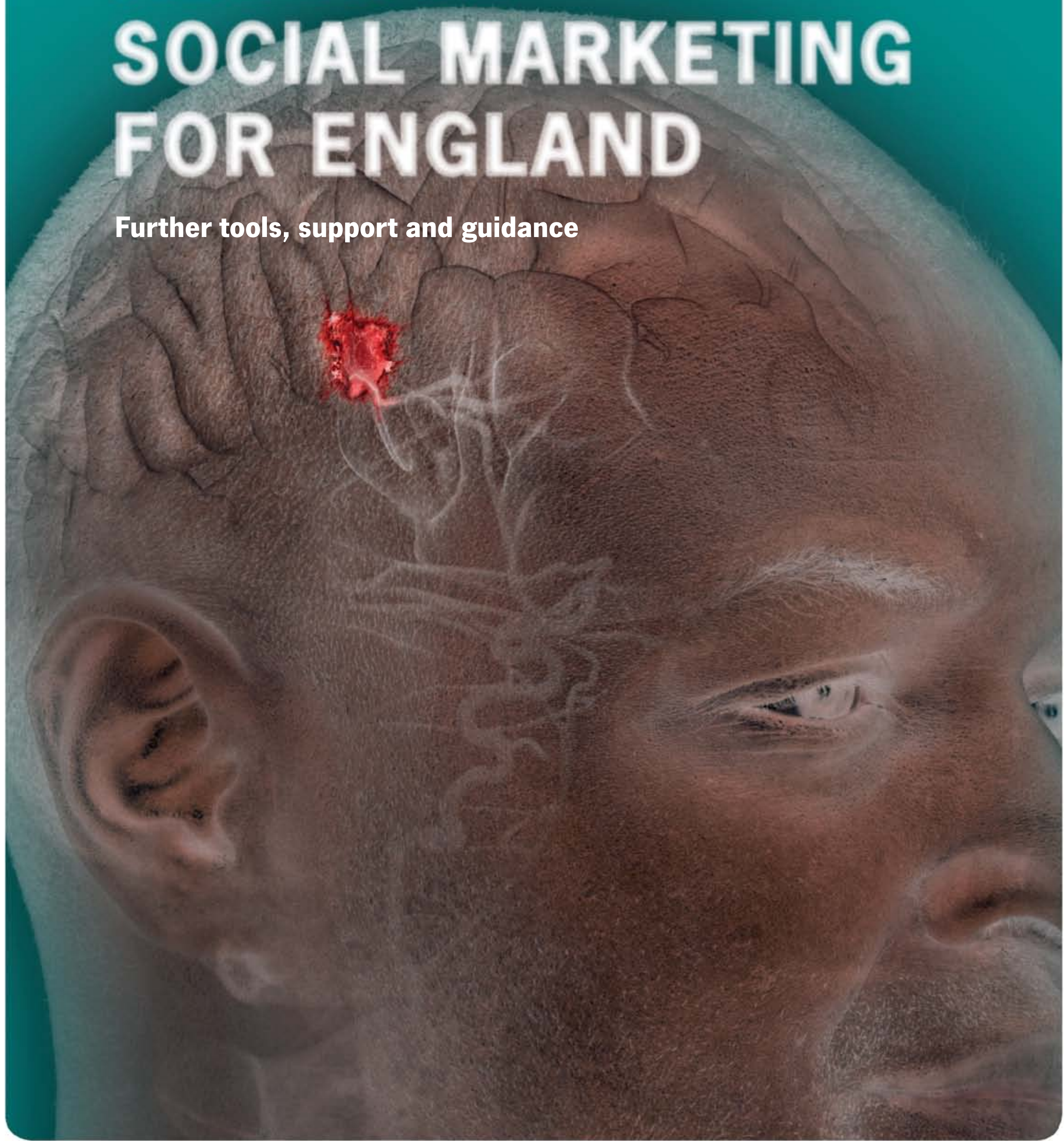
NHS

ALCOHOL SOCIAL MARKETING FOR ENGLAND

Further tools, support and guidance



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Policy HR / Workforce Management Planning / Clinical	Estates Commissioning IM&T Finance Social Care / Partnership Working
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Description	This toolkit provides guidance for social marketers working with PCTs to develop their alcohol social marketing activity. The toolkit has been designed to not just be of use to the PCTs themselves but also the external agencies that they work with to deliver their social marketing programmes. This guidance builds on an earlier DH toolkit produced in May 2009 (Alcohol Social Marketing for England: Working together to tackle higher risk drinking)
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Executive summary

Alcohol-related harm costs the NHS around £2.7 billion each year and has social and health consequences for drinkers and their families. The Department of Health (DH) is committed to reducing the rise of alcohol-related hospital admissions, which are currently increasing at a rate of around 73,000 per year.

Increasing and higher risk drinking is a national problem that needs to be addressed by local, regional and national action. Social marketing has been identified as one of the high-impact changes needed to reduce alcohol-related hospital admissions and de-normalise increasing and higher risk drinking behaviour.

DH's alcohol social marketing strategy began in 2007 and was showcased by the National Social Marketing Centre (NSMC) as World Class Practice in March 2009. The Know Your Limits (KYL) national alcohol campaign launched in 2006. The Units campaign, part of KYL, was rolled out by DH in 2008 to raise the public's awareness of units. Building on this, the Alcohol Effects campaign was launched in February 2010, to raise awareness of the unseen damage caused by increasing and higher risk drinking.

It is a fully integrated campaign that uses a variety of channels to take increasing and higher risk drinkers on a journey from clearly and unequivocally identifying themselves as the campaign target, through re-appraising their own drinking habits, and into a space where they not only believe alcohol reduction is achievable but they start their own sustained attempt to drink less. National campaign activity should be complemented by social marketing activity at a local level.

Social marketing uses a range of techniques and approaches, commonly known as a 'marketing mix', to help change people's behaviour in a clearly defined and positive way. A social marketing approach can be used to help achieve, and sustain, behaviour change with a target audience. Social marketing activity is very targeted, breaking audiences down into segments. It considers all of the possible influences that affect the way each segment behaves so that it can identify the best ways to help change this behaviour. The main aims of alcohol social marketing are to get people who are drinking at increasing and higher risk levels to reduce their consumption and to provide the necessary support and information to help them do so.

Executive summary

The NSMC has identified eight National Benchmark Criteria that can be used as a best practice checklist: customer orientation; insight; behavioural goals; segmentation; exchange; competition; methods mix; and theory. The NSMC Total Process Planning model identifies five stages of a social marketing project:

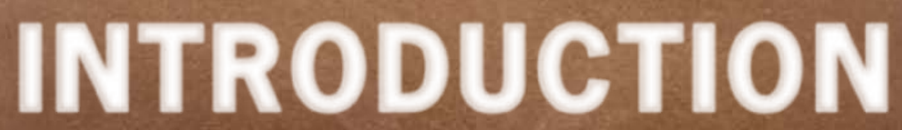
- **Scope:** Clear, actionable and measurable behaviour goals are developed by looking at existing research and expert views on increasing and higher risk drinking. The different audience segments that a social marketing project will target are identified
- **Develop:** Activities that are likely to bring about behavioural change are developed and tested
- **Implement:** Social marketing activity is delivered to the target audiences. Activity is monitored and refined if necessary
- **Evaluate:** Activity is evaluated to measure whether objectives and Key Performance Indicators (KPIs) have been met
- **Follow-up:** Findings are shared so all Primary Care Trusts (PCTs) can develop consistent and successful systems for behavioural change and alcohol related harm. KPIs are reviewed against national criteria

Audience segmentation is an essential part of social marketing. The DH alcohol social marketing segmentation tool identifies priority audiences by defining different segments and providing information about their characteristics. PCTs can use the tool, alongside their own knowledge, insights and research, to work out where key target audiences live in their area. The tool uses HealthACORN data, the 2006/7 alcohol attributable hospital admissions data from NWPHO and TGI (2009) data.

All social marketing activity needs to be evaluated at some level to identify how relevant, effective and efficient it is in meeting objectives. The DH alcohol social marketing evaluation tool provides the principles behind evaluation and the four key steps to putting it into practice.

The benefits of evaluation include: more effective marketing interventions; more experimentation; improved efficiency by investing in the things that work best; better informed budgeting processes; more accurate forecasting of outcomes; more effective management of expectations about results; increased consumer knowledge and insight; and enhanced credibility of social marketing.

PCTs can share their learnings or find out about other PCT's social marketing activity through **www.alcohollearningcentre.org.uk/smevaluation** or by emailing **socialmarketing@alcohollearningcentre.org.uk**


INTRODUCTION

Introduction

Increasing and higher risk drinking has social and health consequences for drinkers and their families, as well as a huge impact on NHS resources. Many thousands of people suffer from chronic illness or die each year directly because of their drinking or because drinking has contributed to a condition or illness.

These are not just people who are dependent on alcohol or even people who get drunk. They are people who regularly drink at levels that put them at risk of suffering from more than 60 medical conditions, ranging from cancer to liver disease and stroke. Many of them are not even aware of the risks that they are taking.

Social marketing alone may not be enough to make people change their behaviour – particularly when it comes to something like drinking alcohol, which is firmly embedded in our culture. Changing England's drinking culture and making sustained reductions in consumption among our target groups could take a generation or more. It is a problem that can only be successfully addressed through a combination of local, regional and national action – and this includes social marketing.

It is estimated that alcohol-related harm costs the NHS £2.7 billion each year[1].

What is increasing and higher risk drinking?

Increasing risk drinkers (who are at an increasing risk of alcohol-related illness) are defined as:

- Men who regularly drink more than 3 to 4 units a day but less than the higher risk levels
- Women who regularly drink more than 2 to 3 units a day but less than the higher risk levels

Higher risk drinkers (who have a high risk of alcohol-related illness) are defined as:

- Men who regularly drink more than 8 units a day or more than 50 units of alcohol per week
- Women who regularly drink more than 6 units a day or more than 35 units of alcohol per week

What is lower risk drinking?

Lower risk drinkers (who are at a low risk of alcohol-related illness) are defined as:

- Men who don't regularly drink more than 3 to 4 units a day
- Women who don't regularly drink more than 2 to 3 units a day

Introduction

About this toolkit

A 2009 DH consultation[2] showed that many PCTs are unsure about how to carry out fully effective social marketing activity. In response, DH developed 'Alcohol Social Marketing for England: Working together to tackle higher risk drinking' in May 2009. This new toolkit builds on this previous guidance by offering more detailed information about social marketing best practice as well as tools to help you carry out segmentation and evaluation more effectively. We hope that this toolkit provides helpful guidance, allowing you to apply your communications and social marketing skills to develop effective local interventions.

New social marketing tools

Feedback from PCTs has identified segmentation and evaluation as the two areas that people find most difficult to carry out. To address this, two new social marketing tools have been developed. The DH alcohol social marketing segmentation tool described on page 21 will help you to define your priority audiences and work out exactly where they live in your area. The DH alcohol social marketing evaluation tool on page 25 gives you the principles behind evaluation, explains why it's so important and provides a practical step-by-step guide to evaluating your own social marketing programmes. Both tools can be used for social marketing programmes of all sizes.

Who is this guidance for?

This guidance is for marketing and communications professionals within PCTs, as well as the external agencies and local stakeholders that you work with to deliver your social marketing programmes. It aims to help you develop, deliver and evaluate your own social marketing activity to tackle increasing and higher risk drinking in your area.

Alcohol-related hospital admissions

Over the last decade, alcohol-related hospital admissions have doubled, broadly in line with rises in alcohol consumption. Alcohol-related admissions are now increasing at a rate of around 73,000 per year. DH is committed to slowing the rise of alcohol-related hospital admissions until 2010/11 (PSA 25, Indicator 2). DH has identified social marketing as one of the high-impact changes needed to reduce alcohol-related hospital admissions and de-normalise increasing and higher risk drinking behaviour.

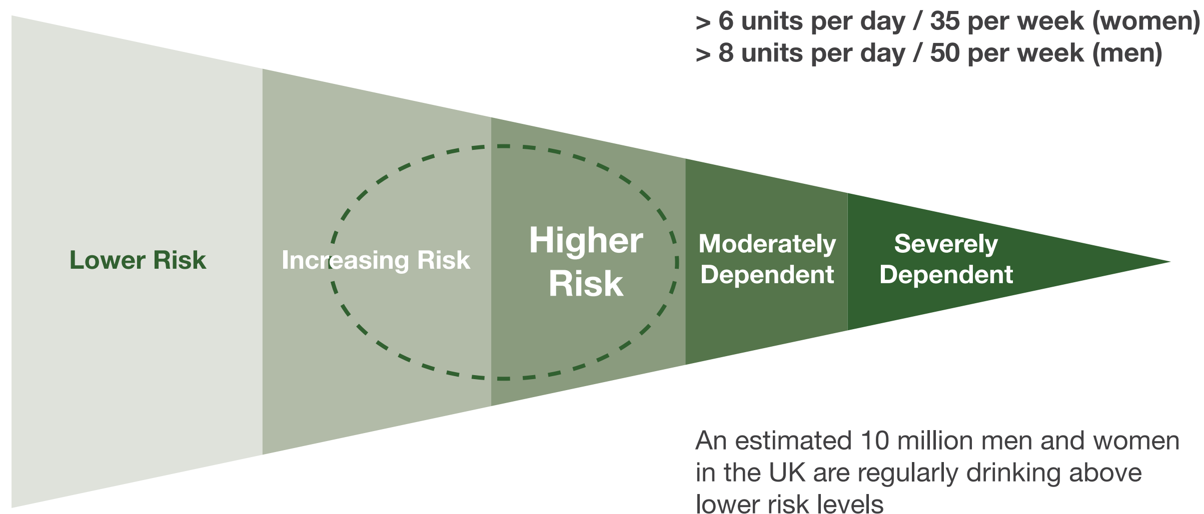
Who are increasing and higher risk drinkers?

The challenge for all of us is how to target and engage with increasing and higher risk drinkers. Although binge drinking is often in the media and usually associated with young adults, it is typically older drinkers, aged 25 and over, drinking at increasing or higher risk levels for a sustained period of time who will suffer longer-term alcohol-related illness or death. The target audience for the national campaign (see page 9) is 25-55 year olds from lower socio-economic groups (SEGs), who experience the highest proportion of alcohol-related hospital admissions and appear most responsive to the targeted marketing interventions we have designed to date. Older drinkers appear to be less responsive to traditional promotional work. DH is testing a route that uses the NHS as a channel to reach them.

The DH alcohol social marketing segmentation tool described on page 21 will help you to break audiences down into segments so that you can influence increasing and higher risk drinkers effectively.

It's important to remember that people can move in and out of increasing and higher risk drinking throughout their lives, depending on their circumstances. We need to consider all drinkers and in particular those exceeding the lower risk guidelines, not just those drinking at increasing and higher risk levels.

Introduction



The alcohol social marketing strategy

DH initiated the alcohol social marketing strategy in May 2007. In March 2009, it was showcased by the NSMC as World Class Practice. Key highlights so far include:

May 2007 – November 2007 DH scoping and strategic development

A 2007 DH scoping study showed that:

- There is widespread public ignorance of the health consequences related to increasing and higher risk drinking
- Lower SEGs experienced greater alcohol-related harm, with males over the age of 35 most commonly at risk
- Identification and Brief Advice (IBA) is an effective way of engaging with the target audience. IBA involves giving simple advice to people drinking at increasing or higher risk levels who may not be seeking help for an alcohol problem. One in eight of those identified in primary care by an IBA programme as regularly drinking above the lower risk limits respond to this advice and cut back their alcohol consumption to within the lower risk limit[3].

Through qualitative research, DH developed a psychological profile of audience segments. Awareness of health risks was shown to be a key factor in influencing decisions about alcohol consumption.

December 2007 – May 2008 Initial testing

A Customer Relationship Management (CRM) process was developed to provide drinkers with advice and support – effectively the first steps upon a path to reduced alcohol consumption. Other activity included:

- Changing the public-facing language used to one based on risk
- Developing materials that delivered ‘virtual’ IBAs, including the Drinkcheck website and the Your Drinking & You booklet
- Promoting awareness with frontline healthcare practitioners

September – December 2008 Acquisition pilot

A pilot to acquire ‘new’ higher risk drinkers was run in the North West, which has the highest rate of alcohol-related hospital admissions in England. Targeting was very accurate with responses from the appropriate SEGs, with an equal gender split. Three creative routes were tested and general health came out top, over cancer and liver and heart problems. This work was repeated in the East Midlands with similar results.

The ‘Know Your Limits’ (KYL) Units campaign, 2008

The national KYL alcohol campaign was launched in 2006. This was followed by the launch of a further campaign in 2008 to inform drinkers about the number of units in alcoholic drinks and begin to increase public understanding that alcohol was an issue for us all. The campaign used iconic imagery to show how many units are in typical alcoholic drinks, such as glasses of wine and pints of beer. It also warned people about how regularly drinking too much can damage health. The campaign included adverts on TV, radio, billboards and in the press.

The Alcohol Effects campaign, February 2010

Building on the KYL campaigns, DH launched a national campaign in February 2010 about the unseen effects of drinking at an increasing or higher risk level on a regular basis.

Using hard-hitting images of body scans, it showed the unseen damage that alcohol can cause. The harms covered included: cancer of the mouth; breast cancer; high blood pressure; and stroke. By making people aware of these harms, the campaign aimed to make them think about their drinking and to reduce it to a lower risk level.

The national advertising to launch the campaign featured joint branding from the NHS and three key charities – Cancer Research UK, the British Heart Foundation and the Stroke Association. Research with increasing and higher risk drinkers showed that talking about a range of alcohol-related health harms, using a range of credible independent voices was likely to have the greatest impact.

The campaign uses the full media mix to support the behaviour change model (see next page). TV and print advertising are used to help the target audience self-identify and start the process of displacement. This is supported by partnerships with magazines and PR. The empowerment and support stages of the behaviour change journey are delivered through direct marketing to 8.75 million households encouraging people to join the CRM programme, information for health professionals, a text message support service and a new campaign website. Practical advice, including eight tips for cutting down on your drinking, is delivered through the CRM programme, the national press campaign and the website.

Introduction

2010 Alcohol Effects campaign adverts

Behaviour change model developed for the Alcohol Effects campaign

What the campaign journey could look like...

A unifying campaign proposition:

- An integrated campaign to take increasing/higher risk drinkers on a unified behaviour change journey
- One overarching core proposition with a range of messages, sources, channels allowing drinkers to opt in (pull not push)

STEP 1 IDENTIFY	STEP 2 DISPLACE	STEP 3 EMPOWER	STEP 4 SUPPORT
Ensure increasing and higher risk drinkers clearly and unequivocally identify themselves as the campaign target	Displace their misperceptions of the risk attached to their drinking	Plant the seed that alcohol reduction is achievable	Tips and strategies that support their own, natural approach and focus on ways to sustain change

Role of communications campaign (Steps 1–3)

Role of CRM journey (Steps 3–4)

Evaluating the campaign

The Alcohol Effects campaign is being evaluated using a range of different measures, including qualitative and quantitative research, and follows Test-Learn-Refine, an essential social marketing principle – see page 27.

Applying national testing locally

There are multiple metrics to measure the extent to which each channel or route influences people to reconsider their drinking and drink less over a sustained period of time.

Proposition testing showed that various age groups respond in different ways to different approaches – hence the need for a variety of routes.

Target audience

The campaign targets increasing and higher risk drinkers as they contribute to the growth in alcohol-related hospital admissions. To help these drinkers self-identify, the advertising uses drinks rather than units, highlighting the increasing risk at two pints of strong beer a day or two large glasses or more of wine a day. This advertising was tested as the most meaningful and impactful way for the target audience to relate to the messages. Campaign leaflets also give information on the lower risk limits to ensure messages don't contradict the wider units-based advice and limits.

The age range of the target audience for the above-the-line campaign is between 25 and 55 years old, which is broader than our core target audience of 35 to 55 year olds.

Although 25 to 35 year olds are not the core target audience, targeting them with information contributes to their understanding of the health harms associated with alcohol and helps prepare the ground for future marketing. Audiences who are between 35 and 55 years old are more likely to consider long-term health harm than audiences who are younger and older than this group.

Generally, this audience doesn't think that their drinking is a problem and they think they are in control of it. They tend to think that the only people who really get ill from drinking are dependent drinkers. who will suffer some kind of liver disease.

The audience segmentation is now available for use by the NHS. It was principally drawn from hospital admissions data, HealthACORN, and TGI. See page 21 for full details of the DH alcohol social marketing segmentation tool and how you can use this for your own social marketing activity.

Older people
People who are 55 or over appear less receptive to traditional consumer-focused marketing. They tend to view themselves as 'survivors' and are not very receptive to 'official' messages. However they do appear to listen to their GP. DH will test a route that targets older people through the Life Channel on surgery TVs and accompanying leaflets. The activity will focus on the pre-existing health conditions that they may be managing and living with as a lever to get them to consider their drinking behaviour.

Working with the NHS

DH is working in partnership with PCTs, SHAs and other partners throughout England. In the first quarter of 2009, DH began working with a coalition of PCTs in East Midlands to target their populations. In February 2010, the North East, North West and East Midlands regions up-weighted the Alcohol Effects campaign in various ways, including further targeted marketing and evaluation. GPs and pharmacists were also provided with further materials and support to deliver IBAs.

The national campaign and you

Your social marketing should mirror and reinforce the national campaign activity, making both your activity and the national campaign more effective. As with the Alcohol Effects campaign, focus your activity on the harms that alcohol causes to try to encourage behaviour change.

This guidance will help you to make sure your social marketing activity fits with the national campaign. You can download and order national campaign materials by visiting: **www.alcohollearningcentre.org.uk**

BEST PRACTICE IN ALCOHOL SOCIAL MARKETING

Social marketing uses a range of techniques and approaches, commonly known as a 'marketing mix', to change people's behaviour in a clearly defined and positive way. Its aim is to achieve a particular 'social good', rather than commercial benefits – even though it uses many of the same methods as commercial advertising and marketing.

However, social marketing can also use techniques that are not necessarily about communication – for example, changing the way that a service is delivered or encouraging other changes to the target audiences' environment – and can be considerably more challenging than its commercial cousin as it often deals with embedded lifestyle behaviours.

Social marketing activity is very targeted as audiences are broken down into segments. It considers all of the possible influences that affect the way each segment behaves so that it can identify the best ways to change this behaviour.

When and why to carry out an alcohol social marketing programme

A social marketing approach should be used when the aim is to achieve, and sustain, behaviour change with the target audience. The audience is at the heart of the social marketing approach. Considering what will best encourage them to change, it avoids assumptions about what different groups believe, what will motivate them and what might stop them. The approach allows for people at every stage – from unaware of the problem to ideal behaviour.

It goes beyond awareness raising and is the approach that we recommend when we're looking to change the way people think and act.

'We want to understand what social marketing really is. We all think we do, but I'm not sure. I would like a definition, to know how it can help and to know how we know it's helped.'

Drug and Alcohol Action Team (DAAT) Strategy Manager

NSMC benchmarking criteria

The NSMC has identified eight National Benchmark Criteria. These explain the key concepts that inform social marketing and can be used as a best practice checklist for your own social marketing programmes.

Using the criteria can help us all to be consistent in our approach and this will help to increase the impact of our work. The criteria have also been designed to help us all share our social marketing knowledge and to evaluate different types of intervention. For a template to help you share your evaluation see page 30.

1. **Customer orientation:** Put the customer at the centre of all your decision-making processes so that you fully understand your target audience

2. **Insight:** Use research to identify 'actionable insights'. These are key pieces of understanding that will underpin your programme development

3. **Behavioural goals:** Aim to change people's actual behaviour rather than just their attitudes by setting out clear measurable behavioural goals with timescales

4. **Segmentation:** Identify audience 'segments' which have common characteristics, and tailor your interventions appropriately

5. **Exchange:** Consider both the benefits and the costs of encouraging people to adopt a new behaviour. This will help you to maximise the benefits and minimise the costs to create an attractive exchange

6. **Competition:** Find out what competes for your audiences' time, attention and inclination to change. Work with or learn from the competition

7. **Methods mix:** Use a mix of methods to bring about behaviour change, including education, support, control and design techniques

8. **Theory:** Use behavioural theories to understand human behaviour and inform your programmes

Social marketing and alcohol

The first step in any social marketing programme is to define your objectives. The main aims of alcohol social marketing are:

- To get people who are drinking at increasing and higher risk levels to reduce their consumption
- To provide the necessary support and information to help them do so

Set behaviour change objectives and measure against national indicators

When working on social marketing alcohol programmes, make sure you measure programme benchmarks against national indicators to ensure consistency and objectivity. The Government has developed a number of key indicators in their efforts to reduce alcohol-related harm. Broadly, these measure perceptions of anti-social behaviour, alcohol misuse by young people, and alcohol-related hospital admissions.

The overall aim of all our social marketing activity – at a local and national level – is to reduce alcohol-related hospital admissions.

'We understand the theory – but how does the practice work?'

Public Health Consultant

Working with an external agency

External agencies with expertise in social marketing can help you with your social marketing programme. You can commission an agency to undertake your entire programme from scoping through to evaluation or you can carry out a specific stage or element. For example, you could appoint a specialist evaluation agency to conduct an independent evaluation or a market research agency to conduct primary research as part of the scoping stage.

Agree processes and procedures at the start of the project, ideally through a face to face kick off meeting. At this meeting, aim to:

- Identify the project manager on both sides
- Establish agreed reporting mechanisms and timings
- Agree outputs (what the PCT can expect to see from the agency and when)
- Agree targets and KPIs for the specific activity the agency is undertaking, based on the programme aims and objectives and how they will be measured
- Tell the agency about existing PCT expertise and capability to avoid any duplication of activity
- Set a budget with the agency and agree costs

Provide the agency with an update on any activity undertaken on the project before they were appointed, details of key stakeholders they should speak to and any existing insights held by your PCT. Examples of useful insights include:

- Attitudinal research undertaken previously with the target audience (this doesn't have to be in relation to alcohol specifically, other insights can be useful too)
- Examples of existing and previous communications materials that promote lower risk drinking or other campaigns aimed at the target audience
- Evaluation of previous communications campaigns focusing on alcohol
- Relevant statistics, such as local hospital admissions data or other data used to inform the local Joint Strategic Needs Assessment
- Local audience segmentation data

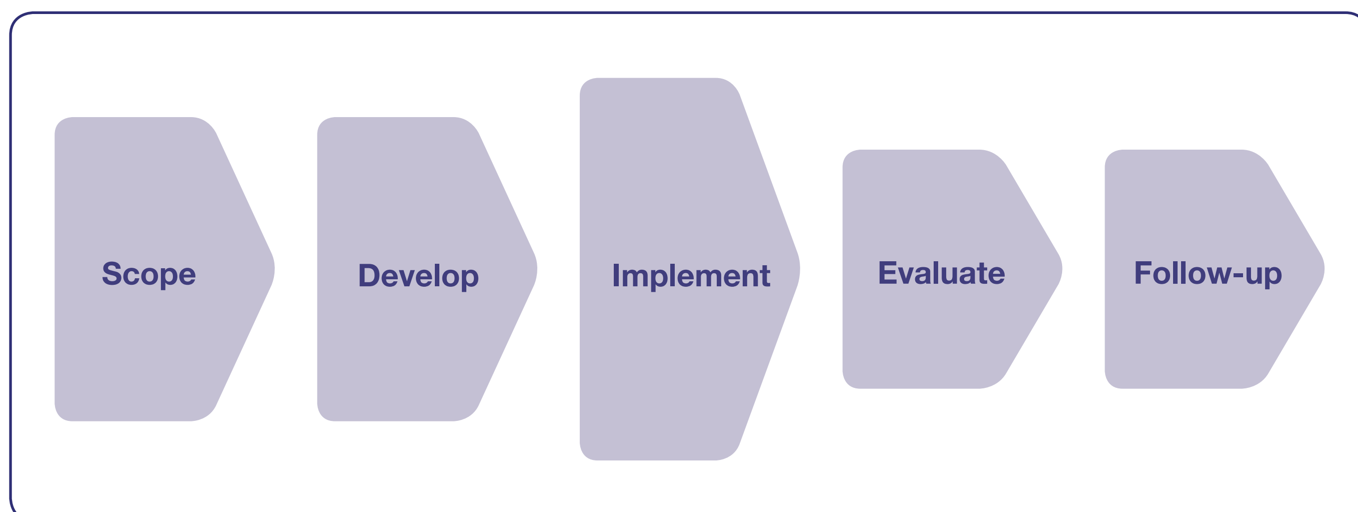
The NSMC has a useful guide to the procurement process and specific advice about how to write a tender brief. Download it from 'Tools' in the 'Resources, documents and presentations' section of **www.nsmcentre.org.uk**

DH would like you to share your evaluation through the Alcohol Learning Centre (ALC) website, using the evaluation template on **www.alcohollearningcentre.org.uk/smevaluation** and discuss your social marketing activity in the online forum.

Total process planning model

A social marketing programme can be divided into five key stages, as shown in the NSMC total process planning model below. Each stage is subsequently explored in more detail.

Total process planning model



Scope

If you've done any social marketing already, you'll know that investing time in the scoping stage is critical to the success of your programme. At this stage, you will:

- Develop clear, actionable and measurable behaviour goals, by looking at existing research and expert views on increasing and higher risk drinking
- Identify the different audience segments that your social marketing project will target

Key elements of the scoping stage include:

Consult with stakeholders

Consult with stakeholders to find out more about the behaviour and motivational factors of your target audiences. Identify who the major stakeholders are within your local community – for example health practitioners, local councillors and voluntary groups.

If possible, set up a stakeholder steering board for your intervention, which will help you to get a balanced perspective on the problems around behavioural change and alcohol-related harm.

Review information

Review any information that you already have. Use preliminary research to identify the scale of the problem – for example, set a benchmark based on local data to measure behaviour change.

Understand your audiences

Your target audience may be a substantial proportion of your local population – but you cannot take a 'one size fits all' approach to reaching them.

Identify the different types of increasing and higher risk drinkers to get a deeper understanding of the kind of people they are. Look at why they drink, but also other factors in their lives – for example, where they live, what media they consume, how they spend their money and what motivates them to think about their own health. Use your insights into their values and attitudes to develop targeted communications that will effectively engage them when it comes to the delivery stage. You also need to understand their other priorities and what else is competing for their time.

Look at increasing and higher risk drinking in the context of other chronic health issues such as heart disease and lung disease and the associated behavioural changes required relating to diet and smoking.

Quantitative and qualitative research

Carry out research to find out more about your target audiences' behaviour and influences.

- Qualitative research explores people's attitudes, behaviour and experiences through methods such as in-depth interviews or focus groups. These methods give researchers an in-depth understanding of the perspective of members of your target audience. Qualitative research would include audience insights from the ALC that can help you understand more about increasing and higher risk drinkers
- Quantitative research generates statistics through large-scale survey research, using methods such as questionnaires or structured interviews. This type of research reaches many more people but the contact with those people is much quicker than it is in qualitative research. Quantitative research involves gathering factual data, such as statistics, so that it can be examined in as unbiased a manner as possible. An example of quantitative research would be taking a representative sample of alcohol-related injuries in the area of your study

The difference between primary and secondary research

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

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

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

Segment your audience

Identify audience 'segments', which have common characteristics so that you can tailor interventions appropriately.

Segmentation traditionally focuses on demographic and epidemiological factors such as age, sex, class, culture and education. Social marketing gives an additional focus to behavioural factors.

Use the DH alcohol social marketing segmentation tool alongside your own primary and secondary research and insights. As well as helping you to understand your audience segments, it will identify where they live in your local area. This will help you to develop targeted marketing and communications, using the most effective routes and channels. See page 21 for more details.

Evaluation

Evaluation is not just a stage at the end of our social marketing activity. It's something that should be thought about from the start. At the scoping stage, you should be setting KPIs that will help you to measure the success of your activity, and be clear about how you will measure them. The DH alcohol social marketing evaluation tool included in this toolkit can help you to make sure that evaluation informs each stage of your activity. See page 25 for more details.

Develop

You've segmented your audience and decided what research methods you are going to use. Now develop and test activities that are likely to bring about behaviour change. Key elements of the developing stage include:

Look at current services and service provisions

Find out if current services and service provisions can be incorporated into your social marketing programme.

Involve stakeholders

Involve key local and regional stakeholders to help endorse and implement your programme.

Look at national messages

What are the key messages that are being delivered through national campaigns? Use them locally if they are relevant. This will mean that the national campaign will reinforce your activity and vice versa. See page 7 for details of the national Alcohol Effects campaign.

Use behaviour change theories

Use behaviour change theories to inform your campaigns. The stages of change model recognises that audiences fit into different stages of change or likelihood to respond to interventions designed to change behaviour. These stages are:

- Pre-contemplation – people who aren't concerned about their drinking and are not thinking about changing their behaviour
- Contemplation – people who might be aware that they are drinking too much and might be considering changing behaviour
- Preparation – people who are thinking about changing their behaviour and are getting ready to act
- Action – people who are doing something about their drinking – they may have attended an appointment with their GP or an alcohol service
- Maintenance – people who are no longer increasing or higher risk drinkers – they are drinking at lower risk levels
- Transformation/closure – people who have remained lower risk drinkers – lower risk drinking is their normal behaviour

Develop a barrier and exchange model

Develop a barrier and exchange model to base your programme on by looking at national insights into audience motivations and barriers to reduce drinking.

Barriers

Barriers are the internal or external factors that prevent your audiences from changing their behaviour. In the case of alcohol, barriers to change might include:

- **Motivations to drink:** Drinking gives people pleasure and can relieve boredom. It's socially accepted and has manageable side-effects
- **Identified barriers to reduction:** Confusion around alcohol units, knowledge of risks of excessive alcohol consumption, disassociation from the issue of 'problem drinking'
- **Competition:** Your social marketing activity may have to compete with advertising that promotes alcoholic drinks
- **Little understanding of lower risk drinking guidelines:** Drinking at lower risk levels is often thought to be about whether a person can handle the consequences the next day, which is not the case

Exchange

Exchange is a way to understand the costs and benefits that a target audience associates with a desired behaviour change. It is based on the concept that people compare the costs and benefits of performing a behaviour before actually doing it. So exchange aims to maximise the benefits and minimise the costs to create an attractive exchange.

Example: Excerpt Drinks Diary from a Times Article[4], from COI research: Timothy, a lawyer from London. Married with three children: *'I have a drink every day. I can't remember the last time I did not have a drink. It was probably the day I went into hospital for a minor operation about two years ago. I cycle to work every day and eat healthily. I don't think I have an alcohol problem, but I do look forward to my first drink of the day.'*

Evaluation

Focus on your outputs and outcomes. Develop activities in line with the KPIs you identified at the scoping stage. Test and review your plans with the target audience before rolling them out more widely. This might include primary research with stakeholder groups to gather feedback.

Barriers	Exchange
I've been doing this for 30 years and it's never hurt me	Many consequences of drinking too much develop over time – reducing your alcohol intake is a simple way to help you stay fit and healthy
I don't need you to tell me what to do	It's your decision, but reducing your intake can really help your health and wellbeing
I'm pretty healthy, so it doesn't matter if I drink a bit too much	It's your decision, but drinking can cause damage that you can't see
I don't think my drinking is a problem	Many people consume more than they realise with potentially serious risks to their health. Find out if your drinking could be causing you harm. Visit **www.nhs.uk/drinking**
I'm not drinking any more than any of my peers	You may enjoy life more if you reduce your alcohol intake – why not give it a try?

Implement

This is the stage where you deliver your social marketing activity to your audience segments. Actively monitor your activity – you may have to adjust and refine it even at this stage. Tackle any issues and problems and keep an eye out for other potential opportunities. Make sure you record and capture data so that you can evaluate your success.

Use a mix of methods

Use a mix of methods to prompt and facilitate behaviour change, including education, support and control and design techniques. For example:

- Training for staff and community volunteers
- Learning workshops with local and service delivery groups
- Community-specific interventions
- Service change
- Engagement with GPs
- Marcomms, PR and media strategies

Use national resources

Resources have been developed by DH for you to use in your alcohol social marketing programmes. See **www.alcohollearningcentre.org.uk** for more information.

Keep working with stakeholders

Deliver your social marketing activity in partnership with your stakeholders – from people in the community to local authorities and PCTs. Get the most out of existing activity and gain new valuable insights.

Evaluate

Evaluation is an important part of each stage of your social marketing programme. The DH alcohol social marketing evaluation tool is included on page 25.

Follow-up

Share your learning so all PCTs can develop consistent and successful systems for behavioural change to address alcohol-related harm. Review your KPIs against national evaluation criteria to monitor progress and share best practice. Use the DH evaluation template on page 30 to record information about:

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

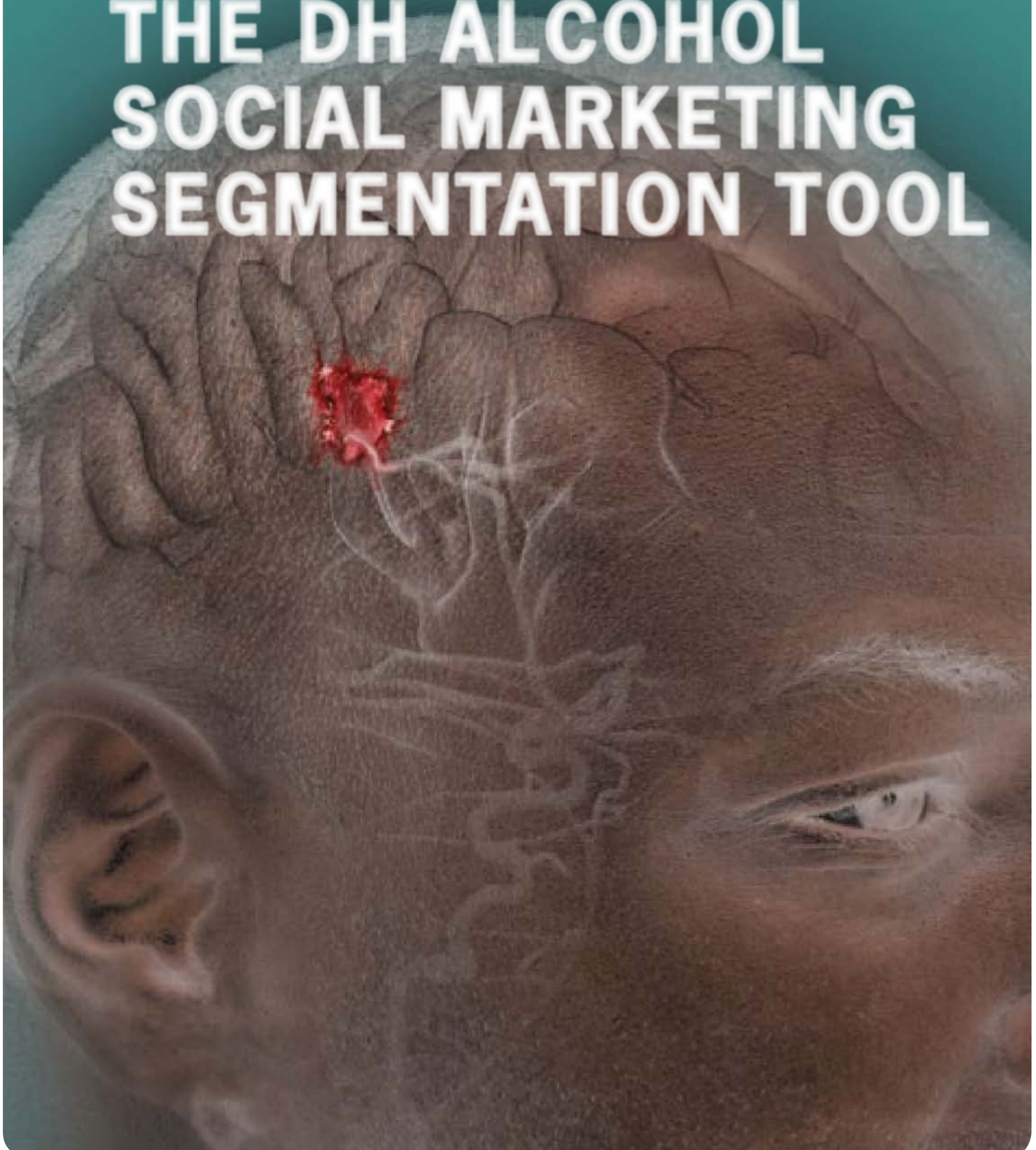
For more information or to share a best practice example, visit the ALC website:
www.alcohollearningcentre.org.uk

Social marketing checklist

Is your social marketing programme ready? As you go, check your progress against the following list:

1. Define your objectives – what change do you want to see and who do you want to target?
2. Use the total process planning model (page 15), to work out what resources you need to deliver
3. Assess what internal and external support you will need, when you are going to need it and how to get it. Refer to our guidance on commissioning external agencies if needed (page 14)
4. Use desk research to identify the scale of the problem
5. Consult with stakeholders as necessary
6. Segment and map your audience using primary research and national insights
7. Identify the barriers and exchange for your audience
8. Develop an initial campaign proposition to test, using behaviour change theory (page 17)
9. Refer back to national messages and materials and use if appropriate (page 9)
10. Develop, test and refine a mix of methods (page 17)
11. Evaluate by referring to original aims and objectives and recording lessons learned (page 18)
12. Follow up with relevant decision-makers and stakeholders, and share best practice (page 19)

THE DH ALCOHOL SOCIAL MARKETING SEGMENTATION TOOL



The DH alcohol social marketing segmentation tool

As already discussed in this toolkit, audience segmentation is an essential part of social marketing. Our campaign activity aims to target increasing and higher risk drinkers but, in many areas, this could be a substantial proportion of the local population. There is no 'one size fits all' approach that will reach all of them.

The DH alcohol social marketing segmentation tool has been designed to help you identify your priority audiences by defining different segments and providing information about what they are like. You can search the data by PCT, segment and postcode, to find all postcodes in your PCT area where priority segments are located. Use this to target each segment with the most cost-effective and appropriate communications, which will greatly increase your chance of changing their behaviour.

How the segmentation tool was developed

The segmentation tool was initially designed for the national campaign described on page 7. It has now been adapted and extended so that all PCTs in England can use it for their social marketing activity. It will help you to make sure that your work reinforces the national activity.

How to use the segmentation tool

The segmentation tool has been developed to be as intuitive to use as possible and will allow you to quickly and easily see a snapshot of where the different segments live in your area. This mapping has been designed to be used alongside, not instead of, your own knowledge, insights and social marketing research. Run your own secondary and primary research around your target audiences to identify particular barriers and motivators to behaviour change. This will enable you to implement effective communications campaigns for your local audiences.

The segmentation tool has been designed for communications campaign planning and guidance around alcohol. It doesn't just show where priority audiences live, it also looks at factors like responsiveness to direct marketing and the media. It shouldn't be used to guide policy planning or commissioning. Similarly, it can't be used for social marketing activity into different health issues.

'We target people but we could be a lot slicker.'

DAAT manager

The DH alcohol social marketing segmentation tool

What's in the segmentation tool?

The segmentation tool is available from the social marketing pages of **www.alcohollearningcentre.org.uk**

It has four core elements:

1. Pen portraits of the social marketing drinking segments
These provide a brief description of the types of people in each segment in terms of their age, affluence, drinking behaviour and hospital admissions – see box opposite for details. Within the pen portraits there are index figures next to criteria such as hospital admissions, types of drink and income, which can be compared to the UK average. The average, or base, is always 100. Therefore:

- An index of 100 indicates that this criteria is the same as the UK base for the audience being discussed
- An index of over 100 shows above average representation – for example 140 shows that this variable is 40% above average
- An index of under 100 shows below average representation

2. Descriptive spreadsheet
This provides a more detailed breakdown of the population in each segment. It includes more detailed demographic information, and information on media consumption and drinking behaviour.

3. Postcode directories
These are provided at PCT and national level. They contain all the postcodes in your PCT where people from different segments live. This information includes population and household counts. Use the directories to code up service users or campaign respondents so that you evaluate your work more effectively. You can search to identify all of the postcodes that are in a particular segment or identify the segment of a particular postcode.

4. A3 maps in pdf format
Print these to get a quick picture of where the segments are located in your PCT.

The segments

The segmentation tool identifies eight segments that describe different kinds of increasing and higher risk drinkers. These are numbered from 6 to 13. Segments 1 to 5 are not included because they are not part of the target audience.

The eight segments are described briefly below with more details available from the tool itself. DH recommends that the primary segments to focus on are 10,12 and 13. The secondary segments are 8 and 9.

Primary segments

Segment 10
This includes high numbers of pensioners, who are generally in poor health with conditions that include asthma, angina and heart problems. They have high acute hospital admissions. They often live alone and in local authority flats. As well as drinking beer and spirits, they are likely to smoke. They tend to read tabloids.

Segment 12
This includes people with a broad range of ages, who are likely to live in terraces, often in former industrial areas. They generally have the worst levels of overall health, with asthma, cholesterol and heart conditions as well as high acute hospital admissions. They are likely to smoke and drink beer and lager, at home and in pubs. They tend to read tabloids.

Segment 13
This includes young people in their 20s who have a very high rate of acute admissions. They are likely to live alone in local authority flats or hostels, be unemployed and some are single parents. They are likely to drink large amounts of both beer and spirits and to smoke. They tend to read tabloids.

Secondary segments

Segment 8
This includes blue collar workers, living in post-industrial parts of England, who often live in terraces or semi-detached houses that are rented from local authorities. With high hospital admissions, they are likely to smoke and to drink bitter, lager and spirits, mostly at home. They tend to read tabloids.

Segment 9
This includes parents in their late 20s to early 30s who have several young children. Many are divorced and/or single parents. They are likely to live in flats or terraced houses and to be unemployed or unskilled. With high hospital admissions, they are also likely to smoke, eat fast food and drink vodka and canned lager. They tend to read tabloids.

Other segments

Segment 6
This includes affluent, young people, aged under 30 who are either students or graduates, often living in private flats. Although their hospital admissions are low, they tend to drink a lot of wine. Apart from that, they are likely to have healthy lifestyles. The media they consume usually includes broadsheets and the internet.

Segment 7
This includes affluent professionals who are over 45, often living in their own detached homes and with household incomes that are more than £50,000. They are generally healthy – despite eating a lot of rich food – and have low hospital admissions. They are likely to drink bitter in pubs but are unlikely to smoke. They tend to read broadsheets.

Segment 11
This includes students and unemployed young people who live alone or share flats, often in multi-ethnic student areas. Likely to be binge drinkers and smokers, they usually drink draught lager and spirits. Despite this – and high rates of depression – they are physically healthy. The newspapers they tend to read are quite diverse, including both tabloids and broadsheets.

How the segments were developed

The segmentation tool will have a usable lifetime of approximately three years.

The latest available data was used, including:

- HealthACORN, which describes overall health inequalities in the population and is already widely used within the NHS
- The 2006/7 alcohol attributable hospital admissions data from NWPHO. This is crucial in that it quantifies which types of people are causing an impact on NHS resources. Both chronic and acute admissions were examined
- TGI (2009) data. This gives penetration of people who are heavy users of almost all types of alcohol and can explain which types of drink different segments are drinking to harmful levels

The data used to describe the segments can help you to visualise the segments, which will support your planning. It includes data about age, income, employment, presence of children/household structure, health issues/activity levels, media consumption, alcohol consumption and hospital admissions. Sources included the Family Expenditure Survey and CACI Ocean Data. The use of HealthACORN data removes the need to purchase additional HealthACORN or MOSAIC data relating to alcohol social marketing. However, for other health issues such as flu immunisation or obesity, other data sets will still be required.

Breaking data down further

If needed, it is possible to break the data down further, for example by age, ethnicity and/or SEGs. However, there is a charge for this. To find out more, contact **socialmarketing@alcohollearningcentre.org.uk**

Different interventions for different segments

Since this segmentation is new, we are still exploring and testing what works with different segments. However, key findings from research and planning into the national campaign are available on the ALC website. We'd also like you to share your own findings of what works with each segment. You can do this by sending details of your activity to: **socialmarketing@alcohollearningcentre.org.uk** Post the information from your evaluation on the ALC social marketing forum at: **www.alcohollearningcentre.org.uk/smevaluation**

THE DH ALCOHOL
SOCIAL MARKETING
EVALUATION TOOL

We know that social marketing can influence consumer health behaviours, but when we spend public money we have a responsibility to quantify the impact of our activity. This means evaluating the outcomes of our activity and identifying how relevant, effective and efficient it is in meeting our objectives. Evaluation helps us to continually learn and improve so that we can refine and invest in the activity that works – and stop the activity that doesn't work.

Evaluation isn't something that can be done every now and then – every piece of social marketing activity needs to be evaluated at some level. This evaluation tool gives you both the principles behind evaluation and the steps you need to put this into practice. A fuller version of this tool is available on the ALC website. The extended version is designed to be of particular use with larger and more complex campaigns. Visit: **www.alcohollearningcentre.org.uk/smevaluation**

Benefits of evaluation

When budgets are being cut, evaluation is often the first thing to go. Here are some of the benefits to help you justify why it is so important. Evaluation helps us to:

- Develop marketing interventions that are more effective in influencing consumer behaviours
- Try new methods and be bold about experimentation
- Improve efficiency by investing in the things that work best
- Reduce overspends and underspends by having better informed budgeting processes
- Forecast outcomes more accurately
- Manage expectations regarding outcomes more effectively
- Increase our consumer knowledge and insight through the evaluation process
- Enhance the credibility of social marketing

'We're all aware that evaluation is something that we should do... how well we do it is another matter.'

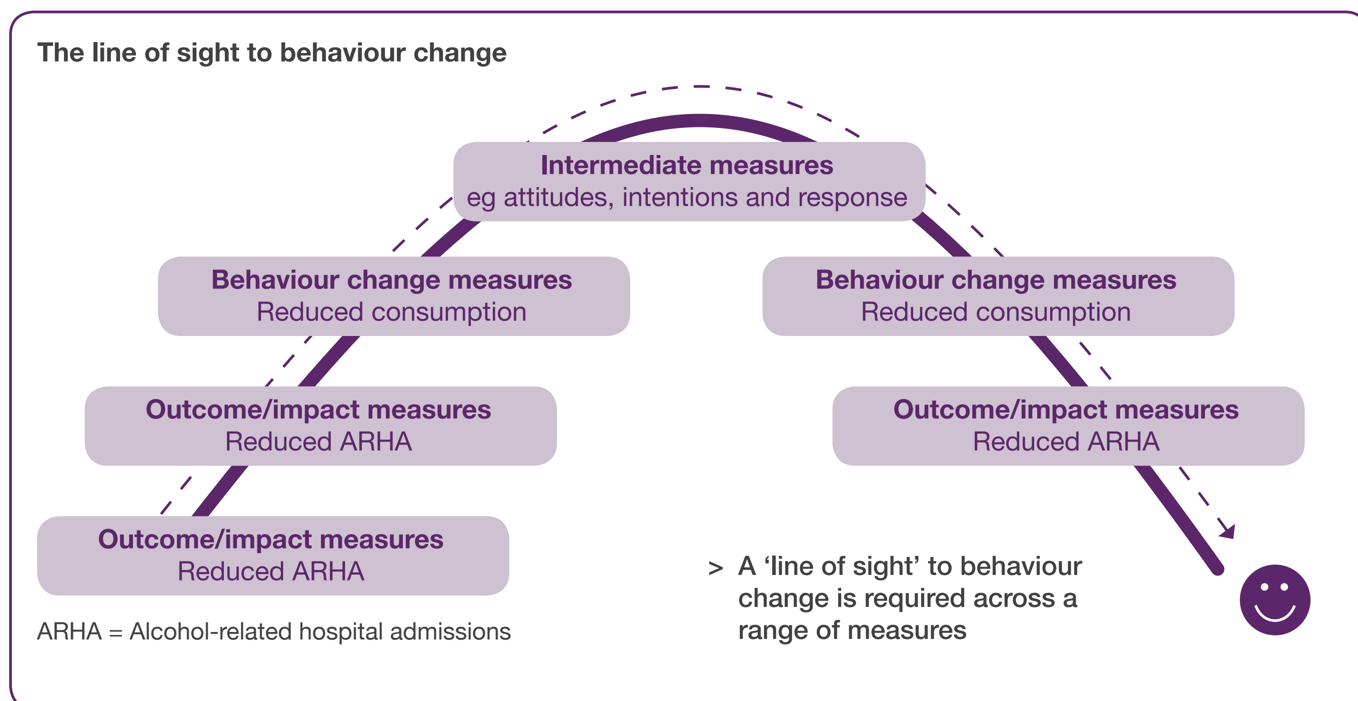
Public Health Consultant

Your starter for ten

Here are the ten principles behind a robust evaluation process.

1. Create a Test-Learn-Refine culture
Embed evaluation in every stage of the social marketing process. Evaluating activity after the event is important but you should also try to continuously learn in 'real-time' so that you can respond rapidly and apply findings to improve your existing and future social marketing programmes.

Sometimes in our alcohol social marketing, the desired outcome measure seems very distant and remote, because so many things need to change before alcohol-related admissions are reduced. It can help to think of the final impact that we want to achieve as beyond our immediate sight, as if it's over a large hill before us – as shown in the 'line of sight' diagram below.



2. Allocate enough budget for evaluation
Allocate about 5-10% of the total social marketing budget to evaluation.

3. Start the evaluation process early
At the start of every social marketing programme, ask yourself:

- What is the social marketing activity about and in what policy context does it fit? For example, alcohol social marketing activity fits within the overall policy context of reducing alcohol harm and alcohol-related hospital admissions
- What evidence will be used to indicate how the social marketing activity has performed? For example, reduced alcohol-related hospital admissions from certain postcodes
- What relevant lessons from previous social marketing programmes can be applied? For example, stakeholder workshops are a useful collective learning exercise
- How will the lessons learned from the evaluation be used to improve public health effectiveness?

4. Be precise about your social marketing objectives
Agree and define precise social marketing objectives for evaluation with your stakeholders. You may need to consult with a range of people when agreeing objectives, which could include social marketing managers, policy staff and community stakeholders.

Sometimes social marketing objectives are 'softer' than factors like sales and availability. For example, if your aim is to increase the motivation to cut down alcohol consumption, then measures need to be found for measuring levels of motivation. You might need quantitative research to do this.

5. Measure each step of behavioural change
At the planning stage, develop a theory about how people's behaviour needs to change. For example, you decide that there are three steps to help people reduce their drinking:

- To make people aware of lower risk drinking levels
- To find suitable 'exchange' messages that make them want to cut down on consumption
- To point them to resources and support that will help them to cut down

Your evaluation should not just measure whether or not people reduce their drinking. It should also measure each step towards this behaviour change, that is measure how aware people are of lower risk drinking and how much they want to cut down as well. See the 'line of sight' diagram on page 27.

6. Keep sight of your objectives
There are many things that need to change before our objective – reducing alcohol-related hospital admissions – is achieved. Once you've got clear objectives (point 4) and clear steps of behavioural change (point 5), you can start to work out the kind of specific social marketing activities that may help to reduce hospital admissions in your area.

7. Use a range of measures
There is no such thing as one single measure for social marketing. Use a balanced scorecard approach, using, for example, all the measures included in the Setting measures and KPIs table on page 30.

For large scale activity, try to identify around five to ten measures that are critical to your social marketing programme's success. For small scale activity, you may only need one or two KPIs. For example, you want to engage all the PCT's health visitors in alcohol activity and invite them to a seminar. You could set a target around the degree to which they feel more confident in delivering IBAs to the target audience after the seminar.

See also the evaluation template on:
www.alcohollearningcentre.org.uk/smevaluation

8. Be consistent and rigorous
Reducing increasing and higher risk drinking means addressing complex behaviours that will only change gradually over time. Make sure your evaluation approaches are rigorous and consistent over a long period. For example, tracking studies that ask consumers questions about their awareness of the health harm resulting from alcohol or consumption levels need to be consistently phrased. Otherwise small changes between each data-point might be attributable to the way the questions are asked rather than any reflection of reality.

9. Learn from what doesn't work
You can learn a lot from talking to someone who read a leaflet but did not respond to its call to action. Equally, if people are not converting to new behaviours at particular stages of a customer relationship programme, find out why, so that your social marketing programme can be refined accordingly.

10. Question activities that cannot be evaluated
If it can't be evaluated, you don't know if it has worked and you can't justify further investment in the activity.

Put the principles into practice: Four steps to evaluating alcohol social marketing activity

These steps show you how to put the starter for ten principles into practice. They will work for large social marketing programmes as well as those with a limited budget. The key action points are listed below.

Phase 1: Scope

The scoping phase of evaluation is about being clear on how and what you are evaluating.

Action points

Engage your stakeholders
(Principle 4)

Clarify the objectives of the social marketing programme
(Principle 3)

Find out if there are lessons to be learned from previous evaluations
(Principles 1 and 9)

Clarify the objectives of your evaluation. These are different from the objectives of your social marketing programme. They could include:

- Demonstrating accountability of social marketing programmes to justify further investment
- Achieving continuous learning to improve the effectiveness of influencing behaviour
- Improving budgeting
- Improving forecasting

(See the benefits of evaluation)

Allocate a budget that is around 5-10% of the total social marketing budget
(Principle 2)

Phase 2: Develop

Develop the measures that are critical to your programme's success. It may be appropriate to commission a separate evaluation or research agency to develop the measures to avoid the social marketing team or agency evaluating its own activities.

Action points

Define the behavioural goals of the social marketing programme. This will explain how the activity will work in changing the target audience in some way
(Principle 5)

Set KPIs based on your behavioural goals, ideally with deadlines
(Principle 5)

Use the evaluation template to record your measures and KPIs

Evaluation template: Setting measures and KPIs

The template below can be used to record your social marketing programme evaluation and for sharing best practice with others. You can complete this form online at **www.alcohollearningcentre.org.uk/smevaluation**

Type of measure	Description	Example KPIs	Performance against KPIs
Input	All the social marketing initiatives we put into the marketplace, for example, leaflets, toolkits, IBAs etc	Number of IBAs delivered	
Output	The things that result from our marketing inputs: • Awareness, attitudes or measures of response to a call to action • Conversion rates from receipt of input (leaflet, telesales call) to desired action (for example, application of information pack)	% of people who acted on advice in booklet and cut down their drinking	
Outtake	Outtake measures evaluate any new knowledge or understanding among the target audience(s) that result from the social marketing programme, either as a direct result, or indirectly, via word-of-mouth/'buzz'	% of target audience aware of three tips to cut down alcohol consumption	
Intermediate	Intermediate measures can be stepping stones to the intended behavioural effects. They can indicate success, for example, intention to change	% of target audience who intend to cut down alcohol consumption	
Behavioural	Behavioural measures track actual (or claimed) changes to habits and behaviour. Ultimately, the success or failure of social marketing programmes should be judged using hard behavioural measures	% of target audience who have cut down from nil 'alcohol rest days' per week to 2 'alcohol rest days' per week	
Outcome and Impact	Outcome and impact reflect the sum total of all the policy interventions of which marketing is but one	% change in alcohol-related hospital admissions by target audience	
Summarise your activity and results			

Phase 3: Implement

Define what is to be measured and how it will be measured by working with the colleagues or agencies who are implementing the social marketing programme. Get them to think about how their activity strands will be measured in parallel with their creative development. Depending on the scale of the social marketing programme, this phase may involve working with research and other experts to design evaluation measurements and commission appropriate surveys and data.

All key agencies involved in social marketing development and implementation need to be included at this stage (for example, promotional, PR, advertising and other social marketing agencies).

Action points

Talk to whoever is implementing the social marketing programme about the activity they are developing and how you can measure its success. You should have a comprehensive list of what to measure for the evaluation.

(Principles 6, 7, 8 and 9)

Work out how you are going to gather data. Make sure that the formats you use can support future decision-making. For large-scale activity, you might want to use an external research agency. For small-scale activity, you might want to carry out some of the methods described in the 'Evaluation on a Budget' box on page 32.

(Principles 7 and 8)

Phase 4: Learn

The Learn phase concludes what worked well and less well with the social marketing programme. The emphasis should be on the outcomes – to what extent has behaviour changed? How does this compare with your objectives and KPIs?

This learning should be outlined in an action orientated evaluation report, which should inform the existing and future campaigns. This is an important part of the Test-Learn-Refine process described on page 27.

Make sure that your evaluation report is forward looking and action-orientated, rather than a lengthy historical document that records the entire details of the social marketing programme. Set the context for the social marketing activity and summarise what it was trying to achieve, referring to separate and more detailed documents such as research reports where appropriate.

Action points

Check that the social marketing activity is running to plan as soon as it has started. Can you revise and improve your plans?

Write your final evaluation report. If your activity has been small, a full report may not be needed but you should at least capture what worked well and what worked less well in a few paragraphs.

Full reports should include the following:

- Context for the evaluation. Brief description of the background to the social marketing programme, referencing more detailed documents where appropriate
- Inputs review. Did we put everything into the marketplace that was intended?
- Process review: Did the social marketing programme go according to plan in terms of the procedures undertaken, the decisions made and how all the processes were carried out?
- KPI performance: What levels of performance were actually achieved against the KPIs?
- Summary of insights gained from the evaluation

(Principles 4, 5, 9)

Share your learnings. You could:

- Circulate to everyone involved in social markeing in your PCT
- Use the DH template on the social marketing page of the ALC website to record information and share this via the ALC website and local evaluation discussion meetings
- Run evaluation events
- Invite feedback via ALC online discussion threads
- Link up with Insight colleagues to capture learnings in real time and feed back into the relevant teams

Evaluation on a budget

Ideally, you will have enough in your budget to evaluate your activity using robust methods that help you to fully assess its performance. However, if your budget is tight, here are some evaluation techniques that don't need to cost too much.

Informal telephone interviews and online surveys
Informal telephone interviews or online surveys can be carried out quite easily.

Example: your PCT has £5K to develop materials for professionals – for example GP practice nurses – to encourage them to deliver IBA to patients. For 10% of your budget (£500), you could carry out telephone and/or online survey interviews with 20 randomly selected practice nurses to ask basic questions about whether the materials were useful and if it had helped them to deliver better IBAs to patients. You could identify how many and the types of patients that had been given IBAs and whether further resources or training would be useful.

Field visits
Arrange a day in the field with representatives of local alcohol networks to find out how useful a piece of social marketing activity has been. Write up the field visit to capture the lessons learned for future social marketing programmes with different target audiences.

Negative sources
Negative sources were described on page 28 as a useful source of information in evaluation. This is particularly the case when budgets are limited. Make informal contact with a few rejectors or lapsers from social marketing activity to provide some useful pointers to what is working less well with your social marketing programme.

Personal involvement and discussion
If you don't have any evaluation resources, you could talk directly to the target audience for perspectives on what is working well or less well. Be careful about drawing firm conclusions – your findings will be subjective but through focus groups or vox pops, you can get some kind of feedback.

Retrospective interviewing
For a few hundred pounds, you can find trained market researchers to interview a small sample of respondents to try and find which aspects of a social marketing programme have contributed most and least to the desired behavioural change.

'Hybrid' approaches
You could commission professional researchers to decide respondent recruitment approaches and to design and analyse questionnaires. To save money, you could ask colleagues to administer the surveys to the market researcher's brief.

Stakeholder workshops
Get a range of people who have been involved with (or have an interest in) the intervention to pool their thoughts. Use your collective learning when planning similar activities in the future.

Internal review
Ask project teams and stakeholders to review the project – either at the end, or at appropriate stages during the process. Questions to ask include:

- What were the main overall benefits and disappointments?
- What things helped and hindered the project?
- What could have strengthened it?
- Could the principles of this intervention be applied to different target groups or in different areas?
- What would you advise others embarking on something similar?
- Should the intervention continue in its current form? What should be sustained, and how can this be achieved?
- What aspects will be sustained and how?

FURTHER RESOURCES

The Alcohol Learning Centre (ALC)

The ALC is a central hub for all information and resources relating to reducing alcohol harm. It includes details of all the health-related alcohol work being carried out across England and shares learning and best practice from across the NHS and third sector. The ALC is developing a number of useful resources that can support your social marketing programmes including a communications segmentation tool, an online forum to discuss issues, training and conference opportunities and the latest news and updates.

Visit: www.alcohollearningcentre.org.uk

Email: socialmarketing@alcohollearningcentre.org.uk

The National Social Marketing Centre (NSMC)

The NSMC is a strategic partnership between DH in England and Consumer Focus (formerly the National Consumer Council). Formally launched in December 2006, the centre's mission is to build capacity and skills in social marketing at strategic and operational levels.

Visit: www.nsmcentre.org.uk

Email: info@nsmcentre.org.uk

Sharing what does and doesn't work

It's really important for all of us to share the learnings from our social marketing programmes. This can include sharing information about activity that didn't get a good response as well as activity that did. Your insights can help other PCTs to plan successful social marketing programmes. It also helps us to develop a consistent approach to reducing alcohol harm and to monitor our progress.

For more information or to share a best practice example, visit: **www.alcohollearningcentre.org.uk** or email: **socialmarketing@alcohollearningcentre.org.uk**

References

1 *The Cost of Alcohol Harm to the NHS in England*, Department of Health, 2008

2 *A national review of local and regional NHS programmes to address alcohol harm reduction*, Department of Health, 2009

3 Moyer, A., Finney, J., Swearingen, C. and Vergun, P. *Brief Interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment seeking populations*, Addiction, 97, 279-292, (Society for the Study of Addiction, 2002)

4 *Oh, do stop wining*, Times online, June 6th, 2007

NHS

For more information go to:
www.alcohollearningcentre.org.uk