February 2014

EVALUATION OF DRINKAWARE RESOURCES

A report by Shared Intelligence

SHARED INTELLIGENCE

Contents

1 Executive Summary

The campaign: Drinkaware partnered with Berkshire Public Health, the six unitary authorities of Berkshire and the Berkshire Local Pharmaceutical Committee to develop and evaluate an in-pharmacy campaign. This campaign, called 'What's in Your Glass?', aimed to encourage reappraisal of drinking habits through a better understanding of units and calories. It took the form of a free kit which contained three Drinkaware resources (as well as an evaluation questionnaire). These were; a plastic half-pint alcohol measuring glass; a cardboard wheel showing units and calories in different drinks; and a booklet which included advice and a drink diary.

The campaign ran for eight weeks, starting in October 2013 in 151 pharmacies across Berkshire, and was supported by local PR in newspapers and on radio.

Shared Intelligence (Si) was commissioned to evaluate the initiative. Si is an independent evaluation and social research consultancy. The evaluation was designed to independently assess how the kit contributed to behaviour change and the degree to which partnership working added value. The research used a mixed method approach, including an online survey, interviews with pharmacists and focus groups with users. The research was carried out by the Shared Intelligence team who also wrote this report.

The impact: The evaluation established that the kit successfully engaged both pharmacists and consumers. Consumers were motivated to pick up the kit and subsequently use it at home. The kit helped consumers to gain a better understanding of the concept of units and to reflect on their own drinking. Nearly nine out of ten respondents (86%) found that the kit made them more aware of the effects of alcohol on their health and wellbeing and three quarters (75%) felt that the kit made them more aware of their own drinking habits.

Positive behaviour change was demonstrated as a result of using the kit. Four in five respondents (79%) said that they had started keeping better track of their drinking after using the kit. Other positive changes that were reported included; reducing the number of calories consumed (67%), reducing the number of units drunk (63%), drinking lower strength drinks (58%) and drinking on fewer days of the week (52%). There is evidence from the follow-up interviews conducted that for many, these changes were sustained.

The kit was popular with pharmacists who found that the design was appealing and the tone helped them to have conversations about alcohol in a way that was non-judgemental.

Acknowledgements: Shared Intelligence would like to thank all the partners who participated in the campaign: Berkshire Public Health, the six unitary authorities of Berkshire, the Berkshire Local Pharmaceutical Committee and all participating pharmacists and respondents.

2 Key findings

2.1 This section summarises the key findings from the evaluation, organised under the six key lines of enquiry.

Impact of Drinkaware's resources

The kit helped people to visualise units

2.2 The kit enables the vast majority of users to more accurately visualise units. 93% of respondents to the survey stated that the kit had helped them to understand the number of units in a particular drink. 90% stated that it helped them understand the number of units they drink personally and 83% that it helped them to understand daily unit guidelines.

The kit drove reflections on behaviour

2.3 Building on the above finding, the kit drove reflections on drinking behaviour. 86% of survey respondents found that the kit made them more aware of the effects of alcohol on their health and wellbeing. 75% found that it made them more aware of their own drinking habits and for 65%, it reassured them that they drank the within daily unit guidelines.

Drinking behaviour

A multi-product kit encourages ongoing and evolving use

2.4 Although the level and regularity of use varied across the products, each product within the kit is useful in different ways: the glass establishes what a unit is; the wheel converts that information into calories; and the booklet enables people to track what and how much they are drinking.

2.5 From the stories told to us by users, it seems that a multi-product kit **encourages people to continue using the different elements** of the kit as their information / support needs develop over time. Many users tried all the elements quickly after picking up the kit, then settled into a pattern e.g. of using the wheel and the booklet when they decided to focus on reducing the number of calories they were consuming through alcohol.

Help – don't tell, if you want to change people's behaviour

2.6 Closely linked to the point about tangibility; it seems that changing people's behaviour can be achieved more effectively if people are enabled to try something out for themselves rather than be told something and encouraged to act upon it.

2.7 Providing somebody with a glass that they can use to establish in their own minds, from their own practical experience, what constitutes a unit is much more effective than simply telling consumers what a unit is.

Involving friends and families may help sustain behaviour change

2.8 Linked to the above point regarding the social aspect of the kit, the fact that around half of those who sustained behaviour changes did so (at least at some point) with a friend or family member, suggests that mutual support and reinforcement is key. This reinforces the importance of having a kit that is easy and fun to share and does not stigmatise its target audience.

The end user

Curiosity as a motivator

2.9 The most common motivation for picking up the kit, as identified by different elements of the evaluation, was curiosity.

Who picked up the kit

2.10 The pharmacists did not identify particular types or groups who were more or less likely to pick up the kit and engage. They felt that the design and tone had a fairly universal appeal and enabled them to start discussions with a wide range of their customers.

Tone and tangibility are key

2.11 Pharmacists and users highlighted two vital elements for the popularity of the kit. The first was its tone. The tone was **informative, light-hearted and non-judgemental**. However, from the interviews and follow-up interviews with users, it was clear that the kit also **prompted serious reflection** which, in turn, acted as a **spur toward some form of behaviour change**.

2.12 **Continuing to get the tone right in future** will be a key element of any ongoing / future development of the 'What's in Your Glass?' campaign.

2.13 The second element that repeatedly came up through the fieldwork is the **tangibility of the kit and the glass in particular**. For pharmacists, this was helpful because it felt like they were giving their customers a free product, which is very different from handing somebody a leaflet (especially in health settings which often contain many leaflets / pamphlets / booklets / free magazines).

2.14 For users, it meant that they were not just reading about units, they could try it out for themselves as soon as they got home. This **hands-on experience seems much more powerful**. And for those who wanted to share the information, they could pass on / share the kit with friends and family. Users could play games with the kit – 'Pour me one unit' – and even share it as a Christmas gift.

How the kit was used

Most users used all three products in some way

2.15 The vast majority (96%) of respondents used at least one of the products, and three quarters (74%) used all three products in some way. One in seven respondents (14%) used two of the products, and one in 14 used just one product (7%).

Around a quarter of people gave the glass or wheel to someone else to use

2.16 Around a quarter of respondents gave away or shared the glass and wheel with others (28% and 25% respectively), whilst one in five gave away the booklet (20%). For each of the products, more than seven in ten used the products solely for themselves.

The kit compared well to other public health campaigns

2.17 According to pharmacists and end users, the 'What's in Your Glass?' campaign was more eye-catching and the design of a higher quality than others they had experience of in store.

The pharmacists as a route to market

Pharmacists are an effective "route to market" – but different approaches may be needed for different pharmacies

2.18 The feedback from users was that pharmacists are an effective way to disseminate the kit. Pharmacists are trusted, people will be thinking about health matters, and are often waiting for prescriptions, so can be engaged in a conversation / have their attention caught by a bright and attractive new product like the Drinkaware kit.

2.19 From our observations and discussions, smaller, local more community-based pharmacists were more likely to proactively promote the kit. This is because they have a more personal relationship with their customers, who are more likely to be regulars and be known to them by name.

2.20 Pharmacists in larger high street stores, which have more of a retail relationship with a larger customer base, were less likely to actively promote the kit. The higher footfall in high street stores may mean that the kits are distributed quickly nonetheless, but the manner of distribution is different.

2.21 Customers picking up the kits from smaller, local pharmacists may be better informed about the kit and its use because they have had a more informed brief from pharmacy staff.

Strategic development of Drinkaware's resources function

Keep the kit free

2.22 A straightforward but important finding is that the fact the kit was free was important to its successful distribution. Paying for the kit could be seen as tacit acknowledgement of 'having a problem'. Being able to take the kit discreetly means more people are likely to take it. As we also heard from research participants, they are more likely to share it if they have paid nothing for it and are 'passing it on' like a free gift.

Possible improvements to the kit and campaign

2.23 The feedback on the kit was very positive. Some specific changes that came up more than once: making it clearer that the kit is free (this would further drive the rate of pick-up); reducing the size of the booklet; and creating a pint-sized version of the kit, particularly aimed at men (although this would have major implications for counter-top space).

2.24 The other suggestion that came up regularly was to increase the amount and range of publicity that accompanied the campaign.

2.25 One specific suggestion that Drinkaware may wish to consider is the possibility of using the same kit but for seasonal campaigns e.g. Christmas, summer time, Halloween, and linked to big sporting events.

Developing an app

2.26 The two focus groups that involved younger people were particularly keen on the development of an app that would do the same job as the wheel but which could be used outside the home. The app would enable people to work out their calories discreetly 'under the table'. It would also overcome the space limitations on the cardboard wheel by allowing

extra functionality e.g. including mixers, multiple drinks in cocktails, which would be hard to condense onto a wheel.

Young men

2.27 Drinkaware may wish to consider a kit that is more specifically targeted at young men, both in terms of content (e.g. perhaps highlighting the libido element in the booklet and talking about how many exercises / football matches it takes to run off a certain amount of calories consumed as units) and distribution, focusing on channels like gyms, football games (Prostate Cancer UK do some interesting work with the Football League on their campaigns).

Strong support for wide dissemination of the kit and the lessons learnt

2.28 There was strong support amongst partners, pharmacists and users for the dissemination of the kit beyond Berkshire, and the accompanying lessons from the campaign to be learned.

2.29 Drinkaware should consult with its industry partners and key stakeholders on how this could best be achieved.

3 Introduction

3.1 This section sets out the context and purpose of the 'What's in Your Glass?' campaign.

Alcohol in the UK

3.2 Alcohol plays a part in UK society both socially and economically.

3.3 There are a number of socio-economic variables that affect the prevalence and impacts of drinking:

- Gender – Alcohol dependence was higher in men aged 16 to 74 than women in 2007 (9.3% of men compared to 3.6% of women).[1]
- Economic activity - Among men aged 16 to 64, those in employment were most likely to have drunk alcohol during the previous week (73%, compared with 46% of the unemployed, and 47% of those who were economically inactive).[2]
- Profession - Households where the household reference person was classified as 'managerial and professional' had the highest proportions of individuals who had an alcohol drink five or more days in the previous week (16%, compared to 9% where the reference person was in an occupation in the 'routine and manual' classification).[3]
- Household income - Households in the highest income quintile were twice as likely to have drunk on five or more days in the previous week as those in the lowest income quintile (9% versus 18%). Adults living in households in the highest income quintile were twice as likely to have exceeded 3/4 units of alcohol and were twice as likely to have drunk heavily as adults in households in the lowest income quintile (44% and 23% compared with 22% and 10%).[4]
- The alcohol harm paradox[5] suggests that alcohol harm is greater among lower socio-economic groups, despite alcohol consumption being lower.

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[1] Statistics on Alcohol: England, 2013, https://catalogue.ic.nhs.uk/publications/public-health/alcohol/alco-eng-2013/alc-eng-2013-rep.pdf

[2] Ibid

[3] Ibid

[4] Ibid

[5] Alcohol Research UK, 2013, (referencing research being carried out by the Centre for Public Health/Liverpool John Moores), http://alcoholresearchuk.org/current-projects/understanding-the-alcohol-harm-paradox/

Drinkaware

3.4 Drinkaware is an independent UK-wide charity with the objective of changing the way people think about alcohol and ensuring people are aware of the harm that alcohol can do to individuals and families.

3.5 Its overall vision is of “a society where alcohol is enjoyed responsibly, where its potential for harm is reduced and where consumers are supported in practical ways to make informed decisions about their drinking”.

3.6 It seeks to achieve this vision by: providing objective, independent, comprehensive and evidence-based information about alcohol; raising awareness and changing attitudes to responsible drinking; and through practical tools and support and acting as a catalyst for behavioural and social change.

3.7 Amongst the charity’s values is a commitment to being “evidence-led in everything we do – we evaluate what we’ve done and learn in order to improve”.

4 The evaluation

4.1 This section sets out the main objectives and the methodology for the evaluation. The evaluation was conducted between September 2013 and February 2014.

Objectives

4.2 The objectives for the evaluation were to:

- Measure the impact of Drinkaware's resources (the wheel, the glass and the booklet as included in the kit) and how they contribute to an increased awareness and understanding of safer drinking levels among Berkshire residents
- Measure the impact of Drinkaware's resources and how they contribute to a positive change in drinking behaviour
- Find out more about the end user – what types of people pick up the kit, find them useful and engage most with the information?
- Find out more about the resources – how they are used, how clearly the information is communicated, how effectively are they meeting their needs?
- Find out more about pharmacists as a route to market – how effective is this channel in reaching Drinkaware's target audience of increasing and higher risk drinkers?
- Contribute to the strategic development of Drinkaware's resources function with the learning from this evaluation.

4.3 To meet these objectives, we adopted a multi-method approach that included qualitative and quantitative research.

Method

4.4 Each element of the method is described below.

4.5 **Four interviews with stakeholders in the campaign;** the Chief Executive of Drinkaware, one of the charity's stakeholder managers, the Consultant in Public Health at Bracknell Forest Council, on behalf of Berkshire Public Health, and the Chief Executive Officer, Berkshire Local Pharmaceutical Committee. The interviews were conducted prior to the start of the campaign.

4.6 **30 interviews with pharmacy staff** to find out more about the effectiveness of pharmacies as a route to Drinkaware's target audience of increasing and higher-risk drinkers. We sought to gain insight into how the kits were positioned in the store, how staff interacted with the kits and with customers, and how confident they felt answering any questions prompted by the kit.

4.7 **20 interviews face to face and 10 interviews by phone**: four interviews in Slough and in Windsor and Maidenhead, five interviews in Bracknell Forest and in Wokingham, six

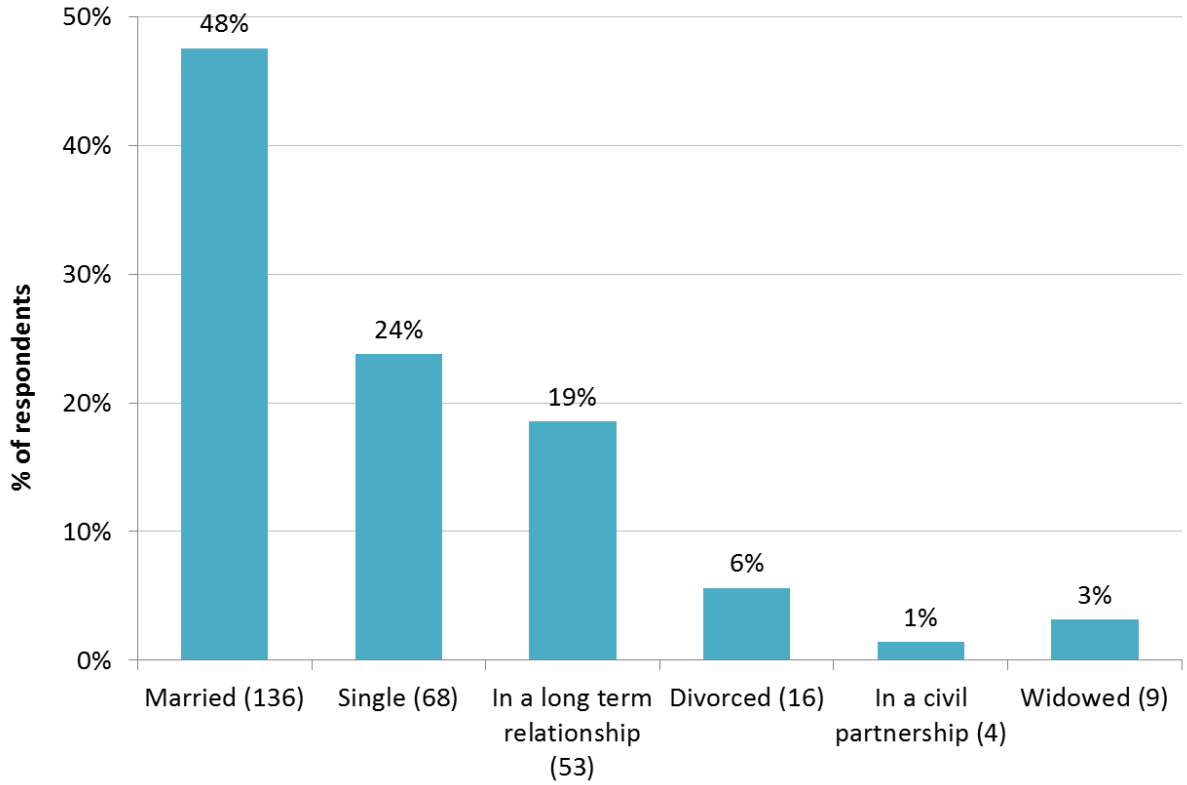
interviews in Reading and in West Berkshire. During the interviews carried out face to face, we observed in situ how the kit and poster were positioned and, as far as possible, the interaction between staff and customers around the kit.

4.8 **Survey of end users** to understand who picked up the kit in terms of demographic classification and drinking profile; how people used the kit; how far it helped them translate drinks into units; what else they learned from the kit; and what they did differently as a result of using it. The respondents were self-selecting, rather than randomised, which creates a bias in the sampling. This must be borne in mind when considering the findings. However, within the sample, we sought the views from a mixture of respondents in terms of age, gender, relationship status and drinking profile.

4.9 A total of 300 people responded to the survey between 24 October and 6 January 2013. This was made up of 252 paper surveys (84%), and 48 online (16%). Using answers provided online and paper can have had a modal effect that we have not analysed. Women made up the majority of respondents at 64%, compared to 36% men. 68% were aged over the age of 35, with 32% aged 35 or under. **This distinction is used throughout this report, where 'older' refers to over 35 and 'younger' refers to 35 or under.**

4.10 Over two in three respondents (67%) indicated that they were either married or in a long term relationship and almost a quarter were single. Further details are provided in Figure 2.1.

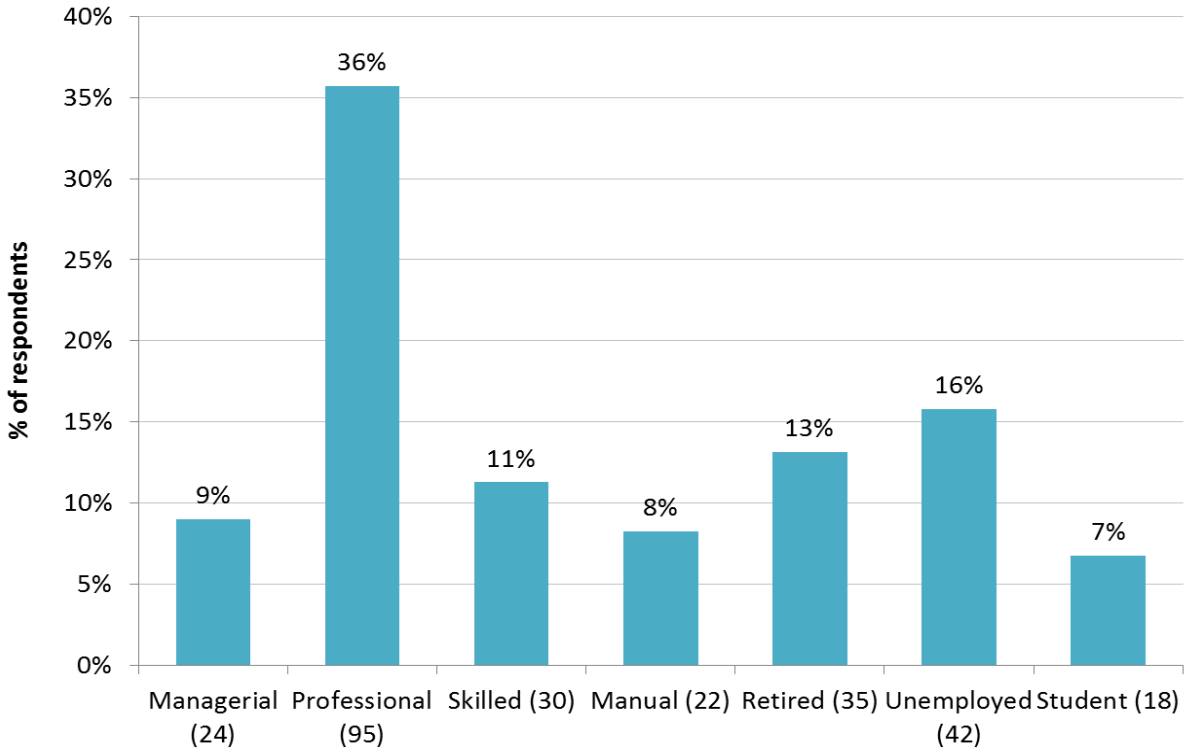
Figure 2.1 - Marital status of respondents



Base number: 286

4.11 Almost two in three respondents (64%) indicated that they were in employment. Further detail is provided in Figure 2.2.

Figure 2.2 - Employment status of respondents



Base number: 266

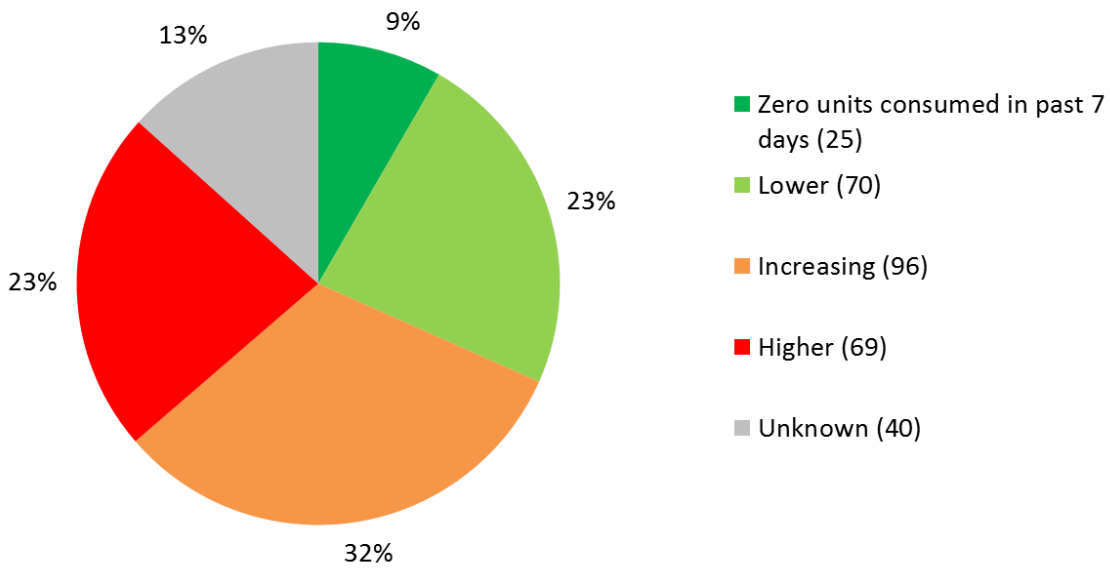
4.12 260 respondents provided information about their alcohol consumption over the past seven days (87% of all respondents). To aid analysis, we applied the methodology outlined in Figure 2.3 to differentiate between respondents' drinking behaviour.

4.13 In the analysis, we have looked at the highest consumption on any one day to represent the risk level of respondents (NB: in the 'increasing' risk category, we used the mid-point of each boundary range). The definitions of risk in the booklet were based on *regular* daily consumption. Given the scale of the survey (i.e. that we only had access to seven days of consumption data through the fieldwork) and analysis of the consequent results, we felt that looking at the highest daily level of consumption was the most relevant measure to base the risk profile analysis on (rather than say mean consumption over the fieldwork period).

Figure 2.3 – Risk profile of respondents (based on self-assessed units consumed in last seven days)

	Definition used in the booklet included the pack (units per day, regularly consumed)	Boundaries used in analysis (units consumed on at least one reported day)
Lower risk	Male: Within daily unit guidelines Female: Within daily unit guidelines	Male: Between 0 and 3.5 Female: Between 0 and 2.5
Increasing risk	Male: More than 3 to 4 Female: More than 2 to 3	Male: More than 3.5 Female: More than 2.5
Higher risk	Male: More than 8 Female: More than 6	Male: More than 8 Female: More than 6

Figure 2.4 – Risk profile of respondents (based on respondents' self-assessment of units consumed in past seven days)



Base number: 300

4.14 **Six focus group with end users** to explore the use and usefulness of the kit in more detail, comparing and contrasting different experiences and reflections. We organised six focus groups; five were held in December 2013, one in January 2014. Two of the six groups comprised of:

- **A young couples focus group in Bracknell Forest**
- **An older women focus group in Slough**

4.15 The remaining four focus groups consisted of participants recruited by Shared Intelligence who were seen to be "enthused" survey respondents. In agreement with Drinkaware, end users were **defined as enthused** when they reported having **modified at least one of their drinking habits** or when they stated that **they would recommend the product** or when they agreed to at least one of the eight first statements in question eight relating to **understanding and awareness of alcohol**. The four focus groups were:

- **Older women focus group in Maidenhead**
- **Men's focus group in Reading**
- **Younger women's focus group in Wokingham**
- **A couple's focus group with 13 participants in Reading**

4.16 **End users interview**. We conducted two types of end user interviews:

- 24 interviews conducted in December 2013 and early January 2014 with survey respondents who did not take part in focus groups.

- 24 interviews conducted with people who took part in the focus groups to follow up on their use and views on the kits and gain an insight into sustained behaviour change.

4.17 **One pharmacist and 10 end user cases studies** were developed. The end user cases studies provide narrative illustrations of why the products were picked up, how they have been used, the level of awareness gained and the changes they have encouraged.

5 Distribution of Drinkaware resources

5.1 This section sets out the findings from the analysis of pharmacists as a route to market, drawing on the interviews and observations in stores.

5.2 The resources were distributed to 151 pharmacies (made up of 106 chain pharmacies and 45 independents), across Berkshire. This covered a wide range of pharmacies in terms of their:

- Type of location, covering high streets, suburbs, villages and supermarket;
- Nature of business i.e. chains or independent; and
- Size of the store, from small village pharmacists to large High Street stores.

5.3 As set out in the methodology, the sample of pharmacist interviews and observations was designed to reflect this variation and capture the widest range of experiences.

Delivery and ordering process

5.4 The campaign ran for eight weeks, starting on the 21 of October, although the kits may have been in stores for longer, depending on the rate of distribution by the pharmacist.

5.5 The kit was accompanied by a short briefing note and details of how to order more. Kits were then ordered proactively by pharmacists contacting Drinkaware, or orders were taken when Drinkaware staff did 'ring-rounds' to enquire about stock levels and when and how many kits they would like to receive.

5.6 The majority of pharmacy staff reported no problems with the delivery and re-ordering process. A few pharmacists, who had been very proactive and given out all of their kits very quickly (i.e. within a day or so), would have liked replacement kits more quickly. However, this was at the start of the campaign when Drinkaware was still involved in the initial distribution, ensuring all the pharmacists had their initial batch.

5.7 The vast majority of those we interviewed felt the process of receiving and ordering the kit had been efficient and responsive. There were no problems reported.

"The boxes were sent as agreed and had all the necessary information with them."

Counter assistant

5.8 Most pharmacists were happy that they received the right number of kits for their store. Some did have minor concerns about the boxes containing the kits taking up their storage space. However, in each case, that problem hadn't materialised because the kits were taken more quickly than they had originally anticipated.

"Storage would have been a problem if they weren't easy to shift...but they're going quicker than I expected."

Counter assistant

Communication with Drinkaware

5.9 The pharmacy staff reported no issues with regard to contacting Drinkaware. They were aware that the kits would arrive and, as described, had no issues with regard to further contact in terms of ordering more kits.

Location of the kits in store

5.10 All but two of the pharmacists interviewed as part of the evaluation **positioned the kit prominently, most commonly on the counter**, as shown in the pictures below. This meant the kit was visible to customers being served, waiting to be served or talking to pharmacy staff while they waited for their prescription.

5.11 This kind of prominent location also made it easy for pharmacists to promote the kit. The vast majority of customers approach the counter – to make a purchase, make an enquiry, submit their prescription and collect their medication etc. – so having the kit within easy reach meant the pharmacists could refer to it.

5.12 The two exceptions were: a pharmacist who kept the kits behind the counter but actively promoted it face to face, as set out in more detail in paragraph 6.6; and another pharmacist who, by the time of the interview, had effectively withdrawn from the campaign and stated that she did not have time or space to promote or display the kit.

5.13 Given the importance of the counter as a space within pharmacies, the kit usually shared that space with other products and campaign materials. We know from our work in Boots stores for the Boots-Macmillan Partnership, that it is easy for public health messages to be drowned out, particularly in larger pharmacists, because there are hundreds if not thousands of competing logos, brands and offers.

5.14 In recognition of this challenge, this kit was given a bold design in order to ensure it stood out. The feedback from pharmacists was that this was largely successful. The kit was seen as attractive and likely to make customers curious and interested.

"It's an intriguing pack. It catches people's attention, gets them talking. The approach is funny and interactive."

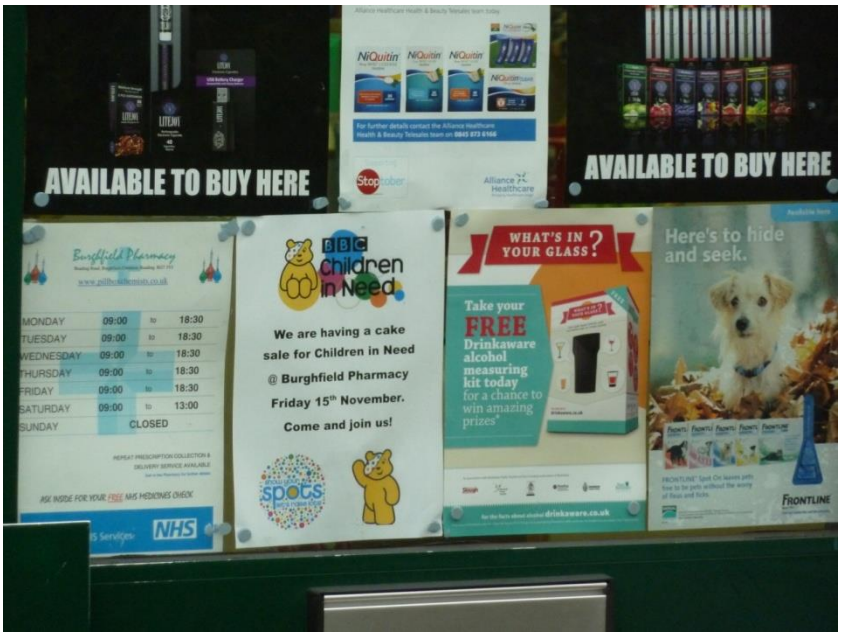
Pharmacist

5.15 Where possible, it was **better to display as many kits as possible**. This was more eye-catching and it meant that people didn't have the anxiety that they were 'taking the last one'. However, Drinkaware left it to the pharmacists' judgement to decide the best number and location of kits to put on display.

5.16 The challenge for smaller pharmacists was **making the necessary space** to display the kits. They addressed this by being flexible e.g. putting a small number of kits on the counter and the rest close by so that they could be replaced each time someone took them, or making space somewhere else, as in the picture below, and pointing people toward the kit.

5.17 The picture below is also a good example of how, even in a crowded space, the Drinkaware kit stands out amongst the other public health materials because it is a tangible product as opposed to a small card or leaflet.

5.18 **Most of the pharmacists displayed the poster**. Those who didn't attributed this to lack of space. However, **the impact of the posters was limited**. Only a few pharmacists could give an example of a customer asking about the kit because they had seen a poster. Similarly, few users mentioned the poster in interviews or focus groups. From observations, the message on the posters was drowned out by competing publicity material, as in the first picture below, or was not big or bold enough to catch the eye, as in the second picture below.



5.19 There may be ways to improve the posters by, for example, making them larger or focusing less on the kit and more on a striking image and fact, such as the image of a glass of wine and a slice of a cake which several users mentioned during various points in the fieldwork as a particularly memorable piece of information.

5.20 However, given that the kits were successfully distributed without the posters making much of an impact, it may be more effective to focus on a more general media campaign e.g. radio advertisements and adverts in local publications. A PR campaign was undertaken in support of 'What's in Your Glass?' by Drinkaware - this included coverage in local papers and interviews on local radio stations.

Comparison with other campaigns

5.21 Compared to other in-store campaigns, such as stop smoking kits, flu jab posters, magazines and leaflets, the most common observations from pharmacists were that:

- The 'What's in Your Glass?' campaign was **more eye-catching and the design of a higher quality** than others they had experience of in store;
- The **tangible and useful nature** of the glass in particular was a good incentive for people to take away the pack;
- The kit was self-explanatory, which was important because it meant the **pharmacy staff did not need have to attend training or briefing** before they could give it out;
- **The timing of the campaign** was good, in that it was running in parallel with increased publicity around drink-driving in the run-up to Christmas;
- The kit was more **interactive**, thus creating opportunities to engage people; and
- The **prize draw**, with desirable prizes, was a good way to engage at least well-known customers (pharmacists serving a higher-income customer base could be more circumspect about suggesting their customers might want to take part in competitions to win vouchers).

"It's better than just leaflets – it's something physical for them to take away. It's a hook."

Pharmacist

"It can be displayed more impactfully. It engages."

Pharmacist

"It's more interactive – it allows you to break barriers – than the anonymous scratching cards for instance".

Pharmacist

5.22 A number of pharmacists reflected that 'Stop Smoking' kits were potentially easier to promote because stopping smoking is always seen as a positive thing, whereas talking to people about their alcohol consumption could be seen as implying they have a problem. The quote below is from a pharmacist who described that both she and her colleagues were dubious about the 'What's in Your Glass?' campaign when they first heard about it.

5.23 However, by the time of the interviews, she reflected that the design and tone of the kit helped to address that concern, in that the tone was non-judgemental and non-frightening. She also often focused the discussion on calories, rather than units, as a way-in to a conversation.

"We've been surprised by the success of the campaign. We were dubious about the chances of talking openly about the topic."

Pharmacist

6 Use of the resources

6.1 This section describes how the kit was used and promoted by pharmacists in stores.

Promotion of the kit

6.2 Different pharmacists, and different members of staff within stores, adopted a range of approaches to promoting the kit.

6.3 Most pharmacy staff engaged customers in conversation only when they saw the customer looking at or picking up the kit. However, some were more proactive.

6.4 **Small, local, independent pharmacists tended to be more proactive in the distribution of the kit**. This reflects a number of factors.

6.5 This type of small, local pharmacist was more familiar with their customers, many of whom were "regulars". As a result, they were more **confident and comfortable about inviting them to take the kit** and, in some cases, enter the prize draw. One pharmacist, operating a small pharmacy in a small town, explained that he knew the vast majority of his customers by name and would greet them as they entered.

6.6 Another pharmacist, who also had a high proportion of regular customers, did not display the kit, but kept them behind the counter and offered it to everyone they spoke to. She felt this was more likely to prompt discussions, whereas simply letting customers walk away with them, without engaging in conversation, would lessen their impact.

"I know [most of] my customers by name, so it's easier to talk about it [the kit]"

Pharmacist

6.7 Conversely, larger pharmacies tended to have a **more 'retail' relationship with their customers**, and felt less confident about proactively pointing people toward the kit. One pharmacist operating in a supermarket in a relatively affluent part of Berkshire had much less of a relationship with his customers. He did not proactively promote the kit because he thought his largely older and middle class customers would be offended by an implicit criticism / questioning of their drinking behaviour.

6.8 The customer base of small, local, independent pharmacists were also **more likely to be visiting the pharmacist to deal with a health matter**, most commonly picking up a prescription. This makes them potentially more amenable to a discussion about health-related lifestyle choices.

6.9 By contrast, many of the customers visiting large, high street pharmacies in particular were visiting for non-health reasons e.g. to buy lunch, beauty products or holiday accessories. The pharmacist in paragraph 6.7 for example is situated next to the wine aisle. He felt his customers were more likely to be in a shopping frame of mind (including shopping for alcohol) when they visited the pharmacy and would not welcome a health-related discussion.

6.10 We discuss in paragraphs 2.18 – 2.21 what these different approaches might mean for future promotion and dissemination of such kits through different kinds of pharmacies.

6.11 The other important, though more intangible factor, is **buy-in from the pharmacist and their staff**. From the interviews and observations, it seemed clear that pharmacists who felt more passionate about the campaign – linked to personal experience, because they saw a problem with alcohol in their customer community – would be more likely to offer the kit proactively.

6.12 For example, one pharmacist gave the kit to all of his staff to take home, read and understand so the whole team could promote and answer questions about the kit.

Who picked up the kit

6.13 The pharmacists were not asked to monitor who picked up the kit, so they offered fairly impressionistic views on who was picking up the kit. In general, the people picking up the kit reflected the pharmacy customer base: older, reflecting their generally greater health needs; and more likely to be female, partly reflecting the role played by women as information seekers for men in their families, as borne out by anecdotal evidence from the pharmacists. There are several examples in the case study appendices of people, usually women, picking up the kit for men in their families.

6.14 In general, however, no pharmacists identified a strong pattern of who was (or was not) picking up the kit. One pharmacist reflected that everybody likes getting something for free, so expected most of their customers would pick it up.

"There's no clear pattern. Even teenagers pick it up."

Pharmacist

6.15 In terms of people not picking up the kit, one pharmacist, serving a multicultural community, said that their Muslim customers did not pick up the kit and they would not promote it to them, for fear of seeming culturally insensitive. This echoed a point made by one of the partner interviewees.

"Muslim pharmacists will be reticent about giving the kit [to other Muslims] – it might be insinuating that they have a problem."

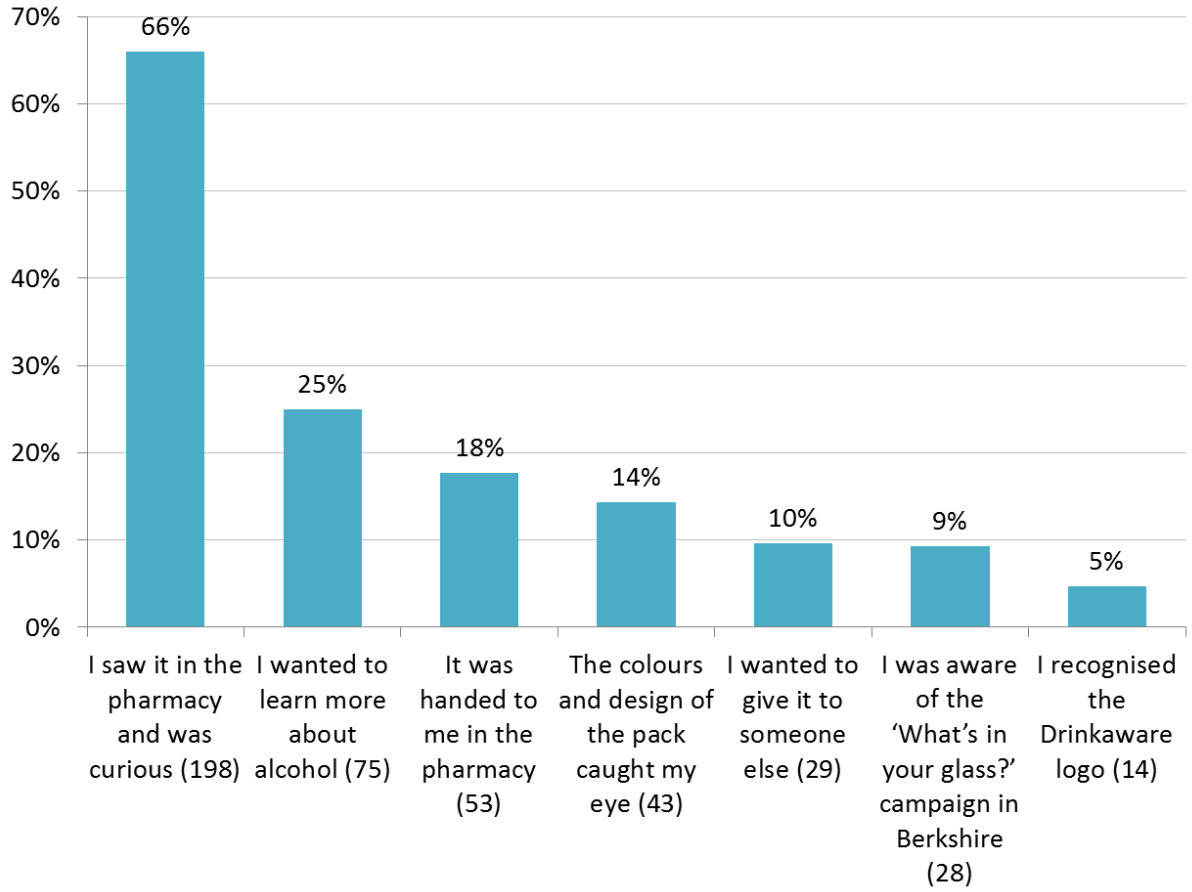
Partner interviewee

6.16 The user survey gives us some more insight into who picked up the kit. The 48 online survey respondents were asked where they picked up the pack. 77% indicated that it was from a pharmacy whilst 13% had received the pack from a friend or family member.

6.17 Figure 4.1 shows that overall, curiosity on seeing the pack in the pharmacy was the main reason for people picking up the pack (66%). One in seven respondents (14%) stated that the colours and design of the pack caught their eye, a quarter wanted "to learn more about alcohol" (25%) and around one in five (18%) were handed a pack in the pharmacy.

6.18 Just under one in ten (9%) picked up the pack because of their awareness of the "What's in Your Glass?" campaign in Berkshire, and 5% by recognition of the Drinkaware logo.

Figure 4.1 – Reasons why people picked up the pack



Base numbers shown in brackets

6.19 There were a number of key differences in reasons indicated between different demographic subgroups.

6.20 **Risk profile:** Those respondents who had not consumed alcohol in the past seven days were least likely to pick up the pack due to curiosity, to be aware of the 'What's in Your Glass?' campaign in Berkshire and to recognise the Drinkaware logo (56%, 4% and none, respectively).

6.21 **Age:** The "Over 35" age group was more likely to pick up the pack because of a desire to learn more about alcohol than the "35 and under" age group (28% versus 19%). They were also more likely to have the pack handed to them in the pharmacy (20% versus 15%).

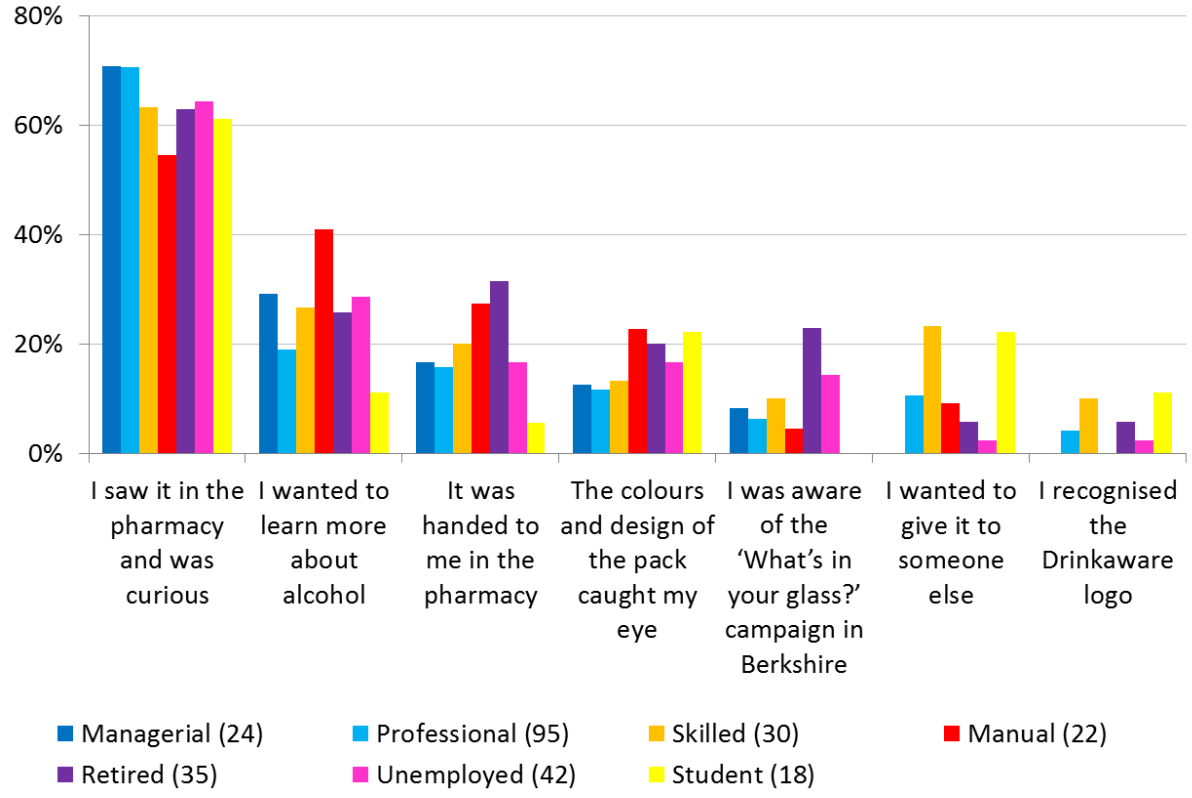
6.22 **Employment status:** Managerial and professional workers were more likely to pick up the pack out of curiosity (both 71%) than skilled and manual workers (63% and 55%, respectively).

6.23 Retired and unemployed respondents were most aware of the "What's in Your Glass?" campaign in Berkshire (23% and 14%, respectively), whilst no students were.

6.24 Figure 4.2 suggests that there may be some selectivity by pharmacists on who they approach in store. Only 6% of students were handed the pack in comparison to 31% and 27% of retired and manual workers, respectively.

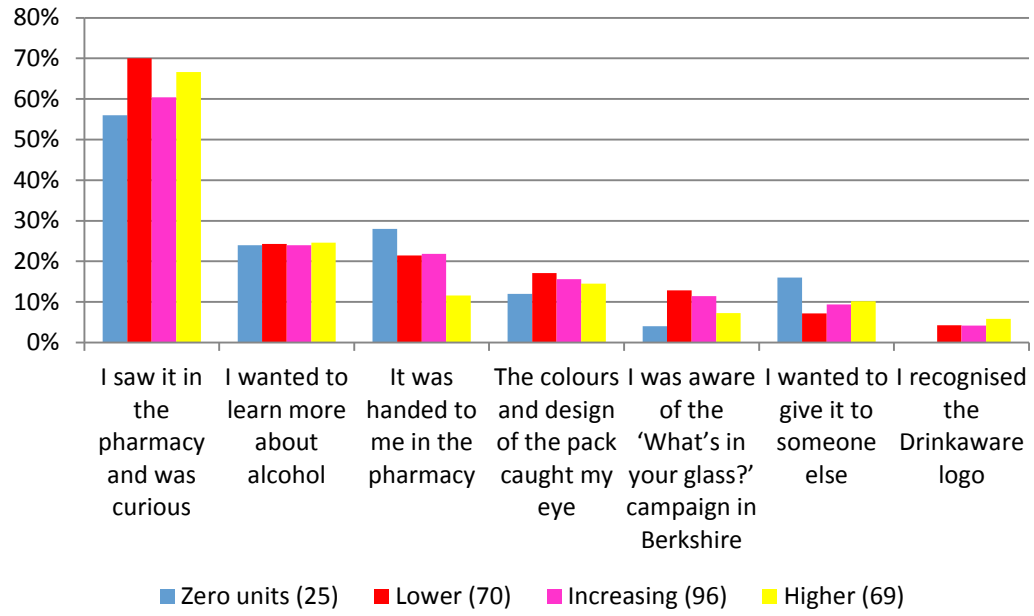
6.25 **Behaviour change:** the respondents who did not report any change in their behaviour were less motivated by curiosity or willingness to learn about the topic than the ones who finally modified habits (respectively 52% and 10% vs. 68% and 27%). Those who did not report any change were more likely to have been prompted to pick up the pack and more likely to want to give it to someone else (respectively 31% and 24% vs. 16% and 8%)

Figure 4.2 – Reasons why people picked up the pack, by employment status



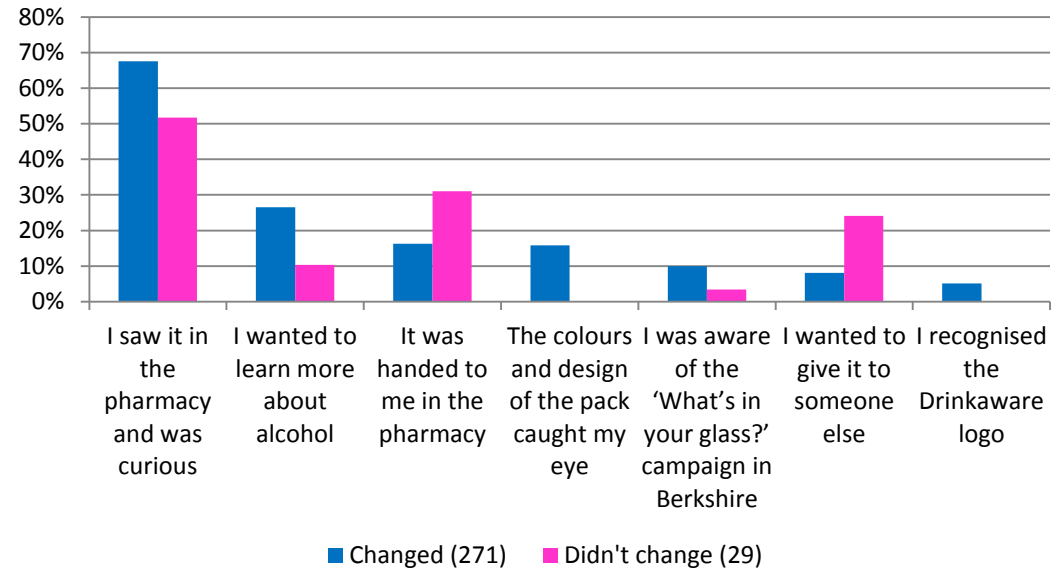
Base numbers shown in brackets

Figure 4.3 – Reasons why people picked up the pack, by risk profile



Base numbers shown in brackets

Figure 4.4 – Reasons why people picked up the pack, for those who agreed at least one statement of behaviour change in question 7 and the ones who did not modify any of their habits[6]



Base numbers shown in brackets

Conversations with customers

6.26 In line with the survey findings, pharmacists described curiosity as the main reason they thought customers were picking up the kit. As a result, they had fairly brief conversations with customers, describing the purpose of the kit, often confirming that it was free, and mentioning the chance to win prizes where the pharmacist felt comfortable doing so.

6.27 This tallies with the findings from the user interviews. Most users picked up the kit themselves, without any prompting because it was novel and looked interesting, or had at most a brief conversation with the pharmacist, usually to ask a quick question about what the pack is and /or to confirm that it is free.

"The main questions I get? What is it? Is it free?"

Pharmacist

6.28 Several pharmacists mentioned that customers often said they would take the kit home for their husband, or other family member. Given the customer base of pharmacists, it was more likely to be a woman taking the kit home for a male family member. However, one

[6] The statements in Question 7 were: Made me more aware of the effects of alcohol on my health and wellbeing / Made me more aware of my drinking habits / Helped me to understand more about the number of units I drink / Helped me to understand more about the number of calories in my drinks / Helped me to understand more about the daily unit guidelines / Helped me to understand the units in a particular drink / Helped me to change my drinking behaviour / Reassured me that I drink within daily unit guidelines

thing we cannot establish is to what extent people were actually taking the kit for themselves.

6.29 The kit prompted a few detailed conversations about alcohol, or specific indications of concern. One discussion, for example, led to the customer asking the pharmacist for information about Alcoholics Anonymous. Another led to the customer making enquiries about health checks available in the pharmacy which they had not planned to ask for beforehand.

6.30 However, people were much more likely to refer to the kit in a light-hearted way e.g. by expressing surprise that a glass of wine has similar calories to a slice of cake. This was seen by pharmacy staff as positive, because it gave people information and they felt confident it would prompt conversation, but in a non-frightening way.

6.31 Talking about the **prizes for taking part in the survey** was a 'safe' way into promoting the kit. It was an opportunity to put the kit in the customers' hands before explaining its purpose.

6.32 Most of the pharmacy staff we interviewed had also talked to each other about the kit both when it arrived and after trying it out for themselves. Those conversations reinforced the point that the kit successfully prompted conversations about alcohol, particularly by making the link to food and calories.

"It makes conversation easier because there is information to talk about. It is very educational. You can talk to your friends with something in your hands. It's empowering."

Pharmacist

6.33 A small number of pharmacists received positive feedback from customers who had used the kit and found the kit useful. However, they didn't probe into how the kit had been used or what the customers had learned, because they reported that they felt that it might seem like prying, and undermine the spirit of the campaign.

"There's been good feedback from customers who found it useful. It's not reading stuff."

Pharmacist

Patient reviews

6.34 One un-anticipated use of the kit by pharmacists was through patient reviews, such as medicine use reviews. Medicine use reviews are appointments with pharmacists for people using medications for more than three months, to discuss how the medicine is helping them and any problems they may be encountering. In total, pharmacists must hold 400 reviews per year.

6.35 These reviews are usually conducted in the consulting room and can be a good opportunity for the customer to talk more generally about the health, lifestyle and any worries they may have. Equally, they present an opportunity for the pharmacists to highlight health campaigns that may be relevant to the individual.

6.36 One pharmacist had kept some of the kits in the consulting rooms and had started using the kit to prompt a conversation about drinking, where they felt it appropriate. The pharmacist

saw this as an effective use of the kit because the customer will already be thinking about their health; the consulting room offers the privacy to discuss concerns or worries in a way that would not be appropriate at the counter. Two other pharmacists had had the same idea but, by the time of interview, had not actually used the kit in a review.

6.37 To be clear, the pharmacist who used the kit during reviews saw this as an additional approach, alongside offering it at the counter, not as an alternative.

Views on the kit

6.38 Pharmacy staff were asked for their general views on the kit, including design, size, language and clarity of use. The most common responses were:

- The kit was **well-designed, attractive and eye-catching**;
- The fact that it was **tangible**, that people could take something away, was a crucial part of its appeal;
- It generated **curiosity**, because it was generally striking in its design and because elements of it – the question marks, the 'see-through panel' – invited people to pick it up;
- It **conveyed information concisely and quickly** e.g. the 'Did you know' captions on the right side if the kit;
- The offer of **prizes** was an effective way to get the kit in customers' hands.

6.39 The timing of the campaign in the run-up to Christmas was mentioned a few times. This was thought to be advantageous, because drink-driving messages were keeping alcohol in people's minds, and because it was packaged to look like a Christmas gift. This tallies with the finding from the focus groups, in which numerous examples were given of people giving or receiving the kit as a gift.

"I think it's a brilliant tool."

Pharmacist

6.40 There were also some suggested improvements:

- Making it clearer that **the kit is free** e.g. by increasing the prominence of that part of kit;
- Accompanying the kit with **more publicity**; and
- Given the older nature of some pharmacists' customer base, offering a more **appealing prize to the audience (the prize was an Apple iPad and Amazon vouchers)**.

6.41 The suggestion of making it clearer that the kit is free is backed up by some of the conversations in the focus groups. In one focus group, which had 11 participants, one person said she confirmed with the pharmacists that it was free before taking it, while another was working out how much she was prepared to pay for it (up to £5) before spotting that it was free.

6.42 In the final section, we make some suggestions for how these qualities of the kit could be further enhanced, and the suggested improvements could be considered.

"It's nice and fancy, but it's not obvious it's free.

Pharmacist

7 End user perspectives

7.1 This section sets out the views of people who used the kit, drawing on the survey, interviews and focus groups.

Most users used all three products in some way

7.2 The vast majority (96%) of respondents used at least one of the products, and three quarters (74%) used all three products in some way. One in seven respondents (14%) used two of the products, and one in 14 used just one product (7%). Further detail is provided in Figure 5.1.

Figure 5.1 – Combinations of products used by respondents

Combination	%
All three products	74%
Wheel and booklet	8%
Glass and booklet	3%
Glass and wheel	3%
Glass only	4%
Wheel only	2%
Booklet only	1%
None/unknown	4%
TOTAL	100%

Base number: 300

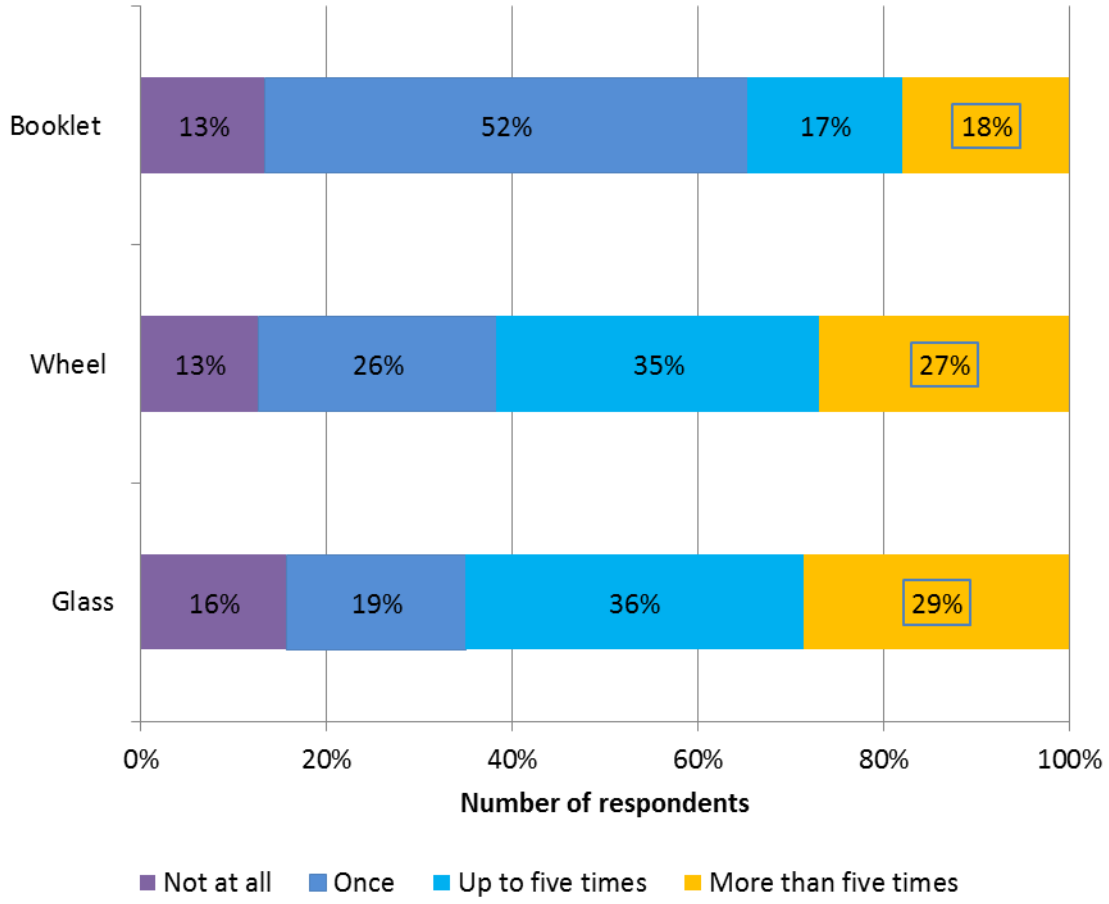
Figure 5.2 – Use of each product by respondents

Product	%
Glass	84%
Wheel	87%
Booklet	87%
None of the products / unknown	4%

Base number: 300

7.3 Whilst the total number of respondents using the glass was slightly lower than for other products, it was the most frequently used product (29% who used it did so more than five times). Conversely, the booklet was the least frequently used product (52% of users chose not to use it again after using it once). From this, we can infer that at least half of the respondents did not complete all of the Drink Diary, as this would require repeated use of the booklet over seven days.

Figure 5.3 – Frequency of use of the products



Base number: 300

7.4 There were a number of notable differences in usage of the products between the demographic subgroups.

7.5 **Risk profile:** Although the difference was marginal, use of each product slightly decreases as the risk profile increases: 83% higher risk respondents used the glass vs. 86% of lower and increasing risk respondents; 77% of higher risk respondents used the wheel vs. 90% and 96% respectively of the increasing and lower risk respondents. With regard to the booklet, 88% of the higher and increasing risk respondents used it vs. 94% of the lower risk ones. Use of the products was still relatively high amongst those who had not consumed any alcohol in the past seven days (76% used the glass, 64% the wheel and 72% the booklet). Regarding the booklet, although the lower risk group is the one who most used it (94%), the increasing and higher risk groups are the ones who have used it more frequently. Respectively 42% of the increasing group and 48% of the higher risk group have used it more than once compared to 39% of the lower risk group.

7.6 **Sex:** Male respondents were less likely to use the glass than females (81% versus 87%). This difference may not be significant but mirrors feedback from men in focus groups that the

glass was too small to hold a pint of beer. There is no gender difference between the proportion of men and the proportion of women who used the booklet.

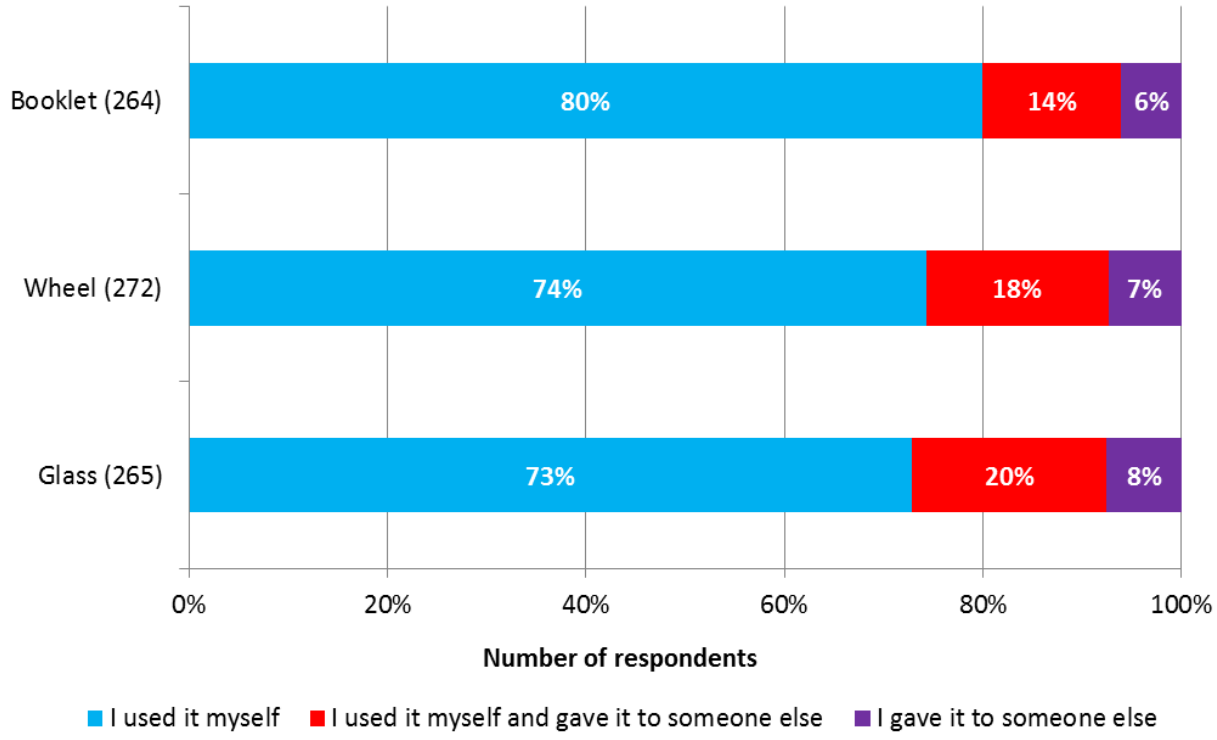
7.7 **Age:** The "35 and under" age group were more likely to use the products than the "Over 35" age group (all of them used at least one product, and 81% used all three products vs. 71% in the older age group). However, they were less likely to use the products multiple times (for example, only 28% of "35 and under" booklet users only used it more than once, compared to 45% amongst the "Over 35" group). The "35 and under" age group were also more likely to use the glass (92% versus 81%).

7.8 **Employment status:** Students were the most likely to use at least one of the products (all of them did), although they were the least likely to use the booklet (only 72% did). Skilled workers were the most likely to use all three of the products (87% did).

Around a quarter of people gave the glass or wheel to someone else to use

7.9 Around a quarter of respondents gave away or shared the glass and wheel with others (28% and 25% respectively), whilst one in five gave away or shared the booklet (20%). For each of the products, over seven in ten used it solely for themselves.

Figure 5.4 – Use / giving away of the products



Base numbers in brackets.

7.10 There were a number of notable differences in use of / giving away of the products between the demographic subgroups.

7.11 **Risk profile:** Although the higher risk subgroup were the least likely to do something with the products, they were more likely to use the products themselves (for example, 98% of higher risk respondents who did something with the glass used it themselves, compared to 90% of lower risk respondents) and the least likely to give away the products (for example, only 18% of higher risk respondents who did something with the glass gave it away, compared to 33% of lower risk respondents).

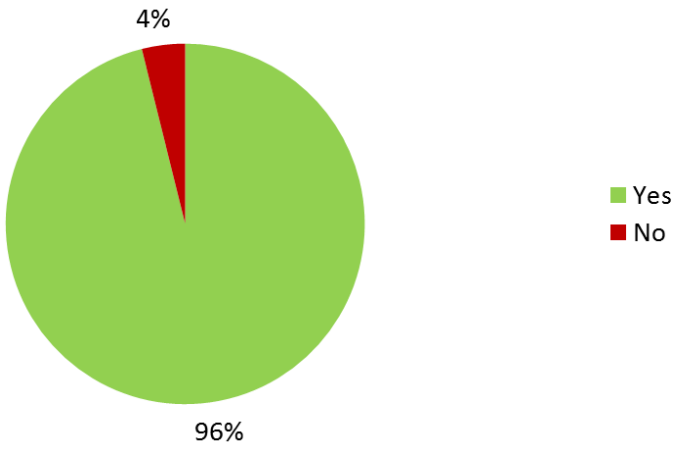
7.12 **Age:** The "35 and under" age subgroup were more likely to give away the glass and wheel (35% and 32% of those who did something with the product, respectively) compared to the "Over 35" subgroup (25% and 24% of those who did something with the product, respectively).

7.13 **Employment status:** Manual workers were less likely to give the products away (around 5% of those who did something with the product). In all cases that managerial workers gave products away, they used the product beforehand.

Virtually all users would recommend the kit

7.14 Almost all respondents (96%) would recommend the kit to someone else. Amongst those who would not recommend the kit, none had used all three products.

Figure 5.5 – Respondents' likelihood to recommend the kit to someone else

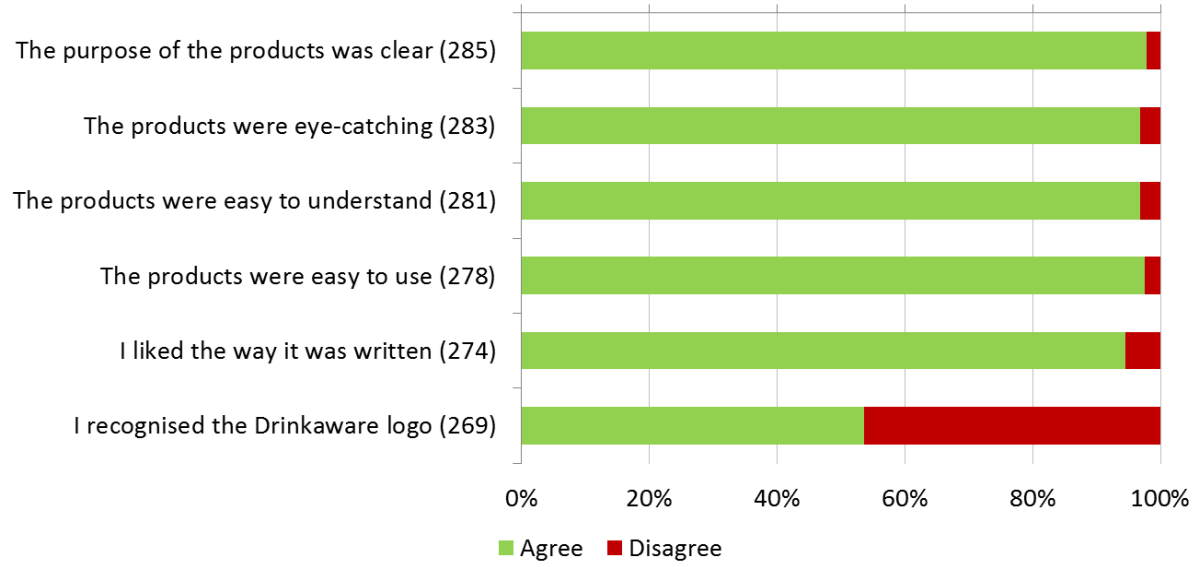


Base number: 283

Broader views on the products in the kit were overwhelmingly positive

7.15 Views on the kit expressed through the survey were overwhelmingly positive, with 61% of respondents agreeing with all five positive product statements.

Figure 5.6 – Respondents' perceptions of the products



Base numbers in brackets

7.16 In terms of positioning and packaging, almost all respondents felt that the purpose of the products was clear, and that the products were eye-catching (98% and 97%, respectively). Just over half (54%) recognised the Drinkaware logo.

7.17 In terms of content, 97% felt that the products were easy to use and understand.

7.18 We were able to explore these survey findings through our qualitative fieldwork.

Motivation for picking up the kit

7.19 In line with the survey findings, the most common motivation for picking up a kit identified in the 24 interviews and six focus groups was curiosity. One focus group participant described how the "Easter egg box" design tempted her to pick it up and look inside. In general, participants described the kit as intriguing, bright and eye-catching. This is covered in more detail below.

7.20 The fact that the kit was free was an important motivator. Although, in line with feedback from pharmacists, some participants had to check that it was free before they took it.

7.21 One participant explained, below, that the fact it was free made it much easier to give to somebody else.

"If you want to give the kit to someone else, the fact that it's free downplays the importance of the issue...paying for it means you think they have a problem with alcohol."

Older women focus group participant

Use of the kit

7.22 In line with the survey findings the qualitative research shows that consumers were highly likely to use the kit and to be positive about it. Of the 24 follow-up telephone interviewees, 19 used the kit "right after picking it up", while two more used it "a few days later".

Although we didn't ask this exact question in the focus groups, most of the stories that people told involved them using them soon after they picked up from the pharmacist.

7.23 People were more likely to use the glass at least once, and could give examples of using it, either as a drinking glass or using it to measure a unit and then pouring the alcohol into a regular glass. One had used the glass to play a "pour me one unit" game with friends.

7.24 Of the 24 telephone interviewees, when asked "How much have you used the kit since you got it?" 12 mentioned the glass first as the part of the kit they were still using, on its own or in combination with other products in the kit.

7.25 Many participants had also used the wheel although, like the booklet, people were more likely to use it once or a few times before feeling that they "got the information I need" i.e. the number of calories in their regular drinks. One male participant described how he used the wheel when he first received the kit, but stopped when he knew what calories he was drinking.

"I use the wheel a bit less now because I more or less know what I drink in terms of calories."

Telephone interviewee

7.26 Use of the booklet was less consistent. In the young couple focus group, of 13 people, the majority had not used the booklet and none had used the diary. Some were not even aware that the booklet contained a diary. In contrast, in the men's group, three of the seven participants had used the diary. As with the wheel, many participants stated that they used it once and felt they had got the information they needed.

7.27 This is in line with the general finding from focus groups and interviews that, when asked if they could describe where the kit was in their house, people were less likely to know where the booklet was.

7.28 Virtually all the descriptions of use were in participants' homes or the homes of close friends and family.

Views on the kit

7.29 The tone of the kit was seen as providing useful information in a light-hearted and accessible way. Users described examples of how they had used the kit to start conversations in a light-hearted, often gently teasing way e.g. by asking a family member to pour out a unit and then pouring that into the Drinkaware glass. Users felt that they had been treated as adults i.e. they have been given information, which they could use to make a decision. The tone was not hectoring or preachy.

7.30 That said, however, from the individual interviews with users, it is clear that the kit did prompt serious reflection. From the follow-up interviews, for example, interviewees talked about wanting to make and sustain changes because they realised the impact of alcohol on their health; more specifically, they were conscious of the impact of alcohol as they grew older; they were thinking of their children (in terms of wanting to be healthy for them and / or not setting a bad example); and they realised the impact alcohol was having on their partners' health.

"It's a very useful resource. We tell you what's in your glass and you decide what to do."

Couples focus group participant

"It's not condescending – it's not about 'don't do that.'"

Older women focus group participant

"It's empowering to make your own decisions from pure factual information. It's the best I've ever read on the topic."

Older women focus group participant

7.31 **The design** was popular with service users. It was small enough to slip into a hand-bag and considered "cool", "funky", "colourful", and "Christmassy".

7.32 **The link to calories was the most effective element of the wheel**, which users found highly informative. Discovering what a unit means in terms of volume is limited in its impact if people don't really understand what that means in terms of their health. Converting units to calories, with which most people are much more familiar, helps them to make informed decisions.

"I've heard about units, but I didn't make the link with my own consumption. That's why the wheel is an absolute blessing."

Men focus group participant

7.33 The fact that the wheel was bent when people opened the pack was mentioned in two focus groups and a couple of interviews. This may seem a small point but the fact it was curled over jarred with the very high quality of the kit's design overall.

7.34 There was one comment in one focus group that the wheel contains "a lot of information on a small piece of paper", but the vast majority of focus group participants felt it was easy to use and understand. Most users focused in on the drinks they drank regularly. They weren't interested in working through all the information on the wheel.

7.35 Some participants, particularly three of the four women in the young women focus group, wanted to use the wheel while they were out drinking, but would not do so because they would have felt too self-conscious.

7.36 Feedback on **the booklet** was a little more mixed. There were positive comments in the men's focus group that it's "got everything in it" and positive comments about the diary and top tips. By contrast, there was some negativity in the young women's focus group, in which two participants felt that the diary was "insulting" because keeping a drinking record is the kind of thing "an alcoholic does". There were a few comments in telephone interviews that the booklet was too long / too detailed, which would tally with the suggestions given by a small number of focus group participants that they were not comfortable with reading.

"The booklet was too long. I don't like reading too much. The wheel was the easiest and simplest part of the pack."

Interviewee

7.37 The general feedback on the booklet, however, is that it contains useful information, expressed in a striking and visual way, but is used by most people only once because they can get the information they need in one go.

The posters

7.38 The posters promoting the campaign were left on the table and / or wall at all the focus groups, to jog people's memory.

7.39 In four of the six focus groups, nobody reported seeing the poster, while a few people in the other focus groups recognised it. There were no substantive comments about the poster, its design, location etc.

7.40 One participant had recognised the poster in his local supermarket but only after his wife had already picked up a kit. He felt he would not have noticed it, had he not already used the kit.

Comparison with other products

7.41 The young women focus group in particular compared the kit to apps they use to monitor their exercise and diet. They suggested that Drinkaware develop an app version of the wheel which can be used on a smartphone. This would make them more likely to use the kit outside the home; they acted out how they would check the app under the table when out.

Distribution

7.42 Focus groups participants suggested a range of additional methods of distribution, including:

- GPs
- Gyms, especially targeted at men
- Supermarkets
- Drug and alcohol centres
- Reception areas of hospitals
- Dentists (making the link with the amount of sugar in some alcoholic drinks)
- Universities
- Stalls in shopping centres
- Pubs
- Weightwatcher and other weight reduction initiatives

Sharing and using the kit with others

7.43 At least one person in every focus group had shared the kit with someone else. Most commonly, this was a partner, but we also had examples of people using the kit with children, grandchildren and work colleagues.

7.44 It's worth noting that Christmas came up as a factor in how people used the kit with other people. The timing of the campaign meant that people were thinking a bit more about alcohol, as Christmas is a period when people drink more.

Suggestions for improvement

7.45 There were a few suggestions which came up at least once:

- Exploring the possibility of a pint version, which may be more appealing to men
- Including soft drinks and mixers on the wheel so users could work out the actual calorie content of e.g. a rum and coke
- Developing an app that people can use while they are out

7.46 In general, however, users were very positive and enthusiastic about the kit.

"But in reality, the kit as it is does its job."

Older women focus group

8 Impact of Drinkaware's resources

8.1 This section explores the impact of Drinkaware's resources on users of the kit.

Visualising units

8.2 The first impact of the kit was to enable customers to more accurately visualise units. 93% of respondents to the survey stated that the kit had helped them to understand the number of units in a particular drink, 90% that it helped them understand the number of units they drink personally and 83% that it helped them to understand daily unit guidelines.

8.3 When we probed the impact of the resources in interviews and focus groups, we found that, prior to using the kit, there was a lot of confusion about units:

- The increase in drinking at home meant that people poured more into a glass e.g. what one focus group participant estimated as a single unit of alcohol was, she estimated, probably more than a double
- People equated one serving with one unit e.g. a pint or, in the quote below, a bottle of cider
- Individuals could filter information and tell themselves that a unit constituted what they drank, so they could convince themselves they drank within safe limits

"I realised a single bottle of cider accounted for my daily limits. I used to drink at least three a day, and more during the weekend."

Focus group participant

"We are all delusional about our drinking habits, even when we drink with the recommended limits."

Telephone interviewee

"It's really interesting as you get to see what comprises and actual measure of alcohol, compared to what you think is a measure."

Interviewee

Driving reflections on behaviour

8.4 The next impact was that the kit drove reflections on behaviour. 86% of survey respondents found that the kit made them more aware of the effects of alcohol on their health and wellbeing, 75% found that it made them more aware of their own drinking habits and for 65%, it reassured them that they drank within daily unit guidelines.

"It's made me more mindful, to cut down on calories and units."

Follow-up interviewee

"I'd make sure that a small glass of wine really was a small glass of wine."

Changes in drink behaviour

8.5 Across all the indicators, 98% of respondents agreed that they had experienced one or more of the changes listed as a result of using the kit.

8.6 Nearly half (49%) of respondents agreed strongly or somewhat to a general statement that the kit had helped them to change their drinking behaviour. However, when asked about specific behavioural changes, the majority reported some form of change in their behaviour with four in five (79%) keeping better track of what they were drinking as a result of using the kit. Some other forms of behavioural change included reducing the number of calories (67%), the number of units (63%) and drinking lower strength drinks (58%).

8.7 We have grouped the four criteria of understanding in a category of 'knowledge of risk and guidance', and three criteria of awareness in a category of 'applied knowledge'. Monitoring and talking to others are categorised as 'action' and all the measures taken to reduce consumption are grouped in a category of 'behaviour change'.

8.8 Figures 6.1 and 6.2 shows that the category of change most commonly experienced as a result of using the kit was 'knowledge of risks and guidance', although a slightly smaller number of respondents subsequently applied that knowledge to their personal drinking habits. Similarly, the number of respondents reducing their consumption was fewer than those taking other actions. The first and main change experienced by users was to monitor their consumption.

8.9 As we also captured in interviews and focus groups, this **monitoring then resulted in some users reducing their consumption**. 52% reduced the number of days on which they drank, 58% started drinking lower strength or smaller drinks, 63% explained they reduced their units and 67% reduced their calorie intake. The use of the kit has also induced 66% of the users to talk to others about alcohol; we have observed during the focus groups and the interviews, the importance of users passing on the information to others.

Figure 6.1 – Experiences occurring as a result of using the products: increased knowledge

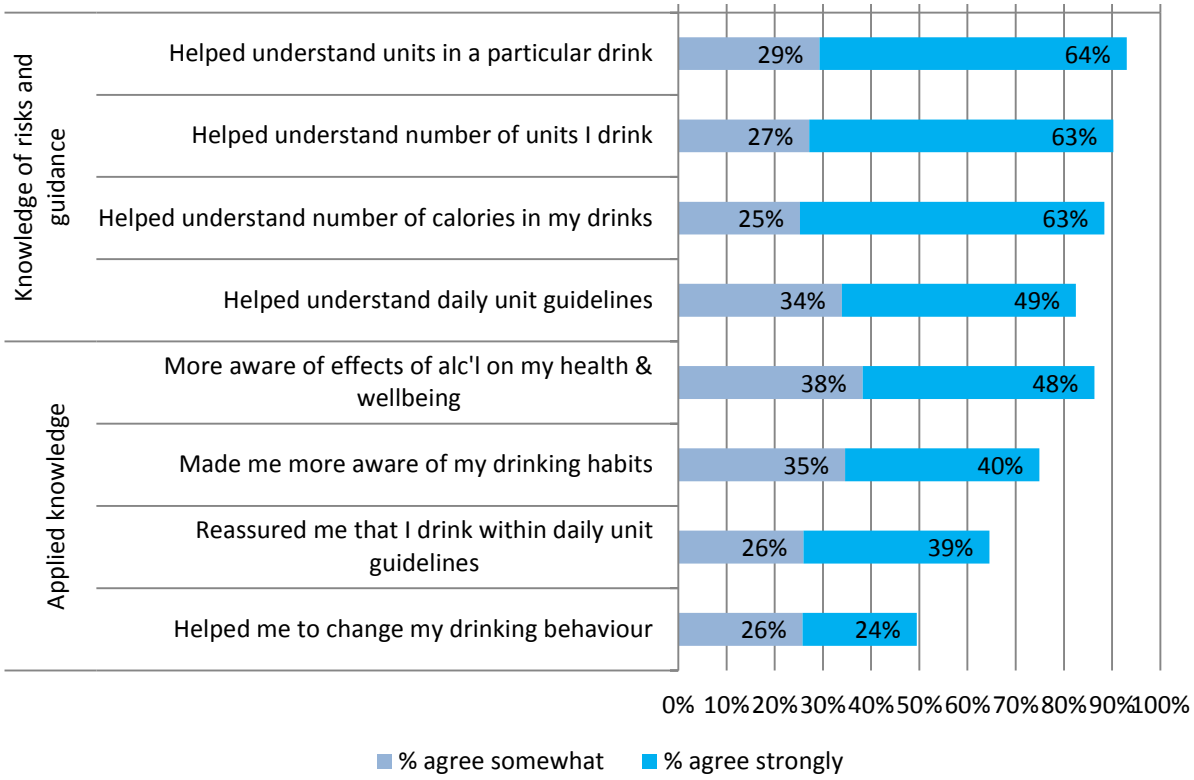
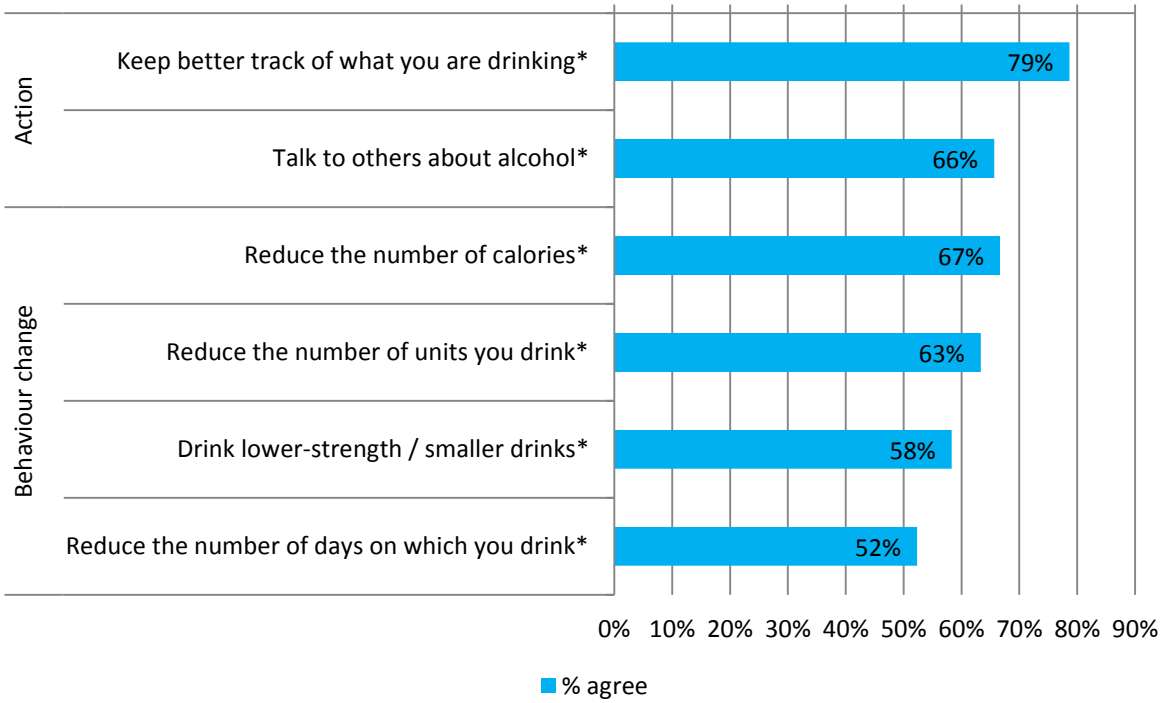


Figure 6.2 – Experiences occurring as a result of using the products: action & behaviour change



Base number: 300

8.10 **Risk profile:** Those respondents who had not consumed alcohol in the past seven days were least likely to indicate that they had changed their behaviour. However, we are dealing with a base number of 25 users, so caution is needed when interpreting these figures.

8.11 Lower and increasing risk groups gained more in awareness and understanding than the higher risk group but interestingly, the latter experienced more changes in behaviours.

Figure 6.3 – Experiences occurring as a result of using the products, by different risk profiles

	Agree somewhat & strongly	All	Zero units consumed (25) *low base*	Lower (70)	Increasing (96)	Higher (69)
Knowledge of risks and guidance	Helped understand units in a particular drink	**93%**	88%	97%	96%	90%
	Helped understand number of units I drink	**90%**	75%	95%	93%	88%
	Helped understand number of calories in my drinks	**88%**	75%	95%	89%	87%
	Helped understand daily unit guidelines	**83%**	68%	85%	91%	78%
Applied knowledge	More aware of effects of alc'l on my health & wellbeing	**86%**	71%	83%	94%	85%
	Made me more aware of my drinking habits	**75%**	42%	70%	84%	84%
	Reassured me that I drink within daily unit guidelines	**65%**	68%	88%	68%	42%
	Helped me to change my drinking behaviour	**49%**	28%	51%	53%	54%
	Agree	**All**	**Zero units consumed (25) *low base***	**Lower (70)**	**Increasing (96)**	**Higher (69)**
Action	Keep better track of what you are drinking*	**79%**	52%	77%	85%	88%
	Talk to others about alcohol*	**66%**	56%	69%	73%	61%
Behaviour change	Reduce the number of calories*	**67%**	52%	66%	72%	71%
	Reduce the number of units you drink*	**63%**	44%	66%	68%	71%
	Drink lower-strength / smaller drinks*	**58%**	48%	67%	60%	67%
	Reduce the number of days on which you drink*	**52%**	36%	56%	55%	62%

8.12 **Sex:** Across all indicators of awareness and behaviour changes, females have gained slightly more understanding and awareness and have experienced more changes in behaviour than men. They are particularly more prone to talk to others about the issue (72% of women vs. 57% of men)

Figure 6.4 – Experiences occurring as a result of using the products, by different sexes

	Agree somewhat & strongly	All	Male (106)	Female (188)
Knowledge of risks and guidance	Helped understand units in a particular drink	**93%**	92%	93%
	Helped understand number of units I drink	**90%**	87%	92%
	Helped understand number of calories in my drinks	**88%**	85%	90%
	Helped understand daily unit guidelines	**83%**	81%	83%
Applied knowledge	More aware of effects of alc'l on my health & wellbeing	**86%**	85%	87%
	Made me more aware of my drinking habits	**75%**	73%	76%
	Reassured me that I drink within daily unit guidelines	**65%**	61%	68%
	Helped me to change my drinking behaviour	**49%**	43%	52%
	Agree	**All**	**Male (106)**	**Female (188)**
Action	Keep better track of what you are drinking*	**79%**	76%	82%
	Talk to others about alcohol*	**66%**	57%	72%
Behaviour change	Reduce the number of calories*	**67%**	58%	73%
	Reduce the number of units you drink*	**63%**	61%	66%
	Drink lower-strength / smaller drinks*	**58%**	51%	64%
	Reduce the number of days on which you drink*	**52%**	49%	56%

8.13 **Age:** Across all indicators of action and behaviour change, the younger age group has taken more measures than the over 35 group. Interestingly however, the older group, when asked generically about their drinking behaviour, have reported having changed their behaviour in a much higher proportion than the younger group (53% vs. 39%). Both age groups have gained similar levels of awareness of the effect of alcohol on their health and wellbeing.

Figure 6.5 – Experiences occurring as a result of using the products, by different age groups

	Agree somewhat & strongly	All	35 and under (89)	Over 35 (193)
Knowledge of risks and guidance	Helped understand units in a particular drink	**93%**	95%	92%
	Helped understand number of units I drink	**90%**	94%	88%
	Helped understand number of calories in my drinks	**88%**	90%	88%
	Helped understand daily unit guidelines	**83%**	81%	83%
Applied knowledge	More aware of effects of alc'l on my health & wellbeing	**86%**	85%	87%
	Made me more aware of my drinking habits	**75%**	80%	72%
	Reassured me that I drink within daily unit guidelines	**65%**	58%	68%
	Helped me to change my drinking behaviour	**49%**	39%	53%
	Agree	**All**	**35 and under (89)**	**Over 35 (193)**
Action	Keep better track of what you are drinking*	**79%**	87%	77%
	Talk to others about alcohol*	**66%**	71%	66%
Behaviour change	Reduce the number of calories*	**67%**	70%	66%
	Reduce the number of units you drink*	**63%**	72%	60%
	Drink lower-strength / smaller drinks*	**58%**	66%	55%
	Reduce the number of days on which you drink*	**52%**	60%	50%

8.14 **Employment status:** Overall, levels of action and behaviour change were similar across different employment statuses.

Figure 6.6 – Experiences occurring as a result of using the products, by different employment statuses

Agree somewhat & strongly	Managerial (24) *low base*	Professional (63)	Skilled (30)	Manual (22) Low base	Retired (35)	Unemployed (67)	Student (18) *low base*
Helped understand units in a particular drink	91%	96%	90%	86%	100%	95%	94%
Helped understand number of units I drink	91%	94%	93%	85%	84%	88%	89%
Helped understand number of calories in my drinks	100%	94%	86%	80%	88%	80%	83%
Helped understand daily unit guidelines	91%	87%	86%	76%	81%	85%	61%
More aware of effects of alc'l on my health & wellbeing	83%	88%	89%	80%	97%	83%	83%
Made me more aware of my drinking habits	74%	78%	72%	70%	72%	83%	67%
Reassured me that I drink within daily unit guidelines	74%	67%	69%	62%	84%	48%	61%
Helped me to change my drinking behaviour	52%	52%	52%	55%	47%	53%	22%
Agree	**Managerial (24) *low base***	**Professional (63)**	**Skilled (30)**	**Manual (22) Low base**	**Retired (35)**	**Unemployed (67)**	**Student (18) *low base***
Keep better track of what you are drinking*	79%	80%	80%	82%	83%	83%	83%
Talk to others about alcohol*	58%	67%	83%	55%	66%	74%	67%
Reduce the number of calories*	67%	68%	70%	64%	66%	69%	72%
Reduce the number of units you drink*	67%	67%	63%	73%	63%	62%	61%
Drink lower-strength / smaller drinks*	54%	63%	60%	64%	63%	64%	50%
Reduce the number of days on which you drink*	42%	55%	67%	50%	51%	60%	56%

8.15 **Marital status:** Once response rates have been taken into account, most differences across marital status are not statistically significant; however, it is notable that married respondents experienced more change overall (albeit a marginal difference of +2% to +6% compared to the whole population across each category).

Figure 6.7 – Experiences occurring as a result of using the products, by different marital statuses

Agree somewhat & strongly	Married (136)	In a long term relationship (53)	Single (68)	Divorced (9) *low base*	Widowed (16) *low base*
Helped understand units in a particular drink	93%	96%	91%	100%	100%
Helped understand number of units I drink	89%	96%	89%	85%	88%
Helped understand number of calories in my drinks	91%	85%	89%	85%	88%
Helped understand daily unit guidelines	84%	83%	77%	86%	100%
More aware of effects of alc'l on my health & wellbeing	87%	85%	85%	85%	100%
Made me more aware of my drinking habits	78%	72%	74%	77%	88%
Reassured me that I drink within daily unit guidelines	75%	62%	46%	71%	57%
Helped me to change my drinking behaviour	58%	45%	36%	43%	57%
Agree	**Married (136)**	**In a long term relationship (53)**	**Single (68)**	**Divorced (9) *low base***	**Widowed (16) *low base***
Keep better track of what you are drinking*	81%	83%	82%	63%	56%
Talk to others about alcohol*	69%	68%	71%	50%	44%
Reduce the number of calories*	68%	75%	65%	63%	44%
Reduce the number of units you drink*	65%	66%	66%	56%	33%
Drink lower-strength / smaller drinks*	60%	55%	63%	56%	33%
Reduce the number of days on which you drink*	54%	53%	59%	38%	33%

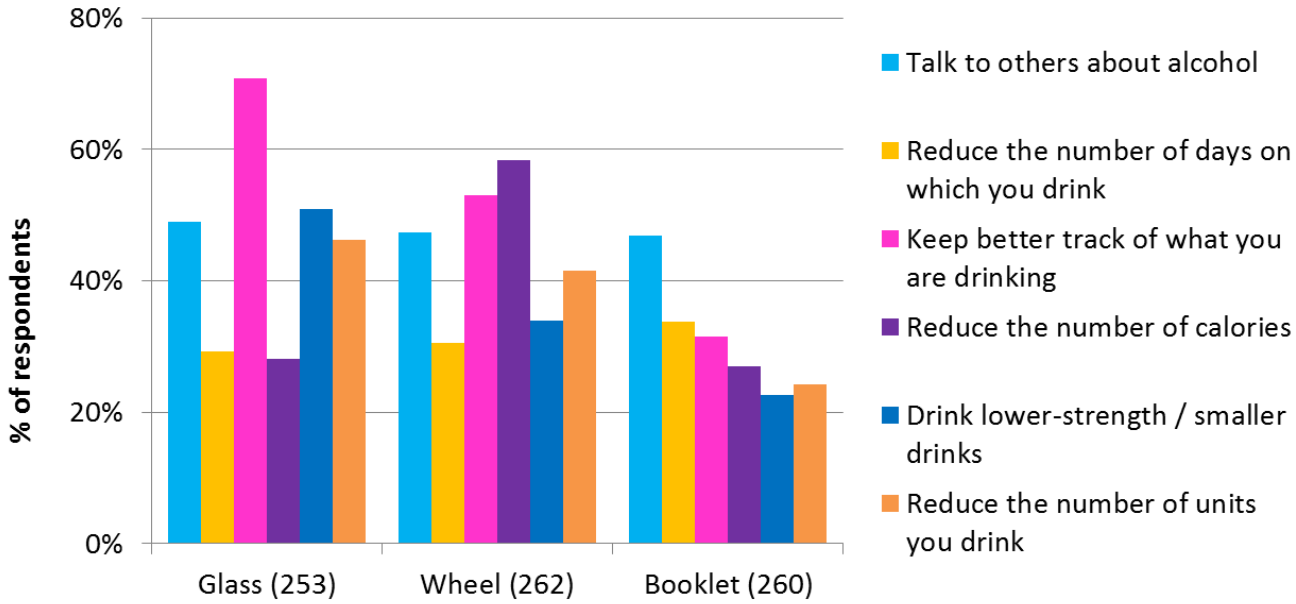
8.16 When considering which products resulted in which behavioural changes for respondents, the most common was keeping better track of what they are drinking, which is cited by 71% of glass users. All three products were consistent in their effectiveness to get respondents talking to others about alcohol (experienced by between 47% and 49% of product users).

8.17 The glass was particularly effective in making respondents drink lower strength / smaller drinks, cited by 51% of glass users. Interestingly, even though the glass does not include calorie information, 28% of glass users still claimed that it helped them reduce the number of calories they drink.

8.18 The wheel, which does feature calorie information, was particularly effective in reducing the number of calories, cited by 58% of wheel users.

8.19 Overall, the booklet was the product that resulted in the least behavioural change, with particularly lower impacts on switching to lower strength / smaller drinks (25% of booklet users) and reducing the number of units drunk(24% of booklet users). However the booklet ranks slightly higher than the glass and the wheel in helping reduce the number of drinking days (34% of booklet users, compared to 29% of glass users and 31% of wheel users).

Figure 6.8 – Behavioural changes as a result of using the different products



Base numbers in brackets.

"I learnt that I'd only need to have a few glasses of wine and you'd have half your calories for the week."

Follow-up telephone interviewee

"I do think about it a lot. For example, I poured myself a glass of wine last night and thought about whether it was too close to the rim, and how many units it was. I find that I do that all the time now."

Follow-up telephone interviewee

"The glass is stored in the alcohol glasses cupboard as a reminder for when we are making a drink."

Interviewee

Sustained behaviour change

8.20 Of the 24 users who took part in the qualitative follow-up interviews, almost all **stated that they sustained their behaviour change**. The most commonly identified behaviour change was monitoring their drinking, followed by reducing units and reducing calories.

8.21 Of those interviewed who had sustained their change in behaviour, about a quarter attributed this strongly to the kit. Most of the rest were still positive about the kit, but stated they were already planning to reduce their alcohol intake prior to using the kit. The kit was a prompt to do so, but they felt they would have changed their behaviour anyway.

8.22 Of those interviewed who had sustained their change in behaviour, **around half had sought to change their behaviour along with a relative or close friend**. For example, agreeing with a husband or wife to jointly reduce their unit consumption together or endeavouring to reduce calorie intake with a good friend by sharing details of their drinking, using the booklet as a prompt.

8.23 There is a suggestion that the kit is actively being used to undertake behaviour change with close family and friends, and more widely raise the issue with a wider circle of friends and family members. This would back up the early feedback from pharmacists and service users about the kit being an effective tool to help discuss a potentially sensitive topic and taking action.

8.24 One follow-up interviewee, for example, worked with his wife to monitor what they drank to reduce their total number of units. He felt they had achieved this successfully. Instead of a pattern of heavy drinking interspersed with dry days, they were more controlled and consistent in reducing how much they drank. He also gave the glass to his son to try (although the son boasted that it showed he could drink more – this is referred to in the following section in relation the wider issues around young men).

8.25 Having someone else alongside you, who is also trying to reduce the amount they drink, may be one cause for sustained behaviour change.

"The booklet raised my awareness of how much I was drinking. The glass helped me control my consumption. I gave it to my son to try"

Follow-up interviewee

"I stayed with the friend at the weekend that I got the extra kit for. She said that she makes regular use of it. As with me, it was the number of calories that has had an impact on her. She has started to cut back and uses the measuring glass as well. She hadn't had a drink for three weeks. We did have done while I was there, but not as much as we would have done before. We didn't feel we had to finish a bottle. Something we would have done in the past."

Follow-up interviewee

8.26 Looking again at those interviewed who sustained their change in behaviour, **about half had no previous knowledge that they were drinking too much**. It is possible that one of the reasons that the kit triggered behaviour change which in many cases was sustained was that, unlike for example an anti-smoking kit, it **delivered new information**. All smokers know that smoking is unhealthy and a serious threat to health. People who think they are moderate

drinkers may not be aware of the health risks they are posing to themselves. They are part of the "iceberg below the water" identified in Section 3.

8.27 Responses suggest that all the products in the kit are potentially useful to different users, and it is better to let people use the kit in the way that best suits them.

8.28 There is also some evidence of sustained use of the kit. Of those who sustained their change in behaviour, most of whom had the kit for more than eight weeks, around a quarter had used one of the products in the kit **the day before the interview**.

Enablers of sustained behaviour change

8.29 These findings point to some potential enablers of sustained behaviour change, although caution is needed given the small sample size from the qualitative interviews:

- People were able to **use the kit straight away**, and most known users did – unlike a leaflet which can be put away, the kit tempted people to try it out immediately;
- The **tone of the kit** was non-judgemental, so it could prompt people to reflect and start conversations with others – **however, it did also cause serious reflection which might encourage longer-term lifestyle changes (as opposed to a short-term cut down or temporary 'dry spell')**.
- The **tone of the kit** also made most users feel confident and comfortable about sharing it with other people and, with friends and family, **changing their drinking behaviour together**. The presence of another person changing behaviour may support sustained behaviour because it **enables mutual support and reinforcement**.
- Instead of just reading about units, the glass allowed people to **hands-on test and apply what they had learned hands-on.**
- The glass and wheel could be used repeatedly – **and over a sustained period of time**. Some fieldwork participants reported regular use of the products in the kit that they most found helpful over **periods of weeks and months**.
- A **multi-product kit, which people can adapt** to meet their individual information needs, may encourage sustained behaviour change. The users who reported sustained behaviour change had opened the kit at the start and, over time, used the product or products that best suited their needs – the wheel if they were most concerned about calories, the booklet for information about the general health impacts of alcohol etc.
- The glass and wheel can be used in places where people make decisions – **and can be left there**. Some users were hopeful that sustained exposure to an element of the kit might open up conversations with others. One older female user pinned the wheel to the fridge door in the hope that her husband would pay attention. By the time she took part in the focus group, he hadn't responded, but she was hopeful that he would gradually take an interest / be open-minded enough for her to raise drinking with him.

Annex A: Partner perspectives

8.30 This section sets out partners' views on the kit and their aspirations for the wider campaign, drawing on interviews with the Consultant in Public Health at Bracknell Forest Council, on behalf of Berkshire Public Health, and the Chief Executive Officer, Berkshire Local Pharmaceutical Committee.

8.31 It should be noted that the interviews were conducted prior to the launch of the campaign, and while the detail of the kit was still being developed.

Opportunities

8.32 The different partners identified **a number of opportunities** presented by the campaign which they were keen to explore:

- Developing a new model of partnership working;
- Assessing the effectiveness of pharmacists as a 'route to market';
- Testing out the kit and the different products within it to inform potential future campaigns; and
- Learning more about behaviour change in relation to alcohol by raising awareness and understanding of its impact on people's health and wellbeing.

8.33 As set out in the following sub-section, there was a lot interest in exploring how the partnership approach had shaped the campaign, and what that meant for future potential collaboration.

"It's about raising awareness of how much people actually drink...to give them a truer picture of what they're actually drinking."

Partner interviewee

"[We want to] provide evidence about behaviour change, including for different population groups – what works for young women, middle-aged professionals etc."

Partner interviewee

The partnership

8.34 There was particular enthusiasm for the three-way partnership model that had been developed, with each partner bringing different contributions:

- Drinkaware brought resources, in-depth knowledge of alcohol consumption and its impact and the ability to publicise the campaign;
- Berkshire Public Health brought local knowledge, access to the local public health network, including the Local Pharmaceutical Committee, and access to the six unitary authorities;

- The Local Pharmaceutical Committee brought knowledge of and reach into communities across Berkshire and a high level of trust.

8.35 This was seen as powerful combination of knowledge, resources and reach.

"Drinkaware is outside of government, expert and specialist. You've got a council working with a charity- that leads to originality and innovation."

Partner interviewee

8.36 The partnership was seen to have developed quickly after what one interviewee described as "getting to know you stage". Each partner respected the different ways of working of the others e.g. that Berkshire Public Health has to get approval from elected members and that this could sometimes take time.

8.37 Both Berkshire interviewees felt that Drinkaware had worked in an open and responsive way, co-creating the campaign with them, rather than coming with pre-set plans. This was crucial to generating local buy-in to the campaign.

"We've been consulted on all the plans. We've got buy in."

Partner interviewee

There was enthusiasm on all sides to continue working in partnership. One suggestion was to build on the campaign with demographically-targeted campaigns, trying out variations of the kit, additional tools and different messages.

"We should see the campaign as the starting point, in terms of the partnership."

Partner interviewee

The kit

8.38 Partners were clear that the kit was aimed at a wide audience, particularly those who drank too much without realising. In one interview, this was described as the **"iceberg below the water"**. For public services dealing with alcohol-related problems, the peak of the iceberg – the most visible manifestations – are groups like street drinkers, drunken revellers and young people drinking in parks.

8.39 However, there is a much bigger, and much more expensive, problem with many individuals drinking too much, often at home, and storing up health problems. People who are "not dependent but regularly drinking beyond safe limits, causing insidious harm."

8.40 To communicate with this group, it was vital for the kit to provide information in a way that helped people to think, and did not preach to, stigmatise or make people feel ashamed. The kit had to speak to people as grown adults, giving them information so they could make their own informed choices.

Challenges

8.41 The main anticipated challenges to the campaign were practical ones, including:

- Problems with distribution

- Pharmacists not having the space to store and / or display the kit
- Insufficient information getting to the pharmacists, meaning they would promote the kit less effectively.

8.42 A more general concern was that people wouldn't notice the **kit and related promotional material would be drowned out** by the other campaigns, products and advertisements that are found in all pharmacies.

"It'll need to fight for attention!"

Partner interviewee

Behaviour change

8.43 There was strong interest in the challenge of changing behaviour. Partners wanted to know what kind of behaviour change (if any) the kit prompted; which elements of the kit were more likely to prompt behaviour change; and the extent to which behaviour change occurs in relation different groups (male, female, different age groups).

Learning and dissemination

8.44 All partners were keen that the lessons from the campaign should be identified and widely disseminated, including with:

- Drug and Alcohol Teams
- GP clinical leads
- Hospitals
- Royal Pharmaceutical Society
- Pharmaceutical Services Negotiating Committee
- Other charities working to reduce alcohol-related harm
- Drinks industry bodies

8.45 We used some of the opportunities and issues highlighted by the partner interviews to help shape our fieldwork research tools.

The 'What's in Your Glass?' campaign was initiated and managed by The Drinkaware Trust; Anne Foster – Director, Marketing and Communications, Anastasia Terzeon – Marketing Manager and Matthew Britton and Sarah Salisbury – Insight and Evaluation. The creative was produced by The Clinic.

SHARED INTELLIGENCE