

Middle Aged Men Campaign Development

Summary Report

March 2016



Background

Drinkaware is looking to develop a new campaign that will encourage and support men aged 45-60 years to reduce their drinking at home. Presently these men are drinking over the recommended guidelines (21+ units a week) and while they rarely 'drink to get drunk' they are habitually drinking to levels that is harmful to their short term and long term health.

However, previous research has found that many of these men believe moderate drinking is good for them and that they don't drink enough for it to cause a problem to their health. This attitude towards habitual drinking needs challenging in order that men will reduce the amount they drink regularly at home.

Objectives to the research

Drinkaware commissioned 2CV to undertake **three** separate phases of campaign development research. Each phase of research evaluated and tested different communication messages and creative ideas against the following campaign objectives.

- To persuade the audience that even small reductions in the amount they drink can make a big difference to their health.
- To encourage men to reflect on how much they are drinking and recognise their routine drinking.
- To plant the seed that they don't always need those extra couple of drinks.
- To motivate them to visit the website to find out more and see how they can get help to cut back

Methodology

Qualitative focus groups were conducted from December 2015 – March 2016.

- A total of 15 focus groups were conducted
- Each focus group comprised of 6 new participants (N=90)

	Method	Location	Sample size
Phase 1: 2 nd -3 rd December 2015	6 x 1.5 hours focus groups (3 x ABC1, 3 x C2D)	Kent, Newcastle, Nottingham	36
Phase 2 2 nd -3 rd February 2016	6 x 1.5 hours focus groups (3 x ABC1, 3 x C2D)	Kent, Newcastle, Nottingham	36
Phase 3. 3 rd March	3 x 1 hours focus groups (1 x ABC1, 2 x C2D)	Nottingham	18



Sample Criteria

In order to ensure consistency and comparability between the research phases, the same sample specifications and locations were applied. Participants were recruited from 2CV's network of recruiters in each location. Recruiters went into the local community to find men who fitted the recruitment criteria precisely (as opposed to using participant databases) and who were open and willing to participant meaningfully in the research groups. Participants were incentivised with £40 cash to attend.

- Men
- Aged 45-60
- Who drink more than 21 units/week (must drink at home) but less than 112 units
- At least half to be living with partner
- Mix of urban/non-urban locations
- All to agree with the statement "I don't drink to excess, but I probably drink more than is really good for me" or "I frequently drink quite a bit more than what is supposed to be safe"

Campaign Materials Tested (see page 7)

Phase 1: 4 x proposition statements. 3 x Health Facts. Web content Phase 2: 2 x Creative Ideas (Radio ads, Print Ads). Web content Phase 3: 2 x Creative Ideas (Radio ads, Print Ads). Web content

Results

Phase 1: December 2015

The first phase of research found that there was significant resistance to the idea of cutting back on the amount of alcohol consumed at home and many already felt as though they had cut back from when they were younger. There was a strong belief that they were in control of their drinking and were not the ones with the problem. Those who had alcohol problems were, **Alcoholics, Young people** who drink to excess and **Girlfriends a**nd **wives** who drink more than is good for them (slippery slope). Any campaign that recommended they should cut back on their drinking, even in small amounts, was likely to be met with resistance and represent a deep, emotional loss.

The research found that there was a significant lack of understanding of how alcohol impacted on their health, with perceptions limited to immediate issues (hangovers; feeling groggy), liver damage (generically), weight gain and alcoholism. Any health impacts of alcohol were automatically compared to the positive benefits of drinking (psychological,



social and physical). Consequently many **did not want to believe** the negative health factors and did not feel as though it applied to them **personally**. Their first line of defence being; alcohol effects everyone differently and risk is abstract (what kind of risk, at what level of drinking)

Of all of the communication messages tested the idea that '*even a small reduction could lead to a big health difference*' did give the target audience something to consider and reflect on. For many the idea of cutting back a small amount, while not necessarily desirable, felt achievable and importantly it was not asking them to cut out drinking alcohol at home altogether. It felt respectful of their current relationship with alcohol and was not felt to be asking too much of them too soon.

The research concluded that any future campaign targeted at this audience needed to;

- Enable men to *feel* the difference to their health they would only believe it if they could feel it themselves
- Explicitly root the behaviours in at home drinking. Often the default of any conversation around drinking tends to be anchored around the social benefits (in pubs and bars) which can be an excuse not to engage in messages around alcohol reduction
- Show normal, functioning, otherwise happy, healthy(ish) men cutting back as they can be powerful role models that the audience relate to
- Feel positive and empowering. Shock tactics will simply push an already hard to reach audience away

Phase 2: February 2016

The second phase of research evaluated two campaign ideas (Gamechanger and Workout) against the communication objectives. Overall response to both highlighted the entrenched barriers to campaign engagement with many men actively and subconsciously looking for a reason to *disengage with the campaign*. They cited reasons such as 'I don't have a problem' 'The amount I drink isn't harmful' and 'I've heard this all before'.

The research found that neither of the campaign ideas successfully overcame all of these barriers. Gamechanger did not clearly convey a game changing moment and therefore did not communicate that small changes could lead to a big difference. Workout received a better response and had the potential to encourage more reflection, but could also fall into a generic health message (due to the overt link to fitness).

In addition, there was a clear order effect with the research stimulus. The campaign idea tested second (equally rotated across the focus groups) always received a more positive response from the targeted audience. This very obvious order effect demonstrated how the very subject of alcohol reduction can be dismissed and preconceptions about health warnings and drinking lead to 'knee-jerk' responses regardless of the creative idea.



The research concluded that a more simple and direct approach was required. Both creative routes struggled because they took time to decode and got in the way of a clear and simple message (*you only need to make small changes to see a big difference*).

Phase 3: March 2016

Two new campaign ideas were evaluated in the final phase of research; Heads Up and Build Up, both of which took on board the research recommendations from Phase 1 and Phase 2.

Overall the campaign ideas tested more positively and generated a different type of conversation to that seen in previous phases. Overall there was far less resistance to the idea of cutting down and key communication messages were successfully conveyed;

- o That drinks can stack up over a week
- That there are some drinks which are effectively unnecessary (or at least wouldn't be missed)
- That small changes can lead to big differences

There was little difference in response to the two creative ideas, with participants less interested in the creative nuances and more the simplicity of messaging and campaign tone identified below.

This was achieved by a successful change in campaign approach;

- Talking directly with the target audience as opposed to 'at' them
- o Addressing their needs, lifestyles and potential defences quite bluntly
- A simple, no-nonsense tone delivered in a straightforward manner
- o Easily relatable (and clearly at-home) drinking occasion identified
- Letting them know, quite clearly, that it is their choice
- Delivered by men who's drinking habits they can relate to i.e. not 'problem drinkers / alcoholics' but men who like 'a few drinks' just like them



Lessons learned

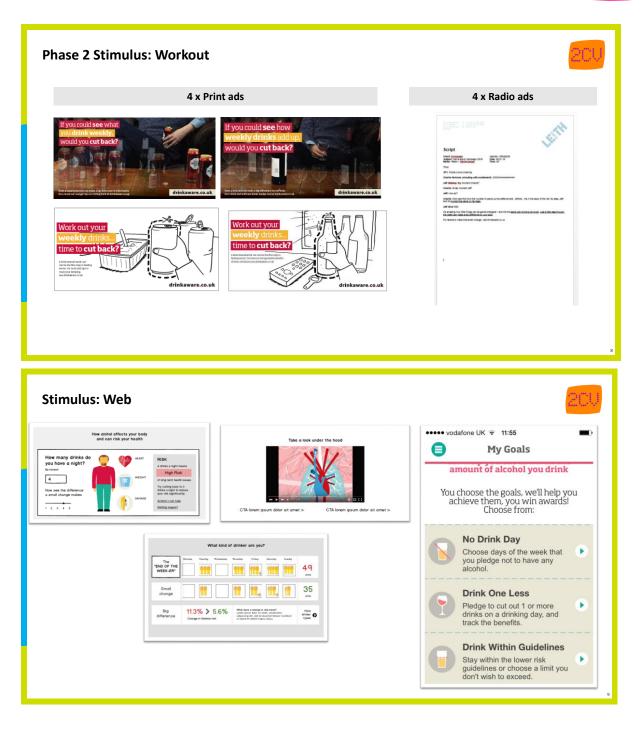
- Many men in the target audience are looking for reasons to opt out of the campaign. As a result, there is a solid 'shell' of resistance that needs cracking before a more positive conversations/ reappraisal can take place
- 2. The simpler the idea and the more direct approach works better with this audience. It needs to be clear that it is THEM and THEIR drinking that requires a change.
- 3. Tonality is important. The campaign needs to feel positive, straight-talking, down to earth and thought provoking
- 4. Communicating that small differences will make a difference to their health and some drink are effectively unnecessary has the potential to force a reappraisal on drinking behaviour
- 5. However, it is going to take time in order to see significant levels of alcohol reduction among these men. Drinkaware need to commit to a longer conversation which reframes the problem and supports men to change their habitsl at home.
- 6. Drinkaware's website and online advertising can help support the campaign but people need to be given a reason to visit e.g new evidence and new tools to support behavioural change



Stimulus





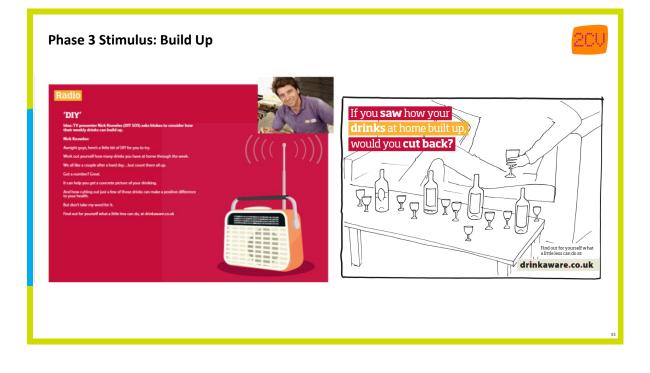




Phase 3 Stimulus: Heads Up

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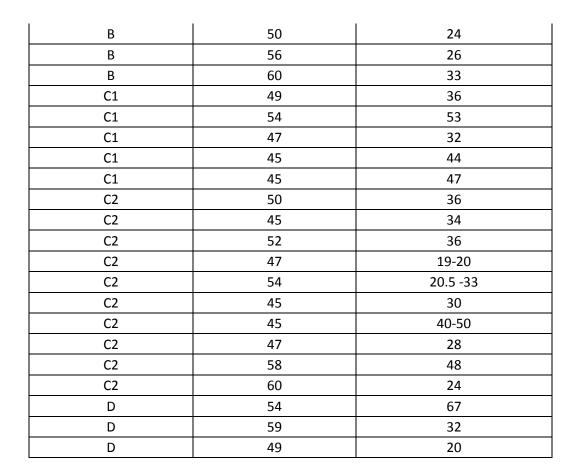






Profiles of men recruited to take part in the research.				
Nottingham				
Phase1: 2 x focus groups				
Social grade	Age	Units/week band		
C1	60	52		
C1	53	32		
C1	53	30		
C1	49	22		
C1	57	32		
C1	58	38		
C1	58	28		
C1	57	55		
C2	52	60		
C2	45	49		
C2	52	136		
C2	57	98		
C2	47	28		
C2	52	38		
C2	50	55		
D	60	28		
	Phase 2: 2 x focus group	DS		
В	55	40		
В	60	40		
В	60	65		
C1	45	26		
C1	51	24		
C1	59	65		
C1	46	56		
C1	48	96		
C2	47	40		
C2	47	28		
C2	49	75		
C2	60	54		
C2	50	30		
C2	45	40		
D	47	80		
D	52	24		
Phase 3: 2 x focus groups				
C2	59	24		

Profiles of men recruited to take part in the research.



200

Kent				
Phase 1: 2 x focus groups				
Social grade	Age	Units/week band		
В	45	24		
В	57	38		
В	45	50		
C1	51	40		
C1	53	80		
C1	54	22		
C1	49	29		
C1	55	54		
C2	55	38		
C2	52	35		
C2	60	28		
C2	45	21		
C2	50	50		
D	49	43		
D	59	25		



200

Newcastle				
Phase 1: 2 x focus groups				
Social grade	Age	Units/week band		
C1	50	32+		
В	59	46		
В	47	56		
C1	58	24		
C1	52	35		
C1	52	29		
C1	55	70		
C1	46	40		
C2	45	37		
C2	60	119		
C2	50	31		
C2	46	22		
D	59	50		
D	50	38		
D	45	27		
D	54	49		
Phase 2: 2 x focus groups				
В	60	24		



В	50	30+
В	46	34
В	48	34
C1	50	16
C1	54	48
C1	45	40
C1	59	20
C2	47	39
C2	46	36
C2	60	40
C2	59	23
D	46	36
D	45	38
D	50	26
D	54	55