



IT'S HOW WE'RE DRINKING

AN UPDATE ON THE ALCOHOL ADVISORY COUNCIL DRINKING CULTURE CHANGE PROGRAMME

Greeting

Tena koutou, tena koutou, tena koutou katoa. A particular greeting and acknowledgement of the Kulin people the traditional kaitiake or guardians of the land we stand upon. It is a privilege and a pleasure to stand alongside you as we consider the impact of alcohol on people and the havoc this has created especially for indigenous people on both sides of the Tasman.

A big thank you to the Australian Drug Foundation for hosting this important conference. From its inception some three years ago, we've worked closely with the ADF, keen to keep the pace up on achieving significant and real change in the fraught area of alcohol misuse. It is essential that we talk with our closest neighbour, along with our Pacific Island friends because in terms of alcohol policies and practices you affect us as we affect you. There are areas where we *have* to work together, where Trans-Tasman regulatory issues meet. And there are areas where we *do* work together and areas where we *ought* to do more together.

And to achieve this – a highly efficient and indeed pleasurable approach is to have everyone in the same place at the same time, kanohi te kanohi as we say – or face to face.

Introduction

It doesn't seem long since we stood here two years ago and introduced you to our new Drinking Culture Change programme. Time *has* gone fast.

Today, I'm going to take you through what we've been up to over that period. We set ourselves a pretty lofty goal back then. I can tell you we have made progress, albeit we lament the frustrations of the inevitable and predicted slowness of change and the constant obstacles.

We always knew it would be challenging. After all, we're faced with virtually an entire nation thinking one of their favourite past times is being taken away.

But like I say, funnily enough, the tide is slowly starting to work in favour of change.

Now my guess is many of you here today know our story. You've seen ALAC presentations before. And you know the model we're working to. So rather than labour well-known points what I intend to do this morning is rapidly cover the background and lead into where we are now and some monitoring results.

At this point it is timely to acknowledge that while I stand before you the work that I present represents all of the work of the ALAC staff – those supporting me in the audience and those back in New Zealand. We also need to acknowledge the support of our Council, our Minister, Hon Damien O'Connor who spoke yesterday, our partners in Clemengers and Research New Zealand and of course Mike MacAvoy who is now working in Australia.

Remember...

In the 2001/2002 – the country was up in arms – youth bingeing, from the prosperous North Shore to the provincial shopping malls, to the after-ball functions, to the beaches and parks – it was the topic of the day. The ALAC council as part of its strategic planning process identified youth drinking as a priority for ALAC efforts – and it was well supported to do this politically. But like any well-informed and well-founded programme, we set out to do a bit of research to sort our strategy. The results of this research supported what we had been hearing anecdotally, those young people told us to go away, that it wasn't a problem; nothing wrong with bingeing; rite of passage; it's what we *do* and what's more, it's what *we* all do because it's what *adults* all do – that in fact adults were being hypocritical when it came to drinking behaviour. So, we checked with the adults, ran the same research and found they were thinking and doing the same as the young people (surprise surprise). The reasons why people drink are the same – young and old. The reason why people end up binge drinking is also consistent. So with the support of our Council and the New Zealand Cabinet ALAC shifted its focus – young people weren't going to change their drinking behaviour – what we would change was the aspirational and accepted pattern of behaviour that accepted intoxication right across our country.

We looked at other effective behaviour change strategies – such as drink driving, seatbelt wearing, smoking. What strategies could we borrow, adapt or adopt? All of these behaviours have changed, the culture around them has totally changed. All of them used a social marketing/social change strategy where levers are used.

We did make some clarifications and amendments to our original plan.

- The target audience – In October 2003 the ALAC Council agreed that all New Zealanders would be the focus for our programme, with adults as the first priority – not young people.
- As drunkenness that was the biggest cause of harm this was the focus of the change. It was the way we drank, not that we drank. Our focus turned from the traditional total consumption measures of alcohol to the pattern of drinking. The number of drinks on a per occasion basis. This was a new way of thinking for us. It is heartening to see Australia, UK and the World Health organisation also now discussing patterns of consumption as the biggest challenge.

The result of all this thinking was a massive realignment of all we do, to focus on the goal; recategorising our work to check a balanced approach – it's not all about rules and regulation, it's not all about treatment, it's not all about tv ads. Different people respond to different things. It's a balance across a number of strategies and organisations. Some people need rules, some need a wake up call from their GP or employer, others need to be convinced their behaviour is no longer acceptable, through selling the idea. Mostly, we need a mix. So, that means we've got to cover the lot.

How do we sum all this up? We created a DVD that spoke about what and why we needed to change.

<http://www.alac.org.nz/CampaignItsNotTheDrinking.aspx>

"DVD **When**"

Windows Media: [Low Resolution](#) (1.9 MB)

As I noted earlier we looked at other behaviour change programmes. Drink driving is perhaps the best known example. In New Zealand Land Transport were responsible for the road safety campaigns. They have always acknowledged that they had three strands to their programme – **Education** which included marketing, school programmes and other public education; **Enforcement** using Police and **Engineering** making the roads more forgiving. What were our strands? We used the ones in the National Alcohol Strategy and now in the New Zealand Drug Policy – **Supply Control, Demand Reduction and Problem Limitation**. This model that sums it up.

See Appendix 1 Slide 2 – The three pillars

BUT, while we want to cover the lot, we can't do *everything*! It was really important to us that we recognised and harnessed the work of other agencies with shared interests. We created a visual representation of this.

See Appendix 1 Slide 3 – A role for everyone

So two more key things in this rapid summary:

One, we said we needed lots of committed partnerships to get it all done.

Two, we are unapologetically blinkered when it comes to our goal.

Like any winning strategy, this is pivotal. In the words of one revered New Zealand leader, the late Sir Peter Blake "will it make the boat go faster?". A well-worn phrase, used almost to the point of cliché in NZ but so pertinent. We need to be focused on our goal (if not, why bother); we ask ourselves "will it reduce drunkenness? We *do* ask ourselves that question, constantly, and have made sure all our work points towards that.

Sir Peter Blake also said - "Whatever the area, fulfilling one's potential requires worthwhile goals, a ruthlessness in setting standards and the courage to avoid the soft options that constantly present themselves." We took this message to heart also and have challenged ourselves and our partner organisations to be brave.

"ALAC and our partners' and indeed the people of New Zealand's potential can be realised through our goal. And we do need to be brave" Alcohol Advisory Council of New Zealand.

So that, in a nutshell, is the New Zealand approach.

Now briefly, why did we do it this way? Quite simply, nothing else had worked, either in New Zealand or anywhere else that shared our drinking pattern – here in Australia, the UK or Canada.

Something had to change, and someone had to carve a new route. As already noted you in Australia have been thinking along similar lines so we know we are on this road together.

But despite this, we weren't so naïve or irresponsible as to think we could just make it all up. While the path is new, we emphasise that we are evidence-informed in our approach and have been thorough in our planning and we are constantly reviewing, refining and developing as we move along.

What we've been doing

I would like to tell you a bit about what's been happening in the last two years, before I go over *how* we've been doing, before I discuss some of the challenges we've faced, and just as importantly, the reasons we think we've made progress – or some success factors.

I'm not going to give a list of all our work. You can read our annual report or all our magazines to learn that. Rather, I'm selecting a handful of projects that demonstrate our commitment to new approaches and in particular, where the goal of reducing intoxication has meant we have to do things very differently to the past.

Parts of the puzzle

We've put up our three pillars model. But recognising all the layers and activity under each pillar, it's more like assembling one of those enormous jigsaw puzzles. Lots of pieces – all needing to interconnect – and be in the right place.

We feel like we've got most of the pieces, and we feel we know *sort of* what that picture will be. But we don't have a perfect pre-painted picture to follow. Later on in the conference we will be presenting some thoughts on healthy drinking cultures. After all, who are we, with our simple behavioural goal of no drunkenness, to say what that really means for people in New Zealand, their socialising, their relaxation, their enjoyment, their lifestyles – their ways and culture???

Let's highlight some of the work we've been doing before we get into results.

Policy

Our mandated role is to provide contestable advice on alcohol issues to the government, it is our job to reach evidence informed positions on what works to reduce harm. Given our single-minded focus on reducing drunkenness, once you think about it, it is a fairly obvious, that our policies should be shaped, accepted or rejected on the basis of their ability to affect that change.

Again, this means some possibly hard calls that might just go against tradition. Some refining of priorities.

Some possibly unusual allegiances and positions on issues might emerge that work in favour of reducing drunkenness, and we think carefully about who our partners might be for every issue. Might, for example, the beer and wine industry have something to say about supermarket behaviour on pricing that might just support a growing concern about loss leading in this area? While our concern might be

about the effect of price on drinking behaviour, and liquor producers on their profit and the possible denigration of their product as it is cheapened. Either way, there's a worrying situation going on where we can see some change might need to occur. There is a presentation on price later in the conference.

So yes, some hard calls for us as an organisation in developing and recommending policy positions, that do require us and our Council to really scrutinise potential outcomes of certain positions, benchmark them against our goal and then work out the priority. But we've done work in this area and have a framework that we can apply to do this.

Overall, it requires some real commitment and brave determination to move away from traditional or predictable positions on issues.

Supply control

We are the first to acknowledge the need to keep pressure on regulation that sets out to protect both drinkers and the wider community from the impact of alcohol. I can assure you a significant amount of work has taken place to tighten to focus of enforcement of current laws and scrutiny of regulation and law.

But again, our goal of reducing intoxication becomes the focus. So while we continue to work hard on aspects of the Sale of Liquor Act around supply to minors for example, our big new focus in the last two years has been on helping licensees and enforcement agencies focus on the less well-known part of the law, and the challenging part – the illegality of serving people to intoxication.

Indeed, as attention started to focus on this law, we fielded a phone call from a journalist wanting to write a story about this “new law” that prohibited drunkenness on licensed premises. We quietly put her right and saved her from embarrassment. And we know that many other New Zealanders are oblivious to the law, and many quite indignant that their right to be drunk is not in fact a right after all.

We have worked with Police and the hospitality sector to develop guidelines on identifying signs of intoxication and processes for dealing with it. We have developed and trialled a process for monitoring and enforcing the intoxication provisions of the Act. These have followed the monitoring guidelines for sales to minors – Controlled Purchase Operations. Resources aimed specifically at serving staff in licensed premises have been welcomed. We absolutely recognise that in most licensed premises the person who upholds the law is not an enforcement officer but the bar manager and his or her staff.

We have worked with local government to help them identify options for dealing with drunkenness. As public tolerance for drunken disruption and the ensuing damage to their towns and cities increases, the challenges local law-makers face does too. There is a tension between the desire for “vibrant night economies” and eliminating drunken chaos, with a seeming inability to make the hard calls that should benefit both business and citizens. The logic of 5am closing when the next five hours of that same day are spent clearing glass and vomit from the streets and dealing with alcohol-fuelled crime at vast cost to ratepayers and taxpayers escapes me. Queenstown, New Zealand's jewel of tourism, is facing such challenges right now, with the party-town image both an attraction and a significant turn-off to tourists, and a source of debate and angst for residents who are increasingly divided on the matter. We have

spent time with them advising them on options. As well, a local government toolkit we developed has been well received by local governments around New Zealand.

We have also capitalised on some other players who can assist in the monitoring and enforcement on licensed premises. Maori Wardens play a special part in many communities and under the Maori Community Development Act have a role to play in reducing intoxication for Maori. With support from a number of organisations we have developed a training package and resource kit for communities who want to utilise their Maori Wardens in this way. It's called Te Ara Poka Tika. These resources are available from ALAC

Appendix 1 Slide 6 Te Ara Poka Tika images

Problem Limitation

We have worked with a range of stakeholders to look at ways of improving the identification and help provided for those already experiencing harm from their own or someone else's drinking. We have a range of programmes to assist

Advertising –

And now the high profile bit of the programme. The bit that people often mistake for our sole focus.

Understandably so. It is the bit that most New Zealanders are exposed to. Most people have no idea we are working across local government every day, working with Police, in deep discussion and running programmes with community groups, developing policies, researching ways forward, raising interest and participation from numerous stakeholders. As I've briefly outlined with a handful of examples, we do have a balance of investment in our work; the marketing is but one part. But I'm not downplaying our marketing for one moment. We think it's an essential part of the mix if we are to get widespread comprehension of the issues we're facing and get New Zealanders to finally personalize the problem and aspire to a new behaviour.

We have always recognized the criticality of having a mix of activities. We know that marketing won't work if it's not supported by enforcement of laws, direct support such as early intervention to help people change if the ads alone are not enough. And yes, we've really had to keep reiterating this and defending our stance, which has at times been frustrating.

It is unfortunate that social marketing does often get a bad rap, and it's possible this is a result of some attempts to undertake social marketing programmes that while utterly commendable in intent, unfortunately do not adhere to those principles that we know to be so important that if they're ignored, make any attempt virtually useless. For example, timeframe (most processes for significant and sustainable change are many years, not months), evidence informed strategy, customer focus, sufficient budget for the task at hand, and assurance of commitment to the long-term and working together.

There is also growing interest from the private sector to participate in social marketing and who with often good intent are undertaking aspects of it, but again, without necessarily applying the whole theory which is not just made up for fun. Additionally, in areas where the private sector is seen to be a causal factor in health or social harm, there is the risk of cynicism regarding the real intention of their work, which can in turn be detrimental to the field of social marketing. It has the potential to fuel the fire of those who do not support social marketing as they increasingly see it as a commercially oriented practice that has no place in the health field.

Additionally, there is the very real concern about clutter. As organisations *do* embark on social marketing programmes, whether effective or not, all of this is creating clutter that all of us are only too aware of.

To get traction with our own programmes, we have to be cognizant of the myriad of other messages asking people to “behave better”. All combined, they have the potential to create a backlash against what is generally incredibly well intentioned and important campaigns. Hence, style of campaigns needs to be carefully worked on to ensure the switch off factor is alleviated, and that the whole of all these campaigns is not negated by the sheer bulk of finger-wagging ads.

I would also ask at this point, are we being efficient as government organisations in the way we go about our campaigns? Are we sharing information sufficiently? Are we aligning our goals? Worse, are we sure we’re not conflicting? And how should we deal with these issues when we all have distinct legislative roles? Something that I know we all think about, but possibly need to act on more.

Ironically for ALAC, the questioning and criticism at the start of our marketing programme only served to ensure we further scrutinized our own programme and gained confidence that it was robust. So let me now jump to what we’ve been doing in our marketing.

Our marketing is based on behaviour change theories The stages of change model, which identifies that consumers move through stages of behaviour change towards being committed to a recommended behaviour (Prochaska & DiClemente 1983; Andreasen 1995) and the theory of planned behaviour, which suggests that human behaviour is guided by three considerations:

behavioural beliefs – about the likely outcomes of behaviour and evaluations of these kinds of outcomes

normative beliefs – about the normative expectations of others and motivation to comply with these expectations; and

control beliefs about the presence of factors that may facilitate or impede performance of behaviour (Ajzen 2002).

we have re-phrased Ajzen to a three stage model.

We have called it “see think act”

- See that drunkenness causes harm
 - Think that I might be drinking in a harmful way
 - Act to avoid harm – or, don’t ever get drunk
-

While it's a staged process, it's not always a straight path of transition to the desired behaviour, and people move around the stages a bit, and we expect they'll continue to.

Nevertheless, to achieve reasonable structure, we set out to achieve a high level of agreement for all New Zealanders at the first or "see" stage, that drunkenness causes harm. And the goal was to explain the full extent of the problem, helping people understand that it was indeed more than just drink driving or just dependency that was the problem.

This first part of our marketing campaign launched two years ago.

We used statistics and facts to get the message across. We used television, radio and press. Our creative approach was in this stage, and still is, to take people with us on a journey of change. Finger-pointing, nanny-state, or too extreme consequences would immediately turn people off. We knew from our endless consumer insight work, that showing gruesome scenes would turn people off – "that's not me and my mates, that wouldn't happen to us, I've never seen anything like that". We had to have the advertisements resonate with as many people as possible, while squeezing into three television advertisements and the press and radio. It was the everyday consequences of bingeing that people would relate to the most. Anything that gave people an "out" would be seized upon. "Phew, that's not me".

I will explain the measures we used and the progress on these shortly.

But time to look at the advertisements now and take a break from me.

[insert – three television ads – karaoke, fish and chips, cellphone.

Insert – press ads – hospital tray, school notice board, flagon and fist, tattoo PLUS 4 x tactical

So, at the end of that, we checked our monitoring and also undertook some more consumer work to start to inform the next phase of the campaign – "think".

This was an interesting step, and led to the development of an interim step we hadn't planned on. While we'd achieved our overall goal of New Zealanders understanding that bingeing causes harm, what we also found, was that there were some groups that saw this, but absolutely did not understand the full extent of the harm or breadth of the problem and certainly didn't believe their own peers were part of it. There were distinct groups "dissing" themselves from the problem. Namely, they were adults who still insisted it was a youth problem, and some higher socio-economic groups who believed that their drunken practices were safe and therefore not part of the problem. Afterall, they were drinking in "nice bars" drinking "nice alcohol" – they were "safe drunks".

So, welcome "*enhanced see*" stage. This stage of the advertising set out to clarify this situation, and with very precisely executed advertising, we did this relatively effectively in a short-ish space of time. With the messages "It's not just a youth problem - 60 percent of heavy drinkers are over 30", pitched quite deliberately at higher socio-economic groups, both creatively and for media placement, this is what we ran, both in magazines and on billboards and airport signs:

[insert yard glass, bong, kitchen, bedroom, bar floor]

I'm pleased to report, and as I mentioned, I'll show you some results, this "enhanced see" stage has worked very well

At the same time, we embarked on the "think" stage, knowing that many New Zealanders were ready to move on. Indeed we were starting to hear questions such as "what next" or "so what", and we knew we needed to keep moving to maintain momentum for the majority of people who were ready to move.

So the initial think stage introduced the broader population to the idea that their *own* drinking might be harmful. The aim was to get people to see they were part of the problem, to look in the mirror and cringe.

First up was television, as it was widest reaching and highest profile. The creative approach was the same as for the see stage, using the successful "alter ego" device. This had proved appealing as it didn't point the finger, engaged the viewer, and allowed them to judge the behaviour for themselves. Realistic and likely situations that the viewer relates to, and that drew on their core fears were used. The uglier side of drunkenness was emphasised to start to stigmatise the drunken behaviour as undesirable, but again, without being extreme. Using scenarios that drew on others being impacted by or judging the behaviour helped. While ramping up the severity and ugliness of drunkenness, care was again taken not to show such extreme behaviours or outcomes that people to opted out.

And one of the real challenges, was consideration of the fact that perceived benefits of binge drinking still outweighed costs by a long shot, and that there are "real" benefits in the minds of the drinker to binge drinking. So our job was to try and to readdress the balance, without denigrating the benefits of enjoying a drink.

Let's take a look at those new ads, which are still playing.

Note the four core fears that our advertisements tapped into were messing up careers, embarrassment and regret, being perceived as a bad parent and ability to achieve or maintain a relationship.

[insert 3 x think stage ads]

And now, we have added magazine and billboard advertising to the think mix, and we are entirely in the "think" phase.

[insert big glass ads]

Early intervention

Another interesting challenge for us is to really work out how early intervention fits with our focus on reducing binge drinking, when some of it's about addiction and a change in culture may not be much help to some of these most hazardous drinkers.

What has become clear to us is the critical role that early intervention plays in supporting the national advertising programme and vice versa too. There are those who might see the think stage advertisements, and in time, the act, but struggle to change on the basis of an advertisement alone. There are those who will be triggered into a desire or need to change from an early intervention (whether a sharp word from the GP or the employer or seeing our DrinkCheck or some other resource), see an ad on the tv that night, take a long hard look in the mirror and achieve change.

Whatever the route, all roads lead to ACT!

And what is important is that there is support from the community for early intervention; that agencies, employers and the public see a valid role for intervention and support people in accessing them. That is the role that culture change can help support.

How we've been doing

I am now pleased to tell you how all this is going.

First, the soft indicators are encouraging.

- Hearing anecdotally that we're making progress is great.
- "it's not the drinking it's how we're drinking" has definitely entered the vernacular. One of my colleagues heard in Israeli woman who had recently visited New Zealand repeat the line in a queue at Heathrow.
- Other terminology is more widespread than three years ago when we started – "change the drinking culture" has become the cry across political parties and communities, from the journalists who were indignant about the labeling of a nation a pack of binge drinkers and who now support our messages wholeheartedly.
- The international interest in the campaign, from Ireland, to the UK, Scotland and across Australia. We enjoyed meeting a contingent of you from Australia in Wellington last year and sharing our ideas with you.
- The *content* of media stories, editorials, opinion pieces. It is changing.
- As the mayor of Waitakere (in Auckland) Bob Harvey told us last year, he believes the tide is turning, there is readiness for change. That change won't occur at a strategic or regulatory level until the citizens are ready. He believes they are ready.

And now, I can show you how our key measures of attitude and behaviour are heading in the right direction.

Success factors

So what are some of the main reasons we are getting these results? I'll run through a handful of some of our main success factors.

First, I can't emphasise enough the importance of getting partners on board, and support at the strategic stage for the whole programme. For a year or so, we often felt like we were doing an awful lot of talking. But I assure you, it paid off. Getting a programme together where people could clearly see where their contribution would fit, and helping them focus on the same goal was really important.

Second, we also worked at building ourselves up as a credible messenger or articulating our brand. This too was important, particularly in regard to our stakeholders and those who could help influence change. Emphasising already existing principles we had such as being evidence-informed, being realistic, recognising a valid role for alcohol – that is, not being seen as anti-alcohol or the fun-police, and seeing moderation were all very important. We made ourselves available to front alcohol issues wherever possible, both within stakeholder forums and publicly through the media.

So third, was media. And while we were entirely available to media 24-7, we were nevertheless strategic in our participation. Occasionally saying no to stories we felt we had no substantive contribution to make to. But always, taking the opportunity to educate and brief the media on the real issues around alcohol that did, and still do surprise journalists in its complexity. We visited journalists whenever we traveled, and always gave them as much time as was necessary to explain issues and provide information, rather than just responding with our comments.

Our media analysis now shows that we can achieve positive and broad reaching coverage of issues without having to send media releases out all the time. We still do generate news ourselves, and proactively release comment in response to issues and incidents, but we have become one of the first ports of call for media for alcohol stories.

Last, energy, commitment and staying on track through thick and thin.

Challenges and learnings

Why adults?

Evidence-informed vs evidence-based

There isn't evidence – this is new, but is based on research of other approaches and successful campaigns – road safety, mental health,

Letting go – or taking what we need from the past.

Why is it that things from the past are no longer palatable – community to individualism. Globalisation, we can no longer control our own little countries or worlds. Philosophical and psychological way. Learning new ways. Things change. We don't have to do it the old way. Lawn growing analogy.

From policy perspective – challenging to work without evidence, without concrete, so hard to press our case. Thinking up new ways.

Terminology

Stop pussy footing about social mktg and

What's to come

Further alignment of publicity – eg. Where does promotion of early intervention fit with see think act?

New campaign stages

Importantly, the drinking culture project – setting an aspirational goal. Telling people what we do want not what we don't want. What will this be? – come and hear Sandra talk about this project tomorrow...

Social mktg not quite accepted as a mainstream approach. Moves afoot in uk and aus to develop a national s mktg strategy for health related issues.

Ajzen, I. (2002). "Behavioural Interventions Based on the Theory of Planned Behaviour."

Andreasen, A. (1995). Marketing social change: changing behaviour to promote health, social development and the environment. Washington DC, Jossey-Bass.

Andreasen, A. (2002). "Commercial marketing and social change." Social Marketing Quarterly **8**(2): 41-45.
