



# Using social marketing to improve appropriate antibiotic use amongst 15-18 year olds: an international project. England Preliminary Findings.

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## BACKGROUND INFORMATION

Patient over-expectation for antibiotics and inappropriate use may be due to misunderstanding and lack of knowledge about use. Surveys show that 15 – 24 year olds were the least informed and highest users of antimicrobials<sup>1</sup>, but were the most likely to change their minds on antibiotic use after receiving information about it. This poster focuses on the behavioural findings of the audience research in the UK, as part of the social marketing approach.

## SOCIAL MARKETING FRAMEWORK

The **Social Marketing Framework** aims to motivate exchange of behaviour to improve health outcomes<sup>2</sup>.

Audience research was undertaken to decide the marketing mix in each country.

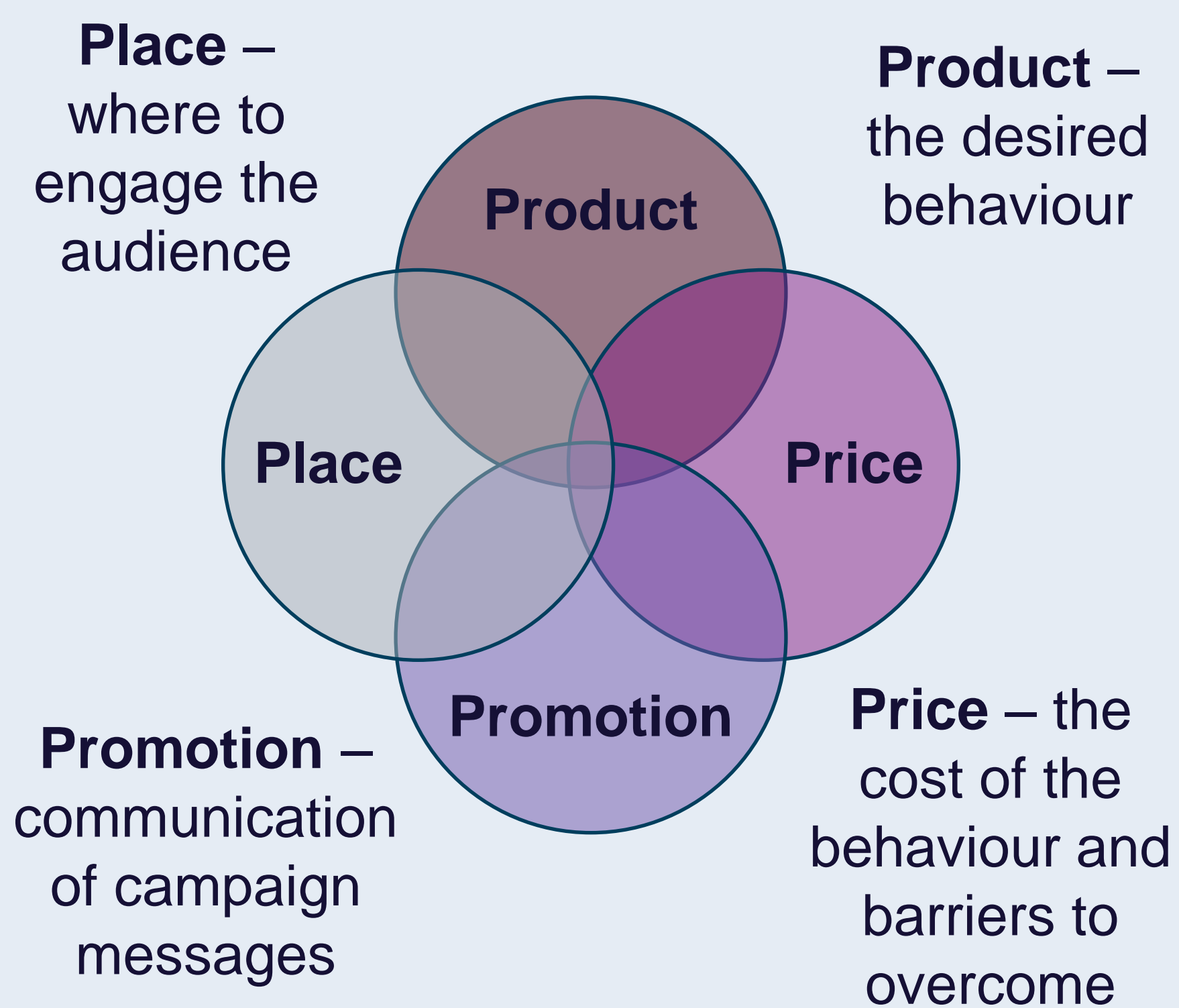


Figure 1. The Marketing Mix

## AIMS & METHODS

The UK, France, Cyprus and Saudi Arabia used the social marketing framework to inform the development of a resource for 15-18 year olds to improve awareness and appropriate use of antibiotics.

### Project Aims

1. Determine the most appropriate educational venues.
2. Research young adults' attitudes towards antibiotic use.
3. Research approaches that are effective in changing attitudes to antibiotic use and behaviours in young adults.
4. Develop an educational resource using the social marketing framework to facilitate behaviour change to help contain AMR

**Work Package 1:** A detailed review of the educational structure and information on antibiotics, to determine the most appropriate implementation strategy in the educational environment.

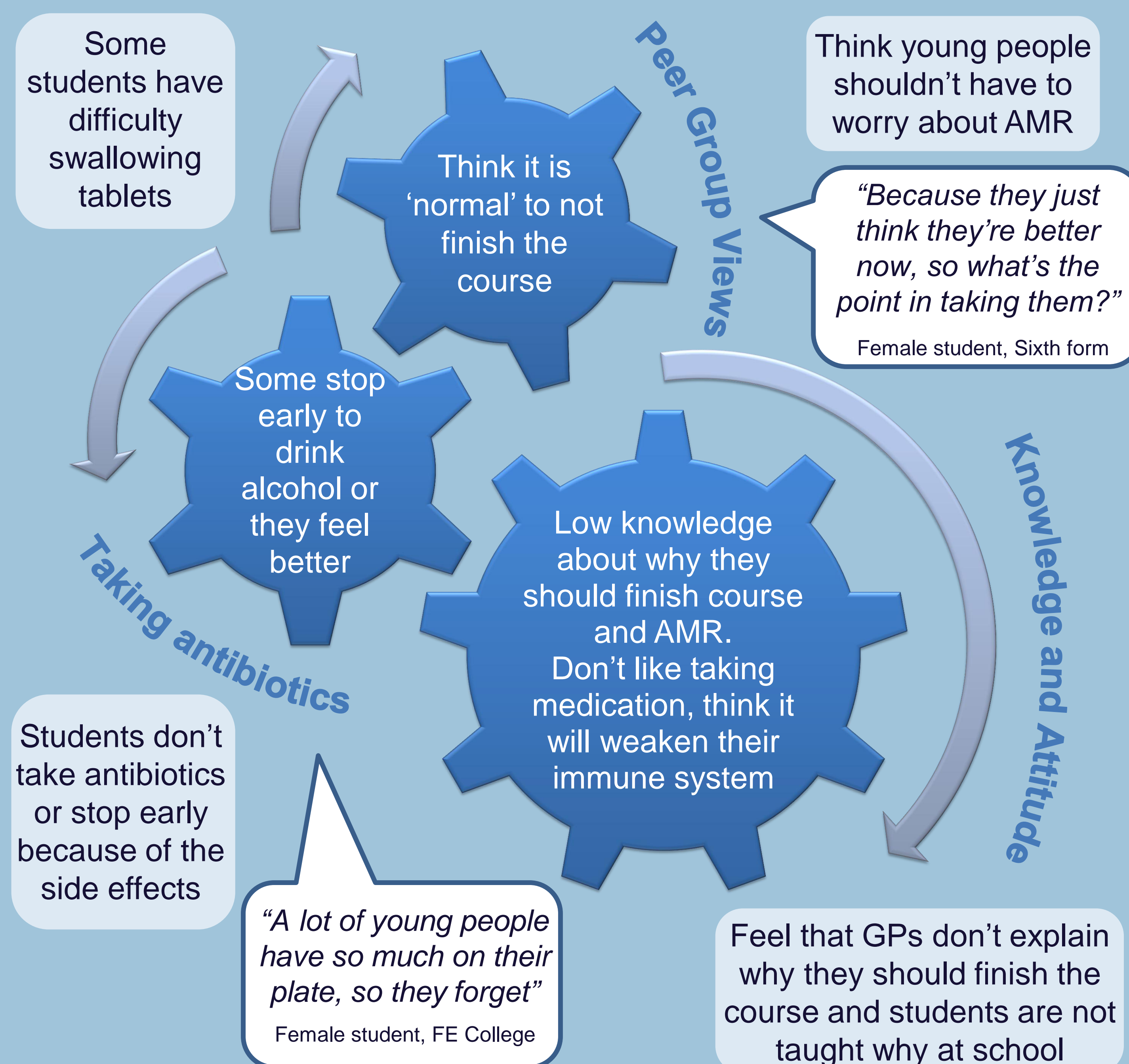
**Work Package 2:** Qualitative investigation into knowledge and attitudes of students and educators toward antibiotics was then undertaken. Thematic analysis of the data was conducted.

### English Sample

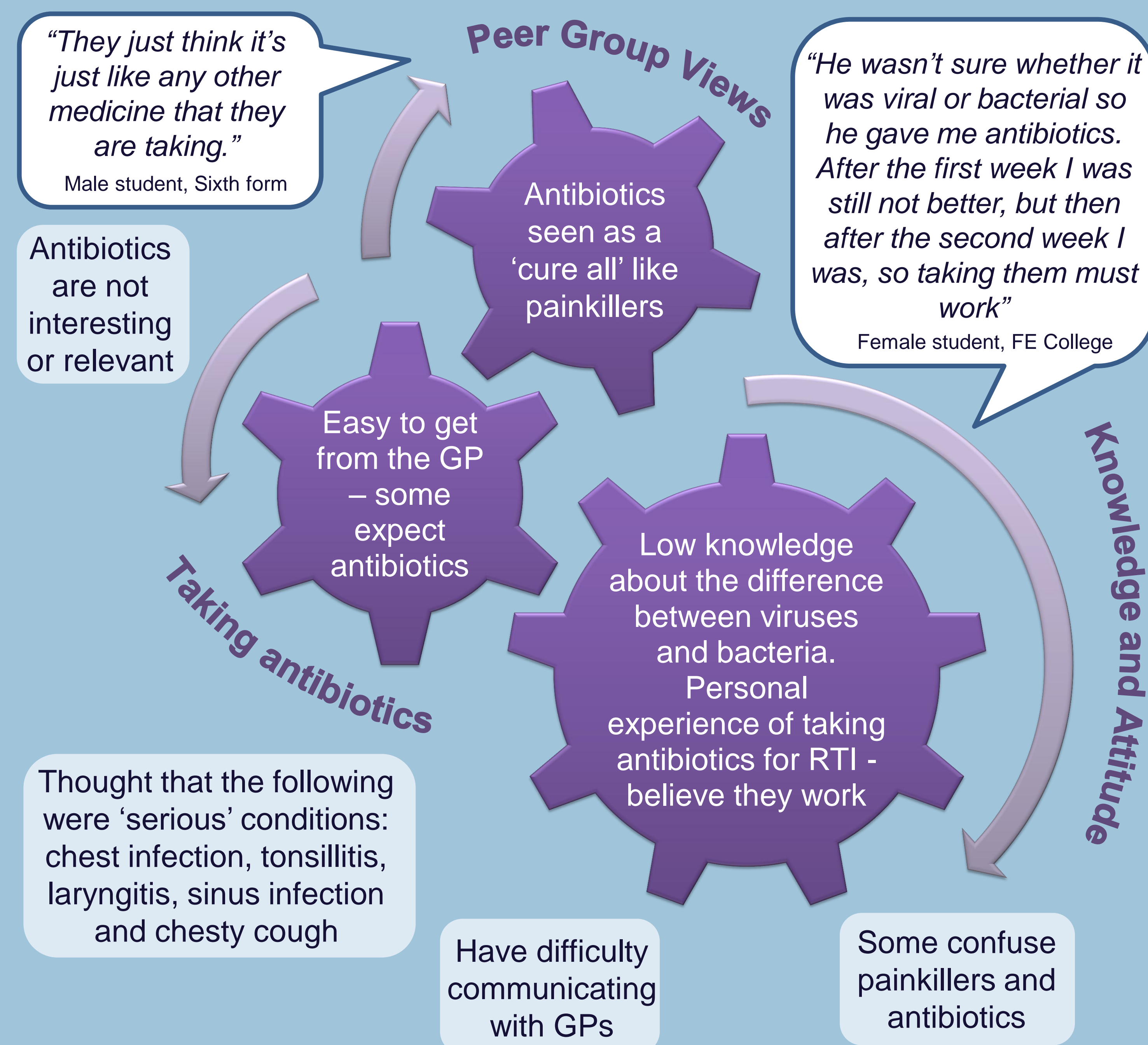
- **74 students** participated: **21 student interviews** and **7 focus groups** with a total of 53 students, at 7 schools in the South of England. **8 educators** from 5 schools participated.

## PRELIMINARY FINDINGS: ENGLAND

### Not finishing the full course of antibiotics



### Taking antibiotics for respiratory tract infections



## IMPLICATIONS – Not finishing the full course

- Information should focus on personal responsibility and what an individual can do to help prevent AMR and the collective responsibility we have to safeguard antibiotics for the future.
- The campaign should give suggestions to help students remember to take their antibiotics, e.g. setting reminders on their phone or associating the tablets with part of their daily routine. Also include what to do if you forget to take a tablet and how to catch up with your course.
- Include information on drinking alcohol and antibiotics.

## IMPLICATIONS – Taking antibiotics for RTIs

- GPs are expected to give students treatment for RTIs, especially if they have had antibiotics for the same illness before or they feel the illness is 'serious'.
- Information should cover why antibiotics are not always appropriate, and how to manage their symptoms.
- Students expect help or advice if prescribed treatment isn't suitable, so if antibiotics are not necessary this should be explained in a way that students understand - otherwise this can be misunderstood as the GP being unhelpful.

## REFERENCES

1. Directorate General for Health and Consumers, 2010. Special Eurobarometer 338: 'Antimicrobial Resistance'. TNS Opinion and Social: Belgium  
 2. Edgar T, Boyd SD & Palame MJ. 2009. Sustainability for behaviour change in the fight against antibiotic resistance: a social marketing framework. *JAC* 63:230-237.