**Profiling Hello Sunday Morning: who are the participants?**

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**Abstract**

*Background:* To profile the demographics, goals and alcohol consumption of participants in Hello Sunday Morning, an online forum discussing experiences in abstaining from alcohol.

*Methods:* All participants in Hello Sunday Morning were invited to enter demographic, self-reported goals and alcohol consumption data. We report on data from 3037 participants. Main outcome measures are age, gender, country of residence, self-reported goals and alcohol consumption measures (AUDIT).

*Results:* 64% of Hello Sunday Morning participants were under the age of 40. Participants were more likely to be female and riskier drinkers than other treatment seeking populations.

*Conclusions:* Hello Sunday Morning attracts a unique population of heavy drinking participants. Future research is needed to examine whether participants' self-reported alcohol consumption changes after participation.

**Key words**

**Introduction**

Hello Sunday Morning (HSM) is an Australian social media health promotion 'movement' that asks participants to stop drinking for a period of time, to set a personal goal, and to record their reflections and progress on blogs and social networks. The idea began when Chris Raine, a young advertising creative, observed that fear-based mass media social marketing campaigns about binge drinking were viewed with scepticism by their target audiences. He decided to stop drinking for a year and keep a blog recording his observations about Australian drinking culture. The blog attracted a wide readership, including people who wanted to join in and do a 'Hello Sunday Morning' of their own. Since 2010 HSM has iteratively developed an online platform that combines blogging, social media and gamification (structured games within an online social network that facilitate participation and engagement). By the end of 2013 Hello Sunday Morning had over 7000 registered participants from around the world. In the present study we examine the demographics and alcohol consumption of 3037 Australian participants in HSM.

HSM is distinctive in combining elements of health promotion and treatment. It is also unique in that program participants produce all of the online content about the program and their experiences. HSM has little control over what participants say. Consequently, HSM invests resources in structuring and managing participation rather than producing its own content. The strength of HSM is that participants convey the message in the vernacular of their peer group. For this to work effectively HSM needs to both build structured forms of participation and a strong culture that governs norms and values.

HSM participants adapt the core messages of the program to their own identities, lifestyles and peer groups. For instance, a participant describes the struggle to abstain from alcohol after taking up the HSM challenge as he negotiates established drinking rituals in a dance club with his friends,

'[Resisting] The first shot was the hardest, kinda like leaving a friend hanging on a high five, and enduring the awkward pause while they check if you're serious or not. First hurdle clear and almost instantly a CC appears in my hand, if this is a test… It's bullshit! I bleed CC!... It's 3am, The rolling wave of techno that has been building up for the last 3 hours has finally crashed! And it's fkn rad! I know where I would be under any other circumstances, and I'm not too far off it actually, just a little more aware of it all. (and physical [sic] able to write that last paragraph). Argh! Amazing!'

The blog post describes how the participant negotiated drinking rituals with peers and enjoyed the experience without consuming alcohol. The participant uses peer-specific language like 'CC' for Canadian Club Whisky, 'fkn rad' to capture the atmosphere of the club, and 'finding an over' to inconspicuously pass a drink onto a friend..

Like most online communities the majority of content is produced by a minority of highly-engaged participants. 59% of the content posted on the HSM network is produced by 16% of participants and 26.5% by 2.75% of participants. This core group of dedicated bloggers reproduce the HSM narrative in successive waves. HSM is developing structured forms of participation for the majority of users who don't blog to complement the content of the highly engaged bloggers.

HSM is a unique form of participatory health communication using social media that provides a useful case study in how health promotion and treatment might respond to changing communication technologies and cultural practices. HSM – like fitness apps (e.g. Run keeper), quit smoking initiatives (e.g. My Quit Buddy), and mindfulness programs (e.g. Smiling Mind) – is worth studying to see how social media health promotion and treatment can overlap since HSM participants attempt to change their own alcohol use and communicate about their changing behaviour and attitudes to peer networks.

HSM works on the principle that individual change needs to be embedded within broader cultural change. HSM participants aim to make drinking culture more 'visible' to their peers while articulating a viable alternative on social media (Brown and Gregg, 2012; Moreno et. al, 2010; Ridout et. al, 2012). Rather than tell their peers to stop drinking, participants construct a desirable alternative identity that isn't dependent on using alcohol. For example, HSM offers game-based fitness challenges where participants record and publicise their progress in achieving a fitness goal. Some participants accompany these updates with posts about their changes in alcohol consumption or wellbeing. This content becomes part of the stories people tell about their lives that make them accountable to their peers and promote changing attitudes about alcohol use.

Participants' blog posts offer a rich qualitative record of their efforts to change and negotiate with peers about drinking culture. Text analytics of all the blog posts on the HSM platform show that content shifts thematically over time (Hamley and Carah, 2012). Participants begin with descriptions of drinking practices and change aspirations. They then reflect on efforts to change and explanations of how change works in their own peer vocabulary. In this article we report the demographic profile and self-reported goals and alcohol consumption of 3037 Australian participants.

**Methods**

This study reports data on HSM participants who began since December 2012 when they have been invited to enter demographic details and self-selected goals on signing up. Beginning in December 2012 participants have also been invited to provide information about their alcohol consumption using the WHO AUDIT screening measure for risky alcohol use (Saunders et. al, 1993; Conigrave et. al, 1995) at enrolment, one month and three months after completion.

The dataset contained $n$=4239 records that were complete for Age, Gender, Country and AUDIT score at initial site visit. Of these, 72% ($n$=3037) were resident in Australia, 14%

(*n*=576) of users were resident in United Kingdom and Ireland, 6% (*n*=254) were from New Zealand and 6% (*n*=248) were from Canada and the United States of America. We restricted our analysis to Australian site users only.

HSM participants specify goals they aim to achieve as part of their participation in the program. These goals both motivate participants and hold them accountable to their peers. Until December 2012 they wrote a statement about what they wanted to achieve like 'run a half marathon', 'become more in control of my life', 'reach my full potential', 'get back to surfing' and so on. Participants often discuss their goals in their blog posts, using them as a theme on which to describe and reflect on their efforts to change. From December 2012 these qualitative descriptions were accompanied by selecting one or more of the ten goal categories: 'Lifestyle', 'Fitness', 'Mind and Body', 'Sobriety', 'Moderate Drinking', 'Travel', 'Financial', 'Education', 'Relationships' and 'Social'.  Of our sample of 3037 Australian participants, we had data on self-identified goals for *n*=2875.We used binary logistic regressions to investigate possible predictors of goals set. We grouped data 'Moderate Drinking' and 'Sobriety' into the variable we termed 'Alcohol'. We grouped the goals 'Fitness' and 'Mind and Body' into the variable we called 'Body work'. Data were analysed using R v 2.15.2 (R Core Team, 2012).

**Results**

***Profile of Australian users of HSM***

Table 1 provides the gender and age distributions of Australian users of HSM along with self-reported AUDIT scores. The preponderance of participants who are female and in young adulthood are noteworthy.

Data from the Alcohol and Other Drug Treatment Services Minimum Data Set published by Australian Institute of Health and Welfare show that, in 2011-2012, males comprised 69% of treatment seekers where alcohol was a primary or additional drug of concern (Australian

Institute of Health and Welfare, 2013). In contrast, 61% of participants on the HSM site were female ($\chi^2$=1225.39, p<0.001).

HSM site users were also more likely to be between 20 and 49 years of age and less likely to be 10-19 or over 50, than the Australian population of treatment seekers for alcohol related problems ($\chi^2$=430.57, p<0.001).

The AUDIT scores indicate that the majority of HSM site users (95%) engaged in risky or highly risky drinking. Around half (53%) were likely to be dependent on alcohol. AUDIT scores of HSM users were higher than both the general Australian population and other at risk groups (Islam et. al, 2013; Moller et. al, 2013; Smith et. al, 2010; Thomas et. al, 2014).

### *Goals identified by HSM users*

Fitness and 'mind and body' were the two most common goals (30% and 25% respectively) while sobriety was the third most significant goal (out of ten), elected by 21% of site users (see Figure 1).

Males were less likely to elect 'body work' goals than were females (OR=0.60 (0.51-0.70)). Neither age nor AUDIT scores predicted these goals. Males were also less likely than females to elect 'alcohol' related goals (OR=0.69 (0.58-0.83)). Site users aged between 35-49 were more likely to than those aged 20-34 to elect an alcohol related goal (OR=1.35 (1.13-1.62)) and those with AUDIT scores greater than 19 were more than twice as likely as those with AUDIT scores 0-7 to elect alcohol related goals (OR=2.18 (1.41-3.48)).

### Discussion

HSM attracts a unique group of participants who are more likely to be female, younger and riskier drinkers than treatment seeking populations. This may be because HSM is more accessible, anonymous and participants are able to sign up online and explore the site privately (including reading content produced by other participants) before committing to

action. In many cases, their peers have participated in the program and they have followed their progress.

HSM also does not present itself explicitly as a treatment program. Rather it is about participants making choices about the kind of life they want to lead and being active in shaping the culture they want to live in. Participants convey messages around goals that are not necessarily explicitly related to alcohol consumption such as getting fit, saving money, or building relationships. HSM is attuned to the culture of body-monitoring, self-improvement and wellbeing that are prevalent on social media and mobile apps. Expressing personal goals that necessitate a reduction in alcohol use is more socially acceptable than communicating with peers directly about excessive alcohol consumption.

The data reveal some significant differences in the goals selected by participants. Men are less likely to select 'mind and body' and 'fitness' goals than women. Participants with an AUDIT score above 19 are twice as likely to have an 'alcohol' related goal as participants with an AUDIT score from 0-7. Older participants (35-49) are more likely to have an alcohol related goal. Qualitative analysis indicates that heavier drinking participants may use HSM as a treatment program. Participants may also construct their HSM experience around acceptable norms in their peer group, linking changes in alcohol consumption as a means to achieving more desirable lifestyles and identities rather than as an end in itself.

While specifying a goal might motivate and hold an individual accountable, it can also create a credible message about alcohol consumption within their peer group. Identifying goals also enables HSM to individualise specific challenges, games and potentially treatment programs.

HSM are planning to integrate data collection into the everyday activity of participants. Participants will be invited to enter alcohol consumption data before, during and after their participation to evaluate the program and provide real-time feedback to participants about how their consumption compares their peer group with similar goals.

Conclusions

HSM offers useful insights in to how to use social media for health promotion or treatment. Our data suggest that HSM reaches demographic groups that do not access established forms of treatment. This may reflect a combination of the ease of accessibility of the online format, the social acceptability and structure of the goals and activities offered, the ability to choose to participate anonymously, and the credibility of peer language. Future research will assess the success of this approach in reaching a large number of risky drinkers and changing their alcohol use and young adults' peer norms related to alcohol use.

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Table 1: Gender, Age and AUDIT profiles for Australian HSM users.

| Gender | Male | | | Female | | |
|---|---|---|---|---|---|---|
| | 39% | | | 61% | | |
| | *n*=1177 | | | *n*=1860 | | |
| Age (M= 36.25 years) | 10–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60+ |
| | 2% | 27% | 35% | 26% | 9% | 2% |
| | *n*=47 | *n*=816 | *n*=1073 | *n*=786 | *n*=261 | *n*=54 |
| AUDIT score (M=19.8) | 0-7 Low risk | | 8-15 Risky or hazardous | | 16-19 High-risk or harmful | 20+ high-risk almost certainly dependent |
| | 5% | | 23% | | 19% | 53% |
| | *n*=155 | | *n*=687 | | *n*=586 | *n*=1609 |

Figure 1: Prevalence of goals identified by users of HSM