

RED Scenario

Participant responses



Key findings across phases

- Low levels of knowledge about radiation and no awareness of REDs (package initially assumed to be a hoax as it had not “gone off”)
- Majority perception that terrorists would be unlikely to use radiation (attributed to cost, access and lack of expertise + danger to terrorists / lack of immediate impact)
- Very similar concerns, expectations, information needs and responses as in smallpox scenario.
- Key concerns – severity, contagion, pervasiveness

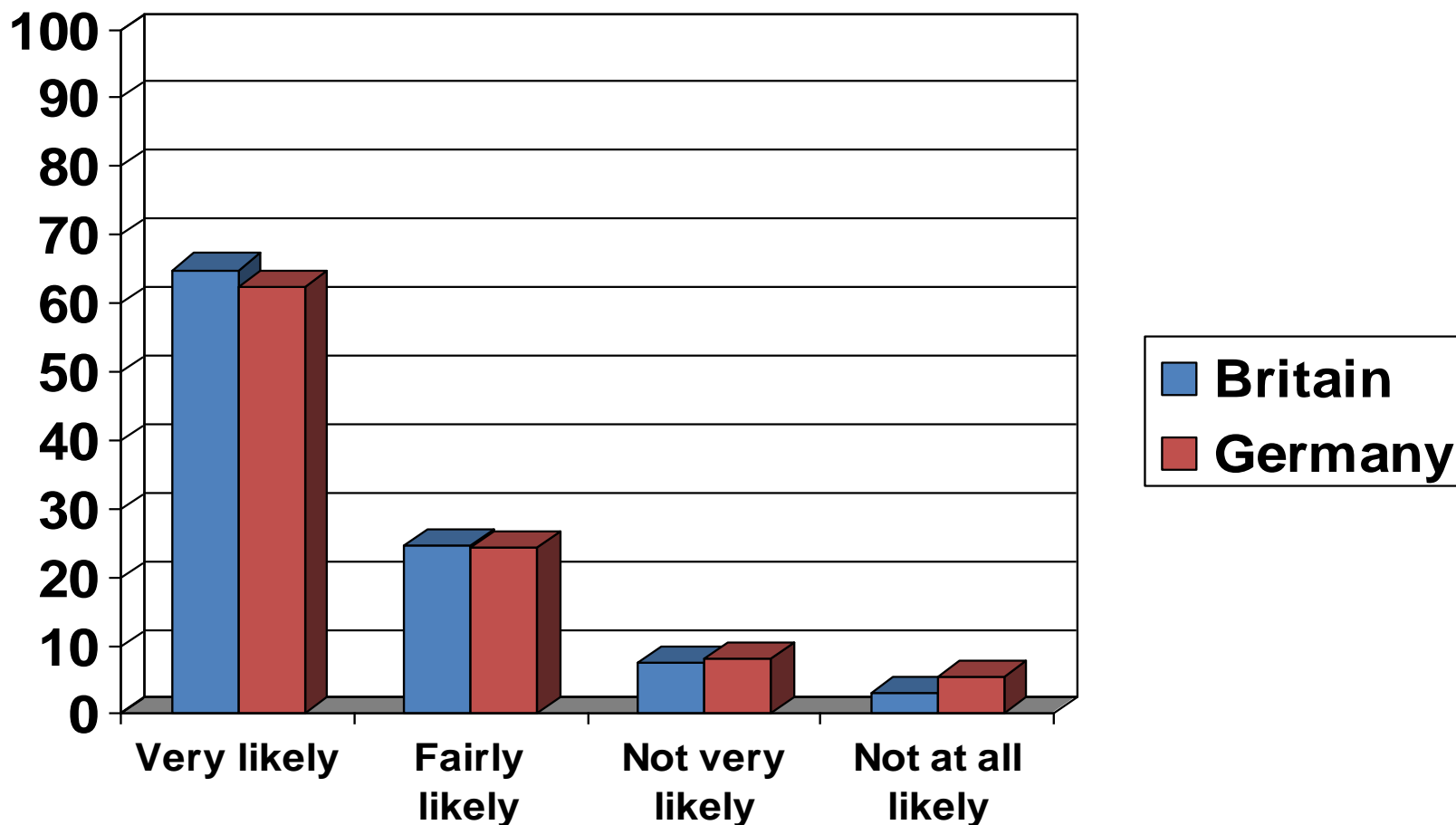


Key information needs and non-optimal behaviours identified at phase 1

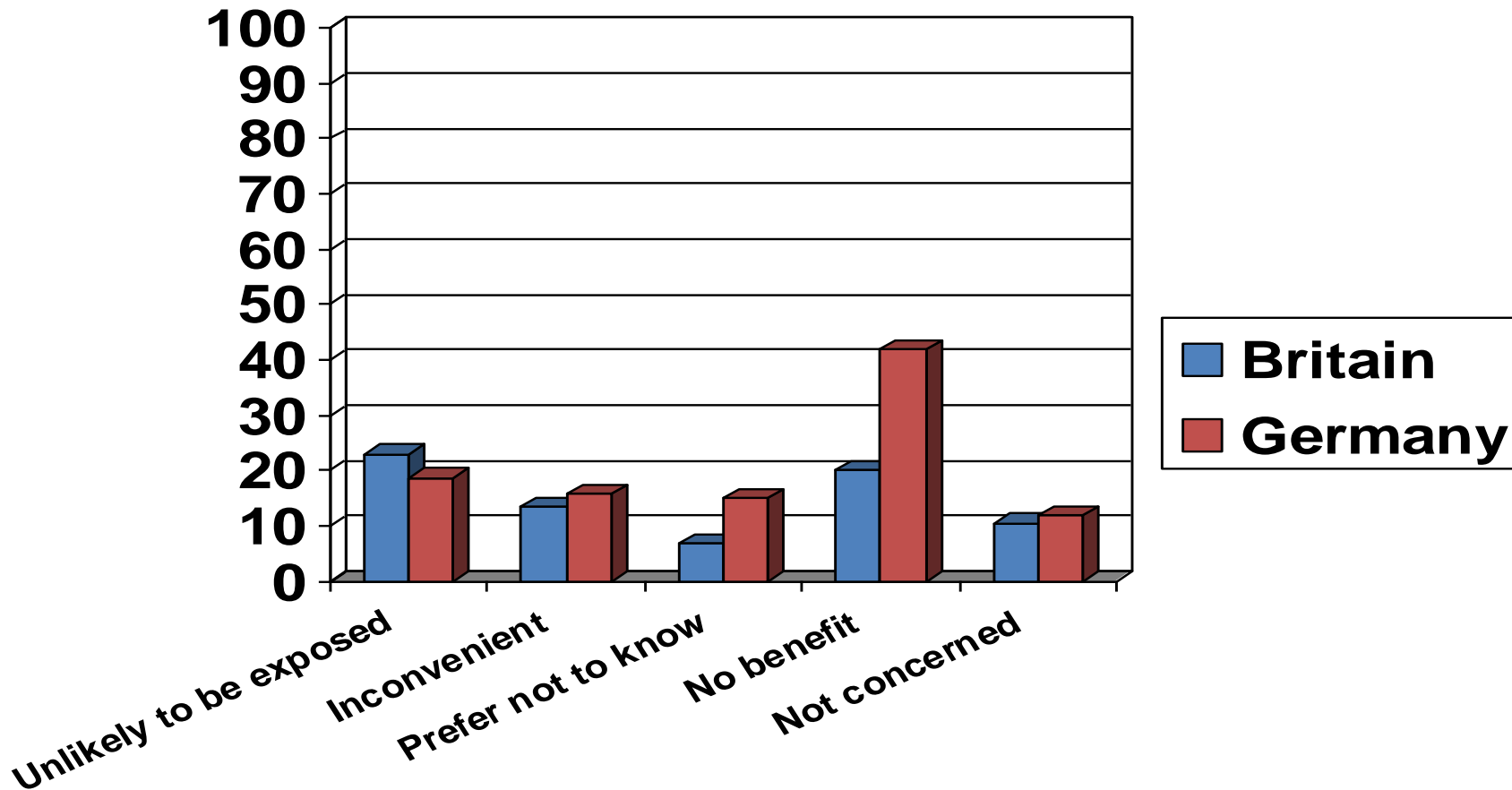
- Lack of understanding of the impact of REDs
 - Area of influence (size of cordoned area)
 - Long term contamination of area (severity of incident)
 - Contagion from victims (lack of quarantine)
- Generally high levels of compliance with official advice, however a sizeable minority would unnecessarily attend the monitoring centre.



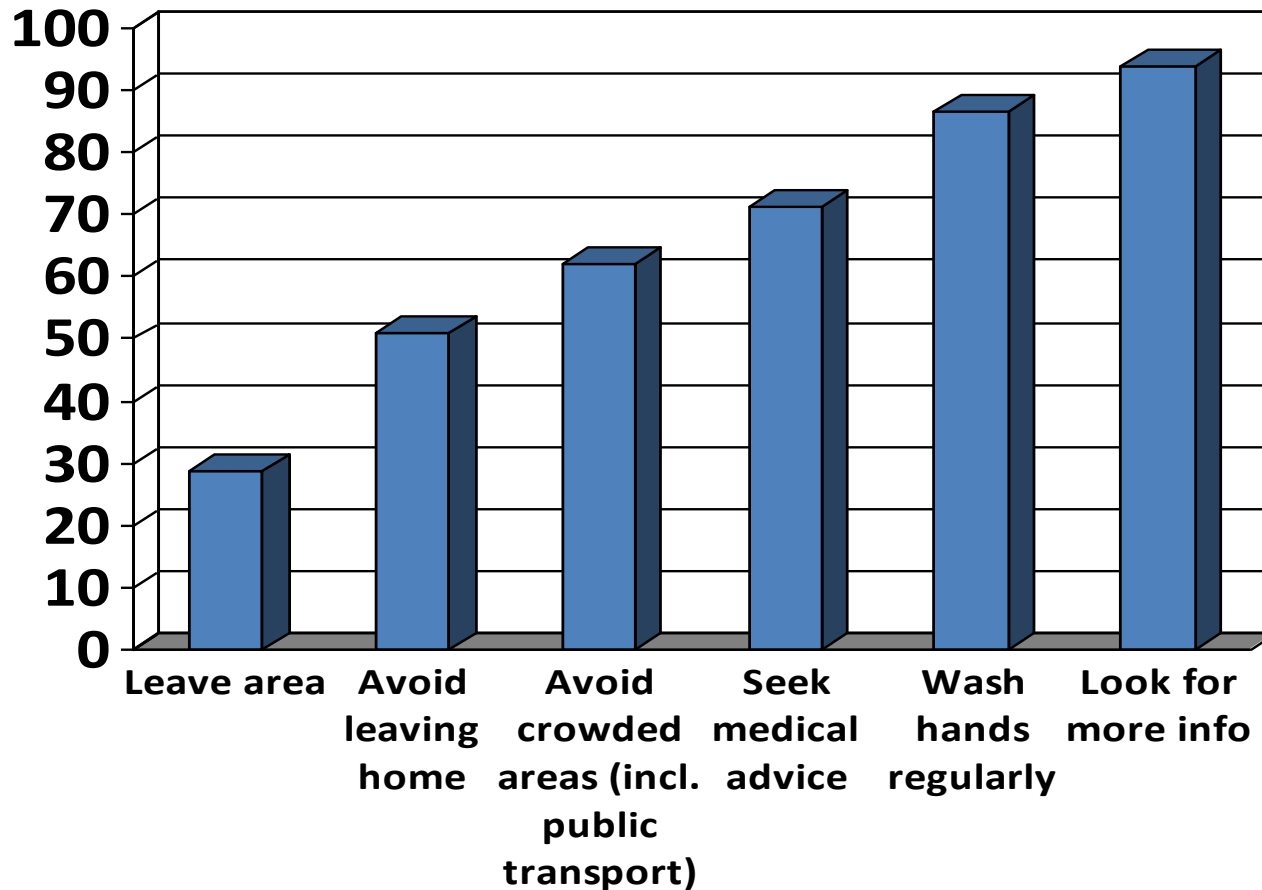
“If this situation were to happen, and you were offered the test, how likely would you be to accept it?”



“Why are you unlikely to accept the test?”



“If this situation were to occur, how likely, if at all, would you be to do each of the following actions?”



Demographic associations with behaviour

- Female
- Lower educational status
- Older participants
- Ethnic minority participants
- Retired
- Poorer



Associations with behaviour

- **Avoidance behaviours, & cleaning, & accepting the test**
 - High control (e.g. *'there is a lot I could do to control whether I am affected'*)
 - Severe (e.g. *'exposure would have major consequences on my life'*)
 - Pervasive (e.g. *'you could be affected almost anywhere'*)
 - Exposure risk from others (e.g. *'someone's health could be affected by touching someone affected by the radiation'*)
 - Exposure risk from environmental contamination (e.g. *'someone's health could be affected by drinking water that has been exposed to the radiation'*)



The Intervention

- Changes to Stage 3 inject:
 - RED graphic – zone of influence, impact of removal
 - Medical advice – more info about signs and symptoms
 - Government spokesperson – emphasis on only seeking treatment if necessary
- Leaflet intervention:
 - Background information about types of radiation
 - Q&A format – symptoms, treatment, how to respond etc.
 - Where to go for further information



Impact of interventions on Phase 2 responses (1)

- More information about device → reduced concern regarding size of cordoned area, severity of incident and lack of quarantine.
- Ps indicated they would be less likely to unnecessarily attend monitoring centres – increased understanding likelihood of personal impact
- However, perceptions regarding likelihood of more devices → ongoing concerns about using public transport (particularly UK)
- Shift in focus at Stage 3 from health to security issues + earlier focus on terrorists /their motivations (information seen as providing opportunity for more accurate risk assessment regarding future attacks)



Impact of interventions on Phase 2 responses (2)

- Response to leaflet intervention:
 - Leaflets generally viewed favourably – tangible / credible
 - Some concern that leaflets signal seriousness of issue
 - Preferred content – prevention, protection, treatment
- Response to independent scientist
 - Minority still worried by his comments - confirmation of original concerns (more so in the UK)
 - However, more Ps questioned his comments / authority, basing arguments on official information received.
 - Larger gap between government & independent scientist credibility ratings (e.g. UK Phase 1: 64% v 57%, UK Phase 2: 71% v 50%)

