

NHS HEALTH SCOTLAND

A Fairer Healthier Scotland

P E T Conroy

Strategic PR Planning

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EXECUITVE SUMMARY

This report proposes the use of Information and Emotional messages through three Television Series broadcast throughout the year and supported by traditional forms of Public Relations Media (Press Releases, Posters & Flyers) and also through Social Media, a Website and Web-Videos to reach a target public of 45-59 year olds who are the most at risk of alcohol-related deaths and hospital admissions.

The writer believes that this is the most effective way to bring about a change in attitudes amongst this age group as well as to increase uptake of NHS Alcohol Support Services; decrease the number of alcohol-related hospital admissions and deaths, with the bi-product objective of reducing alcohol consumption in Scotland and alcohol-fuelled violent crime.

This report believes that with cooperative working with external stakeholders such as Police Scotland, that the 'year to stop drinking' can have a wide-up-take from members of the target public. And it is with pleasure we present this campaign for your consideration, and that this campaign will support the wider role of NHS Health Scotland – to build a *fairer, healthier Scotland*, through the reduction of alcohol-related hospital admissions, alcohol-related deaths, and tangentially alcohol-related violent crime: Making Scotland a fairer place to live, where hospitals are *not* over-come with alcohol-related admission and deaths, and where Scotland is a safer place to live and work.

INTRODUCTION

Chapter One focuses on analysing, the organisation 'NHS-HS' as well as its relationship to NHS Scotland and wider Stakeholders, such as Police Scotland, this is done briefly as nobody knows NHS-HS better than themselves. It then moves onto briefly analyse the data surrounding Alcohol as a situation in Scotland, the sheer amount of data makes this a very difficult subject to cover in a condensed fashion and also includes where areas of research could be increased/improved. The final section of this chapter looks at our Stakeholders and the campaigns target publics and provides some analysis of the target public – again improvements to research data are suggested.

Chapter two focuses on the goals, objectives, tactics and messaging to be used during the campaign.

Chapter three shows the timetable for the campaign, from the initial lead up of 3 months (month -1 to month -3), to the actual running of the campaign from month 1 to month 12.

Chapter four talks about the analysis of the campaign, based exclusively on data produced annually, and also on new quarterly-reports produced by NHS Scotland.

INTRODUCTION: 180 WORDS

CHAPTER ONE: ANALYSIS

ORGANISATIONAL ANALYSIS

NHS-HS (NHS-HS) is aware that as an organisation it is disappearing in April 2019 to be replaced by a joint Health and Social Care governmental organisation.¹ NHS-HS is one of 7 National Health Boards, and a part of NHS Scotland. NHS-HS defines its three main roles as to:

- “provide evidence of what works to reduce health inequalities;”
- “work across all sectors in Scotland to put this evidence into action,”
- “support national and local policy makers to design and evaluate interventions that help build a fairer, healthier Scotland.”²

For the purposes of this campaign therefore it is NHS-HS’s goal to support the ongoing work of NHS Scotland and promote the provision of services and the reduction of alcohol consumption. With that in mind it is also profitable for NHS-HS to promote the provision of services by other external stakeholders such as Police Scotland as the campaign aims to tackle health inequalities and supports the wider objective of a fairer, healthier Scotland.

Scotland is seen as a world leader in Alcohol-treatment, and the NHS in Scotland is at the *coal-face* of tackling the issues, having carried out 86,560 Alcohol Brief Interventions (ABIs) in 2016/17, and serves ‘*as part of a wider strategic approach to addressing problem alcohol use.*’³

¹ NHS-HS 2018c, p. 1.

² NHS-HS 2018b

³ NHS Scotland 2017

SITUATIONAL ANALYSIS

Scotland and its relationship with alcohol has long been a trope and stereotype, and it is important that it is no longer seen as a joke, considering the serious issues alcohol abuse has on society, services, individuals and families. *'It was recognised several years ago that Scotland's relationship with alcohol had become unbalanced, and bold action has been taken to tackle alcohol misuse.'*⁴ Part of our situation and organisational analyse therefore looks at the statistics of people who received alcohol-related treatment in Scotland in 2016/2017 so that we can both define the public to whom the messaging must address as well as to enable measurable objectives to be defined.

ALCOHOL STATISTICS

There were 1,265 Alcohol-Related deaths in Scotland in 2016, with 673 of those being males aged 45-74 (53.2%) compared to women of the same age brackets, who accounted for 298 deaths (23.56%); both males and females aged 16-44 at 147 deaths (11.62%); and both females and males aged 75 and above who accounted for 147 deaths (11.62%) in 2016. 45-59 and 60-74 are the two age brackets of greatest numbers, as shown above, specifically with men, accounting for 26.88% and 26.32% respectively of all alcohol-related deaths in 2016.⁵ Compare this also with Alcohol-related admissions and hospital treatments in 2016-2017, which sees 36,235 hospital admissions for 'alcohol-related hospital admissions (stays) in general acute hospitals in Scotland',⁶ with '[a]lcohol-related hospital admissions [being] around three times more common in males compared to females.'⁷ Of the age brackets NHS Scotland uses the highest rates being recorded are for males in the 55-64 age range, with

⁴ NHS Scotland 2017

⁵ National Records Scotland 2017

⁶ Information Services Division 2017, p. 3

⁷ Information Services Division 2017, p. 5

second highest rates being recorded in the 45-54 age bracket.⁸ With females the reverse is true, highest rates are recorded in the 45-54 age bracket, whilst the second highest rates are amongst 55-64 year olds.⁹

The statistics seem to show that Scottish young people (ages <15 through to 34) are not *the problem*, but rather those who are 35 – 65 significantly struggle with alcohol, with the most likely individuals being males aged 45-64 and females around the same age.

As briefly mentioned above there is a general stereotype and according to the Scottish Government's Minimum unit pricing of alcohol: final business and regulatory impact assessment report '*Scotland remains the country of the UK with the highest rate of wholly alcohol-specific deaths*'.¹⁰

IPSOS Mori's 'The Perils of Perception' research showed that those interviewed only marginally over-estimated teetotallers in Scotland at 20% rather than the actual 16%.¹¹ Whilst the perception is fairly accurate¹², it does mean that 84% of Scotland drinks, coupled with the government statistic that '*may only capture around two-thirds of total consumption*.' And therefore estimates up to 50% of males and 30% of females '*in Scotland are exceeding recommended weekly limits*'.¹³ Suggesting the alcohol problem in Scotland is worse than it

⁸ The age brackets NHS Scotland uses are <15 years old; 15-24 years old; 25-34 years old; 35-44 years old; 45-54 years old; 55-64 years old; and 65+ years old.

⁹ Information Services Division, 2017, pp. 5–6. Also: Under 15's are by far the least-likely age bracket to receive alcohol-related admission into Scottish NHS hospitals, with the 15-24 bracket being lower than every other bracket (aside from <15) and even though females 25-34 just edge above the 65+ female bracket, men remains lower than every other bracket (again aside from <15 and 15-24). (Information Services Division, 2017, pp. 5–6).

¹⁰ Scottish Government, 2018

¹¹ Ipsos MORI, 2018, p. 16

¹² Comparably to Ipsos MORI's other research within in the same report, where perceptions often recorded higher than actuality.

¹³ Scottish Government, 2008

was 35 years ago,¹⁴ with the number of alcohol-related deaths increasing year-on-year since 2012, which is linked to the increase in the amount of alcohol sold each year.¹⁵

The Scottish Government reports that drinking is seen as both a problem for Scotland as a whole and also a central part of Scotland's culture, with men (particularly) seeing alcohol as a 'social lubricant' for the enjoyment of social situations.¹⁶ Alcohol costs the Scottish economy £3.6 billion each year, breaking down to £900 per adult-member of the population of Scotland. The cost to the Scottish NHS is estimated to being £267 million per year, and crime-related costs are £727 million per year.¹⁷

Half of people in Scotland are harmed because of someone else's drinking, and 1/3 of people in Scotland have heavy drinkers in their lives. Those aged under 35 are more likely to report harm from others which took place in public places, where the person responsible for causing harm was drinking, and that those who 'have heavy drinkers in their lives' are more likely to report harm from others in a private setting. Life Satisfaction is also lower amongst those who report harm from someone else's drinking.¹⁸

The sheer number of statistics, reports and data-sets that are relevant to this problem make it a highly researched field, and yet the data (cross-referenced and broken down) we would find most helpful in planning a campaign— such as Social data relating to relationship status;

¹⁴ Scottish Government, 2018. Also: Based on the reports, 35 years ago, in 1982, it is now 4.4 times higher (Scottish Government, 2018); also note that according to the 2008 report (Scottish Government), states that '*Alcohol consumption in the UK has more than doubled since 1950*' and that '*Off-trade sales were estimated to account for around 51% of alcohol volume sales in Scotland in 2007, up from 24% in 1980*' which accounts for 60% of the pure alcohol sold in Scotland, as the Off-trade alcohol has the greatest share of high percentage alcohol, including ¾ of all Spirits and 95% of fortified wine sold in Scotland.

¹⁵ Alcohol Focus Scotland, 2018, p. 6. Also: From further statistics, it appears to have little correlation with Alcohol deaths which have decreased since 2010 by a factor of 0.96% (average) year on year (National Records Scotland, 2017)

¹⁶ Scottish Government, 2005

¹⁷ Alcohol Focus Scotland, 2018, pp. 2 & 6

¹⁸ Alcohol Focus Scotland, 2018, p. 8

sexuality; political and religious affiliation; offspring (as in how many people aged between 45-59 are parents, how many children, and/or are they single parents); social media usage; television and media consumption; hobbies and interests; which would be useful towards helping analysing the potential *ways* to target specific groups is simply not available, and further research, perhaps time to cross-reference data from the UK Statistics Authority, National Records of Scotland, Office for National Statistics and Statistics.gov.scot would help to 'focus' some of the data. This report recommends therefore that a more extensive review of statistics and cross-referencing with other agencies to find the specific *publics* that are *most at risk* not just based on age or social economic grade (SEG) would be more helpful in future targeting.

PUBLICS AND STAKEHOLDERS

Stakeholders and Publics are being defined according to the four categories outlined by Smith.¹⁹ We are also using the definition of the difference between Stakeholders and Publics by Rawlins, as referenced by Smith.²⁰ Therefore the primary use of publics in this report is for *external* stakeholders, and therefore *customers* of NHS Scotland. The use of stakeholders is primarily used for external stakeholders such as the Scottish Government and Police Scotland, who are also seen as 'enabler' stakeholders, as opposed to 'limiter' stakeholders. The organisation (NHS Scotland) whilst NHS-HS is a *part* of the organisation, is considered the *internal* stakeholder, and will be treated as *producer* as well as an enabler and at times a limiter. However, this is broadly speaking. The General Media, is considered a limiter and enabler in equal measure. And where there is *co-production* it is also considered a *producer*, but is therefore broadly speaking an external stakeholder, but again, this is a little fast-and-loose.

¹⁹ Smith, 2002, pp. 100–104: Specifically his use of the terms 'Customer'; 'Producer'; 'Enabler'; and 'Limiter' – as well as the broadly defined categories of Internal and External Stakeholders

²⁰ "The concept is that a stakeholder relates to an organization through its potential impact on the organization's mission and objectives, whereas a public relates to an organization through its messages" (Smith, 2002, p. 98).

PUBLICS

Our target market (or public) has already been broadly defined above. There are a few characterises that may help *define* them a little more. With a focus area of 45-59 year olds both male and female, statics relating to the social situation of this age bracket of people, as assessed, and a 'majority position' will need to be created.

Identifying the Target Public

The average household size in Scotland is 2.16 people per household(National Records Scotland & Scottish Government, n.d.);²¹ there are 392,251 people aged 45-49, of which 202,829 are female, and 189,422 are male;²² 406,691 people are aged 50-54 In Scotland, with 209,262 being female whilst 197,429 people are male;²³ finally 370,821 people aged 55-59 live in Scotland, with 190,084 being female and 180,737 being male.²⁴ They account for 33.52% of the 3,489,931 people of working age (16-64) in Scotland, that's 33.92% of the 1,775,180 females of working age and 33.10% of the 1,714,571 population working age males, essentially over 1/3 of working adults are aged 45-59, and that is over 1/3 of working age female and male adults respectably too.

The Scottish Household Survey reports 'that the population in Scotland is largely white, ageing and three out of ten adults have a long-term limiting physical or mental health condition.' It further reports that 'Changes over time show health is worsening.'²⁵ Further to

²¹ National Records Scotland & Scottish Government, n.d.

²² Scottish Government, 2016a

²³ Scottish Government, 2016b

²⁴ Scottish Government, 2016c . Also: That's a combined population segment of 1,169,763 total, with 602,175 females and males at 567,588. This compares to a total Scottish population of 5,404,700, with a population of 2,777,197 females and a male population of 2,627,503 (Scottish Government, 2016a). Meaning that our population segment accounts for 21.64% of the Scottish Population, and 21.68% of all females in Scotland, and 21.60% of the total Scottish population of males. Essentially this segment accounts for over 21% of the Scottish population, almost 22 in every 100 people in Scotland.

²⁵ Scottish Government, 2017, pp. 31–32

this only 4% of working aged adults are unemployed and looking for work.²⁶ 98% of adults are heterosexual whilst 1.1% are homosexual.²⁷ 51.5% are of no religion.²⁸ Regarding Marital Status, it's interesting to note that young adults (up to 34) are mostly single, 35-44 year olds are more likely to be married and yet 45 years old and above sees the divorce rate rise.²⁹ However only 8% of Scotland are divorced, whilst 36% are never married (or never registered a same-sex civil partnership) and yet 47% are married, with 2% being legally married but separated, and 7% being widows, 60% of adults aged 35-74 are married.³⁰ Less than a quarter of Scottish households have children, over a third of Scottish people live alone and very few families have more than 3 children.³¹ 61% of Scottish Households are owner-occupier, that is to say 61% of Scotland owns their own household. 83% of Scottish people living in urban areas. Just under 60% of Scottish households earning less than £25,000 and only 20% earning more than £40,000 per year (Scottish Government, 2017, p. 40).³² 22%, 21% and 20% of Scottish Households rank as 1, 2 and 3 on the SIMD (Most Deprived scale, where 1 is most deprived and 5 is least deprived), with 19% for both 4 and 5 rankings (Scottish Government, 2017, p. 41).³³ The report continues:

²⁶ Scottish Government, 2017, p. 33

²⁷ Scottish Government, 2017, p. 35

²⁸ Scottish Government, 2017, p. 36. Also: 24% being Church of Scotland, 13.8% being Roman Catholic and 7.8% belonging to Other Christian groups, Muslims account for 1.4% of the Scottish population, with 1.7% belonging to other religions.

²⁹ Scottish Government, 2017, p. 37

³⁰ Scottish Government, 2017, pp. 37–38. Also: 15% of 45-59 years olds in Scotland are single and have never been married or in a civil partnership; 32% are married or in a civil partnership; 45% are divorced or separated; and 10% are widowed or a bereaved civil partner (Scottish Government, 2017, p. 38).

³¹ Scottish Government, 2017, p. 39

³² Scottish Government, 2017, p. 40

³³ Scottish Government, 2017, p. 41. Combining the data 'broadly' as 'lower – middle – and higher' earners (which is more a rough and 'ready' calculation), would say than 43% are lower earners (ranked as 1 and 2); 20% are 'middle earners' (ranked as 3); and 38% (ranked 4 and 5) are 'higher earners'.

“Households in which the age of the highest income earner is between 35 and 59 years... have also seen a rise in the percentage renting in the private sector, from 4 per cent in 1999 to 12 per cent in 2016. The proportion owning with a loan or mortgage has correspondingly dropped from 54 per cent in 1999 to 45 per cent in 2016.”³⁴

Suggesting that our target public of 45-59 year olds are likely to owning their own house (with help of a mortgage), and be owner-occupiers, 63%.³⁵

Regarding politics an estimated 53% of 45-54 year olds voted for Independence in the 2014 Scottish Referendum and an estimated 43% of 55-64 years old voted Yes to Scottish Independence in 2014(Lord Ashcroft Polls & The Guardian, 2014).³⁶ Across the UK (not specifically Scotland), 56% of males aged 35-54 voted to leave the EU at the EU Referendum in 2016(Ipsos MORI, 2016).³⁷ Also across the UK approximately 42% of males in the 2017 General Election voted for Labour (40% voted Conservative) and 32% of males voted Labour in the 2015 General Election (38% voted Conservative)(Ipsos MORI, 2015, 2017).³⁸ This is unfortunately not as useful as a Scottish estimated breakdown of vote share for males aged 45-59 was not available, again Ipsos MORI polling classes the SNP (Scotland’s largest party in terms of seats at Westminster Parliament and currently in government at Holyrood Parliament). More detailed research on voting by gender may help reveal more about the target public.

³⁴ Scottish Government, 2017, p. 51

³⁵ (Scottish Government, 2017, pp. 51–52. Also They are less likely to be privately renting (12%) but 24% rent social housing, and just 18% own their home outright, suggesting most are unlikely to have paid-off a mortgage by this stage in life (Scottish Government, 2017, pp. 51–52). 37% of households owners with a mortgage of loan have children, and 83% of owning with a mortgage or loan have a net income of £20,000 or above (Scottish Government, 2017, p. 57).

³⁶ Lord Ashcroft Polls & The Guardian, 2014

³⁷ Ipsos MORI, 2016

³⁸ Ipsos MORI, 2015, 2017

Majority Position

Our target public is male or female, aged 45-59, is most likely to have voted Labour (if we take a UK position); and to have voted Yes in the Scottish Referendum (so possibly a traditional Labour voter now voting SNP?), as well as having voted leave in the EU Referendum. They are probably divorced, but possibly living with a partner (average household being 2.16). They are likely to have a long-term illness, and are likely to be in work and heterosexual, white and Scottish. They probably own their own house (through a mortgage) but earn around £25,000 per annum, and would be considered upper level 2 to lower level 3 (average) of the SIMD scale. They may have a child as they have a mortgage. They are likely to see Alcohol as a 'social lubricant' and a central part of Scottish culture. They may also have a disconnect – where they perceive 'excessive' drinking to be harmful to Scotland as a whole; but may *feel* that their drinking is not 'excessive' enough to be harmful to Scotland as a whole.

Further attitudinal studies analysis as well as deeper searches of studies would help present a more involved picture of the target public. It is likely that further attitudinal studies would help to narrow down the target public's attitudes that need to be changed to continue to promote a *fairer, healthier Scotland*. It would likely support this by allowing us to see what 'road-blocks' there are to behavioural change and attitudes around alcohol consumption.

STAKEHOLDERS

NHS-HS has already produced a report on its Stakeholder engagement during the 2017-2018 and 2018-2019 seasons.³⁹ Whilst NHS-HS has identified key stakeholders as the Scottish Government; the Scottish Parliament; the Executive Delivery Group and Programme Board for the new public health body; COSLA; the National Health Service, specifically the National Boards Collaborative Programme Board; Public Sector organisations; and Third Sector organisations (NHS Health Scotland, 2018b, pp. 2–3),⁴⁰ as part of their organisational efforts

³⁹ NHS-HS, 2017, 2018b

⁴⁰ NHS-HS, 2018b, pp. 2–3

to promote a 'Fairer healthier Scotland'(NHS Health Scotland, 2018a).⁴¹ These categories of stakeholders are High Priority Stakeholders for NHS-HS. It is therefore fair that they need consideration within the context of the campaign. However, they are primarily seen as a collaborative force, and therefore are part of our communications related with collaborative working, rather than the focus of the campaign. Stakeholders also include NHS Staff and the campaign must involve effective two-way communications with them, and open and honesty about the goals of the campaign.

As there is a *target public* that appears to require education regarding 'excessive' drinking, It is clear that our campaign must engage with Legacy Mass-Media (News, Television, Newspapers, Radio) as well as with Contemporary Mass-Media (Social Networking, blogs) to educate the target public.⁴²

CHAPTER: 1304 WORDS

⁴¹ NHS-HS, 2018a

⁴² It is conceivable to see BBC Scotland, STV, Channel 4, Channel 5, BSkyB and BT Vision are target stakeholders. As well as major Scottish Newspapers and even regional or local newspapers. It is also advisable to see all media-outlets as potential target stakeholders, such as Scottish Radio stations; bloggers and Social Media with a demographic that at-least includes 45-59 year olds.

CHAPTER TWO: OBJECTIVES, TACTICS & MESSAGES

GOALS

We have already highlighted some of the goals our campaign should look at and this is the opportunity to restate those in a concise form.

The goals of the campaign must align with those of NHS-HS which includes reducing inequality, to create a fairer Scotland. It is also important to NHS-HS to promote a healthier Scotland, so healthy living and lifestyle is a major factor in our goals.

Further to this it is my belief that in promoting a fairer, healthier Scotland we should focus on the effects of alcohol, essentially when statistics are considered factors such as crime are a large part of the effects of alcohol (in the immediate term) and poor health, in extreme cases death, are results of alcohol abuse (in the longer term).⁴³ NHS-HS is a national board of NHS Scotland and therefore its goal must also be to promote the work of NHS Scotland itself.

Obviously, a wider goal would be to change attitudes to alcohol in Scotland amongst our target-public (and possibly the wider public).

POSITIONING

With regards to positioning the campaign and by extension NHS-HS (also NHS Scotland), the campaign should look to position the alcohol-related support services and health-care provision services at the forefront of the campaign, to provide alternatives to alcohol [abuse],

⁴³ It is, therefore, important to consider that inequality includes victims of alcohol-related crime, and goals must include facilitating and focusing on working with organisations during the campaign who are out with NHS-HS, many of which NHS-HS already works with, such as Police Scotland.

as well as to position the organisation as one who the target public see as a first port of call in regards to alcohol abuse.

OBJECTIVES

Having broadly stated the goals, the opportunity now is to state them in tangible terms. We should seek for the campaign to:

- Increase the uptake of NHS Services related to alcohol, such as the ABI's – as 2016/17's increase exceeded the target by 42% the campaign should seek to recreate these results. So we would aim to set the base level at the same level of ABIs delivered (86,560) in 2016/17 and exceed this by 40% - so 121,184 ABIs delivered in 2018/19(NHS Scotland, 2017).⁴⁴
- Decrease the number of alcohol-related hospital admissions:
 - For males we believe the campaign should aim to reduce the 2018/2019 alcohol-related hospital admissions by 3%.⁴⁵
 - For females the campaign's objective should be to reduce 2018/2019 alcohol-related hospital admissions by 2.5%.⁴⁶
- Decrease the number of alcohol-attributable deaths during 2018/19.
 - We would set an objective of decreasing alcohol-related deaths by 5 from 2016's 298 deaths for females.⁴⁷

⁴⁴ NHS Scotland, 2017

⁴⁵ 2016/17 saw a reduction from 2007/08 of 21% for males, approximately a 2.3% reduction per year, (Information Services Division, 2017, p. 5).

⁴⁶ For the period 2007/08-2016/17 female rates of alcohol-related admissions to hospital have decreased by 17%, approximately a 2% reduction per year, (Information Services Division, 2017, p. 5).

⁴⁷ For females the statistics show a general downward count from 304 deaths in 2010 to 298 deaths in 2016, that's a fall of 1.97% or 6 deaths, and a year-on-year average fall of 0.33%. The rise from 2015's 294 deaths, we would hope to reverse and see a fall of 1 more death minimum on 2016's figure, so that would mean there had been 293 deaths, 5 less than in 2016 (numbers calculated using: National Records Scotland, 2017).

- For males we set an objective of decreasing the number of alcohol-related deaths by 10 from 2016's 673 deaths.⁴⁸
- As a by-product it should be seen that NHS-HS's campaign should reduce the amount of alcohol consumed in Scotland reduced from the 11.6 litres per adult to in-line with England and Wales 9.9 litres(BBC, 2009).⁴⁹
- The campaign should also hope to see a by-product result of decreasing the number of violent crimes perpetrated whilst under the influence of alcohol.⁵⁰

STRATEGIES & TACTICS

The objectives must be supported by any and all strategies, and it is my belief that these few 'out-of-the-box' strategies will best connect with both the target public and also help to achieve the objective.

Television Serials

Use of Broadcasters (STV/BBC Scotland/Channel 4/Channel 5) to create Two or Three Television 'Series':

1. Focused on Scottish Hospital's, staff dealing with alcohol related admissions.⁵¹

⁴⁸ Whilst there have been year-on-year fluctuations increasing and decreasing, since 2010's 714 alcohol-related deaths of males aged 45-59 to 2016's 673 alcohol-related deaths of males aged 45-59, which is an average decrease per year of 0.96%, the campaign should raise that to a 1.5% decrease - approximately 10 less deaths in 2018/19, so down to 663 from 673, (numbers calculated using: National Records Scotland, 2017).

⁴⁹ BBC, 2009. Slightly different numbers are suggested by McLean et al. (2017, p. 16) but the principle of bringing it in-line with England and Wales (as a starting point) still applies.

⁵⁰ If participation in the campaign by Police Scotland it is recommended that the quantity reduction be set from 2016/17's 2 in 5 alcohol-fuelled violent crime (reduced from 2008/09's 3 in 5, a decrease of 0.125 per year average) to 1.75 in 5 in 2018/19, a reduction of 0.25 per year, double the yearly average (Scottish Government, 2016b).

⁵¹ e.g. 'Hospital'; '24 Hours in A&E'; 'Ambulance'; 'One Born for Every Minute'; 'Helicopter Heroes'; 'Great Ormond Street'; 'Hospital 24/7'; 'Junior Paramedics'; 'The Highland Midwife' etc

2. Focus on Rehabilitation Treatment Centres for Alcoholics - specifically following individuals through their treatment programmes.⁵²
3. Focus on Alcohol Affects.⁵³

Interviews

Channel 5's The Wright Stuff/ITV's Lorraine Kelly/BBC Breakfast/ITV Good Morning as well as News Channels: BBC News/Channel 4 News/ITN/Sky News/Channel 5 News with regards to 'expert interviews' with Scotland's top Liver, Alcohol doctors, GPs etc. These same 'expert interviewees' should be asked to write a contributed column in Scotland's National Newspapers, with special local articles for Local Newspapers.

Website

Tie-in Website for the Television Series and Alcohol Support services, perhaps an 'Alternatives/Healthy Living' option as a spin-off web-video-series for social media distribution could be created with our 'expert interviews' focusing on alternatives to alcohol initially, but also how to drink responsibly etc.

Why These Strategies

The Television Series objective is to *increase* awareness of the work Scottish NHS Staff do in supporting those struggling with Alcoholism, as well as other services (Police Scotland; Scottish Fire Service; Scottish Ambulance Service; Social Services) in dealing, whilst also highlighting the available services (subtly) and is a general information impartation of the work of the NHS in Scotland in supporting and dealing with Alcohol related medical issues – it is not a 'smart' objective based tactic because it is background, create an *awareness* in the public conscience. The smart objectives can be achieved tangentially through the 'pointing' elements of the series' options to gateway and support services and also to the tie-in-

⁵² e.g. 'A Summer to Save My Life'; 'My Shocking Story' etc

⁵³ Possible as part of Series One in conjunction with Police Scotland, Scottish Fire Service; Scottish Ambulance Services; Social Services etc

website. Though unmeasurable it is hoped a television series highlighting the effects binge drinking and alcoholism has on the Health, Social Care and Emergency Services it would contribute to a national consciousness of understanding that people should be more 'considerate' of the lives they jeopardize (not only their own) and the stress' and strain they place staff under. This was some of the thinking behind Imperial College London Healthcare NHS Trust's Public Relations and Communication's department thinking(Dixon, 2017).⁵⁴

FURTHER STRATEGIES

Use of 'traditional forms' of communication strategies including Press Releases (for whole series and individual episodes, highlighting areas of importance). Posters and flyers for use in areas frequented by the target public such as pubs/clubs, off-licenses, supermarkets, public toilets, work-places, hospitals, police stations. The use of social media 'paid' advertisements (if possible).⁵⁵ Posts and active usage of Social Media.⁵⁶ As well as further investigation of alternative 'social networks' and how best to use those to support the campaign.⁵⁷

⁵⁴ Dixon, 2017

⁵⁵ Examples: Facebook, Twitter and LinkedIn. But only if this can be budgeted for, remember the broadcast will likely also have an advertising budget.

⁵⁶ Examples: Facebook, Twitter, Instagram, Tumblr, Pinterest

⁵⁷ Examples: Snapchat, musical.ly, Houseparty, Justlo, ASKIP, and Meetup

MESSAGES

A large part of the messages need to focus on the effects of alcohol as previously mentioned, evidence of the negative effects of alcohol, and statistical usage specifically related to our target-public. Statistics that *show the horror* such as “If you’re aged 45-59 and male you are more likely to have an Alcohol-Related death than a 19 year old.”. It’s a simple message, and obviously requires refinement, but the basic concept is a *shock-tactic*. As part of the campaign personal stories to connect with your audience, use of young adults in the television series, who are affected by their parents drinking should ‘tug at the heart-strings’ – the website and television serials should ‘place’ the alcohol-abuse in the context of their effects not only on themselves but also on those around them, and the wider society. Statistical information can be dropped into the television series.

Positive and negative engagement with recovery in the alternative television series would enable us to show more of the NHS services that support individuals facing alcoholism, and ‘hopefully’ with a few ‘success-stories’ within the television series it would sell the message that ‘you too can-do this’.

The other-side of these messages is that ‘there is support out there’ and that the NHS is there to provide that, and does provide that, through various services offered directly by the NHS, funded by the NHS and through partnerships with other organisations.

A further side to this messaging is that we promote the *healthier* side of living without alcohol-abuse, and the benefits of such a lifestyle. Messaging should also include a *fairness* element, where in imparting the idea that this lifestyle promotes equality in society – i.e. less crime, less death, more opportunities to engage in a civil and civically responsible Scotland.

CHAPTER: 1203 WORDS

CHAPTER THREE: TIMETABLE

MONTH	-3	-2	-1	1	2	3	4	5	6	7	8	9	10	11	12	NOTES
TV SERIAL 1	Build relationships with the Broadcasters (and possibly with Television Production companies) to facilitate the development of such a Television Series.			Film TV Serial 1			Arrange for the first series to begin airing									<p>Preferably aim to have two or three different production companies willing to make a series each. As well as two or three different broadcasters to publish-distribute-broadcast each series. This will enable each series to run independently, and also to enable our reach to be increased.</p>
TV SERIAL 2	Build relationship with 2nd broadcaster (preferably) and possibly a second production company			Film TV Serial 2					Arrange for the broadcast of TV Serial 2							
TV SERIAL 3	Build relationship with 3rd broadcaster (preferably) and possibly a third production company			Film TV Serial 3										Arrange for the broadcast of TV Serial 3		
INTERVIEWS	<p>Develop relationships with the News Media to facilitate the "expert interviews" as well as prepare them for the campaign.</p> <p>First wave of interviews to support TV Serial 1</p> <p>Second wave of interviews to support TV Serial 2</p> <p>Third & Final wave of interviews to support TV Serial 3</p>															
WEBSITE	Develop the associated website.			Produce content for website		Publish website (& content) relevant to this series				Release content relevant to TV Serial 2					Release content relevant to TV Serial 3	
PRESS RELEASES	<p>Draft Press-Releases according to the episodes and the series.</p> <p>Release of relevant press-releases, social media posts/adverts, website videos, posters and fliers regarding TV Serial 1</p>															
SOCIAL MEDIA	<p>Produce Social Media Content</p> <p>Release of relevant press-releases, social media posts/adverts, website videos, posters and fliers regarding TV Serial 2</p>															
WEBSITE VIDEOS	Engage an 'internal' production company to develop the website video content.			Film Website Video Content		Release of sample material and 'adverts' for TV Serial 1										
POSTERS/FLYERS	<p>Produce Posters. Flyers according to the episodes and the series</p>															
STAFF	<p>Build and develop our internal communications with staff, to let them know what is happening, and why we are doing this.</p>															
EXTERNAL STAKEHOLDERS	<p>Develop our external stakeholder relationships and seek consensus and cooperation with the objectives and the strategies outlined above, with the goal of involving as many as possible and taking an holistic approach.</p>															

CHAPTER: 0 WORDS

CHAPTER FOUR: EVALUATION

The NHS in Scotland now produces quarterly-statistics, this should help us evaluate during the campaign. Specific aspects of the campaign (are they reaching enough people etc) such as Social Media, Website usage etc, will be analysed during the campaign (and at the end) using Analytics, and this will include evaluation of our specific posts and messages – do they connect properly with our target public? Television viewing data will be monitored to assess if the campaign is reaching its target public, and this can be monitored during the campaign. Adjustments can be made to Social Media, the Website etc., and also time-slot changes can be negotiated with individual broadcasters.

Final evaluation methods will be to analyse the final data produced for the 2018/2019 year by NHS Scotland, National Records Scotland, Police Scotland and the Scottish Government with their yearly data-compilations regarding alcohol-related subjects, such as alcohol-related deaths/hospital-admissions/arrests and alcohol sales, this data should help us determine if the campaign has actually achieved its objectives and therefore been a successful campaign.

As this is tied to the release of the minimum pricing of alcohol legislation produced by the Scottish Government our campaign and others linked to alcohol will receive lots of coverage and statistical research over the year, it is therefore not something that we would need to provide exclusive research data for, other than to compile from the annually produced reports.

The Annual ScotCen ‘Scottish Social Attitudes Survey’ should *help* to determine if we managed to achieve the goal of changing attitudes towards alcohol in Scotland amongst our target-public as well as the wider society of Scotland.

CHAPTER: 267 WORDS

REPORT: 2954 WORDS

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