual trade (eg. Building, plumbing, mechanics, etc.)	1	**CONTINUE**
Non-Manual trade (eg. Retail, hotelier, professional services)	2	**SKIP TO SQ3D**

SQ3c How many employees do you have…

Just me	1	**D**	**SKIP TO SQ4**
1 – 5	2	**C2**	
6 – 25	3	**C1**	**CLOSE**
25+	4	**B**	

SQ3d How many employees do you have…

Just me	1	**C2**	**SKIP TO SQ4**
1 – 5	2	**C1**	**CLOSE**
6 – 25	3	**B**	
25+	4	**A**	

SQ4 **RECORD GENDER (DO NOT ASK)**

Male	1	**CHECK QUOTAS: GROUP SPECIFIC**
Female	2	

SHOWCARD SQ5a

SQ5a. Please take a look at this list and tell me which **ONE** applies to you. **SINGLE CODE**

I don't drink alcohol nowadays	1	**CLOSE**
I occasionally drink alcohol – once or twice a week	2	**CLOSE**
I regularly drink alcohol on most days	3	**CONTINUE**
I regularly drink alcohol every day	4	**CONTINUE**

INTERVIEWER: ALL RESPONDENTS MUST DRINK ALCOHOL NOWADAYS: codes 3 or 4

SHOW UNITS BY DRINK CARD

SQ6 We'd now like to record the volume of alcohol you drink in a typical week. Please be assured that this information is confidential and will not be passed on to any 3rd party - we're simply collecting it just to see if you fit with the categories that we would like to speak to as part of this research.

Thinking about last week can you please tell me what drinks you had on each day. This card here explains the different types of drinks and the 'units' associated with each. Please tell me all so that I can build up your weekly consumption picture: (please ask for size / measure of drink and if lager strength)?

	ALCOHOLIC DRINKS	UNITS
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

INTERVIEWER: Code as per results of daily units : take a weekly overview:

Men	**Women**	**TYPE**		
Less than 2 or 3 units on most days	Less than 1 or 2 units on most days	**Lower Risk**	1	**CLOSE**
More than 3 or 4 units on most days	More than 2 or 3 units on most days	**Increasing Risk**	2	**CHECK QUOTAS**
More than 8 units on most days	More than 6 units on most days	**Higher Risk**	3	**CHECK QUOTAS**

SHOW STIMULUS

SQ7 Here's 3 pieces of marketing materials the NHS has used recently to raise awareness of the dangers of drinking regularly above the daily recommended amount of alcohol. They give information, sources for additional information and how to request a booklet about the facts of alcohol and how to cut down.

1 is an insert from a newspaper / magazine; the others are a piece of Direct Mail and a door drop leaflet, that postcodes in this area have been sent. Which of these, if any, do you recall?

	YES	NO
Small leaflet	1	1
Larger leaflet	2	2
Direct Mail Envelope*	3	3

IF RESPONDENT RECALLS DIRECT MAIL*: SCREEN AS AN 'ACTUAL': SQ8A
IF RESPONDENT RECALLS DIRECT MAIL*: SCREEN AS A 'HYPOTEHITCAL: SQ8B

ACTUAL ROUTE SHOWCARD

SQ8A You say you recall receiving the Direct Mail envelope; taking your answer from this card, which one of these statements best describes what you did when you received it? **SINGLE CODE**

HYPOTHETICAL ROUTE SHOWCARD

SQ8B Although you don't recall receive the Direct Mail envelope, I'd like you to consider what you think you would do if you did receive such a piece of direct mail. Taking your answer from this card, which one of these statements best describes what you think you would do?

ACTUAL	HYPOTHETICAL	SQ7b **MULTI CODE**
Discarded it without opening it	I would discard it without opening it	1. **ASK SQ9 THEN CLOSE**
Opened it and skim-read it but did nothing further	I would probably open it and skim-read it but do nothing further	2: **SKIP TO SQ10**
Opened it and read it in full, but didn't do anything further	I would most likely open it and read it in full, but then do nothing further	3: **SKIP TO SQ10**
Opened it and read it in full, and contacted the people behind the campaign for further information (i.e. ring the helpline / visit the website and order the booklet)	I would open it and read it in full, and then contact the people behind the campaign for further information (i.e. ring the helpline / visit the website and order the booklet)	**CLOSE**

Can't remember	Can't remember	**CLOSE**

SQ9 Why didn't you open the envelope?
PROBE: WHAT COULD THE NHS DO TO MAKE THE DIRECT MAIL MORE ENAGAGING?

THANK & CLOSE

SQ10 Do you suffer from any of these medical conditions?

Alcohol dependency	**1**	**CLOSE**
Depression	2	
Diabetes	3	
Coronary heart disease	4	
Alcoholic liver disease	**5**	**CLOSE**
High blood pressure	6	
None of these	7	

CHECK GROUP SPECIFICS AND RESPONSES : IF RESPONDNET QUALIFIES, INVITE TO QUAL GROUP

ADVISE SESSION DETAILS

ADVISE LOCATION – GIVE MAP / DIRECTIONS

ADVISE INCNTIVEINVITE (£40 PLUS £20 EXPENSES)

CHECK THEIR TRAVEL ARRANGEMENTS – DO THEY NEED A TAXI? (WILL TAKE COSTS FROM THEIR £20)

OUO: **Acorn Type: from address file:**

INTERVIEWERS DECLARATION – INTERVIEWER TO COMPLETE IN FULL

This interview was conducted by me with the respondent under the Code of Conduct laid down by the Market Research Society and according to the instructions I was given.

Signed: _____

Interviewer Name:_____ **Interviewer No.** ☐☐☐☐☐

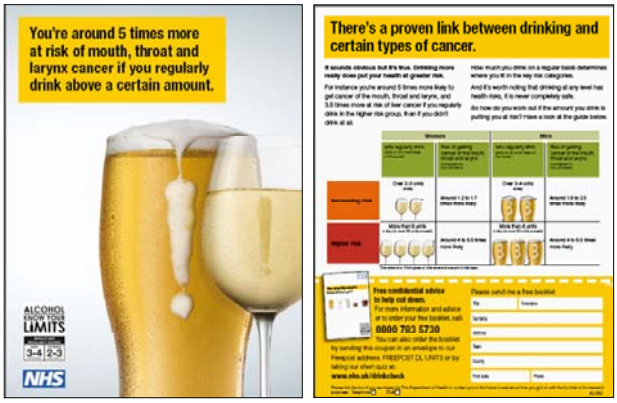
D D / M M

Date of Interview: ☐☐/☐☐ **Start time:** _____ **Finish Time:** _____

APPENDIX 6 – Stimulus materials

Press insert– general health message

Press insert– cancer message



Press insert– cirrhosis of the liver message

Direct mail – general health message

Direct mail – cancer message

Direct mail – cirrhosis of the liver message

Door drop – General health message

Door drop – cancer message

Door drop – cirrhosis message

Website images