



Commercial Communications Council

GOLD Case Study

Agency Name: OMD
Advertiser Name: New Zealand Transport Agency
Beacon Awards Category: Best Communication Strategy
Title: The Unsaid

Drug-driving was causing increasing amounts of harm in New Zealand but going largely unnoticed. Putting the very existence of the campaign in the hands of the public we were trying to convince; we reframed the issue and convinced a sceptical nation of a wide-spread harm affecting NZ.

This strategy required innovative use of channels, exacting alignment of all parties involved and sensitive management of vulnerable New Zealanders.

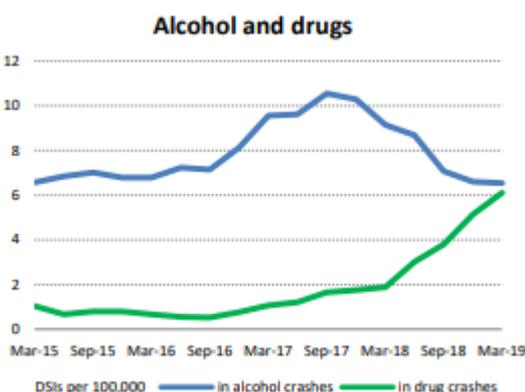
In staking our success on engendering public support to fuel the campaign, we transformed media placements from a means of delivering creative messaging, to a situation where their very presence was symbol of the harm drug-driving was causing.

Scepticism disappeared. Stories of harm became heard, and concern for drug-driving was established across the nation.

INSIGHT

Drug-Driving is harming us

1 in 4 drivers killed on New Zealand roads have drugs in their system. The number of deaths and serious injuries in road crashes related to drug-use has increased dramatically over recent years to the point of high-on parity with alcohol-related crashes. This was going unnoticed.



Despite drug-driving becoming an increasingly serious issue, Kiwis remained unconcerned - only 10% believing drugged drivers make our roads unsafe.

We needed to elevate concern about drug-driving – highlighting both the severity and prevalence of harm.

There were challenges to overcome:

Who were we to say?

Past conversation had been dominated by scepticism and advocates rejecting even the most objective data. There was vehement distrust of government even mentioning drugs. Anything we said was twisted,

maligned, challenged as propaganda. We had a fundamental issue of trust and authorship.

Other credible voices were absent

While mainstream news is quick to report on crashes, coroners' reports for drugged driving deaths can take many months to be published. Drug-driving wasn't present in news reporting unlike every other road safety issue. Victims' families were also hesitant to share their stories due to the taboo around drug use. These stories were going untold.

We needed to shift perception of drug-driving:

From: a contested and silent issue.

To: a prominent and accepted issue for New Zealanders.

Our Objectives:

- Increase concern about drugged driving – Benchmark: **10% public concern**
- Minimise sceptical conversation – **decrease from 67.4%**
- Shift focus to impairment and harm – **increase from 17.6%** base

Emotional storytelling has been central to many of NZTA's most successful pieces of work, but in this context, it wouldn't deliver to our objective.

While it's an effective way of persuading people to make the right choices about an accepted risk (e.g. drink driving), a single story, whether true or copywritten, could not prove drug driving was harmful **and** prevalent.

Equally problematic, promoting statistics and data about the scale of drug-driving wouldn't be believed, so we couldn't claim prevalence that way.

STRATEGY

Prove the harm of drug driving through the scale of human loss.

While many people want the nation to know the pain drug-driving causes, they are afraid to share for fear of judgement and dismissal. This latent group of supporters would carry our message like evangelists if we enabled them. We would give them a reason to contribute – because **without them the campaign would not run.**

We decided to use the structure of the campaign itself as proof of its authenticity.

What if we could show sceptics the only reason we were running this campaign was real people were themselves fuelling it?

We set up a challenge with the public: **If there isn't any harm, our campaign will stop.**

This was not simply a campaign where we shared people's stories. The campaign would only happen if we received a new story each day. Every time we received a story, we would share it with the public across TV and social within 24-hours. No story – no campaign. The public themselves would decide if drug driving was an issue – we would just facilitate. This acted as impetus for people with stories to share and legitimised the message for a sceptical public.

Media Strategy: Establish our idea credibly and maximise frequency of new stories to prove scope

To comprehend the damage drug-driving does, you need to understand its wide-reaching effects. Telling multiple different stories would help us demonstrate the scale of harm. While it was tempting to use a full gamut of channels, we opted to use only those that enabled us to both convey sensitively what it meant to lose someone and deliver new and different stories of harm every day. Frequency was our friend. Our proof of scale. Social and TV would work in alignment as a system of story collection and playback.

To reframe perceptions of drug-driving we first needed to open the door to a new way of thinking. Channels where people's existing views might lead them to scroll past something they disagree with couldn't do this job alone. TV's credibility and capability to convey more complex messages would be our core means of setting up the campaign's premise.

Once New Zealand knew the stakes, our continued presence would be proof of Drug-driving's prevalence. And our message would be made credible by the very fact the campaign would stop if there weren't real New Zealanders who wanted to share a story.

This changed ad space from a mere opportunity to persuade to a message in and of itself.

Another day of advertising meant another story of harm.

The medium was the message. A call to arms for victims. An illumination of the issue for the public.

EXECUTION

We launched 'The Unsaid', a 47-day TV and social project achieved entirely in real-time.

The premise: In silent protest, Ashleigh - a woman who lost her cousin to drug-driving - stood on the side of the road with nothing but cards in her hands. Through words on cards, she shared her story of loss and finished with:

"If I'm the only one with a story like this then you won't see me again.

But if you've lost someone too, let me know and I'll come back here for you."

Ashleigh would only show up again if we had a new story to share. A real story shared with us through social media which we would then promote. This was our bet with New Zealand. It was only through public demand that we would keep running.

The stakes and risk were real, but they meant every time we showed up in the media, we proved a point - more people have stories they want to tell.

Running a live, fluid process day-in day-out required exacting alignment between our client, our creative agency, media partners and our internal teams.

We created a war room where decisions and refinement were made 24/7. Social listening gave us a live feed on online conversation. Conversation was sorted by theme and responded to accordingly. Stories were submitted and handled with care from a dedicated team.

Partnerships with TV networks, Facebook and Google had been established and teams at both ends focussed solely on managing content through unheard-of dispatch turnarounds. We filmed each morning, edited and dispatched before 10am each day. The content would run that night as more proof of drug-driving harm.

Once posts were live, we had full-time community management addressing any comments requiring response, all to be summarised along with daily performance for the morning stand-up the next day.

All of this.

For every story.

Every day.

Exposure for launch week was maximised to the point of saturation so the premise was clear for the public. This was critical because it meant from that point onwards, even the shortest exposure to content proved the point.

'She's back. That means she's telling a new person's story'

This allowed us to drop duration lengths significantly, making the approach viable while maximising its affect. In fact, once people knew that another day of advertising meant another story, view-through hardly mattered. The point was conveyed instantly.

All of this to create an unmissable effect. Drug driving harm is all around us. Media exposure and high frequency was proving our point one day at a time and it was generating a groundswell of support.

RESULTS

The campaign generated over 4 million online engagements (NZ only). And the volume of drug-driving conversation increased by 90%.

We had risked Ashleigh receiving no stories and the campaign ending but it didn't. Over 250 people shared stories of harm to make 'The Unsaid' said.

Pre-campaign we had little to no public understanding or coverage and sceptics would undermine anything we said.

The Unsaid reframed the argument. Where once there was scepticism, we now saw the opposite. People approached the issue with an openness we had never seen.

Using social listening to track conversation themes, the difference pre- and post-campaign was profound:

- **'Scepticism' dropped** from 67.4% of conversation to just 14.7%
- **Discussion about human harm** increased from 17.6% of conversation to 86.6%.
- **Positive sentiment** increased by 300%.

Together, people started to see the harm caused by drug driving.

Most importantly our core metric of concern about drug-driving lifted from **10% pre-campaign to 18%** where it has remained stable.

The Unsaid broke ground with the way it used both traditional and social media. it gave voice to New Zealanders who have known the tragedy of drug driving. And it shifted the nation's view on the issue of drug-driving.

