

# Changing attitudes, knowledge and behaviour

## A review of successful initiatives

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**This report examines how initiatives successfully used in other fields can help inform new strategies for tackling alcohol-related harm.**

There a clear need to change attitudes, knowledge and behaviour relating to alcohol in the UK. This report presents seven case studies, each telling the story of an initiative designed to bring about attitudinal, behavioural or policy change, for example sustainable transport use or youth smoking prevention. This novel approach provides a unique insight into how the application of new thinking may help to reduce harmful drinking patterns.

The report includes:

- Details of approaches or initiatives that have attempted to change attitudes and behaviours in non-alcohol areas.
- Examination of the aims, theoretical rationale, methods, targeting, processes and effectiveness of each approach or initiative.
- Transferable lessons from the case studies for new approaches to tackling alcohol harms in the UK.

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# Executive summary

## Introduction

The last decade has witnessed dramatic increases in alcohol consumption, binge drinking and associated harm in the UK. Social attitudes towards alcohol are complex and ambivalent, and this is reflected in uncertainty about the best way to tackle alcohol related harm and about appropriate goals for alcohol policy. There is a clear need to look beyond traditional public health responses to approaches which have been used in other fields to influence attitudes, behaviours and policies.

## Methods

We conducted seven case studies, each telling the story of an initiative designed to bring about attitudinal, behavioural or policy change. The seven case studies were selected to reflect a range of key elements:

- different goals (e.g. prevention, harm minimisation, new behaviour adoption);
- different approaches (e.g. advocacy, campaigning, counter-marketing, theory-based communications, legislation, social marketing, positive role models);
- a range of topics/behaviours of concern;
- different scales of intervention (e.g. long/short term, national/regional).

Information on each case study was gathered through literature searches, personal contact and interviews. A standard framework was used to report and analyse each case study. Lessons were then drawn from across the case studies.

## The Case Studies

The seven case studies are:

### A. HIV/AIDS

The Swiss STOP AIDS campaign. A long-running ongoing national campaign intended to promote condom use. Key features are a non-judgmental tone which encourages collective responsibility for the problem, elements targeting both the general population and specific risk groups, and innovative, constantly changing communications approaches.

### B. Smokefree public places

The activities leading to the passage of smokefree legislation in Scotland in 2006. The successful multi-faceted campaign involved awareness raising, advocacy, agenda setting, coalition building, lobbying, public consultation and research.

### C. Greener travel

The InMotion travel awareness campaign, Seattle, USA. Uses a mix of positive messages, incentives, pledges and individually-targeted advice to promote greener transport behaviours.

### D. Tobacco counter-marketing

The 'Truth' youth smoking prevention campaigns, USA. Mass media-based campaigns using a 'counter-marketing' approach which seeks to expose manipulative practices by the tobacco industry. Campaign elements include advertising, advocacy, youth action and websites.

### E. Responsible Gambling

The ClubSafe initiative, New South Wales, Australia. This seeks to promote responsible gambling and reduce gambling-related harm. Within a legislative framework with mandatory requirements, gambling clubs are provided with staff training, codes of practice, guidelines on customer self-exclusion, promotions and signage.

### F. Speeding

Two anti-speeding advertising-based campaigns – 'Foolsspeed' in Scotland and 'Pinkie' in Australia. These moved away from a traditional road safety

'shock' approach, instead using humour, low key realism, empathy and ridicule to change norms around speeding.

### **G. Gay and lesbian mental health**

The Trevor Project, USA. A non-profit organisation which provides support to gay, lesbian, bisexual, transgender and questioning young people, via a website, advertising, celebrity endorsement, events and a telephone helpline. Communications approaches include positive role model messages about the achievements of prominent gay men and lesbians.

## **Key lessons from the case studies**

Despite their diversity, the case study issues have several similarities with alcohol. The problem behaviours are widely practised, socially condoned, sometimes addictive, and can result in harm to the individual, families, and wider society. In turn, the desired alternative behaviours (e.g. moderation or abstinence) are often seen as unappealing, difficult, inconvenient or socially embarrassing.

Transferable lessons from the case studies include:

### **Long term commitment**

Changing social norms around smoking has taken over 50 years; changing norms surrounding condoms more than 20 years. The Swiss STOP AIDS campaign has been running since the 1980s, and although it has evolved and developed, political support has been maintained and the campaign has remained consistent in its core aim of promoting condom use. In contrast, other case studies illustrate the problem of short-termism: when funding ceases, behaviours revert to their previous state, and campaign credibility and value are dissipated. Problematic drinking has a long history in the UK and deep cultural roots; responding to this will take time, resource commitment, and strategic vision.

### **Ownership of the problem**

The STOP AIDS campaign recognises that HIV/AIDS does not just represent a threat to minority groups but is a challenge for society as a whole. Adopting a societal perspective encourages wide

ownership of a problem, which in turn creates an environment in which both individual behaviour and policy change are greatly facilitated. Reducing alcohol harm means accepting that excessive attachment to alcohol is a problem created by everyone – not just the problem drinker – and that we all need to take responsibility for change.

### **(Re)Framing the problem and changing social norms**

In several of the cases, framing how a problem was seen was essential to developing solutions and securing support for action. Framing smokefree legislation as a public health issue – protection of workers – both moved away from traditional 'victim blaming' and gave the campaign an unassailable moral superiority in face of counter-arguments about 'freedom' and profits. The Truth campaign moved away from framing the smoker as the problem to scrutinising tobacco industry tactics; a re-positioning which helped change the agenda for young people and challenged their attitudes towards smoking.

Changing behaviour often means changing social norms as well as providing support for non-engagement in a risk behaviour. In the anti-speeding campaigns, a key strategy was to position driving behaviours differently – speeding as a sign of weakness and ridiculousness, driving sensibly as a sign of control. Tackling our society-wide alcohol problem requires us to re-think our relationship with alcohol and to develop new norms regarding its consumption.

### **Understanding the target(s)**

The cases demonstrate the value of determining precisely whose behaviour has to change – gambling casino staff, youth smokers, male drivers, policymakers – and learning how they see the problem. Formative research for the Truth campaign showed that young people were not really interested in the health consequences of smoking, but were engaged by the idea of protest against the tobacco industry. In Scotland, campaigners recognised that smokefree legislation could be presented to politicians as a way for the new Scottish Government to demonstrate its independence from England.

Progress on alcohol will depend on the same capacity to see the problem from the perspective of multiple target groups. In essence, sensible moderate drinking has to be presented as an attractive opportunity to both consumers and stakeholders.

## **Planning**

The InMotion sustainable transport initiative shows how social marketing uses planning to: a) define clear and measurable objectives; b) identify the people who need to or can facilitate change; c) establish how their needs can be met with attractive 'change offerings' (thereby creating a self-sustaining mutually beneficial exchange); d) recognise and either cooperate with or block the competition.

## **Positive offerings**

Several cases illustrate the power of the positive, showing how humour, empathy and positive messages can engage people's emotions as effectively as fear-based messages. In the case of Foolspeed, it was notably speeding drivers who engaged most with the advertising – precisely the group who might be expected to be most dismissive.

The longer-lasting campaigns – Truth, Trevor and STOP AIDS – show another potential dimension of sustained offerings: branding. This well-established tool in commercial marketing is now being increasingly recognised in public health. A new message or service from a trusted brand will be heeded because of past good experiences with the brand.

## **Multiple approaches**

Complex problems need complex solutions. Sometimes mass media communications can be the principal component and advertising can do most of the work. Typically, however, more multifaceted efforts are needed, including upstream changes to policy and services which support people in making changes. Tackling the UK's drinking culture will need a similarly engaging, sustained and appropriately complex response.

## **Competition**

Several initiatives address the problem of competition. The greener travel and speeding

campaigns faced 'passive competition' from existing behaviours (taking the car rather than the bus; speeding rather than slowing down). The Pinkie campaign studied the macho attractions of speeding and devised a campaign that debunked them in a humorous but powerful way.

Truth and Smokefree faced active competition from the tobacco industry. Here there was no room for compromise or cooperation because the objectives of public health and the industry are diametrically opposed. Smokefree also faced a milder form of competition from the hospitality industry which was initially ambivalent about the legislation. Both the smokefree and responsible gambling cases illustrate the limits to voluntary self-regulation and co-operation, and the need in some instances for strong statutory responses.

## **Research**

Several of the cases illustrate how research underpins effective intervention development. It helps assess the acceptability and cultural relevance of transferring activities and messages which have worked in one context to UK settings and target groups, and can help translate abstract theoretical constructs such as attitudes and norms into convincing and engaging advertising. It is equally important to measure the impact of any activity in order to assess effectiveness, correct mistakes, plan future work and satisfy funders.

## **Conclusions**

The cases support a lot of existing public health learning: complex problems need complex solutions; culture and norms take time to change; research is the foundation of effective action. They also generate some new ideas: that branding and relationship building also have traction in public health; that strategic planning is essential; that competitive analysis is a useful tool, and that positive appeals, humour and empathy can work as well as dire warnings.

# 1 Introduction

The Joseph Rowntree Foundation Alcohol Research Committee wishes to explore whether lessons for tackling alcohol harms can be learnt from initiatives in other fields. This review, by the Institute for Social Marketing at the University of Stirling and The Open University, was conducted in response.

It presents seven case studies that each tell a story of an initiative which has sought to bring about attitudinal, behavioural or policy change. The initiatives adopt a range of approaches, including advocacy, campaigning, counter-marketing, theory-based communications, policy formation and legislation, social marketing and positive role models. They were conducted to tackle HIV/AIDS, smoking in public places, sustainable transport use, youth smoking prevention, gambling, speeding and mental health issues in lesbian and gay youth.

For each case study, transferable lessons for alcohol are identified. Finally, learning from the case studies is synthesised to present an account of how harmful drinking patterns in the UK may be reduced through the application of new thinking.

## 2 Background

Alcohol issues have attracted considerable political, media and societal attention over the past few years. The last decade has witnessed a dramatic 20 per cent increase in consumption in the UK (Prime Minister's Strategy Unit, 2004), including an 82.6 per cent increase in drinking amongst girls aged 11–13 between 2000 and 2006 and a 43.4 per cent rise in the same period for boys. Hospital admissions have risen 20 per cent over the last five years due to youth drinking (Alcohol Concern, 2007), and the UK now has one of the highest recorded rates of binge drinking and associated harm in the whole of Europe (Hibell, *et al.*, 1999). Alcohol consumption is associated with a broad range of social and health problems in the UK, at both personal and societal level (Klingemann and Gmel, 2001; WHO, 2002). The UK has long been ambivalent towards alcohol, holding generally favourable attitudes whilst disapproving of problem drinking (Plant, 1995). Yet there is debate over what constitutes problem drinking, and how knowledgeable people are about the level and effect of their own consumption levels (Lancaster and Duddlestone, 2002).

There is therefore a clear need to change attitudes, knowledge and behaviour relating to alcohol in the UK. There has been considerable debate over the best way to do this over the years, with suggestions including increasing taxation, reducing availability, restricting promotion, education and treatment (Babor, *et al.*, 2003). However such approaches are not necessarily easy to implement, and effectiveness can be variable (Saffer, 2000); furthermore, there is also a danger that merely using particular approaches in isolation has a negligible overall effect.

Consequently it has been argued that there is a need to look beyond traditional responses to other approaches to behaviour, socio-cultural and policy change which might transfer effectively to alcohol. This reflects a growing interest in transferable learning in general, with, for example, the UK government calling for public health efforts

to be invigorated by drawing on a wider repertoire of approaches, including marketing and social marketing (Wanless, 2002; Department of Health, 2004; Stead, *et al.*, 2007). Agencies such as NICE have already demonstrated an interest in transferring new learning on behaviour change, having, for example, reviewed the effectiveness of interventions in three non-public health fields (road safety, pro-environmental behaviour, marketing), with a view to identifying principles and ingredients which might enhance the effectiveness of public health initiatives.

The study has clear policy and practice relevance. By examining the strategies and processes by which attitudinal, behavioural, socio-cultural and policy change has been sought in other fields, the study aims to identify new thinking which can transfer across to and enhance work on reducing alcohol trends and harms.

The concept of lesson drawing has been explored and implemented in other areas (Rose, 1993). The emphasis is on understanding the conditions under which policies or practices operate in their original jurisdictions or contexts, and whether and how they might work when imported into other jurisdictions or contexts. The concept has been applied in several areas of social policy such as environmental policy, health policy, social security (Dolowitz, 2000) and education policy (Pratt, 2004).



# 3 Aims

The overall aim of the study is:

*To draw on the lessons learnt from successful initiatives in other fields to identify approaches likely to be effective in influencing trends in drinking in the UK.*

This was achieved through the following objectives:

- To identify a selection of approaches or initiatives that have attempted to change attitudes and behaviours in non-alcohol areas, and to use case studies to ‘tell a story’ of each approach or initiative.
- To examine the aims, theoretical rationale, methods, targeting, processes and effectiveness of each approach or initiative, using a standard analytical framework.
- To identify and comment on factors which hindered or facilitated the approach or initiative, including the cultural and policy context prior to and around the initiative.
- To provide a generalised account of how policy and practice can have an impact on attitudes and behaviours through synthesis of the case study data, and apply the analysis to harmful patterns of drinking in the UK.

# 4 Research design and methods

A case study approach was used to describe and analyse a selection of approaches and initiatives from the perspective of identifying transferable learning on attitudinal, behavioural, socio-cultural and policy change.

The *case study* is a particularly appropriate method for examining activities which are implemented in ‘real-life’ settings and which involve multiple, complex and sometimes unpredictable processes and outputs (e.g. Keen and Packwood, 1995; Stead, *et al.*, 2002). Unlike more traditional evaluation methods, the case study is as concerned with the processes by which activities are implemented and through which change occurs as with outcomes; it therefore has the potential to yield rich and relevant learning for this particular study.

Seven campaigns were identified (for full methodology see the Appendix). Table 1 shows the selected topic areas, and how they were mapped against relevant criteria.

As had been stated in the original proposal, we attempted also to identify case studies that were both thematically appropriate to alcohol and which used strategies and processes that might yield transferable learning for alcohol. In addition to those

outlined earlier, such as counter-marketing and denormalisation, these included social marketing and media advocacy, which both have the potential to effect change across a wide range of issues and at both up- and downstream levels (Wallack, *et al.*, 1993; Stead, *et al.*, 2002; Hastings, 2007).

Data was collected on the seven projects from the available literature and from interviews in order to construct a narrative of each case study within a set outline. For the literature searches, a general strategy was devised to keep a relatively consistent approach to the seven diverse topics. Where the literature was slight, individuals related to the case study projects were contacted to provide more data and internal expertise was utilised. Thirteen individuals were contacted or interviewed in total.

An analysis framework was used to assess and review each case study (see Table A1, p 107). Discussion and analysis of each case study’s completed narrative analysis framework were used to identify the cross-cutting themes in, for example, the implementation processes and the behaviour change outcomes. A series of lessons was generated from the combined case studies which may transfer to alcohol work in the UK. These are presented in Section 7.

Table 1: The topic areas

Topic area	Focus	Target group	Scale	Processes/strategies
<b>HIV/AIDS</b>	National campaign, Switzerland	General population, specific at-risk groups	National and regional	Multiple – Integrated behaviour change
<b>Smoking in public places</b>	Smokefree legislation, Scotland	Multiple	National	Agenda setting, advocacy, regulation
<b>Tobacco counter-marketing</b>	‘Truth’ campaigns, USA	Young people	State-wide	Reframing, de-normalising, counter-marketing
<b>Greener travel</b>	InMotion travel awareness campaign, Seattle, USA	Adults	Local	Positive messages, incentives
<b>Gambling</b>	Responsibility in gambling initiative, Australia	Adults	State-wide	Promotion of ‘responsibility’
<b>Speeding</b>	Foolsspeed campaign, Scotland; ‘Pinkie’ campaign, Australia	Mostly men, plus wider population groups	National and regional	Reframing, de-normalising, empathy, ridicule
<b>Gay and lesbian mental health</b>	The Trevor Project, USA	Gay and lesbian young people	National	Social marketing, reframing, positive role models

# 5 Case studies

Seven case studies were conducted.

## **A. Consistency in campaigning: Switzerland's STOP AIDS campaign**

Case study examines how STOP AIDS, one of the world's longest running HIV/AIDS prevention programmes, uses a marketing plan designed to maximise behaviour change and individual responsibility. The campaign has been successful in increasing condom use in both the general population and at-risk groups, reducing discrimination against individuals with HIV/AIDS, and increasing solidarity among those living with HIV/AIDS and the rest of the population.

## **B. Awareness raising, advocacy and policy formulation: Smokefree Scotland**

Case study examines the processes and actions leading to the successful passage by the Scottish Parliament of the legislation banning smoking in public places. A multifaceted approach was adopted by the Scottish Executive, ASH Scotland, NHS Health Scotland, Partnership Action on Tobacco and Health (PATH) and The Scottish Tobacco Control Alliance to gather support for the policy. Strategies included educational campaigns, advertising, direct mail, training for those likely to be implementing the law, advocacy and lobbying.

## **C. Making travel greener: the InMotion campaign**

Case study examines a community based social marketing programme designed to impact on four communities' transport awareness and travel behaviour, making it more environmentally friendly and sustainable. It focuses on the individual's travel choices by demonstrating the beneficial effects in terms of personal health, community connections and environmental concerns.

## **D. The Florida 'Truth' tobacco counter-marketing campaign**

Case study examines how the 'Truth' campaigns in the USA have sought to discourage smoking by raising awareness of how young people are manipulated by the tobacco industry and by encouraging youth advocacy and protest against industry tactics.

## **E. The Australian responsibility in gambling campaign**

Case study examines perceived awareness, adequacy, effectiveness and efficacy of a range of harm minimisation strategies implemented by gambling venues in New South Wales in order to promote responsible gambling and reduce gambling-related harm.

## **F. New approaches to speeding: Foolsspeed and 'Pinkie'**

Case study examines how road safety advertising has moved from shocking and graphic fear appeals, to subtler approaches based on social disapproval and embarrassment. It focuses particularly on the Scottish Theory of Planned Behaviour-based Foolsspeed and Australian 'Speeding – No One Thinks Big of You' ('Pinkie') campaigns.

## **G. Positive role models: the Trevor Project**

Case study examines the Trevor Project, a non-profit organisation offering support to American gay, lesbian, transgender and 'questioning' youth who are suicidal. The project involves a telephone helpline, website and the social marketing campaign 'Don't Erase Your Queer Future', designed to prevent suicide by raising awareness and recognising the achievements of prominent gay men and lesbians, and by encouraging support seeking.

# 6 Findings

**A. Consistency in campaigning: Switzerland's STOP AIDS campaign**

**B. Awareness raising, advocacy and policy formulation: Smokefree Scotland**

**C. Making travel greener: the InMotion campaign**

**D. The Florida 'Truth' tobacco counter-marketing campaign**

**E. The Australian responsibility in gambling campaign**

**F. New approaches to speeding: Foolsspeed and 'Pinkie'**

**G. Positive role models: the Trevor Project**

## **A. Consistency in campaigning: Switzerland's STOP AIDS campaign**

This case study examines how STOP AIDS, one of the world's longest running HIV/AIDS prevention programmes, uses a marketing plan designed to maximise behaviour change and individual responsibility. The campaign has been successful in increasing condom use in both the general population and at-risk groups, reducing discrimination against individuals with HIV/AIDS, and increasing solidarity among those living with HIV/AIDS and the rest of the population.

### **A1. Campaign overview**

The focus of this case study is the campaign 'Love Life STOP AIDS', part of the Swiss national AIDS prevention strategy established in 1987 by the Swiss Federal Office of Public Health (FOPH) in conjunction with the Swiss AIDS Federation and other regional offices. It is one of the longest running and extensively evaluated social marketing programmes for AIDS prevention in the world. The Swiss FOPH and Swiss AIDS Federation (also known as AIDS-Hilfe) began the joint AIDS prevention campaign after running two separate prevention campaigns in 1985. Initially it was primarily a multimedia information campaign aimed at prevention (Dubois-Arber, *et al.*, 1997). In response to both increased public awareness and changing transmission demographics the campaign has evolved to tackle stigma associated with HIV-positive status.

Broadly speaking, the STOP AIDS campaign sought to raise awareness of the importance of using a condom during sex, and in doing so change people's attitudes and behaviours. The campaign consists of three major objectives: to increase

people's awareness of the risk of HIV transmission, to regulate and prevent both unsafe and unhealthy sexual behaviours, and to promote the wide use of protection when engaging in sexual activity. A key element of this plan was tackling social taboos when it came to talking about sexual protection, sexual practices and HIV transmission. Specifically, the campaign was based on de-stigmatising condom use and raising debate on the health risks involved. The key developments of the Swiss campaign included the following:

- The Swiss AIDS Federation introduced *Hot Rubber*, a condom marketed to gay men (1985).
- The Swiss FOPH sent an informational brochure about the AIDS virus to every household in the country (1986).
- The launch of 'Love Life STOP AIDS' (1987).
- The campaign expands to address the stigma experienced by many with HIV/AIDS, under the theme of mutual solidarity (1989).
- Change of the logo and slogan to 'STOP AIDS, Love Life' (2005).

Through innovative mass media advertising, the programme sought not only to raise awareness regarding condom use but also to tackle stigma and isolation for those living with HIV and AIDS through a campaign emphasising themes of support and solidarity.

## A2. Strategy/approach

### Problem definition

In the early years of the AIDS epidemic Switzerland had the highest rate of transmission in Europe (Dubois-Arber, *et al.*, 1999), making sexual health a major health policy priority. The Swiss HIV/AIDS prevention programme was initiated in 1987 on the basis of two previous successful national prevention efforts. The first, in 1985, was run by the Swiss AIDS Federation which introduced its own brand of condom, *Hot Rubber*, marketed at gay men. The condoms were easily available, which decreased the stigma and embarrassment

associated with their purchase. The Hot Rubber Project was effective in raising condom sales from 2,000 units per month to more than 55,000 units per month nine months later, levelling off a year later at 75,000 units per month (Social Marketing Institute, 2007). The second prevention effort, by the Swiss FOPH in 1986, comprised an informational brochure about the AIDS virus sent to every household in the country. The aim was to publicise the government's recognition of the virus, to present the known facts regarding transmission and to counter many of the fears and misconceptions contained in the mass media (Social Marketing Institute, 2007). The Lausanne University Institute of Social and Preventive Medicine (IUMSP) was asked by the FOPH to carry out an evaluation, which found that 75 per cent of the population had looked at the brochure and 56 per cent had read it (Social Marketing Institute, 2007).

The FOPH took the lead in the campaign with a creative team including representatives from the Swiss AIDS Federation as well as experts from various regions and institutions. This ensured that the campaign connected with (was more likely to relate to) the activities of the target audience. Building on the success of the Hot Rubber Project and the HIV/AIDS brochure, the STOP AIDS campaign aimed to maximise behaviour change and individual responsibility.

Broadly speaking, the aim of the campaign is to provide accurate information about HIV transmission, to promote condom use, and to encourage solidarity with people living with HIV/AIDS (Dubois-Arber, *et al.*, 1999). The current STOP AIDS campaign is based on objective 3 of the National HIV and AIDS Programme 2004-2008:

*Everyone living in Switzerland is informed in a suitable way and in suitable terms about the modes of HIV transmission. They are aware of the risk situations and, consequently, protect themselves. Prevention messages directed at the population take the plurality of society into account. (Swiss FOPH, 2007a)*

## Target groups

The STOP AIDS campaign is targeted both at the general public and specific population groups. At the start of the campaign, in 1987, there was little national data on sexual behaviour to draw from; however, the IUMSP was commissioned to implement an ongoing evaluation of the overall strategy of the Swiss national HIV/AIDS prevention programme. Initial epidemiological data in 1987 estimated that the incident rate was 42 cases per million inhabitants, with homosexuals accounting for 50 per cent of cases, injecting drug users for 39 per cent, heterosexuals for 6 per cent and other categories 5 per cent (Dubois-Arber, *et al.*, 1999). However, it was recognised that the disease was likely to impact all social strata, and this led to the early adoption of a multifaceted, nationwide strategy (Dubois-Arber, *et al.*, 1999). Thus the Swiss HIV/AIDS prevention strategy was from the outset global in nature, including primary prevention of HIV infection, access to treatment and promotion of solidarity. The prevention strategy provides for three levels of intervention:

- Measures addressed to the general population.
- Measures aimed at specific target groups (heterosexuals, homosexuals, haemophiliacs, adolescents, drugs users, foreign nationals, prostitutes and their customers), conveying appropriate messages via suitable channels and implemented at a national or local level.
- In-depth measures over the longer term and based on individual interactions such as counselling.

The STOP AIDS campaign focuses on the first two measures, addressed to the general population and specific segments within it.

## Strategy

The STOP AIDS campaign seeks to maximise behaviour change and individual responsibility through a series of products and messages aimed at increasing knowledge, awareness and action. The campaign seeks to provide accurate information about HIV transmission, to promote condom use outside stable monogamous relations,

to encourage those who are faithful to stay so, and to encourage solidarity with people living with HIV/AIDS (Dubois-Arber, *et al.*, 1999). The STOP AIDS campaign specifically does not aim to change people's frequency of sexual intercourse or sexual partners, but simply to increase condom use. As the FOPH website notes:

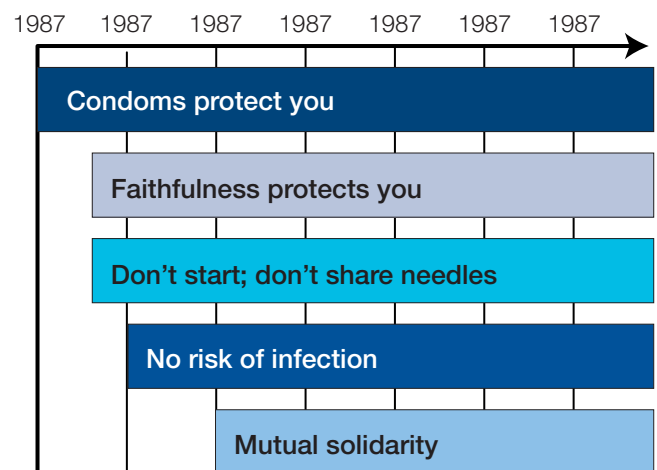
*The campaign supports the belief that it is not the task of the state to pass judgement on the sexual practices adopted by individuals, and has avoided mixing public health aspects with moral values. (Swiss FOPH, 2007b)*

The campaigns are organised at regular intervals (two to four times a year) and include national media (press, TV, posters, radio) and public relations events to convey HIV/AIDS prevention messages. Most of the campaigns are multilingual as the Swiss population is diverse, speaking a variety of languages (French, German, Italian, Romansh).

The campaign has been running for over 20 years with the same consistent messages: condoms protect, single partnerships protect; mutual solidarity gives strength; not starting with drugs and not sharing syringes means no risk of transmission. The following figure (Figure 1) illustrates when the various themes of the campaign were initiated.

A key factor in the success of the STOP AIDS campaign has been strong branding of both logo and slogans. Condoms became a key theme of the campaign and have a central place in the campaign

Figure 1: The themes of the campaign



Source: STOP AIDS (1996)

logo. The first logo was a pink, rolled condom within the STOP AIDS title:



Source: STOP AIDS (1996)

In 2005 the logo and slogan were rebranded to keep the public's attention and in response to the changing nature of HIV/AIDS. The Swiss AIDS Federation notes that 'this change [was] due to the change of the infection following the improvement of the therapies; and it underlines a new way of prevention supporting more the wish to keep on being healthy than to avoid only STI and especially HIV' (Meyer, 2007). The 'Love Life STOP AIDS' slogan still focuses on the condom, but it is now represented in plastic packaging and often with the two rule recommendation:

1. No intercourse without a condom.
2. Semen or blood – never in the mouth.



Source: STOP AIDS (1996)

## Implementation

The campaign was launched in the evening of 3 February 1987, by the Swiss news anchorman rolling a condom over his finger and stating 'This little thing, ladies and gentleman, can save life' (Allemann, 1997). Later in the week this was followed by a Sunday newspaper including a montage photo of the pope holding a pack of condoms next to the Fifth Commandment 'Thou shall not kill' (Nyllis, 1991). Since then the campaign has used humour and provocative images to raise awareness and foster debate. Below is an example of a campaign which makes fun of the traditional view of Switzerland and is aimed at foreigners, tourists and migrating people as well:

The mass media campaign runs between two and four times a year and a selection of past posters and slogans are included below.



**Without? Count me out.**

Source: STOP AIDS (1992)

## Posters

- Posters at the border informing tourists of Switzerland's speed limit on the motorways and suggesting that condoms are obligatory too.
- Posters which suggested to those who were tempted to stray from their long-term partners that infidelity must always be accompanied by a condom.
- Posters in airports telling tourists how to ask for a condom in German (2003).

## General advertising slogans

- 'No action without protection' (featuring images of fencers, ice hockey players and motorcyclists without wearing protective equipment).
- 'I don't use condoms because I'm not gay...Nor is the AIDS virus' (aimed at heterosexuals).
- 'Haven't you forgotten something? That's it, your condom' (advertisements picturing business leaders, politicians and army officers).
- 'Feeling hot and steamy? Then slip something on' (aimed at sexually active groups, both heterosexual and gay).

## Solidarity slogans

- 'Martina, 26, who has AIDS, is behind it. You're in front of it' (1991).
- 'May one kiss a person with AIDS? YES! It takes much more than kisses to catch the HIV virus. Let's stop being prejudiced' (1992).

- 'May one make love with a person with AIDS? YES! The condom stops the transmission of the HIV virus. Let's stop being prejudiced' (1992).

Some of these slogans required more thought than more conventional health promotion messages. For example, a UK poster directed at gay men has the strapline:

*He'd tell me if he had HIV. 40% of Gay or bisexual men don't know they have it. Get tested. (BBC, 2008)*

In contrast, some of the STOP AIDS messages are more complex and require some effort to interpret. For example, 'Martina, 26, who has AIDS' is 'behind' the campaign in the sense of supporting it, in contrast with the 'you' who is 'in front of it' in the sense of holding back its progress.

From the outset the campaign took a direct and frank approach. The non-judgemental attitude to sexual activity is clearly present in the early 1990s' campaigns, which make use of sexually explicit situations and images. One example is a television advert featuring two gay men frolicking in an Alpine meadow followed by warnings to always use condoms. A later campaign suggested that anyone considering an extramarital affair should not do so without a condom. There has been high public support for this provocative strategy. A poll conducted in 1995 showed that 90 per cent of the public agreed it was a 'good thing to keep people regularly aware of the problem by launching new STOP AIDS campaigns' (Allemann, 1997). Over a quarter of the public wanted the campaigns to be more honest, direct, broad and provocative (Allemann, 1997), with support for more provocative campaigns being significantly higher among young persons (17–24 years) compared to the older respondents (Keller, *et al.*, 1996).

As would be expected with such a provocative campaign there has been some backlash. One example was the publication of a 'Safer Sex for Leather Men' pamphlet by the Swiss AIDS Federation, which is jointly involved in the STOP AIDS campaign. The 20-page booklet was withdrawn by the then President Flavio Cottie after AIDS Information Switzerland, a non-governmental organisation run by Swiss medical staff, sent

copies to members of parliament arguing it promoted perverted, medically risky behaviour. As a representative of the Swiss AIDS Federation explains:

*The Swiss AIDS Federation is financed partly by the government (Swiss Federal Office of Public Health), and it is the parliament that has to approve the federal credit for the AIDS work. When the 'Safer Sex for Leather Men' brochure was produced, some of the members of the parliament – representing a conservative and religious party – took notice of it, and they argued (as they do so even till today, referring to other projects): 'The Swiss AIDS Federation is promoting with federal money prostitution and a perverse sexuality. We cannot and will not accept this, and if they continue to do so, we will shorten the money'. The discussion and the outreach even in the public was that fervid (we talk about 1991!) that it seemed reasonable to the responsible to stop the project. But we haven't stopped the prevention for this target group. (Meyer, 2007)*

This example illustrates that campaigns often require strong coalitions of organisations in order to withstand conservative/traditional views when they are at odds with public health goals. The pamphlet has been printed in the Netherlands with government support, and the German government considered its use. The use of a vibrantly-coloured phallus on the Swiss second-class stamp also generated complaints by the general public (Worldstream, 1994), but the stamp was not withdrawn.

One of the major features of the campaign strategy was the inclusion of the theme of mutual solidarity. In 1997, for the first time, this segment of the campaign was carried out in joint collaboration with a non-HIV/AIDS organisation, the Swiss Association PRO INFIRMIS, a nationally active NGO for the rights of people with disabilities. The joint media campaign involved a TV spot showing a traditional Swiss folklore choir singing a song on solidarity. An accompanying advertising campaign shows this little choir and makes an appeal for a world where neither people living with HIV/AIDS nor disabled people are outsiders. The campaign was



taken up successfully by TV, radio and print media (Allemann, *et al.*, 1998).

The need to remain eye-catching was reinforced in 2003, when there was a sharp rise in the number of HIV cases, leading to fears that people were becoming complacent. The 25 per cent rise in HIV cases was predominantly due to a rise in rates of infections among immigrants from sub-Saharan Africa and among gay men (Swissinfo, 2003a). In response the campaign issued 7,000 posters aimed at specific groups and ethnicities in 18 different languages.

At this time there was also a marked change from using provocative and sexually explicit pictures towards a more humorous approach, designed to encourage greater public involvement in the campaign. This is reflected in the types of locations for the posters including outside nightclubs, schools, churches, pharmacies and army training groups (Swissinfo, 2003b). However one poster had to be withdrawn. It was due to be placed outside Catholic churches at the start of Holy Week with the message, 'Dear Father, If Rome tells you not to talk about contraception, then talk about condoms instead'. The poster was withdrawn on the grounds that it targeted a particular Church (Catholic) and a particular place. However, as the campaign involved over 100 different posters, the impact of removing this one example was minor (BBC News, 2003).

The 2006 campaign provides a clear illustration of the movement away from sexually explicit, provocative images. The slogan was 'No action without protection', and sought to raise public awareness of the need for self-protection in sexual activity just as in physical sports. The campaign featured fencers, ice hockey players and motorcyclists who were completely naked



Source: STOP AIDS (2006)

and completely without any form of protection, to convey the message that sexual activity poses a similar threat to health because there is a high risk of infection when sexual behaviour proceeds without protection.

Such a campaign reinforces the general inclusive message that all should use protection. Roger Staub, the head of the Health Office's AIDS section was quoted as saying:

*It is not aimed at any specific target group. It is a general public campaign focusing on sexual intercourse. We don't care who is having sex with whom. We're just telling everybody that, as much as you never play ice hockey or fence without protection, you should protect yourself and wear a condom whenever you have sex. (Swissinfo, 2006)*

### Impacts and outcomes

The campaign has been monitored on a continual basis since January 1987 – an impressive, and rare, commitment to evaluation within public health campaigning. Each successive phase of the evaluation has included 10–20 studies centred either on aspects of process, of outcome or of environmental context (Dubois-Arber, *et al.*, 1999). Initially the primary indicator in the evaluation was condom use with casual partners in the previous six months. Condom sales increased nearly 60 per cent in 1987 compared with 1986 (Dubois-Arber, *et al.*, 1997). It has also been reported that 1986 and 1990 condom sales increased by 80 per cent (Social Marketing Institute, 2007). In January 1987, before the campaign began, 8 per cent of 17 to 30 year olds reported always using condoms with casual partners in the previous six months; by the end of 1994 this figure had reached 56 per cent (Keller, *et al.*, 1996). The evaluation indicated that the campaign reached both the general population and specific target groups. Noticeable changes were found in attitudes and behaviours concerning better protection in various groups, including those both moderately and strongly exposed to HIV infection (Lehmann, *et al.*, 1988).

From 1996 onwards, in response to some doubts among experts and politicians about the relevance and effectiveness of the messages used in the campaign, more precise assessments of the

campaign were undertaken. An evaluation carried out over five years found that the campaign did not affect the rate of sexual activity of adolescents, but did have a positive effect on the use of contraception and condoms. Regular use of any contraception device increased among boys (1987, 38 per cent; 1990, 54 per cent;  $P < 0.001$ ). Rates of irregular condom use increased among both boys and girls ( $P < 0.01$ ), and regular use of condoms increased among boys (22 per cent to 24 per cent,  $P < 0.01$ ) and girls (10 per cent to 27 per cent,  $P < 0.001$ ) (Hausser and Michaud, 1994). The use of contraception during first sexual intercourse has also become more frequent. In girls aged 16 to 20 years it rose from 47 per cent in 1976 to 76 per cent in 1992; in boys it increased from 50 per cent in 1976 to 76 per cent in 1992. For 17 to 20 year olds, condom use with an occasional sexual partner rose from 16 per cent in 1987 to 69 per cent in 1992 (Koffi-Blanchard, *et al.*, 1994).

The 'STOP AIDS, Love Life' campaign has been widely accepted as being an important factor in increasing the use of condoms. However, a study in 2006 indicated that the majority of newly infected people had been aware that their partner was HIV positive but that 20 per cent had still had unprotected sex. The following quote by Roger Staub, the head of the Health Office's AIDS section, suggests that there may be limits to the amount of positive change which can be achieved in a society which values independence and individuality as well as social concern:

*We're living in a society where if you want to kill yourself you can – there are some people simply saying 'I do not care about HIV'. (Swissinfo, 2006)*

### A3. Campaign strengths and weaknesses

#### Strengths

**1. Visibility and clarity.** The campaign has successfully branded STOP AIDS through the pink condom logo which was used for ten years and achieved high levels of recognition. The use of billboards as the main medium has given maximum exposure to the public, with television spots being used when the message involves emotion and familiarity. Messages

have been communicated with clarity – for example, a television spot showing how to use a condom by rolling it onto a banana.

**2. Consistency.** The campaign has been running for over 20 years with the same consistent messages: condoms protect; single partnerships protect; mutual solidarity gives strength; not starting with drugs and not sharing syringes means no risk of transmission. The budget has also remained fairly constant, allowing the message to be modified and repeated in different forms without departing from the central consistent themes.

**3. Setting the agenda.** The campaign was underpinned by a view that a campaign that provokes no reaction has no chance of stimulating public debate. As a result the campaign has sought to arouse strong public reactions, both positive and negative. In doing so it has contributed to making HIV/AIDS easier to talk about.

**4. Acceptability.** The Swiss population is very diverse (French, German, Italian, Romansh, Catholic, Protestant) and the campaign has had to contend with making its messages both understood and accepted by the diverse groups.

**5. Networking and coalitions.** The FOPH took a lead in this campaign, especially in the early years, but from the start the creative team has comprised representatives of the Swiss AIDS Federation and experts from a range of regions and institutions. This has ensured that the campaign benefits from a wide range of expertise, and has also helped it relate closely to the activities and values of its many different audiences.

**6. Funding.** The success of this campaign rested on the continued, long-term political commitment to funding the campaign.

#### Weaknesses

**1. Evidence base.** The STOP AIDS campaign can not be evaluated on the basis of a

randomised controlled trial as this was widely recognised as unethical. As a result its impact has been primarily evaluated on the basis of condom use, through sales figures and self-reported behaviour. It is difficult with this kind of evaluation to attribute change to the campaign specifically rather than to other factors or societal trends. Nonetheless, the commitment to ongoing evaluation, over such a long time period, is rare in public health campaigns.

- 2. Saturation.** The STOP AIDS campaign is high profile and frequent, leading to the very real possibility that the public become complacent and that the media lose interest. From the start the campaign sought to use a variety of message strategies, and to rebrand when required.
- 3. Changing nature of HIV/AIDS.** HIV/AIDS has changed from being a critical, terminal illness to a long-term, manageable condition if diagnosed early enough. It is possible that the message of condom use must adapt to include other sexually transmitted diseases which often are undiagnosed, and also to include the challenges of living with HIV.
- 4. High cost.** The mass media campaign (posters, advertisements, TV, cinema and radio spots, including Internet site) has an average budget of CHF 3,629,500 (£1,750,737.42) (Swiss FOPH, 2008).

#### A4. Transferable learning for alcohol

##### Commonality between case study behaviour and alcohol

The STOP AIDS campaign drew on references to a shared human desire – the recognition that sexual activity is something which all of us (generally) do. Like alcohol use, having sex is a behaviour in which the majority engage, across all adult ages, social class and ethnic and other groups. In this regard there are similarities with alcohol as both behaviours are widespread in society and have links with risk-taking behaviour. The potential effects of engaging unsafely in both behaviours are both immediate (e.g. having an alcohol-related accident,

catching a sexually transmitted infection, becoming pregnant) and longer term (e.g. developing alcohol-related disease, developing HIV/AIDS). In the more general context of substance abuse the behaviours for certain groups are linked, with alcohol often being connected to unsafe sex (Auerbach, *et al.*, 1994).

People's reasons for not undertaking risk reduction by using a condom are varied, including inability to talk openly and to negotiate with a prospective sexual partner, lack of knowledge of STIs, lack of skill in using condoms correctly, embarrassment, not wanting to insult the other person by implying they may have an STI, trusting the other person (especially in a long-term relationship), impaired reasoning as a result of drug use, or getting a sexual 'kick' from risky behaviour (BBC News, 2006; Dave, *et al.*, 2006). These factors are both technical (lack of knowledge and skill) and emotional (fear and embarrassment). They occur at both the micro-level (relationships between partners) and the macro-level (social and environmental), and often interact in mutually reciprocal relationships. A similarly complex web of factors contributes to promoting alcohol use and discouraging alcohol moderation and abstinence.

One particular commonality between risky sexual behaviour and alcohol use is the perceived difficulty of practising moderation or safe behaviour in a social climate which is seen to value excess and spontaneity – of negotiating safer ways of behaving without losing face. This challenge is perhaps even more extreme with alcohol than with sexual behaviour, where choosing not to indulge can mark someone out as extreme or at the very least 'not fun company'.

##### For what kind of alcohol initiative can this study provide transferable learning?

There is clear learning here for large-scale, nationwide alcohol programmes in terms of the need to be long term, multifaceted and consistent.

In both contexts, promoting abstinence is regarded as an extreme position, associated with conservative and religious perspectives. This requires public health experts and governments to adopt positions which are more socially acceptable and pragmatic. Whereas with HIV/AIDS a consensus developed reasonably quickly

that ‘Practise safe sex – wear a condom’ was an acceptable harm reduction message, no such clarity has been achieved in the alcohol field. ‘Drink moderately’ or ‘Drink within recommended limits’ lack the simplicity and directness of HIV prevention messages, and are open to widely differing interpretations. A key challenge for alcohol control is to find and agree a similarly powerful and clear call to action.

A message of solidarity can be a powerful way of raising awareness of an issue while not stigmatising those who suffer from it, and this may also be an approach worth exploring in alcohol prevention. Approaches which demonise a particular behaviour may disempower others from feeling able to talk to a person who engages in it or offer help. In many of the STOP AIDS advertisement campaigns, the emphasis was placed on positively reinforcing the use of the condom, rather than negatively stigmatising those who do not. However unlike the case of alcohol, the STOP AIDS campaign did not have to contend with contradictory counter-advertising. For a positive marketing campaign to be successful for alcohol, the alcohol industry’s use of advertisements to represent alcohol as fashionable and sexy may have to be tackled.

### Target group insights

This approach is well suited to use for the general public and specific targeting of the annual campaigns for specific at-risk groups. The campaign focused on the use of humorous and provocative advertising to which members of the general public could relate. Thus themes/slogans such as ‘Is the past interfering with your relationship?’ could be used across a range of different groups. The use of generally humorous slogans which can be adapted for specific populations may be a fruitful way to approach the issue of alcohol.

### Main learning points

1. *Longevity is a key element of an alcohol strategy.* Problems such as risky sexual behaviour and alcohol use cannot be addressed once and then forgotten about. They are part of society and will be so for a long time; policy-makers, practitioners

and the public need to engage with them over a generational time frame.

2. *Barriers to change must be acknowledged and easy solutions presented.* By recognising the social taboos surrounding condom use and tackling them head on, the campaign has contributed to a climate in which buying condoms is now a normative, acceptable behaviour. Alcohol programmes must strive to provide similarly clear and workable solutions – for example, how to refuse a drink in a socially acceptable way that will not draw comment or ridicule.
3. *Public health should avoid moralising.* By not seeking to comment on or change sexual behaviour, the STOP AIDS campaign achieved a clarity of message – use a condom – and avoided being seen as judgemental or stigmatising. This ensured wider ‘buy-in’ and public support. For alcohol prevention programmes to avoid being rejected as extreme, cranky or moralistic, a similarly matter-of-fact approach may be required.
4. *Long-term programmes must be committed to long-term evaluation.* It is critical that alcohol interventions are supported by ongoing evaluation that can not only assess and demonstrate impact (which in turn helps ensure continued funding and support), but can also generate recommendations for future changes and activities.
5. *The market can be a useful tool for driving the creation of alternative products.* In the early stages of the STOP AIDS campaign condoms were specifically aimed at certain at-risk groups and made freely available. Once the social stigma around purchasing condoms had changed, the market was able to successfully expand.

## A5. Conclusion

STOP AIDS is one of the world’s longest running HIV/AIDS prevention programmes. It has been successful in increasing condom use in both the

general population and at-risk groups, reducing discrimination against individuals with HIV/AIDS, and increasing solidarity among those living with HIV/AIDS and the rest of the population. It has done this through a long-term commitment to campaigning and evaluation, through a willingness to take risks and tackle taboos, and through a continually positive approach that has emphasised practical solutions and solidarity.

## **B. Awareness raising, advocacy and policy formulation: Smokefree Scotland**

This case study examines how awareness raising, advocacy and policy formation combined to secure the successful adoption of smokefree legislation in Scotland. A multifaceted approach was adopted by the Scottish Executive, Action on Smoking and Health (ASH) Scotland, NHS Health Scotland, Partnership Action on Tobacco and Health (PATH) and the Scottish Tobacco Control Alliance to gather support for the policy. Strategies included educational campaigns, advertising, direct mail, training for those likely to be implementing the law, advocacy and lobbying. This case study illustrates how a strong industry can be successfully regulated, providing a powerful example for tackling problematic use of alcohol.

### **B1. Campaign overview**

The focus of this case study is the campaign for smokefree legislation in Scotland which came into force at 6am Sunday 26 March 2006. The Scottish Executive and ASH Scotland were instrumental in driving this campaign together with numerous partners from the voluntary sector.

The overall aim of the campaign was to pass legislation comprehensively banning smoking in all enclosed public spaces. The campaign drew upon a long process of de-normalising smoking and tobacco use, the increasing regulation of industry activities such as advertising, and increasing public awareness of the massive health impacts of tobacco both through direct smoking and passive consumption of second-hand smoke (SHS). Wider international policy developments, including smokefree legislation in California, Australia, New Zealand and Ireland, provided important exemplars, as well as outlining good practice for Scottish legislation.

A number of different groups were involved in the campaign including ASH Scotland, NHS Health Scotland, PATH and the Scottish Tobacco Control Alliance. During the campaign specific groups were

also formed such as Scotland CAN!, launched by ASH Scotland to carry out public education of the health risks of SHS. In the early stages the campaign recruited a number of politicians such as Tom McCabe, Stewart Maxwell, Jack McConnell and Andy Kerr MSP who were crucial to pushing the issue in the Scottish Executive. Critically the issue of smoking in public places became seen as an issue which spanned across political party lines – strengthened by the formation of a Cross Party Group on Tobacco Control in 1999.

The process by which Scotland passed smokefree legislation in public places can be seen as comprising five stages: agenda setting (creating awareness of second-hand smoke as a public health concern), building campaigning capacity and infrastructure, public consultation, proposal and passage of legislation, and enforcement. These five stages are examined in more detail later.

A multifaceted approach was used throughout the campaign including lobbying, media advocacy and public relations, dissemination of evidence and other research findings, coalition building, education campaigns for both the public and businesses, and training for those likely to be implementing the law.

## B2. Strategy/approach

### Problem definition

Prior to the legislation, smoking was Scotland's largest cause of preventable death and ill-health (ASH Scotland, 2005a). Over 13,000 people in Scotland died every year from the effects of smoking (Callum, 1998), with 1,000 of these due to passive smoking (Hole, 2005). While advertising of tobacco products was tightly regulated, SHS in public places, especially workplaces, remained a major public health concern.

During the 1990s the political focus for regulating tobacco and SHS was on working with business and industry through voluntary codes and regulation. A voluntary Code of Practice on smoking in public places was published by the Department of Environment in 1991, setting out a government target that 80 per cent of public places should be covered by an effective smoking policy. Research carried out in 1995 indicated that little headway had been made, with the government's

targets not being met in many public areas and only 14 per cent of pubs having an effective smoking policy (Moore, 2000).

The tobacco industry sought to counter increased regulation by forming its own pro-tobacco lobby groups: Courtesy of Choice (1995) and the Atmosphere Improves Results Initiative (AIR) (1997). In 1998 a Report by the Scientific Committee on Tobacco and Health recommended further restrictions on smoking in public places, and initially the UK government pushed for a partnership with industry to address the problem. *Smoking Kills*, the white paper on tobacco published by the Department of Health in 1998, outlined a voluntary charter scheme designed to discourage smoking in public places, places of work and government, to increase provision for non-smokers and to improve air quality. As illustrated during AIR's conference *A breath of fresh AIR* in 1998, increased use of air ventilation systems was promoted by the industry as the solution to tobacco smoking pollution rather than the much less welcome alternative of increased regulation of smoking in public places (ASH Scotland, 2005a). In 1999 the Public Places Charter on smoking was launched in England encouraging publicans and restaurateurs to:

- implement a written policy on smoking (there were five options, from smoking allowed throughout to a total ban);
- advertise the policy by use of signs on doors and windows so customers were aware of the policy (POST, 2003).

In 2000 a UK-wide Approved Code of Practice (ACoP) on passive smoking at work was developed by the Health and Safety Commission (Moore, 2000). Again, this involved working with and obtaining hospitality trade support for the code.

In conjunction with increased regulation of tobacco and smoking in public places, the perception of smoking in Western countries was gradually changing as public health campaigns about the risk of smoking and SHS took effect. People increasingly became less tolerant of SHS in public places such as restaurants, and smoking generally came to be seen as less of a norm. Data on public attitudes in 1996 and 2000 clearly

illustrates this: support for restrictions in restaurants was 82 per cent in 1996, rising to 88 per cent in 2000; restrictions in pubs 48 per cent and 53 per cent, other public places 82 per cent to 86 per cent (National Statistics, 2001).

For many in pro-health groups, the involvement of the tobacco industry in setting out voluntary regulation was suspect. In part this was based on past experience, especially the industry's denial of the health consequences of tobacco and smoking. This suspicion was also supported by the continued lobbying of the tobacco industry against government regulation through placement of pro-tobacco coverage in the media. Indeed it has since been shown from internal tobacco industry documents that the companies used the established tactics of supporting pro-tobacco media and lobby groups to combat the Scottish smokefree law (Harrison, 2006).

As a result, health groups such as ASH Scotland sought to negate the influence of the industry and to lobby for enforceable smokefree legislation. A number of other countries and states, such as California, Australia, New Zealand and Ireland, illustrated both what smokefree public places legislation could look like, and the potential benefits. For example, in California support for the law increased, from 65 per cent in 1998 to 72.5 per cent by 2000, and this was coupled with a rise in the number of people quitting smoking, from 24 per cent to 28 per cent between 1998 and 2000 (Lee *et al.*, 2003).

Overall, the aim of the ASH Scotland-led campaign was to ban smoking in Scotland's public places. Specific objectives of the campaign, such as public support for the legislation, compliance with the law and changes in public health (e.g. smoking rates, prevalence of smoking-related diseases) were not defined, allowing the campaign to be flexible and adaptive in response to developments by the tobacco industry and smokers' rights groups. The definition of the problem changed as the campaign progressed through its different stages.

### Target groups

The campaign was directed at different, evolving target groups. Key groups are shown as follows:

- **Politicians:** This critical group was lobbied, usually by non-governmental organisations, to encourage them to lend their support to the ban. In 1999 a Cross Party Group on Tobacco Control was formed, 'to take forward an effective tobacco control agenda in Scotland' (Cross Party Group on Tobacco Control, 2007). The membership of the group expanded to include MSPs and 13 health concerned organisations. This cross-party agreement empowered the group to raise the issue of legislation during a questions session in the Scottish Executive during 2003. Ministers of the Scottish Parliament were particularly sensitive to the issue as a showcase for Scottish legislation, separate from Westminster. This presented an exceptional opportunity for the Scottish Parliament to illustrate political leadership and be innovative. Stewart Maxwell, an SNP member, introduced a private member's bill which was aimed at restricting passive smoking, and, during the public consultation, First Minister Jack McConnell visited Ireland to see smokefree legislation in practice. Once the *Smoking, Health and Social Care (Scotland)* bill was introduced, Health Minister Andy Kerr described it as the 'most important piece of public health legislation for a generation' (ASH Scotland, 2005a, p. 41).
- **General public:** The general public were a key group in two respects. ASH Scotland undertook a public education campaign to educate people and raise awareness of the issues which in turn led to increased support for the regulation of smoking in public places. Alongside this, ASH Scotland's capacity to show the strength of public support for tighter tobacco control measures was an important tactic for gaining the support of politicians and building their confidence that a ban would be acceptable to a sufficiently large proportion of the Scottish electorate.
- **Media:** Successful engagement of the media was a vital feature of the campaign, not only for raising public awareness regarding SHS, but also as a forum for ASH Scotland and other pro-health groups to counter pro-tobacco

campaigns. One example was the ‘Jack [McConnell], you’re not listening’ campaign which the pro-tobacco lobby funded during the smokefree legislation debate. This appeared in newspapers to suggest to the reader that politicians were not listening to what people wanted. However the Smokefree campaign countered this on the day of voting by publishing a letter from 14 leading health organisations in support of smokefree public places.

- Affiliated industries affected by tobacco: The campaign sought to include a wide range of stakeholders and target groups including employers and the hospitality trade. These groups, while not directly involved in selling or marketing tobacco, were likely to be affected by the potential regulation. In the early stages of the campaign, the tobacco industry sought to gather support for ventilation, particularly from the hospitality trade, arguing that smoking restrictions would reduce trade in pubs and restaurants. As a result the Smokefree campaign actively sought to engage these groups, sending specific information during the public consultation process to neutralise arguments used by the pro-tobacco groups/companies.
- In addition, throughout the campaign particular attention was paid to the arguments used by pro-smoking groups. A number of tobacco industry and ‘smokers’ rights groups’, including Freedom Organisation For the Right to Enjoy Smoking Tobacco (FOREST), AIR and Freedom2choose, which were backed by FOREST’s Courtesy of Choice campaign, were active throughout the Smokefree campaign. While these were not direct target groups of the campaign, they acted as competing forces whose arguments and tactics needed to be scrutinised and dealt with accordingly.

## Strategy

The campaign, as a collective venture of different groups, did not have a formal strategy and lacked a formal strategy document. There is little evidence in published documents of specific objectives relating to public support for the legislation, compliance

with the law and changes in public health (e.g. smoking rates, prevalence of smoking-related diseases) (Stead, *et al.*, 2007, p. 86). However, the different groups involved did have a strategic view of their parts in the campaign. For example, the Scottish Tobacco Control Alliance (STCA) was formed with the specific function to serve as a bridge between national and local groups (ASH Scotland, 2005b) (see later for more details). In hindsight an overarching strategy can be seen, drawing on a number of approaches to social change, most notably media advocacy, community organisation and policy development.

## Media advocacy

The Smokefree campaign relied heavily on ‘media advocacy’, the process of generating news media coverage of public health issues in order to highlight particular problems and advocate policy solutions (Wallack, *et al.*, 1993; Chapman and Lupton, 1994). Media advocacy is often described as an ‘upstream’ approach, in that it seeks to produce changes at a societal and policy level rather than at the level of individual behaviour.

Media advocacy arose from a recognition that the mass media can play a significant role in public health – both negative and positive. To take just one example: the 30 per cent decline in UK male smoking between 1962 and 1982 has been attributed primarily to the news media publicity which followed the first report into smoking and health, by the Royal College of Physicians of London (Reid, *et al.*, 1992). The mass media can confer status and legitimacy on previously invisible or taboo health issues so that it becomes more acceptable to discuss them in both public and policy arenas. They can also contribute to legislative change by influencing policy-makers’ perceptions of a problem and exerting pressure for action.

The media influence policy through a process called ‘agenda setting’. This theory of agenda setting, proposed in 1972 by Maxwell McCombs and Donald Shaw (McCombs and Shaw, 1972), refers to the process by which the media influence what the public and policy-makers perceive to be important. The mass media shape the agenda for public opinion by emphasising specific topics and omitting others.



Agenda setting potentially contributes to changes in policy because policy-makers are sensitive to what they perceive as public opinion as depicted through the media. In this regard the task for the Smokefree campaign was to use the media to shape how the problem was seen, so that the Scottish Parliament perceived a demand from the public for smokefree legislation. In the later stages of the campaign policy-makers themselves also attempted to set the agenda through the media to foster a 'climate of public readiness' (Carr-Gregg, 1993, p36S) for the potentially unpopular policy of banning smoking in public places. Media advocacy was important throughout the Smokefree campaign, continually playing a role in the run-up to the ban and raising awareness of the ban's enforcement.

Media advocacy relies on cultivating relationships with journalists and pursuing news media coverage through issuing press releases, making and responding to statements, publishing research findings and holding events. The selection of ASH news releases and statements shown in Table 2 illustrate some of the media advocacy activities used in the Smokefree campaign:

### Community organisation

The strategy to bring together a coalition of organisations working for smokefree legislation drew on community organisation theory and connected approaches. These included community

mobilisation and community action, although the differences between these terms are not clear and they are sometimes used interchangeably. 'Community action' (sometimes considered a part of or type of community development) tends to imply grassroots campaigning-type activity around specific goals or issues, sometimes in conflict with other organisations (Duke, *et al.*, 1996; Gamm, 1998). It can also refer to a seemingly more formal process, in which local policy makers and statutory agencies develop and implement a coordinated plan for addressing a problem within a community (e.g. Coggan, *et al.*, 1998). In the context of advocacy for policy change, both 'community mobilising' and 'community organising' are used to describe the formation of local coalitions to campaign for specific policy changes such as the removal of alcohol promotions from buildings or areas that are used by children, or a reduction in shopfront tobacco advertising (e.g. Wallack, *et al.*, 1993; Rogers, *et al.*, 1995).

As will be detailed in the *Implementation* section, both community mobilisation and community organisation were used throughout the Smokefree campaign. In 2002 ASH Scotland identified a need for greater linkages between different agencies involved in combating tobacco and smoking. This included the formation of specific groups such as Scottish Cancer Coalition on Tobacco (SCCOT), Cross Party Group on Tobacco Control, and Scotland CAN! (Cleaner Air

Table 2: Selection of ASH news releases and statements illustrating some of the media advocacy activities used in the Smokefree campaign

November 1997	Smokefree bars still make money in the US – why not here?
April 1998	Why low-tar cigarettes do not work and how the tobacco industry fooled the smoking public
September 1998	Restaurant association survey based on 'flawed and scaremongering' assumptions
May 2002	Hospitality trade in pocket of tobacco industry
August 2002	How big tobacco uses and abuses the restaurant trade – new web site: TobaccoScam
October 2003	Restaurant trade to kids: 'Eat and Choke'
May 2003	ASH slams Pubs Smoking Charter ASH congratulates government for signing up to taking action on second-hand smoke
July 2003	Chief Medical Officer recommends banning smoking in public places: ASH calls on government to act now
November 2003	Secondhand Smoke: Time for a Law
October 2004	No 'British Bodge' on second-hand smoke: Reid warned All Party Group of politicians urges Health Secretary to adopt Irish smokefree model legislation
November 2004	Health lobby calls on UK government to follow Scottish smokefree lead Scottish Executive announcement on smokefree public places Joyous day for Scotland: ASH says it is now time for the rest of the UK to follow suit Media Briefing: Secondhand Smoke, Public Health White Paper

Now). These fostered the sharing of information and experiences in a 'free and open exchange' which allowed the various organisations to increase their own capacity (ASH Scotland, 2005a).

### Policy development

The Smokefree campaign set out with the specific objective to form smokefree policy. Ireland's successful implementation of smokefree legislation provided a legislative and cultural model; however, there were some differences. The issue of health and safety for workers, which had been used successfully in Ireland, was still under the legislative control of Westminster (Stead *et al.*, 2007). As a result the Scottish Smokefree campaign was framed as a wider issue of public safety to the general population. This resulted in the Scottish campaign containing several messages within it about protecting employees and consumers, empowering non-smokers and encouraging smokers to quit.

As noted in section B2 (p 22), the UK government's focus was on working with industry to improve air quality. However, in 2004 the Scottish Executive published the report, *A Breath of Fresh Air for Scotland – Improving Scotland's Health: The Challenge* (Scottish Executive, 2004), which signalled the political willingness to regulate smoking in public places. The report included a range of measures to strengthen tobacco control, including prevention work, education and communication, controls on sales and the expansion of high-quality cessation services.

The campaign also made use of the novel faculty of private member's bills, with Stewart Maxwell MSP on 3 February 2003 introducing the *Prohibition of Smoking in Regulated Areas (Scotland)* bill to the Scottish Parliament. This bill acted to open up an area for consultation, and illustrated the amount of support for regulation. The bill aimed to limit exposure to SHS by prohibiting persons from smoking in certain (regulated) public places. The definition of regulated areas was any enclosed public place during times food was supplied and consumed, and during a prescribed period (five days or longer) before food is supplied and consumed. Once the Scottish Parliament voted in favour of the *Smoking, Health and Social Care (Scotland)* bill, this bill was withdrawn.

### Implementation

The campaign can be seen as having progressed through five key stages:

- agenda setting (created awareness of second-hand smoke as a public health concern);
- building campaigning capacity and infrastructure;
- public consultation;
- proposal and passage of legislation; and
- enforcement.

The actions and events at each of these five stages are now discussed.

### Agenda setting

With the publication of the US Surgeon General's report in 1986, the public health community increased their lobbying on tobacco as a health issue (US Department of Health and Human Services, 1986). While the UK government sought to work with the tobacco industry and affiliated businesses to increase voluntary smoking restrictions, pro-health groups were more wary. In 1998 the Department of Health published *Smoking kills: A White Paper on Tobacco* (DH, 1998) which marked the start of ASH Scotland's intensive lobbying on the issue of smoking in public place (ASH Scotland, 2005a). This brought several groups including ASH Scotland, NHS Health Scotland, Partnership Action on Tobacco and Health (PATH) and the STCA together to campaign to get the issue of SHS onto the public agenda through increasing media coverage of the impact of passive smoking, and by lobbying politicians.

During this initial period of agenda setting, ASH Scotland in particular was a key player, forming an expert working group in 1998 to look at smoking policies in public places in Scotland. The resulting policy paper, published in March 1999, called on the Scottish Executive to make a firm commitment to reducing smoking through restrictions on smoking in public places. This in turn raised the profile of smoking in the Scottish Parliament, with Scotland's Chief Medical Officer, Sir David Cater, calling for a ban in his annual report. As the report *The Unwelcome Guest* (ASH Scotland, 2005a)

notes, the media coverage at this time was very negative, driven by pro-tobacco lobby groups, which in turn led the Smokefree campaign to expand its capacity through the formation of specific lobbying and communication groups.

### **Building capacity and infrastructure**

In October 1999 the SCCOT was formed by ASH Scotland together with leading Scottish cancer charities and Scottish branches of UK charities. One of the main issues highlighted by this group was the need for greater linkages between agencies involved in combating tobacco:

*The co-ordination of agencies involved in tobacco work has been minimal and quite ad-hoc in nature. In some regions of Scotland there are well established local alliances, but in other areas there are no links between agencies working on this topic. On a national level, the Scottish Tobacco Group has provided an opportunity for some practitioners to meet to share their experiences and developments in tobacco control, but in recent years it has not offered a strategic response to tobacco issues in Scotland. (ASH Scotland, 2005a)*

In 2000 ASH Scotland received funding from the Scottish Executive for a consultation to explore the need for a national tobacco control alliance. The consultation ran from January to October 2000, including over 50 individuals from organisations from all parts of Scotland, and all sectors (ASH Scotland, 2007a).

Consultations traditionally involved a small steering group drafting a proposal that is then sent out for written consultation. However, ASH Scotland sought to actively engage respondents throughout the process, as it was considered 'important that those who would be participants in the eventual body felt an ownership of the development process' (ASH Scotland, 2005b). The consultation methodology included five main strands:

- Workshops.
- Interviews with key players from the North of Scotland and Islands.

- Interviews with key players in other health forums.
- A mapping exercise focusing on local tobacco alliances.
- A final written consultation sent to a wide range of bodies with a tobacco remit.

The outcome of the consultation was the formation of the STCA, a multidisciplinary and multi-sectoral network bringing together over 120 organisations. The two roles of STCA were set out as:

- To facilitate an increase of the knowledge base of the tobacco control sector in Scotland, and to act as a conduit for information within the sector.
- To enable all those involved with tackling tobacco in Scotland to inform and influence policy development and implementation, at both national and regional level.

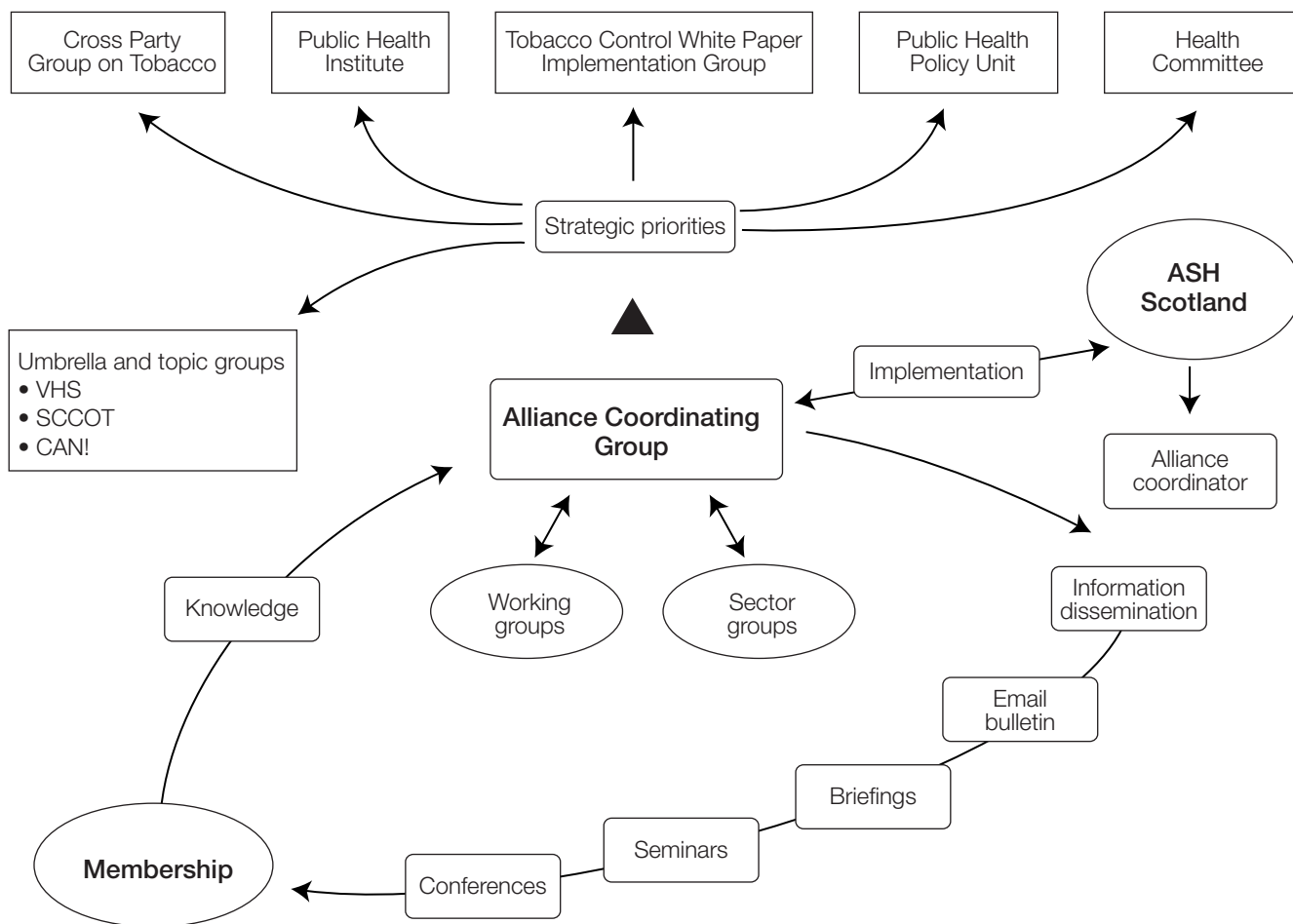
In addition, the STCA set out two major activities:

- Information exchange and networking, including conferences, seminars, briefings and use of Information and Communication Technology.
- Multi-sectoral input to national planning bodies and policy making fora, including policy development, informing and influencing of national responses to tobacco, and representation (ASH Scotland, 2005b).

The STCA was to function as a bridge between national groups such as the Scottish Tobacco Control White Paper Implementation Strategy Group, the Public Health Policy Unit at the Scottish Executive, the Scottish Parliament's Health Committee, the Cross Party Group on Tobacco Control, the Public Health Institute, and grassroots, topic specific, organisations (Voluntary Health Scotland, SCCOT, Scotland CAN!). An outline of the intended communication channels and relationships can be seen in Figure 2.

In May 2000 ASH Scotland, together with national charities such as the British Medical

Figure 2: STCA Communication channels and relationships



Source: STCA, ASH Scotland (2006)

Association (BMA), National Asthma Campaign and Children in Scotland, launched the Scotland CAN! (Cleaner Air Now) coalition. The aim of this coalition was to specifically campaign for smokefree public places in Scotland and to raise awareness of the harmful impacts of SHS. The launch included over 60 businesses, trade unions, football clubs, medical and children’s charities, as well as Hugh Henry MSP and the actor Richard Wilson (ASH Scotland, 2000).

In May 2000 the ‘Scottish Voluntary Charter on smoking in Public Places’ was launched for the hospitality industry, with the support of the four main industry bodies (the Scottish Beer and Pub Association, the Scottish Licensed Trade Association, the Scottish Tourism Forum and the British Hospitality Association). This set out a number of targets to be achieved by the end of 2002, including a ten per cent increase in the number of places with smoking policies, written smoking policies, signs indicating smoking policies

near entrances and non-smoking provision (Scottish Executive, 2004).

Key to the successful lobbying was an active leadership from politicians to build support for the legislation. In particular, the Scottish political situation was unique as it offered the politicians an opportunity to visibly make decisions independent of Westminster. One illustration of this is the Firrhill High School Petition delivered by pupils in May 2002. The pupils petitioned Parliament to ban smoking in public places, supported by evidence about the effects of passive smoking, and had 105 signatures. At the same time the membership of the Cross Party Group expanded to include a more wide-ranging political spectrum and voluntary organisations; its membership now included ASH Scotland, Asthma UK and Scotland, the British Heart Foundation, the British Lung Foundation, the BMA, Cancer Research UK, the Institute for Social Marketing, Macmillan Cancer Support, Marie Curie Cancer Care, the Roy Castle Lung

Cancer Foundation, Royal College of Nursing, The Royal Environmental Health Institute of Scotland and The Stroke Association. This cross-party agreement empowered the group to raise the issue of legislation during a questions session in the Scottish Executive during 2003.

After two years a survey of Scottish leisure industry smoking policies was carried out in May 2002 for ASH Scotland and Health Education Board for Scotland. The report suggested the industry had met three out of the four targets set under the Charter, including the key target of availability of smokefree provision (Granville and Kinver, 2004). However seven out of ten Scottish pubs permitted smoking in the whole establishment and four in every five venues in the leisure industry had no restrictions at all (Granville and Kinver, 2004). This enabled ASH Scotland and Scotland CAN! to make the case to the Scottish Executive in Autumn 2002 for legislation.

Two critical reports were produced: *Reducing Smoking and Tobacco-related Harm: A Key to Transforming Scotland's Health* (published by NHS Health Scotland and ASH Scotland, 2003) and the Scottish Executive's Tobacco Control Action Plan: *A Breath of Fresh Air for Scotland* (2004). These two reports signalled the political willingness to tackle tobacco and outlined the first ever action plan on tobacco control for Scotland. A key element of these two reports was the recognition of SHS as critical to tobacco regulation and the need for a public education campaign alongside increased regulation.

On 4 February 2004 Stewart Maxwell, MSP and a member of the Cross Party Group, launched a private member's bill on regulating smoking in public places. This legislation proposed to restrict passive smoking. As the bill only partially covered public places, the Scottish pro-health lobby simultaneously kept up pressure for comprehensive smokefree legislation. Political support was also increasing for such legislation, with the Health Committee requesting that the proposals go further. The tobacco industry responded by forming the 'Against an Outright Ban' (AOB) campaign, with the themes of accommodation and freedom of choice. This campaign was run by Media House, a high-profile PR company representing independent licensees, pub groups and brewers in Scotland

opposed to a complete ban on smoking in public places. It claimed to represent over 3,500 licensed trade retailers and included Scottish Licensed Trade Association, the Scottish Beer and Pub Association, the Scottish Wholesaler Association and several multiple pub groups (ASH Scotland, 2005a).

### Public consultation

As the campaign progressed, the need to engage the public and stakeholder groups became paramount. In preparation for smokefree legislation the Scottish Executive launched a major public consultation, running from 7 June 2004 to 8 October 2004. This was based on the Scottish Executive's 2004 Tobacco Control Action Plan: *A Breath of Fresh Air for Scotland*, and sought to explore public support for further action and possible approaches to the problem. A concerted effort was made by the government to involve a wide range of actors, including commercial companies, government and non-government organisations and civil liberties groups and to ensure the consultation document suited the requirements of these different groups. Also at this time, the First Minister Jack McConnell visited Ireland by to see how smokefree legislation was working there.

The tobacco industry argued against smokefree public places based on the economic impact in terms of lost revenue, and sought to contest the scientific evidence. However, ASH Scotland successfully countered these arguments and kept the message consistently on health. The consultation brought over 53,000 responses, with a large majority (82 per cent) arguing that further action was needed and 80 per cent supporting a law to create smokefree enclosed public places (ASH Scotland, 2006).

Media coverage of smoking restrictions was also increasingly positive. In particular, the annual report of the Chief Medical Officer, which called for a ban on smoking in all workplaces, was positively covered in the media (BBC News, 2004). In November 2004 Scotland CAN! and SCCOT merged to form the Scottish Coalition On Tobacco coalition}, which redefined its aims: 'to raise public awareness of the harmful health impacts of second-hand tobacco smoke (SHS), to lobby for

legislation to increase protection from SHS and to work towards extending clean air environments in Scotland' (ASH Scotland, 2007b).

### Proposal and passage of legislation

On 17 December 2004 the *Smoking, Health and Social Care (Scotland)* bill was introduced to the Scottish Parliament, recommending that smoking should be banned in enclosed public places such as workplaces, pubs and restaurants. The campaign continued political lobbying of parties in support of the *Public Places* bill. Activities included the Scotland CAN! Communication group working with the Consolidation Communication group, which had been appointed by the Scottish Executive to assist the Executive Press Office in targeting a wider public through press and communications work. In preparation for the first stage of parliamentary debates, ASH Scotland updated its scientific evidence (including the recently published Scientific Committee on Tobacco and Health report [SCOTH, 2004] and the WHO's IARC Monograph [2004]).

Stage one of the parliamentary debate on the *Smoking, Health and Social Care (Scotland)* bill was held on 28 April 2005. During the debate a number of witnesses were called, including:

- Firrhill High School;
- Health officials, e.g. the BMA, Royal College of Nursing, health boards;
- FOREST;
- Tobacco Manufacturers Association; and
- New York City Department of Health officials.

The tobacco industry had sought to gather public support through a beer mat campaign using the slogans 'Freedom to Choose' and 'Right to Choose', and by using local 'champions' to generate media coverage (ASH Scotland, 2005a). On the same day as the debate, it funded a full page advertisement in *The Sun* with the caption 'Jack, you're not listening' and urged readers to contact their local MSP. This pro-tobacco lobbying was countered by the Smokefree

campaign through the publishing of a letter signed by 14 leading health organisations in support of smokefree public places. MSPs voted 83 to 15 in favour of the bill.

In preparation for stage two of the debate of the bill by the health committee, local campaigning was stepped up. Scotland CAN! produced a 'support smoke-free public places' postcard campaign to give people the opportunity to let their MSPs know they supported the legislation (in contrast to the 'Jack you're not listening' campaign). Twenty-five thousand posters were produced. During this stage, the definition of smoking was expanded to encompass the use of non-tobacco products, with the support of Stewart Maxwell MSP, SCOT, Scotland CAN! and ASH Scotland. The definition of public places was also redefined to narrow the possibility of exceptions. ASH Scotland produced a brief for MSPs which outlined all the proposed amendments and an evidence base for supporting or refuting them. Stage three, the final parliamentary debate, was held on 30 June 2005 and the Scottish Executive voted 97 to 17 (with one abstention) in favour of smokefree legislation.

### Enforcement

In the period prior to the smokefree legislation coming into effect, a number of tactics were employed to prepare the general public, smokers and employers for the change in law. For example, NHS Health Scotland launched a stop smoking campaign which ran from October 2005 to March 2006, alongside a media advertising campaign promoting the health basis of the ban on television, cinemas, radio and local and national press (ASH Scotland, 2007a). In the 20 days immediately prior to the ban the Scottish media also ran articles and features about the law and how to quit smoking.

When the ban came into effect on 26 March 2006, enforcement of the legislation was the responsibility of local authorities. The Scottish Executive invested £6 million over three years for the extra environmental health resources needed (Martin, 2006). There are four main offences under the Smoking, Health and Social Care (Scotland) Act 2005:

*permitting others to smoke in no smoking premises; smoking in no smoking premises;*

*failing to display warning notices in no smoking premises; and failing without reasonable cause, to give one's name and address on request by an enforcement officer. (Clearing the Air, 2008)*

If the person has failed to 'take all reasonable precautions' a fixed penalty can be given by enforcement officers, including Environmental Health Officers, Technical Officers and Licensing Officers.

Enforcement comprises different routine activities including assessment and inspection to ensure premises comply with legislation, educating through advice and presentations. As the website 'Clearing the Air', set up to explain the ban, notes, there are different types of inspections:

- Official inspection – officers announce themselves and show appropriate identification to the person in charge of the premises, prior to assessing compliance with the provisions.
- Covert – officers will assess compliance by observation within the premises, and subsequently announce themselves and show appropriate identification to the person in charge of the premises, at the end of the period of surveillance.
- Covert and leave – as covert above, but the officers wait until the following day to discuss their findings with the person in charge of the premises.

Both in enclosed public places and vehicles covered by the ban, 'No Smoking' signs must be visibly displayed. There are recommendations for management controls which include creating a smokefree policy and having a procedure in place for supporting smokers to quit. The emphasis of the legislation is on education, and the Scottish Executive developed, with the guidance of business, an educational campaign for employers, the hospitality trade and environmental health officers. This literature, which includes sample signs and information about the new law, what it means and why they must comply, was sent out to all businesses and organisations. A dedicated website ([www.clearingtheairscotland.com](http://www.clearingtheairscotland.com)) was also set

up, and offers further copies of the guidance and signage. In December 2005 the Scottish Executive issued further guidance, commissioned by a Steering group of the Scottish Executive, AHS Scotland, Tayside Health Promotion Centre, NHS Health Scotland, Convention of Scottish Local Authorities and the Care Commission for NHS and local authorities. This stresses that prosecution 'should be reserved for serious or persistent contraventions, and an educational and non-confrontational approach should be used whenever possible' (Clearing the Air, 2008).

### Impacts and outcomes

The Smokefree campaign included a detailed evaluation to gauge the health, economic and behavioural impact of the legislation. Using routine health, behavioural and economic data and commissioned research, the impact of the smokefree legislation has been assessed in eight key outcome areas:

- knowledge and attitudes;
- Environmental Tobacco Smoke exposure;
- compliance;
- culture;
- smoking prevalence;
- tobacco consumption;
- tobacco-related morbidity and mortality; and
- economic impacts on the hospitality trade (Haw, *et al.*, 2006).

The outcome of these evaluations has shown that the legislation was highly successful. Results are detailed in a number of reports, including *Smoke-free Success* (ASH Scotland, 2007a). In the run-up to the ban, there was a massive increase in the numbers of smokers seeking help. In November alone, 58,594 people called the NHS Health Scotland telephone Smokeline – the same number that called during the whole of 2004 (ASH Scotland, 2007a). While in many areas there is a

lack of baseline data on pre-ban smoking cessation uptake, there are some indications that the ban had a large impact on smoking. For example, in 2007 it was reported that there had been a 39 per cent decrease in exposure to second-hand smoking in adults and children, and an 89 per cent decrease for non-smoking bar staff. The study linked this to a 17 per cent decrease in admissions for heart attacks based on nine Scottish hospitals (Scottish Government, 2007).

The main argument used by the trade against smokefree legislation in hospitality venues was the potential loss of revenue. There is some evidence that drinks sales declined (e.g. an ACNielsen 'Pubtrack' survey in 2006 (ACNielsen, 2006) reported that liquor sales in Scottish pubs since the smoking ban were lower than those in England and Wales). However, there are indications that there has been a growth in food sales, with sales of pub meals in Scotland having increased by 13 per cent since the ban was introduced (National Assembly for Wales, 2008). The pub chain J D Wetherspoons reported an increase in sales of 3.2 per cent in the 13 weeks to 23 April across the UK (ASH Scotland, 2007a, p. 25) and similar increases were reported by Enterprise Inns and Punch Taverns (Scotland's biggest pub operator), which recorded increased food sales.

A poll conducted in August 2006 for Cancer Research UK found that the majority of 545 surveyed bar staff throughout Scotland were highly positive about the health benefits of bars going smokefree (ASH Scotland, 2007a).

Evaluation of the air quality in pubs has shown high compliance with the smoking ban in pubs. Levels of SHS were seen to have been reduced in all 53 post-ban visits, with the average reduction being 86 per cent (range 12–99 per cent). Particle matter concentrations in most pubs post-ban were comparable to outside ambient air levels (Semple, *et al.*, 2007).

One of the key features of the successful implementation of the legislation was the initial widely reported enforcement. During the first week Glasgow City Council issued ten warnings and only one fixed penalty fine (ASH Scotland, 2007a). Of the 387 premises visited by enforcement officers, the most common fault was lack of signage (BBC News, 2006). Other cases were the

Peking Inn in Glasgow which was fined £200 for letting a customer smoke and a number of taxi drivers who were smoking in their car. One high-profile case covered in the media was that of Mel Smith, a comedian who threatened to break the ban by smoking on stage during the Edinburgh Fringe Festival but did not carry out the threat. Public support for the regulation remains high, with complaints to the national compliance hotline averaging 20 per day and environmental health officers investigating 14 complaints a day (ASH Scotland, 2007a).

One year after the ban came into effect, a public opinion poll showed that 70 per cent supported the ban, with 80 per cent considering it a success (ASH Scotland, 2007a). Analysis of both SHS and indoor air quality showed that the Smoking, Health and Social Care (Scotland) Act 2005 'has reduced both the occupational exposure of workers in the hospitality sector, and that of non-smoking customers' (ASH Scotland, 2007a, p. 39).

### B3. Campaign strengths and weaknesses

#### Strengths

- 1. Effective mobilisation at the local level.** The campaign required the effective mobilisation of health services (e.g. smoking cessation services) as well as grassroots awareness raising.
- 2. Strong coalition of organisations.** The SmokeFree campaign successfully formed a strong coalition of organisations, including voluntary organisations and others within the tobacco control community. Setting the campaign as a cross-party concern also ensured a united political coalition to tackle tobacco and smoking.
- 3. Clear leadership.** It is clear that ASH Scotland was successful in taking a leading role in organising the various groups and maintaining a cohesive focus on banning smoking in public places. While at times individual groups used their own brand in media events, it is also clear that ASH Scotland played the major role



in media advocacy, in particularly by raising awareness as to new research and producing briefings for the Scottish Parliament.

- 4. Strong public health argument.** The campaign was based on a very strong public health argument which could be used to rebut any counter-arguments about economics and the potential impact on businesses.
- 5. Good use of research.** The campaign made good use of both public health and consumer research to provide a robust evidence base for a ban and build support among MSPs and other stakeholders for the legislation.
- 6. Effective use of media advocacy.** The campaign paid careful attention to how the issue was framed, clearly setting out the policy solution and repeating it over and over again, responding quickly and opportunistically to new events and statements by opponents.
- 7. Political climate and opportunity.** The smokefree legislation also provided a novel opportunity for the new parliament to raise its profile and assert its independence from Westminster. In turn, the success of the campaign in Scotland increased the confidence of English MPs to push forward with similar restrictions in England.
- 8. Clear long-term commitment.** The campaign groups remained committed to ensuring long-term engagement with the process, gauging political willingness and actively lobbying to increase support for the comprehensive smokefree legislation and beyond. The groups were also engaged after the legislation was passed, playing a leading role in providing educational support for those affected by the ban. In this regard the campaign coalitions continued to be active in setting the agenda for decreasing smoking and tobacco use. For example, the Cross Party Group on Tobacco Control has recently responded to the proposal to increase the purchasing age of tobacco from

16 to 18, and to the question of positive or negative licensing for the sale of tobacco.

- 9. Effective utilisation of the campaign to motivate smoking cessation.** The campaign recognised the opportunity presented by the ban in terms of tackling the wider problem of smoking. Smoking cessation is often more successful when the smoker sets a 'quit date', and the ban offered this opportunity. The campaign ensured there was a support infrastructure to actually help people quit as well as promoting smoking cessation services through the mass media.

### Weaknesses

- 1. Poor transparency.** The campaign could be said to have lacked transparency in that specific, formal objectives were not set. However this could be seen as having offered the flexibility to be able to adapt and respond to the activities of the tobacco industry.
- 2. Restricted engagement of industry stakeholders.** While the Smokefree campaign sought to engage various stakeholders, such as the tourist industry and retail business sector, many of these groups were not fully engaged. It is clear that from the outset the industry stakeholders were hostile to smokefree legislation. For example in November 2005 the Swallow Group, the UK's largest privately-owned hotel and pub group (with 70 hotels and 120 pubs across Scotland), prepared legal action against the smokefree legislation in Scotland. This challenge subsequently collapsed, but was an indicator of how some stakeholders could have caused problems for the campaign.
- 3. Poor baseline data.** An extensive evaluation of the ban was carried out and it has been accepted as a success, but there is a lack of baseline data for some areas. This means that the impact of legislation on uptake of smoking cessation services cannot be properly assessed, and also exposes the legislation to criticism as potentially ineffective.

**4. Limited use of branding.** While the campaign was spearheaded by ASH Scotland, it made limited use of branding. A closer relationship with the creative agency working on the campaign could have been better managed to ensure that they had a good understanding of all of the issues and used this to shape their thinking on the campaign.

## B4. Learning points for alcohol

### Commonality between case study behaviour and alcohol

Smoking tobacco and drinking alcohol are similar as both are drugs, but with differing levels of addiction and harm. Drinking, like smoking, affects the well-being of individuals and society in general to a large extent. However, there are differences between the two, with the effects of alcohol tending to be wider-ranging. As Sheila Duffy, Chief Executive of ASH Scotland, noted, in both cases there are powerful international commercial interests lobbying against tighter regulations. Although tobacco has been subject to increasing restrictions on its promotion, alcohol remains widely advertised.

Both alcohol and tobacco cause harm to the individual and to others. Alcohol can cause problems for both individuals and their communities, in the shape of alcohol-fuelled nuisance and disorder in the streets and on public transport for example. At a more minor level, both behaviours are associated with harm to the environment in the form of littering. Unlike smoking, alcohol cannot cause disease in those exposed passively to its consumption, but at an extreme level alcohol-related incidents of violence can result in injury, rape and death; and alcoholism can cause considerable emotional, physical and financial harm to the family of the sufferer. Employers are harmed by alcohol and tobacco use in the form of sickness absence and lost productivity.

As with the early stages of tobacco regulation, where the focus was on the individual smoker and the harms caused by passive smoking were unrecognised, it may be that a re-contextualisation of alcohol needs to be undertaken to stress the consequences of 'passive drinking'. Most visible signs of this include drink-driving-related road

accidents, city centre violence and other anti-social behaviour. One striking example is the violence which occurred during the UEFA Cup in Manchester. Alcohol was available 18 hours prior to the match, with local shops reportedly selling alcohol at 6:30am and bars serving alcohol from 10am. As one newspaper noted:

*But the guilty men are the supermarkets, who were selling crates of lager from 6.30 in the morning. It needs no kind of degree in civic planning to know that if you ply a vast crowd – especially a crowd as likely to be let down by the result of the night as Rangers were – with alcohol for hours on a hot day, there will be trouble. (Rich, 2008)*

The Smokefree case study illustrates how a focus on the harm to *others*, rather than the behaviour itself, opens up new policy solutions and messages. Despite the differences in the types of impact on others engendered by alcohol and tobacco, this focus on harm to others – 'passive drinking' – may help generate new thinking and approaches.

### For what kind of alcohol initiative can this study provide transferable learning?

In Scotland tobacco control has already served as an exemplar for alcohol. Inspired by the success of ASH Scotland, the Scottish Health Action on Alcohol Problems (SHAAP) was formed in 2006 by the Scottish Medical Royal Colleges and Faculties, through their Scottish Intercollegiate Group on Alcohol (SIGA) and funded by the Scottish Executive. The overall aim of this group is to raise awareness of the rising costs to health of excessive alcohol consumption. SHAAP states its aims as:

- to raise awareness and understanding of alcohol-related health problems with health practitioners, policy makers and the public;
- to evaluate current research and identify strategies to reduce alcohol-related health damage based on the best available evidence;

- to work together with key organisations in the alcohol field in Scotland, the rest of the UK and worldwide to tackle alcohol misuse.

The Smokefree campaign is a good exemplar for how lobby groups can play a vital role in raising awareness of a general issue (i.e. harm caused by smoking) and agenda set particular issues within this (i.e. smoking in public places). Groups such as SHAAP are likely to draw upon this to raise both public and political pressure to tackle problematic use of alcohol.

There may be potential in the equivalent concept of 'no drinking in public places'. In this regard it may be desirable to legislate drinking alcohol in all public areas not specifically covered by a licence as well as places not directly related to entertainment (i.e. on transport etc.).

### Target group insights

This case study illustrates how important it is that legislative approaches construct their target groups as flexible groups with evolving needs and requirements. Similarly the issue was constructed as an issue directly impacting on local people – a Scottish problem to be solved with Scottish legislation.

### Main learning points

1. *Alcohol interventions must form collaborations between government, health groups and other voluntary organisations.* The case study suggests that a strong organisational framework between international, national and local groups is needed, with a free flow of information but also strong leadership.
2. *Alcohol regulation requires political lobbying.* This case study suggests that it is important to pay particular attention to the political climate and to constantly monitor public opinion, in order to build policy-maker support for and confidence in regulation.
3. *Alcohol regulation must not be distracted by industry arguments while successfully countering them.* This case study shows the importance of messages and arguments

remaining on target while gathering evidence to rebut business's arguments.

4. *Legislation to curb or restrict alcohol consumption must be part of a bigger picture.* This case study illustrates how legislation can be strongly effective if it has popular backing and is strongly enforced. However it is only one mechanism and must be used alongside other tools to de-normalise the behaviour.
5. *Alcohol regulation should draw on strong public health arguments.* Strong public health arguments are a powerful and necessary basis to rebut counter-arguments about economics and the potential impact on businesses.
6. *Alcohol campaigns must make effective use of media advocacy.* Careful attention must be paid to how the issue of alcohol is framed, setting out the policy solution clearly and repeating it over and over again, responding quickly and opportunistically to new events and statements by opponents.
7. *Alcohol campaigns must have long-term commitment.* The campaign groups remained committed to ensuring long-term engagement with the process, gauging political willingness and actively lobbying to increase support for the comprehensive smokefree legislation and beyond.

## B5. Conclusion

In conclusion, it is important that legislation is part of a wider package of measures to change behaviour and that there is political and public support for increased regulation. This involves both engaging and educating the public to increase their awareness of the individual, social and health harms caused by the behaviour. It is critical that legislative approaches adopt a long-term and dynamic structure, to respond to changes in public attitudes and perceptions as well as changes in the political climate.

# C. Making travel greener: the InMotion campaign

## C1. Campaign overview

The InMotion campaign is an ongoing community based social marketing programme carried out in the USA designed to impact upon people's transport awareness and travel behaviour to make it more environmentally friendly and sustainable. The campaign was introduced in the spring of 2004 and was implemented in four communities in Seattle, Washington, with funding by King County Metro Transit (KCM), the local public transport provider. The programme has since been rolled out in a number of other communities in the King County region and is ongoing. The InMotion programme focuses on individual transportation behaviour change, and aims to influence travel choices by showing the beneficial effects in terms of personal health, community connections and environmental concerns.

## C2. Strategy/approach

### Problem definition and objectives

From the 1970s onwards, public transport use in the US declined and individual car use increased due to decline in mass transit systems, lack of infrastructure and longer commuting distances (UNEP, 2002). In the decade between 1981 and 1991 the number of car-kilometres travelled by US citizens grew by 33.7 per cent (Raad and Kenworthy, 1998). Suburbanisation, mass new road construction and low fuel prices during the 1990s led to increased car use, urban sprawl and increasing environmentally unsustainable transport choices. Urban sprawl and increasing car use have a number of environmental, social and economic consequences including traffic congestion, inner city ghettoisation and dead-heart syndrome, isolation and a lack of sense of community, increasing carbon emissions and loss of forests, wetlands, wilderness and agricultural land (Raad and Kenworthy, 1998; Parfrey, 1999; Dowling, 2000).

Approaches to reducing the impact of private car use on the environment can be categorised in three ways: technological improvements in the motor car to reduce emissions; construction or modification of infrastructure to reduce congestion or increase/improve public transport provision; and 'travel demand measures' to modify travel decisions in favour of more sustainable transport choices (Rose and Ampt, 2001; UNEP, 2002). Travel demand measures can be further broken down into policy measures such as taxation and pricing, and demand-side measures such as changing social attitudes and behaviour. Efforts to reduce urban car use have often taken the form of 'travel awareness' campaigns – sometimes structured around a 'day' or 'week' event – aiming to reduce car use by raising awareness of the problem and suggesting alternative solutions such as car sharing, public transport and so on (Rose and Ampt, 2001). A less commonly used method is a more community-oriented approach, which, rather than issuing messages 'top-down', works with local community groups to affect the ways they think about and use transport (Rose and Ampt, 2001).

The InMotion campaign was a travel behaviour initiative which combined elements of the more traditional travel awareness campaign with a community approach involving 'neighbourhood based outreach'. Unlike some programmes, it did not focus primarily on commuting journeys, but on the potential to change any trip from a single driver car journey to an alternative mode. Social marketing concepts and strategies, such as understanding what motivates people to change, addressing barriers and increasing benefits, were also utilised. The overall campaign objective was to generate a change in the travel behaviour of people living in the participating neighbourhoods. Specific campaign objectives were to:

1. *Test King County Metro Transit's ability to impact upon travel behaviour by engaging at the neighbourhood level.* Engaging at the neighbourhood level meant, in the InMotion campaign, not providing support solely to employers and workplaces but also engaging residents in considering their travel behaviour 'at the home end' (Cooper, 2007).

2. *Test the ability to nest the programme within the local community.* An account of the InMotion campaign (Cooper, 2007) notes that 'grounding the program in the local community was seen as a major benefit in securing the attention of our intended targets, as well as increasing acceptability of the message. In addition, it was hoped that local ownership would enhance the sustainability of the program and affected behaviour changes' (p. 3). It is not entirely clear what 'nesting the programme in the local community' means in this context, but it seems to refer to efforts to utilise community channels and settings in engaging residents and communicating programme messages (e.g. direct mail, signs on telegraph poles, local action teams).
3. *Develop a model that could be successfully replicated in other neighbourhoods.* The stated intention behind the campaign was to get away from a 'once and done' approach, and instead to develop a campaign identity and approach which could extend from one neighbourhood to the next (Cooper, 2007).

### **Target group(s)**

The primary target group for the intervention was people living in four selected neighbourhoods in the area: Madison Miller, Lake Forest, Columbia City and Crossroads in the Seattle area, Washington state, USA. The process of identifying target communities involved examining areas in which there was a residential density of over six dwellings per unit, availability of frequent public transport, spare capacity on most transit routes, access to local services within a quarter-mile distance, and an established sense of community identity (Cooper, 2007). The four communities selected also represented a mix of high, medium and low population density urban and suburban communities.

In addition to targeting communities, the programme also borrowed elements from the IndiMark approach (Brög, *et al.*, 2002), an approach to transportation behaviour change which uses a highly prescribed process and is tailored to individuals. Key components of the approach include identifying individuals interested and

motivated regarding travel behaviour change and providing them with specific, tailored information, sometimes through personal contact, to overcome potential barriers to behaviour change. IndiMark proponents claim that only information that an individual is seeking is provided to them, making the information more relevant and likely to be acted upon.

Formative research, in the shape of interviews with community and business leaders and 'neighbourhood discussion groups', was conducted at the start of the project. Specific goals for the formative research were to:

- confirm the community identity;
- understand interests and values that might affect perceptions in the specific community;
- identify specific motivations, barriers and benefits to using alternative modes of transportation;
- solicit partners for programme implementation;
- identify potential roles for the local business community and other organisations;
- identify the best communication channels to reach members of the community (Cooper, 2007).

Findings from this research were used to develop programme elements and specific messages (see *Implementation* section below). Segmentation of communities suitable for the intervention was carried out and messages were tailored and targeted to specific households. This fits closely with social marketing segmentation and targeting theory, which posits that different segmentation variables are considered when selecting the target group(s) for an intervention.

### **Strategy**

The InMotion campaign is described as using what McKenzie-Mohr and Smith (1999) term a 'Community Based Social Marketing' (CBSM) approach (Cooper, 2007). McKenzie-Mohr and Smith (1999) make a number of suggestions for

ways to encourage sustainable transport choices including:

- making pledges to use public transport;
- checking the tyre pressure on cars regularly;
- fostering norms around sustainable transport choices by communicating the number of people within communities or organisations that use mass transit, carpooling, walking or cycling;
- impacting upon the environment to encourage different transport choices such as introducing speeding restrictions, traffic calming, restricting lane use, providing incentives for carpooling such as carpool lanes on highways, preferential parking for multi-occupancy cars and matching services for carpooling (McKenzie-Mohr and Smith, 1999).

The focus in any sustainable transport intervention needs to be achievable change – not an overnight or short-lived change in lifestyle, but a sustainable and practicable reduction in vehicle use (Rose and Ampt, 2001). For example, exploratory research for a travel awareness initiative in Sydney, New South Wales, confirmed the need for an approach which was not prescriptive but based on individual action plans – a ‘How To’ rather than ‘Should Do’ approach (Rose and Ampt, 2001).

Cooper claims that CBSM differs from ‘conventional social marketing’, but the basis of this claim, and the ways in which the two approaches are assumed to differ, are not clear in the accounts of the InMotion campaign. InMotion’s CBSM approach is described as involving ‘identifying specific barriers and benefits of carrying out sustainable behaviour, designing a strategy that utilises behaviour change tools, piloting the strategy, and lastly, evaluating the program’s impact’ (Cooper, 2006, p. 2) – elements which would all feature in any social marketing approach.

Leaving aside the question of whether CBSM is or is not a distinct theory or model of behaviour change, the programme strategy does seem consistent with a general social marketing approach. Social marketing uses marketing theory, principles and practice to foster social change.

There are several definitions of social marketing but Andreasen (1995) offers one of the most useful describing social marketing as follows:

*Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society. (p. 7)*

Systematic reviews have indicated that social marketing interventions can impact effectively upon knowledge, awareness, attitudes and behaviour in the areas of nutrition, substance misuse and physical activity (Gordon, *et al.*, 2006; Stead, *et al.*, 2007). Although they have not been reviewed systematically, a number of travel awareness and behaviour change programmes based on social marketing have been developed (e.g. Kurani and Turrentine, 2002). Social marketing has been considered an appropriate approach for influencing travel behaviour because it is multifaceted, strategic and pays attention to motivating benefits, barriers and competing behaviour.

Andreasen identifies six benchmark criteria for a social marketing intervention (Andreasen, 2002). Basically, if an intervention meets all of the six identified criteria then it can be described as using a social marketing approach. The criteria are listed in Table 3.

These criteria provide a useful framework for describing and analysing the InMotion campaign strategy.

### **Behaviour change**

The InMotion campaign sought to change people’s travel behaviour through engagement with residents and workplaces aiming to make people think about their travel choices. The intervention also sought to change the behaviour of employers by encouraging them to support the development and implementation of the intervention.

### **Consumer research**

As noted earlier, formative research including interviews and focus groups with community and business leaders and residents was conducted to

Table 3: Six benchmarks of social marketing

Benchmark	Explanation
1. Behaviour change	Intervention seeks to change behaviour and has specific measurable behavioural objectives
2. Consumer research	Intervention is based on an understanding of consumer experiences, values and needs Formative research is conducted to identify these Intervention elements are pre-tested with the target group
3. Segmentation and targeting	Different segmentation variables are considered when selecting the intervention target group Intervention strategy is tailored for the selected segment/s
4. Marketing mix	Intervention considers the best strategic application of the 'marketing mix'. This consists of the four Ps of 'product', 'price', 'place' and 'promotion'. Other Ps might include 'policy change' or 'people' (e.g. training is provided to intervention delivery agents). Interventions which only use the promotion P are social advertising, not social marketing
5. Exchange	Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (e.g. personal satisfaction) or tangible (e.g. rewards for participating in the programme and making behavioural changes)
6. Competition	Competing forces to the behaviour change are analysed Intervention considers the appeal of competing behaviours (including current behaviour) and uses strategies that seek to remove or minimise this competition

Source: Adapted from Stead, et al., 2007

inform and guide the design and development of the campaign. This generated insights such as the potential of messages outlining the health benefits of alternative transport choices. However there is no indication as to whether pre-testing of campaign materials was carried out, or whether consumer research was conducted during the implementation of the campaign to gain feedback and assess whether any changes may have been necessary.

### Segmentation and targeting

Clear objectives for segmentation and targeting of communities and individuals were set out in the InMotion campaign. The prime targets for the programme were communities with underutilised but adequate transportation and land use infrastructure. Selection criteria for choosing communities for the intervention have been outlined earlier. Segmentation and targeting of individuals was informed by the use of the IndiMark approach discussed below under 'Brief intervention'.

### Marketing mix

Social marketing interventions should demonstrate use of more than one component of the 4Ps of the marketing mix – product, price, place and promotion. Other Ps may include 'policy change' or 'people' – for example, training of intervention delivery agents. In the InMotion intervention, an extensive communication campaign using several channels of communication was implemented,

and stakeholder relationships were established with communities and business groups (people). Incentives such as coupons and free rides demonstrate the use of the price element of the marketing mix, while bringing the campaign to neighbourhoods and homes can be seen as fulfilling the 'place' criterion. Overall the intervention seems to make full use of the marketing mix rather than relying solely on communications.

### Exchange

The exchange concept, a key feature of a social marketing intervention, was evident in the form of the tangible and intangible benefits offered to intervention participants. Incentives were used to foster adoption of behaviour change, and the health and environmental benefits of alternative transport choices were communicated. Incentives tend to be used to motivate a person to try a desired behaviour change for the first time. In this intervention, vouchers and free ride tickets were issued and coupons for local businesses were given out to incentivise public transport use. It is less clear from the campaign literature how this kind of exchange process would work in maintaining behaviour over time.

### Competition

The literature makes strong reference to the consideration of barriers to behaviour change during the design and implementation of the

InMotion campaign. However, many of the potential barriers appear to have been targeted using messaging and information and it is not as clear whether barriers were overcome in other ways, such as by making structural or policy changes.

### **Brief intervention (IndiMark)**

The IndiMark approach (Brög, *et al.*, 2002), which informed elements of the InMotion campaign, has similarities to the clinical/prevention approach of brief intervention in that it offers tailored one-to-one advice in a highly structured, sometimes prescriptive, manner. IndiMark, or individual marketing, works on the premise that information on transport choices does not always reach the consumer even if it is made available, and that if the concept of consumer orientation is to be taken seriously information must be brought to the consumer rather than expecting consumers to go out and access it from the provider (Brog, *et al.*, 2002). IndiMark uses an essentially dialogue-based technique for promoting alternative transport choices with the aim of empowering people to change their travel behaviours. This strategy of tailored intervention complements the consumer orientation of a social marketing approach. The use of IndiMark within the InMotion campaign demonstrates consideration of how to change individual behaviour in an intensely targeted way alongside the more widely focused measures of the campaign.

The intervention also attempted to make use of ‘antecedent strategies’ to influence behaviour change. It was intended that InMotion would change norms about transport choices and behaviour, providing clues and prompts which would guide a person towards adopting the goal behaviour. Furthermore, written pledges were used to foster commitment and to engender attitude shift and more consistent action. Research has shown that making a written pledge, particularly with a person’s peers or community, can act as a strong motivator for action (Kotler and Lee, 2006). However, there is uncertainty over the efficacy of pledges and there may be contexts in which they do not work (Connelly, *et al.*, 2003).

The campaign literature also describes the intervention as using ‘outreach’ and running community outreach events (Cooper, 2007). This

implies that the intervention involved some level of community development but it is unclear whether this occurred and what exactly ‘outreach’ means in this context.

### **Implementation**

The strategy was piloted in one area, Madison County, prior to being rolled out in other communities, with the intervention designed to last for ten weeks. Outcome evaluation was also incorporated into the design of the intervention to assess the programme’s impact (Cooper, 2007).

Initial scoping audience research was conducted with community leaders, local businesses and neighbourhood discussion groups to identify specific goals for the intervention and inform its design and development. The formative research indicated that traffic congestion and cost savings were not high priorities on the list of motivations for behaviour, and that the single biggest motivator was perceived personal health benefits. Therefore health benefits became a key component of the messaging of the InMotion campaign, with many communications outlining the health benefits of walking or cycling regularly.

The overall budget for the InMotion programme is not given in the literature, but the budget for implementation in each of the programme neighbourhoods was as follows: Madison Miller: \$155,553; Lake Forest Park: \$92,000; Columbia City: \$58,157; and Crossroads: \$44,380.

King County Metro appointed and funded a project team to deliver the intervention, and a community-based transportation action team was formed using networks of other non-profit transportation organisations. The team included volunteers and project assistants with responsibility for administration tasks and encouraging community engagement.

Implementation of the programme involved several distinct elements. A programme launch was held two weeks before InMotion started to generate interest in the intervention. Activities included the installation of posters, distribution of random rewards by programme workers wearing branded clothing, the establishment of a telephone hotline and the posting of the campaign website.

This was followed by implementation of the communications strategy components. The first

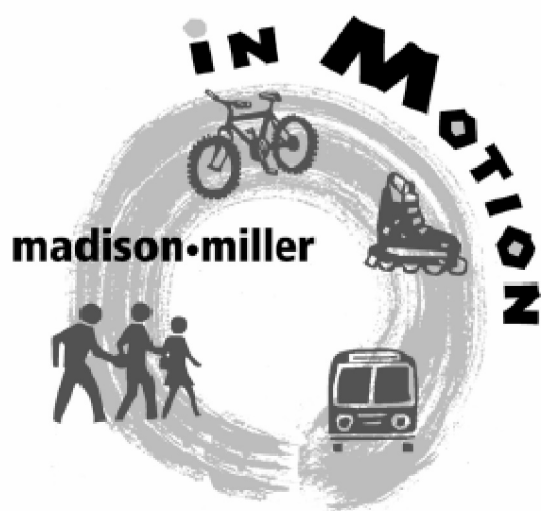


was a pledge component, in which participants were asked to commit to reducing the amount of time they spent driving alone. The second component was community presence using media in the form of street posters, posters in businesses and yard signs. Targeted direct mailing was also carried out carrying messaging tailored to the household. A campaign website with resources, project tracking information and an online pledge feature was designed (<http://www.metrokc.gov/kcdot/transit/inmotion/>).

Utilising the IndiMark approach, customised information delivery was executed. This also borrowed features from another travel behaviour programme, TravelBlending, which produced feedback sheets for participants who sent in travel diaries. These contained tailored tips on action, such as suggested bus routes or increased use of 'blending' (doing two or more things on a trip) (Rose and Ampt, 2001).

Partnerships were also created with local businesses and non-profit organisations. Finally, short travel questionnaires were issued at the beginning and end of the project.

Campaign branding was designed to meet three specified goals: it needed to be clearly related to transport, be customisable to each community and be flexible enough to serve as an umbrella for a variety of other messages. The final InMotion logo (see below) was felt to convey a clear connection to travel choices, to reinforce the programme name and to be practical and adaptable.



Source: Cooper, 2006

Campaign straplines were developed building upon the key motivators and perceived barriers:

- 'If you're not going far, forget your car.'
- 'I can do more...by driving less.'
- 'Improving our community through healthier travel choices.'
- 'It's a community thing.'

Pole prompts were also used to suggest and encourage behaviour change such as 'Pedal to the gym, Kim' and 'Hop on the bus, Russ!'

The campaign offered incentives for participants to carry out the desired behaviour, such as \$5 vouchers, giveaway pads, T-shirts, water bottles and signs. Furthermore, local businesses donated goods to the programme which were distributed randomly to participants.

The initial roll-out programme in Madison-Miller County ran for ten weeks and subsequent programmes in other communities have lasted between 10 and 14 weeks. The InMotion campaign has subsequently been rolled out into the wider King County community by King County Metro Transit, using the information and experience gained in the pilot programme.

King Country Metro subsequently developed a toolkit to demonstrate programme replicability and made this available on its website. The toolkit features a step by step guide on how to implement an InMotion 'drive less' programme, including an introduction to CBSM, information on segmentation and targeting, designing the programme, communication channels, tracking and fulfilment, measuring success and required time and resources.

### **Impacts and outcomes**

Evaluation of InMotion describes the campaign as having been successful in increasing awareness of alternative transport choices, environmental concerns and potential health and community benefits related to transportation choice. The project has been evaluated by one of the campaign developers (Cooper, 2007); no independent evaluations were found.

In Madison-Miller county, awareness evaluation was conducted using a telephone survey, and was reported as finding a high level of programme awareness throughout the community. One third (33 per cent) of all survey respondents in the project area were aware that there was a 'Madison-Miller InMotion' programme). The action posters and special route maps at bus stops had the highest recall: 56 per cent of respondents indicated they remembered seeing them in the community. One quarter (25 per cent) of survey respondents recalled receiving the direct mail packet, with almost half of those (48 per cent) reporting they responded to the mailer. This corresponds well with the mailer response rate of 10.5 per cent recorded for the programme (Cooper, 2007). The results indicated that InMotion was successful in capturing the attention of individuals in the target area and in engaging them in consideration of their travel options.

Outcome evaluation was also carried out to assess the programme's impact upon travel behaviour. The pre- and post-participation reported 'mode shares' for each InMotion programme reported a 24 per cent to over 50 per cent decrease in driving alone, and a 20 per cent to almost 50 per cent increase in public transit usage. These self-reported numbers were supported by bus stop counts and analysis of overall transit ridership, with the telephone and bus stop surveys also being conducted in controlled communities. The evaluation was conducted three months after the completion of the campaign. Further evaluation data allowing an assessment of whether the campaign had a long-lasting impact on travel behaviour or whether behaviour reverted to previous form in the intervention communities is unavailable.

### C3. Campaign strengths and weaknesses

#### Strengths

**1. Tailoring and customisation.** One of the major strengths of the InMotion campaign was the fact that it tailored messages and information around individuals and households. Rather than take a traditional mass media, one size fits all approach, the InMotion programme

was able to be very consumer-oriented in not only conducting formative research but by customising the implementation of the campaign. This differentiates the programme from public health campaigns which often take a population approach.

- 2. Clear and consistent branding.** The programme was also effective at creating effective branding. Branding is an important consideration within public health and social change efforts yet it is often ignored or under-developed. By ensuring that a representative and emotive brand logo, campaign straplines, messaging and brand strategy were created, InMotion helped to build awareness of and engagement with the campaign, and, by extension, its objectives.
- 3. Community involvement.** A key feature of the InMotion programme was its effectiveness at fostering community involvement and creating a sense of community ownership. This was achieved partly through research with community members, partly through the campaign being rooted firmly in its communities and partly through appeals to community as well as individual benefits. At all stages of the intervention, local communities were involved at the heart of the process. The InMotion campaign demonstrated the positive effects of creating effective community-based programmes to change behaviour.
- 4. Light-hearted tone.** The use of fun and useable prompts, such as pole posters, tote bags, water bottles and notepads, yard signs, and community website increased the visibility of the campaign and emphasised the sense of the programme being a community concern, rather than a government- or authority-led campaign that might have generated scepticism or apathy.

#### Weaknesses

**1. Long-term effects.** There are concerns over the long-term effects of interventions such as InMotion. Often, such campaigns are implemented over a short period of time and

have some initial success, but are then stopped and the desired behaviour change regresses. Therefore it is important for programmes to have long timescales and/or follow-up elements, to ensure that the desired behaviour is maintained.

- 2. Replicability and transferability.** The InMotion campaign was implemented in communities which were identified as very receptive and suitable for such an intervention (Cooper, 2007). However, it is unclear whether InMotion could be replicated in areas where there is more of a 'hardcore' car-using population and less of a community-minded ethos. It may be that without considerable adaptation the approach would fail in such areas (MAX, 2007). It is also possible that the 'pledge' approach may not be as acceptable or effective in different cultural contexts.
- 3. Overcoming attachment to the car.** Perhaps the biggest single difficulty faced by travel behaviour campaigns such as InMotion is that they must overcome individual and societal attachment to the car. For many drivers, a car is essential to their self-image and self-expression (Wright and Egan, 2000), and confers a multitude of benefits both hedonic and practical (see next section). It is likely to require considerable effort to move public opinion towards valuing attributes such as economy, quietness and social responsibility at the expense of power, pleasure, independence and speed (Wright and Egan, 2000), and it is unclear whether campaigns such as InMotion can, on their own, achieve such a massive shift in values and norms.
- 4. Need for structural measures.** Awareness campaigns are only one strategy for influencing transport decisions, and it may be that more structural measures are also needed to create and sustain meaningful change. An example of an alternative approach is provided by the city of Freiburg in Germany, which has experienced an enormous rise in demand for local public transport since the 1980s (FitzRoy and Smith, 1998). Analysis suggests that the factors responsible for this

growth were nearly all structural in some way: reduction in the cost of travelcards and the addition of features such as transferability to friends and family and across other networks; improvements in public transport service quality (increased route coverage, increased frequency); and disincentives to use cars in the form of extensive pedestrianisation, high parking charges and traffic calming measures (FitzRoy and Smith, 1998). It is notable that public awareness campaigns are not mentioned as a key factor in FitzRoy and Smith's analysis of the reasons for success in Freiburg.

## C4. Transferable learning for alcohol

### Commonality between case study behaviour and alcohol

The behaviours which are the focus of this case study are over-reliance on car use and underuse of more sustainable alternatives. The parallels with alcohol use are less immediately obvious than with gambling, smoking and having sex, but there are some common themes.

Sustainable transport use involves *reducing* or *desisting from* a pleasurable behaviour with many perceived benefits (car driving), and adopting a behaviour with many perceived disbenefits (using public transport). Driving behaviour research suggests that there are many hedonic aspects of car driving, such as feelings of control, pleasure, status, independence and so on. Car ownership can be seen as conferring 'ontological security', a basic protection need maintained through autonomy, prestige and status (Mann and Abraham, 2006). Car use bestows feelings of control, and provides protection from unwanted social interaction, weather and discomfort (Mann and Abraham, 2006), as well as tangible benefits such as perceived convenience and quicker journey times. In contrast, public transport may be more physically demanding (walking to a station, increased journey time), and may require greater cognitive effort (planning, reading timetables). It may also involve greater 'affective demand' in the form of reduced comfort and enjoyment, and increased worry. Some research suggests that these affective demands are more important than physical discomfort and other barriers

in determining transport choices (Mann and Abraham, 2006). For drivers, 'cost-effectiveness' is not based on a purely utilitarian calculation involving time and cost, but a wider assessment including buying feelings of freedom and control (i.e. even though car use may be more expensive, it confers extra benefits) (Mann and Abraham, 2006). Furthermore, some research suggests that there is a stigma associated with using public transport in that, for some, it is associated with lowered status and self-image (Yago, 1984).

There are many parallels with alcohol prevention here, in that the desired behaviour change for the majority of people who drink moderately is to reduce their consumption of alcoholic drinks in favour of non-alcoholic drinks. In other words, to give up a behaviour associated with benefits in favour of one which involves disbenefits. Among the benefits of alcohol use are pleasurable feelings of well-being and mild intoxication, increased social confidence, image and acting as a social lubricant (Heath, 1995). The disbenefits of consuming non-alcoholic drinks include feeling left out, impaired image, teasing and ridicule, and diminished feelings of coping. Car ownership is for many drivers a given, so essential for everyday functioning and part of their identity that the idea of not owning a car may be impossible to contemplate (Mann and Abraham, 2006). Again, there is a clear parallel with alcohol, in that many adults find it hard to contemplate a life in which alcohol does not play a role.

### **For what kind of alcohol initiative can this study provide transferable learning?**

The InMotion campaign demonstrates the potential effectiveness of very specifically targeted and tailored delivery of information and behaviour change efforts within the wider context of a community-wide initiative. This might provide a useful model for alcohol interventions. A customised approach such as that used in the InMotion campaign may be effective in delivering information, prompts and incentives with regards to alcohol. In particular, the IndiMark, individual marketing, approach, with its highly structured and consumer-oriented features, may transfer to alcohol interventions. It is less clear that an approach such as InMotion would be useful at bringing about

cultural or societal change, although its community focus – particularly its appeals to community pride and collective action – may have some potential for fostering a sense of collective responsibility regarding alcohol and in addressing alcohol-related disorder within a neighbourhood.

Where the aim of a policy or initiative is to have people replace a current behaviour with a new behaviour, it is essential that the new behaviour is seen as having comparable, if not superior, benefits to the existing behaviour. The challenge for sustainable transport use initiatives is to ensure that alternative travel modes are seen to deliver tangible benefits which accord with what consumers want. The same applies for promoting non-alcohol use. In both cases, it is likely that solutions will involve both developing new products which better meet consumer needs (more reliable and cheaper trains; a better range of attractively-priced no- and low-alcohol drinks) and altering how the alternative behaviours are perceived in people's minds such that the psychological disbenefits (stigma, ridicule, discomfort) are minimised or removed. As part of this it may be necessary also to create dissonance about the existing behaviour – that car use is costly and old hat, that driving in a particular way is a sign of inadequacy (see also Case Study F); that alcohol use is expensive and an unnecessary social 'crutch', and so on.

Travel behaviour campaigns may be more effective where they focus on the benefits of alternative behaviours such as choosing walking (health benefits) or public transport (more environmentally sustainable) rather than using messages highlighting the negative aspects of driving. There may be potential to use a similar approach in alcohol-related interventions by highlighting the benefits of alternative behaviours to drinking alcohol or drinking to excess (health benefits, being able to play sport or other activities, no hangovers, clear head, more productive, better performance and so on).

### **Target group insights**

The InMotion intervention demonstrates that targeted behaviour change interventions can work. However, the selection process for the campaign involved implementing the intervention in communities that may already have been

predisposed to behaviour change. Nevertheless the formative research and campaign delivery revealed key prompts and barriers to behaviour change amongst the target group such as environmental concerns, health benefits and doing things for the good of the community. The campaign illustrates the importance of formative research and the inclusion of findings into campaign strategy, both of which should also feature in any strategic, consumer-oriented alcohol intervention.

Campaigns such as InMotion find that a major barrier to change is the tendency of people to perceive the car-related problems of accidents, pollution and congestion as phenomena caused by other people, not by themselves. Car users must be left in no doubt that messages apply to them as individuals, not just to the collective of car drivers (Stead, *et al.*, 2005; Wright and Egan, 2000). The targeted IndiMark approach may be particularly helpful in this regard. Similarly, any alcohol intervention needs to be able to overcome the tendency of people to regard alcohol as a problem affecting 'other people' and not themselves.

### **Main learning points**

1. *Use targeting and be consumer-oriented.* Targeted interventions are required to address problem drinking in the UK, given the variety of drinking styles and habits evident in society and the varying needs of end users of alcohol services. The consumer-oriented approach used in the InMotion campaign demonstrates that a brief intervention type approach used outside of a clinical setting can be effective. Commonly identified concerns regarding alcohol services and their delivery are their service quality and ability to tailor services around the needs of the individual. Although such an approach may be resource intensive in addressing alcohol problems, the success of the approach in the InMotion campaign is one of its key learning points.
2. *Use theory appropriately.* Another learning point from the InMotion campaign was its demonstration of the value of grounding interventions in theory. The use of the community based social marketing model in designing the campaign, and the

adherence to the principles and concepts that entails, shows that theory has important practical applications for interventions.

3. *Share learning with others.* The stated objective of proving replicability and the development of a toolkit to guide the delivery of the intervention in other areas offer an important learning point. Often information and experience on interventions is not shared or disseminated and this can lead to a waste of resources and to similar interventions not utilising shared learning opportunities. The aim of the InMotion campaign to contribute to other intervention efforts outside the immediate locality by developing a toolkit shows that shared learning and experiences can be facilitated.

## **C5. Conclusion**

The InMotion case study examined here illustrates the benefits of taking a theory-based approach to intervention design and delivery. InMotion also demonstrates the effectiveness of taking a structured and targeted marketing approach to changing behaviour. There are similarities between some of the psychosocial drivers of transport behaviour and alcohol behaviour, suggesting the potential for transferable learning, particularly concerning how alternative desirable behaviours are positioned and promoted and how undesirable existing behaviours can be 'de-marketed'. There is however some cause for concern surrounding the transferability of the approach used here to less receptive target groups and communities.

# D. The Florida ‘Truth’ tobacco counter-marketing campaign

## D1. Campaign overview

The Florida ‘Truth’ campaign was a comprehensive anti-tobacco mass media campaign targeted at young people developed using social marketing principles. ‘Truth’ was one of the first smoking prevention campaigns that adopted a ‘counter-marketing’ strategy. Counter-marketing has been defined as ‘the use of commercial marketing tactics to reduce the prevalence of tobacco use’ (CDC, 2003). It involves marketing alternative behaviours to smoking using a range of messages including fear appeals, positive appeals, humour and attacks on the tobacco industry, exposing how it has manipulated people or lied; advocacy and youth action; and other campaign activities such as roadshows and sponsorship. The aim was essentially to de-normalise smoking.

The campaign was organised by the Florida Tobacco Pilot Program, a wider \$200 million youth anti-smoking programme which started in 1998. Following the success of the Florida intervention, the ‘Truth’ campaign was rolled out across the USA in 1999.

## D2. Strategy/approach

### Problem definition and objectives

In the US teenage smoking rose steadily throughout the 1990s and in 1997 over 36 per cent of high school students nationwide used some form of tobacco, an increase of nearly one third since 1991 (CDC, 1998a). Furthermore it is estimated that 3,000 young people start smoking every day and one third of them will eventually die of a tobacco-related illness. In the US research indicated that among high school students in 1997, over 70 per cent had tried cigarette smoking with 86 per cent of adolescent smokers who bought their own cigarettes purchasing one of the three most advertised brands (CDC, 1998b).

This increase in smoking occurred despite young people being aware of the negative health

effects of smoking, suggesting that lack of knowledge and information was not the problem (Zucker, *et al.*, 2000). Mass media campaigns can play an important part in reaching young people directly with prevention messages and are a powerful influence on individuals’ awareness, knowledge and understanding of health and social issues (Bandura, 1994; Reid, 1996). There is evidence to suggest that mass media campaigns as part of a comprehensive tobacco control programme can be successful in reducing the uptake of smoking by young people and encouraging cessation (Flynn, *et al.*, 1992; Andrews, *et al.*, 2004). However there is considerable debate as to what are the most suitable approaches and messaging themes for reducing smoking among young people (Devlin, *et al.*, 2007).

Previous communications campaigns that focused on only the long-term health effects of smoking have been found to be ineffectual with young people. In addition, there are ethical considerations about campaigns which use shocking information and imagery about the health effects of smoking; it has been argued that they can cause heightened anxiety amongst those most at risk and paradoxically complacency amongst those not targeted directly (Hastings, *et al.*, 2004). A review of previous tobacco control efforts by the Florida Tobacco Pilot Program found that existing public service announcements were seen as too severe and preachy and that publicising the health risks of tobacco use was not a deterrent to tobacco use amongst youth (Zucker, *et al.*, 2000).

An alternative approach to youth tobacco control focuses less on the health effects of tobacco and more on teaching young people why people their age tend to smoke; how positive associations with smoking are established by the influence of peers, role models and marketing; and how to resist influences to smoke by developing life skills and competences to counteract the functions served by smoking (Perry, 1987). This necessitates taking an intelligent, informed and focused approach to youth smoking prevention.

Although it has been shown that teens are susceptible to peer influence, both directly and indirectly (Hansen and Graham, 1991), they also place enormous value on self-determination and

being in control (McKenna and Williams, 1993). These apparently contradictory themes are central to a counter-marketing approach, which aims both to expose how people are being manipulated by powerful forces *and* to foster self-determination and empowerment. Counter-marketing campaigns can demonstrate how people are influenced by factors such as marketing and provide them with the skills to counterbalance that effect. Research has indicated (McKenna and Williams, 1993) that young people may be responsive to counter-marketing tobacco control efforts, as they represent a departure from traditional approaches which have been shown to be ineffective amongst youth audiences. However previous efforts had encountered difficulties in communicating clearly and effectively with the target audience (McKenna and Williams, 1993). Nevertheless, the potential for using a counter-marketing strategy for youth tobacco control efforts was suggested.

Therefore it was decided that the Florida 'Truth' campaign would use an innovative counter-marketing strategy to discourage young people from smoking and to change the attitudes and behaviours of current smokers using social norms and industry manipulation approaches.

The primary aim of the 'Truth' campaign was prevention: to stop young people taking up smoking (Sly, *et al.*, 2001a). Although the desired outcomes of the 'Truth' campaign were similar to those of previous campaigns – prevention, reduction in uptake and increase in cessation rates – the route by which this was hoped to be achieved was quite different. The 'Truth' campaign sought to create dissonance about the industry amongst youth, demonstrating how its marketing was influencing their behaviour and potentially undermining their self-determination and control over decision making. The campaign also sought to reframe and undermine the image of smoking, leading young people to question the assumption that smoking is cool and represents independence and rebellion.

### **Target group**

The 'Truth' campaign was initially targeted at young people aged 12–17 years living in the state of Florida. In 1999 the campaign was rolled out nationally and was aimed at the same age group

12–17 years across the US. Formative research and audience testing of communications were carried out with members of the target audience and with youth organisations set up as part of the campaign. This ensured that the target audience had input and ownership of the campaign as they were able to comment and feed into each stage of the programme and its development. Young people were also able to be involved in the campaign through its youth advocacy activities (see *Implementation* section later).

### **Strategy**

The environment and the available funds for tobacco control efforts were enhanced considerably in the US during the 1980s and 1990s. There was an influx of significant funding for tobacco control emanating from a variety of sources including dedicated state excise taxes and settlements with the tobacco industry. Settlements between the tobacco industry and individual states including Florida, Minnesota, Mississippi and Texas were reached followed by agreements with 46 states in the 1998 Master Settlement Agreement (MSA). These settlement agreements resulted in the expropriation of over \$200 billion in funds to states over 25 years. Furthermore the MSA set aside \$2 billion to create the American Legacy Foundation (Legacy), dedicated exclusively to national tobacco control efforts. This allowed Legacy to initiate the national 'Truth' campaign in February 2000 with campaign funding of \$200 million from 2000 to 2002.

Yet despite the changed environment and increase in the funds available to pursue tobacco control efforts it is worth considering that the tobacco industry spent \$9.57 billion on all forms of promotion in the US in the year 2000, an increase of 87 per cent from the year 1996 (Farrelly, *et al.*, 2003). Indeed, tobacco marketing is still big business in the US, with an estimated \$13.4 billion spent in 2007 and an annual expenditure of over \$20 million per annum on lobbying Congress. A further \$3 million per annum is spent on contributions to federal candidates and political parties; since 1998 Altria (Philip Morris) has spent more on lobbying Congress than any other business (Lindblom, 2008).

A proportion of the funding made available was committed to the Florida Tobacco Pilot Program, a \$200 million youth anti-smoking programme which started in 1998. The 'Truth' campaign was to become a part of this wider youth anti-smoking programme.

A review of previous research carried out by the Florida Tobacco Pilot Program at the start of the campaign in 1998 affirmed the assumption that the health risks of tobacco were already well known amongst teenagers but this was not enough to deter them from smoking. Previous health-related messages were found to be too severe and preachy and did not strike a chord with youth audiences. Research also showed that smoking is associated with rebellion and self-realisation and was regarded as being cool (Zucker, *et al.*, 2000). The counter-marketing strategy employed in the 'Truth' campaign was required to acknowledge these findings and to craft appeals and messages which could simultaneously expose tobacco industry manipulation while not undermining young people's belief in their capacity to act as individuals.

Under the terms of the state of Florida's settlement with the tobacco industry, direct attacks on the industry were prohibited. However, this did not restrict the opportunity for using a counter-marketing strategy. As discussed, the potential of counter-marketing tobacco control strategies had already been suggested. The 'Truth' campaign aimed to show how this potential could be realised and empower young people to make informed decisions about smoking.

The main thinking behind the branding was that young people should choose the 'truth' and support the campaign, rather than use tobacco and continue to be targets of industry manipulation in the use of tobacco. The main campaign channels were youth-driven advertising, public relations and advocacy. This was followed up by the development of an anti-tobacco brand 'Truth', which was the brand behind the mass media campaign including extensive advertising.

## **Implementation**

### **Formative research**

The 'Truth' campaign was implemented as part of the multi-component Florida Tobacco Pilot Program which included in-school education,

enforcement, a school-based youth organisation, community-based organisations and a state-wide youth tobacco survey (Sly, *et al.*, 2001a). An extensive literature review of previous youth tobacco control campaigns was carried out (Zucker, *et al.*, 2000) followed by some exploratory research with young people that explored confounding variables for smoking including its equation with rebellion and self-realisation, peer influence and the impact of role models.

### **PR and media efforts**

At the outset of the campaign a list of tobacco industry supporters – defined as including advertising agencies that market tobacco, magazines with youth readership that carry tobacco adverts and others that helped market tobacco products to youth – was developed and distributed amongst young people through leaflets and web pages. The communications highlighted how youth had been targeted by the tobacco industry in its marketing communications and had been manipulated by these executions. The tactic received national media coverage and provided inspiration for the development of advertising executions and advocacy activities.

### **Creation of the 'Truth' brand**

Working with teens in the Florida area, an anti-tobacco brand designed to encourage advocacy and act as a counterbalance to tobacco branding was developed, with the brand name initially proposed as 'RAGE'. However, following discussions and feedback from teens, and emanating from their reaction to the discovery that tobacco companies had been lying to them about marketing to youth, the name and theme were changed to 'Truth'. Once the campaign brand had been established an anti-tobacco youth advocacy group was formed called Students Working Against Tobacco (SWAT).

### **Design and development of campaign materials**

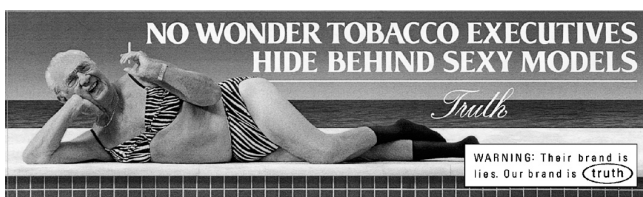
The Florida Tobacco Pilot Program liaised with advertising agencies and the contract was awarded to Crispin, Porter and Bogusky with public relations being provided by Porter Novelli. The marketing plan for the campaign included



using a wide range of youth-oriented media to ensure wide dissemination including youth events, merchandising and advertisements to create a credible and popular brand amongst teens.

The campaign executions were informed and pre-tested at each stage of development with youth audiences. Key to the advertisements was tapping into the concept of youth rebellion. Therefore adverts were shot in a style to make them edgy using imaging and messaging that would be recognisable and engender a response from youth audiences. Humour was also used in a number of the adverts as the formative research demonstrated that young people respond well to its use in campaigns. Furthermore the way the tobacco industry was portrayed as being manipulative and in some instances lying and of being part of an adult establishment were important features of the campaign. A total of 33 television commercials, seven outdoor billboard adverts, eight print ads and four posters were produced by the campaign communications team (Zucker, *et al.*, 2000).

The different adverts ranged from a high-tech commercial that looked like a trailer for a movie thriller with the tobacco industry playing the villain, to a home video-style advert in which teens called tobacco advertising executives on the phone to confront them. Another advert theme included an awards show set in Hell where the award for most deaths in a year goes to a tobacco executive. The key theme running through all the adverts was the exposure of the lies and misinformation perpetuated by tobacco marketing.



Source: Courtesy of Crispin, Porter and Bogusky, Miami, Florida, 1999 (Zucker, *et al.*, 2000)

'Truth' branded T-shirts, baseball caps and lanyards were designed and distributed using the 'Truth' truck, a branded vehicle that travelled around teen events to provide information and feedback for the campaign.

## Other activities

An advocacy-oriented website [www.wholetruth.com](http://www.wholetruth.com) containing facts and figures on tobacco, campaign activities and a forum was also developed.

Advocacy work included the 'Reel Truth' tour in which young people were trained in media relations and advocacy and went round educating their peers, holding press conferences, getting media support from celebrities and politicians and asking TV and movie stars to sign pledges promising to more accurately portray tobacco use. This was supplemented by the ongoing activities of the youth anti-tobacco advocacy group – SWAT.

Following the election of new Republican governor Jeb Bush in Florida in 1999 a number of considerable budget cuts were made to the Florida Tobacco Pilot Program which resulted in a major reduction in resources for the 'Truth' campaign (Givel and Glantz, 2000; Niederdeppe, *et al.*, 2004). However, during 1999 the campaign was rolled out nationally by the American Legacy Foundation (Farrelly, *et al.*, 2005).

Although the response to 'Truth' was found to be on the whole positive, response to some of the ads was ambivalent or critical. It is alleged that some of the controversy surrounding particular 'Truth' campaign ads such as the body bag advert (shown below) was stimulated or even initiated by the tobacco industry (Healton, 2001). Furthermore there is a suggestion that the tobacco industry increased its marketing and lobbying efforts during the period in which 'Truth' ran, although there is no clear evidence that this was in direct response to the campaign (Lindblom, 2008).



Source: Courtesy of Crispin, Porter and Bogusky, Miami, Florida, 1999 (Healton, 2001)

## Impacts and outcomes

The 'Truth' campaign has been extensively evaluated, with findings reported in various articles published in peer reviewed journals. The effects of the 'Truth' campaign were measured in terms of campaign awareness and reaction of youth to the campaign executions, as well as a longitudinal research design that measured the impact of the campaign on youth smoking behaviour. Evaluation studies have indicated that the 'Truth' campaign had a positive impact on anti-tobacco attitudes and beliefs, intentions to smoke and smoking behaviour (Sly, *et al.*, 2001a, 2001b; Farrelly, *et al.*, 2002).

Sly, *et al.* (2001a) reported first year findings from four cross-sectional telephone surveys of the 12–17 year old population to track advertising and campaign awareness and receptivity. The baseline and one year survey data were used with two parallel national surveys in a quasi-experimental design to assess attitude and smoking-related behaviour change that could be attributed to the campaign. Awareness was measured by self-report, confirmed awareness by description and receptivity by self-report of how well adverts were liked, discussed with friends and made respondents think about smoking. Eleven attitude and three smoking behaviour measures for Florida (treatment) and a national (control) population were compared at baseline and after 12 months of the campaign. Significant increases in ad specific awareness, receptivity and campaign awareness were reached by the sixth week of the campaign. No attitude and only minor behavioural differences were observed between the treatment and control populations at baseline. By the end of the first year of the 'Truth' campaign Florida youth had stronger anti-tobacco attitudes and better behaviour patterns than the comparison population.

Niederdeppe, *et al.* (2004) found that smoking rates were substantially lower among Florida teens between autumn 2001 and spring 2002, whereas previous studies found that smoking rates were comparable before the launch of 'Truth'. Florida teens had higher levels of 'Truth' campaign awareness and were more likely to agree with campaign-targeted beliefs; two of these beliefs were the only items associated with current smoking.

Farrelly, *et al.* (2002) evaluated the effects of the 'Truth' campaign once it was rolled out nationally and reported similar findings of a positive effect. In terms of effect on attitudes multivariate logistic regression analysis of data from two telephone surveys carried out with 12–17 year olds (one at baseline and one at ten months into the intervention) found that exposure to 'Truth' counter-marketing advertisements was consistently associated with an increase in anti-tobacco attitudes and beliefs.

In terms of smoking behaviour Farrelly, *et al.* (2005) in a longitudinal study found that the national 'Truth' campaign had a positive effect on youth smoking behaviour. Data from the Monitoring the Future survey was used in a pre–post quasi-experimental design to relate trends in youth smoking prevalence to varied doses of the 'Truth' campaign in a national sample of 50,000 students in grades eight, ten and twelve at school. It was found that smoking prevalence among all students declined from 25.3 per cent to 18.0 per cent between 1999 and 2002 and that the 'Truth' campaign accounted for approximately 22 per cent of this decline.

## D3. Campaign strengths and weaknesses

### Strengths

#### 1. Proves potential of counter-marketing.

One of the major strengths of the 'Truth' campaign is that it has proven that counter-marketing strategies can work if they are well developed and executed. Despite the competition the campaign faced from the power, influence and resources of the tobacco industry, the 'Truth' campaign has been very effective at producing innovative marketing communications that have struck a chord with youth audiences.

**2. Established credibility.** By using themes with which youth identify such as rebellion and humour the campaign established credibility with young people. This is often difficult to achieve amongst this target group

and the example created here may offer a framework for future youth campaigns.

### 3. **Demonstrated new messages can work.**

By focusing on how the tobacco industry has lied to and manipulated young people rather than communicating messages on the health risks of tobacco (which young people are aware of but choose to ignore) the campaign was innovative and found to be effective. Essentially the campaign demonstrated that new prevention messages that move away from traditional fear appeals can work. The use of positive messaging and also the industry manipulation theme which were identified in formative research were successfully turned into engaging advertising.

### 4. **Bold and creative.** The 'Truth' campaign produced edgy advertising which was both memorable and generally well supported by the general public (Healton, 2001). 'Truth' demonstrated that riskier strategies in mass media campaigns can be rewarded.

### 5. **Youth ownership.** A key strength of the campaign was its ability to create a sense of ownership and involvement with young people. Extensive formative research and continuing audience testing ensured that the values and views of young people fed into campaign communications. Furthermore, the close involvement of young people in designing the brand and their participation in advocacy and publicity activities created a sense of ownership and activism over youth tobacco control efforts.

### 6. **Resource capacity.** The success of the Florida 'Truth' programme and its subsequent national derivative demonstrated the importance of adequate funding, skills and capacity for the implementation of public health campaigns. The campaign enjoyed a considerable level of financial support facilitated through the MSA and state taxation, and was well supported in the implementation stage by a skilled, motivated and extensive workforce. These are important components in the success of any public health campaign.

## Weaknesses

**1. Campaign effect?** There has been some discussion over how easily attributable the reduction in smoking prevalence in Florida and the US nationally is to the 'Truth' campaign (Zucker, *et al.*, 2000). Given the multi-component nature of the Florida Tobacco Pilot Program and external environmental factors such as tobacco industry advertising campaigns and sensitivity to cigarette prices, it is difficult to separate the effects of the different components of the campaign and confounding variables. Indeed there is a suggestion that the campaign effect size may have been overstated (Farrelly, *et al.*, 2003). It has been found that smoking rates were declining faster in Florida than in the rest of the country amongst this age group. In the evaluation of the campaign conducted by Sly, *et al.* (2001b) higher index scores were given to respondents who may have been already predisposed against tobacco companies and presumably less likely to smoke. Furthermore Sly, *et al.*, did not control for the influence of other programme elements as they felt that there was little exposure to these components during the first year of the programme. Finally the impact of price increases on cigarettes at the same time as the 'Truth' campaign was introduced is unknown but could account for a portion of the reduction in youth smoking rates.

**2. Using misleading or inaccurate information.** The 'Truth' campaign has been criticised from some sources over various aspects of its campaign. One advert was criticised for implying that characters in the 1979 film 'The Muppet Movie' could be seen smoking. Although cigars can be seen on screen during several points in the movie none are actually used or smoked by characters. Other 'Truth' ads that contain the claim that tobacco gives black men 50 per cent more lung cancer than white men have been criticised as attempting to create racial controversy. Critics argue that the correct claim would be that black men are 50 per cent more likely than white men to contract lung cancer

from tobacco use. The weakness in using misleading or inaccurate information is that it risks undermining the overall credibility of the campaign – especially when the campaign is called ‘Truth’. As the campaign was portraying the tobacco industry as being manipulative and untruthful, ‘Truth’ therefore needed to be whiter than white and above such criticism.

- 3. Use of controversial tactics.** The advert using a body bag image was criticised by the tobacco industry and by some in the media as being too graphic and over-exaggerating. Another advert released by the campaign in association with VH1 has been criticised for apparently advocating graffiti as a legitimate means of political expression and fails to mention smoking, despite portraying graffiti in a positive light, until the end of the commercial. Using controversial tactics such as this can potentially risk alienating supporters or other target groups.
- 4. Impact of anti-tobacco ads.** Recent research conducted in the US has made the suggestion that middle school aged children exposed to anti-smoking ads were more likely to smoke as the ads stimulate the rebellious and curious nature of youth making them more interested in smoking (Paek and Gunther, 2007). This research raises a question about the suitability of using anti-smoking advertising in general, although there is no evidence to show that any of the ‘Truth’ campaign communications had such an effect.
- 5. Audience reach.** There are doubts over the effectiveness of counter-marketing strategies to particular target audiences such as committed smokers or lower socio-economic groups. Farrelly, *et al.* (2003) have suggested that middle-class non-smokers may already be predisposed to mistrusting the tobacco industry and that this may impact upon their intentions to smoke. There is less evidence that counter-marketing campaigns can have a positive impact upon existing smokers and/or those in lower socio-economic groups. This suggests the counter-marketing approach may

have limited rather than universal appeal; at the very least, it suggests that segmentation and targeting of different populations is required using a tailored approach in each case.

## D4. Transferable learning for alcohol

### Commonality between case study behaviour and alcohol

Drinking and smoking are both behaviours typically taken up in the early teenage years, and are often connected – young people who experiment with one are more likely to experiment with the other, similar risk and protective factors are in place for both and both behaviours can be a ‘gateway’ to use of other substances (DuRant, *et al.*, 1999; Ellickson, *et al.*, 2001; Wetzels, *et al.*, 2003). Furthermore there are similarities in some of the trends in smoking and drinking rates, especially for women, with teenage girls now smoking and drinking more than boys in the UK (Plant, *et al.*, 2005; Lenney and Enderby, 2008). However, while smoking is largely a minority behaviour apart from some low-income communities, alcohol use is more widely prevalent. Furthermore, the wider social trend regarding smoking is towards increasing unacceptability and marginalisation, whereas no such trend is occurring with alcohol. Policy solutions that have become possible with regard to smoking, as a result of this change in public attitudes – the most striking example being smoke-free public places – are not generally considered possible with alcohol.

Another parallel between alcohol and tobacco use is the presence of a powerful competitive force in the shape of a legitimate, highly profitable and global industry. Both industries have proved to be very skilful in terms of understanding what consumers want and at developing products that suit and both have made use of a wide range of marketing channels. In tobacco, ever more stringent controls have been applied in recent years to curb this marketing activity which have had an effect (Harris, *et al.*, 2006). To date, the approach to alcohol marketing has been much less muscular – greater reliance on voluntary and self-regulatory responses by industry. Nevertheless, there are valuable lessons for alcohol control from how the tobacco control community has tackled smoking.

### **For what kind of alcohol initiative can this study provide transferable learning?**

The 'Truth' campaign provides transferable lessons for youth alcohol interventions showing that an edgy approach is appealing to young people. Furthermore the use of a counter-marketing strategy may also be transferable to the alcohol field though there are potential barriers to this in the current climate.

There are learning points from this case study for efforts to de-normalise alcohol use by reframing how drinking is seen in society and also by reframing the alcohol industry. Although there are challenges in taking this approach given the current focus on working in partnership with the industry it has been shown to be possible and effective. Although the 'Truth' campaign was targeted at young people the response from the general public at large was favourable showing that the appetite for such an approach may exist in society. Whether this would work in alcohol remains to be seen however as alcohol is a less clear-cut issue than smoking and there is more ambivalence in terms of attitudes towards alcohol.

### **Target group insights**

The case study examined here generated useful insights about young people and how they respond to marketing and to public health campaigns. It was shown that youth can respond well to the sort of edgy approach used in 'Truth'. Furthermore the formative research provided useful insights into how young people place importance on things like self-determination and being in control and these findings could be used to inform the development of alcohol initiatives.

### **Main learning points**

1. *Counter-marketing approach.* One of the key lessons gathered from the evidence of the implementation of the 'Truth' campaign was that counter-marketing strategies can be effective despite the limitations faced in terms of resources and competition from commercial forces. Indeed despite widespread complaints from the tobacco industry and the refusal of some television networks to carry 'Truth' advertising the campaign has proved to be effective.

2. *Edgy and innovative communications.* Key to success of the programme was the development of effective marketing communications informed by and tested with youth audiences and the use of rebellion, humour and edginess to create hard-hitting advertising. The design of the 'Truth' campaign ensured that it enjoyed credibility with young people and the adverts are found to be more memorable, more convincing and have won advertising industry awards (Healton, 2001).
3. *Youth engagement.* Another key learning point from this case study is found in the level of youth engagement encouraged and achieved. Young people are often rebellious and do not want to be told what to do, but to be in charge of their own destiny. The 'Truth' campaign successfully engaged young people in the campaign through the use of advocacy groups and various campaign activities involving young people as well as feedback and audience research of communications. The level of youth engagement achieved generated a sense of ownership amongst young people, which is an important consideration for any intervention.

## **D5. Conclusion**

The 'Truth' case study examined here represents the first instance of the successful use of a counter-marketing strategy aimed at youth audiences. Key to the success of the campaign was the formative research and use of the findings, the edgy and appealing communications used and the level of youth engagement fostered. Given the obvious parallels between smoking and drinking there is much potential learning for alcohol initiatives gained from an examination of the 'Truth' campaign. Given the importance of creating effective alcohol interventions targeted at young people the case study here offers valuable insights into strategies that could be effective at changing attitudes and behaviour. Counter-marketing may be possible as an approach to alcohol despite the drawbacks, and the lessons learned about youth engagement and creating effective communications strategy should transfer to alcohol readily.

# E. The Australian responsibility in gambling campaign

## E1. Campaign overview

This case study examines perceived awareness, adequacy, effectiveness and efficacy of a range of harm minimisation strategies implemented by gambling clubs in New South Wales (NSW) in Australia to promote responsible gambling and reduce gambling-related harm (called ClubSafe).

In most Western societies, the current climate is one of social and cultural approval of gambling, as well as increased accessibility and availability of gambling opportunities (Jacobs, 2000; Dickson, *et al.*, 2002). The majority of adults participate in some form of gambling and most do so in a benign fashion (Doiron and Nicki, 2001). However, a minority of individuals gamble excessively and to an extent that disrupts their personal, family and social lives. For these individuals, commonly alluded to as problem gamblers, the financial costs are exorbitant and the emotional costs almost unquantifiable. The deleterious effects of problem gambling are not confined to the individual gambler, but extend to their families and the community as well. To exemplify this point, it has been found that for every problem gambler, their gambling behaviour negatively impacts on at least five other people in the community, whether it be friends, family or work colleagues (Productivity Commission, 1999). Despite this, neither the research community nor the gambling industry has placed much emphasis on prevention and harm minimisation until recently. The ClubSafe programme arose in this context and was implemented at a time when there was growing public and political concern over rates of problem gambling in Australia, the highest in the world at the time (Productivity Commission, 1999).

The NSW government, acknowledging the existence and extent of problem gambling, and the negative social consequences that accompany it, passed the Gambling Legislation Amendment (Responsible Gambling) Act 1999 NSW, and the Registered Clubs Amendment (Responsible Gambling) Act 2000 NSW, both

primarily concerned with the responsible conduct of gambling and the minimisation of harm associated with gambling. For registered gambling clubs, of which there were 1,400 in NSW at the time, the *Registered Clubs Responsible Conduct of Gambling Code of Practice: Best Practice Guidelines* (ClubsNSW, 2000) was the ministerially approved industry response. From this arose ClubSafe, a best practice responsible gambling programme officially launched by ClubsNSW on 27 June 2000. The primary aims of ClubSafe can be summarised as: actively promoting responsible gambling practices among staff and patrons by conforming to all applicable legislation, creating a pleasant and safe environment and developing links between clubs and the community. This was to be achieved through training staff about the potential dangers of gambling, implementing a range of measures aimed at reducing problem gambling and encouraging patrons to take positive action by increasing awareness of self-exclusion programmes and highlighting the availability of treatment and other support (ClubsNSW, 2000; Ballina RSL Club, 2007).

The ClubSafe initiative was independently evaluated, using a questionnaire-based survey gauging patrons of registered gambling clubs awareness, adequacy, effectiveness and efficacy of the various responsible gambling measures introduced (Hing, 2003). In terms of findings, ClubSafe can be considered moderately successful as there was evidence of high awareness of many of the responsible gambling measures implemented, and more importantly almost half of respondents reported that they had altered their gambling-related thoughts and approximately a fifth indicated that they had reduced the frequency and length of gambling sessions, as well as gambling expenditure. However, many respondents, particularly those with gambling problems, were sceptical about the potential effectiveness of responsible gambling signage and clubs were criticised for not fully embracing responsible gambling, e.g. inappropriately offering promotions and failing to provide sufficient information about self-exclusion and local help available. Nevertheless, the evidence would suggest that responsibility programmes are suitable for behaviours such as gambling that are legally

available for adults, socially acceptable, widely engaged in, heavily marketed and highly regulated.

## E2. Strategy/approach

### Problem definition and objectives

It was not until the 1990s that problem gambling was recognised as a major public health issue by most Western governments, who responded by introducing, or planning to introduce, a range of responsible gambling strategies intended to protect, and prevent, people developing gambling-related problems (National Research Council, 1999). Although responsible gambling has been, and remains, a poorly defined term it is generally considered to encompass: reduction in the risk and severity of adverse consequences associated with the behaviour (harm minimisation), responsiveness to community concerns regarding the behaviour (social responsibility) and consumer protection (informed consent) (Hing, 2003).

As all registered gambling clubs in NSW had to implement responsible gambling practices as a result of the responsible gambling legislation introduced in 2000, this represented a significant problem to the club industry. In response, ClubsNSW, the main body for registered gambling clubs in NSW, developed a responsible gambling programme called ClubSafe that could be adopted by all gambling clubs who elected to sign up to the programme. ClubSafe comprised a total of 33 responsible gambling measures, identified in the *ClubSafe Responsible Conduct of Gambling Participants Manual* (Casino Community Benefit Fund, 2000), which can be grouped into six key areas: provision of signage and information on problem gambling and help available, provision of a safe gambling environment, limiting access to cash, restricting who can gamble, for example, minors, provision of self-exclusion policies and finally restricting gambling advertising and promotion.

The objectives of ClubSafe, now operational for almost eight years, were, and still are, to support the club industry to actively promote responsible gambling practices among staff and patrons, identify problem gamblers and facilitate early access to gambling support services, and promote a closer relationship between gambling venues and the community and local support

services (ClubsNSW, 2008). In doing so clubs are able to create a pleasant and safe environment and satisfy the *Responsible Conduct of Gambling* legislative requirements (ClubsNSW, 2000, 2008). These objectives were to be achieved through the responsible gambling measures previously mentioned, which collectively had the purpose of encouraging adults to gamble in a safe and responsible manner, increasing knowledge of the possible detrimental effects of problem gambling and increasing awareness of measures that could be employed to assist those experiencing problems (self-exclusion, counselling and treatment).

### Target group(s)

The target group for ClubSafe was all members of registered gambling clubs given that the aim of any harm-minimisation strategy is to protect individuals developing problems (primary prevention), limit the potential for problems to arise and contain them if they do (secondary prevention) and reduce the severity of existing problems and prevent relapse (tertiary prevention) (Blaszczynski, 2001). Beyond this, little else was known about which groups to target because no similar responsible gambling programmes, or research evaluating the effectiveness of such programmes, existed at the time (Hing, 2003). Nevertheless, responsible gambling measures are primarily targeted towards at-risk and problem gamblers, as these are the groups most in need of assistance. Reflecting this, the majority of the responsible gambling measures, such as the provision of self-exclusion policies and information about help available and also limits on the amount of money that can be accessed within clubs, were devised specifically for this target population (Hing and Mattinson, 2005).

### Strategy

For most health risk behaviours, such as tobacco and alcohol use and gambling, a legislative approach to public health is necessitated if industry is unwilling to implement change voluntarily. Even if industry does introduce voluntary measures, it is often the case that such measures are ineffective, once again requiring legislative intervention. For example, self-regulatory measures implemented by the tobacco industry in the face of political pressure have failed largely because they were

never intended to succeed, but instead to forestall effective regulation (Saloojee and Hammond, 2001). The same appears to be true for early gambling programmes (Hing, *et al.*, 2001), which perhaps is unsurprising given that most gambling establishments would consider it counter-intuitive to implement strategies aimed at harm minimisation when their goal is to increase profit and market share (Quinn, 2001). To exemplify this last point, it was found that a voluntary responsible gambling programme, preceding ClubSafe, rarely implemented any responsible gambling measures (Australian Institute of Gambling Research [AIGR], 1998, cited in Hing and Mattinson, 2005). As such, legislation concerning responsible gambling, which ultimately led to ClubSafe, was externally mandated by the NSW government.

Given that registered gambling clubs were essentially forced to comply with responsible gambling legislation there was no theoretical underpinning for the ClubSafe programme. However, any responsible gambling programme, even if enforced, must be directed at those who are at risk of developing problems (from non-gamblers to non-problem gamblers), those who are adversely affected but do not require intervention (whether it be from their own gambling behaviour or as a result of others) and those who need help to resolve their problems (those with existing gambling problems) (Blaszczynski, 2001). Therefore, ClubSafe is probably best viewed within a (mandated) public health framework because, although it was developed to satisfy legal requirements in regards to responsible gambling, meeting these requirements meant that the measures introduced were aimed at reducing gambling-related harm for gamblers, their families and the community. Another reason for considering ClubSafe to have a (mandated) public health framework is that any such framework must be cyclical, so as to allow evaluation and improvement, and ClubSafe is.

### **Implementation**

The genesis of ClubSafe can be traced back to the Liquor and Registered Clubs Amendment (Community Partnership) Act 1998 NSW, which obligated the Registered Clubs Association (RCA, subsequently changed to ClubsNSW) to develop, by May 1998, a funded policy capable of

minimising the harm that gambling in registered clubs can cause to gamblers and their families. This obligation, pushing responsible gambling into the legal arena for the first time, arose largely as the result of negotiations between the RCA and the NSW government about reduced taxation and the expansion of gaming machines, one of the most problematic forms of gambling available (Cox, *et al.*, 2004; Hodgins, 2004; Pietrzak and Petry, 2005). After the RCA had developed and implemented a trial voluntary responsible gambling programme, a forerunner for ClubSafe, it was monitored and evaluated in 19 clubs by the AIGR, who found that most of the responsible gambling measures were rarely implemented (AIGR, 1998, cited in Hing and Mattinson, 2005). The AIGR, an academic research group, concluded that the self-regulatory and fragmented approach adopted by RCA was ineffective, with programme compliance very poor.

Subsequently, after pressure from the AIGR, and on the recommendations of the Independent Pricing and Regulatory Tribunal (IPART) (IPART, 1998) and the Productivity Commission (1999), most, although not all, of these voluntary measures became mandatory with the Registered Clubs Amendment (Responsible Gambling) Act 2000 NSW. It is important to note that despite the overwhelming public and political pressure the gambling industry were faced with at this time, clubs opposed the mandating of responsible gambling measures (Hing, 2003), even though they had failed to implement a suitable self-regulated responsible gambling programme when given the opportunity to do so. However, IPART, commissioned by the NSW government, was highly critical of self-regulatory approaches and elevated public interest ahead of financial interests. This, combined with the findings of the Productivity Commission, the Australian government's principal review and advisory body on microeconomic policy and regulation who produced an inquiry report widely acknowledged as the most comprehensive investigation into the social and economic costs of gambling in Australia, ensured that clubs were given no choice in the decision.

The Registered Clubs Amendment (Responsible Gambling) Act 2000 NSW was the first, and most comprehensive, legislated approach to the responsible conduct of gambling in Australia.



This act legislated minimum enforceable standards that clubs had to meet in regards to the provision of responsible gambling. All clubs had to agree to meet these measures as a condition of registration, i.e. being permitted to operate, with penalty points being imposed for failure to adhere to mandatory requirements (which ultimately could result in the loss of a club's gaming licence for repeated infractions). The RCA (now ClubsNSW), the main body for registered gambling clubs in NSW, were left with the task of developing and implementing a responsible gambling programme that would meet these legislated requirements, with ClubSafe being the response. Registered clubs who paid the membership fee to join ClubSafe were provided with recommended policies and procedures to ensure compliance with the *Responsible Conduct of Gambling* legislative requirements. This is obviously the primary attraction of the ClubSafe package, which also includes; staff (and senior) training for ClubSafe members, delivered by a ClubSafe Counsellor to help staff develop skills in handling difficult situations with patrons; representation by ClubsNSW, which provides a sense of security; guidelines on self-exclusion; awareness training on DVD and other resources available for purchase to members; and also quarterly newsletters, which help clubs keep abreast of new legislative developments and information on how to improve their existing responsible gambling policies, etc. (see [www.clubsnsw.com.au](http://www.clubsnsw.com.au)). Having a specific responsible gambling programme, such as ClubSafe, that all clubs could use helped ease the logistical challenges that clubs would face in terms of producing codes of practice, guidelines, support materials and training. Unfortunately, although the background to the responsible gambling legislation is known, there is no information available on the actual programme implementation of ClubSafe as it did not have any mechanisms allowing for independent monitoring of programme implementation or for assessing compliance levels (Hing, *et al.*, 2001).

### **Impacts and outcomes**

An independent impact evaluation, i.e. evaluation of the effectiveness of a specific programme in changing the target group's behaviour, was

conducted because such evaluations at the time of the study were almost non-existent. The impact evaluation was assessed, using a questionnaire-based study, in terms of perceived awareness, adequacy, effectiveness and efficacy. Awareness of the various responsible gambling measures was fairly high among both the mailing (n = 706) and on-site (n = 248) samples recruited from the ten clubs that participated in the evaluation. This was especially so for signage, with over 70 per cent of both survey samples indicating that they had seen signage providing information on problem gambling and the potential risks involved with gambling, about the clubs responsible gambling policy and about the national governmental-funded G-Line counselling service. Approximately 40 per cent of both samples had seen information about local counselling services available, and only a quarter were aware of signage related to self-exclusion programmes. So for certain responsible gambling measures awareness of signage was high, although respondents were generally sceptical about the adequacy and effectiveness of such signage in encouraging responsible behaviour.

In terms of the gambling environment a quarter (26 per cent) of the mailing survey and a third (32 per cent) of the on-site survey reported that they could gamble all day and all night if they wanted without staff intervention, even though spending excessive time within the venue gambling is likely to increase harm to the individual (and significant others). The gambling environment was generally considered to induce prolonged gambling, with few respondents able to recognise any responsible gambling measures their clubs had implemented to help people keep track of time (e.g. clocks, timers). In relation to gambling restrictions, the vast majority of respondents were aware that children were strictly prohibited from gambling, and although these restrictions were considered both adequate and effective, one in seven on-site respondents had actually observed this happening. There was low awareness of financial transaction policies, e.g. credit policies, borrowing of money, acceptance of cheques and payment of large prizes, and half of all respondents were highly critical of the presence of ATMs (Automated Teller Machines) in the gaming areas, as they do not encourage responsible gambling. A more effective measure

was responsible advertising, with only 5 per cent of the mailing sample and 10 per cent of the on-site sample reporting seeing irresponsible advertising (more commonly those with gambling problems).

One of the main findings was that responsible gambling requirements that are not regulated, e.g. promotions, were found to be less widely practised (Hing, 2003), exactly as predicted by the AIGR, IPART and Productivity Commission. Respondents were highly critical of aggressive promotions, strong inducements for gambling, which patrons felt discouraged responsible gambling. Furthermore, the data suggest a lack of community confidence with ClubSafe, with the feeling that clubs could be doing much more to address problem gambling (Hing and Mattinson, 2005).

Although a number of responses indicated that the clubs were not proactive in encouraging responsible gambling, patrons largely agreed that clubs could play an important role in responsible gambling practice. Looking at behavioural change among the entire sample, the collective responsible gambling measures included in ClubSafe were effective in changing the way respondents think (44 per cent) and feel about their gambling (12 per cent), as well as reducing frequency (18 per cent), session length time (17 per cent) and expenditure (19 per cent). For those classified as at-risk and problem gamblers, via responses on the Victorian Gambling Screen (Victoria Casino and Gaming Authority, 2001), which is used to measure gambling severity, half reported altering their thinking about gambling and a quarter their feelings towards gambling, with a quarter reporting a reduction in frequency, session length time and expenditure. These findings clearly highlight the efficacy of ClubSafe.

What can be gleaned from the results is that gambling establishments can play a significant role in encouraging responsible gambling by implementing a range of appropriate measures. There were no gender or age differences in relation to perceived adequacy or effectiveness of the measures implemented, which suggests that if comprehensive measures are introduced then they are suitable for everyone. The primary target population, problem and at-risk gamblers, were the groups whose behaviour was most difficult to change, but the measures appeared somewhat

successful for these groups, at least in changing the way half of them thought about gambling, if slightly less successful in changing their behaviour. However, these groups were critical of many of the individual responsible gambling measures implemented by clubs, which they did not perceive to be very effective. This may be partly explained by another important learning point, which was the tendency for clubs to adhere to only the minimum responsible gambling requirements and practise voluntary measures less widely (such as responsible promotions and the provision of information about local counselling services). That promotions inducing gambling were common whereas signage for local counselling services and self-exclusion, particularly useful responsible gambling measures (Ladouceur, *et al.*, 2007; Williams, *et al.*, 2007), were largely absent, may help to explain why problem gamblers were less likely to consider the responsible gambling measures either adequate or effective.

The fact that these results are based on an independent evaluation, and not one conducted or influenced by clubs themselves, increases confidence in the findings and allows for an evidence-based approach to responsible gambling. The evaluation would have benefited from a larger sample and longitudinal research to assess the long-term impact of ClubSafe, or interviews with club members to explore individual factors that detract from responsibility, but it is still of value in terms of progress within this area, especially given the increasing focus within the gambling field on responsibility.

ClubSafe remains operational in NSW and other Australian states and, along with a similar programme called BetSafe, is widely regarded as the best practice programme for dealing with problem gambling. In 2007, over 83 per cent of NSW clubs with gaming machines chose ClubSafe over any other programme, which ClubsNSW argue is the result of their competitive pricing model, attention to detail and high level of customer service (ClubsNSW, 2008). ClubSafe has been adopted by clubs in New Zealand and is the only formalised responsible staff gambling training programme that exists in the country. Early reports indicate however that there has been significant apathy among half of New Zealand clubs (Hing and Mattinson,

2005), although the New Zealand government plans to counter this by adopting the Australian approach. They have introduced legislation making compliance mandatory, and any club refusing to employ the programme will lose their licence.

## E3. Campaign strengths and weaknesses

### Strengths

#### 1. **Comprehensiveness and longevity.**

ClubSafe was one of the first comprehensive responsible gambling programmes to be implemented in Australia, and indeed across Europe, North America and Canada, and remains operational to the present day. Therefore, in terms of originality and longevity, ClubSafe provides evidence that responsible gambling programmes can operate successfully over prolonged periods of time (even if this is largely attributable to a 'top-down' approach, i.e. initiation and monitoring by the government to ensure compliance).

**2. Sustainability.** Sustainability can be defined as the capacity for an initiative such as ClubSafe to be enduring, i.e. capable of not just lasting but addressing any problems identified and improving existing measures. For example, in 2004, ClubSafe commenced Advanced Responsible Gambling training for all senior staff and those in charge in the gaming area, building upon existing responsible gambling measures. Again, this latest initiative was the result of legislative change, this time the *Responsible Gambling Code of Practice 2004* (Queensland Office of Gaming Regulation (2004)). Nevertheless, there now appears to be a genuine commitment by clubs towards responsible gambling, one driven by the government's own commitment to reducing gambling-related harm. The ClubSafe Counselling Service, a freephone service available to club patrons, providing counselling referrals or the option of telephone counselling, has also been introduced.

**3. Existing infrastructure.** Because registered gambling clubs are very common in all

Australian states and territories, there exists an infrastructure allowing the programme to be implemented state-wide, or even nationwide.

**4. Low cost and easy to implement.** Despite the numerous responsible gambling measures involved in ClubSafe, it is straightforward, easy to implement and cost-effective (Hing, 2003). The exception is for staff training programmes, which can be costly due to high employee turnover. Otherwise, the costs of all signage promoting responsible gambling and signposting help, as well as self-exclusion programmes, are practically negligible. Furthermore, as all costs are met by the individual clubs, which represents only a fraction of their net profit, no burden is placed on the government or the taxpayer.

### Weaknesses

**1. Poor programme compliance.** This remains an issue with ClubSafe, although considerably less so than for the trial responsible gambling programme preceding it. Nevertheless, most unregulated responsible gambling measures were rarely implemented, which limits the impact that ClubSafe can have, especially when these measures, such as signposting local counselling services, are among the most useful forms of tertiary prevention available.

**2. Unequal reach and impact.** Problem gambling does not affect populations equally but, like many potentially addictive behaviours, is known to be disproportionately concentrated among the most socially disadvantaged: lower socio-economic groups, ethnic minorities and those who experience the standard indices of social deprivation such as poor health and housing, low levels of education and dependence on welfare (Welte, *et al.*, 2004a; Reith, 2006). ClubSafe, however, did not develop responsible gambling measures attempting to target these vulnerable groups.

**3. Limited information on quality of implementation.** ClubSafe failed to establish a solid research plan allowing for evaluation and assessment of the programme, and

consequently no information on programme implementation was available (Hing, *et al.*, 2001).

## E4. Transferable learning for alcohol

### Commonality between case study behaviour and alcohol

Pathological gambling (more commonly alluded to as problem gambling) was initially classified as an 'Impulse Control Disorder' in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (American Psychiatric Association, 1980) but, despite retaining this nomenclature, subsequent revisions of the criteria (DSM-III-R, DSM-IV and DSM-IV-TR) were specifically modelled on alcohol and drug dependence (American Psychiatric Association, 1987, 1994, 2000). Highlighting the similarity between problem drinking and gambling, studies have found, almost without exception, high rates of problem gambling and concomitant alcohol abuse whether using samples obtained from treatment (González-Ibáñez, *et al.*, 1992; Spunt, *et al.*, 1998; Ibáñez, *et al.*, 2001; Breen and Zimmerman, 2002; Kausch, 2003; Dannon, *et al.*, 2004), community (Ladouceur, *et al.*, 1997; Feigelman, *et al.*, 1998; Petry, *et al.*, 2005) or educational settings (Volberg and Moore, 1999; Westphal, *et al.*, 2000; LaBrie, *et al.*, 2003; Welte, *et al.*, 2004b; Engwall, *et al.*, 2004). Just as co-morbid alcohol abuse is common in treatment-seeking gamblers (Kausch, 2003), co-morbid problem gambling is common for treatment-seeking alcohol abusers (Gambino, *et al.*, 1993; Toneatto and Brennan, 2002). In fact, it has been suggested that the relationship between pathological gambling and co-morbid alcohol abuse is unequivocal (Stinchfield, *et al.*, 2005), where both disorders may be nosologically related either by predisposing to one another or by sharing common environmental, social, genetic or neurobiological mechanisms (Ibáñez, *et al.*, 2001; Grant, *et al.*, 2002; Petry, *et al.*, 2005).

These behaviours are also similar at a general level as both are legally available to adults and widely engaged in by adolescents, are generally considered socially acceptable and are also heavily marketed and highly regulated. In addition, as both yield enormous profits for the alcohol and gambling industries, and, in turn, governments

through taxation, the onus is on governments to take responsibility for minimising harm to individuals, families and the community from the negative impacts that may result from such behaviours. To highlight this last point, at the time of the implementation of the ClubSafe initiative the gambling industry provided an eighth of the Australian government's entire taxation revenue (Productivity Commission, 1999). Similarly, the industries themselves have an important role to play, as highlighted by this case study, where the fundamental principle directing both the gambling (and alcohol) industry must be to encourage responsibility.

### For what kind of alcohol initiative can this study provide transferable learning?

This case study, which was concerned with responsible gambling, naturally provides transferable learning for responsible alcohol programmes. Both gambling and alcohol are similar at a general level, and also at a problematic level, sharing a number of commonalities such as impaired control, tolerance, withdrawal, preoccupation and continuing behaviour despite the presence of adverse consequences (Stinchfield, *et al.*, 2006). This similarity does not necessarily mean that strategies employed to reduce problems associated with one of these behaviours will be suitable for the other. However, in this case, introducing and implementing responsible drinking programmes based on, or at least borrowing ideas from, responsible gambling programmes is entirely feasible. The alcohol industry, like the gambling industry, is likely to favour the adoption of harm-minimisation strategies as they represent a viable alternative to abstinence-oriented policies, allowing a reduction in problems associated with these behaviours while maintaining adults' legitimate freedom to engage in them (Cantinotti and Ladouceur, 2008). In addition, by actively encouraging responsibility through responsible drinking (or gambling) programmes, sectors of the alcohol (or gambling) industry can portray themselves in a favourable light to regulators and the general public.

Looking specifically at ClubSafe, although not all responsible gambling measures would be relevant to similar responsible drinking

programmes, some are. For example, awareness of responsible gambling signage was high, and introducing similar responsible drinking signage within all licensed premises would likely have the same effect. It is important to note that this case study did not actually find that signage alone was effective in encouraging responsible behaviour, supported by a recent review that found that these simple preventive measures, especially if used in isolation, are generally ineffective (Williams, *et al.*, 2007). Importantly, however, patrons agreed that clubs could play a significant part in encouraging responsible behaviour, by adopting multiple measures to encourage responsible behaviour. Even more important than identifying harm-minimisation strategies that appear to play a role in encouraging responsible gambling, which could be transferred with ease from gambling venues to drinking venues, are the factors that were found to detract from responsibility. Some examples that could be transferred from this case study to responsible drinking programmes include; promotions and irresponsible advertising, which clearly discourage responsible behaviour; allowing, without intervention, excessive time to be spent within a venue, which is symptomatic of existing or developing problems; and failure to signpost help available or inform of self-exclusion programmes.

### Target group insights

Perceived adequacy and effectiveness for the various responsible gambling measures implemented was high among both men and women of all age groups, suggesting that responsible drinking measures would potentially be suitable for a wide range of target groups. Responsible gambling measures were perceived to be least effective for at-risk and problem gamblers however, which, if applied to alcohol, would suggest that those with moderate or severe alcohol problems may be considerably less likely to benefit from responsible drinking measures. This represents a serious barrier in respect to tertiary prevention, but, given that details of local gambling services and self-exclusion programmes were barely evident within Australian gambling clubs, a point highlighted by many respondents, this may partly explain the lower levels of perceived

effectiveness among the at-risk and problem gambling groups.

### Main learning points

1. *Explicit legislation is required to guide responsible alcohol initiatives.* Findings from ClubSafe suggest that as a condition of a responsible drinking programme in the UK, one that is highly regulated and carries substantial penalties for non-compliance, enforcing all alcohol premises to prominently display information regarding self-exclusion programmes and help available would be likely to increase the actual and perceived effectiveness of a responsible drinking programme. Industry codes of practice provide a good starting point for responsible gambling, but without the possibility of regulatory sanction they are an inadequate replacement for explicit legislation (AIGR, 1998, cited in Hing and Mattinson, 2005; IPART, 1998), as highlighted by the ClubSafe evaluation. It is likely that this would also be applicable to responsible drinking.
2. *Longevity and sustainability are key elements of alcohol initiatives.* Potentially addictive health risk behaviours such as gambling and alcohol use can be traced back to ancient civilisations (Reith, 1999) and, given that they will continue to remain part of society, policy-makers, practitioners and the public need to engage with them long term. Similarly, alcohol initiatives, e.g. responsible drinking programmes, must be flexible and capable of adapting to legislative change (such as 24-hour drinking) or other pertinent public health issues that may arise in relation to alcohol use (such as changing trends in alcohol use by particular demographic groups).
3. *Comprehensive measures enhance outcomes.* A responsible drinking programme aiming to change thoughts and feelings concerning alcohol use, and behaviours related to alcohol use (such as frequency of drinking, length of drinking sessions, money spent on alcohol), would likely benefit from employing a wide range of responsible drinking

measures. Highlighting this point, although the 33 individual responsible gambling measures comprising ClubSafe were often perceived to be inadequate and ineffective, collectively they provided a comprehensive programme, which was moderately successful in eliciting behaviour change.

## E5. Conclusion

In conclusion, it is imperative that ‘responsibility’ initiatives inform the consumer of the product, raise awareness of possible harms and signpost help available using multiple measures operating simultaneously. Parallels can clearly be drawn between the gambling and alcohol fields in regards to responsibility. If responsible gambling measures can change thoughts and feelings about gambling, and reduce gambling frequency, session length and expenditure, as was the case with ClubSafe, then it is feasible that responsible drinking measures, if properly implemented, enforced and evaluated, could have the same outcome.

# F. New approaches to speeding: Foolsspeed and ‘Pinkie’

## F1. Campaign overview

This case study examines how two recent anti-speeding road safety campaigns have moved away from the graphic imagery and fear appeal messages which have typically dominated road safety advertising. The two campaigns – Foolsspeed in Scotland and ‘Speeding – No One Thinks Big of You’, known colloquially as the ‘Pinkie’ campaign (due to the use of a signal by characters in the adverts to ridicule speeding drivers by implying that they have small penises), in Australia – have been innovative in developing appeals based around everyday realism, social unacceptability and even ridicule. Evaluation findings from both campaigns suggest that these are promising new approaches for tackling speeding behaviour.

The Foolsspeed campaign was a five-year campaign by Road Safety Scotland (formerly the Scottish Road Safety Campaign) designed to reduce the use of inappropriate and excessive speed on Scotland’s roads. It comprised mass media advertising (four different adverts screened over four years) backed up by supplementary activity such as links to local road safety initiatives, corporate support and sponsorship, merchandising and ambient media. Unusually, the advertising was underpinned by the Theory of Planned Behaviour, a theoretical model for explaining behaviour in terms of its major psychological determinants. This meant in practice that each ad was designed to address a particular psychological predictor of speeding. The target group was the general adult population of drivers in Scotland with a particular emphasis on 25–44 year old ABC1 Middle class males (the typical ‘company car driver’). Consumer research with this target group was used to test and refine the concept and messages of each ad before final production.

The Foolsspeed campaign was unusual not only in being explicitly theory-based but also in deliberately adopting a low-key realistic approach. Rather than featuring dramatic accidents resulting

in injury or death, an approach used in much road safety advertising, it depicted everyday driving scenarios in which the main 'drama' takes place in the driver's head, as he is made aware of how foolish his actions seem to others. This approach was chosen as it seemed most consistent with the campaign's theoretical basis and most likely to encourage recognition, identification and self-reflection in the target group. It was evaluated through a four-year cohort study with around 500 drivers.

The 'Speeding – No One Thinks Big of You' campaign was commissioned by the New South Wales Roads and Traffic Authority (NSW RTA) and commenced during 2007 and is intended to run for approximately three years. The campaign was designed to tackle the problem of speeding amongst young drivers in NSW by making speeding socially unacceptable. The campaign came about following a rise in the number of 18–25 year olds being involved in road accidents during 2006. It consisted of a mass media campaign featuring an advert with three segments screened on TV and in cinemas, complemented by other media communications such as print advertising, campaign roadshows, celebrity endorsement by model Imogen Bailey, other public relations activities such as television news items and newspaper articles and a MySpace page.

## F2. Strategy/approach

### Problem definition and objectives

Speeding was and continues to be a major concern for all working within road safety. Speed is a contributory factor in about one third of all collisions; excessive and inappropriate speed (driving within the legal limit but too fast for the road conditions) contribute to around 1,200 fatalities and 100,000 injuries per year on UK roads (Department for Transport, 2000). Speeding is also a major issue in NSW and is a major contributing factor in approximately 40 per cent of road deaths annually, equating to about 220 fatalities per annum. Furthermore, over 4,000 people are injured in speed-related crashes on NSW roads every year (NSW RTA, 2007).

Despite this, speeding is widespread. Just under 60 per cent of drivers regularly break the

30mph limit by more than five per cent (Department for Transport, 2004), and the majority of speeding offences recorded by the police in Scotland occur in built-up areas with 30mph speed limits in force (Buchanan and Partners, 1996). A pedestrian struck by a car travelling at 35mph is twice as likely to die as if the car was travelling at 30mph (Department for Transport, 2007). Tackling speeding in general, but urban speeding in particular, is therefore a major public health priority.

Attempts to discourage speeding have typically involved a combination of strategies, including structural and engineering measures (e.g. speed bumps, road narrowing) and legislation and enforcement. Large-scale national publicity campaigns have also played a key role. The hope has been that mass media advertising can bring about the same sort of shift in public attitudes towards speeding as has occurred with drink-driving and not wearing a seat belt – behaviours which are now largely regarded as socially unacceptable. However, the continuing prevalence of speeding suggests that advertising campaigns have had limited success in changing how speeding is perceived in many drivers' minds.

The approach typically used in anti-speeding advertising in the UK and Australia has been to focus on the physical consequences of a speed-related accident (injury or death to a pedestrian), using dramatic and highly emotive imagery. The featured pedestrian is often a child, to maximise the shock factor (Donovan, *et al.*, 1999). Such an approach has several problems, however:

- Fear-arousing road safety advertising is undoubtedly effective in cutting through a cluttered media environment and commanding attention (e.g. Donovan, *et al.*, 1999; Harrison and Senserrick, 2000). However, 'fear research' suggests there is a risk that viewers avoid such advertising after initial viewing because it is too distressing, or discount it as unrealistic, not personally relevant and lacking in credibility (Snipes, *et al.*, 1999; deTurck, *et al.*, 1992; Witte, *et al.*, 1998; Blumberg, 2000; Ruiters, *et al.*, 2001; Job, 1990). This latter reaction is borne out by most people's daily driving experience, which suggests that the vast majority of occasions on

which they speed do not result in an accident of any sort.

- The tendency to dismiss shocking scenarios as ‘very unlikely to happen to me’ is reinforced by research findings suggesting that drivers generally overestimate their driving ability. The majority of drivers rate their driving ability as ‘above average’ and perceive that they are able to react quickly to situations and handle a car well (e.g. McKenna, 1991; Simon and Corbett, 1991). This encourages a view that while *other* drivers may not be able to handle speed, they themselves can.
- These factors help explain why, when asked in research whether they approve of such adverts and feel they are effective, drivers will tend to agree, while at the same time acknowledging that they have little effect on their *own* behaviour (‘these ads are good for other people, who are less good at driving than me and therefore need shocking into changing their ways’).

Concerns of this sort contributed to the decision, in the Scottish Foolsspeed campaign, to explore the feasibility and impact of an approach which would instead engage drivers’ empathy and make them reflect more realistically on their driving and how it is perceived by others.

Of all major driving violations, speeding tends to be perceived as one of the most socially acceptable and the one incurring least stigma if caught (e.g. Corbett, 1991), suggesting that social norms play an important role in legitimising speeding as a normative, majority behaviour – ‘everyone does it’ (e.g. Stradling, 1999). The tendency for drivers to have an illusory sense of control over their driving (i.e. to feel more in control than they actually are) is also a powerful contributor: speeders tend to have an overly positive view of their own driving skill and greater confidence in their ability to drive safely (e.g. McKenna, 1991; Simon and Corbett, 1991). Speeders tend to perceive the potentially adverse consequences of speeding, such as causing an accident or getting caught, both as less likely to occur and as less undesirable (e.g. Stradling, 1999). Furthermore, they perceive more benefits than disbenefits in speeding, both at an instrumental

level (getting somewhere quicker) and at an emotional level (the pleasure of going fast, testing one’s skill as a driver) (Vogel and Rothengatter, 1984; Corbett, 1991; Stradling, 1999).

These findings suggest that if the psychological mechanisms which motivate drivers to speed can be identified, then there is the potential to develop interventions that, by influencing those mechanisms, may lead to changes in speeding behaviour (Parker, *et al.*, 1996). The Theory of Planned Behaviour, so termed because it is concerned with predicting specific behaviours, was felt to provide a useful model for identifying and understanding these mechanisms. The Scottish Road Safety Campaign decided therefore to explore whether it could serve as a feasible and effective theoretical basis for an anti-speeding campaign.

The Foolsspeed campaign was designed to reduce the use of inappropriate and excessive speed on Scotland’s roads (Road Safety Scotland, 2007). It aimed to change the way people think about speeding and to challenge the beliefs people have in their driving ability.

The aim of the ‘Speeding – No One Thinks Big of You’ campaign was to reduce speeding on NSW roads by making speeding socially unacceptable. The rationale for trying this approach was based on the failure of previous campaigns in NSW to change the behaviour of young drivers, and also on a feeling that the campaign needed to talk more in the language of youth, and to appeal more to their attitudinal and behavioural values and practices. The campaign signified a major change of approach in road safety interventions away from using fear appeals and shock tactics towards a more subtle approach, aiming to increase the social unacceptability of speeding through the use of social stigmatisation, humour and ridicule.

By using communications which took a community approach, with adverts featuring and containing prompts for non-drivers in the adverts, the campaign aimed to increase the social unacceptability of speeding across the community, not just amongst young people. Furthermore, by ridiculing speeding drivers, the campaign aimed to undermine the perceived payoff for speeding. For young men in NSW learning to drive, gaining a driving licence and then owning a car are important



rites of passage and can be symbolically seen as signifying progress into manhood (Watsford, 2008). Young males are very sensitive to how they are viewed by young females; therefore, a campaign which not only challenged but undermined the notion that speeding could enhance their desirability and potency in the eyes of young women was felt to be potentially very effective.

The campaign objectives were to:

- increase the social unacceptability of speeding;
- undermine the perceived payoff for speeding;
- empower the local community to encourage drivers not to speed;
- empower young men to be responsible drivers (Watsford, 2008).

### **Target group(s)**

The primary target group of both the Foolsspeed and 'Speeding – No One Thinks Big of You' campaigns was male drivers. Foolsspeed targeted the general driving population but with a particular emphasis on 25–44 year old male ABC1 drivers, and 'Speeding – No One Thinks Big of You' primarily targeted young male drivers aged 18–25 but was also aimed to target the wider community to encourage community engagement.

The rationale for these targeting strategies is that being male, younger, having a non-manual job (i.e. higher social class), having a higher income, driving a more powerful car and doing a higher mileage increase the likelihood of speeding (e.g. Manstead, 1991; Buchanan and Partners, 1996; Stradling, 1999). As young male drivers who frequently speed ('boy racers') were already being targeted by ongoing Scottish road safety campaigns, it was decided that Foolsspeed would target the general driving population but have a particular focus on 25–44 year old ABC1 males – the 'company car driver'. In NSW, Australia, the 'Speeding – No One Thinks Big of You' campaign is specifically targeted at young drivers and particularly young men, due to their increased likelihood to speed. Despite young drivers aged 18–25 years representing only 13 per cent of all licensed drivers, they accounted for 25 per cent of

all drivers involved in fatal accidents in 2006 (NSW RTA, 2007).

Both campaigns sought to ensure that their advertising would appeal and be persuasive to these target groups by consulting them throughout. In Foolsspeed, formative research using focus groups was conducted to explore the target groups' experiences and feelings about speeding, to explore responses to advertising concepts and to refine messages and storylines before each ad went into production.

This formative research also included some drivers who were not in Foolsspeed's core target group: women drivers, younger male drivers, male drivers not in the ABC1 group and drivers of all ages and genders who did not speed. The reason for including these groups was that the Scottish Road Safety Campaign was interested in knowing whether ads primarily designed to appeal to one particular target group could also 'say something' of interest and helpful to other drivers. For example, it was felt to be possible that adverts which seek to show speeding drivers how they are negatively perceived by others – their partners or passengers – might also communicate something of value to these others, such as a legitimisation of their disapproval or dislike of speeding; this would be seen as a positive by-product of the campaign. At the same time, it was important to understand whether the ads might be seen as diffuse and confused in their targeting: was it sufficiently clear that the ads were targeting a particular group of drivers, and did this group identify with them? Another concern was that the campaign might irritate, bore or alienate drivers who did not speed. Conducting formative research with both the primary target group and less central target groups provided a means of exploring these potential issues and addressing them before ads went into costly production.

In the 'Speeding – No One Thinks Big of You' campaign, formative research was conducted with the target group to gain information on their experiences, feelings and attitudes towards speeding, to inform the development of the campaign messages and to explore the advertising concepts prior to and during production.

Both campaigns also had secondary target groups. In Foolsspeed these were stakeholders

and partners who could lend support to the campaign, increase its profile through public endorsements and news publicity, and link it into ongoing initiatives. These included local authorities, the regional police forces, motoring organisations such as the AA and employers. Some of these were represented on the Foolsspeed advisory committee.

A secondary target group in the 'Speeding – No One Thinks Big of You' campaign was the wider community. Because speeding is an issue that affects the whole community and not just drivers, the campaign aimed to create a community-wide feeling that speeding was socially unacceptable, with the aim of empowering the community to encourage safer driving. This was reflected in the execution of the adverts, which featured a range of community members. In taking a community-based approach the campaign also adheres to the World Health Organization community approach to road safety (Watsford, 2008).

### **Strategy**

Although the two campaigns were similar in avoiding highly dramatic, shock-arousing messages and imagery, they differed in terms of their underlying theory and approach.

### **The Foolsspeed strategy**

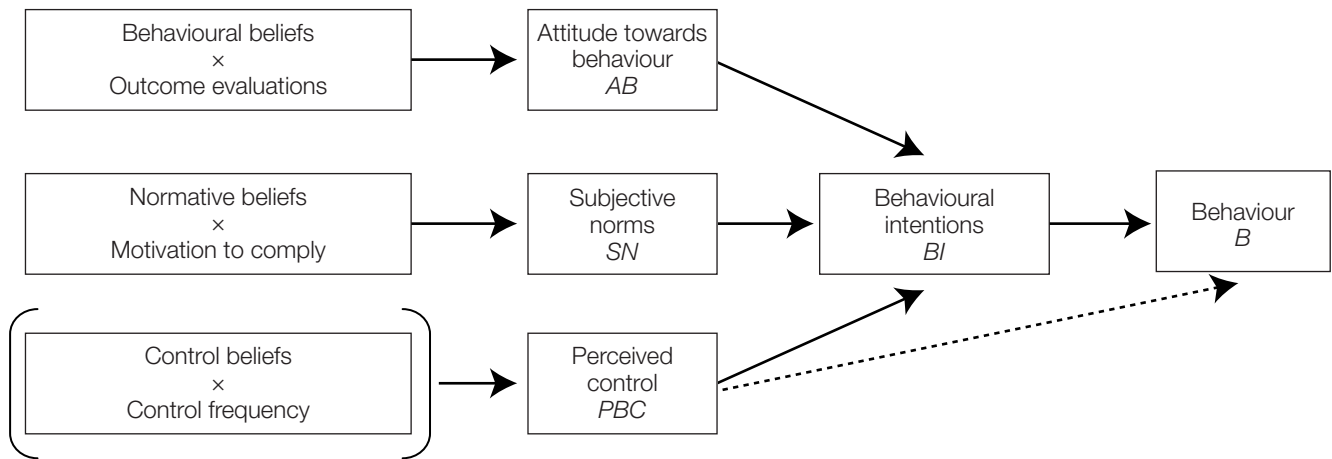
In 1997 the Scottish Road Safety Campaign (SRSC, now Road Safety Scotland) established a driver behaviour strategy, the aim of which was to modify unsafe and undesirable driver behaviours to reduce the number of casualties on Scotland's roads (SRSC, 2001). The strategy identified speeding, drink- and drug-driving as priority target behaviours. This led to the setting in place of a long-term plan to tackle the problem of speeding, with the aim of reducing the use of excessive speed (over the legal limit) and inappropriate speed (within the legal limit but inappropriate for the conditions) on Scotland's roads. The plan involved the coordination and development of existing initiatives addressing speeding, and the establishment of a national mass media campaign, Foolsspeed. The core component of Foolsspeed was to be a focused and structured mass media campaign underpinned by the Theory of Planned Behaviour (TPB).

The TPB (Ajzen, 1988) is a framework or model for explaining and predicting the relationship between behaviour and its social cognitive determinants. It is an extension of Fishbein and Ajzen's (1975) Theory of Reasoned Action (TRA), which posits that the best determinant of a particular behaviour is behavioural intention. Intention is the decision to perform or not perform the behaviour, and is in turn predicted by attitude to the behaviour (e.g. whether the behaviour is seen as good or bad, enjoyable or not enjoyable), and subjective norms (perceptions of others' level of endorsement of the behaviour). Attitude is in turn predicted by beliefs about the potential consequences of performing the behaviour (e.g. 'it will save time', 'it will hurt others') weighted by evaluations of the desirability or undesirability of those consequences (e.g. 'saving time would be a good/bad thing'). Similarly, subjective norms are in turn predicted by normative beliefs about whether particular people would approve of one performing the behaviour in question, weighted by motivation to comply with their views (Fishbein and Ajzen, 1975; Conner and Sparks, 1995).

The TPB is a later extension of the model which incorporates the concept of perceived behavioural control as an additional predictor of behaviour (Ajzen, 1988). Perceived behavioural control (PBC) concerns the ease or difficulty of performing or refraining from a particular behaviour. In the case of Foolsspeed, PBC could be seen as made up of beliefs about the control one would have over speeding in various circumstances, combined with the frequency with which one drives in those circumstances. PBC is thought to influence behaviour both directly and through behavioural intentions (see Figure 3).

The TPB has been used to explain and predict a range of health and social behaviours, including smoking, drinking, contraceptive use, condom use, attendance for health screening, exercise and breast/testicle self-examination (see Conner and Sparks, 1995, for a useful review of the model's operationalisation and various applications). It has also been applied in studies of various aspects of driving behaviour, including speeding (e.g. Parker, *et al.*, 1992, 1995; Stradling and Parker, 1996). However, despite its proven utility as a model for explaining and predicting a wide range

Figure 3: The Theory of Planned Behaviour



Source: Adapted from Conner and Sparks (1995)

of behaviours, the TPB has been underused as an actual intervention tool (Stead, *et al.*, 2005). The Foolsspeed campaign represented one of the first attempts to apply the TPB in a speeding campaign context as the actual basis of the campaign.

The advertising strategy for Foolsspeed required this psychological model to be translated into believable and compelling advertising. The campaign steering group, which included both road safety experts and psychologists, decided to develop three television/cinema advertisements, targeting Attitude, Subjective Norms and PBC respectively, to be screened in the spring of each of the three years of the campaign. It was felt that this staged approach would be more effective than a single ad targeting several predictors at once.

The task for the creative agency was to develop three ads which both individually targeted the relevant psychological predictor for that year of the campaign and that were consistent with the overall campaign strategy. Like all public sector advertising, it also had to be noticed and stand out in the cluttered commercial advertising environment.

The campaign also wanted to avoid the hard-hitting approach in favour of a low-key style depicting everyday driving scenarios, which, it was hoped, would encourage greater identification. The Foolsspeed campaign would test out whether a more empathetic and credible style of road safety advertising (Slater, 1999) could be equally, if not more, effective in engaging audiences. Because the target was 25–44 year old men rather than ‘boy

racers’, it was important that the driver and driving behaviour appeared normal rather than extreme. Consistent with this emphasis, it was also decided that the advertising would have a recognisably Scottish feel – for example, by featuring well-known Glasgow streets and Scottish accents.

A creative brief was developed for each ad, outlining its aims, desired tone and feel, intended message ‘take-out’, and other aspects of its execution. The ads were pre-tested in storyboard format and then revised following feedback from the pre-testing research. The final ads are summarised in Table 4.

The Foolsspeed mass media campaign was supported by other activities such as campaign merchandise, public relations and corporate sponsorship. Other road safety activities were badged as Foolsspeed in order to create the impression of a more integrated and multifaceted campaign. However the intervention was predominantly a mass media campaign, and the intended multi-component approach was not fully realised.

### The ‘Speeding – No One Thinks Big of You’ strategy

‘Speeding – No One Thinks Big of You’ is primarily a mass media campaign, with the main vehicle being television advertising supported by cinema adverts, outdoor adverts (bus shelters, posters), magazine adverts and online marketing. The campaign is intended to run for two to three years.

Table 4: The three Foolsspeed ads

<p><b>The 1999 'Mirror' advert: Attitudes</b></p>	<p>The first ad was designed to address the Attitudes component of the TPB. It sought to challenge the beliefs that speeding saves time, that a speeding driver is fully in control of the car, and that he or she is able to stop quickly if necessary. Beliefs about inappropriate (as opposed to excessive) speed were challenged by demonstrating that 30mph, although the legal speed limit, may be too fast in certain circumstances.</p> <p>The ad features a male driver in his 30s driving in a built-up area. The driver's conscience or alter ego appears in the rear-view mirror and points out that a car from which the driver previously raced away has caught up with him at the traffic lights. As the driver nears a school, the conscience argues about the appropriateness of his speed, to which the driver retorts that he 'is a better driver than most' (the implication being that he can therefore handle speed safely). The driver's attention is momentarily distracted by a young woman walking along the pavement, and when he looks back at the road he is shocked to realise that the car in front has stopped at a school crossing. The driver comes to a noisy halt, and the conscience shakes his head in the mirror. The strapline reads 'Take a good look at yourself when you're driving'.</p>
<p><b>The 2000 'Friends and Family' advert: Subjective Norms</b></p>	<p>The second ad, in spring 2000, was designed to address the Subjective Norms component of the TPB. This concerns drivers' perceptions of how much their significant others would approve or disapprove of their speeding, combined with a level of motivation to drive in a way that would meet the approval of these significant others. The ad sought to highlight the mismatch between the driver's own view of his behaviour and how passengers see it, and to dramatise the concern, irritation and anxiety that significant others feel about his driving. The driver featured is again a male in his 30s, while the significant others are a female spouse/partner and a male friend/work colleague. A young child is also present in the ad, in a child seat in the back of the car.</p> <p>The ad begins with the female partner, at home, describing how her partner becomes 'a different person, totally unrecognisable'. The family are then shown in the car, with the driver speeding and his partner protesting as the speed of the car jolts the young boy's neck. To herself, she wishes her partner could see things through her eyes. A male friend/colleague of the driver then addresses the camera, also expressing disapproval. The two friends are shown in the car, with the driver again speeding. The friend spills juice down his sweater when the driver accelerates away from the lights, and expresses annoyance. The ad closes by showing the driver alone in the car, to the voice-over 'Put yourself in the passenger seat. If you don't, others won't'.</p>
<p><b>The 2001 'Simon Says' advert: Perceived Behavioural Control</b></p>	<p>The third advertisement of the campaign was designed to address Perceived Behavioural Control – that is, drivers' perceptions of how easy or difficult it is to increase their control over their speeding. This was possibly the most difficult of the TPB components to translate into advertising. The creative brief for the advertising postulated that the advertisement should seek to challenge drivers with the sentiment 'You're responsible for the way you drive', by depicting typical internal and external pressures which encourage drivers to speed and demonstrating that it is possible and desirable to withstand such pressures. Three different drivers and driving scenarios are depicted, illustrating the pressure of being in a flow of traffic going at 40mph in a 30mph limit, the pressure of being late for work, and the more direct pressure of an impatient driver (a 'white van man') behind. In the latter scenario, the driver nearly hits a cyclist as a result of being distracted and pressurised by the white van driver. The ad closes with the strapline 'Be your own man'.</p>

It is envisaged that it will form the foundation for future campaigns designed to foster and build on the concept of social unacceptability in road safety campaigns in NSW. The campaign was designed to complement enforcement initiatives by NSW police who worked in partnership with the NSW RTA (for example, double demerit weekends ran in tandem with more intensive advertising), and also new legislation aimed at young drivers introduced by the RTA; however, it was not part of a wider strategic road safety initiative as such.

The rationale behind the campaign was that previous education efforts to tackle speeding by young drivers in NSW had failed – during

2006 there was a rise in the number of accidents involving 18–25 drivers, despite an overall reduction in road traffic accidents for the state. The idea originally surfaced as an intended campaign to target young drivers using their own media and own language, moving away from fear appeals towards an approach that would be more effective with this target group. There was no underlying theory used in developing the campaign as such and no review of other campaigns was carried out.

It was intended that the 'pinkie' hand signal used in the adverts is not made *at* the driver but *about* the driver; only in the last scene of the advert does a speeding driver actually see the sign

being made. The intention was not to encourage people to make the sign directly at drivers but to act as enforcers by encouraging safer driving. The campaign was also designed to counteract the 'fast car = big man' theme of commercial car advertising. Through ridiculing speeding, it sought to empower young drivers to resist the urge to speed and to validate responsible driving behaviour as socially acceptable and even attractive.

The advert featured in the 'Speeding – No One Thinks Big of You' campaign consists of three segments. In each segment a car driven by a young male driver is shown, and in each case an image of speeding is created through smoking tyres and a slow-motion shooting technique, but actual speeding is not shown. The first segment features a young male driver and passenger drawing up to a set of traffic lights and spotting two young attractive females standing on the pavement. The driver makes eye contact with the females, smiles, and proceeds to speed away from the lights when they turn green. The driver seems pleased with himself, but when the camera pans to the two young females they are seen giving disapproving looks and making the 'pinkie' hand signal. During audience testing young males found this to be an effective way of discouraging speeding as it created an impression that people would be ridiculing them behind their backs.

The second segment features a solitary young male driver driving along the street towards a zebra crossing where a woman in her thirties is attempting to cross the road. The driver is seen to be smirking at his behaviour as he speeds through the crossing, causing the woman to have to step back on to the pavement. The woman looks disapprovingly and then the camera pans to an older woman (representing a grandparent) sitting on a bench and making the 'pinkie' hand signal.

The final segment of the advert features a car driven by a newly qualified driver with three male passengers coming screeching round a corner (in slow motion) and almost spinning out of control. Whilst the car is coming round the corner, the faces of the driver and the two back-seat passenger are shown to be concerned at the possibility of the car spinning out of control. As the car rounds the corner the driver is shown fighting to retain control of the car, at which point he seems pleased

with himself. However the camera focuses on the two back-seat passengers, and one of the males makes the 'pinkie' hand signal. The driver sees this in his rear-view mirror and the smile on his face is replaced by a disappointed and worried face as he realises that his behaviour is not regarded as cool by his peers. The advert then ends with the strapline 'Speeding – No One Thinks Big of You' displayed on the screen.

Other campaign activities included celebrity endorsements by people such as model Imogen Bailey, who spoke in the media about speeding and attended various campaign events. Imogen Bailey was used as it was felt she would be a person with whom the target group would identify due to her age and celebrity status and also due to the fact that the views of young females are important to young men (Watsford, 2008). Various roadshows were held around NSW featuring the distribution of campaign materials and activities designed to encourage community involvement. A MySpace page was also constructed including campaign messages and a video of the advert. Campaign activities were complemented by enforcement activities operated in tandem between the NSW RTA and the NSW police, including new driver legislation and double demerit weekends.

## Implementation

### Foolsspeed

In January 1998 four design companies were briefed to devise a brand identity for the new campaign. The resulting slogans and logos were then evaluated by an independent market research company. The Foolsspeed identity (a play on full speed/fools speed) emerged as the strongest candidate, because it challenged drivers to think about their speeding behaviour and the message was consistent with the brief to address the social determinants of speeding.

The next stage was to establish the campaign identity and set the scene for the subsequent adverts. In November 1998 a series of six ten-second television advertisements introduced the campaign logo and key messages. These were accompanied by publicity materials and other activities designed to create widespread exposure to the campaign logo, thereby reinforcing the television advertising.

The three 40-second advertisements that followed in the spring of 1999, 2000 and 2001 – ‘Mirror’, ‘Friends and Family’ and ‘Simon Says’ – are described in Figure 5, along with their links to the TPB model underpinning the campaign. Findings from a first stage of formative research (conducted by the evaluators to develop the TPB questionnaire) were fed back to the client, the Scottish Road Safety Campaign, to help them develop creative briefs for the advertising agency. The creative briefs attempted to encapsulate the essence of the TPB approach and to outline the requirements for each ad.

Creative concepts for each ad were developed, informed by the creative brief and taken into research in storyboard and audiotape format. At each stage eight single-sex focus groups were conducted with drivers aged 25–44. The samples slightly over-represented male drivers and drivers from social class ABC1, since these groups represented the campaign’s core target audience, although women and social class C2DE respondents were also included. Findings from this consumer research were fed back to the agency and to SRSC, and were used to refine the communication concepts further before each ad was put into production. The research proved useful for guiding characterisation and storylines, and for optimising delivery of the intended messages. In addition, feedback to the agency also incorporated relevant data from the baseline TPB survey as this became available. Thus, the social marketing approach to developing communications, with its emphasis on involving the consumer at all stages of the process, was combined with the rigorous theoretical underpinning of the TPB to produce advertising that it was anticipated would be both acceptable to the target group and effective. The logo and stills from the ‘Mirror’ and ‘Friends and Family’ ads are shown below.



Source: Scottish Road Safety Campaign (2000, 2001, 1998)

In addition to the ads, the campaign utilised a variety of other media including branded bus backs, petrol pump advertising, parking ticket advertising and vehicle decals. Some employers supported the campaign by having Foolsspeed decals on their whole fleet. Regional police forces also lent support to the campaign by branding ongoing anti-speeding activity as linked to Foolsspeed. Although these supplementary activities served to amplify Foolsspeed and increase its visibility, the campaign remained essentially a national television advertising campaign, rather than a multi-component, multifaceted initiative.

There were a number of implementation challenges in the Foolsspeed campaign. These primarily concerned the development of the ads. Firstly, it was a major challenge translating concepts from an abstract psychological model into advertising – bringing the TPB content of each ad to narrative life in ways which both communicated the desired messages and were sufficiently dramatically engaging and credible. It was common for the advertising agency representatives to want to develop an ad in a way which the psychologists on the team felt was inappropriate, or for the psychologists to push for content and messages which the advertising experts felt would be too literal, or too subtle, or would simply not work in communication terms. The ad which probably best achieved a balance between being ‘true to’ the TPB and working as a piece of engaging drama was the Attitudes ad, Mirror, which had a strong narrative and engaging central character and also clearly addressed its TPB Attitudes brief. In contrast, the campaign group found it harder with the Subjective Norms and Perceived Behavioural Control ads to turn the TPB constructs into engaging advertising with empathetic characters, perhaps because these are harder constructs to dramatise.

Secondly, adhering to the low-key, everyday approach resulted in ads which, at formative research stage, seemed dull and uneventful, and triggered bored or derisory responses from some focus group members: ‘nothing happens, you need to show some blood and guts’. It proved challenging to create engaging drama *not* around accidents but around moments of psychological realisation – that the driver is foolish, that the driver’s behaviour seems weak or laughable, and so on.

Thirdly, the commitment to a consumer-oriented approach to advertising development was challenging for the advertising agency, which was sometimes resistant to findings suggesting that the ads needed rethinking or modifying. In cases where the agency challenged research findings, the campaign group needed to handle the situation carefully but authoritatively. One aspect of the campaign that helped, to varying degrees, to address all these challenges was the development of a clear advertising brief for each ad. This ensured that the focus on the TPB was kept in mind, and also provided an authoritative source of guidance to which all parties could refer.

### **‘Speeding – No One Thinks Big of You’**

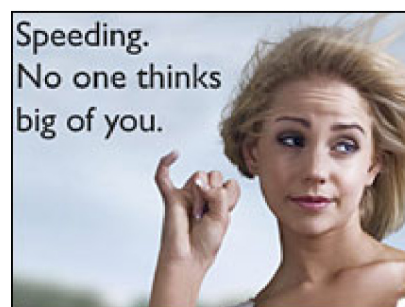
The ‘Speeding – No One Thinks Big of You’ campaign was launched in NSW in June 2007. Also in June 2007 new legislation came into effect aimed at young drivers including: automatic three-month licence suspensions for novice drivers caught speeding, a ban on mobile phone use and limits on the number of young passengers allowed. These measures were envisaged as complementing the ‘Speeding – No One Thinks Big of You’ campaign.

The contract for the campaign, with a total budget of AU\$1.9 million, was awarded to Clemenger BBDO Sydney. Formative research revealed that there was potential in a campaign that ridiculed people who speed and demonstrated that this behaviour was unacceptable, not respected and not regarded as cool by their peers – especially young women.

Further exploratory research, in the form of eight focus groups, was carried out with the target audience of young males aged 17–25 as well as a general population of males and females aged 30–50 to help design and test the campaign’s key concepts. Audience testing was carried out on off-line edit versions of the television and cinema adverts as well as on the outdoor adverts. A third of the participants in the formative research had previous convictions for speeding within the last three years.

The audience research showed that talking to young males in their own language and using music, characters and cars in the advert to which they could relate would be more likely to gain a favourable response. Furthermore, the inclusion of

a range of characters ridiculing the speeding drivers – young females, an older female (representing a grandparent) and male passengers – was found to have a persuasive influence in the formative research. The final scene of the television ad is shown below.



Source: NSW Centre for Road Safety (2007)

The television adverts were complemented by other marketing activities such as billboards, posters, various other campaign materials, a MySpace page, public relations work such as news items and interviews, celebrity endorsement of the campaign and roadshows.

### **Impacts and outcomes**

#### **Foolsspeed**

The Foolsspeed campaign was extensively evaluated with a four-year longitudinal cohort study conducted with 550 people at baseline and 287 participants at the end of the evaluation (Stead and Eadie, 2007). Questionnaires assessed responses to the adverts in terms of awareness, recall, comprehension, identification, involvement (affect) and perception of key messages. The main outcome measures were TPB determinants (Attitudes, Subjective Norms and Perceived Behavioural Control in relation to speeding), intentions to speed and self-reported speeding.

The results found high awareness of the campaign and that the majority of respondents understood and engaged with the adverts. Encouragingly, speeding drivers were more likely than non-speeding drivers to perceive the campaign as aimed at them and to say that the ads made them reflect on and ‘feel bad about’ their speeding. This was particularly the case with the Attitudes ad, ‘Mirror’, and to a lesser extent the Perceived Behavioural Control ad, ‘Simon Says’. The TPB model was found to be a good predictor of

speeding behaviour, suggesting that the TPB offers a useful framework for designing and planning road safety interventions. The TPB predicted 47–53 per cent of variance in intention to speed and 33–40 per cent of variance in self-reported speeding on 30mph roads. Reported speeding behaviour at the end of the campaign was predicted by higher baseline Perceived Behavioural Control, intentions to speed and younger age. The campaign did not appear to have any impact on reported speeding behaviour, but a significant change was found in attitudes towards and affective beliefs about speeding, which became more negative during the campaign; these changes were significantly related to having seen the Attitude ad ‘Mirror’.

The Foolsspeed findings demonstrated that it is possible to create an engaging road safety advertising campaign without the use of shocking and fear-inducing images. The realistic and low-key approach used in the Foolsspeed campaign was effective in raising awareness of speeding as an issue and at triggering identification, empathy and reflection among the target group. The campaign showed the value in pursuing non-fear-based advertising approaches and provides a sound platform for further speeding and other types of interventions in the future.

### ‘Speeding – No One Thinks Big of You’

As the ‘Speeding – No One Thinks Big of You’ campaign was only started during 2007 there are as yet no detailed outcome evaluation data available. However, after the campaign had been running for nine weeks, TNS Social Research examined the campaign’s impact. A sample of over 200 respondents from across NSW, including a sub-sample of young male drivers, was polled on campaign awareness, the message, call to action and effectiveness. Seven out of ten respondents recalled elements of the campaign (77 per cent among the general population) compared to 67 per cent of young males (the key target group). These figures indicated that the level of campaign awareness was very high and higher than previous road safety campaigns run by the NSW RTA.

With regards to the campaign message, 72 per cent of the general population and 71 per cent of young males recognised that the message was aimed at making speeding socially unacceptable

and undermining the perceived payoff for speeding. Furthermore 59 per cent of the general population and 54 per cent of young males recognised the campaign message that speeding is not cool, does not impress people, is stupid and is socially unacceptable.

In terms of calls to action generated by the campaign, evaluation showed that the campaign was successful at:

- Encouraging discussion of the issue (55 per cent general population, 60 per cent young males).
- Prompting self-reported changes in driving behaviour (54 per cent general population, 63 per cent young males).
- Increasing conscious thought about respondents’ own driving behaviour (50 per cent general population, 60 per cent young males).
- Increasing likelihood of commenting on someone else’s driving behaviour (46 per cent general population, 50 per cent young males).

In addition 61 per cent of the general population and 58 per cent of young drivers sampled believed that the campaign would have some effect in encouraging young male drivers to obey the speed limit (NSW RTA, 2007).

## F3. Campaign strengths and weaknesses

### Strengths

- 1. An alternative to shock and fear.** Both campaigns show that it is possible to create engaging and persuasive advertising – and in the case of ‘Pinkie’, talked-about advertising – without featuring dramatic accidents. This marks a major departure from the fear- and shock-dominated tradition of road safety advertising, and opens up new possibilities for campaigns and interventions.
- 2. Use of formative research.** The findings from the formative research conducted in



each case resulted in advertising which could be more readily understood by and engaging to the target group. Formative research also allowed ads to be modified before going into expensive production stage.

- 3. Theoretical basis.** A theoretical basis provides a campaign with a rigorous underpinning and a clear rationale for decisions about content, messages and intended impact. The Foolsspeed campaign demonstrates the potential of the Theory of Planned Behaviour as a framework for road safety interventions.
- 4. Combined expertise and multiple perspectives.** Foolsspeed brought together road safety, advertising, psychology and consumer research experts. These multiple perspectives were essential to ensuring that the campaign successfully translated its underpinning psychological theory into credible and appealing advertising, and also to ensuring that it was grounded in target group experiences.
- 5. High visibility.** The 'Speeding – No One Thinks Big of You' campaign achieved very high levels of awareness. The campaign's novel approach generated substantial media coverage and helped attract celebrity endorsements, and the NSW RTA has received extensive levels of positive feedback and numerous requests for interviews and information on the campaign from around the world.

## Weaknesses

- 1. Limited use of channels and methods other than media.** Both interventions were predominantly media based with very limited use of other channels and approaches such as enforcement, engineering and education. More integrated and multifaceted approaches may be needed to have a sustained impact on speeding behaviour.
- 2. Controversy and unintended consequences.** One criticism of the 'Speeding – No One Thinks Big of You' campaign is that it generated controversy in the press, with some people arguing that the adverts and campaign messages ridiculed men with small penises. The campaign has been criticised as insulting and insensitive, and several complaints have been referred to the Advertising Standards Bureau (Stuff.co.nz, 2007). The campaign has also been implicated in a court case involving a speeding male driver in Sydney who threw a bottle at a woman who wiggled her little finger at him. The defendant described the woman as doing the 'RTA gesture' and claims that he went into road rage because he felt that the woman was implying that he had a small penis. The magistrate in charge of the case stated that the gesture may not have been justified but fined the defendant for his behaviour, commenting that 'it was a stupid piece of behaviour by the accused'. However, the press reported the story as evidence that the campaign's controversial approach had backfired (Squires, 2007).
- 3. Inappropriate levity?** The above point illustrates a wider concern with using ridicule, humour and embarrassment in connection with serious subjects such as driving (and alcohol use). Indeed, some creative concepts for Foolsspeed ads were rejected after exploratory research suggested that respondents found them inappropriately humorous and light-hearted. Nevertheless the lesson here about using novel approaches is still a useful one; when targeting young people in particular, creating social unacceptability and embarrassment may be more effective than traditional messages about harmful health effects and fatal consequences.
- 4. Changing norms may require more than just advertising.** If the intention is to tackle normative perceptions of speeding, then there is arguably a need to address how speeding is portrayed in the wider media environment: in car advertising, magazines, television programmes about driving, police dramas and so on, all of which tend to normalise or glamorise speeding. It could be argued that, promising though they are, campaigns such as Foolsspeed and 'Speeding – No One Thinks Big of You' represent a 'drop in the ocean' in comparison

to this wider media endorsement of speeding as a normal and even attractive behaviour.

## F4. Transferable learning for alcohol

### **Commonality between case study behaviour and alcohol**

Speeding, like drinking, is seen as a normative behaviour – ‘everyone does it’. Despite being a driving violation, speeding attracts little disapproval or stigma (much less, ironically, than drink-driving, or not wearing a seat belt). Many drivers simply do not regard speeding as a problematic or dangerous behaviour, either to themselves or others, a perception borne out by the reality of most people’s daily driving experience, which the majority of the time does not involve having a speed-related accident or being caught. Similarly, most people’s drinking experience does not result in extreme harmful consequences. Furthermore, the social class patterning of speeding is different to many ‘problem’ health behaviours, in that speeding is often more associated with ABC1 drivers than with C2DE drivers, partly as a result of increased ability to afford powerful cars. There is a parallel here with the recent increase in alcohol consumption by middle-class consumers (Prime Minister’s Strategy Unit, 2003).

Speeding involves hedonic benefits such as the pleasure of driving fast, and drivers report normative pressure to speed in circumstances where everyone else on the road is perceived to be driving above the limit (Stradling, 1999). There are clear parallels here with drinking, both in its hedonic aspect and in the perception that it is difficult not to join in when in social situations that involve alcohol. For some drivers, there is perceived status and a sense of achievement in ‘getting away with’ speeding – both in the sense of handling the car at speed, and in defying cameras or the police. There is a similarity here with the bravado and boasting associated with drinking to excess.

As with sustainable transport use (Case Study C, p 36), the desired behaviour change is to substitute a behaviour seen as largely unproblematic and with many associated benefits, with one seen as dull and incurring potential inconvenience. Driving behaviour psychologists suggest that while structural solutions are

important, it is equally if not more important to change how speeding is seen in drivers’ minds, and to generate dissonance in how they perceive their own driving.

### **For what kind of alcohol initiative can this study provide transferable learning?**

The two campaigns examined in this case study provide transferable learning for mass media and communications campaigns on alcohol. Both campaigns suggest that it is not necessary to scare or shock in order to engage people’s emotions and reflections, and show the potential of appeals and messages based on humour, empathy and low-key realism. There are insights here for efforts to challenge the social norms and perceived desirability of drinking. Indeed, there are recent trends towards using ridicule and social embarrassment in alcohol prevention campaigns; examples include the Health Education Board for Scotland ‘Think About It’ ad, in which a young girl’s dreamy and idealised recollections of a recent party are ironically contrasted with the reality – her putative boyfriend laughing at the memory of her looking foolish and throwing up.

The two campaigns also suggest there is value in focusing on the perspective of others who do not engage in the behaviour themselves but are potentially affected by it: passengers, friends and pedestrians. Again, there is potential learning here for alcohol campaigns focusing not on the drinker directly but on how their behaviour is perceived by and affects people important to them.

### **Target group insights**

The two campaigns examined here were aimed at men and focused on typically male attitudes and behaviours – driving too fast, using driving as a way of expressing one’s personality and projecting an image to others. There are many parallels with drinking in social situations – competitive round buying, drinking to impress others, drinking to demonstrate one’s illusory sense of control. The insights from both case studies demonstrate that it is possible to engage this difficult target group and to challenge how they perceive their own behaviour through different sorts of messages and images to the ones that have been tried before.

## Main learning points

1. *Humour and realism may work as well as hard-hitting messages.* Both the Foolsspeed and 'Speeding – No One Thinks Big of You' campaigns signify a move away from advertising based on shock and fear, an approach which has been criticised as ineffective and with a potential to backfire (Bandura, 1977; Rogers, 1983; Hastings, *et al.*, 2004; Witte and Allen, 2000). Both these speeding campaigns used novelty, humour and a deliberately everyday approach to a subject that had previously been treated dramatically and seriously in advertising. Rather than seeking to *shock* drivers into changing their behaviour, the campaigns attempted to encourage self-reflection and recognition, and to position speeding as faintly ridiculous and socially unacceptable, in the hope that this reframing would translate into effects on behaviour. This leads to some useful learning points for the alcohol field, where fear appeals and messages about the health effects have failed to have a major impact upon people's drinking in the UK (Babor, *et al.*, 2003).

The clear learning point from the case studies examined here for the alcohol field is that innovative non-fear-based communications campaigns can be engaging, particularly with young audiences and with groups who might be resistant to more negative approaches.

2. *Use research to understand the values, needs and language of the audience.* Formative research with target groups helps ensure that campaigns speak the language and appeal to the values and needs of their intended audience. It also helps avoid making expensive mistakes – a key consideration with large-scale advertising campaigns.
3. *Theory provides a framework for action.* Using theory to inform the development of interventions is important and generates results. Theory is often underused in the design and implementation of social policy interventions, yet the Foolsspeed campaign highlighted how

the proper understanding and correct utilisation of a theory-based approach can ensure that advertising remains clearly focused on what it is trying to achieve. A theoretical basis provides a clear rationale for decisions about message, content, tone and intended impact.

## F5. Conclusion

The case studies examined here demonstrate that it is not necessary to scare and shock people in order to engage their attention and emotions, and that theory can provide a useful framework for designing behaviour change interventions. In both cases formative research was vital in facilitating engagement with the target audience and also in making communications more believable, realistic and appealing. There are clear parallels and learning points that can be generated from the case studies examined, and alcohol interventions would benefit from a review and consideration of learning from each case.

# G. Positive role models: the Trevor Project

The case study explores the history and activities of the Trevor Project, a non-profit organisation which offers support to American lesbian, gay, bisexual, transgender and 'questioning' (LGBTQ) youth who are suicidal. As well as running a 24-hour, seven-days-a-week telephone helpline and website, the project also recently launched a social marketing campaign, 'Don't Erase Your Queer Future'. The campaign raises awareness of the lives of prominent gay men and lesbians to promote a culture that recognises gay and lesbian achievement and encourages youth to seek support when needed. A key feature of this initiative in contrast to those featured in the other case studies is that it does not focus on a specific behaviour or policy change, but seeks more generally to provide ongoing support to a vulnerable minority group and to foster a more open climate around LGBTQ issues. Its funding structure and celebrity high profile also differentiates it from the other case studies.

## G1. Campaign overview

The focus of this case study is the Trevor Project, a non-profit organisation which offers support to LGBTQ youth. In 1994, *Trevor*, a short film which explores the life of a gay 13 year old boy who is rejected by his friends and peers because of his sexuality, won the 1994 Academy Awards for Best Live Action Short Film. The filmmakers (James Leceane, Peggy Rajska and Randy Stone) recognised a lack of support for LGBTQ youth who were suicidal, and produced the Trevor Educational Package in response. This teaching tool for school and institutional use included the film, teaching guides and support materials produced by Intermedia.

In 1998 the Trevor Project, with a telephone helpline (866-4-U-TREVOR), was officially launched to coincide with the film being shown on the television station HBO®. The project has a high profile in Hollywood as it has its headquarters in

Beverly Hills, California, and enjoys the support of celebrity figures such as Jodie Foster, Ellen DeGeneres, Gillian Anderson, Carmen Electra and Hilary Duff. This support generates funds but also assists in raising the profile and highlighting the objectives of the project. For example, the annual Christmas fundraising gala brings together high-profile entertainers, and as their attendance is covered in a range of media this publicises the need to support and accept LGBTQ youth.

The main objectives of the organisation are to provide both one-on-one counselling over the telephone and to improve the social acceptance and awareness of sexual minorities. In recent years the organisation has also launched a social marketing campaign, 'Don't Erase Your Queer Future'. This is a new online campaign designed to expand and broaden the resources available to LGBTQ youth vulnerable to emotional distress and suicide.

## G2. Strategy/approach

### Problem definition

In the US suicide is one of the top three killers of 15–24 year olds (Martin and Volkmar, 2007). While there are a number of general support resources for suicidal or depressed teenagers, the Massachusetts Youth Risk Behaviour Survey found that LGBTQ teenagers are nearly four times more likely to attempt suicide and five times more likely to receive medical treatment for an attempt than heterosexual youth (Star, 2006). However, there is low coverage of government public health efforts aimed at suicide prevention in sexual minority teenage populations, and general prevention efforts have not been adapted to target these populations. Indeed, there are some suggestions that in the US non-heterosexual sexuality has been actively disregarded as a risk factor for suicide prevention. One example of this occurred in 2005 when two employees of the federal Substance Abuse and Mental Health Services Administration (SAMHSA) asked organisers to remove the words 'gay', 'lesbian', 'bisexual' and 'transgender' from the Suicide Prevention Resource Centre conference (Star, 2006).

In addition to this problem, school-based suicide prevention programmes are contentious.

Such programmes have shown poor results for youth in general, yet continue to be employed in a number of countries (Maris, *et al.*, 2000). They may also lead youth to consider suicide as a normal response to stress or cause increased distress in vulnerable youth (Vieland, *et al.*, 1991). In light of this, SAMHSA regards the issues of 'stigma, labelling, privacy, and appropriateness of referrals for youth needing services' as key to prevention programmes for sexual minority populations (SAMHSA, 2001, p. 181).

The Trevor Project seeks to fill the gaps in current suicide prevention and support provision for LGBTQ youth, through its media activities, educational work, website and social marketing campaign. Its stated overall aim is to 'promote acceptance of gay, lesbian, bisexual, and questioning teens and to aid in suicide prevention among those youth' (SPRC, 2005).

### Target group(s)

The Trevor Project covers both primary and secondary suicide prevention and includes four main groups:

- LGBTQ youth: this group is the main target of the project. It seeks to improve positive self-view among LGBTQ youth and to provide skills training for dealing with negative social pressure. It also provides LGBTQ youth with longer-term individual interventions such as counselling.
- Parents and educators: this group are important for detecting depressed and at-risk youths. The Trevor Project seeks to raise awareness of the early signs of depression/suicide attempts so that this group can both offer appropriate support and refer the youth to the helpline.
- Celebrity advocates: these individuals provide the organisation with both financial and social backing. Their donations are well publicised as are their attendance at Trevor Project fundraisers (i.e. photograph coverage of the celebrity and event often appears in the media).
- General public: the Trevor Project seeks to engage the wider public through media

coverage (i.e. media coverage of the fundraising events) and through the website. The general public are also involved as helpline volunteers and donors.

### Strategy

Broadly speaking, the aim of the Trevor Project is to prevent suicide by promoting a culture that recognises gay and lesbian achievement and encourages LGBTQ youth to seek support when needed. The strategy encompasses both primary prevention and secondary prevention. Primary prevention is the reduction of new cases through treatment of psychiatric disorders, especially mood disorders, and modification of social, economic and biological conditions, such as reduction of poverty, violence, divorce rates and promotion of a healthy lifestyle (Sher, 2004). Primary prevention within the Trevor Project takes the form of communication and educational activities to promote acceptance of sexual minorities. Secondary prevention, which aims to decrease the likelihood of a suicide attempt in high-risk patients, is covered by the Trevor Project providing counselling through the 24-hour, seven days a week helpline.

Suicide prevention strategies often conceptualise suicide as a mental illness; however, for the LGBTQ population, risk factors are connected with social non-acceptance of alternative sexualities and negative peer pressure to conform to heterosexual stereotypes. Thus the Trevor Project seeks to provide educational materials not only to publicise its helplines and support facilities but also to improve social acceptance and recognition of sexual minorities:

*We strive to educate educators, reach out to schools around the country, develop strategic relationships with organizations nationwide to better serve our youth, and, as always, to continue to save young lives and curb gay teen suicide. (Trevor Project, 2007a)*

A key feature of the Trevor Project is its combination of both traditional telephone counselling and Internet technology for secondary suicide prevention. Since 1953 the Samaritans and other charities have used the telephone to offer emotional support to suicidal and depressed individuals. It is

in this tradition that the Trevor Project runs the only national 24-hour, seven days a week telephone helpline for LGBTQ youth in the US.

In 2006 the Project launched a new campaign under the banner 'Don't Erase Your Queer Future'. This drew on an existing suicide prevention campaign, 'Don't Erase Your Future', implemented by the University of California, Irvine. The Trevor Project's campaign was designed to expand and broaden the resources available to LGBTQ youth vulnerable to emotional distress and suicide. The overall goal is to prevent suicide by promoting a culture that recognises gay and lesbian achievement and encourages LGBTQ youth to seek support when needed. Both 'Don't Erase' campaigns have among their objectives the goal to modify group norms concerning the stigma and shame of suffering from depression and low self-worth.

Both the original 'Don't Erase' campaign and the Trevor Project's later version of it claim to be 'social marketing' campaigns. It is not entirely clear how the organisers define social marketing in either campaign, and the application of the social marketing label is particularly unclear in the context of the Trevor Project campaign, which is essentially an online communications campaign with little evidence of social marketing elements such as formative research to gauge target group views or the 'marketing mix'.

One interesting feature of the Trevor Project is its leverage of powerful celebrity backing. Two important elements of its wider organisational strategy are the availability of an alternative funding structure and the project's strong branding. The organisation's seed funds were provided by The Colin Higgins Foundation and by HBO's licence fee to broadcast *Trevor*, and the television company continues its support through high-profile donation events. The fundraising activities of the Trevor Project are critical, not only to support its activities but also to raise the profile of the Project. In 1998, two years after providing the first education material, The Trevor Project held its first annual Cracked Xmas fundraising gala. This has since become an annual event bringing together high-profile entertainers. As of 2007, the current annual operating budget of the Trevor Project is US\$1.5 million. The nature of the Trevor Project funding

stream means that it is independent of government and public sector bodies.

A critical factor in high-profile campaigns is a clear branding strategy and the Trevor Project is no exception. The main branding of the Trevor Project is based on the use of orange throughout their publicity. The use of colour has a long history in sexual minority populations, with pink being used by homosexuals, black by lesbians, purple by bisexuals and rainbow flags used during gay pride. The Project's use of orange is in this regard neutral and potentially inclusive of all sexualities. The logo heading of the organisation can be seen below.



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

This use of orange is also seen in the numerous awareness-raising events, such as this one during the Gay Pride float in 2004 (Star, 2006).



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

The logo has been recently updated to reflect the ten-year anniversary of the project (Trevor Project, 2007b).



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

On the web there are now a number of other variations of the Trevor Project's logo as seen below, however they all use the same colour and layout with different slogans (Trevor Project, 2004).



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

In the past year the Trevor Project has also expanded its strategic partners. It has informal relationships with a number of partners including Friends of Project 10, Gay Lesbian and Straight Education Network, the Matthew Shepard Foundation, The National Youth Advocacy Coalition (NYAC) and Parents, Families and Friends of Lesbians and Gays (PFLAG). While these organisations are described as supporting the work of the Trevor Project, little information was found detailing the nature of their involvement or any working collaborations. However, the Project is currently developing its partnership with the NYAC, with a recent meeting being held before Christmas 2007 (Degan, 2007).

### Implementation

The key developments of the Trevor Project are summarised as follows:

- *Trevor*, a short film, is launched (1994).
- Trevor Educational Package for schools (1995).
- The Trevor Project is launched including The Trevor Helpline (1998).
- First campaign fundraiser (1998).
- Expansion of web-based presence (Dear Trevor in 2004 and a MySpace page in 2006).
- The social marketing campaign, 'Don't Erase Your Queer Future' (2007).

### Launch of *Trevor* short film

In 1994, the filmmakers James Lecesne, Peggy Rajski and Randy Stone made a film called *Trevor*. The film was based on a fictional 13 year old boy named Trevor, who was rejected by his friends and

peers because of his sexuality. In the same year it won the Academy Award for Best Live Action Short Film. The filmmakers recognised a lack of support for LGBTQ youth who were suicidal, and produced the Trevor Educational Package in response.

### Trevor educational package for schools

The Trevor Educational Package was produced in 1995. Designed as a teaching tool for school and institutional use, the film was combined with teaching guides and support materials created by Intermedia. The company has been working with the Trevor Project since summer 2007 (Wingate, 2007). The Trevor Educational Package was disseminated to schools, universities, community groups and professional organisations across America. In 2004, the Trevor Project updated this package as The Trevor Survival Kit and to date over 3,000 educators and youth service providers have used the kit's educational information. The kit contains a copy of the short film *Trevor*, The Trevor Teaching Guide, wallet-sized cards with The Trevor Helpline's toll-free number and posters that reach out to young people in need of someone to talk to.

### Trevor Project and Trevor Helpline

The Trevor Project and Helpline was formally launched in 1998. It is recognised that films and media coverage of suicide can trigger suicide imitation/modelling in risk groups (Hawton, *et al.*, 1999), and media guidelines such as *Reporting on Suicide: Recommendations for the Media* (Centers for Disease Control and Prevention, *et al.*, 2003) stress the importance of providing treatment resources and helplines. In 1998 when the film *Trevor* was scheduled for broadcasting on television, the filmmakers sought details of a support line which could be broadcast at the end of the film. They discovered that no such service existed for LGBTQ teenagers. Consequently the filmmakers founded the Trevor Project with the organisation's seed funds provided by HBO's licence fee to broadcast *Trevor* and The Colin Higgins Foundation. The Trevor Helpline, set up in 1998, is the first and as yet only national, 24-hour, seven days a week toll-free crisis and suicide prevention helpline for LGBTQ youth in America (Trevor Project, 2007b).

The organisation runs two call centres based in Los Angeles and New York City. The helpline is staffed by over 150 volunteer counsellors, supplemented by a few employed staff for late-night work and a full-time psychologist on hand to help out when necessary. The volunteers are recruited through email blasts, flyers, adverts in local publications that donate space as well as during special events. This has resulted in a varied set of counsellors described as 'volunteers from every walk of life' and who have a range of sexualities including heterosexual (Trevor Project, 2007b). The volunteers are given 32 hours of training which includes lectures, role-play sessions, guest speakers and video presentations and ten hours of monitoring before they take their first call independently. Active volunteers also receive ongoing in-service training three times a year (Trevor Project, 2007c).

All calls to the helpline are free and confidential. A range of issues are covered, but no information was available regarding how many are related to suicide. While the helpline is primarily directed towards secondary suicide prevention by counselling at-risk teenagers, it also has a wider objective to provide information to parents, teachers and other concerned individuals.

### Launch of fundraising

The fundraising activities of the Trevor Project are critical, not only to support its activities but also to raise the profile of the project. In 1998, two years after providing the first education material, the Trevor Project held its first annual Cracked Xmas fundraising gala. This has since become an annual event and brings together high-profile entertainers. An illustration of the sleek publicity undertaken by events can be seen from the advertisement for Cracked XMAS 3 that appeared in *The Advocate*, a US-based national gay and lesbian news-magazine, extracts of which are as follows:

#### ***The Trevor Project – A Cracked Xmas***

*Gillian Anderson cordially invites everyone to the third annual comedy benefit for The Trevor Project, which operates The Trevor Helpline, a toll free 24-hour suicide prevention hotline for gay youth. Scheduled to attend: Drew Carey, Teri Garr, Gina Gershon,*

*Scott Kennedy, Bob Koherr, Kathy Kinney, Kathleen Madigan, Kathy Najimy, Olivia Newton-John, Margaret Smith, Ryan Stiles, The Dan Band, and many many more!*

*Items for auction at the event include:*

- *A trip for two on an Olivia Cruise*
- *Melissa Etheridge Guitar*
- *Signed script and poster from The Patriot*
- *Signed script by Oscar winners of American Beauty*
- *Signed script from Frasier*
- *A walk on part on a CBS TV Show*
- *A Star Trek Voyager package which includes a tour of the set, a crew jacket and a phaser (signed by the crew). (Way to go GA, 2007)*

As of 2007, the current annual operating budget of the Trevor Project is US\$1.5 million. As it receives no government subsidy, this money is raised by private donations. One example is Jodie Foster's involvement. In 1994, she was the first major donor to provide support for the production of the short film *Trevor* and her donation in 2007 was used to publicise a US\$1 million call centre fundraising campaign 'as the largest donation in the organization's history' (Gossip Girls, 2007).

As well as these large single-donor monies, the project also raises funds by holding parties for LGBTQ teenagers under 21 years of age; a sample of the publicity for such events is below.

### Expansion of web-based presence

In 2004 the organisation launched Dear Trevor, an anonymous online Question and Answer forum. This has received hundreds of emails, not only from the US but also other countries. Teenagers can ask non-urgent questions about sexual orientation and identity. A selection of questions and responses are then posted on the website for Internet browsers. There is concern that suicide prevention websites can act as potential triggers for teenagers, in the same way that 'pro-ana' websites set up to provide support for anorexia girls can become forums in which members offer tips for losing weight and





Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

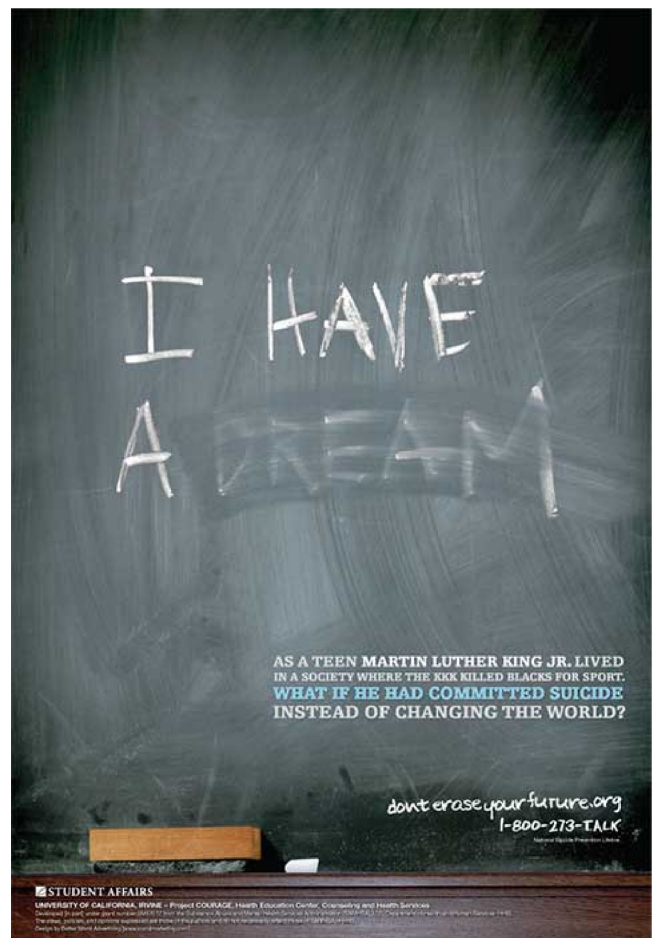
not eating. Consequently, the Trevor Project web pages are moderated, although efforts are made to encourage teenage ‘ownership’. A few years later the Trevor Project also set up a MySpace page where email questions and responses are posted (<http://www.myspace.com/trevorproject>).

### Social marketing campaign

In 2006 the Trevor Project launched what it termed a ‘social marketing campaign’. The ‘Don’t Erase Your Queer Future’ drew on an existing suicide prevention campaign developed at the University of California, Irvine. This campaign, entitled ‘Don’t Erase Your Future’ (<http://www.donteraseyourfuture.org>), was launched in 2006 with support from the university and an annual federal grant of US\$75,000. It is part of *Project Courage*, a comprehensive, three-year suicide prevention initiative funded by a grant from the Substance Abuse and Mental Health Services Administration. The overall goal of the project, directed at the student population in general, is to promote a campus norm that honours

achievement and competition while encouraging and allowing students to seek support when it is needed. The ‘Don’t Erase Your Future’ campaign is a multifaceted initiative comprising print adverts, posters and Internet ads on Facebook (Eisenman, 2007). It was developed by Ellen Reibling, the Health Education Centre Director, and Better World Advertising. The company describes itself as involved in social marketing in terms of its ‘goal of changing individual behavior, usually through the modification of group norms’ (Better World Advertising, 2008). The campaign has since been well received, and was honoured by receipt of the American Public Health Association ‘Best Electronic Materials’ award in 2007 (Eisenman, 2007).

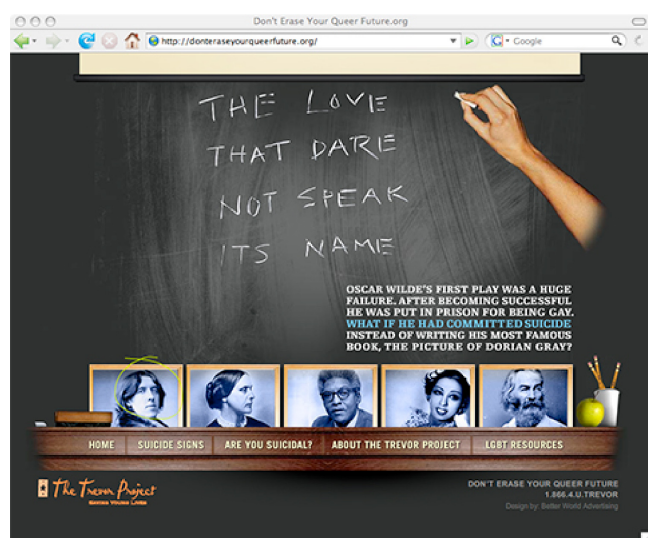
The ‘Don’t Erase Your Future’ campaign adverts feature the life history of five historical icons – Albert Einstein, Rosa Parks, Martin Luther King, William Shakespeare and Marie Curie – and point out the loss to society if they had committed suicide after encountering difficulties in their lives.



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

Another example is the poster for Shakespeare, featuring the text 'At 18 William Shakespeare got his unwed girlfriend pregnant. What if he had committed suicide instead of writing his masterpieces?' The site includes critical facts regarding how to recognise signs of suicide and provides links to campus resources and suicide prevention helplines.

In 2007 the Trevor Project approached Better World Advertising seeking to replicate the advertising part of this campaign and directing it specifically to LGBTQ youth, by featuring the lives of prominent gay men and lesbians such as Oscar Wilde, Susan B. Anthony, Walt Whitman, Josephine Baker and Bayard Rustin. Like the University of California campaign, the adverts raise awareness of the potential loss to society if these individuals had committed suicide. Some adverts do this by writing and then erasing quotations from these individuals. The ads also draw attention to the often unknown struggles that these individuals overcame.



Source: [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

The Trevor Project launched the online campaign with a new website to coincide with National Suicide Prevention Week (9–11 September) in 2007. This online campaign was designed to expand and broaden the resources available to LGBTQ youth vulnerable to emotional distress and suicide. The overall goal is to prevent suicide by promoting a culture that recognises gay and lesbian achievement and encourages LGBTQ youth to seek support when needed. Unlike the University of California campaign, the

Trevor Project version is only online, with online banner advertisements placed on prominent social networking sites. The banners will take the user to the new website and, from there, the person is encouraged to visit the Trevor homepage or, if the individual is in crisis, to call The Trevor Helpline.

### Impacts and outcomes

The Trevor Project has been running for ten years, but formal evaluation has not yet been carried out. This is perhaps partly due to its unique funding structure, which does not require regular monitoring or evaluation of activities.

Telephone counselling as a method for reaching vulnerable people and providing 24-hour support has become widely accepted, although it is often difficult to measure its impact. The Trevor Project helpline appears to have been very successful in terms of uptake: it has taken over 100,000 phone calls with an average of over 12,000 calls a year (Trevor Project, 2007d). However, there is little information available on how useful or otherwise callers find its advice, and there are one or two anecdotal examples of where the Project's aims and intentions to offer wider support to those involved with LGBTQ youth does not seem to have been reflected in the users' experience. One example was posted online in response to a publicity article:

*I read in this article anyone that had a teen at home that was suicidal 'which is my 15 yr old nephew' were encourage[d] to call the helpline ... I called tonight in [the] hope to get help I am at a loss. The counsellor I talked to said he couldn't help me [as] my nephew had to call, if that were so easy he would ... thank you for making me hang my head and cry, you need to rewrite what you say in your article so nobody else goes thru what I did tonight.*

*Submitted by Anonymous (not verified) on Thu, 01/04/2007 – 3:18am. (Anonymous, 2007)*

Evaluating such projects is difficult, as they are ongoing and do not aim at seeking specific behaviour or policy change, but are seeking to provide ongoing support and foster a supportive climate. Traditional public health evaluation

methods such as experiments and controlled studies would struggle to measure the success or otherwise of this kind of rather nebulous activity. More appropriate evaluation methods might include qualitative case studies of individuals who have, or have not, accessed Trevor information and support. No examples of this kind of evaluation were found.

In terms of assessing the Project's contribution to fostering a supportive climate and positive images of LGBTQ people, one approach might be content analysis of media coverage and discourse generated by campaign publicity – for example, to explore any changes over time in the language used and the extent to which the coverage is favourable. Again, no evidence was found of this type of evaluation having been attempted, although the Project currently seems keen to form links with academics.

No information was found on the reach of the campaign in terms of its use by and acceptability to lower income and minority ethnic groups. It is worth noting that the 'Don't Erase Your Queer Future' campaign features images and information largely connected with white, European, intellectual role models. This may have been suitable for the profile of university students targeted in the University of California campaign, but it is questionable if this captures the range of ethnicities, languages and socio-economic groups potentially targeted by the Trevor Project.

### G3. Campaign strengths and weaknesses

#### Strengths

- 1. High-profile endorsement.** The Trevor Project benefits from high-level public support from Hollywood actors and film producers. This gives it a high profile, confers a glamorous image on its activities (thereby indirectly combating stigma) and helps leverage funding.
- 2. Financial support.** The Trevor Project, in part because of its Hollywood support, enjoys a high level of funding. It also has successfully used funding events to raise public awareness. Its independent funding stream potentially enables it to deploy messages and tactics from which public sector bodies

and charities more closely dependent on general public support might shy away.

- 3. Integrated approach.** The Trevor Project set out to undertake an integrated approach and has been successful within the project (through its combination of educational material, one-to-one telephone counselling and media campaigns). Interviewees stressed that it seeks to extend this in the future by engaging with other campaigns and groups to improve and raise awareness of mental health.
- 4. Positive role models.** The Trevor Project emphasise through its fundraising and media coverage positive role models who are supportive of alternative sexualities. Rather than focus on negative aspects of suicide prevention – the role played by bullying and abuse – the Project promotes a positive message of acceptance and the value of people who have alternative sexualities.
- 5. Taboo issues.** The educational material provided to schools tackles both sexuality and taboo sexualities, which both opens up discussion in a group setting but also provides helpline details for individuals who wish to talk privately.
- 6. Use of appropriate channel for reaching isolated youths.** Sexuality, especially alternative sexualities, is a taboo issue in many, if not most, American states. Through its website and by providing a national helpline which is located in the more liberal states, the Trevor Project can provide free and confidential support to individuals in conservative areas. These support facilities can be accessed freely, in private and anywhere in the country.
- 7. Unaddressed area.** The Trevor Project is an example of a campaign being formed to address a need, by individuals with no background in suicide prevention. In this regard it is a non-theoretically driven campaign, funded privately and not informed directly by academic work. It is directed at a previously unaddressed

area and has had to forge ahead with a limited number of exemplars and guiding models.

## Weaknesses

1. **Poor evidence basis.** One of the main weaknesses related to the Trevor Project is the suggestion that there is little evidence to show that helplines and school-based interventions are successful in regard to suicide prevention.
2. **Poor record of evaluation.** There seems to be a lack of commitment to evaluation generally. Little information could be gained regarding how the different facets of the organisation are evaluated. For example, while statistics are available regarding the numbers of people who call the telephone helpline, there is no breakdown regarding subject matter. As evaluations require time and resources this could in some ways be seen as a strength: unlike many public sector, government-funded health initiatives, the Trevor Project does not have to spend limited time and resources on monitoring and regular evaluation, and has the freedom to develop its own strategy and activities. However, without any evaluation, there is little basis to claim that its activity is effective or to suggest ways in which it could be improved.
3. **Lack of transparency and accountability.** The financial aspects of the project are governed by a board of directors, but apart from procedures for controlling any financial irregularities, there is a lack of transparency and accountability in regard to how success is measured.
4. **Lack of clear objectives.** While the Project has a clear overarching objective, 'saving lives', it lacks clarity regarding the objectives and strategy for specific activities such as the website, social marketing and telephone helpline.
5. **Dependent on popularity of cause.** The reliance on celebrities makes the project vulnerable to external factors such as a change in the popularity of key figures or a celebrity

behaving in a way which brings the campaign into disrepute. However, the Trevor Project is able to negotiate this by using a few key individuals to their 'brand' (i.e. historical figures or individuals who are well known and have sought to portray their sexuality in a positive light such as Ellen DeGeneres). During fundraising events the Project also engages a wider range of celebrities on a more ad hoc basis.

## G4. Transferable learning for alcohol

### Commonality between case study behaviour and alcohol

Links with alcohol are less immediately apparent in this case study than some of the others. However it provides an interesting illustration of an attempt to provide support to a heavily stigmatised and in some cases excluded minority. In this regard there are parallels with choosing to become or remain a non-drinker in a society which regards alcohol use as normal. Although non-drinking does not attract the same sort of stigma as being an LGBTQ youth, it remains the case that people who do not drink can be vulnerable to marginalisation, teasing and pressure to conform.

There is a view that sexuality is not a person's choice but rather is connected to a person's biological being. While this may be similar for alcoholics and certain problem drinkers it is clear that there are differences between the two behaviours.

### For what kind of alcohol initiative can this study provide transferable learning?

This case study offers two examples of useful tools for an alcohol initiative. The first is the publicising of a positive message, that all sexualities are normal and should be celebrated. The equivalent in an alcohol campaign would be the promotion of non-drinking not only as normal but as a positive and celebrated behaviour. This allows norms to be challenged in a positive way to emphasise inclusion rather than exclusion of individuals on the basis of their negative behaviour. Within Scotland, 'Drinkline Scotland' runs a free telephone helpline and last year ran the mass media campaign 'Don't Push It'. However these campaigns warn

against the dangers of over-consumption, rather than promoting the positive message of alcohol restriction/abstinence. The campaign theme of 'erasing' one's future and potential achievements could also apply to alcohol – what alcoholics and problem drinkers could achieve if their energy and time were not dissipated in drinking.

The second tool is the use of high-profile figures for awareness-raising and norm-setting campaigns. The Trevor Project has been very successful in gaining the support of high-profile figures. Part of this may be due to the nature of the cause as 'worthy' and involving personal suffering and bullying for being different – concepts which may connect to the construction of the 'artist'. The issue of alcohol, and in particular drink-driving, is likely to be a similarly attractive cause for celebrities. Indeed in March of this year the Australian 'Recording Artists, Actors and Athletes Against Drink Driving' launched a 30-second television advertising campaign (Williams, 2008). This involves both Australian artists and international artists such as The Rolling Stones and the Red Hot Chilli Peppers. However, the entertainment industry is tightly connected to both the product of alcohol and the alcohol industry. In some cases substance misuse is seen as a positive part of 'artistic creativeness', in particular being part of the 'rock and roll' music scene. There have also recently been a number of high-profile cases of celebrities in drink-driving offences (i.e. Paris Hilton, Lindsay Lohan and Nicole Richie) and alcohol-fuelled violence (Ben Affleck and Kate Moss). Such activities are often reported in the media, and can occur at very public events. One example is the Brit Awards where during radio interviews it became apparent that the musicians were already highly intoxicated before performing on stage (NME, 2008). It is clear that the involvement of celebrities in alcohol campaigns would necessitate a wider discussion of how alcohol use is portrayed in the media and entertainment industry.

### **Target group insights**

This approach is primarily suitable for young adults (16–24) who are under peer and media pressure to conform to a social norm – such as to habitually consume alcohol. One-to-one support through a telephone helpline, coupled with educational

material and media campaign could support individuals who do not yet have fully formed attitudes to alcohol use, and potentially also adults who are questioning their own alcohol habits. It is unlikely to be successful for groups which have a severe problem but may rather work in a preventive way, by fostering a positive culture for responsible alcohol use.

### **Main learning points**

1. *Promoting responsible alcohol consumption requires a change in social norms to support and validate the minority of youth and adults who choose not to drink.* This case study shows the importance of providing individuals with a supportive atmosphere to improve their self-image and empowerment.
2. *Alcohol interventions should use creative strategies, including the use of high-profile historical and current cultural figures.* This case study illustrates that high-profile cultural figures (historical and current) can be an effective means of grabbing attention and reframing how an issue is portrayed.
3. *Intervention organisations can benefit from independent funding structures.* Independent funding structures can protect campaigns from budget cuts due to changes in political priorities as well as allow more independence in regard to spending and project direction. It also allows groups flexibility in regard to supporting activities and interventions which are felt to be 'instinctively effective' rather than requiring initial evidence and efficiency.
4. *Celebrity endorsement can raise a campaign's profile, appeal and credibility.* It is clear that use of high-profile entertainment figures is a powerful tool in raising public interest in a cause. However, caution must be exercised in promoting a person in connection with the campaign. This is especially clear in terms of alcohol where the campaign can be tarnished by a person acting out of line.
5. *Evaluations are a necessary part of all campaigns.* It is important to evaluate all

campaigns at a suitable depth. Evaluations are critical, especially for campaigns seeking to change social norms. In these cases, evaluation will require innovative and flexible methods, but should nonetheless be attempted.

6. *The academic sector is a valuable resource.*

It is clear that this project has not tapped into academic research, although during interviews it was clear that they would be interested in pursuing such collaboration. It is important that the academic sector engage with community projects to provide expertise and suggestions for improvements. This would have been particularly useful in creating a campaign which fully exploited the concept of social marketing.

## **G5. Conclusion**

In conclusion, it is critical that alongside restrictions on negative behaviour (i.e. bullying and violence against LGBTQ youth), positive messages are included in campaigns that seek to change social norms. This case study did not focus on a specific behaviour or policy change, but explored a project which sought more generally to provide ongoing support to a vulnerable minority group and to foster a more open climate around LGBTQ issues. Its funding structure and celebrity high profile also differentiate it from the other case studies.

# 7 Lessons for tackling alcohol

This final section of this report pulls out learning from the case studies for tackling society's attachment to alcohol and its related harms. It

draws on and synthesises the key learning points from each case study, which are summarised in Table 5.

Table 5: Learning points from across the case studies

Learning points	Illustrated by
<p><i>Longevity</i></p> <p>Longevity is essential – tackling AIDS requires generational commitment</p> <p>Preparing the ground for legislative change requires long-term commitment</p> <p>Initiatives need to be financially and organisationally sustainable</p>	<p>STOP AIDS</p> <p>Smokefree</p> <p>Gambling</p>
<p><i>Multi-componency</i></p> <p>Multiple measures produce better outcomes</p> <p>Legislation must be part of a bigger picture – awareness raising, education and support for behaviour change are also needed</p>	<p>Gambling</p> <p>Smokefree</p>
<p><i>Understanding and engaging the target group</i></p> <p>Use targeting and be consumer-oriented</p> <p>Use research to understand values, needs and language of target</p> <p>Engage young people and build ownership of the campaign</p>	<p>InMotion</p> <p>Foolsspeed/'Pinkie'</p> <p>'Truth'</p>
<p><i>Using theory</i></p> <p>Draw on appropriate theory/ies to encourage behaviour change</p> <p>A sound theoretical basis provides a rationale for decision-making</p>	<p>InMotion</p> <p>Foolsspeed/'Pinkie'</p>
<p><i>Supporting change</i></p> <p>Easy solutions must be offered to overcome barriers to change</p> <p>Social norms need to be influenced in support of the desired change</p> <p>Support must also be provided for <i>non</i>-engagement in socially-approved, health-damaging behaviour</p>	<p>STOP AIDS</p> <p>STOP AIDS</p> <p>Trevor, InMotion</p> <p>Trevor, InMotion</p>
<p><i>Research and evaluation</i></p> <p>Long-term evaluation is needed as well as long-term action</p> <p>Evaluation can provide guidance <i>and</i> measure impact</p>	<p>STOP AIDS</p> <p>Trevor</p>
<p><i>Organisation</i></p> <p>Collaboration between sectors is important – and must be well led</p> <p>Independent funding may protect an initiative from financial insecurity and allow more freedom</p>	<p>Smokefree</p> <p>Trevor</p>
<p><i>Using regulation</i></p> <p>Voluntary codes may not be sufficient</p> <p>Use lobbying and media advocacy to build media, public and policy maker readiness for legislative solutions</p> <p>Address but do not be distracted by industry counter-arguments</p> <p>Public health arguments are a powerful basis for regulation</p>	<p>Gambling</p> <p>Smokefree</p> <p>Smokefree</p> <p>Smokefree</p>
<p><i>Tone and messages</i></p> <p>Avoid moralising</p> <p>Counter-marketing approaches can work, despite opposition</p> <p>Be creative (e.g. use cultural figures, celebrities, humour)</p> <p>Avoid fear – humour and realism may work just as well</p>	<p>STOP AIDS</p> <p>'Truth'</p> <p>'Truth', Trevor</p> <p>Foolsspeed/'Pinkie'</p> <p>Foolsspeed/'Pinkie'</p>

## Strategic vision

The case studies concern gambling, tobacco, driving and sexuality. Each of these, like alcohol, holds a long-standing place in British culture. They are an established part of our daily lives. They may be liked or loathed, practised or shunned – but they are not going to disappear. And in most cases we would not want them to disappear – just to be practised more safely and considerately. The most profound learning, then, to emerge from this analysis is that society's response has to be equally long term, multi-faceted and culturally sensitive. Ad hoc initiatives will not suffice.

Two case studies illustrate the problem of short-termism. InMotion was a time-limited intervention to encourage use of sustainable transport. The danger with this approach is that when the intervention stops behaviours may return to their previous state. Also the 'Truth' campaign, whilst very successful in reducing youth smoking rates, has now largely ceased for want of funding. All the credibility and brand value it built is therefore being dissipated. Philip Morris would never be so profligate with Marlboro.

By contrast, when the Swiss were threatened by some of the highest rates of HIV infection in Europe during the late 1980s, they set in place STOP AIDS, a multifaceted campaign that has been running ever since. This has evolved and developed over the years, but has remained consistent in its core aim of promoting condom use. And it has succeeded.

In the case of alcohol, therefore, we have to recognise that problematic drinking has a long history in the UK and deep cultural roots; responding to this will take time and needs strategic vision.

## Problem definition

STOP AIDS also illustrates the crucial need to define the problem accurately before moving to a solution. Specifically, the Swiss recognised that AIDS does not just represent a threat to minority groups such as homosexuals and drug users, it is a challenge for society as a whole. All those who are sexually active outside of a stable relationship (i.e. most of us at some point in our lives) should

use condoms, and everyone should be tolerant of different sexual lifestyles. The ClubSafe case shows that gambling can be seen in a similarly wide-ranging way, affecting not just those who gamble irresponsibly, but an average of five significant others – and indeed the whole community if social problems result.

Exactly the same issues maintain with alcohol. It can be characterised as a 'people problem', caused by individuals or subsections of society who fail to drink responsibly. However, it can also be seen as a 'product problem' – the more alcohol that is consumed by a given population, the greater the harm that will result. A third perspective sees alcohol as an environment problem: why do some societies and cultures seemingly have so many more alcohol problems than others? The different perspectives point to different solutions – a need for individually-focused support for problem drinkers, a need for upstream solutions to modify the environment in which alcohol is consumed, a need for cultural change. Crucially, solutions must form part of a multi-factorial population-level response.

STOP AIDS suggests an additional benefit to adopting a societal perspective: it encourages wide ownership of the problem, which in turn creates an environment in which both individual behaviour and policy change is greatly facilitated. The Scottish move to smokefree public places also illustrates the power of such collectivisation. The mounting evidence that tobacco smoke not only damaged the smoker, but also those sitting next to them, made action almost inevitable. The debate moved from the right to smoke to the right to breathe, and legislative action became the embodiment of public demand.

So with alcohol: real public health progress will only be made when it is accepted that this is a problem created by all of us, not just binge-drinking youth and the unfortunate alcoholic, and that we all need to take responsibility for change.

## Longevity

Changing social norms around smoking has taken over 50 years, and changing norms surrounding condom use over 20. Such problems cannot be tackled once and then forgotten about. They are part of society and will be so for a long time;



policy makers, practitioners and the public need to engage with them over a generational time frame. A commitment to generational action also requires a corresponding resource commitment – a factor that has arguably been lacking in alcohol work.

## Planning

A strategy needs a plan. The InMotion case shows how social marketing uses planning to: define clear and measurable objectives; identify the people who need to change (or can facilitate change); establish how, in return for changing, their needs can be met with attractive ‘change offerings’ (thereby creating a self-sustaining mutually beneficial exchange); and recognise and either cooperate with or block the competition. These processes need to be guided by research to both develop and hone change offerings and monitor progress. Foolsspeed illustrates how this research needs to be conducted throughout an initiative, not just at the start; it also shows how consumer research can help bring abstract theoretical constructs such as attitudes and norms to life and help translate them into advertising that will work in the ‘real world’. Tackling the UK’s problems with alcohol will also need detailed strategic planning, and the application of all these procedures.

## Objectives

All but one of the cases had clearly defined behavioural or policy objectives. Thus ‘Truth’ sought to reduce teen smoking, ClubSafe to imbue good practice in casinos, Foolsspeed and ‘Pinkie’ to reduce speeding, and Smokefree Scotland to get watertight legislation passed. As a result each was at least in a position to evaluate their effectiveness, although ‘Truth’ is the only one that has done this to a peer-reviewable standard (see Research section).

The Trevor Project is the exception, with no clear behavioural objectives – just a desire to connect with sexually challenged young people; as a consequence, whilst its work seems immensely worthwhile, it is impossible to say how effective it is. Fortunately for the project it is not dependent on conventional sources of funding where such evidence would be an essential prerequisite for continued support.

Successful action on alcohol will need to be based on clear behavioural objectives. The precise nature of these will depend on problem definition, but if we accept the public health argument that this is a people problem with a concomitant need for cultural change, these will have to incorporate reductions in per capita consumption.

## (Re)Framing the problem

Tackling our society-wide alcohol problem requires us to rethink our relationship with alcohol and to regard its consumption in a new light. In several of the cases, framing how a problem was seen was essential to developing solutions and securing support for their implementation.

Framing smokefree legislation as a public health issue – the right of workers not to be harmed or killed as a result of their employment – both moved away from traditional ‘victim blaming’ (the smoker as the problem) and gave the campaign an unassailable moral superiority in the face of counter-arguments about ‘freedom’ and profits. In ‘Truth’ there was a similar move away from framing the smoker as the problem, to, in this case, framing the industry as the problem; a repositioning that helped change the agenda for young people and encouraged them to rethink their own attitudes towards the product. In the anti-speeding campaigns, a key strategy was to reframe the behaviour in a new way – speeding as a sign not of control and skill but of weakness and ridiculousness – thereby generating dissonance and self-reflection. In STOP AIDS and InMotion, framing the issue as one which both affects and can benefit the whole community, rather than just one of individual behaviour, opened the way for appeals to collective responsibility and local pride.

## The role of champions

The process of framing a vision and defining the problem is greatly eased if the issue in question has a champion. The Trevor Project would never have happened if three filmmakers had not seen the need to support LGBTQ teens and stimulated Hollywood into responding. Similarly Scotland would not have gone smokefree in advance of the

rest of the UK without ASH Scotland's dedicated efforts.

The absence of any such champion for alcohol issues in the UK has been noted, and recent attempts have been made to fill the gap, such as SHAAP in Scotland and the UK Alcohol Health Alliance. More and stronger champions are needed; ASH has offices across the UK and has been active for decades.

## People

The cases demonstrate the value of determining precisely whose behaviour has to change. In the case of ClubSafe it was casino owners and staff, for 'Truth' it was teens and for Foolsspeed and 'Pinkie' it was male drivers. Several of the cases also focused on key stakeholders who could facilitate change: ClubSafe, for instance, works with casino staff, Smokefree Scotland harnessed a wide array of NGOs and the Trevor Project uses celebrities to great effect.

With each group progress is going to be dependent on learning more about how they see the problem. The two tobacco cases illustrate this point. In the case of 'Truth', formative research showed that young people were not really interested in the health consequences of smoking; they already knew about them and felt them to be remote. They were however engaged by the idea of rebellion against the tobacco industry. The campaign reflected these priorities. Smokefree Scotland was aimed at politicians rather than citizens, but showed a similar capacity for 'consumer orientation', recognising that legislation on smoking in public places could be presented as a way for the newly minted Scottish government to demonstrate its independence from England.

Progress on alcohol will depend on the same capacity to see the problem from the perspective of multiple target groups. In essence, sensible and moderate drinking has to be presented as an attractive opportunity to both consumers and stakeholders.

## Offerings

To bring about change the offering has to meet the needs of the target group, as we have just seen.

In this regard several of the cases suggest that we should not forget the power of the positive. Because public health is concerned with harmful consequences it is easy to forget that the evidence base can equally well be interpreted as offering opportunities for improving our lives: if smoking brings death, not smoking brings life. 'Truth', Trevor, STOP AIDS, Foolsspeed and 'Pinkie' all show how humour, empathy and positive messages can engage people's emotions very effectively. In the case of Foolsspeed, it was notably speeding drivers who engaged most with the advertising and felt most challenged by it to reassess their behaviour – precisely the group who might be expected to be most dismissive. The capacity of humour is perhaps best demonstrated by the other anti-speeding campaign: 'Pinkie' is not its official title – it has acquired this affectionate nickname from its target audience.

'Truth', Trevor and STOP AIDS are longer lived than 'Pinkie' and show another potential dimension of sustained offerings: branding. This is a well-established tool in commercial marketing that is now being increasingly recognised in public health. In essence it provides a vehicle for converting positive ad hoc experiences with the offering into longer-term relationships. A new message or service from STOP AIDS will be trusted by the Swiss public because of their past good experiences with the brand. This reinforces the benefits of sustained effort noted earlier.

The offering also needs to match the problem, and complex problems need complex solutions. Sometimes, as with 'Truth', mass media communications can be the principal component, and advertising can do most of the work. Typically, however, more multifaceted efforts are needed: the Trevor Project has a big communications component, but also invests heavily in an advice service for young people; ClubSafe is relatively light on mass media and focuses rather on service delivery.

Tackling the UK's drinking culture will need a similarly engaging, sustained and appropriately complex response.

## Competition

Several of the cases address the problem of competition. InMotion and the two anti-speeding campaigns engage what might be termed ‘passive competition’ from existing behaviours, and demonstrate how this can provide a useful tool for understanding the motivations and desires of the target group. ‘Pinkie’ for example learnt a lot by studying the macho attractions of speeding, and used this to inform a campaign that set about debunking the myth in a humorous but powerful way (the ‘Pinkie’ nickname refers to a gesture used in the campaign of a raised little finger – which calls into question the manhood of the speeding recipient).

‘Truth’ and Smokefree introduce the notion of active competition, from a tobacco industry pushing in precisely the opposite direction. In both cases the solution is confrontation: there is no room for compromise or cooperation because the objectives of public health and the tobacco industry are diametrically opposed. Indeed the ‘Truth’ campaign was actually funded by tobacco money released through law suits.

Interestingly, Smokefree also introduces a milder form of competition in the form of the hospitality industry. In this case there was some confrontation; the Scottish hospitality trade was deeply ambivalent about the legislation – but ultimately there was also cooperation. However this only came about because negotiations took place in a context where statutory measures had already been agreed. Prior attempts to bring about smokefree environments on a purely voluntary basis failed miserably. Exactly the same learning emerges from ClubSafe: the gambling industry has been able to help with harm reduction but this only became viable when set within a statutory framework.

Sensible drinking does not face the outright competition of a tobacco industry. However, before cooperation can proceed there is a need to clarify the extent to which public health and the alcohol industry have genuinely shared objectives. This takes us back to problem definition, whether we have people or a product problem. As we noted earlier, public health subscribes to the latter analysis and therefore wants to see a reduction in per capita

consumption. The question then becomes would the alcohol industry be prepared to sign up to goals that mean market shrinkage.

The experience of Smokefree and ClubSafe also suggest that even when mutual benefits are identified, these will need statutory backing to work.

## Research

We have already noted the need for formative research to increase our understanding of target groups and how they see particular problems as well as to guide the development of appropriate offerings. ‘Truth’ and the anti-speeding campaigns both show how such research provides the eyes and ears of effective campaign development. Research also helps us assess the acceptability and cultural relevance of transferring activities and messages which have ‘worked’ in one context to UK settings and target groups.

It is equally important to measure the impact of any activity. STOP AIDS is able to show a sustained increase in the use of condoms in Switzerland; ‘Truth’ reduced smoking prevalence among teens; and the Scottish smokefree legislation was passed (though strictly speaking the evidence is not there to decisively attribute this to ASH’s work). Such feedback is vital to correct mistakes, plan future work and satisfy funders.

Changing the UK’s drinking culture will require a similar commitment to both developmental and evaluative research.

## Conclusions

Perhaps predictably, the cases confirm a lot of public health lore. Complex problems need complex solutions; culture takes time to change; research is the foundation of effective action. In the process, they reinforce the challenges that changing the UK’s relationship with drink presents.

However they also generate some new ideas: that branding and relationship building, which has been such a powerful force in commerce, also have traction in public health; that competitive analysis is a useful tool; and that positive appeals, humour and empathy can work as well as dire warnings. They also suggest that strategic planning has a crucial role to play. It provides a research-based tool which

helps clarify the problem, set goals and objectives, identify the key actors and determine how best to engage them in the change process. Strategic planning can also help us move beyond an ad hoc intervention mentality and match public efforts to the long-term task at hand.

The cases also give reason for optimism. They show that we already know a lot about what works (indeed the Swiss realised this back in 1988), that cultures can change (smokefree Scottish pubs would have been unthinkable even ten years ago) and that, given the right legal frameworks, cooperative alliances are possible even with apparent competitors.

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# Appendix

## Methodology

### Stage 1: Selection of case studies

The following procedure was used for selecting the case studies:

1. Firstly, a list of alcohol priorities which may benefit from transferable learning was generated in a brainstorming meeting between the research team, the research team's own advisory group and the JRF. Email input was also provided to this meeting by members of the advisory group who were unable to attend in person. The agreed priorities were: increasing consumption and alcohol-related health problems among women; in-home excessive drinking by adults; uptake of drinking by 11–13 year olds; town centre disorder; long-term health issues; 'passive drinking' harms (e.g. domestic violence); and reduced productivity at individual and societal level.
2. The generic processes by which these priorities might be addressed were then discussed. The processes identified included:
  - Agenda setting and reframing (raising awareness of a problem and reframing how it is positioned in people's minds and discussed in media and other contexts).
  - De-normalising (challenging social norms about the prevalence and acceptability of a behaviour).
  - Positive use of marketing (e.g. communications and other interventions to promote alternative or less risky behaviours).
  - Counter-marketing (generating awareness and criticism of the marketing of health-damaging products).
  - Regulatory and legislative responses (directed both at individuals and at organisations).
3. A list of other areas in which behaviour, social and cultural change has either been brought about or remains a challenge was then generated through brainstorming discussion. This was initially a very long list, and included examples such as recycling behaviour, Health and Safety legislation, safer sex/sexual health, tobacco control, seat belt use, drink-driving, driving behaviour generally, racism, healthy eating, breastfeeding, traffic congestion, domestic violence, sex offending, gambling, football hooliganism and homophobia/gay and lesbian rights/respect.
4. The processes identified in stage 2 were then mapped onto a grid as a series of column headings. The topic areas generated in stage 3 formed the rows in the grid. The group then discussed which processes were potentially involved in addressing each of the topic areas, and indicated this with a tick in the relevant box. Some topic areas (for example, tobacco control), potentially involved all of the processes, while others involved only one or two. The group agreed that it was appropriate to select both types of examples as case studies (i.e. case studies which involve multiple processes and strategies for achieving change, *and* case studies which use a limited number of processes and strategies).
5. A long-list of ten areas which represented a range of topics, target groups and processes, and reflected different scales of activity (e.g. both national and local), was then agreed by the group.
6. The research team then met again to refine and narrow down this list further and to identify actual initiatives in each area which could be the focus of a case study. To assist in this process, initial searches were conducted in some of the suggested topic areas to give an indication of the types and quantities of literature and other information which might be available.

It was recognised that these processes could apply on both a local/regional and national scale.

The need to make case studies coherent and manageable was also emphasised. Through this process, seven topic areas were agreed on:

- HIV/AIDS;
- smoking in public places;
- counter-marketing the tobacco industry;
- pro-environmental behaviour and sustainability;
- gambling;
- speeding;
- gay and lesbian issues.

In narrowing down the list, the team sought to ensure that the range of processes, change strategies and target groups would be maintained. For example, it was agreed that some of the case studies would examine nationwide interventions and policies, while others would focus on local or regional initiatives targeting specific population groups. Similarly, some would involve multifaceted strategies for change, while others would primarily involve one or two strategies.

As had been stated in the original proposal, we attempted also to identify case studies which were both thematically appropriate to alcohol and which used strategies which might yield transferable learning for alcohol. In addition to the processes outlined earlier, such as counter-marketing and de-normalisation, these included social marketing and media advocacy, which both have the potential to effect change across a wide range of issues and at both up- and downstream levels (Wallack, *et al.*, 1993; Stead, *et al.*, 2002; Hastings, 2007).

The seven selected topic areas, and how they were mapped against each of these criteria, are summarised in Table 1 (p 10).

## Stage 2: Data collection

Data were collected on the seven projects from the available literature and from interviews in order to construct a narrative of each case study within a

set outline (see Stage 3 section). For the literature searches, a general strategy was devised to keep a relatively consistent approach to the seven diverse topics. Where the literature was slight, individuals related to the case study projects were contacted to provide more data and internal expertise was utilised.

General guidelines were set for literature searches which could be modified where appropriate; given the different scales and topics of the projects covered, it was expected that there would be varying information of varying quality available. The search strategy covered both published academic literature and supplementary literature such as reports (summaries or evaluations), web pages and newspaper articles. As initial searches had been run to aid the choice of appropriate case study topics (see Stage 1 section), campaign or project websites were already familiar. Project or campaign names, funders' names and key individuals' names were used as search terms. These were run in a selection of academic literature databases (where topic appropriate): Web of Science, CSA Illumina and PubMed. Searches were also conducted in the LexisNexis newspaper and magazine database. Internet searches were run using the Google search engine, the programme/campaign organisation's website, the funder's website and library catalogues local to where the campaign/programme was run and the resultant hits followed up.

For some case studies, there was limited written data so key individuals, such as a campaign manager or the administrator, were contacted with specific questions or interviewed to supplement the findings. If appropriate, requests were made for unpublished data. Thirteen individuals were contacted or interviewed in total.

## Stage 3: Construction of case study narratives and analysis

The following analysis framework was used to assess and review each case study (Table A1).

Table A1: Case study analysis framework

Area of investigation	Key research questions
Problem definition and objectives	<i>What was the approach or initiative aiming to achieve? How clear, measurable and realistic were the aims? To what extent did all parties have a shared understanding of the aims?</i>
Approach and theoretical underpinning	<i>What is the nature of the approach or initiative in terms of any underpinning theoretical models/ concepts, and/or mechanisms by which impacts are expected to occur?</i>
Targeting	<i>Who comprised the target group(s)? Was the rationale for targeting, if any, coherent (e.g. segmentation analysis)? What knowledge was gathered on target group characteristics prior to implementation (e.g. was formative research conducted)?</i>
Strategy	<i>What methods and activities were involved? If multiple components were used, what was the rationale for their selection, and how was it assumed that different elements would complement one another?</i>
Implementation and context	<i>Who was involved in implementation? What channels were used? What specific activities were conducted? To what extent did implementation occur as planned? What factors influenced implementation, both positively and negatively, and how might these have impacted on decision making and outcomes? What was the policy and cultural context surrounding the initiative, and how did the two interact?</i>
Evaluation and results	<i>How was the initiative or approach evaluated? What were the strengths and weaknesses of the evaluation? What were the immediate and longer-term impacts of the initiative (both expected and unexpected)? What factors might have confounded impact and how were these taken into account?</i>
Strengths and weaknesses	<i>What were the strengths and weaknesses of the initiative or approach (including at an organisational, strategic, decision-making and implementation level)? What activities were successful or problematic?</i>
Potential learning	<i>What learning can be identified from the initiative or approach for (a) attitudinal, behavioural, socio-cultural and policy change in general, and (b) efforts to address alcohol trends and harms in particular?</i>

## Stage 4: Synthesis and identification of lessons

In order to synthesise the findings from each of the case studies, the research team met a number of times and individual case studies were presented to the whole team. The ensuing discussion and analysis of each case study's completed narrative analysis framework helped identify the cross-cutting themes in, for example, the implementation processes and the behaviour change outcomes. Finally, a series of lessons was generated from the combined case studies which may transfer to alcohol work in the UK. These are presented in Section 7.

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