

Section C: Public information campaigns

As the UK's leading independent drug charity **DrugScope** is committed to the provision of accurate, impartial information to the public and specialist interests. **DrugScope** believes that good information services build the foundations of good policy and community resilience.

8. What role should drug information campaigns play, what should they aim to achieve and how could this be measured?

Drug information campaigns meet three imperatives:

- To inform the public about the facts relating to drug use
- To demonstrate political commitment to tackling drugs issues
- To provide individual advice and information including signposting

Drug information campaigns should aim to achieve a reduction in the harms related to drug use.

There is an inherent difficulty in measuring this type of work because essentially you are trying to demonstrate something has *not* happened. However, in line with standard health marketing techniques **DrugScope** would suggest the use of proxy measures which explore the penetration of key messages to certain groups, number of referrals made to specialist services, number of referrals received by specialist services, number of repeat calls to an information service.

Even so, government faces some entrenched and paradoxical problems in delivering credible drug information campaigns. This was acknowledged in the recent review of the FRANK campaign published by the Home Office. In 2004, 51 per cent of young people agreed with the statement, 'The people who work there [staffing the FRANK

helpline] really know what they are talking about.’ By 2006, this had fallen to 40 per cent. The review suggested that one reason for this decline ‘may be due in part to the more explicitly negative messages about drugs that FRANK is now carrying which at the same time has produced an increase in parental support’. This outcome was mirrored in a review of the US government’s anti-cannabis media campaign.¹

From a political perspective, a campaign that has the support of parents may be deemed a success. However, the essential test should be whether the key target audience, young people, views a campaign as a credible source of information. **DrugScope** believes there may be a case for government to commission but not be the lead agency in delivering information campaigns – political considerations can be kept at arms length and a campaign may have more room to be ‘controversial’ (if potentially more effective) in its message or format.

9a. Should there be different approaches to information campaigns, such as harder messages on drugs (e.g. shock tactics or legal consequences)?

Shock tactics that are perceived by the target audience to exaggerate risk or represent it in a way that is alien to their experience have been demonstrated to be counter productive – reducing the credibility of information sources and encouraging risk behaviour. Research in both the USA and the UK confirms this view.² Shock tactics can have an impact on behaviour where there is already a clear acceptance among the target audience of the risk and where the ‘shocking’ consequences are immediate – for example drink driving, not wearing seatbelts.

Shock tactics may serve to confirm decisions that have already been made, however **DrugScope** believes there is little place for them in

¹ Ashton, M. (2005) Boomerang ads. Drug and Alcohol Findings: 14, pp 22-24

² For example, Dorn, N. and Murji, K. (1992) Drug Prevention: a review of the English language literature. ISDD.

public information campaigns about substance use. While shock tactics may also emphasise a political commitment to tackling substance use this is not a legitimate purpose for such campaigns.

9b. Who is being missed out?

Drug subcultures can be very localised and there may be a case for piloting localised campaigns where a specific problem has been identified or where a particular group may be excluded from understanding more general campaigns, for example because of language barriers or on grounds of culture or religion. These would be best conducted by local agencies, but funded centrally.

Charities such as Rethink have highlighted a need to target information on the health risks of cannabis to people with mental health problems.

10a. Should drugs and/or substance abuse campaigns be targeted at the under-11 age group?

There is no evidence to suggest that large-scale substance use media based information campaigns would be effective in improving the health and well being of younger children. The members of **DrugScope** specialist young people's policy forum felt strongly that substance use education for younger groups needed to be delivered and evaluated in a one to one situation (by parents) or in small groups (in a school setting).

10b If so, at how young a group?

See above.

11. How can information campaigns best help our children to keep away from drugs?

This is not an achievable aim for public information campaigns unless part of a wider community approach with schools and families, including local media and retailers (e.g., sale of alcohol and solvents).

12. Is there a place for role models, including those drawn from peer groups, in drug Information campaigns?

The **DrugScope** expert group strongly felt that the most effective role models were those from the local community or family and that the use of celebrity role models was not particularly useful. This is supported by research undertaken for the Scouting Association earlier this year that suggested that young people found family and community role models believable and effective but were underwhelmed by celebrities.