

*Independent review of
The Drinkaware Trust (2006–2012)*

17 April 2013

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Foreword – Sir Hugh Taylor, Chair of Independent Review Panel

The Memorandum of Understanding for the Drinkaware Trust sets out the need for a strategic review of its activities and governance. To fulfil that obligation, the Trustees proposed the establishment of an Independent Review Panel whose members would reflect the key stakeholder communities of Drinkaware. On 12 July 2013, we all agreed to serve as that Independent Review Panel, and to oversee an independent audit of the activities and effectiveness of the Drinkaware Trust. Our role has been to ensure that the audit was carried out independently of Drinkaware and in a rigorous, inclusive and open manner.

As chairman of the panel, I have been more than ably supported in these tasks by my four panel members, each of whom is a senior individual in his field with extensive knowledge and experience in the sectors relevant to this review. We have also been greatly assisted by our project manager, who has provided us with outstanding support.

In fulfilling our role to date, we have selected the organisation to undertake the audit, determined the audit's process and conduct and reviewed the resulting audit report that we are publishing here.

We selected 23red, an integrated communications agency, to carry out the audit from a shortlist of four organisations who tendered for the work. Given the sensitivities of this area of work, they were required to provide a full declaration of their potential conflicts of interest.

I should like to thank 23red for the commitment and diligence with which they approached the audit and for the thoroughness with which they have pursued its objectives and addressed the questions that the audit sought to answer.

23red has carried out an extensive assessment of Drinkaware's activities including examination of its core activities, its governance and its campaigns. They responded positively to all our requirements on the process and conduct of the audit and they also appointed a peer review panel of eminent individuals to oversee their methods and to check the objectivity of their analyses, from which we, and other readers, can take assurance. 23red reported back to us regularly on their progress throughout and responded positively to our steer for securing comprehensiveness and clarity in their report.

23red has provided a substantial document of their findings here which provides Drinkaware with a significant body of material to weigh and consider.

Our work as Independent Review Panel is almost complete. This report will provide key input for the Drinkaware Trust in the development of its future strategy. With the new Chief Executive at the helm at Drinkaware since January 2013, this independent audit of Drinkaware's effectiveness up to the end of December 2012 could hardly be more timely. It is now for Drinkaware to digest the content of 23red's report, to decide how to respond to it and to consider how to take their organisation forward and map its future path in the light of this independent report.

The Independent Review Panel

Sir Hugh Taylor, Chairman of the Guy's and St Thomas' NHS Foundation Trust and former Permanent Secretary at the Department of Health

Professor Sir Ian Gilmore, Faculty of Health Sciences, University of Liverpool, Honorary Consultant Physician at the Royal Liverpool University Hospitals, and Chairman of the Alcohol Health Alliance

Jeremy Beadles, Corporate Relations Director, Heineken UK and former Chief Executive of the Wine and Spirit Trade Association

Chris Heffer, Deputy Director alcohol and Drugs, Department of Health

Ben Page, Chief Executive, Ipsos MORI

Briony Enser, Project Manager

Authors' preface

We are pleased to bring you this review of The Drinkaware Trust. We hope that this report will provide clear direction to the Trust as to how the Trust might optimise its activities.

Many people contributed to this review and we would like to extend our thanks to:

- The **peer review panel**, whose input was invaluable in validating the methodology and framing our conclusions and recommendations
- The **stakeholders** who took part in the depth interviews and / or the survey, without whose contributions this report could not have been written
- The **organisations** who responded to the invitation to contribute who provided us with additional information, viewpoints and evidence
- **London South Bank University** for allowing us to cite their research paper in this report
- **Drinkaware staff** for having been unfailingly helpful in responding to our endless requests and queries

The authors:

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Alison Hardy
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Peer review panel's preface

There will doubtless be many people who come to read this review with preconceived notions of what it should say. Public health interventions often engender strong views, especially when they require collaboration between industry and the public health community and involve relatively unproven approaches, such as marketing and communications. In defining the scope of this review, the Independent Panel asked a great many questions, any one of which could generate a lengthy report in its own right.

Our role as peer reviewers was to ensure that, in answering those questions, the team used appropriate methods and weighed the available evidence in an objective fashion. Throughout this process, we were given opportunities, singly and as a group, to comment on both the scope of work and the draft report and we made use of those to rectify methodological omissions and to challenge, clarify and nuance the findings, drawing on our respective and varied areas of expertise.

As a panel, we are content that the approach was appropriate to the task as defined and that our contributions were heard and reflected in the final document. We would like to state that we were impressed by the team's capacity to report in an even handed fashion, both acknowledging what has been well done and highlighting what has been poorly done or is still lacking. As a result, those looking for either a whitewash or an ambush from this report will be disappointed. We hope that those looking for a firm basis from which to better direct industry investment into alcohol harm reduction will gain a valuable resource.

Professor Rod Griffiths, former President of the Faculty of Public Health at the Royal College of Physicians; former Regional Director of Public Health for the West Midlands region

Professor Emily Holmes, Honorary Professor of Clinical Psychology, University of Oxford; MRC Cognition and Brain Sciences Unit

Professor Greg Maio, School of Psychology, Cardiff University

David Harker CBE, Non Executive Director of Gas and Electricity Market Authority and the Financial Conduct Authority; formerly Chief Executive of Citizens Advice

Executive summary

Executive summary

1. *Background and methodology*

- 1.1 The Drinkaware Trust was established in 2007, following a 2006 Memorandum of Understanding (MoU) between Government, the public health community, and industry.
- 1.2 Drinkaware is a standalone alcohol education charity, funded by voluntary cash donations and in-kind support from all sectors of the alcohol industry – producers, the on-trade, and the off-trade.
- 1.3 Its goal is to promote responsible drinking by providing consumers with resources and information to make informed decisions about the effect of alcohol on their lives and lifestyles.
- 1.4 A review of Drinkaware was last conducted in 2009. This review made a number of recommendations, one of which was that there should be an independent audit of the charity's activities and effectiveness in 2012.
- 1.5 An Independent Review Panel, chaired by Sir Hugh Taylor, was appointed to oversee this audit, and 23red, an independent consultancy, was commissioned to carry it out.
- 1.6 The purpose was to examine Drinkaware's work from its establishment to 2012 (with a focus on post 2009) and assess performance against objectives. The intent is not to devise a future strategy for Drinkaware; rather it is to make recommendations which will inform the development of that future strategy by the Drinkaware board and management team.
- 1.7 In order to fulfil this aim, 23red carried out extensive primary and secondary research consisting of:
 - A document review of Drinkaware's published and internal information, contributions from third parties, and desk research drawing upon additional external data sources
 - A quantitative survey completed by 118 of Drinkaware's stakeholders (although this was drawn from Drinkaware's own contact database so may not be wholly representative of the full stakeholder universe)
 - A suite of 36 depth interviews with key stakeholders
- 1.8 A peer review panel was convened to review the methodology and final report.
- 1.9 It should be stressed that Drinkaware's remit is specific to information, education and communication. It does not exist to influence Government policy on taxation, pricing

or licensing laws, nor does it influence industry decisions on distribution, packaging or product formulation. Cognisant of this remit, this review is confined to Drinkaware's activities, relationship with its stakeholders, governance, skills and funding.

2. *Main findings*

- 2.1 This is a mixed report. The reviewers found that much has improved since the last review of the Drinkaware Trust, notably the funding position. On the other hand, while some things are now well done, others are poorly done or are lacking entirely. No stakeholder group is entirely happy with the current status quo.
- 2.2 In consequence, while recognising that there are inevitable tensions facing an organisation with the remit and funding base of Drinkaware, this report calls for substantial changes to the way in which Drinkaware operates. These changes affect the way the Trust is funded, its governance model and the way it carries out its core activities.

Overarching themes

- 2.3 Most stakeholders we surveyed support the principle of the alcohol industry funding public information about the harmful effects of alcohol consumption.
- 2.4 There are benefits in having a common initiator and destination point for alcohol harm reduction campaigns; moreover, there is value in the Drinkaware brand and it is prudent to continue with it in some form.
- 2.5 Drinkaware has improved in some areas since the last review and over time, for example, it has achieved near-ubiquity for the Drinkaware.co.uk URL, it has improved arrangements for stakeholder engagement, and it has become more professional in its approach to campaigns.
- 2.6 Among external stakeholders and staff, there is optimism around the new chief executive and around the changes that she and the chair have already started to make operationally.
- 2.7 Notwithstanding some issues which we go on to highlight concerning the setting of Drinkaware's KPIs, there has been some progress in their achievement, in particular amongst young people (11–17).
- 2.8 However, all groups of stakeholders are dissatisfied with the status quo to some degree. Their dissatisfaction focuses on three key areas:
- The lack of an **evidence** base, both to inform what Drinkaware does and to evaluate how it does it
 - A perception of industry influence resulting in a suspicion that Drinkaware is not truly **independent** of the alcohol industry

- Weak stakeholder engagement, resulting in Drinkaware’s **isolation** within the alcohol harm reduction community

2.9 The fact that Drinkaware’s funding agreement with industry expires in December 2013 creates a “burning platform”; it is urgent that the Trust address these issues.

Drinkaware’s activities

2.10 We found a lack of clarity concerning Drinkaware’s mission and purpose, and we recommend the Trust now take this opportunity to review these.

2.11 Drinkaware has no overarching marketing strategy and has provided no analysis for why it prioritises the audiences and activities it does.

2.12 It does not have a peer review process for strategy and evaluation documents nor does it routinely publish these for public scrutiny.

2.13 Since the 2009 review, some good work has been done in terms of building awareness of the Drinkaware logo and brand, gaining better understanding of marketing and behaviour change, piloting interesting initiatives and achieving some success with its parents and adults programmes.

2.14 However, the Trust has failed to develop sufficient evidence of actual behaviour change, relying principally on self-reported measures.

2.15 Reviewing these self-reported measures, we see that the most encouraging shift has been in the age of first supervised and unsupervised drink, where a steady positive trend has been observed.

2.16 For the other target audiences, the picture is patchy. For 18–24s, the KPI on not having to get drunk to have a good night out appears to have eroded slightly since 2009, while the proportion claiming to drink to get drunk every or most times they drink has improved slightly. Adoption of tips has changed little with the exception of “pace self” (although this change seems to be largely as a result of a wording change in the questionnaire). Among adults 25–44, awareness of units has increased but understanding of the guidelines has eroded among both men and women.

2.17 Key Performance Indicators

Key Performance Indicators	2009	2012
Parents and young people (11-16)		
Awareness of harmful effects of alcohol	(no trend data)	
Age of first supervised drink	12.9	13.4
Age of first unsupervised drink	13.8	14.7
Young adults (18-24s)		
I don't have to get drunk to have a good night out	78%	73%
Drink to get drunk (every/most times I drink)	19%	16%
Use of tips:		
Pace self*	50%	67%*
Eat before drinking	69%	74%
Alternate soft drinks with water	23%	20%
Adults (25-44)		
Increase awareness of measuring alcohol by units	82%	90%
Increase understanding of guidelines		
Women	36%	31%
Men	34%	30%

*Note: the wording for the question for the “pace self” KPI was changed in 2012 (from “pace yourself when drinking” to “drink at own pace, rather than keep up with others”). In 2011, 51% of 18–24s agreed with the question, using the old wording, suggesting that the leap in 2012 is due to wording change alone)

(Source: Ipsos MORI)

Stakeholder relations

- 2.18 Drinkaware’s stakeholder relations activity has been externally managed and has tended to focus on relationships with industry.
- 2.19 Relationships with industry stakeholders are strong and their perceptions of Drinkaware have improved significantly since the last review.
- 2.20 Public health stakeholders are considerably more critical of Drinkaware as an organisation, particularly in relation to its perceived lack of independence and evidence base.
- 2.21 For some, any explicit involvement of the alcohol industry in the governance and operations of Drinkaware means that it cannot be truly independent and must raise questions about its efficacy and even the case for its existence.

- 2.22 Drinkaware is seen to operate in relative isolation and to be missing opportunities to collaborate with Government and the public health community at a national and local level.
- 2.23 Industry stakeholders are disappointed that Drinkaware has not created more positive relationships outside of industry and recognised the need for it to collaborate if it is to succeed.
- 2.24 While there are some improvements that can be made to the stakeholder engagement programme, better engagement cannot compensate for a structural issue around the perceived lack of independence.

Governance and management

- 2.25 In general, the role and performance of trustees and matters of board practice are dealt with effectively at Drinkaware.
- 2.26 However, there are some weak points, for example there is no formal induction or appraisal process.
- 2.27 Board attendance is generally good except for the devolved administrations, who have not attended most meetings.
- 2.28 The board has overseen the implementation of most recommendations from the 2009 review, although some have been only partially delivered.
- 2.29 A Finance & General Purposes Committee concentrates on financial and control issues and appears to fulfil all obligations with regards to these areas.
- 2.30 The Medical Advisory Panel has worked at arm's length from the trustees but can and should be asked to make a broader strategic contribution.
- 2.31 Drinkaware would benefit from an additional marketing advisory panel, to provide expert guidance for both strategy and evaluation. This panel should involve academics and practitioners from a variety of backgrounds, including commercial (non-alcohol) marketing, epidemiology, behaviour change and psychology.
- 2.32 There is a fundamental issue with the board structure, which is currently dominated by two equal blocs of industry and health stakeholders, with only two independent trustees. There is a perception amongst a minority of trustees that there is undue industry influence, although we found no evidence of this. Perhaps more importantly, the structure fuels the perception amongst the public health community that Drinkaware is not independent of industry. We believe a different structure would be beneficial.

- 2.33 A new Memorandum of Understanding or other formalised agreement may be required to address some of the issues discussed above and more widely in this report.

Funding

- 2.34 The commitment to fund Drinkaware is now contained within industry's broader commitment to the Public Health Responsibility Deal. However, the current funding arrangement expires in December 2013.
- 2.35 There is an understanding by industry that it is in its interest to continue to fund Drinkaware as part of their corporate social responsibility and funders would be willing to do so, provided evidence of its effectiveness is demonstrated.
- 2.36 However, Drinkaware has not yet been able to demonstrate a compelling case for industry to continue to fund its activities, as it has provided no evidence of return on investment.
- 2.37 Industry funders might be open to increased funding of Drinkaware, but only if the evidence base is provided.
- 2.38 With Drinkaware's funding agreement expiring in December 2013, the Trust has both an incentive to change and a deadline to review its overall strategy.

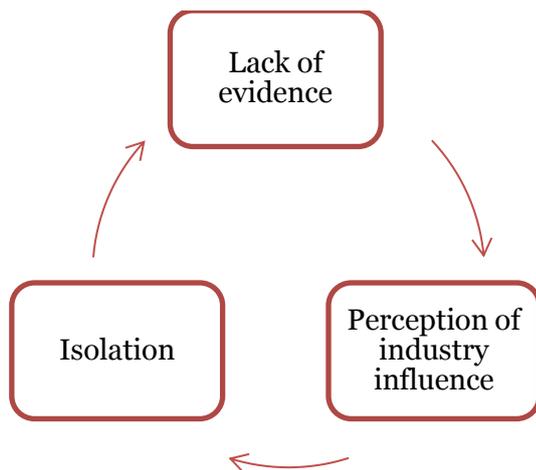
3. Overarching conclusions and recommendations

Conclusions

- 3.1 While most stakeholders wish to see Drinkaware continue, the Trust faces real risks unless it addresses the issues of insufficient evidence, the perception of industry influence, and its isolation from the wider public health community.
- 3.2 At present funders are let down by Drinkaware's inability to provide an evidence base – they are committing money to the organisation with no proof that this money is being spent to positive effect. Non-industry stakeholders, having seen little to indicate that the organisation's activities are working, remain critical.
- 3.3 Drinkaware is seen by non-industry stakeholders as lacking independence from its funders, and some are sceptical that it truly wishes to encourage responsible drinking behaviours. Industry stakeholders are aware that these perceptions exist and are frustrated that their efforts to meet their corporate social responsibility obligations are undermined by Drinkaware's lack of credibility with the public health community.
- 3.4 Drinkaware is isolated from the wider alcohol harm reduction community. It is not seen to have engaged with stakeholders in its field, which has resulted in a lack of awareness of the broader themes around alcohol harm reduction and a loss of opportunity to promote its work.

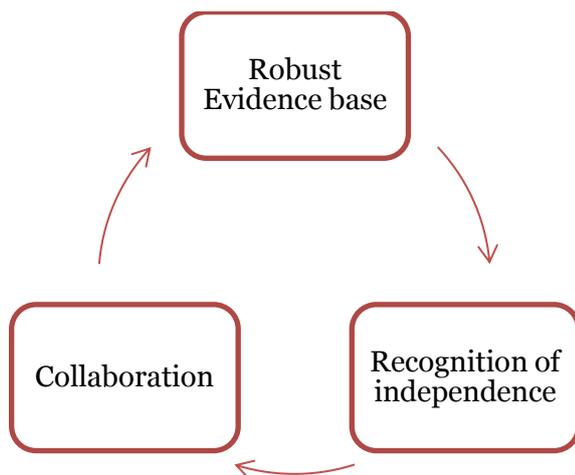
3.5 These challenges are interrelated. The organisation lacks an evidence base to prove efficacy; this results in scepticism from the wider community that it is truly independent and genuinely working to change behaviour. This in turn leaves Drinkaware isolated from the wider public health community, and this very lack of collaboration prevents the building of an evidence base.

3.6 The interrelation of these challenges is illustrated by this 'vicious circle':



Recommendations

3.7 Drinkaware needs to address these three challenges in order to turn the 'vicious circle' into a 'virtuous circle':



Develop a robust evidence base

- 3.8 The evidence that intervention via information, campaigning or other marketing activity changes alcohol-related behaviour is currently poor; all organisations that seek to change behaviours via campaigning or marketing struggle with this issue.
- 3.9 However, as a major player in this field (and a recipient of significant funding) it behoves Drinkaware to build a robust evidence base, both to direct its resources into the most effective channels and to prove the value thereof.
- 3.10 By robust evidence base, we mean that Drinkaware should:
- Collect data on drinking behaviour, not just by asking people what they believe they do, but by observing what they actually do
 - Prove that specific interventions have an impact, for example by testing or piloting different approaches and measuring the impact of those approaches in real life or experimental situations
 - Quantify the benefits of those approaches (for example, the cost of reducing one individual's alcohol consumption to within the recommended guidelines) so that comparisons can be made with other interventions that might have been funded instead
 - Bring together the scientific rigour of the academic community with the measurement capability of the commercial sector (for example, linking to actual sales data) and the expanding potential of digital measurement
 - Do so using resources that are proportionate to the task
- 3.11 Drinkaware should view this as a transparent, shared and consultative task, rather than as something it needs to accomplish in isolation.
- 3.12 Drinkaware should follow best practice when evaluating its activities, for example, by writing evaluation plans in advance, by using external evaluators and by submitting evidence to peer review. This will add greater credibility to its work.
- 3.13 Evidence (both of what does and what does not work) should be published and made freely available to the wider community, and evidence of effectiveness should be publicised amongst stakeholders.
- 3.14 In an effort to broaden its understanding of the wider context and enhance capability in key areas, Drinkaware should consider establishing additional advisory panels for marketing and evidence.

Recognition of independence

- 3.15 Drinkaware should restructure its board to include more lay trustees, each of whom is chosen for the skills he or she brings (such as expertise in marketing, behaviour change

or psychology) rather than as a representative of a specific interest group; the proportion of industry and public health trustees should be decreased accordingly.

- 3.16 Drinkaware may also wish to establish greater separation between the task of collecting funds and the responsibility for spending those funds, for example by considering a blind trust arrangement.

Promote collaboration

- 3.17 Drinkaware needs to build more positive relationships with non-industry stakeholders.
- 3.18 In order to do this, Drinkaware should refocus its stakeholder engagement programme towards building collaborative mutually beneficial relationships with Government, health NGOs and the public health communities at a national and grass roots level.
- 3.19 Drinkaware should be prepared to share research, resources, plans and responsibilities, be transparent about all its work, and align its activities so that they work effectively with what other organisations are doing.
- 3.20 Drinkaware should consider supporting stakeholders to deliver programmes at a local level. One way to do this might be to reinstate the grants programme or introduce a campaign-related bid fund.
- 3.21 Drinkaware must maintain a programme of communication with stakeholders to ensure they convey clearly at every opportunity the evidence of its effectiveness in bringing about behaviour change.

Resource appropriately to deliver

- 3.22 In order to ensure that the organisation has the resources (skills and funding) to deliver the detailed recommendations made throughout this document, we recommend that:
- Drinkaware should conduct a skills and capability audit (to include trustees, panels and staff) to ensure the organisation has the requisite strategic and delivery skills to carry forward the detailed recommendations made throughout this document
 - Drinkaware should consider using an evidence based model to determine future funding requirements. Meanwhile there is an urgent need to agree an interim funding deal for post 2013
 - While these recommendations may be challenging to implement, we believe that they form the basis of a more efficient, and respected, organisation.

Introduction

Background

Methodology summary

Note on context

Note on document structure

Introduction

This section of the report sets out the background to the review, its objectives and the methodology used to meet these objectives.

4. Background

Drinkaware

- 4.1 The Drinkaware Trust was established at the beginning of 2007, following a Memorandum of Understanding (June 2006) between the Government, the public health community and industry. Under the Memorandum of Understanding, the Portman Group agreed to transfer its existing educational funding and resources to the trust, including its website www.drinkaware.co.uk, as the name had already begun to establish itself in the public's consciousness, and so was retained as the consumer-facing brand of the trust.
- 4.2 Drinkaware is a standalone alcohol education charity, funded by voluntary cash donations and in-kind support from all sectors of the alcohol industry – producers, the on-trade, and the off-trade. Its goal is to promote responsible drinking and to find ways within the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm. It aims to do this by providing consumers with resources and information to make informed decisions about the effect of alcohol on their lives and lifestyles. The alcohol industry provides Drinkaware with £5m of direct funding and £20m of in-kind support per annum.
- 4.3 The Memorandum of Understanding states that there should be thirteen trustees on Drinkaware's board, consisting of five members from the industry, five with a health or other professional interest in alcohol, and three who have no professional interest in alcohol, including the chair (NB there are currently two trustee positions vacant).
- 4.4 Alcohol-related behaviour change has been identified as a crucial objective for Government. The Government's Alcohol Strategy published in 2012 assigned Drinkaware a key role in this, recognising commitment to Drinkaware as a central part of the solution to reduce alcohol-related crime and health issues by reshaping attitudes towards alcohol and reducing the number of people drinking at increasing/higher risk levels. Parallel proposals from the devolved administrations also reference the need to work closely with the alcohol industry. Support for Drinkaware is one of the eight alcohol-centred Public Health Responsibility Deal pledges.

Independent review

- 4.5 The original Memorandum of Understanding committed to an audit and review of Drinkaware in 2009. This in turn informed an Addendum, wider commitments from the industry to fund Drinkaware and the 2010–2012 business plan. The Addendum

committed to a more major audit and review in 2012 which would cover the entire period of 2006 to 2012.

- 4.6 As an integral part of the process, an Independent Review Panel was appointed to oversee the audit. Sir Hugh Taylor, Chairman of the Guy's and St Thomas' NHS Foundation Trust and former Permanent Secretary at the Department of Health, chairs the panel. The other members of the panel are:
- **Professor Sir Ian Gilmore**, Faculty of Health Sciences, University of Liverpool, Honorary Consultant Physician at the Royal Liverpool University Hospitals, and Chairman of the Alcohol Health Alliance
 - **Jeremy Beadles**, Corporate Relations Director, Heineken UK and former Chief Executive of the Wine and Spirit Trade Association
 - **Chris Heffer**, Deputy Director Alcohol and Drugs, Department of Health
 - **Ben Page**, Chief Executive, Ipsos MORI
- 4.7 The Independent Review Panel appointed 23red to carry out this audit following an open and competitive tendering process. 23red is an independent integrated communications agency, with a specialism in strategic consultancy, stakeholder engagement, partnership marketing and behaviour change. The team was chosen for its social marketing expertise, knowledge of board governance, understanding of alcohol policy and delivery across the UK, and experience of working in the public, private and third sectors. A brief overview of the agency and biographies of the team of consultants can be found in the appendices to this report.

Objectives

- 4.8 The overall purpose of the review was to conduct an audit of Drinkaware's work from 2006 to 2012 and to assess performance against objectives. Given an audit was conducted in 2009, it was agreed that the focus of this review would be the period post 2009. The key question this review seeks to answer is "what more could be done to improve Drinkaware's effectiveness?".
- 4.9 The full list of related questions we were asked to answer are as follows:
- i) Assessing whether Drinkaware's work from 2007 has resulted in it meeting its KPIs
 - ii) Given the brand awareness and equity Drinkaware has established, is it leveraging that fully to achieve its goals?
 - iii) Does Drinkaware have the right target groups for its work? In particular:
 - a) Do the activities of others (e.g. government, charities) still support Drinkaware's choice of target groups?
 - b) Would focusing resources in one area pay more dividends?
 - iv) Has Drinkaware supported behaviour change in those target groups?
 - a) Does Drinkaware have a robust approach to delivering behaviour change?
 - b) Has Drinkaware achieved behaviour change? Where has Drinkaware been most successful in promoting behaviour change? And where least successful?

- c) Are the scope of activities right either for a social marketing organisation, or more broadly (e.g. should they be helping local services more explicitly)?
- v) Does Drinkaware have the right KPIs?
- vi) Has Drinkaware executed its campaigns and activities with skill and rigour, and delivered value for the money it has chosen to spend?
 - a) Have the campaigns been well planned and executed?
 - b) Has Drinkaware analysed the market effectively, identified the right activities and given them a clear direction?
 - c) Has Drinkaware's non-campaign activity, for example its grants programme, helped it to meet its KPIs and is this the best use of resources going forward?
 - d) Are the digital tools/website work carried out by Drinkaware engaging and effective in encouraging customers to change their behaviour?
 - e) Is there robustness and clarity of messaging around the health harms?
 - f) Has Drinkaware carried out the right research on its effectiveness and on its campaigns?
 - g) Has it drawn the right lessons from past efforts and investment?
 - h) Is the procurement – especially media spend – effective and does it represent value for money?
- vii) Has Drinkaware's governance and engagement with stakeholders operated in an appropriate and effective way to support its goals and activities? In particular:
 - a) How well has Drinkaware responded to governance recommendations and challenges identified in the 2009 audit?
 - b) Is current governance sufficient, or are there still challenges to be overcome?
 - c) Has the board developed and the role of the Trustees been effective? How has the board worked as a decision-making framework both in perception and practice?
 - d) Are the decisions made by the trustees effectively cascaded to the staff and stakeholders?
 - e) How has Drinkaware managed its stakeholder relationships, both in terms of health NGOs and industry awareness of its activities, and has it promoted its successes? Is the activity in sync with/listening to the public health alcohol lobby?
 - f) Have they employed people with the right skills and drawn on external resources appropriately? Is the recruitment process effective? Are the staff delivering effectively?
 - g) Does the Advisory Panel add value or does it need to be strengthened? Is it sufficiently independent? Has the advice of the Independent Medical Advisory Panel on health harms translated into practice?
- viii) What are the views of key stakeholders about how Drinkaware could be more effective?
- ix) Given that the Public Health Responsibility Deal includes a collective pledge by the alcohol industry to support Drinkaware (until 2013), does there need to be a new/revised Memorandum of Understanding going forward?
- x) Can the funding situation be improved?
 - a) Is it (still) helpful for all consumer-facing work by the alcohol industry around alcohol to be led through Drinkaware?
 - b) Should Drinkaware continue to be funded solely by the alcohol industry?
 - c) Is Drinkaware's funding (£5.2m pa) adequate for it to carry out its missions, meet its objectives, and have a material impact on knowledge and attitudes?

- d) Given the level of funding, is the balance between staff costs and campaign spend, grants and other areas correct?
- e) Has Drinkaware used its budget to best effect and delivered value for money?
- f) Might something else have been done and to better effect?

5. Methodology summary

5.1 In order to fulfil the objectives set out by the Independent Review Panel, the following pieces of work were carried out:

- Document review
 - Drinkaware documentation
 - Contributions from third parties
 - Desk research
- Stakeholder quantitative survey with 118 stakeholders split across industry and non-industry sectors (NB the sample came from Drinkaware’s own contact database so may not be representative of Drinkaware’s full stakeholder universe)
- 36 depth interviews with key stakeholders (including trustees, staff, funders, non-funders, health and Government)

5.2 A panel of eminent professionals was appointed to peer review the methodology and the final report.

5.3 Full details of the methodology can be found at the end of this report.

6. Note on context

Recognising the sensitivities

- 6.1 The alcohol industry realises that a negative drinking culture and excess consumption invites criticism, and recognises that it has a corporate social responsibility to address irresponsible drinking behaviours. It has therefore chosen to work with Government and the health community to tackle them, and to work together as an industry to provide the credibility that would be lacking if they all worked independently.
- 6.2 The very concept of the drinks industry funding the promotion of responsible drinking is one that provokes strong opinions from all sides, with some (but not all) from the public health community sceptical as to whether industry is genuine in its desire to reduce alcohol consumption, as well as being doubtful as to the efficacy of using communications to do so.
- 6.3 As this is a very sensitive territory, we have been cognisant of some of these bigger questions such as “What is the motivation of industry?”, “Is it possible to reduce harm without reducing population consumption or profitability?” etc. However, Drinkaware’s remit is limited to marketing activities, and therefore the core purpose of

this review is to understand how effective Drinkaware has been at using communications as a tool (the only tool at its disposal) to encourage responsible drinking. Although we are conscious that communications is only one lever in changing behaviour relating to alcohol, to look at any other forces would fall outside of the scope of this brief.

The changing landscape

- 6.4 Since Drinkaware's last review in 2009, there have been a number of changes to the wider social and political sphere; for example, the Government's Alcohol Strategy was published in May 2012, the new Public Health Responsibility Deal collective pledge was launched in November 2012, and the establishment of Public Health England in April 2013 will shift the emphasis from the centrally driven to the locally empowered. Although the review covers the period to 2012, we have considered our recommendations in the context of this changing landscape.

7. Note on document structure

- 7.1 This report is written to answer the central question "What more could be done to improve Drinkaware's effectiveness?". It is therefore written in a spirit of "constructive criticism" – we have examined how effective Drinkaware has been in different areas of its operation and identified key areas of improvement where they can harness resources to better effect.
- 7.2 The report structure begins with a discussion of the overarching themes emerging from the review, followed by examination of organisational areas as discrete sections as follows:
- Activities – what has Drinkaware set out to deliver and what has it achieved with the resources at its disposal?
 - Stakeholder relations – how is Drinkaware viewed by the outside world?
 - Governance and management – how does it manage itself?
 - Funding – what are the resources it has at its disposal and how does it use them?
- 7.3 In reviewing each of these areas we identified the impact of each of the key themes.

Main findings

Overarching themes

Main findings

This is a mixed report. The reviewers found that much has improved since the last review of the Drinkaware Trust, notably the funding position. On the other hand, while some things are now well done, others are poorly done or are lacking entirely. No stakeholder group is entirely happy with the current status quo.

In consequence, while recognising that there are inevitable tensions facing an organisation with the remit and funding base of Drinkaware, this report calls for substantial changes to the way in which Drinkaware operates. These changes affect the way the Trust is funded, its governance model and the way it carries out its core activities.

8. *Overarching themes*

8.1 The overarching themes that came through consistently throughout the review process can be summarised as follows:

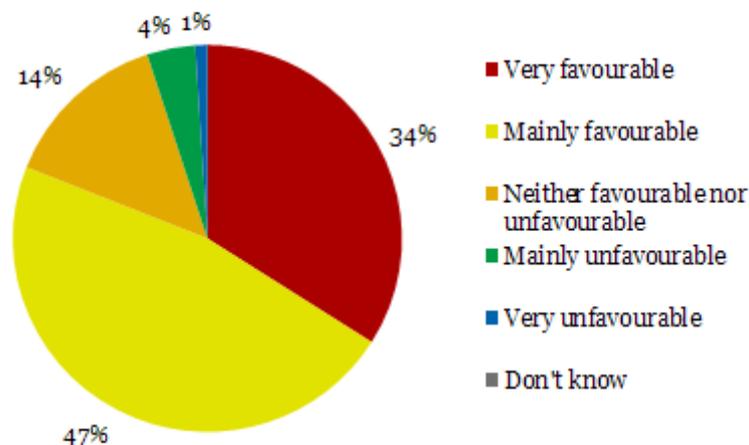
- Most stakeholders surveyed support the principle of the alcohol industry funding public information about the harmful effects of alcohol consumption
- There are benefits in having a common initiator and destination point for alcohol harm reduction campaigns; there is value in the Drinkaware brand and it is prudent to continue with it in some form
- Drinkaware has improved in some areas since the last review and over time; for example, it has achieved near-ubiquity for the Drinkaware.co.uk URL, it has improved arrangements for stakeholder engagement, and it has become more professional in its approach to campaigns
- Among external stakeholders and staff, there is optimism around the new chief executive and around the changes that she and the chair have already started to make operationally
- Notwithstanding some issues which we go on to highlight concerning the setting of Drinkaware's KPIs, there has been some progress in their achievement, in particular amongst young people and parents
- However, all groups of stakeholders are dissatisfied with the status quo to some degree. Their dissatisfaction focuses on three key areas:
 - The lack of an **evidence** base, both to inform what Drinkaware does and to evaluate how it does it
 - A perception of industry influence resulting in a suspicion that Drinkaware is not truly **independent** of the alcohol industry
 - Weak stakeholder engagement, resulting in Drinkaware's **isolation** within the alcohol harm reduction community
- The fact that Drinkaware's funding agreement with industry runs out in December 2013 creates a "burning platform"; it is urgent that the Trust address these issues

Support for Drinkaware

8.2 Those stakeholders who responded to our survey are generally favourable towards Drinkaware – 34% say they are very favourable, and a further 47% are mainly

favourable. Only 5% (all of whom come from health, Government or NGO organisations) say they are mainly or very unfavourable.

Overall, how favourable or unfavourable are you towards Drinkaware?



Base: all respondents (118)



- 8.3 This view is broadly supported by stakeholders interviewed in depth, with the exception of some public health professionals. Most stakeholders feel that there is a role for Drinkaware to continue to play in alcohol harm reduction, and while there are plenty of areas in which the organisation could improve, very few actually wanted to see the end of Drinkaware.

“I think it has started to find its proper niche and where it can add real value.”
(Stakeholder interview, trustee)

“I think Drinkaware is absolutely vital in the role that it plays, so I think it’s been fantastic in what it’s achieved to date.” (Stakeholder interview, funder)

“Drinkaware's role is to inform and educate. I have noticed a change in the message in the past 1–2 years, which is directly about drinking less. And delaying the age of starting drinking. Both these messages have incontrovertible health benefits.”
(Stakeholder survey response, non-industry)

- 8.4 It is generally agreed that the alcohol industry should fund activity promoting responsible drinking; where the disagreement lies is whether or not they should be involved in the delivery of this. If Drinkaware did not exist, funders would concentrate on their own individual responsible drinking programmes; there is acknowledgment that it is better that resources are pooled together under one coherent central banner.

“That’s why we will link to them for that external credibility and the resources that they have as well, because obviously they far outstrip anything that we could ever do as a brand and as a company as well with the level of investment they’ve got. I think the expertise that Drinkaware has as well with their access to various spokespeople and experts.” (Stakeholder interview, funder)

8.5 Stakeholders are positive about the arrival of the new CEO and the changes she seems to be bringing to the organisation.

“Elaine’s appointment was good as she comes from a marketing background.” (Stakeholder interview, funder)

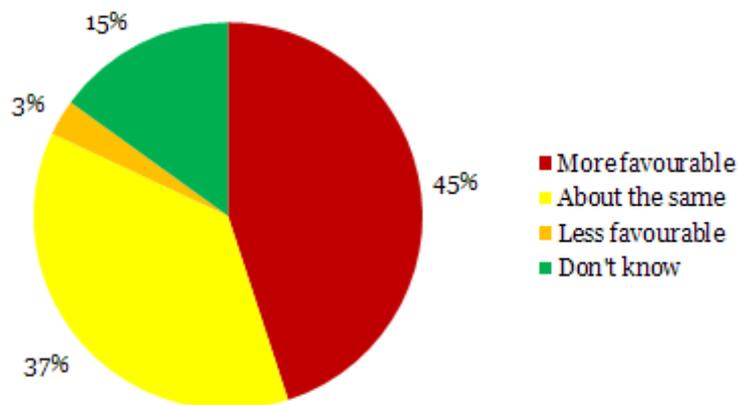
“She presents as a very sure leader and a very direct and robust one, she has at her disposal a small talented team, I think they’ve now got quite a bit of experience but they’re still young and ambitious, and there are some hugely valuable, leverageable assets that she has, starting with the website but also with the connections and the voice that we have already. So I think there is a very firm platform for her.” (Stakeholder interview, trustee)

"As of last week I’m optimistic, just from one meeting with Elaine..." (Stakeholder interview, health)

Improvements

8.6 Nearly half (45%) of stakeholders say that they are more favourable towards Drinkaware compared to three years ago (the time of the last review), and just 3% say that they are less favourable. Industry stakeholders are significantly more likely to be more favourable than non-industry stakeholders (63% compared to 33%).

Compared to three years ago, would you say you are more or less favourable towards Drinkaware?



Base: all respondents (118)

- 8.7 With some exceptions, there is general consensus that Drinkaware has come a long way since its inception, particularly in the past two to three years. The chair's role in bringing Drinkaware along is acknowledged by stakeholders.

“It took quite a long time to get going, I think most people would recognise that but I think there's great promise there and there is certainly a very firm basis for the next stage.” (Stakeholder interview, trustee)

“I think it's come a long way over the last four to five years, I think that Derek has, frankly, really professionalised the operation.” (Stakeholder interview, funder)

- 8.8 Stakeholders, in particular those from industry, note the ways in which the organisation has improved and our document review also shows the ways in which Drinkaware's thinking around communication and behaviour change has evolved over time.

“I look at the Drinkaware Trust as having been on a considerable journey over the last four to five years and getting to the state where actually it is professional and it's also credible as well.” (Stakeholder interview, funder)

“[I am broadly favourable about Drinkaware] because after a shockingly poor start the Trust appears to me to have embarked on its mission with competence and determination and has already achieved a lot. More than one might have expected, I'd say.” (Stakeholder survey response, non-industry)

- 8.9 Drinkaware staff also feel that the organisation has developed hugely since its inception but recognise that it still has key areas for development.

“I would say that we're probably half way up a mountain, so we've come an awful long way and we've got some way to go.” (Stakeholder interview, staff)

- 8.10 Although Drinkaware is seen to have made improvements over time, there are some areas in which Drinkaware is seen to be in need of further development which are addressed in subsequent sections of this document.

Drinkaware's KPIs

- 8.11 Notwithstanding some issues with regards to Drinkaware's KPIs in terms of the process for setting them, their appropriateness, ownership and measurement, there has been some progress against them.

- 8.12 The most encouraging shift has been in the age of first supervised and unsupervised drink, where a steady positive trend has been observed.

- 8.13 For the other target audiences, the picture is patchy. For 18–24s, the KPI on not having to get drunk to have a good night out appears to have eroded slightly since 2009, while the proportion claiming to drink intending to get drunk every or most times they drink

has improved slightly. Adoption of tips has changed little with the exception of “pace self”, although this change seems to be largely as a result of a wording change in the questionnaire. Among adults 25–44, awareness of units has increased but understanding of the guidelines has eroded among both men and women.

	2009	2012
Parents and young people (11-16)		
Awareness of harmful effects of alcohol	(no trend data)	
Age of first supervised drink	12.9	13.4
Age of first unsupervised drink	13.8	14.7
Young adults (18-24s)		
I don't have to get drunk to have a good night out	78%	73%
Drink to get drunk (every/most times I drink)	19%	16%
Use of tips:		
Pace self*	50%	67%*
Eat before drinking	69%	74%
Alternate soft drinks with water	23%	20%
Adults (25-44)		
Increase awareness of measuring alcohol by units	82%	90%
Increase understanding of guidelines		
Women	36%	31%
Men	34%	30%

*Note: the wording for the question for the “pace self” KPI was changed in 2012 (from “pace yourself when drinking” to “drink at own pace, rather than keep up with others”). In 2011, 51% of 18–24s agreed with the question, using the old wording, suggesting that the leap in 2012 is due to wording change alone

(Source: Ipsos MORI)

- 8.14 Industry stakeholders say that they understand the KPIs and feel that they are the right KPIs – and they believe that Drinkaware is achieving these KPIs, but when pushed, they are not aware of any evidence of this.
- 8.15 By contrast, non-industry stakeholders are aware of the KPIs but question whether they were the right KPIs in the first place and whether the evidence is there to support their achievement.

Organisational issues

- 8.16 Despite positive developments and the general sense of optimism around the arrival of the new CEO, stakeholders still feel that there are still a number of challenges that need to be addressed.

- 8.17 These centre on the lack of evidence of the organisation’s effectiveness, a perception of industry influence and the organisation’s isolation. These challenges represent a real risk to Drinkaware if they are not addressed.

Lack of evidence

- 8.18 It is generally accepted that the evidence base for education, communication and social marketing intervention around alcohol harm reduction is poor, not least because it is difficult to capture. However it is extremely important that Drinkaware provide such an evidence base to prove the efficacy of its activities and its commitment to bringing about the desired behaviour change. This is required by all stakeholders, who are currently being let down by its absence:

- Funders need to see a return on investment to sustain or increase funding
- Government needs to ascertain whether Drinkaware’s activities are working and are therefore better than alternative measures
- Public health, police and NGO communities need to see evidence of efficacy to overcome scepticism about the organisation
- Drinkaware itself needs to know what is working in order to make decisions about where to invest its resources

- 8.19 Just over half of stakeholders (58%) agree overall that Drinkaware is guided by an evidence base of what works, although this is driven by industry, 67% of whom agree, compared to 50% of non-industry stakeholders.

- 8.20 While some stakeholders believe there must be an evidence base, when challenged they were unable to cite it and generally referred to campaign metrics such as webstats. The general consensus from the depth interviews is that Drinkaware has not been able either to generate or disseminate robust evidence to show that its activities have been effective or have provided value for money.

“There’s not a lot of transparency in terms of the evidence base and measuring the results on an ongoing basis. I think even for the “Why Let Good Times Go Bad” campaign, while we’ll know about the level of in-kind support and the number of people who have seen the messages, what you’ll never know is any form of behavioural change, etc., which relates back to some of those KPIs.” (Stakeholder interview, funder)

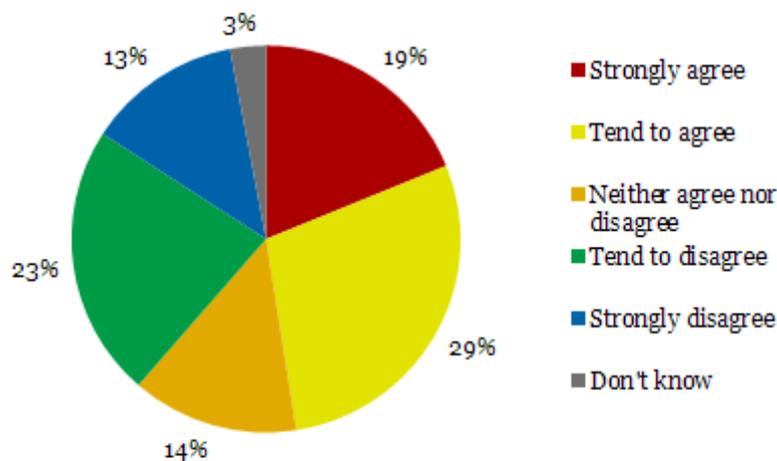
- 8.21 However, Drinkaware’s approach to evidence gathering has improved considerably over time – they are starting to work with organisations to build this capability in partnership and are also using technology to build it internally. They are aware of the difficulties of providing evidence of behaviour change but are looking at various ways of improving their delivery in this area and adding to the data that they have. The very fact that there is currently little evidence available in the alcohol harm reduction arena provides Drinkaware with a real opportunity to both prove its worth, and engage effectively with the wider community. All communities would benefit from

understanding more about what does and does not work, and would welcome more sharing of such learnings.

Perception of industry influence

- 8.22 Overall, a fifth of stakeholders surveyed (21%) cite ‘independence’ as the biggest challenge facing Drinkaware (the second highest challenge after changing society’s attitudes to alcohol), illustrating how top of mind this issue is.
- 8.23 Whether or not Drinkaware is truly independent of industry is a question that divides stakeholders in the survey, with similar proportions agreeing with this statement as disagreeing. As expected, there are divisions depending on whether stakeholders come from industry or not – 35% of industry stakeholders strongly agree compared to 8% of non-industry; by contrast, 20% of non-industry strongly disagree compared to 4% of industry.

Drinkaware is independent of the drinks industry



Base: all respondents (118)



- 8.24 Drinkaware is perceived by the non-industry stakeholders (particularly those from the public health community and NGOs/charities) as lacking independence from industry, and these stakeholders are sceptical about its impact. These negative preconceptions are firmly held, despite being often based on fairly limited knowledge, illustrating the importance of engagement with these audiences.

“I would say that the viewpoint of the public health community was that Drinkaware was a completely conflicted organisation that was essentially just another arm of the drinks industry.” (Stakeholder interview, trustee)

- 8.25 Some stakeholders from the public health community are fundamentally opposed to the drinks industry having any role in public health and as such, do not support Drinkaware in any shape or form. They consider it a complete conflict of interest for industry to be funding such initiatives and would only accept a compulsory levy as an alternative to the status quo.

“Drinkaware is funded solely by the alcohol industry and has at least five industry members on their board. Consequently, it is not regarded as an independent charity despite consistently describing itself as such. It is not the responsibility of the alcohol industry to be responsible for public health information as there is a clear conflict of interest.” (Stakeholder survey response, non-industry)

- 8.26 Others have more moderate views and accept that there is nothing wrong with industry wanting to give something back. However, they still feel that appropriate measures need to be put in place to prevent both any impropriety and indeed the perception of any impropriety.

“I don’t think you can escape the fact that [Drinkaware] is seen by everybody in the alcohol field as an arm of the industry and playing a role in protecting the alcohol industry despite the fact that a lot of what it does is very good.” (Stakeholder interview, health)

- 8.27 The funders themselves recognise that this perception exists and feel that it is unhelpful and prevents them from getting credit for their investment. They support Drinkaware and want it to work as they consider it in their best interests for consumers to drink responsibly for the long-term future of their industry. They are also conscious that if Drinkaware is seen to fail, the alternative would be less appealing commercially.

“My perception is people want this arrangement to work because actually the credibility of the Drinkaware Trust is in all our interests, not least because we support the objectives as well and, of course, the alternative in terms of hostile legislation is not in our interest, so that’s why I think the alcohol industry wants to make it work.” (Stakeholder interview, funder)

“Any sensible organisation, any industry, recognises the need to be responsible otherwise they’ll be out of business and, if Drinkaware is an organisation that can help that in terms of ensuring people drink responsibly, if that means reducing alcohol consumption then that’s only for the benefit of everyone in the future. If I was working in the drinks industry what I’d be worried about was legislation and, if Drinkaware as an organisation is one of the things that can help through education, through encouraging responsible drinking, if that means alcohol consumption decreases then producers of good quality products will continue to survive, otherwise they face the risk of serious legislation that could put some of them out of business.” (Stakeholder interview, trustee)

- 8.28 Many are therefore frustrated that the perceived lack of independence means it doesn’t always have the credibility they need it to have.

“We give a sizeable amount of money to Drinkaware each year... but that’s given no credit at all really by those who seek to criticise the drinks industry and drinks retailers, in the sense that you almost might as well not give it because it’s just regarded as nothing... Each time you’re looking at what is quite a substantial amount of donation, in effect, to a charity, they have to be justified every year and we need Drinkaware to be highly regarded by the outside world to be able to help us justify that internally.” (Stakeholder interview, funder)

8.29 Trustees that were interviewed were generally keen to reassure that there was no question of any industry board members actively promoting the interests of their organisation (at the expense of Drinkaware’s work) but were well aware that perception existed.

8.30 The Health Select Committee reflected these concerns expressed in its 2012 report on the Government’s Alcohol Strategy.

“The value of this (Drinkaware’s) contribution is likely to be very limited if the campaign it promotes is considered to be constrained by industry links... If Drinkaware is to make significant contribution to education and awareness over the coming years, its perceived lack of independence needs to be tackled and as part of the review that is to be held this year, the committee recommends that further steps are taken to entrench that independence.”

8.31 A fundamental shift in governance arrangements and stakeholder engagement is required in order to challenge these preconceptions that Drinkaware is unduly influenced by the alcohol industry.

Isolation

8.32 Drinkaware is perceived to have been relatively weak at engaging stakeholders (other than funders). The organisation is seen as not collaborating with others in its field. As a result, there is a view that Drinkaware lacks an awareness of the wider and ever-changing macro context of its activities, as well as a sense that it is missing out on potential partnerships.

“Professionally [Drinkaware] could do more, partly to encourage us but also to make sure we’re fully aware because we could be an ambassador for Drinkaware if we were better informed of what they were trying to achieve and the pressure that jointly we could bring on suppliers to display information, etc. and make information available.” (Stakeholder interview, other)

“I think building those relationships with those stakeholders outside of the industry is going to be critical going forward. We are in an environment where alcohol as a social issue as well as a health issue is increasingly on the agenda so we’re not going to have fewer stakeholders or fewer people interested in what we’re doing, there’s only going to be more, so it’s important that as an organisation that stakeholder management piece is done well.” (Stakeholder interview, funder)

“Penetration into local communities – [Drinkaware hasn’t] really engaged effectively with local partnerships in a way that aligned priorities and delivered win-wins.”
(Stakeholder survey response, non-industry)

- 8.33 Similarly, Drinkaware is seen to have not engaged with other organisations in terms of promoting its work.

“[Drinkaware] should be lobbying of its own accord to make sure that the politicians and some of the key decision makers and key influencers are aware of the successes of Drinkaware and the value it can bring. Which I think it has perhaps done less well.” (Stakeholder interview, trustee)

- 8.34 There is a sense amongst some stakeholders that Drinkaware is not aware of the different communities it could and should be engaging with beyond its funders, for example academics and local communities. Some question whether Drinkaware is even aware of its reputation of being “in bed with industry”.

“Drinkaware doesn’t appear to appreciate the cynicism that there is out there in the academic world.” (Stakeholder interview, other)

- 8.35 There is a perception amongst stakeholders that one of the reasons for Drinkaware’s isolation was their desire to prove that they were an independent charity – they did not want to be seen to be working too closely with Government or engaging with industry – and as a result have not built potentially mutually beneficial relationships with key organisations. Another factor that may be further isolating Drinkaware from the wider communities is the fact that its focus is communications – it is not able to engage around other issues such as pricing and distribution, and as such is working in a vacuum, with other organisations not bringing Drinkaware into the wider discussions about alcohol.

- 8.36 Drinkaware staff themselves acknowledge that Drinkaware has not always been as outward looking as it could be:

“[Drinkaware was] an organisation that by and large was very inward looking, looked to itself to generate its ideas and its movement, and, as a consequence of that, in my view really seemed to lack a lot of organisational confidence to go out into the world and to take the slings and arrows you need to take when you’re working in this field and more fully engage in the debate about alcohol, which really is another place that you would prove your worth.” (Stakeholder interview, staff)

- 8.37 While Drinkaware’s isolation is self-imposed to a degree, to some extent they are being ignored by other organisations in the alcohol health harms arena, who are reluctant themselves to engage with Drinkaware.

“Some of the other campaigning type charities... just aren’t convinced that the educational awareness raising type stuff works and wouldn’t go near Drinkaware in a million years.” (Stakeholder interview, other)

- 8.38 Marketing is a skill which can be undervalued and underestimated by the public health community¹, and as such has the potential to be a valuable area of collaboration, and an opportunity for Drinkaware to emphasise the value of communications as a public health tool.
- 8.39 The Drinkaware board and CEO have recognised the need to engage with non-industry stakeholders and are taking steps to address this. But true collaboration will also require some non-industry stakeholders to change their mind sets.

¹ Curtis VA, Garbrah-Aidoo N, Scott B. Masters of marketing: bringing private sector skills to public health partnerships. *American Journal of Public Health* 2007; 97(4): 634-641

Activity analysis

9. *Activity analysis*

- 9.1 This section of the report deals with what Drinkaware sets out to deliver and what it has achieved with the resources at its disposal.
- 9.2 In addition to the stakeholder survey and interviews, the documents specifically reviewed to analyse Drinkaware's activities included strategy documents, briefing documents for creative agencies, analysis of web traffic, research studies (both qualitative and quantitative), media audits and evaluation documents, dating from 2009 to the present day, plus data and documents from third parties submitted as part of the invitation to contribute. We also reviewed all the creative materials, tools, products and the website, drawing on the core team's collective experience of working on Government, charity and commercial sector campaigns, in order to form a view as to whether they were appropriate for and effective with the defined target audiences.
- 9.3 In reviewing the activities to date, we saw the impact of our three key themes – isolation, lack of independence and lack of evidence – playing out in the delivery of Drinkaware's programmes.
- 9.4 Our analysis breaks down into three sections:
- How Drinkaware defines what it is trying to do (mission and purpose)
 - How well it does this:
 - In aggregate
 - In its three main campaigns
 - Through smaller initiatives
 - The wider use of Drinkaware:
 - The value of the Drinkaware brand
 - In-kind funding
 - Broader information provision

How Drinkaware defines what it is trying to do

9.5 There is a lack of clarity around Drinkaware’s mission and purpose.

9.6 On its website, Drinkaware describes its strategic objectives as:

- Increase awareness of:
 - Why and how to drink safely and responsibly
 - The impact of alcohol misuse on society and on the health and wellbeing of individuals, their families and communities
- Improve attitude towards:
 - Motivation and personal responsibility to drink safely and responsibly; and
 - The unacceptability of binge drinking and drink related disorder
- Effect positive changes in behaviour related to alcohol consumption

9.7 Some public health stakeholders we spoke to (and who contributed to our call for evidence) were concerned about the use of terminology that implied that there is a safe level of alcohol consumption.

“Nobody in this day and age would ever talk about drinking *safely*, ... the amount of evidence around the cancer risk...you’re at a low risk of health harm if you drink below the lower risk guidelines.” (Stakeholder interview, Government official)

“Balance would state that there is no ‘safe’ level of alcohol use. This point was clearly made by Professor Nutt (Independent Scientific Committee on Drugs) ‘the myth of a safe level of drinking is a powerful claim. It is one that many health professionals appear to believe in and that the alcohol industry uses to defend its strategy of making the drug readily available at low prices. However the claim is wrong and the supporting evidence is poor’.” (Balance, invitation to contribute)

9.8 In its documentation, Drinkaware often short-hands the issue it is attempting to address in terms of “drunkenness” and “binge drinking” for example:

“Reduce the public acceptance of drunkenness” (Plans presented to the board of Drinkaware, September 2010)

“The goal is to change the binge drinking culture” (Young Adults Strategy, Drinkaware, 2013)

9.9 This is perhaps to be expected, given Drinkaware’s original focus on 18–24s. However, while drunkenness and binge drinking are indeed issues for considerable public concern, we note that Drinkaware’s documents pay less attention to other types of harmful drinking, for example routine drinking above the guidelines (which may not qualify as “binge” but still results in health harm) or alcohol dependency.

- 9.10 Our desk research identified some concerns among the wider public health and medical community; for example, in June 2012, the British Medical Association issued the following statement in response to the Government’s alcohol strategy:

“A frequent criticism of the Drinkaware Trust is that it focuses too much on binge drinking and too little on the overall burden of alcohol-related harm...Focusing on the binge pattern of drinking fails to recognise the strong relationship between total population alcohol consumption and the prevalence of harmful consumption. In short, it is perhaps too easy to focus attention on what is for most people the ‘other’, the violent binger, rather than the effects of more pervasive, but no less harmful, drinking.”

- 9.11 In Drinkaware’s documents, there is also very little discussion of the wider Government agenda, such as the requirement to reduce health inequalities (the gap between health outcomes and life expectancy between the richest and the poorest households) or of the relationship between drinking above guidelines and other lifestyle risks (such as poor diet, sedentary lifestyles, obesity, drugs, risky sexual practices or smoking). One member of staff commented that the organisation was very inward looking, and had little experience or understanding of the health world.

“There was really no one there, to my knowledge, who seemed to have an understanding of the health connection. And that’s something that I did find quite surprising given the kind of organisation it is and the people the organisation really needed to engage with. But I also understood, to some extent, why that might be the case because there’s a huge resistance to industry funded agencies getting involved with the health community.” (Stakeholder interview, staff)

- 9.12 To date, Drinkaware’s activities have been described as “alcohol education”, “information provision”, “communications” and “social marketing”. Its focus appears to have evolved over time. In its 2007 Annual Report, the Trust described its activities as “the provision of education and research on alcohol-related matters”; by the 2011 annual report, this had evolved to “public education, grants, expert information and resources”. In its new website (launched February 2013), Drinkaware describes its activities as “innovative and engaging campaigning, educational and partnership work”.

- 9.13 Based on our research, it would appear that Drinkaware’s stakeholders have varied perceptions of what the Trust is (and indeed should be) doing. Virtually all agree on the importance of making unbiased information about the potential harmful effects of alcohol available to the public. All public health and Government, plus some industry, stakeholders are also increasingly calling for Drinkaware to engage in activities that genuinely change behaviour.

“There’s a lot in this space that needs to be done and needs to be done urgently to counteract a lot of the messages which are coming from industry which are not only normalising abnormal patterns of behaviours but over time are creating norms

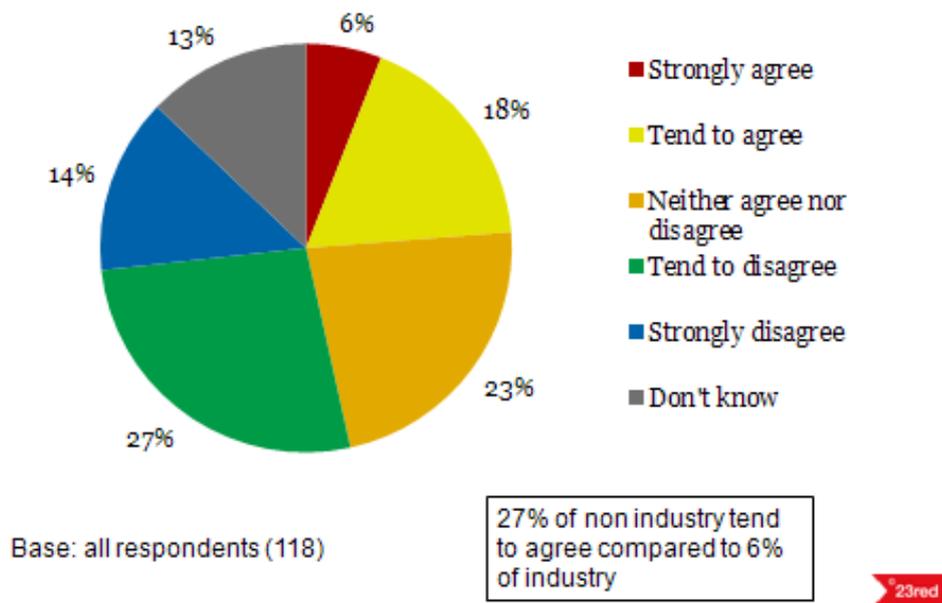
which suggests that higher levels of intake and consumption are in fact okay. So there needs to be countervailing voice and I think that certainly will be a key area for Drinkaware moving forward.” (Stakeholder interview, Government official)

- 9.14 However some of the industry stakeholders were more comfortable with the provision of information (arguing that it is for individuals to decide whether or not their behaviour needs to change).

“I stop in my mind at awareness. I am comfortable that with awareness will come sensible decision making.” (Stakeholder interview, funder)

- 9.15 Our stakeholder survey highlighted that a substantial minority (24%) of Drinkaware’s stakeholders believe that Drinkaware does not change consumers’ behaviour.

Drinkaware does not change consumers’ behaviour



- 9.16 Stakeholders from all sides alerted us to the fact that the evidence base for effective intervention via information or education is currently poor.

“The evidence in the health side is that information and education do not change behaviour. The World Health Organisation, NICE, everyone came to the same conclusion. On the other hand, the drinks industry says their marketing has no impact on behaviour but the health community say it does. So we have a paradox. I take the very simple view that the drinks industry spends £800 million on marketing and I don’t think they’d do this if they don’t find it impacts on behaviour.” (Stakeholder interview, trustee)

- 9.17 As discussed throughout, there was some scepticism among some (but not all) of the public health, medical and NGO stakeholders as to whether industry is genuine in its desire to reduce alcohol consumption. In extreme instances, this was expressed as an allegation that industry wanted to see campaigns developed that they knew would perform poorly:
- “As far as I could see Project 10 [the organisation which instigated the Why Let Good Times Go Bad campaign] was designed to make a big splash and show that the drinks industry was putting a huge amount of funding and to do so in such a way as to have no impact on their profitability.” (Stakeholder interview, trustee)
- 9.18 We should be clear that we found no evidence of such intentions in any of the Drinkaware documents we reviewed. For example, documents that were used to brief agencies on their task (and agency creative briefs setting out what they would do) all suggest that both Drinkaware and its suppliers were faithfully attempting to achieve the trust’s objectives to the best of their abilities.
- 9.19 However, we believe Drinkaware may now be at a point where it should review its vision and purpose, so that it can focus more overtly on harmful drinking and behaviour change. This should also clarify what Drinkaware will uniquely do that others do not; for example the Trust could define its purpose around becoming a centre of expertise for the creation, testing and implementation of social marketing programmes that drive more positive behaviours with respect to alcohol.

How well Drinkaware's approach and campaigns achieve its defined purpose

- 9.20 Drinkaware divides its budget between three discrete strands of activity. These strands target three different audiences:
- Young adults (18–24)
 - Young people (11–17) and their parents
 - Adults aged 25–44, increasing risk drinkers, from socioeconomic groups ABC1
- 9.21 The draft budget (presented to the board on 6 November 2012) provides the following allocations for 2013:
- | | |
|-----------------------------|------------|
| • Young adults: | £1,021,000 |
| • Young people and parents: | £1,073,000 |
| • 25–44: | £634,000 |
- 9.22 No analysis was provided to explain why these specific target audiences have been prioritised or for why resources were divided between them in this way.
- 9.23 (Note: the remainder of Drinkaware's budget was spent on cross-cutting activities (such as research, evaluation, digital, publications, stakeholder events, salaries and overheads.)

Comments on Drinkaware's approach, in aggregate

- 9.24 Drinkaware has no overarching marketing strategy, by which we mean a single document that states how the Trust will use its resources, whether direct funding or in-kind support. We would recommend that Drinkaware develop this type of overarching marketing strategy.
- 9.25 There are, however, discrete strategy documents for each of the charity's three audience groups, reflecting the trust's move, in 2010, to a two-year planning process.
- 9.26 While these individual documents are (particularly in later iterations) well-structured and professional, we would observe that, by never considering the relationships between the three audiences, an opportunity has been missed for integration of efforts.
- 9.27 There are common themes in the approach taken by Drinkaware to each campaign, which we draw out below.

Approach to audience segmentation

- 9.28 Drinkaware uses segmentation (based on a combination of attitude, perceived self-efficacy and behaviour) to focus its efforts on those people within its target audiences who are most likely to have need of and respond to its activities. For example, within

18–24s it has focused on a segment it describes as “irresponsible shamefuls” (although this is changing, see below) and, among parents, on segments labelled “disillusioned unconcerned” and “risk-reducing supervisors”. It has made use of segmentation models current across both the industry (from Diageo, for 18–24s) and Government (from Department for Education, for parents).

- 9.29 We note that in all audience groups, there appears to be a focus on professional and managerial socio-economic groups. This is explicit for 25–44s and parents (where the audience is defined as socio economic group ABC1) but also implicit in young people (where documents refer to the audience as “young office workers and students”). There is no rationale given for the focus on these socio economic groups and no analysis has been provided by Drinkaware as to the relative benefits of targeting people who are generally wealthier, better educated and with better overall health outcomes than on people who have routine and manual occupations or are unemployed. There is a belief among some stakeholders that this focus is driven by ease rather than consumer need:

“They [ABC1s] are easier to get to, and it’s easier to measure your success in surveys. They are more health literate.” (Stakeholder interview, trustee)

“If you look at a lot of the marketing, it is very much designed for a two parent family who are quite educated and being able to pass on, what are at times, quite complex messages. ...they need to do a lot more work on the messaging and making sure they’ve got the right messages for the right audiences and probably accept that ...not everyone’s going to have access to the latest iPad.” (Stakeholder interview, funder)

- 9.30 Both industry and public health stakeholders expressed concerns that, while people from higher socio economic groups generally consume more alcohol, they are less likely to suffer from alcohol-related harm (possibly since their other health behaviours are generally good):

“It’s the higher socio economic groups who drink more, yet it’s the lower socio economic groups that suffer most of the consequences.” (Stakeholder interview, other)

“Social class is really, really important. So, again, if you look at alcohol related mortality, and I’m talking about direct mortality now, then there’s something like a five-fold excess of mortality in the most deprived deciles of population compared to the least deprived deciles of population... There’s a paradox with alcohol which is that that decile of the population drinks the least alcohol in surveys. So you’ve got a group of deprived individuals who on surveys don’t drink as much ... but they suffer a huge excess in terms of harm and consequences and that impacts on their families.” (Stakeholder interview, trustee)

- 9.31 We would recommend that Drinkaware develop an evidence-based model for prioritising audiences and activities, and that this model should focus on alcohol-related harm, not just consumption.

Use of consumer insight and understanding

9.32 Drinkaware has access to a sound body of research, commissioned from reputable independent research practitioners. We note that key insights from this research, such as how the target audiences consume alcohol, their beliefs about drinking and their attitudes to alcohol messaging have been used throughout strategic documents and in briefing agencies, and their influence is reflected in creative materials.

9.33 However, Drinkaware appears to have made very little use of experts or academics (beyond its Medical Advisory Panel). For example it does not routinely consult psychologists, social anthropologists, behavioural scientists, neuroscientists or economists, as it seeks to understand how its audiences behave as they do. It has no marketing advisory panel. The Trust has already recognised this as a weakness. When we asked a Drinkaware staff member if there was anything lacking in their approach, the absence of expert guidance on research and the evidence base was volunteered as an area where the Trust need to improve:

“We’ve been talking about potentially setting up a research advisory council or panel...to ensure that the research that we’re doing is robust... Certainly, in terms of campaign value and impact on audience and making sure that behavioural psychology is included and all that sort of thing.” (Stakeholder interview, staff)

9.34 While Drinkaware is keen to understand its audiences’ feelings and beliefs about alcohol, the wider social and economic context in which alcohol consumption takes place does not seem to have been considered. For example there is almost no discussion (we found none pre 2012) of the impact of the economy or unemployment or the introduction of university tuition fees upon how, why and where people drink. There is no consideration given to the impact of declining drug and tobacco use among young people (both of which are impacted by price and availability and might possibly interact with alcohol as an alternative “drug of choice”).

9.35 Crucially, there is very little discussion of the other elements of the marketing mix (price, distribution, product formulation) as they affect alcohol consumption. We might hypothesise that, since Drinkaware cannot influence these levers, it may have developed a tendency to ignore them. However, a marketing or communications department within a commercial organisation (or indeed within Government) would be expected to consider the impact of other levers, and indeed to align its activity with those levers.

9.36 In interviews with Drinkaware staff, it was clear that the organisation was recognising that its role either was or should evolve towards a marketing (i.e. considering price, distribution, product as well as promotion) rather than exclusively campaigning focus:

“This comes back to the question around skills within the organisation. There’s potentially a marketing skills lacking. Not lacking, that’s not really the way I want to put that, the campaign managers have a campaigning background and you could

argue that a lot of what we're doing is actually social marketing, so I think sometimes there can be a blur between the skills in terms of campaigning and the skills in terms of marketing." (Stakeholder interview, staff)

- 9.37 The absence of marketing (as distinct from campaigning) skills was also noted by the public health community, some of whom argued that other agencies were better placed to deliver the programme:

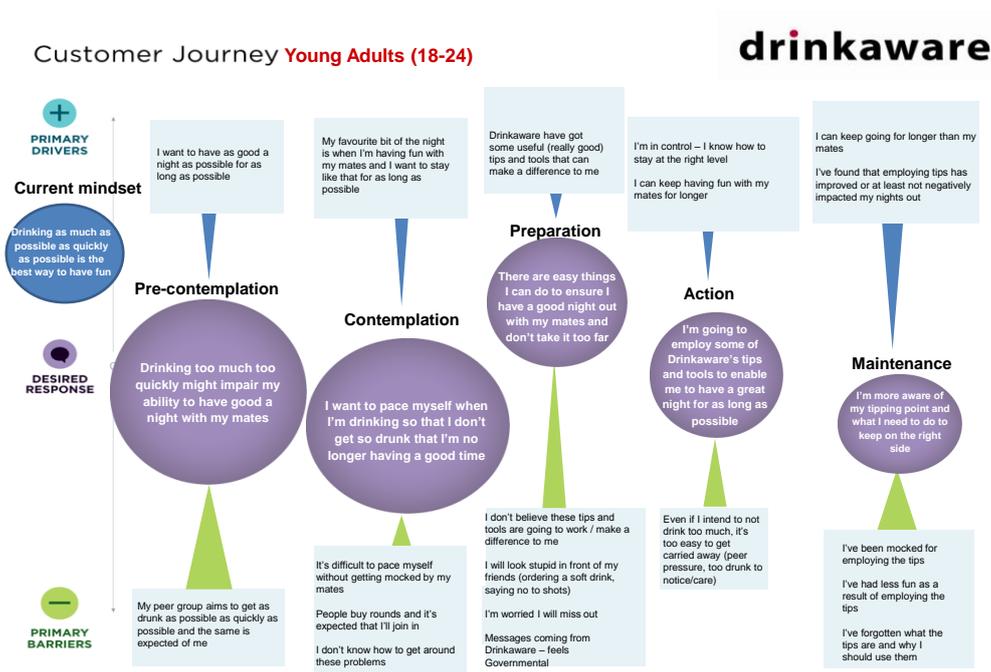
"There are other agencies being set up that have the skills to do this better. Such as Public Health England, which has a social marketing function." (Stakeholder interview, health)

- 9.38 As well as developing greater in-house marketing expertise, we would recommend Drinkaware involves academics and experts in its strategic development.

Approach to behaviour change

- 9.39 Drinkaware has informed us that all three of its major campaigns use a behaviour change model, adapted from Prochaska and DiClemente's "Stages of Change", which was originally developed in the 1980s.
- 9.40 Documents were available for all three target audience groups, and demonstrated how the Trust has aligned its media spend against each stage in the model.

9.41 Example of the Stages of Change model, adapted (in this case, for 18–24s):



9.42 However Drinkaware staff were unable to supply a rationale for the use of this model:

“There’s an element of we’ve always used it, I think, but certainly when we have worked with agencies as well, it was our agreed model, it was their agreed model, so I guess there was no challenge to it being the most appropriate model.” (Stakeholder interview, staff)

9.43 And stakeholders were largely unaware of the model (or assumed it existed but could not describe how it impacted on Drinkaware’s activities):

“What they need and they don’t have is a behaviour change model. Then they can say this is where the population is and what we are trying to do is move people to here.” (Stakeholder interview, Government official)

“I think the answer to that question [does Drinkaware use a model of behaviour change?] is yes, based on the evidence I see in the boardroom but I wouldn’t say that I’m a social marketing expert and, therefore, it’s probably quite difficult for me to comment on that in any great detail.” (Stakeholder interview, trustee)

9.44 Stages of Change is a model of intentional change and focuses on the decision making of the individual. The model has its strengths and has been widely used in health behaviour change, particularly in binary behaviours such as smoking cessation (one either is or is not a smoker and quitting smoking is a conscious decision, which does indeed involve stages, through which the individual sets a quit date and readies his or herself for the quit attempt).

- 9.45 We had not previously seen Stages of Change applied to change that requires moderation (Drinkaware does not ask people to stop consuming alcohol, merely to reduce their consumption to within the guidelines). This may necessitate less advance planning but more routine daily monitoring of the individual's consumption. No evidence was provided of academic involvement in the adaptation of this model and it is unclear how it has been linked to the evidence related specifically to alcohol. We are concerned that it may have been applied in a somewhat tokenistic fashion. In particular it deals with those motivations and beliefs about alcohol that the drinker has acknowledged explicitly, whereas other drivers of behaviour though powerful, may be hidden to the individual.
- 9.46 Moreover, the model does not allow for the impact of the immediate drinking environment (size and shape of glasses, whether drinks are ordered singly or in rounds, whether there is a table to allow a drink to be put down), group dynamics (how people support or undermine the efforts of group members to drink within the guidelines) or indeed the effects of alcohol consumption upon an individual's decision making and ability to follow through with good intentions in the here and now.
- 9.47 As it develops future activities, we would urge Drinkaware to give greater consideration to the impact of these factors. Encouragingly, Drinkaware's most recent (i.e. end of 2012) documentation has started to acknowledge more of the complexity of human behaviour, for example the 2013 strategy for young people and their parents alludes to "peer-to-peer influence", "social proofing/herding", "utilising teachable moments" and a "value exchange".
- 9.48 Interviews with Drinkaware staff suggest that the discernible improvement during 2012 may be the result of staff hires (such as a research and insight specialist) during 2011.

"We appointed a Senior Research Officer who then was promoted to Research and Planning Manager and, having that internal planning function, certainly from a campaign perspective but actually from an organisation perspective as well, has made a huge difference." (Stakeholder interview, staff)

- 9.49 We believe this is the right time for Drinkaware to review its behaviour change model.

Approach to development and testing

- 9.50 Drinkaware has used creative development research, usually qualitative, combined with quantitative tracking data to measure whether its campaigns are noticed, understood and appropriate for the defined target audiences. These research projects are commissioned from reputable independent research agencies, who are all members of the Market Research Society.
- 9.51 With a few notable exceptions, (see the Newquay, In:tuition and Welsh University pilots, below) Drinkaware does very little local or regional piloting of initiatives. Given

that the evidence base for effective alcohol intervention via marketing and communications is poor, we would suggest that Drinkaware pilot more in future, to avoid spending resources on national campaigns that may not subsequently achieve their objectives.

9.52 Drinkaware did have a grants programme (now discontinued) but very little learning has been recorded as a result of the activities of grant recipients. We recommend that Drinkaware consider reinstating its grant programme with an appropriate evaluation programme, to allow for co-creation with local partners.

Key performance indicators

9.53 Drinkaware’s current KPIs are set out in the table below:

Young People	Increase awareness of harmful effects of alcohol on young people
	Increase the average age of first supervised and unsupervised drink
Parents (ABC1)	Increase awareness of harmful effects of alcohol on young people
	Increase the average age of first supervised and unsupervised drink
Young Adults aged 18-24	Change attitudes on drinking habits, getting drunk and associated behaviour (don’t have to get drunk to have a good night out, I don’t like socialising with people who get very drunk and ruin the night for others)
	Change behaviour on how often they drink to get drunk (nowadays I think more about my behaviour when I drink than I used to), and encourage use of helpful habits tips and tools (pacing myself when I drink most or all the time, eat before or when drinking, alternate with soft drinks/water)
Adults 25-44 Increasing Risk Drinkers (ABC1)	Increase awareness of measuring alcohol by units and safe guidelines
	Increase acceptance of guidelines and awareness of harmful effects

9.54 We have a number of observations to make about these KPIs:

- They contain a mix of awareness, attitudinal and behavioural measures
- They are mostly measures that are beyond the sole influence of Drinkaware, so that it is arguably unfair to hold the organisation to account for them. Indeed, measures such as how often people drink to get drunk are much more likely to be influenced by factors beyond Drinkaware’s control (such as disposable income or price, strength and availability of alcohol) so that any change in these measures is likely to be, at least partially and perhaps wholly, as a result of other causes

- They contain some measures that are notoriously difficult to track with any confidence; for example, it is possible for a campaign to increase the social desirability of measures such as “Nowadays I think more about my behaviour when I drink than I used to” (i.e. the campaign educates people that this is the “right thing to say”), without there necessarily being a corresponding change in real consideration or behaviour
- The measures are not quantified, that is there is no “by 10%” or “from x% to y%”, which means that it is never possible to assess whether or not Drinkaware has actually met its KPIs (unless we assume that any statistically significant change in the right direction is to be viewed as success)
- The measures could move at a very slow pace. Some of these changes might only move across generations, and so, arguably, it is unfair to expect any organisation to create an impact over a short (two, three or even five year) period

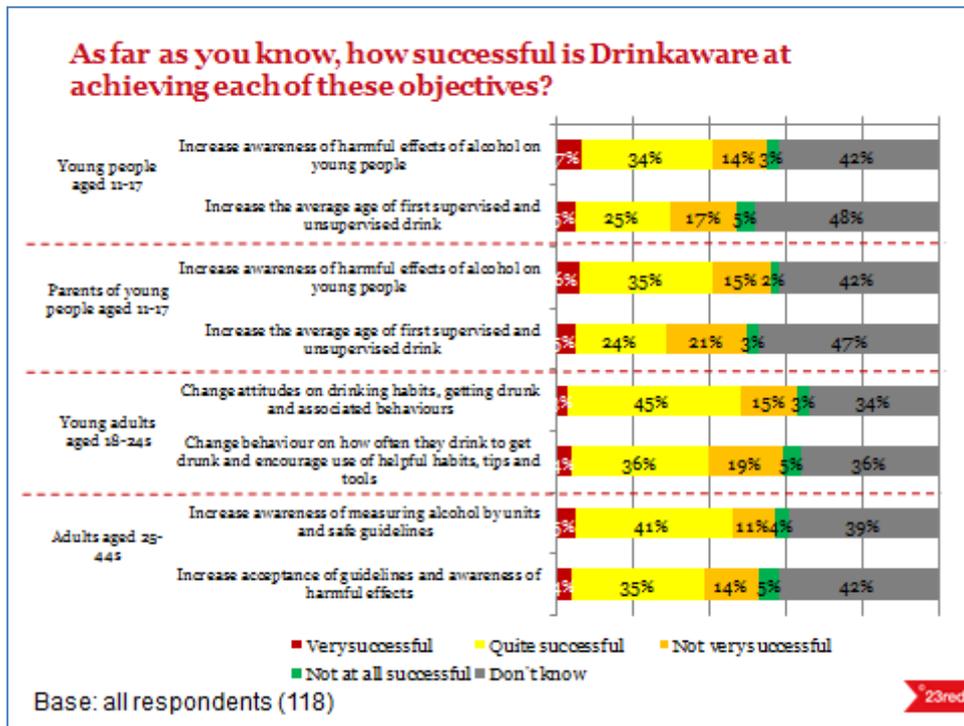
9.55 Given these observations we questioned trustees about the process through which Drinkaware’s key performance was agreed. Their responses suggest that there is currently no systematic process in place for setting KPIs:

“Somebody writes a paper and then the board sits around and discusses it for seventeen centuries. The health NGOs have a lot to answer for because they are always saying ‘What’s the point of doing this if it doesn’t save lives?’ You cannot link information to these things, stop trying to prove it!” (Stakeholder interview, Government official)

9.56 This response was echoed by the staff interviews:

“The KPIs were set by the board, I couldn’t tell you the year off the top of my head but we have always had those KPIs in existence and I think it’s fair to say they’re quite lofty.” (Stakeholder interview, staff)

9.57 It is worth noting, that in all cases, a significant portion (up to 48%) of stakeholders who answered our survey did not know whether or not Drinkaware had been successful in achieving its KPIs. In each case, a good percentage believed that the Trust had been successful (although in our depth interviews, many were not able to cite any specific evidence). Less than 10% thought that the Trust had been very successful at achieving any individual KPI:



9.58 We believe that, in order to be more effective, Drinkaware needs a set of key performance indicators that are clearly linked to (and influenced by) its core activities. We recommend that these are reviewed by the CEO with the board of trustees. These should be born of a clear and transparent process for KPI setting.

Approach to measurement

9.59 Drinkaware has measures in place to track the impact of its campaigns and progress against its key performance indicators.

9.60 However, Drinkaware has struggled to reconcile claimed measures (particularly as these relate to behaviour) with observed or market data. This is a common problem in all behaviour change programmes. Nonetheless stakeholders from all sides share a frustration that Drinkaware has not been able to provide convincing evidence of behaviour change:

“I’m not sure how far we are down the line on behaviour change and whether we’ve measured it. There is a difference between claimed behaviour change and actual behaviour, this is never easy but is possible to measure.” (Stakeholder interview, funder)

9.61 By robust evidence base, we mean:

- Data on drinking behaviour, collected not just by asking people what they believe they do, but by observing what they actually do

- Proof that specific interventions have an impact, for example by testing or piloting different approaches and measuring the impact of those approaches in real life or experimental situations
 - Quantification of the benefits of those approaches (for example, the cost of reducing one individual's alcohol consumption to within the recommended guidelines) so that comparisons can be made with other interventions that might have been funded instead
 - Bringing together the scientific rigour of the academic community, with the measurement capability of the commercial sector (for example linking to actual sales data) and the expanding potential of digital technologies
- 9.62 We consider that Drinkaware would benefit from the involvement of a wider range of professionals, for example epidemiologists, behaviour change experts, clinical psychologists and health psychologists, in building an evidence base.
- 9.63 In addition, we recommend that there should be more consideration of the impact of the way survey questions are framed on the way people may respond to them. For example Drinkaware has occasionally used measures from its data (e.g. “Were you motivated to reduce your drinking as a result of visiting this website?”) in its public reporting that, it could be argued, are tendentious and inappropriate for evaluative purposes.
- 9.64 We note that recently there has been a marked improvement in Drinkaware's approach to this issue; for example, the mydrinkaware tool (see below) has data collection built in.

Approach to evaluation

- 9.65 While annual evaluation documents are available for each campaign, there are no evaluation plans to compare these against. Evaluations of three major campaigns have not been peer reviewed and indeed appear to have been at least partially written by the external agencies (all of whom could have a vested interest in proving success) rather than by an auditor or Drinkaware itself.
- 9.66 There is no attempt to isolate the specific effects of Drinkaware's activities from the other “noise” in the marketplace. For example, there is no use of basic techniques such as regional testing (where one area is used as a control, receiving no activity, so that it can be compared with the rest of the country) or more sophisticated statistical analyses, such as econometric modelling, which models data trends over many years, to enable the impact of competitive activity, pricing, weather, consumer confidence, changes in distribution, etc. to be factored out. Stakeholders found this unusual, since such techniques are routinely used in health campaigns. As one stakeholder put it:

“They're meaningless KPIs, because how can you attribute the work that Drinkaware does, because Government's doing work in that territory, the charities are doing work in that territory, so unless they are spending a lot of money to say that this is

all down to what Drinkaware is doing, they could never prove that.” (Stakeholder interview, Government official)

- 9.67 Drinkaware has not provided any return on marketing investment (ROMI) calculations (e.g. the cost of reducing one person’s alcohol consumption to within guidelines, and the benefits thus gained in terms of either quality adjusted life years or savings to the health service). Calculating ROMI would enable funders to compare the cost of marketing with other costed interventions such as Intervention and Brief Advice (IBAs) in clinical settings. While calculating ROMI is challenging, there are specialists who can provide this analysis and the Central Office of Information published guidance on calculating ROMI for campaigns with a societal impact in 2009. (Despite the closure of the COI, the guidance is still widely available online).
- 9.68 In 2012, Drinkaware spent £258,000, or just under 5% of its income, on research and evaluation. This includes all research activities (so would include strategic and creative development, not just measurement and evaluation). We note that, in Drinkaware’s budget plans for 2013, the organisation is proposing to spend £581,000 on research and evaluation, or just over 10% of its budget. This suggests that Drinkaware intends to take a more thorough approach to research in future. Devoting 10% of its spend would bring it into line with what is considered best practice in commercial sector marketing.
- 9.69 We would recommend that Drinkaware set up a work stream to isolate the impact of its activities and calculate ROMI.

Approach to transparency and reporting

- 9.70 Drinkaware gives formal updates to its trustees, via board papers. In addition, some key statistics are usually included in annual reports. Press releases also celebrate recent successes.
- 9.71 Drinkaware does not generally make its strategies, research reports or evaluations available to the public, although some smaller initiatives have been published.
- 9.72 We were surprised that Drinkaware does not publish its documentation, since comparable organisations do. The Department of Health publishes summaries of its research projects and its overarching marketing strategy as well as strategic documents and updates for individual campaigns (for example Change4Life One Year On), and Australia's DrinkWise programme publishes its strategic research, its evaluation protocols (which are prepared by universities) and progress against its KPIs on its website.
- 9.73 The Trust has no peer review process, academic or otherwise, for its strategy documents or its evaluation plans. We would recommend that Drinkaware instigate a peer review process as well as publishing its strategies and evaluations.

Approach to collaboration

- 9.74 Given its relatively modest funds, one might expect Drinkaware to work closely with other organisations that share its aims. However, stakeholders from both public health and industry noted that Drinkaware had failed to maximise the potential for collaboration and to share learning, resources and tools with industry, public health, charities and Government:

“It seems to have been a rather closely guarded world of activities, which certainly hasn’t been shared with other constituent players, like the marketing teams who are trying to do the same job as them, which is managed down different aspects of alcohol harm...you start to get suspicious that this actually isn’t very good and that some smokescreens are being put up.” (Stakeholder interview, Government official)

“If there’s anyone who knows how to talk to these demographics, not under 18s obviously, it’s industry. We have amazing insights. If there is one thing lacking in Drinkaware, it’s marketing expertise. I think a lot is done via agencies. I think more could be done through industry.” (Stakeholder interview, trustee)

- 9.75 In addition, stakeholders would like to see Drinkaware engaging more with local areas, either through local NHS, local authorities, community groups, local service providers or police forces:

“We feel that a key objective for future partnership working is developing relationships with local Healthwatch and Healthwatch England, clinical commissioning group, health and wellbeing boards and police and crime commissioners. Partners such as these can struggle to find the right expertise to feed into work on cross-cutting campaigns.” (Staffordshire County Council, invitation to contribute)

- 9.76 We would strongly recommend that Drinkaware collaborate more widely with stakeholders.

Note on budget setting

- 9.77 In 2009, the alcohol industry pledged £100 million over five years to reducing alcohol related harm. This was originally a purely industry-led effort and was delivered under the Drinkaware brand:

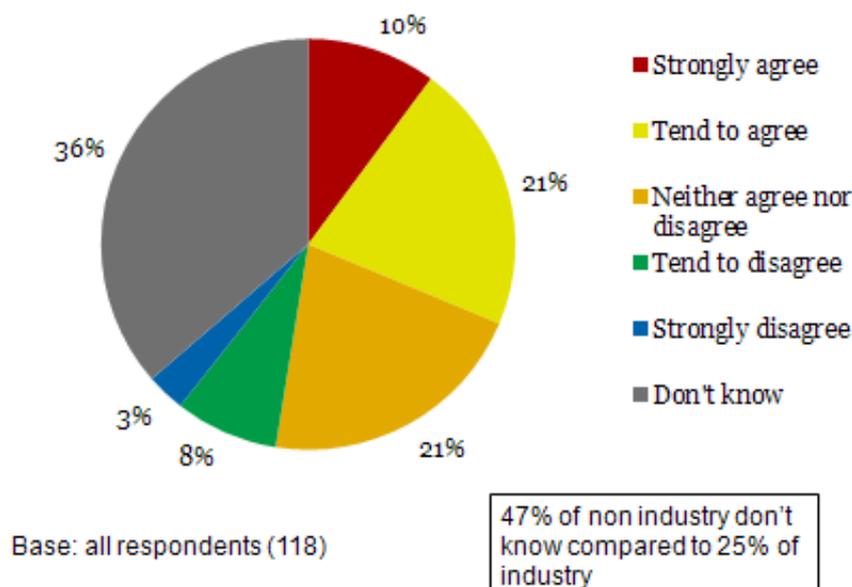
“The £100 million social responsibility campaign is funded by the drinks industry and is being developed under the Drinkaware brand, with the intention that it will last for five years. The Home Office and Department of Health have endorsed the campaign. 46 drinks industry related companies are on board.” (Press Release, Project 10 Campaign Launch, 2009)

- 9.78 There appears to have been a lack of evidence-based planning in the setting of this budget. For example, we have not seen any justification for why the figure of £100

million was originally set (such as an articulation of the task, set in the context of what industry currently spends promoting alcohol consumption and what Government and other third sector organisations are doing to reduce harmful consumption, or a discussion of the size of the target audiences, and some modelling of what would be required to achieve change).

- 9.79 Of this £100 million, the majority was always intended to be in-kind funding, although Drinkaware also received direct funding of about £3 million in 2009. This has since grown to over £5 million in 2012.
- 9.80 Before 2012, there was no analysis in any of the documentation supplied by Drinkaware about whether £5 million per annum was appropriate to its task. However, in 2012, Drinkaware commissioned external analysis which recommended a budget of approximately £20 million per annum, or a fourfold increase, to achieve its objectives.
- 9.81 More than half (57%) of stakeholders who responded to our survey either did not know whether Drinkaware’s budget was sufficient to achieve its objectives or responded “neither agree nor disagree” to the question. About a third (31%) thought that the resources were adequate; 11% said they were not.

Drinkaware has sufficient funds to achieve its objectives



- 9.82 Most stakeholders we interviewed in depth acknowledged the limitations of the budget, but argued that, rather than arguing for an increase, Drinkaware might do better to consider ways to focus its efforts, work in collaboration with other actors in this marketplace and find ways to “do more with less”.

“Is the £5.2 million adequate? Big question! I think that, in the previous Government we used to spend about £7 million and DfE had a huge budget of about £12 million and the Home Office spent at least £6m. Nobody is spending any of that now. Change4Life have £2 million for alcohol and I think that they do more with that £2 million than was ever done with all that money before... They [Drinkaware] need to do that. They need to demonstrate that they can do with more with that money.” (Stakeholder interview, Government official)

“There is no right amount of money, it’s what they’re getting and therefore they have to do their best with it...The industry has been persuaded in straitened economic times to pay £5 million towards a charity... it will be difficult to get the industry to pay any more.” (Stakeholder interview, funder)

- 9.83 However, some stakeholders argued that the funding was wholly inadequate and token, given the amount industry spends promoting alcohol brands:

“It’s pointless spending £5 million on one thing and then subverting that message with £795 million on something else because both you and I and anyone else knows which one’s going to win.” (Stakeholder interview, health)

- 9.84 We recommend that Drinkaware develop evidence-based model for budget setting.

- 9.85 As previously mentioned, Drinkaware divides its budget between three discrete target audiences, funding one major initiative (and sometimes several smaller initiatives) for each audience. We are concerned that this may spread modest funds too thinly. For comparison, the best evidenced and most consistently successful social marketing programme of which we are aware, the Department of Health in England’s (now Public Health England’s) Smokefree campaign, currently has a budget of £15 million per annum (and has historically had budgets over £40 million). With the exception of a highly targeted programme for pregnant women, almost all of this resource is focused on encouraging and supporting quit attempts among lower income smokers (defined as working in routine and manual jobs) particularly those with families, since this is the audience most likely to experience immediate health harm. While we accept that the challenges associated with alcohol health harm reduction are not identical to those of tobacco, there is a discipline and rigour to the approach in tobacco from which Drinkaware might learn much.

In-kind vs. cash funding

- 9.86 It is worth noting that in-kind support only counts toward the valuation target if it directly supports one of the campaigns (Why Let Good Times Go Bad), though there are plans to extend this to other campaigns (so the vast number of times in which the drinkaware.co.uk logo appears on bottles, cans, and other materials, is not currently valued).
- 9.87 Since 2011, the contract for valuing in-kind support has been held by Catton Consulting. We note that this is the same company that is retained for stakeholder

management. In future it might be helpful to commission a separate agency to audit this activity (to avoid any suggestion of vested interest).

- 9.88 The most recent valuations provide the following estimates of the value of industry in-kind contributions, totalling £98.95 million over four years:

<u>Channel</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
On-trade	£15.92m	£9.95m	£4.96m	
Off-trade	£5.67m	£8.95m	£11.21m	
Producer	£13.93m	£7.86m	£2.57m	
Other (includes NUS)	£0.20m	£0.18m	£0.74m	
Total	£35.72m	£26.95m	£19.48m	£16.8m

Source: Catton Consulting, 2013

- 9.89 Some stakeholders are deeply sceptical about the value of in-kind activity:

“My understanding of that is the extra in kind is things like the messages, the space they give them on posters, its meaningless the way it’s done, its unreadable unless you’ve got the sight of a hawk sometimes and a colour differentiation to take light beige from a very light beige background. To say they’re doing another £15 million in-kind then I think that should be swapped for £5 million real money, save the industry £10 million and put another £5 million into Drinkaware. I think the in-kind shouldn’t even be counted and it probably is actually damaging rather than beneficial.” (Stakeholder interview, health)

- 9.90 We recommend that Drinkaware commission truly independent valuation of in-kind support.

Review of Drinkaware's three main campaigns

9.91 In the section below, we review the approach and the evidence for each of Drinkaware's three major campaigns, considering whether each has been professionally commissioned, well implemented and rigorously evaluated.

Why Let Good Times Go Bad?

9.92 Why Let Good Times Go Bad? (WLGTTGB) is the longest running and most consistent of Drinkaware's campaigns and the one which has attracted most industry support.

9.93 WLGTTGB was originally managed by an organisation called The Campaign for Smarter Drinking (a.k.a "Project 10"), although delivered under the Drinkaware brand. The Campaign for Smarter Drinking was wound up in 2010 and delivery of the campaign and ownership of all assets transferred to Drinkaware.

9.94 The campaign has evolved and creatively refreshed every year since inception, for example:



9.95 According to Drinkaware, the campaign "provides young adults with information and tips to challenge their attitudes and behaviours relating to alcohol to promote responsible drinking" (WLGTTGB Agency Brief, 2010).

9.96 The original documentation from the launch of WLGTTGB promised much:

"From September 2009 when people walk down the street it will be difficult for them to miss the biggest ever campaign to tackle binge drinking among young adults. Every second phone box around the country will feature posters presenting tips for smarter drinking. This, among other activities targeting 18–24year olds, marks the start of a five year campaign developed via a three way partnership with Drinkaware, the drinks industry and Government." (Why Let Good Times Go Bad? Drinkaware, 2009)

- 9.97 Research commissioned by Drinkaware indicated that the materials produced by the Campaign for Smarter Drinking were viewed as “too girly and too pastel coloured” and were considered patronising by 43% of the “irresponsible shameful” target audience (Source: Why Let Good Times Go Bad? strategy, Drinkaware 2010).
- 9.98 After taking over stewardship of the campaign, Drinkaware made changes to the campaign that resulted in significant improvements in visibility and appeal.

	2009 (600) %	2010 (600) %
It is very interesting advertising	63	81
It is very eye-catching advertising	60	91
It is the sort of advertising I would talk about with my friends	45	58

Source: Millward Brown (base = adults 18–24)

- 9.99 Drinkaware has produced two strategic documents, the first covering the years from 2010–2012, the second covering 2013.
- 9.100 Both these documents are professionally written and clearly structured, although neither document was published or peer reviewed. Comparing the two documents, it is apparent that the latter is more thoughtful, self-critical and acknowledges more of the complexities of changing behaviour, for example.
- “The 2013 approach needs to be well targeted and should involve co-creation with the target audience, an approach which has been successful for other brands, e.g. WKD, Smirnoff and Drinkaware, i.e. the tone needs to be aspirational and tips and tools should empower them, as well as feeding into their interests, e.g. music, fun, videos, dating. We need to evolve the messaging and be more targeted now that we are achieving more successful recall and engagement.”
- 9.101 Through its lifespan, Drinkaware has continued to evolve and improve WLGTGB, for example, by taking the campaign into social media.
- 9.102 Quantitative research with the target audience suggests that the tips recommended by WLGTGB are perceived as helpful and achievable, the most popular being “eat before drinking”.
- 9.103 However, stakeholders have raised concerns that the most popular tips – to eat before going out and to drink water – do not reduce alcohol consumption, merely counteract some of the immediate negative effects of overconsumption.

“Why Let Good Times Go Bad? was a disgrace. The tips were about drinking water and eating before. There was to be no impact on profit.” (Stakeholder interview, trustee)

- 9.104 Drinkaware has told us it uses a version of Prochaska and Diclemente’s “Stages of Change” model to articulate how it believes the campaign will change behaviour. As noted above, this model has not been adapted for encouraging people to drink in moderation. In addition, we have concerns about its application to the 18–24 audience, with regard to the specific change it hopes to bring about:

“When people are drinking and having fun, they don’t always recognise when a good time takes a turn for the worse. If people can start to recognise the tipping point, both for themselves and for their friends, it will be easier to avoid letting good times go bad.” (Project 10 Campaign launch press release, branded Drinkaware.co.uk, 2009)

- 9.105 Some of the stakeholders we spoke to questioned whether it is possible to succeed in influencing the behaviour of young adults, when the desired behaviour change is expected to happen when those adults have already consumed significant amounts of alcohol. For example:

“Where are people receiving this information? Is it as they’re downing the tenth pint or at the point where you are trying to get across to them that they should be drinking more water?” (Stakeholder interview, Government official)

- 9.106 Early reports claimed that WLGTGB was having a positive impact upon the behaviours of young people:

“The evaluation...showed that more 18–24 year olds were taking on and using the tips provided. As a result, the size of our core target audience dropped from 17% of 18–24 year olds in 2009 to 14% in 2010, while the number of responsible drinkers increased from 65% in 2009 to 74% in 2010. Interestingly, the number of ‘irresponsible indifferents’, those whom we did not think we could be able to reach, has also dropped from 18% in 2009 to 12% in 2010. While these numbers show a consistent increase in positive behaviour, we do not know that there may be other factors affecting the results, including the current socioeconomic climate. Nevertheless, the campaign’s full evaluation shows that drinking behaviour since the start of the campaign in 2009 has become more responsible.” (Summary Evaluation of WLGTGB, presented to the board of trustees for information, 8 February, 2010)

- 9.107 However, more recently, Drinkaware has accepted that these initial positive (and always claimed) results have not been maintained:

“2013 is the final year of the five year ‘Why Let Good Times Go Bad?’ campaign. While we have achieved some successes with the campaign, to date, we have not seen a significant shift in young adults’ behaviour and many of the original problems

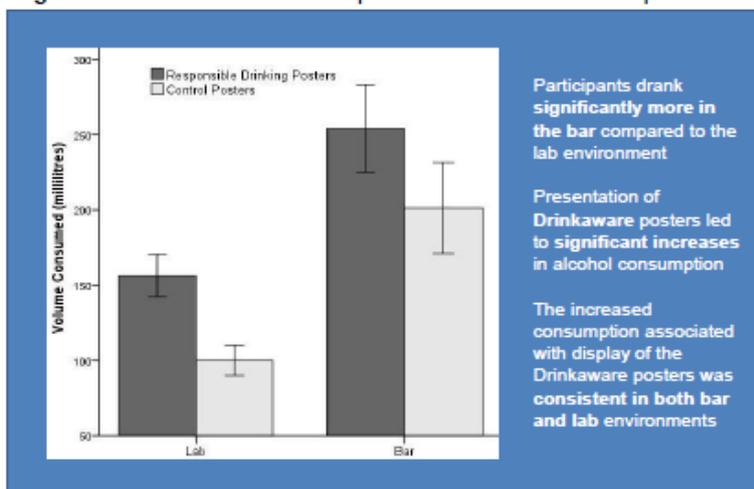
are still evident. This suggests that a different approach may be needed to tackle these issues.” (Young Adults Strategy, Drinkaware 2013)

- 9.108 Drinkaware’s 2013 strategy for 18–24s acknowledges that it might have been targeting the wrong audience segment, and now proposes to change this:

“We know that 30% of regular drinkers deliberately drink to get drunk some, most or all of the time when they drink. We feel strongly that this is the group the campaign should target. Some of the characteristics in this group are similar to those of the ‘irresponsible shamefuls’, including feelings of embarrassment and regret the morning after, however the difference is that they intend to get drunk and this needs to be addressed. Learnings from the irresponsible shamefuls, along with new insights and further research, will be applied to a wider audience, making it a more robust target.” (Young Adults Strategy, Drinkaware 2013)

- 9.109 Most worryingly, the report of a study by London South Bank University, submitted to this review by two separate organisations in response to our call for evidence, suggest that the campaign may in fact, when used in situ, have the unintended consequence of causing young people to drink more.
- 9.110 The researchers recruited young people, who were told that the purpose of the study was to measure taste preference (so they were unaware of the true purpose of the study). Participants were assigned randomly into four groups: two groups took the test in laboratory environments (one of which had Drinkaware posters on display); two took the test in simulated bars (one of which had Drinkaware posters on display).
- 9.111 As might have been predicted, participants drank more in the bars than in the laboratory.
- 9.112 However, in both environments, participants drank more when Drinkaware posters were on display (i.e. the reverse of what was intended).

Figure 1: Effects of context and posters on alcohol consumption



Source: Counterintuitive effects of responsible drinking public health messages, an evaluation of the UK Drinkaware ‘Why Let Good Times Go Bad?’ campaign, Moss et al, London South Bank University, 2012 (unpublished manuscript)

- 9.113 We should stress that this was one relatively small study (n=115) and has yet to be published in a peer-reviewed journal. However, the researchers have used an experimental methodology which we believe may be more likely to reflect true drinking behaviour than self-reported surveys. We would suggest that Drinkaware consider working with academics in this way both to understand whether these results are replicated and on the design of future studies.
- 9.114 We understand that Drinkaware has already suspended WLGTGB activity and is reviewing the approach in the light of this study.

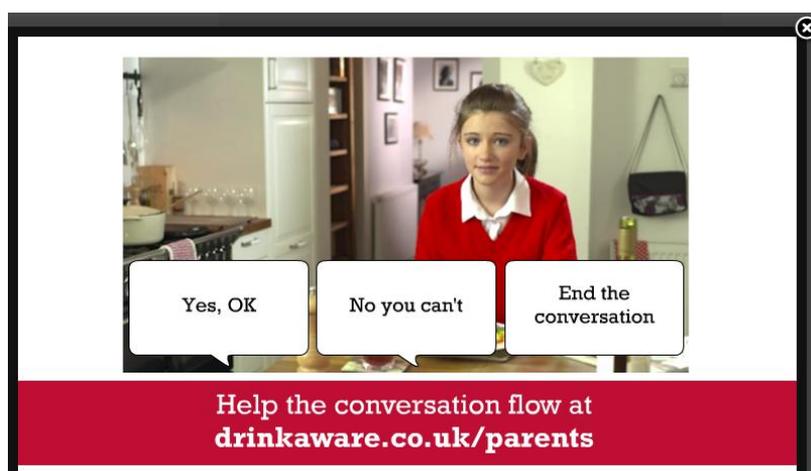
The Parents and Young People (11–17) campaign

- 9.115 Drinkaware produced a two year strategy for young people and their parents in 2010 (covering 2011/12) and a new one year strategy written in 2012 (covering 2013).
- 9.116 The early document promised much (e.g. “Vision: children and young people will have the knowledge and self-confidence to make informed choices about alcohol including saying no if they are pressured to drink”) but lacked detail as to how the marketing programme would achieve its goals. KPIs were given, but with no time frame.
- 9.117 The 2013 document is of higher quality and contains more insight into why parents and children behave as they do. It also makes a stronger argument for how the programme will change behaviour (e.g. giving consideration to the value exchange).
- 9.118 The 2013 contains more reference to the academic literature, for example, the Cochrane Collaboration². The 2013 strategy also shows understanding of the broader stresses (e.g. economic, time poverty) pressures on parents.
- 9.119 All documents present the target as higher SEG, specifically ABC1. No rationale is given for this. Early documents include references to the Department for Children Schools and Families’ segmentation of parents, prioritising the “disillusioned unconcerned” and “risk reducing supervisors”. No detail is given on other segments or of why marketing might be especially effective against these two.
- 9.120 For parents and young people (11-17), the trust’s strategy has been to encourage intergenerational conversations about the risks associated with alcohol consumption. Research commissioned by Drinkaware from an independent specialist (the Nursery)

² The recent Cochrane Collaboration review of 53 school-based programmes provides new evidence that school-based initiatives can be effective and their impact on behaviour can be lasting.

found that parents believe they are having conversations but in reality lack the knowledge and skills to have helpful and effective conversations.

- 9.121 The main product supporting this aim is an online parenting tool to help parents role-play a conversation with a virtual teenager. The tool aims to help parents appreciate how difficult it can be to have conversations with teenage children about alcohol.



- 9.122 The use of an online interactive tool was innovative and appears to have been effective in challenging parents' complacency about their ability to have effective conversations with their teenagers.
- 9.123 In evaluating the tool, the Nursery was commissioned to conduct an experiment, whereby parents were recruited online, asked to perform certain tasks (e.g. research information on drinking for young people), and exposed to Drinkaware messages. Attitude shift (immediate) and behaviour change (at one week post research) were then measured.
- 9.124 In research above (Nursery 2011) 44% of mothers claimed to have had a conversation with their child post exposure to the materials (n=206).
- 9.125 To date, the video has been viewed over 900,000 times.
- 9.126 As it moves forwards, Drinkaware plans to evolve its strategy away from conversations as a preparatory behaviour towards more overt messaging discouraging parents from giving alcohol to their children.
- 9.127 Accepting our reservation that all of Drinkaware's key performance indicators are likely to be (partially if not wholly) influenced by factors outside and beyond its control, it is heartening to note that the main KPI for young people and their parents (age of first supervised and unsupervised drink) is increasing (although remain below the chief medical officer's recommendation of 15).

Activities targeting adults 25–44

- 9.128 While it is the most recent of the three campaigns and receives the least funding, the adults strand of activity is probably the best thought-through and integrated from a marketing perspective.
- 9.129 It makes the best use of behavioural insight and has built a tool that appears to be genuinely helpful to people who are seeking to reduce their unit consumption.
- 9.130 The main programme for adults 25–44 consists of an advertising campaign (“Excuses”) and PR activity, driving people to use an online assessment and self-monitoring tool (mydrinkaware).

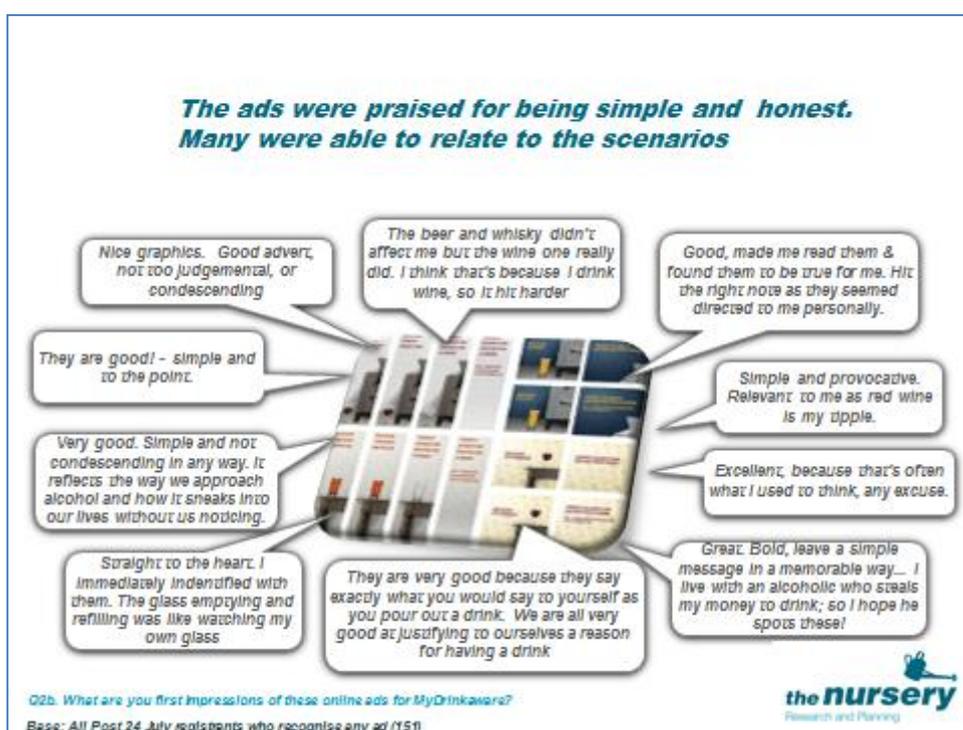
Excuses advertising executions (digital)



Examples of PR activity



- 9.131 As previously noted, Drinkaware has focused its efforts on socioeconomic groups ABC1.
- 9.132 The advertising campaign has been extensively researched with the target audience as defined with both qualitative and quantitative methodologies.
- 9.133 The research found that the campaign was impactful, appropriate for the target audience as defined and had the potential to prompt reconsideration of drinking behaviour.



- 9.134 The mydrinkaware (MDA) digital tool shows an understanding of best practice in behaviour change, in that it utilises those factors that are recognised to prompt change such as:
- Goal setting
 - Pledging
 - Recording of behaviour
 - Providing positive feedback
- 9.135 Traffic to the website was on or close to target, and those individuals who used the mydrinkaware tool repeatedly reported a reduction in their routine consumption.
- In two years, 282,000 users have signed up to MDA

- Of these, 25% have made one diary entry and 29% have made two or more diary entries; nearly 7% (18,489 people) have made ten or more entries so could be considered active users
- Awareness of daily unit guidelines increased from 65% to 73% in male active users and from 59% to 65% in female active users
- Active users reported that their alcohol consumption decreased from 5 to 3.9 units per day
- Drinkaware’s budget for the 25–44 campaign was approximately £600,000 per annum
- Over two years, the campaign succeeded in reducing consumption for 18,489 people by an average of 1.1 unit. From this, we calculate that the cost of reducing consumption for one person via this intervention is thus approximately £65
- While we do not know what percentage of active users will maintain their reduced consumption beyond the intervention period, this sum is low enough to suggest that the intervention is worth continuing.

9.136 Note: these are relatively “rough and ready” calculations, made by us with the data supplied. We would urge Drinkaware to commission more robust analysis as part of its ongoing programme of work, so that it can begin to build a professional business case for its activities.

Learnings from smaller initiatives

9.137 As well as the three main programmes, Drinkaware has funded some smaller initiatives. Below we discuss three briefly and draw some conclusions for how the learning from these three could help Drinkaware become more effective in future.

The Welsh University Norming Pilot

9.138 The application of insights derived from behavioural economics and neuroscience is an emerging trend in behaviour change campaigns. One much discussed theory is that it may be possible to change people’s behaviour by challenging their perceptions of what most other people do, short-handed to “social norming”.

9.139 In 2009/10 the Welsh Government agreed to work with Drinkaware to explore the potential for a social norming approach across universities in Wales.

9.140 An independent research team at Cardiff University, which included the academic supervisor, was recruited through Alcohol Research UK to evaluate the intervention.

9.141 The pilot took the form of posters, coasters, postcards, mirror stickers and meal planners (examples below). The materials included both descriptive norms (what others are doing) and injunctive norms (what other people approve or disapprove of):



- 9.142 The social norms pilot was evaluated quantitatively using an exploratory clustered randomised control trial. Full details of evaluation methods can be found in the published study protocol (Murphy et al., 2012).
- 9.143 The researchers found that student exposure to the social norm messages was high and most recognised descriptive norm, if not injunctive norm messages. A slight majority perceived the intervention messages as credible and relevant, though most felt that they would have little impact on their behaviour.
- 9.144 Significantly, heavier drinkers were less likely to perceive social norming messages as credible and to have had an impact on their behaviours and a majority of students drinking above recommended limits continued to perceive that a typical student drank more than them.
- 9.145 Students continued to report almost identical levels of alcohol consumption whether in intervention or control groups, and whether or not exposed to intervention materials.
- 9.146 The evaluators concluded that the research does not support the continuation of a social norm based universal population approach for students in its current format.
- 9.147 Drinkaware accepted the findings of the pilot and did not roll out the programme nationally.
- 9.148 While the results are disappointing, it is encouraging to see that Drinkaware participated in such an innovative and collaborative project. The approach to evaluation is more scientific than Drinkaware uses on its main campaigns and the use of a small scale pilot in four universities will have conserved resources. In addition, the project adds to the currently meagre evidence base around such interventions in the UK. Stakeholders were pleased that Drinkaware accepted the findings of the research.

"They'd hung a lot on that proving that social norming worked as a concept and they were planning to roll it out, but the two studies were fairly negative and they were

prepared to accept that, which was good and healthy from our perspective".
(Stakeholder, other)

The In:tuition Programme

- 9.149 In:tuition is a schools-based programme. It should be noted that some – although not all – of Drinkaware’s public health stakeholders were opposed to an industry-funded body having any involvement with schools. Industry funders were aware of this sensitivity and were keen that there should be appropriate safeguards in place.
- 9.150 Drinkaware describes In:tuition as a free life-skills based interactive teaching resource for primary and secondary schools. The programme aims to build young people’s confidence, personal and social skills and help them explore how they make decisions and what might influence them. Its theme is alcohol, but its focus is wider.
- 9.151 Drinkaware informs us that the resource is inspired by and relies on proven international evidence³ that has been shown to be effective in preventing substance misuse and reducing alcohol misuse by 28–31%⁴.
- 9.152 The programme was piloted in 18 primary schools, 3 middle schools and 12 secondary schools recruited from across the UK.
- 9.153 External evaluation by Alcohol Research UK found that:
- “The great majority of teachers were very positive about the programme. They agreed that it enhanced PSHE education. They liked the coherent, broadly based (life skills), interactive nature of the programme and found that it engaged pupils. They highlighted the value and appropriateness of lessons concerned with developing self-awareness, understanding health and wellbeing and improving communication and decision-making.
- “Pupils generally enjoyed the lessons and found them interesting, engaging and different from their usual PSHE education lessons. On the whole they felt the lessons had contributed to their knowledge and understanding of the main themes of the programme and helped improve skills such as handling pressure and making decisions for myself. Pupils were more positive in schools which had engaged fully with the programme and, primary pupils in particular, were often very enthusiastic about particular lessons.” (Alcohol Research UK website)
- 9.154 While the evaluation covered the usability and acceptability of the materials provided (rather than any subsequent impact on behaviour), it is encouraging that Drinkaware intends to roll out a programme that has been grounded in the evidence base of what

³ The recent Cochrane Collaboration review of 53 school-based programmes provides new evidence that school-based initiatives can be effective and their impact on behaviour can be lasting.

<http://www.thecochranelibrary.com/details/file/1064573/CD009113.html>.

⁴ Unplugged is a European intervention strategy aimed at delaying alcohol, tobacco and drug initiation among adolescents. The EU-Dap study evaluated the outcome of the programme in 143 schools across 7 countries involving more than 7,000 students. For the full reports, visit: http://www.eudap.net/Research_Publications.aspx.

works and is well received in schools. It is also encouraging to see the Trust investing in establishing self-confidence and resilience in young people as a protective behaviour, rather than just trying to change behaviours which may already be entrenched within the adult population.

The Newquay Safe Partnership

- 9.155 In 2010 Drinkaware took part in an initiative led by the Newquay Safe Partnership which sought to empower parents and local residents to counter binge drinking by 16 to 17 year-olds.
- 9.156 The programme brought together the police, child protection, community engagement and outreach in schools.
- 9.157 The Home Office asked Drinkaware to work with Newquay Safe to assist with strategy and implementation (for example the Trust provided an alcohol-free café, providing information for young people).



- 9.158 The Newquay Safe Partnership was evaluated using year on year comparisons of statistics from the Devon and Cornwall police (i.e. immediate and real societal outcomes). The published evaluation showed:
- 22% drop in rowdy/nuisance behaviour
 - 19% drop in anti-social behaviour
 - 15% drop in theft
 - 9% drop in alcohol related crime
- 9.159 Despite impressive results there is no evidence of Drinkaware attempting to roll out the model to other areas.

9.160 The Newquay Safe Partnership is perhaps the most impressive programme Drinkaware has funded. We note that Drinkaware is only one partner, not the prime instigator of this programme, but we consider this a positive: this programme shows Drinkaware supporting local communities, agencies and service providers in a tailored and effective intervention, rather than attempting to do everything itself from the centre.

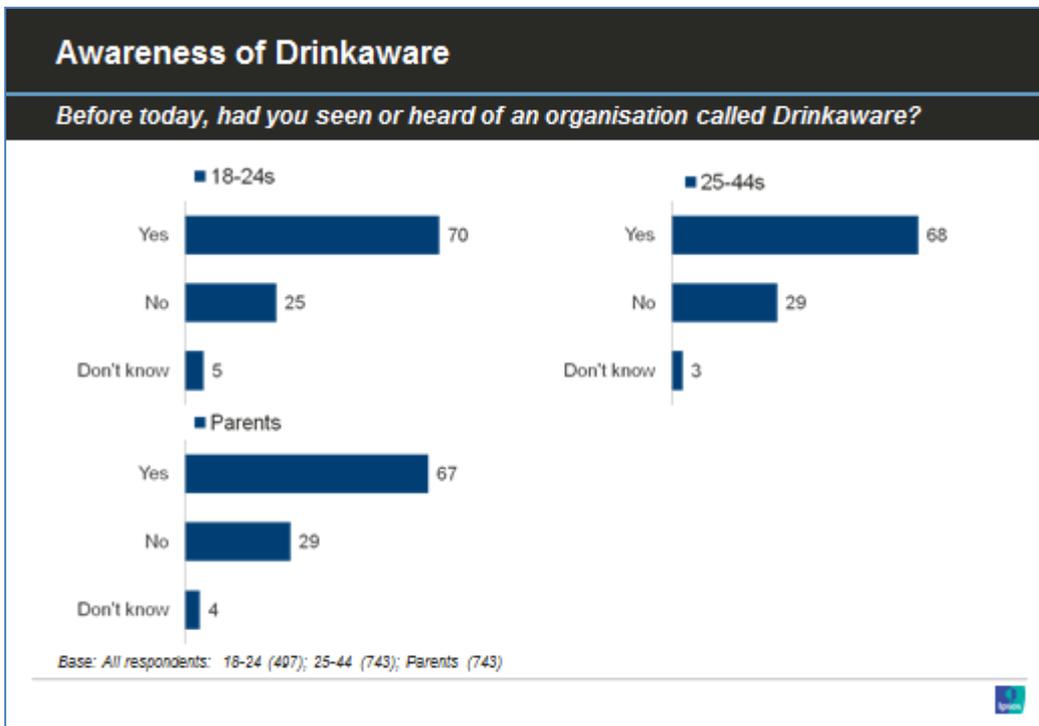
Wider use of Drinkaware brand and cross-cutting activities

The value of the Drinkaware brand

9.161 Since 2009, the Drinkaware brand has become near ubiquitous in drinks industry communications, with many including it on every piece of communication (including packaging) they produce:

“We put Drinkaware on absolutely everything, but that doesn’t count for any in-kind [valuation], that’s mandatory that we have to do for the Responsibility Deal and for ourselves.” (Stakeholder interview, funder)

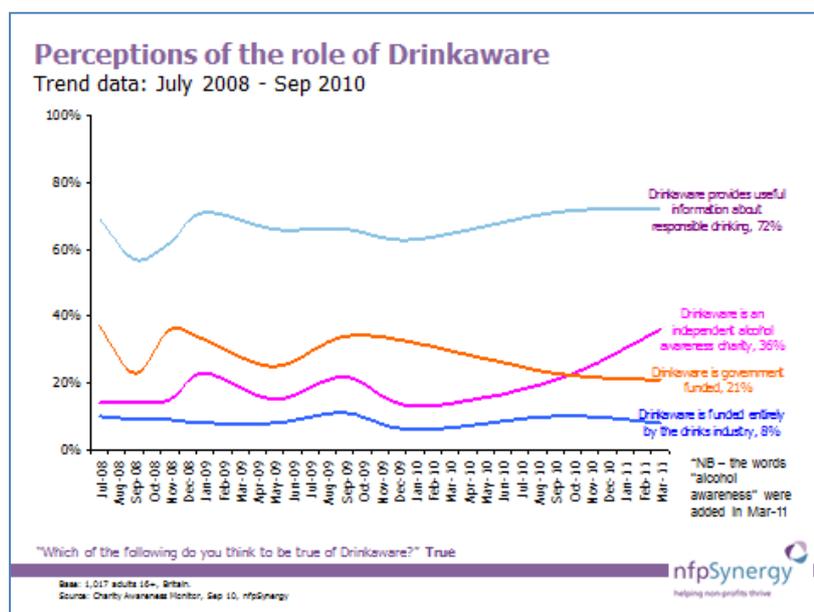
9.162 This investment has succeeded in creating a well-known brand.



9.163 While awareness has always been tracked, before 2012 there was no research in place to measure understanding or the meaning of the brand, for example the extent to which the public trust Drinkaware or indeed understand that it is an independent charity.

9.164 While Drinkaware may not have collected this data, others have. Independent research submitted by the Department of Health, showed that, at the end of 2009, only 16% of adults 25–44 were aware that Drinkaware was an independent charity, the majority (62%) believing that it was a Government campaign (Source: Department of Health, Advertising tracking research for Alcohol Campaign 2009/10).

- 9.165 Data provided to Drinkaware by NFP Synergy (a specialist research agency that commissions syndicated surveys to allow not-for-profits to track their brands at low cost) indicated that by 2011 only 36% of adults 16+ knew that Drinkaware was an independent alcohol awareness charity.



Brand management

- 9.166 Drinkaware has developed appropriate guidelines for the use of its brand. However there are some issues with how usage is monitored. The organisation does not appear to have a brand manager in place, responsible for stewardship of the brand.

“Drinkaware recognise they have some branding issues that need to be addressed, largely around appropriate use of their logo. The Drinkaware brand has been used everywhere that alcohol is communicated, including promotional and heavily discounted advertising by the major retailers, some of which is clearly inappropriate. While we have raised this with Drinkaware, there continues to be inappropriate use of their logo, which is not being carefully monitored and managed.” (Department of Health, invitation to contribute)

- 9.167 We consider that Drinkaware needs to leverage its awareness better through a clearer articulation of its vision and purpose. We recommend that the organisation consider appointing a brand manager (provided this is not cost prohibitive).

Drinkaware: For The Facts

- 9.168 Drinkaware’s “For the Facts” call to action was developed in mid 2009. The line is used widely in conjunction with the drinkaware.co.uk URL on Drinkaware’s own and on industry communication and products.



- 9.169 Inclusion of the logo (as above) is not included within the valuation of in-kind activity.
- 9.170 We have been shown no articulation of what consumers understand “For the Facts” to mean, in the context of Drinkaware’s own or industry’s communication or how it interacts with other messaging on industry advertisements. Drinkaware told us that it does not specifically evaluate the ‘For the Facts’ call to action.
- 9.171 Some stakeholders did point out that the line is inherently educative, rather than behavioural, i.e. derived from a culture of informed choice, rather than prompting behaviour change:

“They need to have something under Drinkaware that is not ‘For the Facts’. They need to have something that says are you drinking within the guidelines, something that pushes people to think about what they are doing. ‘For the Facts’ is so dead. Maybe it was right at the time, and maybe it was all industry would sign up to. But industry is more accepting now.” (Stakeholder interview, health)

- 9.172 We recommend that Drinkaware review the ‘For the Facts’ call to action.

In-kind funding

- 9.173 In-kind funding includes activities such as placing the Drinkaware logo on packaging, in advertisements, on collateral materials and elsewhere.
- 9.174 Since such a large proportion of the funding is in-kind, we might expect to see significant documentation as to how the in-kind activity should work. However, very little documentation was provided.

9.175 A paper presented to the board in February 2012 concluded that in-kind support contributed to driving awareness and web traffic, and reaches consumers at point of information, purchase, and use. However, the paper acknowledged that in-kind's impact on behaviour had not been quantified.

9.176 Catton Consulting's most recent report (presented to the board in January 2013) concluded that:

“The vast majority of the £35.7m in-kind value created would be defined as creating “awareness”. The only true engagement activity that took place was the Cellar Trends promotional team's support for WLGTGB on 9 and 10 November, which we estimate had a value of around £75k. In our opinion, the lack of additional activity from other funders was a result of certain lethargy, driven by a concern that the effort required to actively engage with or indeed change the behaviour of their customers would be significant. This needs to be addressed.”

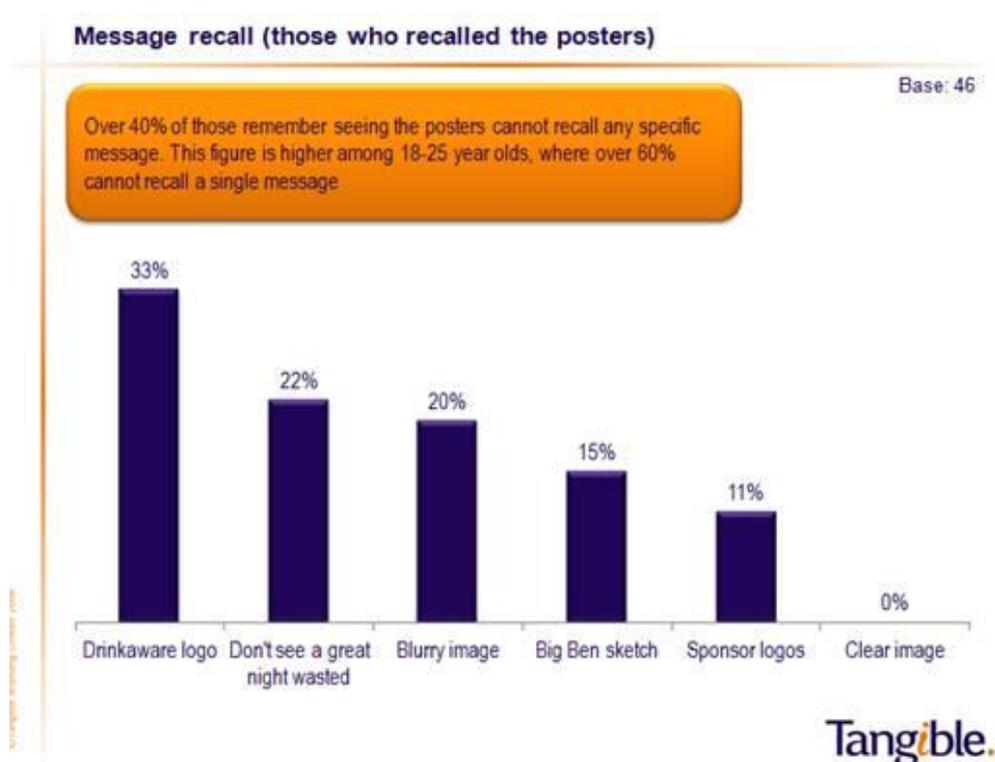
9.177 Drinkaware is currently developing a new model for valuing in-kind activity.

9.178 Drinkaware has commissioned independent research into what the target audiences believe is the purpose of the inclusion of the Drinkaware logo in industry advertisements. Encouragingly, this research (Ipsos MORI, 2012) found that the majority (69%) of people surveyed agree that the inclusion of the Drinkaware brand on communications is “a prompt to drink responsibly”; 67% agree it signifies that the organisation is a supporter of Drinkaware. By contrast, 22% believe that it means “nothing, the Government requires drinks organisations to use it”.

9.179 We should note that supporting Drinkaware programmes is not the only way in which industry players currently fulfil their corporate social responsibility (CSR) obligations. Most of the funders we spoke to also ran bespoke activity, which was neither instigated nor informed by Drinkaware. Usually this activity was a UK adaptation of a global CSR campaign. Generally funders added the drinkaware.co.uk logo to this activity (as they had made a corporate commitment to do so on all marketing and communications). While there is probably value in providing a common destination for industry campaigns, this activity would have run with or without Drinkaware.

“[We do work independently of Drinkaware because] we have an obligation to basically act with responsibility and to secure the future of our industry and we're only going to do that by working in various CSR areas. As a company it's very important for us to make sure we promote our products in the right way and we seem to be doing absolutely the right thing and, by us actually having our own programming, it shows that we're serious about it and we're not just badging for someone else's programme. So we're not just paying somebody some money and using their logo, we're actually following it through with our own work ourselves.”
(Stakeholder interview, funder)

- 9.180 Data submitted by Diageo indicate that the Drinkaware.co.uk logo was the most recalled element of their CSR campaign (promoting free travel home for Londoners on New Year's Eve), which reinforces what we know about the salience of the brand (see below).



Broader information provision

- 9.181 Stakeholders from all sides recognise Drinkaware's role in providing unbiased and accurate information to citizens. There is widespread admiration for the work of Drinkaware's Medical Panel in ensuring the accuracy of the information provided.

“The organisation has taken great pains to make sure that its work is increasingly evidence based and increasingly supported by a strong and independent Medical Panel.” (Stakeholder interview, trustee)

- 9.182 Drinkaware's web capability is good. The website attracted 4.9 million visits in the 11 months between January and November 2012.

"I am incredibly proud of the role of the website in what we do... it's an important asset...and I think it's the embodiment of our key performance indicators, with the information we put on there and the tools we put in there and I think we are, through our search marketing and creating the bedrock of content we've got and the tools we've got, that we are able to capture anyone who does have concerns or

worries about alcohol and give them a destination to go to." (Stakeholder interview, staff)

"I think the website is outstanding." (Stakeholder interview, trustee)

"Their site is informative, reliable and, more importantly, medically verified. They don't preach to people about giving up alcohol completely, but at the same time manage to educate users to the effect of alcohol on short and long term health." (Stakeholder survey response, non-industry)

9.183 However, some public health stakeholders were concerned about the possibility that providing information only by digital means could widen inequalities:

"Why is a website seen to be the only information mechanism? It's inherently inequitable." (Stakeholder interview, health)

9.184 Of these 4.9 million visits, just over a half (53%) are from Drinkaware's key target audiences, which means a little under half are not.

9.185 Drinkaware has invested in search engine optimisation (62% of its traffic comes via Google) and it is one of the top sites for natural search for terms like "alcohol units", "alcohol" and "effects of alcohol".

9.186 This means that Drinkaware.co.uk is providing a resource for many people outside its defined target audiences, when they seek advice, information or support in understanding or managing their alcohol consumption.

9.187 Webstats provided to us for the period March 2010 to December 2012 indicate that, aside from the homepage, the main draw was the unit calculator (which accounted for 22.5% of the 11,596,498 pages viewed during that period).

9.188 Pages covering "tips for cutting down" and "are you ready to cut down?" were viewed by much lower levels (3.0% and 1.8% respectively). The design of the new Drinkaware.co.uk website attempts to address this, with a more obvious offer on people who may be looking for ways to cut down. (There are now three main tabs: "check the facts", "understand your drinking" and "make a change").

9.189 Condition-specific pages, while they were accessed by tens and sometimes hundreds of thousands of visitors, accounted for very low percentages of the pages viewed:

	Number of times page viewed	% of all pages viewed
Alcohol and your liver	356,802	3.1%
Alcohol and cancer	135,712	1.2%

Alcohol dependency	136,799	1.2%
Alcohol and pregnancy	85,850	0.7%
Is alcohol good for your heart?	42,148	0.4%
Does alcohol cause breast cancer?	16,665	0.1%

- 9.190 Health professionals are concerned that there is insufficient signposting of the health risks associated with alcohol:

“One in every 100 women will develop breast cancer as a result of drinking a bottle of wine a week. All women who drink alcohol should have that information at their fingertips as a basic human right. I’ve given that information to Drinkaware numerous times at board meetings. The health information pages aren’t getting the prominence they deserve and the really important info is hidden so that they don’t scare the horses.” (Stakeholder interview, trustee)

“There’s nothing to suggest that they’ve optimised the information that they give to people so that the key facts about alcohol are consumed by people visiting the site in the small amount of time they spend on the site and if they don’t find the information on cancer or heart disease or whatever then there’s no point it being there in the first place.” (Stakeholder interview, health)

- 9.191 However, some industry stakeholders are concerned that there is too much information on the drinkaware.co.uk site about the harmful effects of alcohol and would like to see more coverage of alcohol’s positive role in society:

“Over the years, the website has got more towards what you would expect on an alcohol charity website. It’s pretty down on alcohol’s role in society. In terms of launching a campaign they sometimes do kick off research which paints alcohol in a negative light. Alcohol misuse should be presented as negative. I’d like to see more neutrality on alcohol’s place in society.” (Stakeholder interview, funder)

- 9.192 Overall, our conclusion is Drinkaware's website is comprehensive and informative, and its new design should go some way towards enabling visitors to quickly access information on health risks.

Drinkaware's core activities: Summary

- 9.193 Drinkaware funds a lot of campaigning activity for its £5 million budget: three discrete audience groups, each with one major campaign and other smaller initiatives.
- 9.194 However, it has no overarching marketing strategy and has provided no analysis for why it prioritised these audience groups and activities.
- 9.195 Some good work has been done since Drinkaware's last review:
- The Drinkaware logo and URL has become near ubiquitous on industry communications
 - Awareness for the Drinkaware brand has grown
 - Drinkaware has become more professional in its approach to marketing (particularly during 2012) and has shown greater understanding of the complexities of behaviour change
 - It has brought on board a medical panel, which is widely respected
 - Drinkaware has piloted some interesting initiatives, particularly under its programme for young people and their parents, showing that it is capable both of developing innovative tools centrally and of playing a support role for communities and schools
 - In its engagement with parents, it seems to have had some success in prompting conversations (and its KPIs for this strand of activity show encouraging trends)
 - In addition, our analysis of its adults programme suggests that this activity potentially represents good value for money
- 9.196 Drinkaware's recent documentation suggests that the organisation is increasingly self-critical and focused on how it can improve.
- 9.197 However, the Trust has yet to generate the evidence required to convince its stakeholders (and indeed its funders) of its effectiveness.
- 9.198 In particular:
- Stakeholders are frustrated by the lack of evidence of behaviour change
 - While the component parts of its campaigns are well thought-through there are significant omissions in Drinkaware's approach to marketing and communications
 - The Trust is not as effective as it could be and, in the case of WLG TGB, its activities may be having a harmful impact
- 9.199 As previously mentioned, all the documents we reviewed suggested that Drinkaware and its agencies were faithfully attempting to fulfil their objectives to the best of their abilities.
- 9.200 We believe that the Trust has been hampered by the following:
- Key performance indicators that are beyond its influence

- Resources spread too thinly
- A focus on national activities at the expense of those that might have improved its evidence base (such as evaluation, local engagement and piloting)
- Isolation from organisations who might have joined forces with it, such as the NGOs and Government departments, and failure to engage with those who might have pointed out the weaknesses in its approach (particularly the academic community and other marketers)
- Failure to make use of the skills and knowledge which could have been available to it from industry
- Lack of social marketing expertise

9.201 The result is that, four years into a five-year funding programme, it has provided insufficient evidence of behaviour change, health or other societal benefit or return on marketing investment.

9.202 We have included marketing and communications-specific recommendations in the text of this section.

9.203 However, to reprise, we believe that, in order to develop more effective marketing and communications in future Drinkaware should:

- Review its vision and core purpose
- Develop an overarching marketing strategy
- Develop an evidence-based model for prioritising audiences and activities, which focuses on alcohol-related harm, not just consumption
- Involve academics and experts more in strategic development and evaluation
- Develop more marketing skills in-house
- Review its behaviour change model
- Pilot more activities
- Set up a work stream to isolate the effects of Drinkaware's activities and calculate ROMI
- Consider reinstating its grant programme with a rigorous evaluation programme (to allow for co-creation with local partners)
- Instigate a peer review process
- Develop an evidence-based model for budget setting
- Commission independent valuation and evaluation of in-kind support
- Implement changes to WLGTGB in light of recent research findings
- Leverage its awareness better through a clearer articulation of the change it is seeking
- Review its KPIs with the board of trustees
- Review the "For The Facts" call to action

Stakeholder relations

10. Stakeholder relations

- 10.1 This section of the report deals with how Drinkaware communicates with and is viewed by its stakeholders.
- 10.2 The findings in this section are in large part a distillation of stakeholder opinion drawn from our own stakeholder survey, the depth interviews amongst stakeholders (excluding trustees) and responses to the invitation to contribute. Documents also reviewed for this section include relevant board papers from March and December 2012, stakeholder engagement plans and programmes, annual reviews and bulletins, Drinkaware's own stakeholder survey analysis, conference evaluations, stakeholder bulletin analysis, resource orders and publications review.

Overview of the stakeholder engagement programme

- 10.3 Drinkaware is the result of a unique partnership between industry, the public health community and Government which needs the active support of all three groups to succeed.
- 10.4 In 2010 following the recommendations made in the 2009 audit, Drinkaware set up a formal Stakeholder Relations Department using two senior part- time external consultants, one for industry funders and one for public health stakeholders (including those in Government and national professional associations in England, Scotland and Wales). The latter has recently resigned. Since 2012, relationships with industry have been managed by an external consultancy to provide funders with a single point of contact for activating campaigns. There does not appear to be a single central contact relationship management database held by Drinkaware. We noted that the contact database provided for the purpose of conducting our stakeholder survey was incomplete, and we also received a significant number of email bounce-backs to the stakeholder survey, indicating that the database was inaccurate and out of date.
- 10.5 Drinkaware's stated aim in respect of stakeholder engagement is to be viewed as trusted, credible and effective by its stakeholders. The stakeholder team identified the characteristics that the organisation needed to demonstrate to achieve this. Trusted characteristics were defined as: transparent, independent, consistent and equally accountable to all stakeholders. Credible characteristics were defined as: evidence based and team capability. Effective characteristics were defined as: proactive, focused, flexible, reliable, responsive and positive impact.

Stakeholder perceptions of Drinkaware

- 10.6 The organisation conducts an annual online survey to understand perceptions of Drinkaware and benchmark progress against achieving these qualities. The survey is sent out to those who have had some form of interaction with Drinkaware over the past 12 months (and as such does not necessarily represent the Drinkaware stakeholder population).

- 10.7 Drinkaware's 2012 survey (looking back at 2011) was sent to 635 stakeholders and received 90 responses (60% from industry and 40% from health, education, police and local government). 80% of respondents agreed or strongly agreed that Drinkaware communicates well and is transparent in its activities. 81% agreed or strongly agreed that the advice Drinkaware provides to consumers is credible and evidence based. Critically, however, the survey findings have not been broken down by stakeholder group.
- 10.8 Board papers from March 2012 however acknowledge that while progress has been made in relationships with industry, the public and third sectors have been more challenging due to the negative pre-conception amongst these groups towards Drinkaware. There was recognition amongst the trustees that more work needed to be done in respect of public health stakeholder engagement.
- 10.9 A stakeholder survey was conducted as part of this Independent Review and the analysis was broken down by stakeholder group. It should be noted that the database was provided by Drinkaware itself which means that it is not likely to be a truly representative sample of all of Drinkaware's stakeholders (for example, Drinkaware may not have identified all organisations that could or should have an interest in its work). 570 stakeholders were invited to participate and a total of 118 respondents (21%) completed the survey with a broad mix of stakeholders from different sectors represented. We have grouped together "industry" stakeholders (consisting of funders and trade bodies) and 'non-industry' stakeholders (consisting of all other categories bar trustees).
- 10.10 The survey confirmed that there are some statistically significant differences between how different groups of stakeholders view Drinkaware and its corporate reputation:
- Although 58% of industry stakeholders tend to agree that Drinkaware has a good reputation, only 36% of non-industry stakeholders feel the same way
 - While 60% of industry stakeholders tend to agree that Drinkaware is a respected organisation, only 36% of non-industry stakeholders feel the same way
 - 50% of industry stakeholders tend to agree that Drinkaware is guided by an evidence base of what works. This falls to 30% amongst non-industry stakeholders
 - While 62% of stakeholders understand Drinkaware to be a charity, non-industry stakeholders think of them more as an industry group
 - Only 8% of non-industry stakeholders strongly agree that Drinkaware is independent of the drinks industry (compared to 35% of industry stakeholders)
 - And non-industry stakeholders are significantly more likely to tend to agree that Drinkaware does not change behaviour (27% compared to 6%)
- 10.11 The stakeholder depth interviews conducted as part of this review revealed a breadth of views amongst non-industry stakeholders and a strength and depth of negative sentiment towards Drinkaware amongst elements of the public health community in particular.

- 10.12 Some public health NGO stakeholders were highly sceptical about industry funding and influence and the lack of an evidence base to support its work.

“There are clear contradictions between the alcohol industry’s interest in maximising profit and funding campaigns for a more responsible drinking culture that to be effective must involve less alcohol being consumed. Evidence supporting behaviour change social marketing campaigns and education, the focus of Drinkaware’s work is weak. The most effective alcohol-harm reducing interventions are around affordability and availability.” (Alcohol Concern, invitation to contribute)

“Drinkaware, despite calling itself....an independent charity is actually solely funded by the alcohol industry and at least 5 of its trustees are from industry.... It purports to give information on alcohol and its effects, it describes itself as giving evidence based information which I have a problem with in terms of what it actually works on and what it does.” (Stakeholder interview, health)

“From what I know I have a concern that it’s supposed to be a major contributor to the Government’s strategy on alcohol. I am not very happy that the alcohol industry is part of the governance of Drinkaware. I would prefer that there was no industry. Because it may affect what it does. It may not be in the public interest. And even if there is the greatest of integrity, there would always be the perception.” (Stakeholder interview, health)

- 10.13 Some Government public health stakeholders adopted a more pragmatic view.

“Drinkaware might be funded by industry but it is independent and it does have the professional backing of senior leaders providing oversight and challenge to its functions and activities. And so colleagues really felt that, given the resources, given the reach, given the magnitude of the work that we have to do, Drinkaware should and could, in fact be a good partner with Government and PHE moving forwards.” (Stakeholder interview, Government official)

“I think they will have to be accepting that there will be a quadrant of society that will never trust [Drinkaware]... I think Drinkaware would make a mistake if they chased after every last bit of public health support, I don’t think that would be the right thing for them to do.” (Stakeholder interview, Government official)

- 10.14 Qualified support was also forthcoming from some other non-industry (non-public health) stakeholders.

“It is a good initiative but doesn’t have the impact it could have... I think it’s good that its funded by industry but I think it needs to be more independent and push harder at the key messages.” (Stakeholder interview, other)

“I’m not aware of many specific [campaigns] but the ones that I have seen have normally been pitched very well and have been targeted in the right way, which is good.” (Stakeholder interview, Government official)

Drinkaware's engagement with industry

- 10.15 Following the 2009 audit, the agreement of an addendum to the Memorandum of Understanding resulted in more than 40 companies agreeing to fund Drinkaware at a level of around £5m. The main priority for the industry stakeholder team was therefore to ensure that new funders knew how their money was being used to drive positive changes in the UK drinking culture, as well as identifying new funders and securing increased levels of support for the Why Let Good Times Go Bad campaign. In 2011 there was a renewed focus on seeking the support of potential funders with the Department of Health Responsibility Deal providing a backdrop for this recruitment.
- 10.16 The 2011 Annual Report shows that the number of funders increased from 51 to 61 (by 2012 this figure stood at 64), the level of financial support increased from £5,159,000 to £5,249,000 and the level of in-kind support increased from £19,500,000 to £26,500,000. However, there are still some significant non funders and some signatories to the Responsibility Deal Pledge who have yet to follow through on their commitment. The stakeholder team commented that it is harder to recruit new funders in the current economic climate.
- 10.17 While all funders recognise there is value in supporting Drinkaware, there are differences in engagement, particularly between producers and retailers, for whom alcohol is only one of a range of issues. Other factors influencing the level of engagement with Drinkaware include the size of organisation, the sector type and on-versus off-trade.

“I think the big companies largely are most politically sophisticated so they understand how Drinkaware fits into the broader policy remit for the alcohol industry. I would say that the large producers are the ones that are most supportive, I think supermarkets understand CSR and are very committed to CSR but the problem we have is that alcohol is only one of a whole range of issues that they have, so they've got things like salt in food, they've got calories, obesity, planning restrictions, they've got horsemeat at the moment. So they don't put as much focus onto alcohol, understandably, because alcohol is only one of a whole range of issues. I would say that the pub sector were probably the most recalcitrant but I've seen over the last three years that they have become significantly more engaged. I would say within the sectors, wine is probably the area that is least engaged, I think it's partly because the wine industry don't see that they're part of the problem... I think also the companies are very often smaller so they don't have the same sort of sophisticated in-house political understanding that a company like Heineken or Diageo would have and they're allowed to get away with it because they're smaller.”
(Stakeholder interview, staff)

- 10.18 While there is much positive feedback from industry stakeholders on the organisation's marketing activities some feel that these need greater focus.

“I think it’s been fantastic in what it’s achieved to date. I think the visibility and the awareness, my perception of it is at least, there’s a very public awareness of the work of Drinkaware.” (Stakeholder interview, funder)

“The broad focus means it is spread too thinly... its creative is not world class marketing.” (Stakeholder interview, funder)

- 10.19 Industry stakeholders believe that Drinkaware is making some progress in achieving its objectives and now needs to focus on behaviour change.

“I generally think they have achieved what they set out to do in terms of information and awareness... over the past three years they’ve made significant strides... We now need to look at the next stage moving from information to behaviour change.” (Stakeholder interview, funder)

“Now is the time to use the awareness of Drinkaware to clarify what changes should be made to drinking behaviour.” (Stakeholder interview, funder)

- 10.20 Industry stakeholders recognise that evidencing behaviour change is critical to unlocking future funding.

“Drinkaware needs to show they can effect behaviour change – if they can then industry needs to listen to any case for more money.” (Stakeholder interview, funder)

- 10.21 Critically, industry stakeholders acknowledge there are some issues with Drinkaware’s corporate reputation, issues which need tackling in order to justify future investment.

“I think it’s got a high reputation amongst people who understand it. Unfortunately it gets criticism from people who believe Drinkaware is in the pocket of industry which it isn’t. It needs to work harder at that reputation and work harder at outlining its credentials and independence.” (Stakeholder interview, funder)

“I guess my overall concern about Drinkaware is how Drinkaware is perceived by other people and in particular by those we would call the health lobby. So while we would see them as independent of us the very fact that we provide the funding means that they are often seen by others as part of industry which is very damaging for us... We need Drinkaware to be highly regarded by the outside world to be able to help justify our investment internally.” (Stakeholder interview, funder)

Drinkaware’s engagement with public health stakeholders

- 10.22 There has been relatively little focus on stakeholder engagement with the public health community or clarity around the expectations of such engagement. Within the organisation, there is also limited experience of the health agenda amongst the full-time staff.

10.23 In 2011 a programme of engagement began with a limited number of senior public health stakeholders.

10.24 Some recent progress appears to have been made within Government.

“I do think they have grown immensely from where they started and they are very professional and business-like and they continue to improve.” (Stakeholder interview, Government official)

“[My overall impressions of Drinkaware are] positive. We’ve been working increasingly closely over the last year or so in particular.” (Stakeholder interview, Government official)

10.25 Some progress is reported by the Drinkaware team with one or two of the professional associations who have expressed an interest in working with Drinkaware.

10.26 Some progress appears to have been made engaging at grass roots level with practitioners who want to work with Drinkaware because they can get access to good materials and save money.

“Drinkaware has already conducted some effective work in liaising and coordinating activities and support with local partnerships.” (Staffordshire County Council, invitation to contribute)

10.27 Overall though, the challenge has been and remains Drinkaware’s ability to demonstrate its independence and objectivity. We received several responses to the invitation to contribute which clearly articulated this.

“The AHA UK acknowledges that Drinkaware contributes to raising public awareness about the risks of excessive consumption which can form part of a comprehensive strategy to reduce alcohol misuse across the population. However, it is not the place or responsibility of the alcohol industry to be responsible for public health information, as in many cases this is in direct conflict with their interests and responsibilities to their shareholders and employees. In this context AHA UK is genuinely concerned about the extent to which Drinkaware is genuinely independent of industry interests.” (Alcohol Health Alliance UK, invitation to contribute)

10.28 Beyond the question of independence, the organisation also needs to prove that what it does works and importantly that it can add value to the work of those in the public health community.

“Sometimes I hear they are doing stuff on binge drinking down in Newquay so that’s one thing but it doesn’t get industrialised or scaled up. Then the next thing I see is some posters over Christmas saying ‘Don’t Let The Good Times Go Bad’ which is an

interesting proposition territory but its tokenistic.” (Stakeholder interview, Government official)

“Would like to see a more systematic measurement of the different programmes to contribute to the evidence base around behaviour change.” (Alcohol Education Trust, invitation to contribute)

“There was a real expectation that surprised me that people thought the question to ask the health community was what could they do for Drinkaware when in fact the real question is what can Drinkaware do for the health community. What is the product that you think you can provide to people that will make you useful.” (Stakeholder interview, staff)

Drinkaware’s engagement with other stakeholders

- 10.29 There do not appear to be systematic arrangements in place for other groups of stakeholders, such as Government (outside of public health), NGOs, police or local government.

“I have to say as a licensing manager I am shocked to admit that other than seeing a few posters, I am unaware of the activities of Drinkaware.” (South Somerset District Council, invitation to contribute)

“I wouldn’t say they were brilliant [at engagement] but I wouldn’t say they were bad either. They do have an annual conference which anyone can go to... We very rarely have wide-ranging discussions, we’ve never been called into have a chat... We’ve never been called in to talk about, have a more fundamental review of what they’re doing or be updated formally. That would be useful... It would be nice to have a better understanding of exactly how they work.” (Stakeholder interview, other)

“I think [engagement is] mainly done at a ministerial level ... which is good and useful but I think sharing that information and successes and focus with officials is right too and I think that could be built up quite rapidly.” (Stakeholder interview, Government official)

Collaboration between Drinkaware and stakeholders nationally

- 10.30 There is a strongly held belief amongst industry and non-industry stakeholders across the four nations that while Drinkaware’s activities should complement those run by Government and other charities, it currently operates in relative isolation.

“If they are truly serious about responsible drinking then there needs to be an aligned effort on it. Aligned and integrated, aligned just means everybody carrying on doing their own thing but I think there needs to be one big integrated effort.” (Stakeholder interview, Government official)

“We would like to see more of an emphasis on strategic partnership work with other charities.” (Alcohol Education Trust, invitation to contribute)

“There is scope for Drinkaware to work with partners more collaboratively on initiatives which they are already delivering, for example as part of the Responsibility Deal or industry /retail / other NGO partnerships. While it’s important for Drinkaware to develop its own campaigns and activities, this shouldn’t preclude involvement in existing, successful campaigns.” (Stakeholder survey response, industry)

“Drinkaware really does need to get on and deliver more and form better strategic relationships with organisations who can help deliver. It is currently too isolated, too remote.” (Stakeholder survey response, non-industry)

“Working in Scotland I often feel that we have locally available information which has been developed in Scotland and that there is duplication of work by Drinkaware (and vice versa). When promoting work which has been duplicated I opt for resources/websites developed in Scotland and user tested in Scotland. However if there is no information/resource in Scotland covering a specific area I will utilise Drinkaware information and signpost others to Drinkaware. In relation to campaigns I feel that these are not promoted well in Scotland and that links with key partners are often missed.” (Stakeholder survey response, non-industry)

- 10.31 Drinkaware staff are conscious of the need and opportunity to work collaboratively with public health stakeholders in order to complement their work where possible.

“I think there is also an opportunity to look at what other organisations, and in particular what Government are doing, and say ‘is there a risk that we’re duplicating each other?’” (Stakeholder interview, staff)

Collaboration between Drinkaware and stakeholders locally

- 10.32 With responsibility for public health social marketing moving to Public Health England from 1 April 2013, there is a both an opportunity and a need for Drinkaware to engage and support local stakeholders. This is recognised by all groups of stakeholders.

“Drinkaware must consider how best to work with the new public health role of local authorities including the new local director of public health roles. There is an opportunity for Drinkaware to provide an important resource for local approaches. There is also an opportunity to map out the opportunities for further partnership working with other organisations including NGOs.” (Heineken, invitation to contribute)

“The effectiveness of Drinkaware could be increased with a local focus and a reduction in national blanket coverage.” (C&G Group, invitation to contribute)

- 10.33 Regional workshops have been piloted in Scotland. While they were successful in getting local stakeholders to participate, the initiative faltered because Drinkaware was unclear on its offer to local public health stakeholders.

“We worked hard at these seminars to develop a relationship but there was nothing behind us to provide the impetus... you need something behind to say we can do this, we can provide these materials, we can help you design things.” (Stakeholder interview, staff)

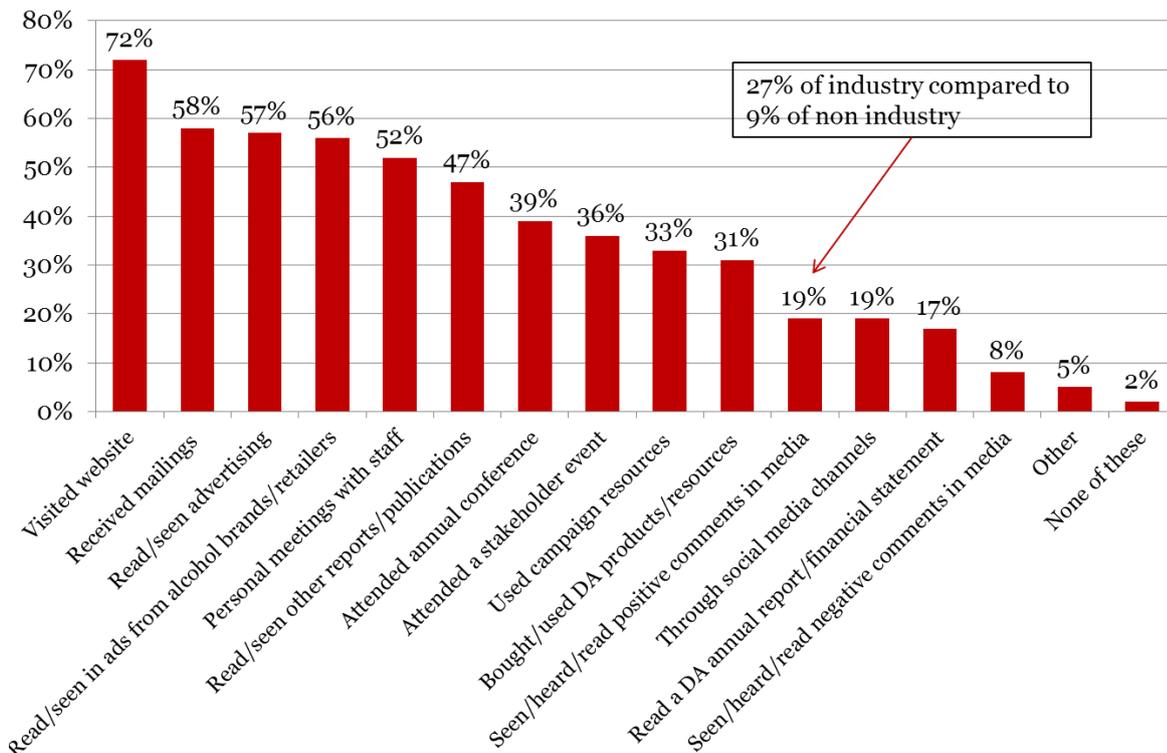
Drinkaware’s communication with its stakeholders

10.34 Drinkaware uses a variety of means to communicate with its stakeholders, including email newsletters, face-to-face meetings and an annual conference. Stakeholders generally believe that Drinkaware communicates effectively with them.

- 86% of those surveyed feel they know Drinkaware and its work very well or a fair amount
- 78% of those surveyed feel they are kept very or quite well informed about their activities
- 60% of those surveyed strongly agreed or tended to agree that Drinkaware communicates effectively with its stakeholders. Only 13% strongly disagree or tend to disagree

10.35 Almost three quarters of stakeholders (72%) have learnt about or had contact with Drinkaware via the website, while around 57% each have received Drinkaware mailings and/or seen Drinkaware advertising.

In which of these ways, if any, have you learnt about or had contact with Drinkaware recently?



Base: all respondents (118)

- 10.36 Stakeholders generally feel that Drinkaware’s ways of engaging with them meet their needs, with 29% saying that there is no improvement needed when asked how Drinkaware could improve its communications with them (the highest response).

“I think current communications for me are appropriate. As I get reminded that Drinkaware is out there, and I can access the website at any time I need to.”
(Stakeholder survey response, non-industry)

“I have had good contact with the organisation...I think the annual conference is a good place to get involved. I often read about what Drinkaware is doing in the press and as a stakeholder I would like to have more regular formal updates that I can disseminate. I’ve seen some over the years but it seems to be a bit ad hoc.”
(Stakeholder interview, funder)

“Good for up-to-date advice and information. Great apps for the general public as well as for professional use. I have attended events organised by Drinkaware and found them very informative and useful. Great tools, love the unit wheel. A very user-friendly site.” (Stakeholder survey response, non-industry)

- 10.37 However, there is a view that the content needs to focus more on the evidence base around Drinkaware meeting its objectives.

“Drinkaware could better communicate specific issues it focuses on to partners, specifically by better reporting the results of its grants process and their campaigns.”
(Stakeholder interview, funder)

“I think that they have a reasonably good communication system for engaging stakeholders. I do not feel there is any clarity around how they use the information that they may collect through that network; I think that largely means that people disengage or don’t engage in the first place because there is an underlying feeling that this is not an organisation dedicated to reducing the harms related to alcohol.”
(Stakeholder interview, health)

Face-to-face engagement

- 10.38 This is cited by stakeholders as being extremely important.

- 10.39 Senior industry stakeholders have appreciated the contact they have with the chair.

“Involvement has been either directly with Derek Lewis, who has made himself very available either unilaterally with an individual company if you want time with him or, indeed, through collective meetings through trade associations such as BBPA or the Portman Group.” (Stakeholder interview, funder)

- 10.40 Funders have also welcomed the key account management approach.

“Our interaction with Drinkaware has improved...I think finding out we had an account manager was great news.” (Stakeholder interview, funder)

- 10.41 The approaches made by the new CEO to public health stakeholders have also been commented upon positively.

Newsletters/bulletins

- 10.42 The electronic newsletter opening rates, which for the 2012 Stakeholder Bulletin ranged between 23% and 30%, compare favourably against industry benchmarks. For example, the Change4Life newsletters opening rates range from 15 to 20%. The newsletters are seen to be an important means of communication. Two-thirds of stakeholders (66%) say that their preferred means of keeping informed about Drinkaware would be via Drinkaware mailings, and 17% spontaneously say that Drinkaware could improve its communications with them via regular emails/newsletters/bulletins.

“I often read about what Drinkaware is doing in the press and as a key stakeholder, I’d maybe like to have more regular updates or newsletters or information.”
(Stakeholder interview, funder)

Annual conference

- 10.43 The first annual conference was held in January 2011. The event focused on how to best address under-18 alcohol misuse. It was attended by 80 stakeholders. Of the delegates that completed the feedback form (26%), 77% agreed the event fulfilled its objective. The second conference was held in January 2012. The event was attended by 76 stakeholders. The event focused on building bridges between industry and the health community. There was insufficient feedback data gathered to aid evaluation.

Regional engagement

- 10.44 Stakeholders based outside London would welcome more regional engagement, for example events and conferences in other areas of the country.

“Could we do something a bit more regionally so if we are going to do a big stakeholder event can we do one that’s not in London?” (Stakeholder interview, funder)

Resources and tools

- 10.45 Drinkaware produces 29 resources for the general public, free to order (up to £85 worth) from the online shop. The resources range from unit and calorie calculator wheels and unit measure cups to downloadable PDF factsheets and workshops. Over one million products have been distributed by Drinkaware’s online shop since its establishment in March 2011.

10.46 Drinkaware has commissioned surveys to understand more about those ordering materials, for example the types of organisations they come from and how they use the resources. This research found that 91% of resources ordered were on behalf of an organisation or service (i.e. a stakeholder). There were a wide range of professionals ordering, with front line public health service accounting for 70%. Other significant groups were charities (17%) and schools and universities (14%).

10.47 The tools and resources are generally liked by those stakeholders who use them.

“Drinkaware campaigns have been simple to support and activate. The tools provided have been useful and the well organised team has helped with any enquiries.” (Spar UK, invitation to contribute)

“Tools such as the drink calculator and mydrinkaware are very straight forward and useful.” (Stakeholder survey response, non-industry)

Drinkaware stakeholder engagement: Summary

Conclusions

- 10.48 Drinkaware needs the support of industry, Government and the public health community to succeed.
- 10.49 The organisation has made arrangements for stakeholder engagement as recommended in the 2009 review.
- 10.50 Perceptions amongst industry stakeholders have improved significantly since the last review.
- 10.51 Drinkaware is more positively viewed by industry than by Government and the public health community.
- 10.52 Developing relationships with Government and the public health community is challenging because of the negative preconceptions of the organisation and its work particularly in relation to its independence and the lack of an evidence base to support its work.
- 10.53 If Drinkaware fails to create more positive relationships and collaborate with Government and the health community it will fail in its task.
- 10.54 Some limited progress has been made in this area and there is recognition in some areas of the public health community of the role that Drinkaware might play in delivering the government's alcohol strategy and a desire for greater collaboration.
- 10.55 A stakeholder engagement programme alone cannot wholly address the fundamental issue of 'independence' and the lack of an evidence base.
- 10.56 Accepting this, the current stakeholder engagement programme is heavily weighted towards industry and needs rebalancing.
- 10.57 Those stakeholders with whom Drinkaware currently engages generally feel that the way Drinkaware communicates with them meets their needs in terms of channels and frequency.
- 10.58 All stakeholders however require better communication of the evidence base around its effectiveness in achieving its objectives.
- 10.59 Those stakeholders who use the resources provided by Drinkaware find them good, easy to access and easy to use.

Recommendations

10.60 In order to further improve stakeholder relationships, we recommend Drinkaware consider the following:

Managing existing stakeholders

- Bring stakeholder engagement in-house and resource appropriately to support a key account management approach for key stakeholders across industry (based on sectors) and public health (based on regions)
- Establish a single central contact management database
- Develop and execute a clear strategy for engaging with Government, health NGOs and the public health communities at a national and grass roots level with KPIs
 - Think not “what they can do for us” but rather “what can we do for them”
- Develop and execute a strategy for industry which recognises the different levels of engagement by sector and increases the focus on marketing stakeholders while ensuring relationship with CSR stakeholders is maintained

Identifying new stakeholders

- Complete a stakeholder mapping exercise to identify other stakeholders and develop appropriate and systematic engagement strategies
- Develop a digital engagement strategy for recruiting and managing stakeholders who are not part of the key account management programme

Optimising relationships and collaborating with stakeholder community

- Systematically gather research and information from stakeholders which can be used to inform strategies and plans
- Involve stakeholders (industry and public health) in the development of the overarching marketing strategy, ensure it is peer reviewed by representatives from these groups and publish
- Share campaign plans with all stakeholders at least 12 months in advance
- Involve stakeholders (industry and public health) in the development of campaigns and products, for example via co-creation workshops

Stakeholder communications

- Maintain a programme of communication with stakeholders using a combination of annual conference, website and newsletters. Consider more regional activity. Ensure they clearly communicate at every opportunity the evidence base around and progress in the organisation meeting its objectives
- Commission a robust, independent stakeholder survey to track levels of awareness, understanding and perception amongst stakeholder groups
- Adopt a systematic measurable evidence gathering on stakeholder engagement activities such as conferences and bulletins

Governance and management

11. Governance and management

11.1 This section of the report focuses on how the organisation manages itself, both at a board and an operational level.

Governance

11.2 As Drinkaware is a charity, we used the code on good governance issued by the Charity Commission (Second edition October 2010) as a basis for our review of governance. However, despite its legal status, Drinkaware does not solicit funding from the public, and as a result its structure and operation is not directly analogous to some other high profile charities.

11.3 Therefore, following discussion with the Independent Review Panel we commissioned an external consultancy, Board Intelligence (recognised experts in organisational governance), to prepare a framework based on both the Charity Commission view and the specific nature and purpose of Drinkaware.

11.4 Implicit in this framework are the core principles set out by the Charity Commission, namely that an effective board will provide good governance and leadership by:

- Understanding their role
- Ensuring delivery of organisational purpose
- Working effectively both as individuals and a team
- Exercising effective control
- Behaving with integrity
- Being open and accountable

11.5 As well as the interviews with trustees and other stakeholders, and external contributions, our views and conclusions have been primarily informed by the original Memorandum of Understanding (MoU) and subsequent addendum, board agendas, papers, minutes (these have been reviewed since 2007 and analysed in detail for the past two years), Medical Advisory Panel documents and Finance & General Purpose Committee papers.

Role, support for and performance of trustees

Role specification

11.6 We have been provided with a role description for trustees (undated). This seems comprehensive and, importantly, it identifies the need for trustees to act in an individual capacity – as stated in the MoU:

“None of the trustees would represent any particular body or group – each would have obligations to represent only the interests of the Trust itself.”

- 11.7 The job description for the chair role (dated 2008) is somewhat legalistic in tone and is in the process of being updated by the trustees to be used for the forthcoming vacancy when the current chair leaves.

Recruitment

- 11.8 While lay trustees have been recruited via advertising/head-hunters and selected by an interview panel, it appears that industry/health members have not necessarily been through the same process, instead being proposed by other members/organisations.
- 11.9 Some trustees feel that for the sake of transparency a more consistent and rigorous approach would be welcomed. This is recommended, particularly in view of the number of trustees that will be recruited in the coming year (discussed in more detail below).

Trustee induction

- 11.10 Best practice dictates that boards should offer induction, training and development for trustees. Currently Drinkaware trustees report that no such protocol exists, potentially resulting in trustees holding inconsistent knowledge or assumptions about the organisation, its aims and its operation.
- 11.11 However, we note that this issue has already been identified and at the November 2012 meeting the board was presented with a strategic plan that included the development of “an induction process for new trustees as well as training for all trustees on their role”. We see this as a positive move and would recommend that this is put in place prior to the recruitment of new trustees.

Trustee evaluation

- 11.12 There is no evidence of any formal process to evaluate trustee performance as individuals and as a team.
- 11.13 Trustees did not raise concerns about this, but equally none mentioned that any such processes existed. When asked, some comments from trustees were:
- One trustee said they “... are sure Derek would have a word with them if he felt it necessary...”
 - Another said that they had asked for some feedback on performance to help them in the day job
 - One trustee voiced some strong reservations about Drinkaware; when asked if the chair knew of their feelings they replied that they had not talked to him and tended to play down the issues at the board so as not to upset the discussions

- 11.14 Drinkaware is not a large organisation, therefore cumbersome, formal processes may be unnecessary. However, to reflect best practice and in recognition of Drinkaware’s legal status, it is recommended that individual trustees have, at minimum, an informal annual meeting with the chair.

Effectiveness of board

Trustee attendance

- 11.15 The board meets regularly, normally five times per annum. According to the records supplied to us, since 2007 there have been the following number of meetings per year:

Year	Board	Fin & Gen purposes committee
2007	7	2
2008	7	1
2009	4	-
2010	5	-
2011	5	3
2012	5	3
2013 proposed	5	4

- 11.16 Trustee attendance at the board is good, with acceptable attendance records for all but one trustee (who according to board minutes has only attended 4 of the 11 most recent meetings).
- 11.17 At its meetings the board discusses current and future planned activity and receives and discusses reports from management. Forward board agendas for the calendar year ahead are set out in outline, creating a clear expectation for management of when the board expects to discuss items of a regular nature.

Observer attendance

- 11.18 The addendum to the original Memorandum of Understanding clearly sets out the view of the Government about the role of Drinkaware in that it is regarded as “the primary non-governmental vehicle for providing alcohol information and public education”.

- 11.19 Because Drinkaware is an independent charity in the legal sense, it was agreed that it would be inappropriate for a representative of Government to be a formal member of the board. The 2009 review recommended that realistic expectations should be set for attendance, as observers, at board meetings from the Government departments of the four nations.
- 11.20 A representative of DH has therefore attended the Drinkaware board as an observer. While attendance on behalf of DH has been consistent, and although we recognise that attendance has been from a Grade 7 level representative, given the role of Drinkaware as a key group in reducing alcohol harm, we feel that representation at a more senior level should occur on a frequent basis.
- 11.21 The benefit of such attendance is to ensure that Drinkaware activity complements rather than conflicts with that of Government. In view of the change of responsibilities at DH with the formation of Public Health England we believe that the trustees should consider if attendance from this new organisation might be encouraged in the future, either in addition to or as an alternative to that of DH.
- 11.22 The devolved governments have not been encouraged to attend in a similar regular way. A representative of the Scottish Government has attended one meeting only in the past two years and we understand that there was no opportunity at this meeting for a discussion of common problems. Whereas there is obviously a good link between Drinkaware management and the Scottish Government, and this is seen to work well at the more operational level, we note that the Drinkaware board as such do not seem to be engaged with devolved governments at a strategic level.
- 11.23 We recommend that Drinkaware devise a suitable programme of engagement to ensure regular and high level contact with the devolved administrations and attendance at board meetings.

Strategic discussions

- 11.24 The board discusses the strategy once a year when preparing its annual plans and budgets.
- 11.25 While the board has discussed the vision and purpose of Drinkaware, this review has found a lack of clarity on these aspects both within the organisation but also, importantly, amongst stakeholders. We therefore believe it is necessary for the Trustees to review, reaffirm or modify the overall aims of Drinkaware. This would provide a firm basis for the development of future planning and provide the new Chief Executive a solid platform from which to direct the business.
- 11.26 Clarification of Drinkaware's aims would also serve to reinforce its core purpose amongst trustees, some of whom felt that an organisational view on issues such as

minimum recommended pricing should be agreed by the board (which could be considered a form of lobbying, thereby straying from its original remit).

- 11.27 Annual planning for both activity and operational budgeting follows an iterative process, with the board fully engaged in the development of these, including the Finance & General Purposes Committee where necessary.

Board culture

- 11.28 Generally, trustees appear to believe that the board as a whole has settled into a style and way of working with which they are comfortable and which enables them to take the required decisions.

“The big challenge – not to be underestimated – was for people with differing views coming together with a common purpose – it took a huge amount of effort on both sides to adjust to collaborative working. I think they have done it well as a team.”
(Stakeholder interview, trustee)

“I think trustees work well together, there are no problems.” (Stakeholder interview, trustee)

- 11.29 There is, however, an inherent potential problem presented by the structure of the board, with eight of the current eleven members coming from an industry or health background. There is a risk (and in some cases a perception) that those coming from industry or public health could make decisions influenced by their backgrounds in those organisations, rather than for the Trust as a whole.
- 11.30 Interviews with trustees do not indicate that this has been a problem resulting in a conflict or poor decision making, and we have seen no evidence to suggest this. However, there may be a problem with how the board structure is perceived (this is discussed elsewhere).
- 11.31 It is also clear that both industry and health trustees hold strong and often opposite views on some key issues of Drinkaware. It is important, therefore, that there is a strong independent voice at the board to moderate this; we feel therefore that the independent members of the board would benefit from additional representation. This would also potentially help an incoming chair by giving a more balanced structure. Our recommendations on board structure cover this.

Operating to ethical principles

- 11.32 The role specification for trustees requires that they adopt the Nolan seven principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

- 11.33 We have found no specific evidence that trustees are not complying with these principles and most trustees did not identify any issues with this.
- 11.34 However, two health trustees had strong feelings to the contrary, with one believing that industry trustees formed an effective lobby group at the board that was not matched by the health related members. This enabled industry to influence the work of Drinkaware and therefore water down its effectiveness. They felt that there was an inherent conflict of interest for industry trustees in this position, that their presence on the board led to discussion on issues such as pricing being avoided, and thus calling into question the independence of Drinkaware.

“It’s clear to me that the Drinkaware Trust board is not independent in the sense that alcohol industry activity clearly influences the behaviour of industry trustees, despite the point in the original MoU that they should be acting independently and that compromises their independence and they are conflicted.” (Stakeholder interview, trustee)

- 11.35 This is not a universally held view, however:

“I think it’s up to the industry representatives to behave impeccably, which I think we do, not least of all because we are bound by the laws relating to trustees to behave in that way and I think that’s important. I think the industry trustees who are part of it have a genuine desire for the thing to be successful for all the right reasons.” (Stakeholder interview trustee)

- 11.36 Despite a prejudicial feeling in some quarters that industry members have too much influence on board decisions, we could find no specific evidence that this is the case. We have been told that while robust argument would be expected, there is little ‘conflict’ as such at the board, either between different groups or in the behaviour of individual trustees.
- 11.37 The perception of industry dominance is unfortunate, as it does not mirror the picture painted by the majority of the trustees. It is a perception which feeds distrust of Drinkaware and affects its corporate reputation.

Delivery of 2009 audit recommendations

11.38 We have been specifically asked to address the extent to which the Drinkaware board has responded to the recommendations coming from the 2009 audit. While these are detailed within the report, a summary is provided below:

2009 recommendation	Comment
1. Continue for at least a further three years and continue to focus on raising awareness amongst the current priority groups.	Since 2009 the Drinkaware brand has become near ubiquitous in industry communications. The latest data show that two thirds of people in each of Drinkaware's priority groups are aware of the brand. Drinkaware now needs to focus on deepening people's understanding of what Drinkaware is and what it wants them to do.
2. Prepare a strategic plan demonstrating a compelling case for investment.	<p>Whilst plans have been produced, stakeholder feedback indicates that the evidence base around activity is not at a level that produces a compelling case for investment.</p> <p>This is a major barrier to Drinkaware being able to justify to industry why they should invest at all, let alone any increase in funding.</p>
3. Position itself as offering a cost effective way for the industry to promote safe drinking and work in partnership with the industry and the public sector.	<p>Progress has been made in the positioning of Drinkaware with the industry but can, and needs to, go further in the area of partnership working and to proving its cost effectiveness.</p> <p>There has been limited progress in respect of partnership working with the public sector.</p>
4. Cover the whole of the UK.	<p>There has been engagement with the devolved nations and relationships have improved recently.</p> <p>Activity such as the website has helped it to develop its geographic reach. Better strategic engagement and more resource is required to support the devolved administrations and indeed at a regional level within England in order to make a real impact.</p>

<p>5. Review the grants programme after one year.</p>	<p>There was a review of the programme carried out by the Charities Evaluation Services in January 2010. This resulted in minor modifications to activity.</p> <p>The board have decided that grants are not planned to be a part of activity in 2013, though we feel there may be a role for a well structured and managed programme to support local delivery.</p>
<p>6. Communicate its KPIs and its achievements more effectively to all stakeholders.</p>	<p>Communication has improved and such initiatives as the conference and annual report help but there is further to go on this point – which will then help to build the organisation’s credibility. It should be noted that there are challenges around KPI setting.</p>
<p>7. Maintain the current size and structure of Board membership and agree improved observer attendance with government.</p>	<p>The Board has remained the same size as in 2009. We believe fundamental change is required to the structure.</p> <p>DH have attended regularly as observers but devolved governments have not attended (apart from one meeting).</p> <p>It is felt that Drinkaware would benefit from the attendance of a more senior member of DH, at least on some occasions.</p>
<p>8. Work with government and the industry to secure a minimum of £5m pa cash funding and additional in-kind funding on a rolling three-year basis.</p>	<p>Funding has plateaued at around the £5M level but the current agreement for the industry to fund is due to expire at the end of this year.</p>
<p>9. Set out what greater impact it could have with greater cash funding and further in-kind funding.</p>	<p>Further in-kind funding has been developed although there is no evidence of the impact that in-kind funding has. The case for greater cash funding has yet to be made to the point where industry would feel justified in any increase.</p>

<p>10. Develop financial formulas for sharing this investment between producers, the on trade and the off trade.</p>	<p>A financial formula was agreed through to December 2009. A new funding regime was discussed by the board in November 2012.</p> <p>Not all potential funders do so and at least one significant industry company still refuses to fund.</p>
<p>11. Appoint one person to take responsibility for managing relationships and communications with industry investors.</p>	<p>A contractor has been appointed to manage relationship with industry, supported by agency resource.</p> <p>We believe that this role should be carried out in-house, not by contractors as at present.</p> <p>Greater resources are required to support stakeholder engagement with the public health and other stakeholders.</p>

Policies and procedures

Policies

11.39 There is clear evidence that appropriate policies have recently been put in place on a rolling basis:

- Nov 2011 – Bribery, gifts and hospitality
- April 2012 – Remuneration, pay and benefits
- June 2012 – Investment policy re reserves
- Aug 2012 – Delegated financial authorities
- Sept 2012 – Receipt of public donations
- Nov 2012 – Financial management (this was a comprehensive paper covering all aspects of accounting, expenditure, employee payments and benefits and insurance)

11.40 Having reviewed these we believe that they provide an adequate framework from which management can run and control the operation of Drinkaware.

Legal compliance

11.41 Due to the nature of the organisation, and particularly due to its charity status, it is important that the organisation understands and complies with legal and regulatory requirements.

- 11.42 Based on board papers and trustee discussions we conclude that Drinkaware consults with both its financial auditor and legal advisers to ensure it is acting in compliance with the various regulations and codes of practice.
- 11.43 We note the board does not seem to have discussed the more legalistic issues of governance and it is left to the chair who, acting in association with the Finance & General Purposes Committee/advisers, brings to the table issues requiring note or attention. In a larger organisation it would be the role of the company secretary to do this, but given the size and resources of Drinkaware we do not feel that its practice is inappropriate.

Financial controls

- 11.44 The policies referred to above cover this area, and activity is overseen by the Finance & General Purposes Committee. The Finance & General Purposes Committee has met three times per annum for the last two years and has clear delegations from the board in the form of terms of reference.
- 11.45 Drinkaware does not currently employ a permanent Finance Director/Manager but utilises trained accountants on secondment. The past two secondees have been from Sainsbury's, and they have been happy to second in order to benefit their own training and development. No dissatisfaction with this was expressed, and it was felt that the calibre of secondees was higher than could be obtained on the open market with the salary Drinkaware is able to offer.
- 11.46 While this arrangement seems sensible from an internal point of view, we recommend that this issue be reviewed, as it may feed into stakeholder perceptions of a lack of independence from industry.
- 11.47 The following two issues have been queried by trustees, which called into question the effectiveness of certain financial controls in place.
- Appointment of communications agency – questions were raised regarding contractual terms and remuneration. This was followed up by the Finance & General Purposes Committee who discussed this issue in depth
 - Grant application – questions were asked at board level about the proper authorisation of the grant of £30k to an applicant. It was claimed that the Chief Executive had approved the application without reference to the Trustees. This issue was also raised in a response to the invitation to contribute to the review
- 11.48 From the papers studied and interviews conducted there is no suggestion whatsoever of malpractice regarding the above and we have not sought to pass judgement in these matters. These are highlighted because following these instances a revised financial management policy was approved by the board in November 2012.

11.49 We see the above being a good and positive example of an organisation “learning” from experience and adapting controls in the appropriate way.

Risk

11.50 The Finance & General Purposes Committee review risks, and a paper was submitted to the board in November 2012 enabling the trustees to discuss this subject.

11.51 It is unclear what depth of discussion took place as it was an agenda item “for noting”. However, the board minutes record that following a further review by the Finance & General Purposes Committee, the risk register will be reviewed formally by the board at a future meeting.

11.52 It is noted that “risks” do not feature on the forward board agendas for 2013. It is recommended that the board should formally review risks and have the opportunity to discuss these at least once per year.

11.53 Issues of corporate reputation do not feature strongly in the risk register. In reviewing the register presented to the October 2012 board we would note that the four items under “Reputational Risk” are seen to have in mitigation:

- The reviewing of press releases
- Vetting of medical content by the Medical Advisory Panel
- Review of contracts for the Medical Advisory Panel
- Existence of the HR & bribery policy

11.54 We feel that this fundamentally underestimates the nature and scope of the problem, and that issues around corporate reputation would benefit from greater board discussion to more clearly focus on, and identify, risks associated with this and to ensure mitigation is put in place.

11.55 In this regard we are pleased to see that at the November board meeting it was agreed that engagement with the health community in particular was to be included in the risk register in the future.

Delegation to sub-committees and management

11.56 There are two established groups and one putative one as commented on below.

The Finance & General Purposes Committee

11.57 Its role in financial control has been referred to above.

- 11.58 The Finance & General Purposes Committee is chaired by one of the trustees (Nick Grant, Legal Director of Sainsbury's) and has as members, the chair, and three other trustees – one each of an independent, an industry and a health member. The Finance Manager also attends. This committee makes a regular report to the board; its meetings are minuted and circulated to all trustees.
- 11.59 There are clear terms of reference for this group which concentrates, as expected, on financial and control issues.

Medical Advisory Panel (MAP)

- 11.60 Although not constituted as a formal committee of the board in the same way as the Finance & General Purposes Committee, the Medical Advisory Panel plays an important role and consists of a range of senior experts. The current members are as follows (as of September 2012):

- **Professor Paul Wallace** –(Chair) General Practitioner, Emeritus Professor of Primary Care, University College London, Director of the NIHR Primary Care Research Network, Chief Medical Advisor (CMA) to Drinkaware
- **Professor Jonathan Chick** – Consultant Psychiatrist, Honorary Professor, Health Sciences, Queen Margaret University Edinburgh and Honorary Clinical Research Fellow, Department of Psychiatry, University of Edinburgh
- **Professor Chris Day**–Pro-Vice Chancellor and Professor of Liver Medicine, Faculty of Medical Sciences, Newcastle University, Fellow of the Academy of Medical Sciences and Senior National Institute for Health Research Investigator
- **Dr Sarah Jarvis**– inner-city London GP, GP trainer and Fellow of the Royal College of General Practitioners, medical writer and broadcaster
- **Professor Graham Ogden**–Professor of Oral Surgery at the University of Dundee and Honorary Consultant Oral Surgeon Tayside University Hospitals NHS Trust
- **Professor Jonathan Shepherd CBE**–Professor of Oral and Maxillofacial Surgery, Director of the Violence Research Group and Vice Dean at Cardiff University, member of Council of the Royal College of Surgeons of England and Fellow of the College of Emergency Medicine

- 11.61 It appears that until recently the panel has tended to work at arm's length from the Trustees and the bulk of its work has been involved in campaign planning and checking the Drinkaware output for accuracy. Given the level of knowledge on the panel we consider it to have been a missed opportunity not to involve them at a more strategic level.
- 11.62 However, we note that in recent months a stronger link has been made and the board will in future have a closer contact with the MAP. The MAP chair attended the board in September for a discussion on the work of the MAP and its terms of reference. Board minutes show that the trustees asked the MAP to become more involved in a number of

areas; we regard this development as very positive and one which will strengthen the value provided by the MAP.

- 11.63 As stronger links are forged between MAP and the board, a clear distinction needs to be made between the role of medical side trustee board members and the MAP advisory experts, to ensure that the trustees understand that their role is to advise on what is best for the Trust (rather than provide medical advice).

“I think there’s a role to be a medical side trustee and I think there’s a role to be a Medical Adviser and I don’t think we should confuse the two.” (Stakeholder interview, trustee)

- 11.64 We note that the MAP has suggested its desire to widen membership into areas such as cardiology, adolescent health and breast cancer. While we are not qualified to judge the medical rationale we would support such a move if it enables the effectiveness and value of the MAP to be further enhanced.
- 11.65 We picked up a sense from interviewees, that in agreeing to serve on this panel, members were putting their reputation “on the line” to a certain extent with the somewhat sceptical health community. This issue of professional credibility could deter valuable contributions from the health community in the future unless action is taken to correct the negative preconceptions of Drinkaware.

Marketing Advisory Panel

- 11.66 The 2009 audit suggested that Drinkaware consider setting up a panel utilising external marketing advice.
- 11.67 Although such a panel was not formed, Drinkaware did set up three ad hoc groups drawn from industry representatives to assist in the delivery of the “Why Let Good Times Go Bad” campaign. These groups consisted of experts in public affairs, communications and campaign development.
- 11.68 For 2013 onwards we are given to understand that these groups will be combined into a single advisory group with a brief to oversee in-kind support.
- 11.69 This is a positive move; however, we recommend that further thought be given to the setting up of an advisory group of marketing, behaviour change and research experts with a brief to cover all marketing activity, and to have a majority of members from non-alcohol or health related organisations. Such a group would provide the following benefits:
- It would provide an input to strategy and campaign development

- It would enhance the capability of the Drinkaware marketing resource by acting as a sounding board and a sense check for their planning. It could also act as an idea generator to stimulate further development
- It would provide a degree of comfort to the Trustees with regards to the robustness of marketing proposals and evaluation
- Importantly, by having a majority of independent members it would further aid efforts to demonstrate Drinkaware's independence and enhance its credibility

11.70 We would recommend the panel include academics; for example specialists in psychology, epidemiology or behaviour change, in order to bring additional expertise to the board. Provision of external advice would also further enhance any move to reduce sectorial bias.

Future reporting of panels

11.71 We would further suggest that the two panels commented on above should have a standing board agenda item to provide a report to the board at alternate board meetings with a discussion session once a year; this would provide the board with a regular update and ensure a close working relationship with the Trustees.

Delegation to management

11.72 In such an organisation as Drinkaware it is important that the board should communicate effectively with its management. Drinkaware staff report that they are updated regularly and comprehensively.

“I think there's a really good system in place [for cascading information from the board to the senior management team and staff]. Over the last two years that's certainly got better. In the last year it's got really good and the board has got more visible to the team here. Our new Chief Executive encourages the senior management team to be in board meetings and she sends around an overview of the board meeting to the wider team so that information directly cascades. So, again, it's something that has really improved.” (Stakeholder interview, staff)

Board structure, skills and succession

Board structure

11.73 The original Memorandum of Understanding set out a structure totalling 13 members as follows

- 5 x industry trustees
- 5 x non-industry trustees
- 2 x lay trustees
- 1 x independent chair

- 11.74 At the time of the 2009 review it was noted that the then composition of the board totalled 11 members– missing both an industry and a non-industry trustee.
- 11.75 The 2009 report recommended that “the size and balance of membership of the board should not be changed”. It is not clear if this meant it should remain at 11 members or the 13 number as set out in the MoU.
- 11.76 Stakeholder views are split with regards to board balance. A third (31%) agree, 11% strongly, that “Drinkaware has the right balance of trustees”, a quarter (25%) neither agree nor disagree, and 10% disagree (34% do not know). Industry stakeholders are significantly more likely to agree with the statement than non-industry (19% against 6%).
- 11.77 Since 2009 membership has been kept to 11 members, but it is noted that the board has discussed plans last November to move to a 4+4+4 basis (+ chair) by doubling the number of lay members, while keeping industry and non-industry to the current 4 each.
- 11.78 While we see the above proposal as a step in the right direction of reinforcing independence of decision making, we do not believe this will go far enough to satisfy some critics.

“I kind of understand if the industry’s funding this that they ought to have a role but I would want to reduce their impact on the board. ... It’s good of them to fund stuff because it’s coming out of their profits ... but I think once they do that, they have to let go. I don’t think it’s right to say ‘well, we’ll fund it but we’ll then decide how it’s being spent and have a role in that’, I think that role has to be minimal.”
(Stakeholder interview, other)

“If [Drinkaware] is really going to be able to deliver its health mandate then it must shed itself from industry influence, and it must find a way of putting a firewall between the money and the delivery, the action arm.” (Stakeholder interview, trustee)

- 11.79 Industry stakeholders are not necessarily opposed to the idea of having fewer industry trustees on the board:

“I think, if we want the credibility that we are at arm’s length, having 40% of the board is not good.” (Stakeholder interview, funder)

“The governance and funding of Drinkaware seems to be acceptable. The only change I would make is that the drinks industry should probably have fewer trustees in order to give a more impartial view.” (C&C Group, invitation to contribute)

“If I’m absolutely honest with you, so long as the organisation works, so long as it’s based on sound science and evidence and it’s not pursuing a partisan political sort of

agenda, which it's not at the moment. I don't have an alternative governance model but I'm not particularly wedded to 'do we necessarily need to have four trustees from the alcohol industry on that'. I've got a very open mind around that, this is probably an example of where we're really quite arm's length with it because we think that the more arm's length we are the more credibility it has." (Stakeholder interview, funder)

11.80 However, in considering the extent and nature of industry involvement there are other views that have to be taken into account.

"Four industry trustees are not sacrosanct but if [there were] no industry trustees that would be a challenge for industry to agree and prejudice the willingness to fund." (Stakeholder interview, funder)

11.81 The question of industry involvement presents Drinkaware with a dilemma. While industry provides the funding, their very presence on the board arouses suspicion of their influence on the work of Drinkaware. Whatever the reality of the situation and however hard industry trustees try to avoid such an influence occurring, the fact they are "there" does prejudice views.

11.82 To resolve this dilemma there are a number of potential solutions that could be considered; three possible alternatives are considered below:

- Adopt the proposed 4+4+4 approach – however, we do not believe that this would be sufficient to counteract negative perceptions about independence
- Increase the number of lay trustees to balance health/industry representation. This would also have the important benefit of bringing onto the board independent trustees who have skills that are desirable to add to the board (commented on elsewhere). A board of 16 members (4+4+8) could be too unwieldy. An alternative would be to reduce industry / health representation and adopt a 3+3+6 model which would both keep the board at a manageable size and reinforce the signal of a clear change in direction
- Adopt a "blind trust" approach – this would raise money from industry and pass it to the Drinkaware trustees who would be responsible for Drinkaware activity

11.83 The suggestion of a blind trust was raised in both stakeholder interviews and the invitation to contribute:

"To address this conflict of interest the AHA recommends that Drinkaware is managed through a genuine 'blind trust' that is governed by a board of trustees that does not include representatives of the alcohol industry. Under this arrangement, Drinkaware could continue to receive industry funding, provided that the industry had no involvement in how those funds were allocated or the content of Drinkaware's information and education campaigns." (Alcohol Health Alliance UK, invitation to contribute)

- 11.84 This approach is used by other organisations to ensure an independence of activity. For example, the Advertising Standards Authority acts as an adjudicator on advertising complaints and is funded by the advertisers. However, the funds are collected by a levy on advertising expenditure by a “blind trust” type arrangement via ASBOF/BASBOF (Advertising Standards Board of Finance/Broadcast Advertising Standards Board of Finance). The effect of this is that there is a clear separation of collecting funding and decisions made with different people involved – this ensures that decisions can be made by one group without the same people having to raise funds.
- 11.85 The existence of such a blind trust approach would not necessarily preclude people on the Drinkaware board who have industry experience – but it would provide a clear separation of funding/activity.
- 11.86 Given the strong views expressed to us by a variety of different sources concerning the perceived independence of Drinkaware we would strongly recommend that the board reconsiders its current 4+4+4 proposal and gives further consideration to both the creation of a “blind trust” type arrangement to handle funding and to the adoption of a 3+3+6 board structure.

Board skills requirement

- 11.87 A key feature of board structure is the skill set trustees possess as a group. We recommend that the board be structured to focus on this overall balance of skills. A move to accrue more relevant skills would bring in more lay trustees (thereby helping to deliver a rebalanced board) and would ensure greater independence in respect of direction setting. Additional desirable skills might include expertise in marketing, education, behaviour change, epidemiology, clinical psychology etc.
- 11.88 Bringing more of these skills to the board would itself bring in more lay trustees from outside of the industry/health sectors, thus providing a more balanced board and ensuring greater independence in respect of direction setting.
- 11.89 We would recommend Drinkaware conducts a skills audit of the board itself; this would then run alongside the skills audit of management, and ensure that the organisation has the required skills available at all levels to optimise its effectiveness.

Board succession issues

- 11.90 Aside from the composition of the board we would also comment on the position the Trust finds itself in respect of succession planning. We note the paper presented to the board last November on this subject.
- 11.91 The original MoU set out a process for appointment of trustees on a variable term base in order that the Trust did not find itself in a position where there was mass turnover in any one year. This was to be achieved by appointing trustees for an initial term of either

1, 2 or 3 years thereby ensuring that when trustees retired at the end of two terms there would be a gradual refresh of trustees to the board.

11.92 The paper presented to the November 2012 board identified that based on current service:

- Four trustees were due to retire in Feb 2013
- A further two are due to retire in Feb 2014
- The Chair was also due to retire in Feb 2014
- There were two board seats unfilled

11.93 On the face of it therefore the Trust would appoint two new trustees, six replacements and a new chair in the space of a 12 month period – this would obviously have a huge effect on the culture, cohesiveness, operation and embedded knowledge of the Trust board.

11.94 A proposal was put to the board that the Trust articles should be amended to delay the retirements with some timed for June or Sept 2013 and others February 2014. This recognised the difficulty of recruiting new trustees while this review was taking place and in the light of any recommendations coming out of it.

11.95 It is recommended that the board give further consideration to the timing of new appointments that will be required as a result of this review. This should take account of the requirement to review the board structure and undertake the skills audit referenced above. We recommend ensuring that no more than three or four board members should retire at any one time in order to preserve board continuity and collective wisdom.

11.96 We are aware the Trustees have already initiated discussions on finding a replacement for the current chair. Nick Grant, as chair of the Finance & General Purposes Committee, has started the process off with the preparation of a draft job profile for trustee discussion.

Memorandum of Understanding – the case for a refresh?

11.97 The original MoU dated 29 June 2006 concentrated on the setting up of Drinkaware as an organisation including such issues as board composition and how a chair was to be appointed. The MoU, while not legally binding, represented an agreement between the industry, DH, Home Office and devolved governments.

11.98 The addendum to the above was dated 14 Dec 2009 and updated the original in the following areas:

- Life of the Trust – to ensure that it could operate indefinitely

- Performance indicators – publication of achievement
- Funding – agreement running to 31 December 2013
- Campaign for Smarter Drinking – transfer of responsibility for this to Drinkaware
- Communications – setting out how the Trust will engage with stakeholders
- Government policy – setting out that Drinkaware is regarded as “the primary non-governmental vehicle for providing alcohol information and public education”

11.99 Given changes already planned and those potentially arising from recommendations in this document we feel that Drinkaware should consider the drafting of a new agreement with stakeholders to supersede the above two documents. This may, or may not be in the form of a formal MoU, but we believe such an agreement is required to cover such key issues of board structure, role and funding for the following reasons:

- As a result of the plans already discussed by the board, and any further revision as a result of this document, the future board composition will be different to that set out in the existing Memorandum of Understanding
- It would be reflective of the organisation being a going concern rather than the original Memorandum of Understanding which was about a start-up of Drinkaware
- It could include commitments and aspirations around future funding – e.g. the Chief Executive’s objective to obtain non-industry commercial funding/recent proposed change to funding model
- Now that Drinkaware is set up, procedures could be set out to formalise how the future chair/trustees should be appointed
- It would be an opportunity to reflect any change in major purpose/strategy as a result of this review and Drinkaware’s other thinking
- It would set a “line in the sand” and provide a solid base for the Trustees and management to work from in the future
- It could set out how the performance of Drinkaware should be measured/audited in future
- Crucially, it would provide an opportunity to demonstrate/reemphasise Drinkaware’s independence and the fact that its governance is not industry-led or dominated

Management

Resources

11.100 Drinkaware currently has 18 members of staff including the Chief Executive appointed in January 2013. The senior management team consists of three full time members of staff and two part-time consultants. The team consists of:

- Head of Campaigns and Communications
- Head of Digital
- Head of Finance (secondee from Sainsbury's)
- Industry Stakeholder Relationship Manager (part-time consultant)
- Health Community Stakeholder Relationship Manager (part-time consultant)

11.101 Some members of the management team have commented that it has historically dedicated less time than it might to discussing forward strategy and key challenges facing the organisation, such as the development of talent. There has also been no appraisal of how the management team performs as a whole. On the subject of planning, it was noted that there was no planning process or schedule, which meant that they were not agreed until the year to which they applied. Encouragingly the lack of an operation plan has been recognised by the new CEO and a plan is in place to ensure delivery.

11.102 From the documentation provided and interviews with Drinkaware staff, it would appear that permanent staff are recruited appropriately, with an adequate procedure in place and detailed job descriptions. The recruitment process and the performance management of the consultants are less clear. Staff interviewed felt that the amount of internal and external training they have received has been sufficient for them to do their jobs. We note that the website editor in particular has received extensive digital training, which ties in with the positive feedback received about Drinkaware's website in terms of its appearance.

11.103 In the current management structure, the majority of staff members report into the Head of Campaigns and Communications, resulting in an imbalanced configuration. This has been noted internally as being problematic and we acknowledge that this issue is already being addressed.

11.104 Another issue that has been noted above is the absence of a permanent Finance Director. Although this has not proved problematic in the past (and indeed has enabled Drinkaware to gain from the expertise of secondees), we would recommend that this role be brought into the organisation to avoid any accusation of organisational bias (as detailed earlier).

11.105 Given the issue of stakeholder relations featured in this report we would recommend that the resource around this area is in need of review. We particularly feel that the

resource and effort on this activity would benefit from coming from within Drinkaware itself rather than as present via contractors. This would also have the benefit of Drinkaware being able to control its database of contacts. This area requires a significant increase in resource investment.

- 11.106 While the policies and procedures in place around staff recruitment and training seem to be fit for purpose, there does seem to have been a skills gap which Drinkaware is in the process of addressing.

“The people I know at Drinkaware are good people, trying to make a difference in a complex and highly contested environment. I wonder though whether the organisation has the right set of skills for all of the work it does and whether some of the projects that have been started have been properly planned and executed.” (Stakeholder survey response, non-industry)

“I think there are some key roles that we still need. We’ve identified that we need a Social Media and Content Manager because, personally, I think that’s better managed in-house as much as possible and it’s actually really expensive to do that through an agency and I think there would be cost efficiencies in beefing up the internal team a little and having less reliance on agency support.” (Stakeholder interview, staff)

- 11.107 When skills gaps have been addressed in the past it has proved beneficial. For example, in 2011 a Research and Planning Manager role was created, and there has been a marked improvement in the amount and quality of insight and evaluation work commissioned by Drinkaware since.
- 11.108 We note that the new Chief Executive has been tasked with reviewing structure and resources and we would encourage the board to ensure that the required level of skill and expertise is provided to Drinkaware.

Staff costs

- 11.109 In terms of expenditure relating to staffing, we have received the following from Drinkaware in response to our request for information:

Expenditure as a Proportion of Income

The following information has been extracted from Drinkaware financial statements 2007 to 2011. This table shows the allocation of income to the various expenditure pools.

	Total A+B		Total C+D+E				
	A	B	C	D	E	F	G
	Campaign Spend	Grants	Other direct costs	Staff costs	Support costs	Total	Income
	£	£	£	£	£	£	£
2011	3,829,265	153,772	3,983,037	780,342	429,747	5,193,126	5,392,238
2010	4,114,977	163,697	4,278,674	779,329	436,023	5,494,026	5,297,431
2009	3,038,928	42,872	3,081,800	767,552	395,276	4,244,628	3,400,533
2008	2,319,836	21,930	2,341,766	594,551	388,612	3,324,929	2,859,172
2007	388,856	77,171	466,027	549,739	234,632	1,250,398	2,916,299

This table shows the above expenditure as a proportion of income in the year.

	Campaign Spend	Grants	Other direct costs	Staff costs	Support costs	Total	Income
2011	71%	3%	74%	14%	8%	96%	100%
2010	78%	3%	81%	15%	8%	104%	100%
2009	89%	1%	91%	23%	12%	125%	100%
2008	81%	1%	82%	21%	14%	116%	100%
2007	13%	3%	16%	19%	8%	43%	100%

Campaign Spend includes all direct costs other than staff costs and grants. Please note governance costs have been allocated to support costs.

- 11.110 In an organisation such as Drinkaware it is difficult to state what a figure for staff costs should be relative to its overall spend particularly given that the amount spent on marketing activity itself is not necessarily that large – compared to marketing activity for other organisations with larger budgets.
- 11.111 With the need to attract additional expertise as well as bringing activity in-house, staff costs should increase both as an overall cost and as a percentage of income in the future, though of course one would always wish to see a significant majority of expenditure being dedicated to campaign spend (and grants, if appropriate). This would not necessarily be looked on negatively – what is more important is that the organisation invests in sufficient resource to achieve certain objectives.

Governance and management: summary

11.112 The role, performance of trustees and matters of board practice generally seem to be dealt with effectively at Drinkaware. The presence of the well regarded chair matched by long-serving trustees has no doubt been a factor in this.

11.113 However there are some fundamental issues of governance structure where the organisation might benefit from considering a different approach. We recommend these changes and others need to be incorporated into a revised Memorandum of Understanding or alternative formalised agreement to provide clarity both inside and outside of the organisation.

Recommendations

11.114 In order to further improve governance, we recommend Drinkaware consider the following:

Review trustee appointment and performance appraisal process

- Adopt a consistent and rigorous approach to recruitment of trustees ahead of any further appointments
- Introduce, as planned, an induction process for new trustees as well as training for all trustees on their role
- Introduce “light touch” appraisals for trustees both individually and as a group
- Consider additional skills that would be beneficial in future recruitment of trustees
- In recruitment of future trustees consider length of appointment to avoid en masse retirement on expiry of initial term at a later date

Board discussions

- Discuss and restate Drinkaware’s vision, purpose and aims to provide a template for planning and extent of board discussions
- Place a discussion of risks on forward board agendas and discuss at least once a year
- Ensure that the issue of corporate reputation is more fully debated by the board and reflected in the risk register

Review provision of support committees / panels

- Discuss with the Medical Advisory Panel the need to widen membership to strengthen its input to the board at a strategic level
- Consider formalising the role of a Marketing Advisory Group to cover all aspects of marketing
- Look to marketing and medical panels providing regular updates to the board with at minimum a joint annual discussion.

- Consider additional advisory panels to supplement board understanding of issues and provide independent view into board discussions

Develop board engagement with stakeholders

- Request that DH engage with the board at a more senior level on a regular basis
- Consider how to forge links with Public Health England and consider if this organisation should be either a representative or observer at the board meetings
- Devise a suitable programme of engagement to ensure regular and high level contact with the devolved administrations

Review board structure

- Consider the move to a 3+3+6 board structure (3 health, 3 industry, 6 lay, 1 independent chair) and the potential setting up of a “blind trust” to raise funding
- Conduct a skills audit for the board of trustees to ensure appropriate experience and capability is represented at board level

Develop a new stakeholder agreement

- Adopt a new Memorandum of Understanding or other formalised agreement to address some of the challenges discussed throughout this report

Management recommendations

- Conduct a full skills and capability audit to ensure the organisation has the right skills going forwards
- Bring stakeholder engagement in-house and increase resource in this area
- Review approach to using secondees in role as Finance Manager
- Engage management and staff in discussions about future planning and priorities of Drinkaware’s activity in a timely manner

Funding

12. Funding

Expectations

12.1 The original 2006 Memorandum of Understanding envisaged funding as follows, derived from member companies of the Portman Group:

- Year 1 £3m
- Year 2 £4m
- Year 3 £5m

12.2 Also that within five years:

“The Trust should aspire to attract resources substantially greater than committed up to Year 3. Determinants of resource beyond Year 3 should include:

- *Effectiveness of Trust work programme*
- *Strength of any case made for higher level of funding to show it can be spent to deliver the Trust’s strategic objectives more effectively”*

12.3 The 2009 addendum to the MoU stated as follows:

- *It is agreed that achievement of a very high level of participation in the funding of the Trust across all sectors of the alcohol industry (production, distribution and retailing) on an equitable basis is key to the achievement of the objectives of the Trust and that the level of funding needs to be sufficient to enable the Trust to achieve significant change in public awareness, attitudes and behaviour in the longer term*
- *The industry parties listed in Appendix 1 have agreed to fund the Trust on the basis of the Funding Formula set out in Appendix 3 through 31 December 2013 (consistent with the commitment given to the funding of the CFSD), subject to the outcome of the next review in 2012*
- *The industry parties, Government and the Trust will continue to seek additional industry contributors on the agreed Funding Formula or on a new formula for small participants*
- *The parties recognise that implementation of a requirement for a national compulsory social responsibility levy on the alcohol industry by any of the four UK countries’ governments/executives would be a sufficient basis for immediate review of the Funding Formula*
- *The Trust and industry will work together to enhance the effectiveness of cash funding through supplementary support in kind*

“Cash” funding achieved

12.4 Against the above expectation, board papers show that the level of funding the Trust has received is as follows:

Year	£000's
2007	2916
2008	2859
2009	3400
2010	5297
2011	5392
2012 est.	5588*
2013 draft budget	5408

*Inc. £203k from previous year

12.5 As for sources, the funding is derived by industry donations as can be seen from the make-up of the 2013 draft budget:

Source	£000's
Donations	5298
Additional donations	50
Shop sales	50
Interest	10
TOTAL	5408

12.6 As can be seen from the above, the Trust income has appeared to plateau at around £5.4m and, it could be argued, has not achieved a level “substantially greater” than anticipated in the original MoU, a point noted by one trustee.

“The MoU suggested we should be at the sort of level of investment which should be significantly beyond £5m per annum by now, we’re nowhere near that.”
(Stakeholder interview, trustee)

12.7 Some comment has been made that in the past some sections of the industry were not putting in their fair share. This appears to have been corrected in recent funding changes.

12.8 The majority of the larger industry companies are funding with only one exception being identified consistently by various trustees (NB we were unable to enlist the support of this company for an interview so cannot comment on their reasons for not supporting Drinkaware). There are issues with smaller companies not funding and this is a cause of frustration as there is an understandable belief that all should participate, regardless of size.

“I think there are far too many organisations that get to use the Drinkaware brand, get to benefit from what Drinkaware offers without actually having to put any cash up and I think that that's definitely something we need to consider pretty seriously in the future.” (Stakeholder interview, funder)

12.9 We did interview a non-funder who expressed the view that smaller companies cannot afford to support directly but they did so via their support for trade associations. Despite not providing a cash contribution, they wished to support Drinkaware and did so by using its publicity materials.

12.10 Before looking at future funding models, it is worth reflecting on the view of some of Drinkaware's stakeholders on increasing funding:

“We recognise the need to contribute towards industry funding, and are happy to continue to do so with the current direction and approach. As a relatively small organisation within the industry, any potential increase in funding would need careful consideration on our behalf.” (Spar UK, invitation to contribute)

“As Drinkaware's remit expands and its objectives are stretched and challenged, we understand that additional funds may be deemed necessary. Should this be the case, the first challenge must be to bring new alcohol producers into the organisation to ensure the burden is shared across the breadth of the industry. Beyond that we would also have no issues with Drinkaware seeking funding from bodies external to the industry, such as the Big Lottery Fund.” (Heineken, invitation to contribute)

“If [Drinkaware] could show what a difference more money would make in terms of behaviour change and interventions around some of the harmful drinking that we see then I think it's right that industry should take a look [at providing additional funding].” (Stakeholder interview, funder)

12.11 Some industry members feel they get no credit for supporting Drinkaware, particularly from the health sector.

“If the people who are giving that money are constantly told by the medical profession that they're just doing it because it some way of getting out of their

responsibilities and what they really want to do is get people drunk, in the end they'll go 'Oh, if that's what you think then I won't give you any money then'. What's the point of being part of it unless we can genuinely be seen to work together?" (Stakeholder interview, trustee)

12.12 Drinkaware does not appear to have provided a compelling case for investment as called for in the 2009 review:

"People like me should really have this information at our fingertips or forged onto our brains so the next time our Chief Executive asks us we're able to repeat their mantra for them." (Stakeholder interview, funder)

12.13 Companies point out that like everyone else their budgets are under pressure and there is not an endless supply of money available. (Other stakeholders counter this though by looking at the amount spent on Drinkaware compared to alcohol promotion overall.)

12.14 The clear impression from interviews with funders is that the availability of funding will critically depend on five issues:

- There is recognition that industry is supporting Drinkaware in good faith
- There is evidence that Drinkaware gets a return on investment
- Company budgets can accommodate the donations and any increase proposed
- There is an equitable basis upon which funding is derived
- Efforts are made to maximise funding opportunities

The future

12.15 We note that during board discussions last year Drinkaware was quoted as having a funding objective of the following:

- Cash funding—£15m by 2015
- Benefit-in-kind –£150m by 2020

12.16 At the board meeting in November 2012 there was a discussion on the strategic plan, which outlined cash funding rising from current £5.3m to £11+m in five years. This was based on:

- Higher contribution rates
- Inflation
- £1.5m non-alcohol commercial income
- £1-2m co-funding of In:tuition

12.17 In addition we note that the Chief Executive's objectives for 2013 include increasing in-kind funding by 10% to £38m and to "secure first non-industry commercial funding for Drinkaware with a view to long-term diversification of income streams".

12.18 We note that discussion around funding last year centred on suggested levels of spend derived from looking at comparator campaigns. We believe it would be preferable to look at funding required from the basis of an evidence based model approach.

12.19 As well as future levels of funding, stakeholders feel that the security of funding is of key consideration.

“Getting the commitment even in these tough economic times for continued investment into Drinkaware, and this goes back to the point I made earlier about the stability of funding and how critically important it is at this time that that be continued, that we should really look at not only maintaining that budget but looking at ways in which over time we can be growing that.” (Stakeholder interview, health)

“There is no right amount of money, it’s what they’re getting and, therefore, they have to do their best with it. I think it was unfortunate that the work recently done, I think, by Deloitte said they should have £20m or £10m, whatever it was. Well, yes, I’m sure it would be better if it had £50m or £100m, the fact is that the industry has been persuaded, in difficult economic times, to pay between them £5m towards a charity, which is a highly responsible thing for the industry to do, that’s good ... It’s a voluntary contribution and I think that in the current circumstances it will be very difficult to get the industry to pay any more, it will be not unchallenging to get the industry to carry on paying this amount but I think that’s achievable.” (Stakeholder interview, trustee)

“It is important that Drinkaware have a secure funding arrangement in place for a minimum of five years. Any future financial arrangement should be inflation proofed.” (Scotch Whisky Association, invitation to contribute)

12.20 Interviewees discussed potential additional funders outside of the alcohol industry itself who would perhaps have an interest in funding:

- Soft drinks companies
- Government – to fund out of existing departmental budgets (e.g. Change4Life)
- Devolved governments
- Charitable foundations
- Lotteries
- Workplace organisations, e.g. CBI have an interest in cutting excess drinking as a way of cutting absenteeism

The principle of industry funding

12.21 There is an understanding by industry that it is in their interest to fund Drinkaware:

- They recognise that it is better to work in unison with the Government and health community to tackle negative and harmful behaviour

- The alternative would only be to invite criticism and invite more stringent legislation/regulation
- 12.22 They recognise they have a corporate social responsibility to do something as an industry, as working independently is potentially both less effective in result and in terms of credibility. Although it is generally agreed that they should fund Drinkaware activity, industry does have a choice if Drinkaware cannot provide evidence of its effectiveness. They could for instance:
- Fund their own individual company CSR programmes, or increase these where they already exist
 - Jointly fund an “industry only” organisation that would engage in Drinkaware type activity but without the involvement of the health community
- 12.23 However, we gained no impression that either of the above would be their preferred option and indeed all the funders we talked to give the impression of wanting to continue with Drinkaware on the basis that a collective effort would be more valuable than going it alone.

Funding: Summary and recommendations

- 12.24 All stakeholders agreed that the immediate focus should be in ensuring there is stability of funding from the alcohol industry.
- 12.25 Most stakeholders agreed that the organisation should not seek to raise funds from the general public. Some stakeholders felt it would be appropriate to seek funds from the soft drinks industry and/or from other trusts or foundations at some point in the future.
- 12.26 There is limited scope for increasing contribution without the “compelling case for investment” referred to earlier. Within the current formula there is limited upside to increase the spread of industry funders as all the major players, bar one, are already contributing.
- 12.27 Given the current funding agreement runs out at the end of 2013, we believe it would be prudent for Drinkaware to reach an interim funding agreement with industry while a body of evidence regarding effectiveness can be put together.
- 12.28 We recommend that Drinkaware consider the following:
- Development of an evidence based model to demonstrate that funding at current levels can be justified
 - Ensuring current levels of funding be retained after expiration of the current agreement at the end of 2013
 - Exploration of whether more funding could be obtained from industry, either more from existing funders, and/or more from additional industry funders
 - Exploration of alternative sources of funding
 - Ensuring future funding be inflation-proofed and put on a sustainable footing

Conclusions

Overall conclusions

13.01 Drinkaware has made some significant progress since its inception, and particularly in recent years. Stakeholders are generally favourable towards Drinkaware and most would like to see the organisation continue in some form. However, Drinkaware faces some serious overarching challenges:

- lack of evidence base
- weak stakeholder engagement which has resulted in Drinkaware's isolation within the alcohol harm reduction community
- perceptions of industry influence resulting in a perception that Drinkaware is not independent

13.02 Progress and the impact of these challenges can also be seen in each detailed area of the review.

- Drinkaware's campaigning activities have improved markedly over recent years; however, it has yet to provide sufficient evidence of behaviour change or return on investment
- Likewise, progress has been made in its stakeholder engagement, particularly with industry, but relationships with government and the public health community need further development
- In general, the role and performance of trustees and matters of board practice are dealt with effectively at Drinkaware, but there are some fundamental issues of governance structure where the organisation might benefit from considering a different approach. Drinkaware's funding runs out in 2013, providing the Trust with both an incentive to change and a deadline to review its overall strategy

13.03 It is vital that Drinkaware address the overarching challenges identified to continue to progress in all areas of its activity.

13.04 We therefore recommend that Drinkaware focus on the following:

- Building a robust evidence base, both to inform future activity and to demonstrate the effectiveness of its ongoing activities
- Reviewing its board structure to further emphasise Drinkaware's independence from the alcohol industry
- Refocusing its stakeholder engagement programme towards building collaborative mutually beneficial relationships with the wider alcohol harm community

13.05 This review provides Drinkaware with the opportunity to refocus on its overall vision and purpose, to enable the organisation to continue to play a key role in encouraging responsible drinking and the reduction of alcohol harm. We hope that our findings will be helpful to the trustees and management team in shaping the future strategy and direction of Drinkaware.

Detailed methodology

Detailed methodology

14 Methodology

Document review

14.01 Information and data from the following extensive range of sources was analysed and reviewed as an integral part of the audit.

Drinkaware documentation

14.02 Drinkaware provided internal documents around the following areas:

- Campaigns
- Data and research
- Governance
- Operational structure
- Stakeholder relations

14.03 Approximately 900 documents were provided and reviewed. A full list of the questions asked of Drinkaware and all the materials and documentation provided can be found in the appendices to this report.

Contributions from third parties

14.04 An invitation was sent out to relevant organisations likely to hold written evidence which would help answer the review's key questions. In order to ensure that the invitation to contribute was made publicly available, we asked a number of organisations, including Government departments and trade associations, to post it on their websites. The following organisations posted the invitation to contribute:

- Drinkaware and www.independentreview.org.uk (the website specifically set up for the review)
- Department of Health
- Home Office
- Portman Group
- National Association of Cider Makers

14.05 The invitation to contribute was sent to all of Drinkaware's funders as well as key trade associations. In addition, all stakeholders who received a survey (please see details below) were also provided with the opportunity to submit a written contribution to the review.

- 14.06 In total 18 organisations responded directly to the invitation to contribute. Contributions came from a broad mix of different types of organisations (both UK based and international) including industry funders, charities, academics, local authorities and Government departments. A full list of contributing organisations can be found in the appendices to this report.

Desk research

- 14.07 In order to ensure that the review took into consideration external sources of information for comparison purposes, and to understand fully the context in which Drinkaware operated in the time period (and will continue to operate in moving forwards), additional sources of information were reviewed, including various Government strategy documents and alcohol education websites. A full list of these documents and websites can be found in the appendices to this report.

Stakeholder quantitative survey

- 14.08 An online survey was sent to 570 of Drinkaware's stakeholders, consisting of organisations from the following sectors:
- Funders
 - Non-funders
 - Government
 - Health professionals
 - Charities/grant recipients
 - Trade associations
 - Academics/research
 - Agencies/advisors/consultants, e.g. communications agencies
 - Police/local authorities/Alcohol and Drug Partnerships (ADPs)
 - Trustees
- 14.09 Drinkaware's own contact list was used to identify key stakeholders, supplemented by attendees at Drinkaware's 2013 annual conference. It was agreed that journalists would not be included in the survey, and where there were multiple contacts at a single organisation, these were rationalised to only include key individuals. It should be noted that the fact that this database was provided by Drinkaware itself means that it is not likely to be a truly representative sample of all of Drinkaware's stakeholders (for example, Drinkaware may not have identified all organisations that could or should have an interest in its work). It is possible that because those approached to complete the survey were stakeholders who had engaged with Drinkaware in the past, they might be more positive about Drinkaware than the wider universe of stakeholders overall.
- 14.10 The survey took approximately ten minutes to complete and included a mix of closed and open ended questions covering areas such as awareness and appropriateness of Drinkaware's objectives and KPIs, general attitudes towards Drinkaware, and

communication and engagement with Drinkaware. It also provided respondents with the opportunity to submit further contributions to the review if they so wished. The survey was in the field from 24 January to 11 February 2013.

- 14.11 A total of 118 respondents completed the survey with a broad mix of stakeholders from different sectors represented. We have grouped together “industry” stakeholders (consisting of funders and trade bodies) and “non-industry” stakeholders (consisting of all other categories bar trustees). In total we received 48 industry and 66 non-industry responses, a response rate of 25% and 18% respectively. Because we are unable to ascertain what the overall proportions of industry versus non-industry stakeholders would be in the wider universe, we have not weighted the data. Where differences are noted in the report between industry and non-industry stakeholders, these differences are statistically significant at a 95% confidence level.
- 14.12 The stakeholder questionnaire and data tables can be found in the appendices to this report.

Stakeholder qualitative interviews

- 14.13 In addition to the quantitative survey, a suite of 36 depth interviews were conducted with key stakeholders. The spread of interviews was designed to broadly reflect the overall number of stakeholders and their relative engagement with and understanding of Drinkaware’s remit, although we spoke to proportionately fewer funders than were approached to complete the survey:
- Funders – 5
 - Non-funder – 1
 - Medical Advisory Panel – 1
 - Government – 5
 - Health/NGOs – 5
 - Other, e.g. police, education etc. – 2
 - Drinkaware Senior Management Team and CEO – 6
 - Trustees and chair – 11
- 14.14 NB representatives from Drinkaware’s main communications agency were invited to take part but declined.
- 14.15 These interviews were conducted by telephone, using a discussion guide as a broad structure for the question content, and lasted approximately one hour.
- 14.16 The discussion guides (we used a general guide that was adapted for trustee and staff interviews) can be found in the appendices to this report.

15 *Peer review panel*

15.01 A peer review panel was convened to assess the proposed methodology and the findings and recommendations from the final report. The panel, coming from a range of different professional backgrounds, are able to bring differing viewpoints to the review. The peer review panel members are:

- **Professor Rod Griffiths**, former President of the Faculty of Public Health at the Royal College of Physicians; former Regional Director of Public Health for the West Midlands region
- **Professor Emily Holmes**, Honorary Professor of Clinical Psychology, University of Oxford; MRC Cognition and Brain Sciences Unit
- **Professor Greg Maio**, School of Psychology, Cardiff University
- **David Harker CBE**, Non-Executive Director of the Gas and Electricity Market Authority and the Financial Conduct Authority; formerly Chief Executive of Citizens Advice

16 *Notes on review process and report structure*

16.01 Bespoke frameworks were used to review the different aspects of the organisation's performance, including governance, stakeholder relations and funded activities. All documents were reviewed by a lead specialist in that area and two half day workshops were conducted to share the findings and agree a holistic response.

16.02 The report is written to answer the central question "What more could be done to improve Drinkaware's effectiveness?". This report is therefore written in a spirit of 'constructive criticism' – we have examined how effective Drinkaware has been in different areas of its operation and identified key areas of improvement where they can harness resources to better effect.

16.03 The report structure begins with a discussion of the overarching themes emerging from the review, followed by examination of organisational areas as discrete sections as follows:

- Activities – what has Drinkaware set out to deliver and what has it achieved with the resources at its disposal?
- Stakeholder relations – how is Drinkaware viewed by the outside world?
- Governance and management – how does it manage itself?
- Funding – what are the resources it has at its disposal and how does it use them?

16.04 Each of the discrete sections ends with recommendations for that specific area. The overarching conclusions and recommendations can be found in the executive summary.

- 16.05 The three separate sources of analysis (document review, stakeholder survey and stakeholder depths interviews) are drawn upon throughout to provide an overall narrative, with verbatim quotes and data charts inserted to illustrate key points.