Alcohol Self-Help leaflet: Learnings for Commissioners

Quantitative and qualitative research to assess the impact of the DH EM alcohol self help leaflet

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Executive Summary

About this document

The Government's 'Know Your Limits' Units campaign launched in May 2008 to raise awareness of units and the health consequences associated with excessive drinking, and the 'Your Drinking and You" leaflet was created as a self-help booklet in 2009.

The aim of the booklet was to provide useful advice to help individuals cut down their alcohol consumption, with details on how many units of alcohol there are in drinks and what it means to be a lower, increasing or higher risk drinker. The booklet was requested by approximately four thousand people, after bring advertised in tabloid newspapers and via mail-shots targeted using ACORN data.

The DHEM commissioned DJS to carry out research to understand the impact of the leaflet on peoples' drinking habits, and to explore how direct marketing approaches can be improved. Fieldwork was carried out in October-November 2009, and involved a combination of quantitative surveys (telephone and self completion) and qualitative 'case study' interviews.

This document provides an overview of key findings, with a focus on learnings for commissioners on the procurement of direct marketing projects, and future support needs.

About the leaflet's recipients

Nearly three quarters of respondents (74%) stated that they requested the leaflet for themselves, with most of the remainder requesting it for a friend or relative that they were concerned about.

Our findings show that recipients of the leaflet were often drinking at dangerous levels, with many (80%) drinking 4+ days per week, and nearly half (45%) drinking every day. Further analysis and qualitative feedback suggests that a large proportion of the sample was characterised by older (aged 44+) drinkers, often drinking at home alone to relieve boredom or depression.

For 67% of those who requested the leaflet, the key reason for doing so was concern about drinking too many units, whilst those who requested it for someone else had particular concerns about alcohol's effects on colleagues' relationships and health.

Recall of the leaflet

Recall of the leaflet was surprisingly high (96% recall receiving it), particularly given the time elapsed. Most respondents could recall specific details:

- Calculations of safe units (77% recall) and effects on health (67% recall) were generally top of mind.
- Many said they had calculated their unit consumption (77%) and/or risk level (63%) using the leaflet.
- Many (64%) kept the leaflet for reference, and one-in-ten passed it on to someone else.

Perceptions of the leaflet

Qualitative feedback on the leaflet was generally very positive, and the messages around risk level and safe unit consumption levels were generally perceived as powerful, and a shock to many. In addition, the leaflet was generally regarded as well presented and accessible.

Another common theme was respondents praising the leaflet for not being judgmental or patronising (this may have been helped by the fact that respondents had actually requested the leaflet rather than receiving it unsolicited).

Qualitative feedback emphasises the fact that for many the leaflet was a catalyst for action, increasing awareness of the risks that drinkers were putting themselves under (or confirming underlying concerns). Many commented on how the leaflet was an 'eye opener', with powerful messages hammering home the impacts alcohol was having on them.

A minority of recipients suggested that they would prefer harder-hitting messages and imagery around the impact on health, and more detailed information on further local support available would also be welcomed.

The qualitative case study interviews confirmed that, whilst the leaflet spurred many recipients into taking action, it was simply not enough to help some more serious drinkers who were more likely to suggest a need for a harder hitting approach. However, this is clearly a double-edged sword, as it goes against the 'non-judgmental' approach that was endorsed by the majority of respondents.

Similarly, whilst for many the leaflet was enough to lead to a change in attitude/behaviour, some (more serious / dependent drinkers) suggested that further support (preferably face-to-face and local) would be required in order to help them address issues with alcohol consumption. However, it is important to acknowledge that the campaigned was not intended to be aimed at high risk/dependent drinkers, and was instead aimed at those drinking at increasing risk.

Impact of the leaflet

Ultimately the success of the initiative is dependent on the impact the leaflet had on attitudes and behaviour. A number of questions were asked to gauge this.

Nearly three quarters of respondents (72%) stated that the leaflet helped raise their awareness of the health risks involved with increasing and higher risk alcohol consumption. There was also increased awareness of safe drinking levels (63%) and ways of controlling drinking levels (47%). A number of respondents also made comments about other attitude changes such as increased self awareness.

Some more tangible behavioural impacts were also clearly apparent:

- Over half (53%) stated they have reduced the volume of alcohol bought since receiving the leaflet.
- Just under half (48%) have started to keep track of their alcohol consumption.
- A similar proportion (47%) stated that they have had more days alcohol free.

In addition, a significant proportion (17%) stated that they have talked to someone else about their concerns.

Analysis of consumption levels before and after receiving the leaflet shows that 24% of respondents that were increasing or higher risk drinkers before receiving the leaflet appear to have now moved into the safer, lower risk category.

The leaflet does appear to have had a measurable impact in terms of reduced drinking days and unit consumption. The chart below summarises the key impacts, and provides some approximate extrapolations for the overall impact:

Tangible Impacts On Consumption

Extrapolating the data (approximations)

% who found the leaflet useful	87
% with increased awareness of health risks	72
% Reduced volume of alcohol bought / units	51 to 53
% with more drink free days	44 to 47
% reduction in increasing/higher risk drinkers	24

- **Based on 4,000 people receiving the leaflet:**
  - **3,480 found it useful**
  - **2,880 had increased awareness of health risks**
  - **2,080 have reduced the volume of alcohol bought / unit intake**
  - **1,800 have more drink free days**
  - **960 are no longer 'increasing/higher risk' drinkers**
  - **400 passed the leaflet on to someone else**

Clearly these extrapolated impact figures are estimates, but they do suggest that the overall impact of the self-help leaflet campaign was significant, with nearly a

thousand recipients potentially moving from increasing and higher risk categories to lower risk.

The cost of the campaign was calculated at around £14 per 'acquired recipient' (i.e. £56,000 in total for 4,000 recipients). In terms of the return on this investment, based on the calculations above:

- Assuming 960 recipients are no longer increasing/higher risk drinkers, based on a total cost of £56,000, these successes have cost around £58 per individual.

- Assuming 2,080 recipients have taken action to reduce their alcohol intake, based on a total cost of £56,000, these successes have cost around £26 per individual.

Outside of the more tangible benefits, many report less tangible changes, such as higher self-awareness and improved relationships.

The leaflet also appears to have been a prompt to seeking further help for some, with 17% opening up to someone else about their concerns. In addition, the case study examples demonstrate that the leaflet has been life changing for some and a catalyst for change to many.

Despite these successes, a significant proportion of the sample remain higher risk drinkers, and these individuals often suggested that further support is necessary to lead to real behaviour change. Again it is important to highlight that these individuals were often very high risk / dependent drinkers that were not the intended target audience for the campaign.

Some respondents suggested that face-to-face support may be what is required for more extreme cases, and any future campaigns should provide more detail about local support networks – a similar leaflet could be enough of a catalyst to encourage individuals to seek support.

These findings are supported by numerous qualitative comments from respondents who have reduced their drinking (or in some cases stopped completely) after reading the leaflet.

Conclusions and Recommendations

Given the time elapsed between receipt of the leaflet and the research taking place, recall levels are surprisingly high. However, this is likely to be testament to the acquisition approach used. It should be remembered that:

- Advertising for the leaflet was carefully targeted using ACORN profiling.

- The leaflet was not sent unsolicited. Recipient had to **request the leaflet,** meaning that it is likely to have gone to individuals who had recognised that they may have issues with their drinking, and chose (or were prompted to) do something about it.

This in itself is appears to be a real endorsement of the self-help approach.

This is further supported by evidence regarding perceptions of the leaflet and the impact that it had:

- The non-judgemental and non-patronising tone was very well received. Recipients were left to calculate their own unit consumption and associated risk levels, and make up their own mind as to whether they should make lifestyle changes.

- The leaflet appears to have had a real impact on consumption levels. The research suggests that the unit calculations shocked many respondents into reducing their alcohol intake, and was a catalyst to real lifestyle changes (and in some cases seeking further help) for many recipients.

- Again, the important context for this is that these individuals had *requested* the leaflet, which in itself suggests they had underlying concerns and had recognised that they had to make changes to their alcohol consumption levels.

Overall, it appears that this approach was very effective, and efficient in terms of return on investment. The only real criticism was that the leaflet was not enough to impact on some of the more serious high risk / dependent drinkers, who suggested a need for:

- More advice on further support, ideally tailored at a local level.
- More hard hitting messages and imagery relating to the effects of alcohol on health.

The first suggestion appears valid, and in developing future initiatives, commissioners should give consideration to including detailed information on the further support available locally.

The second suggestion should perhaps be treated with caution, as to some extent it goes against the non-judgemental approach that was welcomed by most recipients. It may be that different interventions are required for the most at risk drinkers, where a ‘self help’ approach is less likely to be effective.

In summary, it is suggested that commissioners consider campaigns which learn from the success of this approach, in particular:

- The careful targeting using ACORN data appears to have helped to find the right audiences.

- The fact that recipients were required to request the leaflet, and the whole ‘self-help’ approach, appears very effective in reaching those who have underlying concerns and have recognised a possible need make changes (‘Contemplators’).

- The non-judgemental tone was very well received.

- The ability to calculate unit intake and relate this to health risks (and financial implications) was very impactful and used by many recipients.

- More detailed local information regarding the further support available could enhance future campaigns.

Introduction

Background and Objectives

The National Alcohol Social Marketing Strategy has a strand of work to explore ways to reduce alcohol consumption through self-help approaches.

The Department of Health East Midlands (DHEM) worked with the national alcohol policy lead for social marketing and Central Office for Information (COI) to use a Direct Marketing approach to 'acquire' respondents to request self-help materials (a self-help booklet). This work built on a pilot project undertaken in the North West region.

Approximately four thousand people requested the self-help materials, 600 of whom agreed to further follow up providing a viable cohort for this research.

The DHEM commissioned DJS to carry out research to:

Extend the learning from this regional project to understand the impact of the acquisition of the materials on changes in behaviour, to explore how direct marketing approaches can be improved and what further or ongoing support respondents might need to initiate or maintain behaviour change.

Specific objectives included:

- Understanding the impact on drinking behaviour of the use of the Alcohol Self Help booklet,
- Understanding of the future support needs of those who requested the booklet
- Informing recommendations for commissioners on the procurement of direct marketing projects and future support needs
- Collating a database of contact details of a number of respondents (target 100) who have consented to participate in future studies

Research Methodology

Following a project briefing meeting, DJS produced two structured questionnaires in consultation with DHEM :

- A telephone survey questionnaire (10 to 15 mins)
- A shorter self-completion postal questionnaire

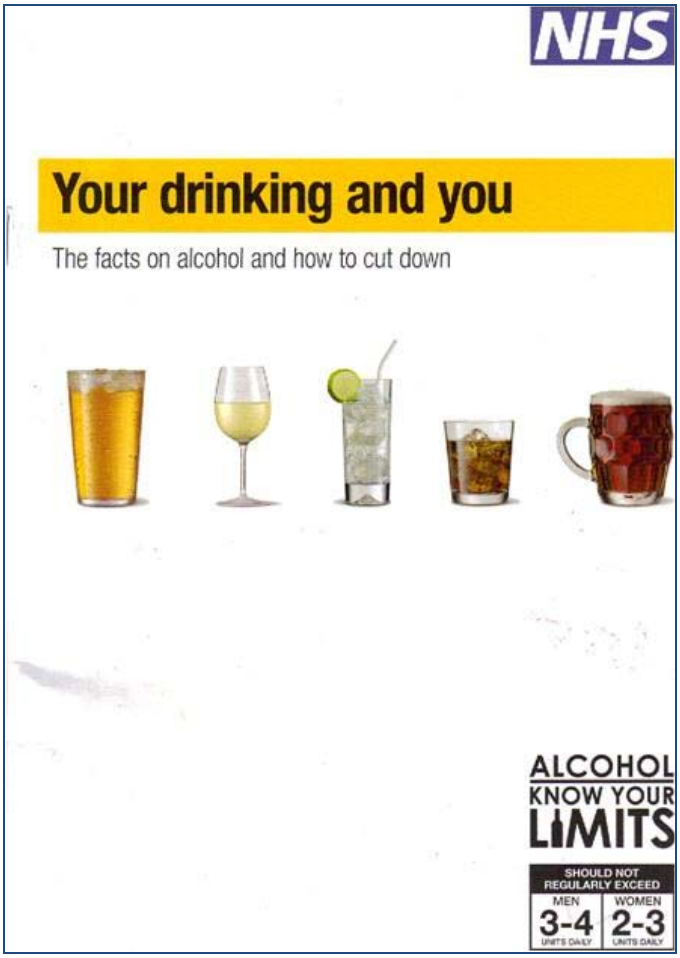
DHEM provided a list of individuals who had requested the leaflet and opted in to providing feedback (200 by telephone, 400 by post).

Telephone surveys were carried out with 100 individuals, and a further 78 completed a postal survey. Because the telephone survey was longer, some data is based just on the sample of 100, other key questions combine the telephone and postal samples.

Fieldwork was carried out in October-November 2009.

This document provides an overview of key findings, with a focus on learnings for commissioners on the procurement of direct marketing projects and future support needs.

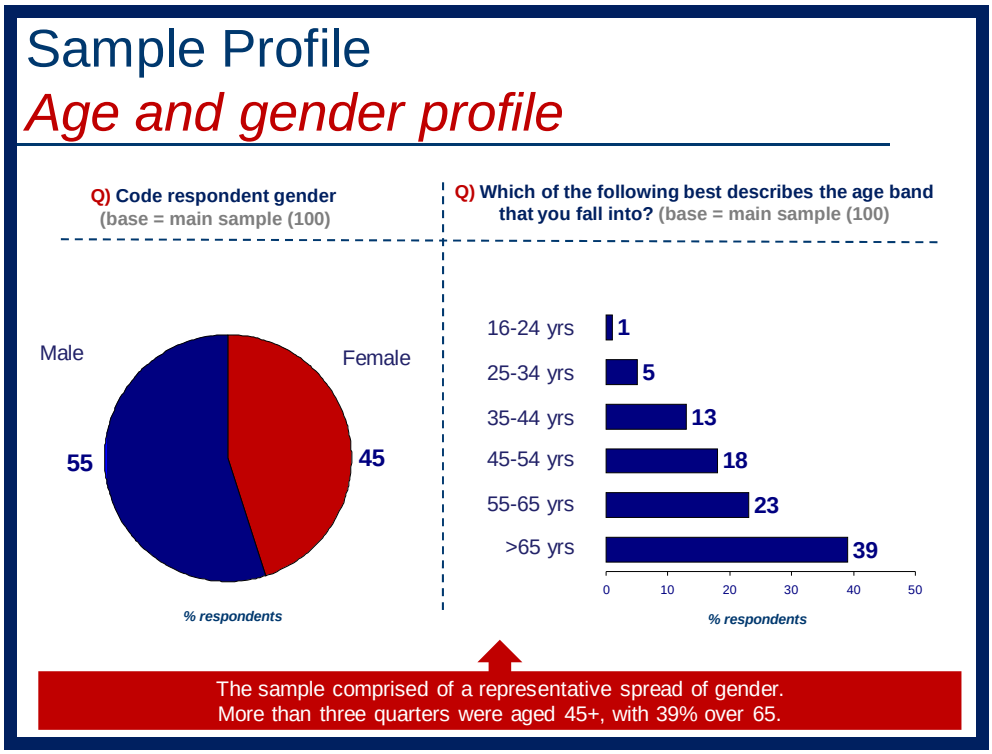
The Alcohol Self Help Leaflet



Research Findings In Detail

Sample Profile

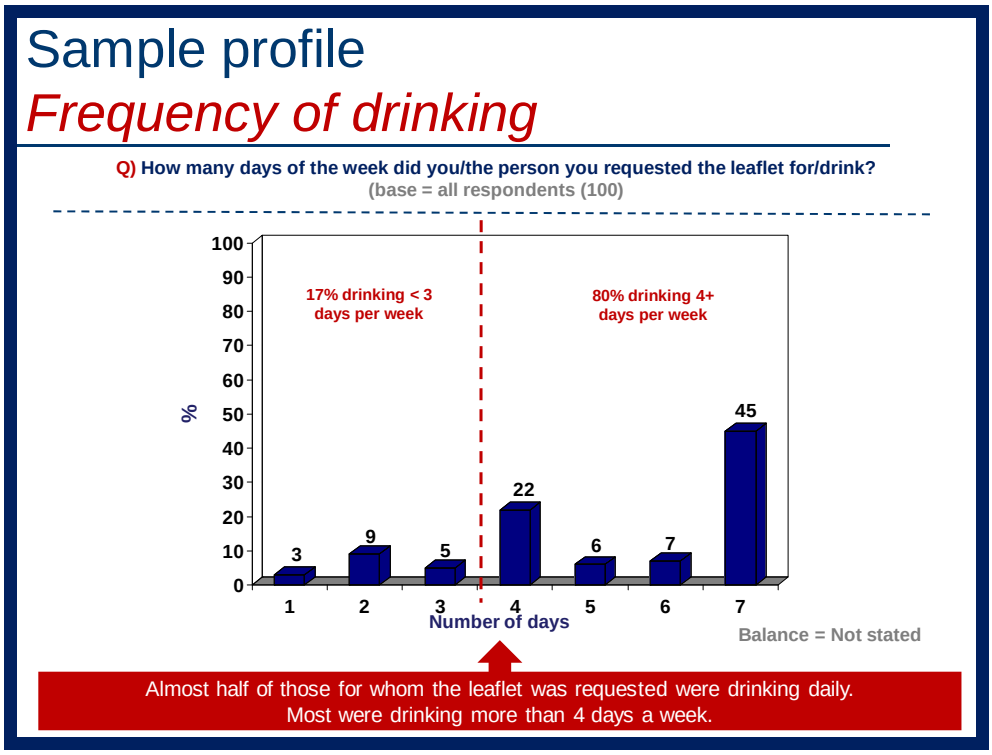
Various classification and profiling questions were asked in order to build a picture of the types of individual that requested a leaflet. The chart below summarises the age and gender profile of the sample:



Respondents included a mix of gender and ages, with nearly two thirds aged over fifty five.

Nearly three quarters (74%) stated that they requested the leaflet for themselves, with most of the remainder requesting it for a friend or relative that they were concerned about.

Respondents were also asked how frequently they were drinking alcohol before they received the leaflet. Their responses (summarised in the chart below) show that the majority (80%) were drinking at least four days a week, with nearly half (45%) drinking every day.



Analysis by gender (see table below) shows that consumption levels were similar for males and females, with males slightly more likely to be drinking alcohol four or more days per week:

Q) How many days of the week did you/the person you requested the leaflet for/drink?		
%	MALE	FEMALE
1 DAY	4	2
2 DAYS	9	9
3 DAYS	4	7
4 DAYS	16	29
5 DAYS	9	2
6 DAYS	9	4
7 DAYS	47	42
4 OR MORE DAYS PER WEEK	**81**	**77**

This profiling information suggests that the sample was to a large extent characterised by older drinkers consuming alcohol most days.

Qualitative feedback further supports this, and highlights that in many cases recipients of the leaflet were drinking at home, often alone, to combat stress, depression or boredom:

> ***"I drank to take everything off my mind. My wife left me, then my dog died, which made everything worse, and I was drinking every night...My***

doctor told me that alcohol isn't very good for my diabetes…but most nights I would have a drink and wake up in my chair the next morning." ('Andrew' - 70)

"I think a lot of my drinking is because of depression and I've had quite a rough past – it does tend to let you forget about things." ('Karen' - 36)

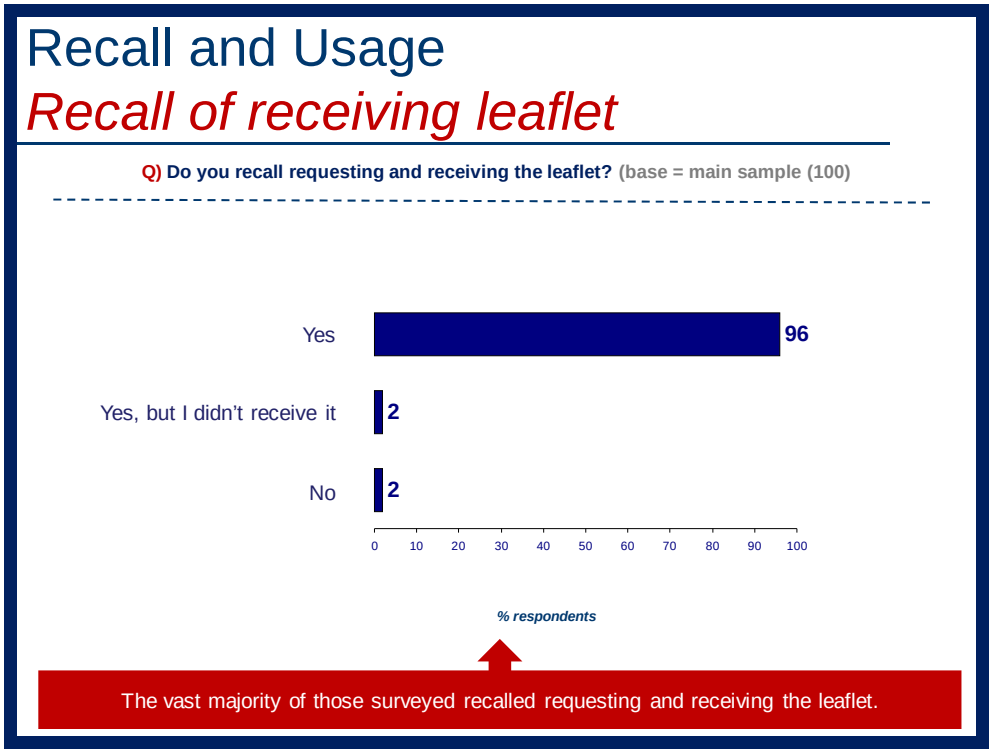
In several cases, respondents stated that their drinking started socially and then escalated:

"I went to the pub with friends from work – it was a chance to relax after a hard day at work. It used to just be Fridays after work, but I started to try and find other reasons to go. I would drink anything – wine, beer….whatever there was, and it became hard to not drink." ('Jane' - 26)

Several respondents stated that they had begun to suffer from ailments and health problems, and problems with relationships as a result of their alcohol intake. This often led to an underlying notion that they had a drinking problem, resulting in the request for the self help leaflet.

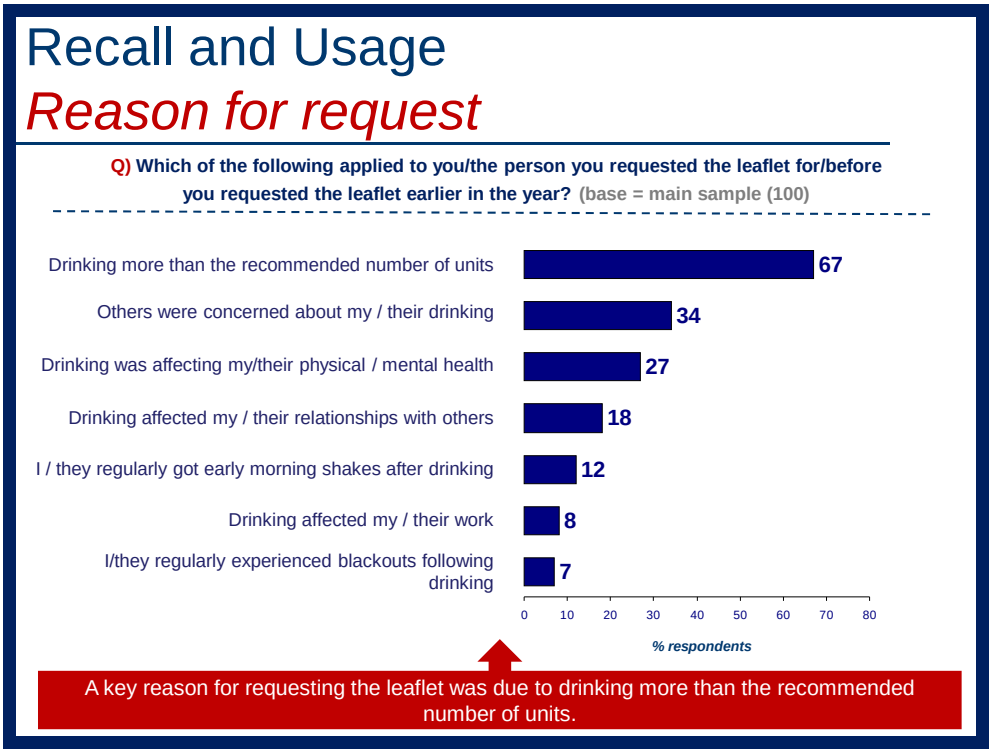
Recall and Usage

The vast majority of those surveyed (96%) recalled receiving the self help leaflet:



This is an impressive recall level, particularly given that the survey was carried out approximately eight months after the leaflet would have been received. However, this should be viewed in context of the fact that recipients requested the leaflet (as opposed to receiving it unsolicited). This suggests that the 'acquisition' approach used was effective in ensuring the leaflet went to those that needed it.

In addition, respondents were asked why they requested the leaflet in the first place.



Analysis by gender (see table below) shows similar motives for males and females, although females appear more likely to have felt that drinking was affecting their health and relationships:

Q) Which of the following applied to you/the person you requested the leaflet for/before you requested the leaflet earlier in the year?		
%	MALE	FEMALE
I was drinking more than the recommended number of units	64	71
Others were concerned about my/their drinking	36	31
Drinking was affecting my/their physical and/or mental health	24	31
Drinking affected my/their relationships with others	15	22
I/they regularly got early morning shakes after drinking	11	13
Drinking affected my/their work	5	11
I/they regularly experienced blackouts following drinking	9	4

Responses suggest that most respondents suspected that they were drinking more than the recommended number of units (67%), and in many cases this was reinforced by concerns raised by others, physical/health effects, and/or deteriorating relationships with others. This suggests that many respondents were 'contemplators' – i.e. already concerned about their drinking.

Qualitative feedback further supports this, although it also suggests an element of denial for some drinkers:

> ***"I had a really good girlfriend and it cost me the relationship – she said to me that I had to cut down and I didn't. We had a right bust up one night and that was that. Plus the fact I was feeling horrendous. Not so much hung-over, but really dry, dehydrated." ('David' - 64)***
>
> ***"I didn't feel very well the day after – it affected me too much. Sometimes instead of 2 bottles (of ale) I'd have 3 or 4. And I just felt that I wasn't in charge. I've tried a couple of times to limit myself, and I found I didn't want to, or I said to myself that I could if I wanted to, but I didn't want to. Underneath I knew I wasn't in control." ('Susan' 64)***

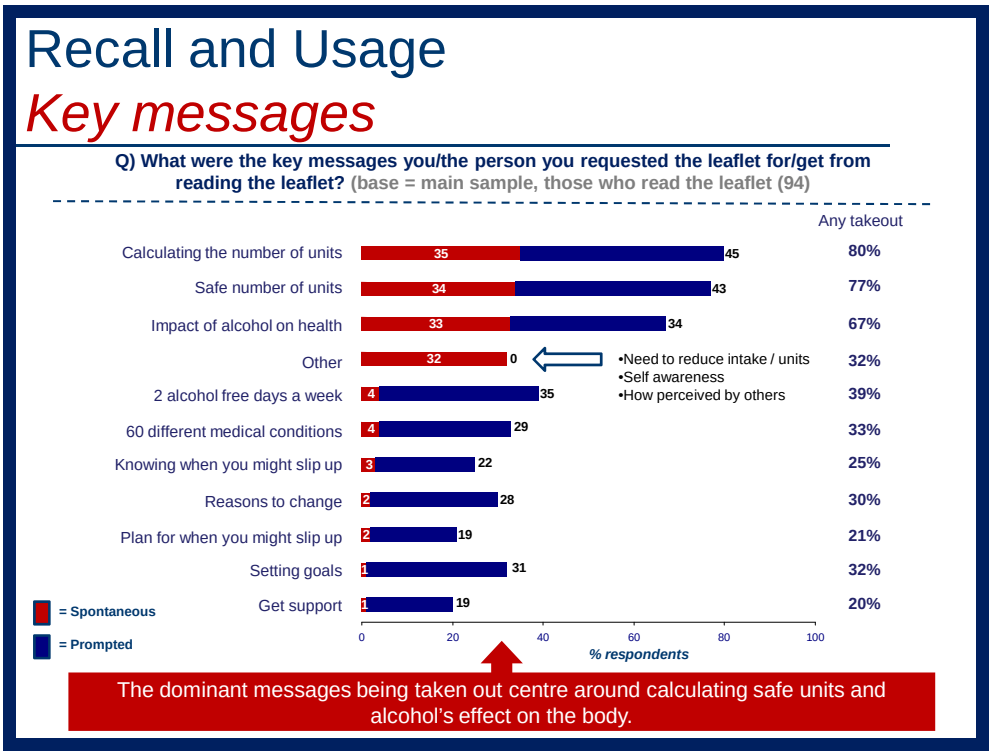
Respondents were also asked to what extent they read the leaflet:

- Three quarters (75%) read all of it.
- A further 15% skim read it, or read bits of it.

Qualitative feedback also supports the fact that many read the leaflet cover to cover with interest:

> ***"Whenever I got the leaflet I sat down straight away and read it from cover to cover. I can't remember what I filled in – it was quite a while ago now – but there must have been something in it to make me do what I did. I don't drink at all now, I've stopped completely. The night I got the leaflet I had one can of Carlsberg lager and that's all I had that night, and then I stopped altogether." ('Andrew' - 70)***

Questions were also asked to gauge spontaneous and prompted recall of the content and messages in the leaflet. Findings strongly suggest that take-out and recall levels were highest for the sections of the leaflet where readers could calculate their unit intake, and then relate the results to the recommended number of safe units to drink, and the health effects of drinking too many units (see chart below):



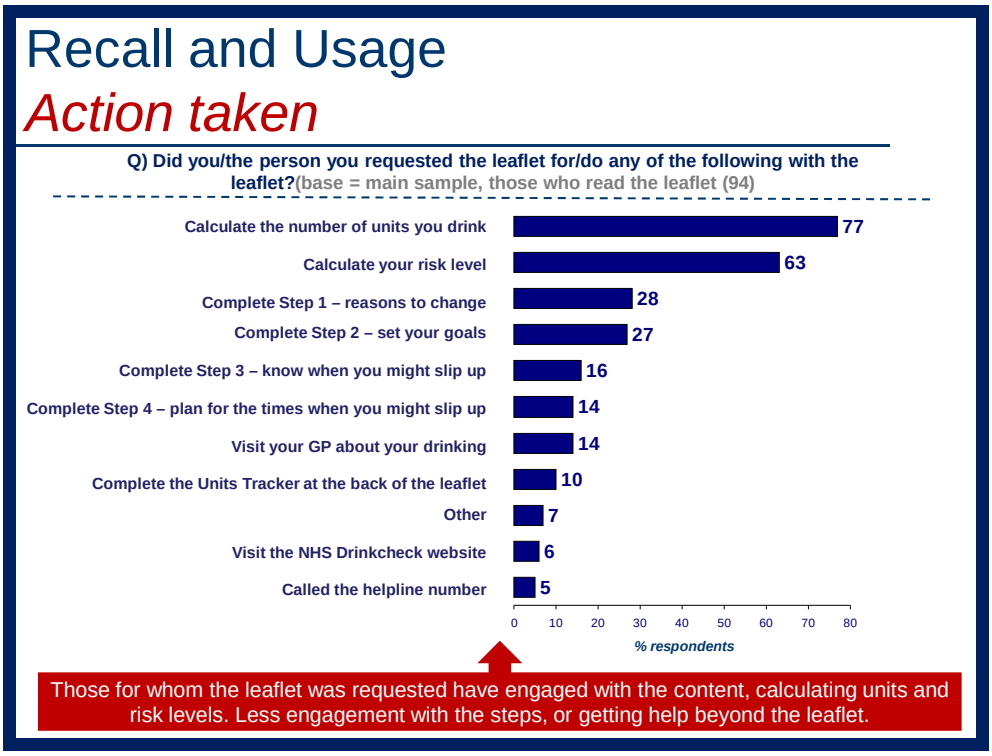
For example, recall was highest for calculating the number of units, with over a third (35%, shown as red bar above) recalling this unprompted, and a further 45% (blue bar above) recalling this upon prompting.

Analysis by gender (see below) suggests that females generally had higher recall than males, particularly regarding the impact of alcohol on health (75% cf. 60% males):

Q) What were the key messages you/the person you requested the leaflet for/get from reading the leaflet? What about any of the following?		
% unprompted + prompted = any takeout	MALE	FEMALE
Calculating the number of units	36 + 42 = **78**	34 + 48 = **82**
Safe number of units	32 + 40 = **72**	36 + 45 = **81**
Impact of alcohol on health	32 + 28 = **60**	34 + 41 = **75**
2 alcohol free days a week	4 + 38 = **42**	5 + 32 = **37**
60 different medical conditions	4 + 24 = **28**	5 + 34 = **39**
Knowing when you might slip up	4 + 16 = **20**	2 + 30 = **32**
Reasons to change	2 + 28 = **30**	2 + 27 = **29**
Plan for when you might slip up	2 + 12 = **14**	2 + 27 = **29**
Setting goals	2 + 26 = **28**	0 + 36 = **36**
Get support	0 + 14 = **14**	2 + 25 = **27**

Following on from this, respondents were asked whether they had completed any actions or activities during or after reading the leaflet, such as calculating their unit intake and risk level, or writing down reasons to change. They were also asked whether they had sought any help (e.g. GP, Helpline etc) after reading the leaflet.

Their responses are summarised below:



Over three quarters of respondents (77%) calculated their unit intake, with many (63%) also using this to calculate their risk level. There was less engagement with other features such as noting reasons to change (28%) or potential occasions where they might slip up (16%).

Analysis by gender (see below) suggests that males were slightly more likely to calculate their unit intake (80% cf. 73% of females), whilst females were more likely to go on to complete 'Steps 1 to 4':

Q) Did you/the person you requested the leaflet for/do any of the following with the leaflet?		
%	MALE	FEMALE
Calculate the number of units you drink	80	73
Calculate your risk level	64	61
Complete Step 1 – reasons to change	24	32
Complete Step 2 – set your goals	20	34
Complete Step 3 – know when you might slip up	10	23

CONTINUED FROM PREVIOUS PAGE		
Complete Step 4 – plan for when you might slip up	8	20
Visit your GP about your drinking	10	18
Complete the Units Tracker at the back of the leaflet	12	7
Visit the NHS drinkcheck website	4	9
Called the helpline number	6	5

Qualitative feedback further emphasised the impact of the features where unit intake could be calculated and compared to safe levels and health impacts:

> ***"The main thing was how much you should be drinking, and it gave all the units, and what the safe guide was. It gave a free helpline number. I think I called it to get some advice, but the real shock was what safe drinking was and about how it's more detrimental for woman." ('Janet' 48)***
>
> ***"When I totted it up, I thought 'good god'. I thought that I was spending that much and drinking that much. I had them both together and it's long-term disaster." ('David' 64)***

It is also notable in the above chart that a significant proportion of respondents were triggered into seeking further help:

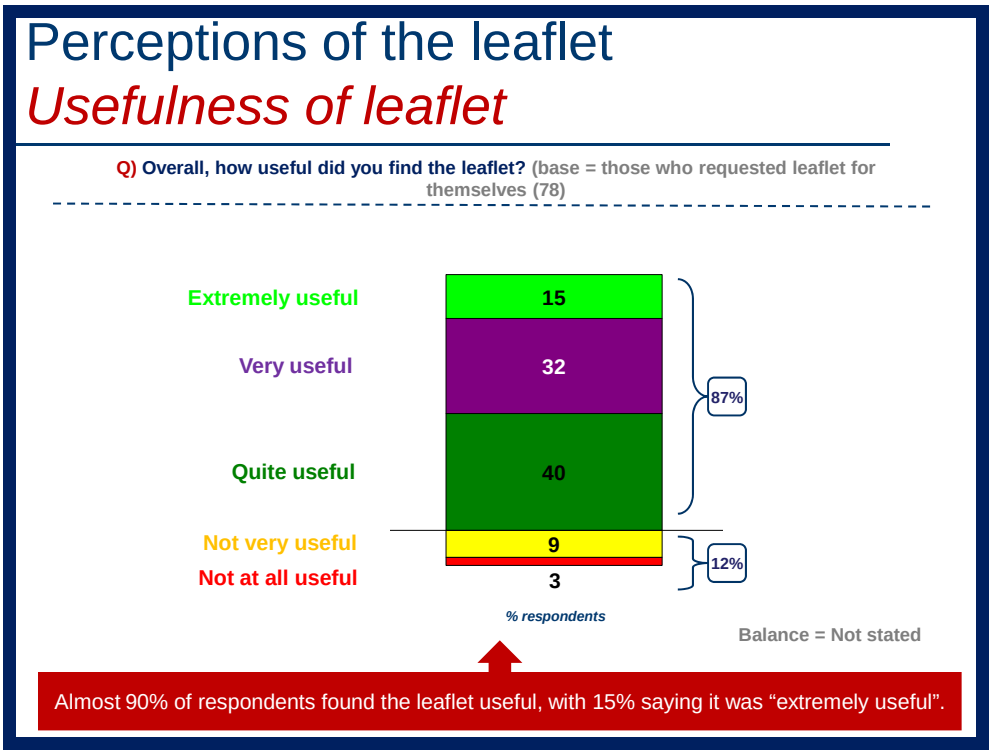
- 14% stated that they visited their GP about their drinking after reading the leaflet.
- 6% visited the NHS DrinkCheck website, and 5% called the helpline number provided at the end of the leaflet.

Again, qualitative feedback emphasises the fact that for many the leaflet was a catalyst for action, increasing awareness of the risks that drinkers were putting themselves under (or confirming underlying concerns):

> ***"I thought it would make me more aware of what danger I'm putting my body in, and it did do." ('Karen' 36)***
>
> ***"It gave me an objective point of view about how much one consumes on a daily basis, how much one should consume safely on a daily basis and perhaps a way of trying to cut it down by stopping one or two days a week, which I thought was a very good way of getting out of the habit." ('Simon' 64)***

Perceptions of the leaflet

Overall, 87% of those surveyed found the leaflet useful, with nearly half finding it extremely (15%) or very (32%) useful (see chart below):



Respondents were asked to support this rating with comments on what they thought of the leaflet.

Many commented on how the leaflet was an 'eye opener', with powerful messages hammering home the impacts alcohol was having on them:

> ***"It is very useful. Full of good information. It gives you a good insight into what alcohol is doing to you. If you wanted to stop drinking it gives you all the help you need."***
>
> ***"Very good if you take the time to read it there are very powerful messages."***
>
> ***"Brilliant, an eye-opener - makes you wake up."***

Another common theme was respondents praising the leaflet for not being judgmental or patronising (again this may have been helped by the fact that respondents had actually requested the leaflet rather than receiving it unsolicited):

> ***"Exceptionally well prepared without being judgmental."***

"It wasn't condescending or patronising."

"It was presented well – quite a lot of graphics and that was very important, and the language was not patronising, but neither was it cold….It was friendly, detailed. It was what I was hoping for….The thing that impressed me was that it was so easy not to feel judged by it"

The clarity and simplicity of the leaflet was also praised:

"A lot of good work went in to it. Well laid out and printed, easy to read."

"Quite clear, accessible in terms of language and format. Easily assimilated."

Again, the net result was that for many, the leaflet was a 'wake-up call' and/or catalyst to change:

"It gave me the impetus to do something about it. I went to my GP and was told to go to the addiction unit. I wouldn't have done it without the leaflet. I knew what I was doing was wrong and it helped me do something about it."

"I was impressed with the leaflet. It came at the right moment for me (my sister is an alcoholic). I was ready to do something about my drinking, but I wanted to do it on my own and this leaflet allowed me to do that. Well laid out, the pictorial aspect was very good; it really acknowledged we could slip up! But it said don't worry about it, just start again, and made me face up to what I already knew. Good to see it well laid out in a simple fashion that was authoritative and non-judgmental."

A minority of people made more critical comments, and most of the suggestions for improving the leaflet were focused on making it more hard hitting in terms of the health messages and images:

"I expected it to be a bit more 'in your face' I was looking for something a bit more powerful rather than something that just skimmed the surface."

"I was happy with it - would have liked more information on the damage I was doing to my body - I wanted to be shocked into doing something about my problem."

"Not brutal enough for some people. Doesn't give enough detail about exactly what long term effects drinking has on the body."

"Spell out the worst effects of alcohol."

"To be more aware of the medical risks and identify just how drinking can damage your health."

"Coloured pictures of destroyed livers, kidneys etc., more explanation about the effects of prolonged drinking, more hard hitting."

"More dramatic images."

The qualitative case study interviews confirmed that, whilst the leaflet spurred many recipients into taking action, it was simply not enough to help some more serious drinkers who were more likely to suggest a need for a harder hitting approach. However, this is clearly a double-edged sword, as it goes against the 'non-judgmental' approach that was endorsed by the majority of respondents.

Similarly, whilst for many the leaflet was enough to lead to a change in attitude/behaviour, some (more high risk/dependent drinkers) suggested that more information on further support (preferably face-to-face and local) would be helpful:

"A bit more on the aftercare when you are trying to cut down. Also how you should cope when you do slip up."

"Further support i.e. groups to help me."

"Support group for children of drinking parents."

"Freephone is a good idea, like AA – it can help keep people going, talking to someone and calm the situation down." ('Simon' 64)

"I went to another place – a drug and alcohol place, and they tried to help me cut down as well. So I'd offer that as help, for somewhere to go." ('Janet' 48)

"The freephone number is ok, but I didn't want to call because I wanted someone to talk to face to face. I found the support I needed myself – it would be good if there was more information about how to do that, so that people know there is support out there." ('Jane' 26)

"If you're playing sport, you've still got to have a coach to tell you what you're doing wrong and how to do it better. They might be the best in the world, but they still have to have a coach observing what they're doing, and the same maybe with drinking – a third party to keep them on track to try and limit their drinking." ('Simon' - 64)

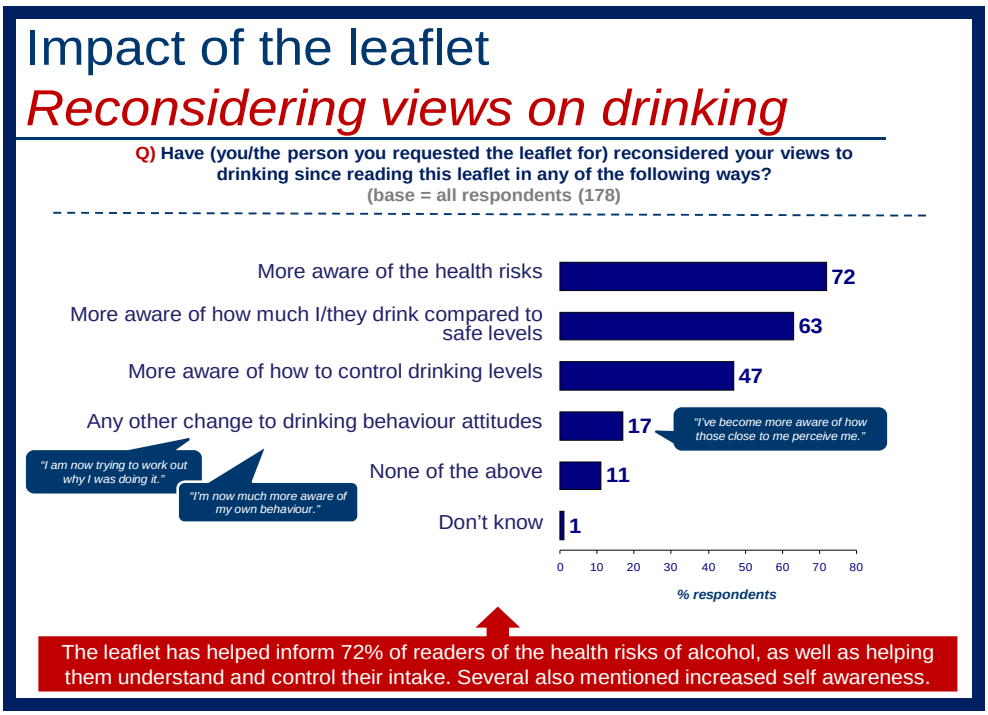
"I suppose if it had a local number – a local circle where you could go and talk to someone face-to-face, on a one-to-one basis. That might

have helped….If you need to talk to someone here's a local number you can call. I think that would help." ('David' - 64)

The Impact of the leaflet

Ultimately the success of the initiative is dependent on the impact the leaflet had on attitudes and behaviour. A number of questions were asked to gauge this.

Firstly, a question was asked to measure changes in attitude (see chart below):



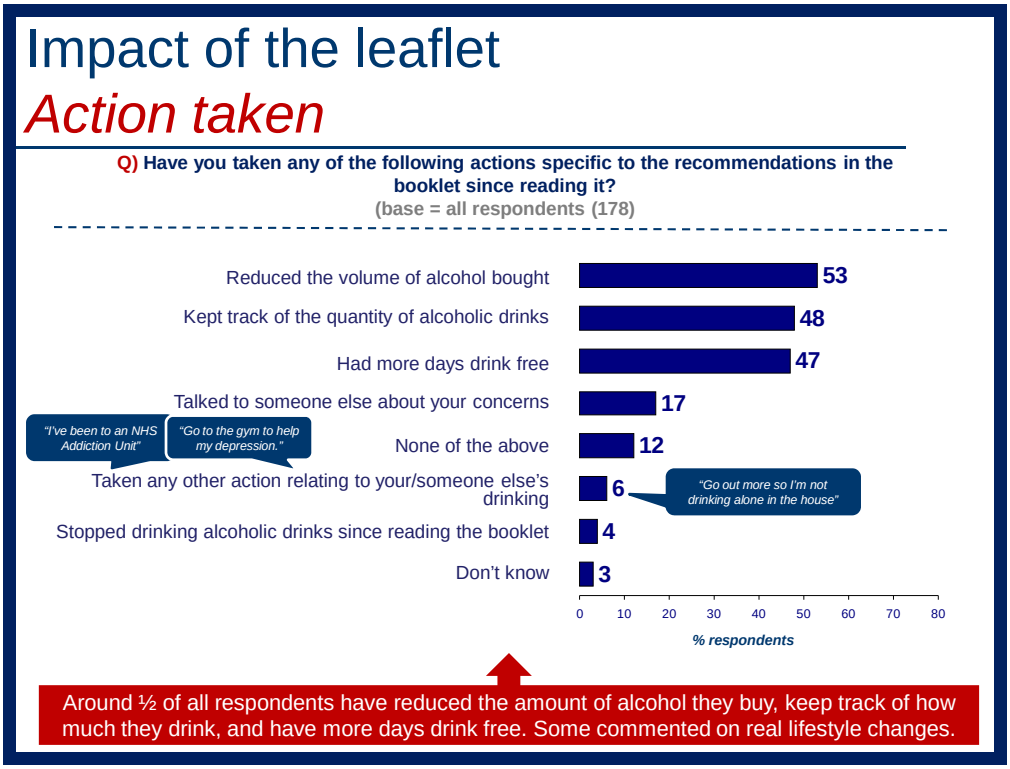
Nearly three quarters (72%) stated that the leaflet helped raise their awareness of the health risks involved with excessive alcohol consumption.

There was also increased awareness of safe drinking levels (63%) and ways of controlling drinking levels (47%). A number of respondents also made comments about other attitude changes such as increased self awareness.

Analysis by gender show that females were more likely to state that the leaflet has helped make them more more aware of the health risks relating to alcohol (78% cf. 67% of males) and more aware of how much they drink compared to safe levels (73% cf. 64%):

Q) Have [you/the person you requested the leaflet for] reconsidered your views to drinking since reading this leaflet in any of the following ways?		
%	MALE	FEMALE
More aware of the health risks	67	78
More aware of how much I/they drink compared to safe levels	64	73
More aware of how to control drinking levels	45	47
Any other change to drinking behaviour / attitudes	18	18
None of the above	13	9

Respondents were also asked whether they had taken any actions specific to the recommendations in the booklet since reading it. Their responses are summarised below:



Here some more tangible behavioural impacts are clearly apparent:

- Over half (53%) have reduced the volume of alcohol bought.
- Just under half (48%) have started to keep track of their alcohol consumption.
- A similar proportion (47%) stated that they have had more alcohol free days.

In addition, a significant proportion (17%) stated that they have talked to someone else about their concerns.

Analysis by gender suggests that females are more likely to have reduced their alcohol intake since receiving the leaflet (see below):

Q) Have you taken any of the following actions specific to the recommendations in the booklet since reading it?		
%	MALE	FEMALE
Reduced the volume of alcohol bought	49	60
Kept track of the quantity of alcoholic drinks	51	53
Had more days drink free	44	49
Talked to someone else about your concerns	15	22
Taken any other action relating to your/someone else's drinking	7	13
Stopped drinking alcoholic drinks since reading the booklet	7	4
None of the above	15	9

These findings are supported by numerous qualitative comments from respondents who have reduced their drinking (or in some cases stopped completely) after reading the leaflet:

> ***"I haven't stopped drinking altogether but I'm not getting drunk and I'm not getting wobbly. I've cut down and, from having 8 or 9 cans a night, I don't bother." ('David' - 64)***
>
> ***"There must have been something in it to make me do what I did. I don't drink at all now, I've stopped completely." ('Andrew' - 70)***
>
> ***"It took me about two days to say 'If you're going to have a drink tonight, just have one." ('Susan' - 64)***
>
> ***"I don't go for as many drinks after work now, and I don't really drink at home. Maybe a glass of wine with Sunday dinner." ('Jane' - 26)***
>
> ***"It has encouraged me to reduce my drinking… even if you can only reduce it by 2 or 3 a week, try and do so." ('Karen' - 36)***
>
> ***"I know what my limitations are now, I know what I'm doing." ('David' - 64)***

In some cases this has in turn led to real lifestyle changes and benefits (discussed in more detail in 'case studies').

Tangible Impacts on Consumption

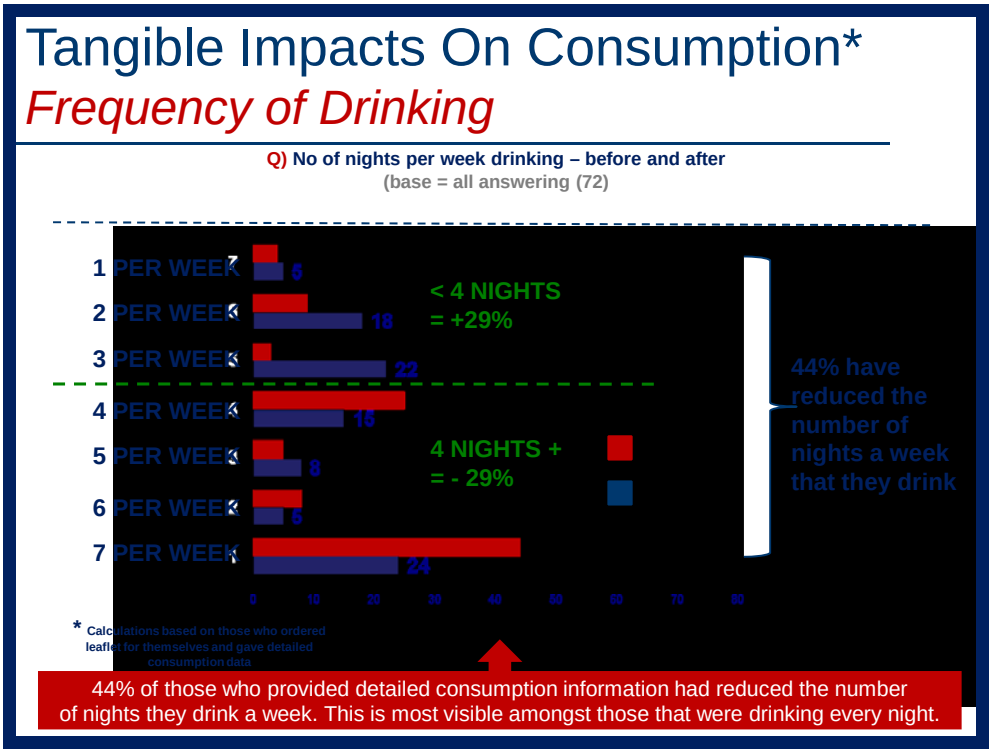
Further questions were asked to get a more tangible measurement of what impact the leaflet had on alcohol consumption levels.

Specifically, respondents were asked the following:

- Number of days per week on average that they drank alcohol before receiving the leaflet.
- Volume and type of alcoholic drinks consumed on a typical day.
- These two questions were also asked about their drinking habits at the time of interview (i.e. since receiving the leaflet).

Based on those who ordered the leaflet for themselves and gave detailed consumption data, respondents' previous and current drinking habits were analysed to give a tangible indication of the impact on alcohol consumption levels.

The chart below shows statistics for the number of nights a week that recipients of the leaflet were drinking before receiving it (red bar), and since (blue bar).

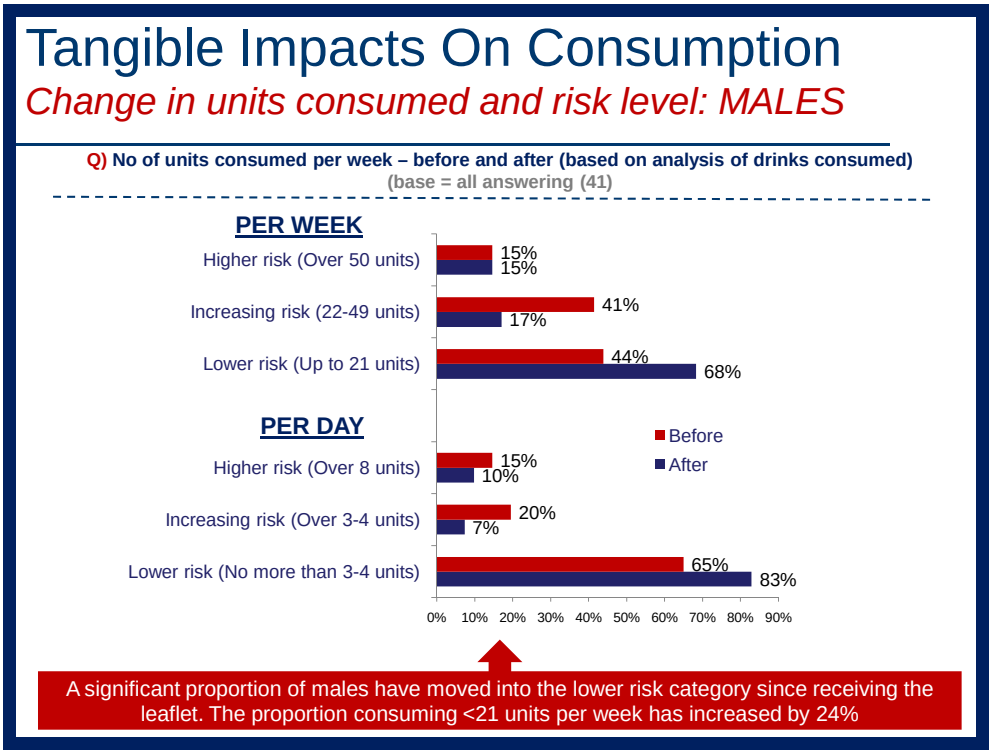


Analysis showed that 44% of respondents had reduced the number of nights per week that they drink since receiving the leaflet, with a notable drop in the number of people who drink 7 days per week (from 44% to 24%). Overall, the proportion

drinking 4 or more nights per week reduced by 29%, and those who drink less than 4 days per week showed a corresponding increase of 29%.

These figures were also used alongside the data on volumes of alcohol consumed in order to highlight changes in the number of units consumed each day/week. This analysis showed significant reductions in consumption since receiving the leaflet, with over half (51%) of respondents reducing the number of units consumed per week.

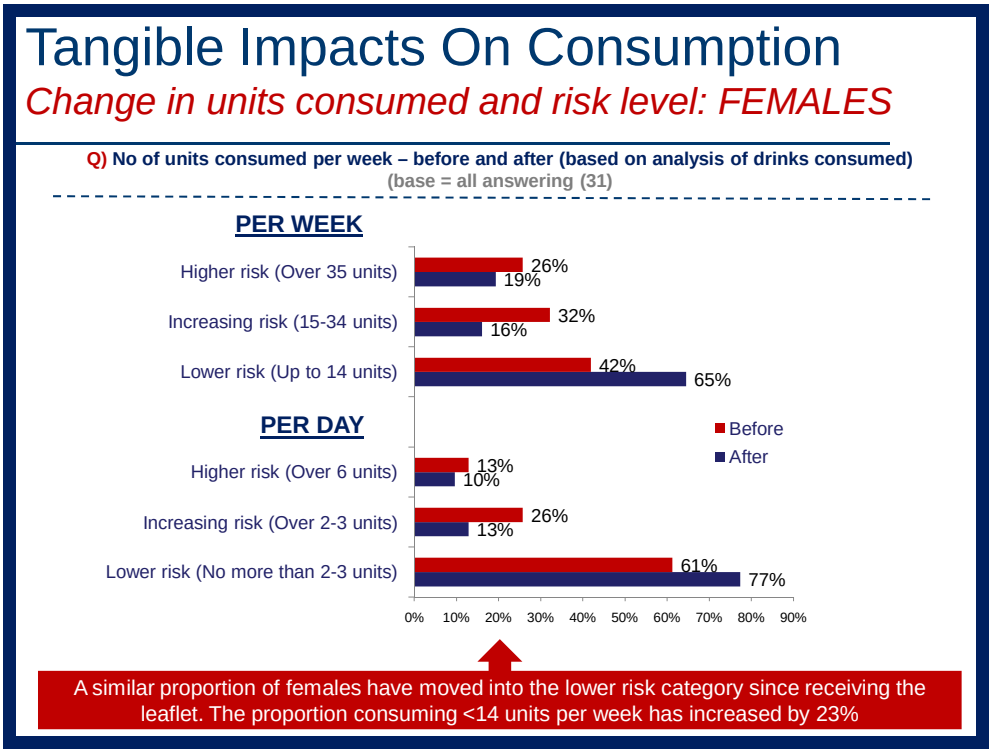
Detailed breakdowns of consumption levels before and after receiving the leaflet are provided below, firstly for males, and then for females. The chart below shows the proportion of male respondents falling into different risk categories (lower, increasing, higher) before receiving the leaflet (the red bar) and after (the blue bar). The calculations are shown based on both daily and weekly unit consumption levels.



The data suggests some real tangible improvements in consumption levels. For example, based on the weekly unit consumption levels, the proportion of males falling into the lower risk category has risen from 44% to 68% (a 24% increase). The proportion of increasing risk drinkers has reduced accordingly.

It is notable that the proportion of higher risk drinkers has not changed, reflecting the fact that the leaflet was not sufficient to help the highest risk and dependent drinkers, who were not the intended target audience.

A similar pattern can be seen for female respondents (see below):



Here the proportion of respondents falling into the lower risk category (based on weekly units) has risen by 23%, and this time the proportions of increasing and higher risk drinkers have been reduced.

Overall, this analysis suggests some real tangible impacts, as summarised below:

Tangible Impacts On Consumption

Summary of key impacts

% who found the leaflet useful	87
% with increased awareness of health risks	72
% Reduced volume of alcohol bought / units	51 to 53
% with more drink free days	44 to 47
% reduction in higher/increasing risk drinkers	24

In order to fully assess the effectiveness of the campaign, these figures have been extrapolated to provide an indication of what the overall impact might have been (see below):

Tangible Impacts On Consumption

Extrapolating the data (approximations)

% who found the leaflet useful	87
% with increased awareness of health risks	72
% Reduced volume of alcohol bought / units	51 to 53
% with more drink free days	44 to 47
% reduction in increasing/higher risk drinkers	24

- **Based on 4,000 people receiving the leaflet:**
  - **3,480 found it useful**
  - **2,880 had increased awareness of health risks**
  - **2,080 have reduced the volume of alcohol bought / unit intake**
  - **1,800 have more drink free days**
  - **960 are no longer 'increasing/higher risk' drinkers**
  - **400 passed the leaflet on to someone else**

Clearly these extrapolated impact figures are estimates, but they do suggest that the overall impact of the self-help leaflet campaign was significant, with almost a thousand recipients potentially moving from increasing/higher risk categories to lower risk.

The cost of the campaign was calculated at around £14 per 'acquired recipient' (i.e. £56,000 in total for 4,000 recipients). In terms of the return on this investment, based on the calculations above:

- Assuming 960 recipients are no longer increasing/higher risk drinkers, based on a total cost of £56,000, these successes have cost around £58 per individual.
- Assuming 2,080 recipients have taken action to reduce their alcohol intake, based on a total cost of £56,000, these successes have cost around £26 per individual.

The findings from the qualitative case-study interviews support the fact that some recipients dramatically reduced their alcohol intake after reading the leaflet. Other less tangible benefits were also apparent, such as real lifestyle changes, and improved relationships.

However, the qualitative case study interviews also illustrated that the leaflet was not always enough to result in real behaviour change and address drinking problems – particularly in cases where recipients had more/very serious drinking problems. However, it is again important to remember that this was not the intended target audience.

A selection of example case studies is appended.

Appendix: Case studies

The majority of the individuals selected for an in-depth conversation regarding the leaflet and its impact felt that the leaflet had helped them turn their life around.

Case Study 1: "Susan" - 64

A 64 year old retired teacher, living with her second husband, both of whom have a strong interest in folk music and singing. Prior to receiving the leaflet, she would go out with her husband to folk clubs, where she would have maybe 4 or 5 halves of lager or real ale. However, what was worrying her more was her drinking at home:

"When preparing an evening meal at home, I enjoy the taste of real ale and wheat beer, so I would have a bottle of that, and at least one more through the evening, so that would be a litre, which is quite a lot."

Her husband was concerned about her drinking and she was noticing an increasing effect on her health, but still wasn't able to stop herself from drinking:

"I was finding that, if I didn't have a couple of bottles in the house, then I would go out and get them, and it was very important for me to have them."

She saw the leaflet advertised in the paper, and it grabbed her attention:

"It struck me as being very non-judgmental. It struck the very point that I wanted to know about. I really wanted to know whether my amount of drinking was affecting me. I wanted to know if I was in any danger, I wanted to know the facts, but I didn't want anyone wagging their finger at me…and it felt quite anonymous."

Upon receiving the leaflet, she was very interested and, as she was alone, sat down and studied it from cover to cover. She also filled in all the sections and found it to confirm what she knew about her drinking.

"It didn't shock me, it confirmed what I thought, about how my drinking affects me…It told me in non-judgemental, friendly language."

She found the leaflet had a positive and almost immediate effect on her drinking, and she has now cut down significantly, and finds it a lot easier to control what she is drinking.

"Because it was just at the right moment for me…the score card…I didn't use those bits for more than 2 days and it just became something I knew…. if I am going to have a drink, instead of drinking beer, I have one glass of white wine and a lot of sparkling water. And I drink the glass of wine throughout the evening, and I find I can say to myself that I don't have to drink the rest of that."

Overall, she feels that she has broken her habits and reliance on alcohol, and feels the leaflet played a key role in helping her do this. Whilst she hasn't looked for any additional support beyond the leaflet itself, she feels her quality of life, and her health, have greatly benefited to the changes she has made.

"It's like someone giving me £1,000 or more… I am better off financially… I'm absolutely thrilled to bits, because it's changed my life."

The leaflet has also enabled others to realise how much they were drinking, and how much damage they were doing to themselves. Whilst others may have not stopped drinking completely, the leaflet has helped them to cut down.

Case Study 2: "David" - 64

A 64 year old man, divorced from his second wife and now living alone, with no financial worries and working as a civil engineer.

Prior to requesting the leaflet, he would drink every night from about 8pm, seeing it as a form of comfort.

"Some nights, after I'd had about 4 or 5 cans, when I moved onto the spirits, I was drinking probably half a bottle of vodka"

He would also go out to the pub every Friday and drink excessively with friends. He found alcohol was affecting his relationships.

"I had a really good girlfriend and it cost me the relationship – she said to me that I had to cut down and I didn't. We had a right bust up one night and that was that. Plus the fact I was feeling horrendous. Not so much hungover, but really really dry, dehydrated."

He became aware of the leaflet in the paper and hoped the leaflet would give advice on cutting down and ultimately stopping completely. Once he received it, he read it thoroughly and filled everything in, and was impressed with the content overall.

"I'd looked at other things in the doctor's surgery, things on the wall, but this was a little bit more in-depth…When I totted it up, I thought 'good god'. I thought that I was spending that much and drinking that much. I had them both together and it's long-term disaster."

As a result of the leaflet, he now only drinks on a social basis – Friday nights with friends and maybe a couple on Sunday lunchtimes, and has stopped completely during the week. The leaflet made him aware of what he was doing to himself and so he's cut down, keeping track of what he drinks when he does go out.

"I haven't stopped drinking altogether but I'm not getting drunk and I'm not getting wobbly. I've cut down and, from having 8 or 9 cans a night, I don't bother. It's just a Friday night now and I don't get wobbly then – because of the price and I don't want to lose my job…. I know what my limitations are now, I know what I'm doing."

He now feels in control of his drinking, but feels the leaflet could have had a local contact number so people have someone they can go and talk to for additional support, which would be particularly beneficial; for those who don't have any family or friends to turn to.

"I suppose if it had a local number – a local circle where you could go and talk to someone face-to-face, on a one-to-one basis. That might have helped….If you need to talk to someone here's a local number you can call. I think that would help."

"Janet's case illustrates how the leaflet can be the first step towards changing your life, and also highlights some areas for future development of the leaflet.

Case Study 3: "Janet" - 48

A divorced mother of three, she works 30 hours a week for the NHS.

Her drinking problems began mainly when she met her son's father, and her consumption was affecting relationships with her children.

"He was a big drinker, and before that I never drunk…It all snowballed from there. He was drinking cider every night, every time I met up with him it was in the pub, and I know when I met him it all started."

In 2008, she returned from a holiday in Ibiza and became very depressed at being back in the UK, in a repetitive routine. She stopped going to the gym and was drinking over a bottle of wine every night. She was getting drunk every night, which worsened her depression and was affecting her relationships with her family.

"It was every single night. At the worst point I was drinking two bottles of wine a night, it was absolutely ridiculous. When I look back, I think 'What an absolute state.' I was absolutely off my head, texting and calling people, crying because the wine had made me depressed. My son was really upset about everything, asking me why I was doing it, I was trying to hide the bottles…I was sending her [her daughter] horrible text messages when I was drunk – alcohol was affecting everything."

She saw the leaflet advertised in the paper and ordered it, hoping they would offer her some advice. Her initial thoughts were that the leaflet included a good level of information, in-line with her expectations. The key element was the effect on her health – the quantities of wine she was drinking was beginning to have an impact on her health, and the leaflet provided more in-depth information on the long-term effects.

"I read through the leaflet and the main thing that shocked me was the medical conditions – it said about diabetes, and I know I was having problems with my blood sugar. I was pre-diabetic and I knew it was because of all the wine. Since I've cut it down, I don't seem to have that problem anymore."

Having read through the leaflet, she began to take steps to change her routine and get out of the habit of drinking as heavily. The leaflet had mentioned exercising, and this gave her the motivation to start going to the gym again, and looking at other ways to deal with her depression.

"I'm still drinking every night, but within the guidelines. I've got a plastic cup and I know how much to pour and it's a couple of [Weight Watchers] points, but it's not in the huge quantities I was having before."

Although she was happy with the content, she does have some thoughts as to how to improve the leaflets

"I think it would be good to have testimonials from people in the leaflet – like the Weight Watchers magazine, because then its like true life… It starts from the really bad to what you can achieve. It gives you motivation to stick to it."

"I went to another place – a drug and alcohol place, and I went there as well and they tried to help me cut down as well. So I'd offer that as help, for somewhere to go."

Whilst the above stories show how successful the leaflet has been, for some the leaflet alone hasn't been enough to convince them to reduce their drinking.

Case Study 4: "Karen" - 36

A 36 year old single mother, she admits suffering from bad depression and tends to medicate herself with alcohol.

Before getting the leaflet, she was "quite concerned" about her drinking, and drank daily on her own in the evenings at home. She believes her drinking is all to do with her depression and it is starting to affect her health (diarrhoea, tingling and numbness in fingers and feet, pain in her hip all the time).

"I think a lot of it is depression and I've had quite a rough past – that could be part of it – and it does tend to let you forget about things. I mean, if you drink everyday, you do feel strange until you've had one, and then you sort of feel a bit better about yourself."

She became aware of the leaflet in a magazine and thought it would make her more aware of the danger she's putting her body in, as well as how to cut down. However, whilst it did help, she thinks her problems are a more serious than what can be covered in a leaflet.

"I remember thinking if I wasn't as far into my addiction as I am, and I'd received this leaflet before I'd got so involved with drink, it probably could have stopped me…I think it's a bit more serious than what a leaflet can sort out."

Having received the leaflet, she sat and read it thoroughly, and thought it was well put-together, easy to read and good quality, particularly recalling the sections about setting goals and alcohol units. However, she does think that there needs to be more of a 'shocking' element to the content.

"You know the messages they're putting on the back of cigarette packets now with pictures of people with lung cancer … if they did a leaflet that's a bit more graphic about alcohol and probably show someone with serious liver problems, or even show a picture of an alcoholic's liver, that would make people think a bit."

Overall, the leaflet helped her identify that she has quite a bad drinking issue and prompted her into thinking more about it and seeking some proper help. However, the leaflet itself hasn't really had any effect on helping her control her drinking levels, but the additional support she has had is helping her cut down, although she still hasn't had any drink-free days yet.

"Now it's come down to having to visit the local alcohol advice group and they've given me a hospital appointment… I'm doing other things as well – I've got drink diaries and that where you write down every single drink and every single unit, even if you can only reduce it by 2 or 3 a week, try and do so. But there are other things I'm trying, like if you buy 4 cans of beer, try and sip half of one of them away. Things like that, lots of little things I'm trying to do until I can get my proper appointment. The leaflet did help."

One case study we interviewed felt particularly disenchanted with the leaflet and, as a result, threw it away before handing it to his friends and relatives for whom he had requested it.

Case Study 5: "Philip" - 63

A 63 year old man who works as a train driver, he considers himself in good health and has maybe half a bottle of beer once or twice a week. He requested the leaflet out of concern for his friends and family members.

One particular friend, with whom he goes walking, often wants to have drinking sessions, whilst his brother in law is a very heavy drinker. In addition, his brother starts drinking whiskey around 5pm, and then stumbles off to bed around 8pm "if he can get up the stairs". His brother's friends in particular are a worry, as they encourage him to fight when he's drunk.

"One time he collapsed on the pavement at 2.30am. Luckily the police came across him. He'd cut all the back of his head and they got him to hospital, and he thinks it was great fun."

He hoped the leaflet would be a starting point for his friends and relatives to cut down their drinking, but having received it, his overall impressions were quite low; h e found it didn't really cover what alcohol actually does to the body, how it affects you, and was expecting something a bit more hard-hitting that would shock you into realising what you're doing to yourself.

"I didn't think it was up to much at all…I have a medical every year and I go to BUPA, and in the waiting room there, they have a life size picture of a human body and all the organs, and it tells you what alcohol does to different parts of the body. And a smaller version of that, to get people to look at it and realise exactly what they're doing, would have been better."

Overall, the leaflet had little, if any, impact, and he didn't pass it onto his friends or relatives.

He thought it was a "complete waste of time – you get similar things to that in the papers" and threw it out after looking through it, finding it boring and not very informative.

He hasn't spoken to his friends or relatives about getting help elsewhere, and thinks something needs to be done about doctors and the legislation around drinking.

"Doctors are pretty big drinkers themselves. My brother's doctor told him that he's a big whiskey drinker himself. Once I went with my brother to the pub in the village, and we had a couple of pints, and his doctor was in there having a good few drinks himself. Seeing your doctor there knocking them back gave him the endorsement he needs"

"I think a lot of people think that, because alcohol is legal, it's reasonably safe – it's got to be safe, the government's endorsing it. It's only since the government started clamping down on smoking, that quite a few people have stopped smoking…because they don't want to be seen as a leper. How do you get people to stop drinking, or drinking as much, because it is more of a social thing."

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