



PO Box 379, Seaford, SA 5169

20 January 2020

Parliamentary Joint Committee on Law Enforcement
PO Box 6100
Parliament House
Canberra ACT 2600

Via email: le.committee@aph.gov.au

On behalf of the Board, Drug Free Australia and its President, Major Brian Watters AO, I thank you for the opportunity to submit to this important area of drug policy and practice. In particular we are very pleased to note that the Inquiry is related to **drug demand reduction** campaigns, a critical component of prevention and reducing the initial uptake of drugs. Our submission focuses primarily on youth prevention, with the view to curbing intergenerational use of harmful substance use.

Drug Free Australia is pleased to make a contribution to this the area of investigation. Our findings are based on over 20 years' of research and policy development in the alcohol and drug arena in Australia and globally. www.drugfree.org.au

We note that you offer the opportunity to canvass both formal evidence-based research as well as that of lived experience. Drug Free Australia offers both components and trust that it will contribute significantly to a more positive way forward for current and emerging generations.

Please find, attached our submission, which contains a selection of examples of our findings on this important area of work. Further information is available in our online library at: <https://www.drugfree.org.au/index.php/resources/library>

Should further clarification on any aspect of our submission require additional comment, please do not hesitate to make contact via phone or email.

Sincere regards

Jo Baxter
Executive Director
Drug Free Australia

Enc: Submission for Inquiry into Communication Campaigns Targeting Demand for Drugs & Substance Abuse



Parliamentary Inquiry into Communication Campaigns Targeting Demand for Drugs & Substance Abuse

Drug Free Australia Submission
20 January 2020

Executive Summary

Drug Free Australia understands that extreme 'shock' advertising in any area of promotion can be misleading and unhelpful. However, we contend that a level of reality needs to be conveyed in any communication, if dangerous and unhealthy behaviours are to be curtailed and prevented. Therefore, our submission would propose that the so-called 'shock' advertising, could be described or better expressed as 'realistic', or 'real-life' scenarios. This has been done well within the various Quit Tobacco campaigns. School based interventions, combined with community education messages that aim to prevent or delay the use of tobacco have been particularly effective.

Effective campaigns are those that are conducted over a long term, to reach diverse audiences, sometimes with the one message. For example, as mentioned above, the 'Sun Smart' campaign to stem the tide of skin cancer has been most effective. It targets children, but the message simultaneously reaches their adult cares/teachers/parents and families. This could be used as model to spread the word about the harms of substances, particularly when used by young people, whose brain is still developing.

Drug Demand Reduction has yet to explore topics and convey messages that are close to the heart of young people today. For instance: Drugs and the Environment, Drugs and Global warming: Drugs and terrorism: Drugs and child exploitation

In the age of high tech advertising, social media and the like, young people are being bombarded with highly effective, high impact advertising messages. Future campaigns need to match this, in line with TGA guidelines.

Learning from the past: Australia implemented the 'Tough on Drugs' strategy in 1998, with criminal penalties intact for use of most drugs. Deaths fell by 67% until it was scrapped by a new Federal government in 2007. Deaths then again rose sharply. During that time there was a national communication campaign that reached every letterbox in Australia; this was combined with the use of graphic television ads, posters for schools and a whole range of other synchronized messaging. The key was that all messages were consistent and synchronized.

The positive impact of Tough on Drugs cannot be ignored. The 2010 National Drug Strategy Household Survey shows a decrease in use of all illicit drugs is from 22% in 1998 to 13.4% in 2007 (which is a decrease of 39%.)

Addressing the criteria

a) the efficacy of different approaches to such campaigns, including:

i. 'Shock advertising', informational campaigns and the use of social marketing;

Drug Free Australia understands that extreme 'shock' advertising in any area of promotion can be misleading and unhelpful. This should be qualified by the fact that the severity of any health and safety issue needs to be taken into account. Outbreaks of viruses such as the Ebola virus and the current threat of the Chinese Corona-virus need an immediate and effective public health response to curb spread. The controversial (and yet apparently effective) Grim Reaper campaign of 1987, has been attributed to curtailing the spread of HIV/AIDS in Australia. There have been calls to introduce a similar campaign to curtail Hepatitis C – (Alex Wodak, Medical Journal of Australia *MJA* 1997; 166: 28)

We contend that, at the very least, **a high level of reality** needs to be conveyed in any public communication, if the use of drugs of addiction are to be effectively curtailed and prevented. Hence, our submission proposes that the so-called 'shock' advertising, could be described as 'realistic', or 'real-life' scenarios.

In so doing we point the positive impacts of the 'Quit Tobacco' campaigns, which have, for over 30 years, used graphic and real-life scenarios to help the health and safety messages of tobacco smoking penetrate into communities. These have had a strong impact in reducing smoking rates in Australia. For example: <https://www.youtube.com/watch?v=sjmaHlnUHM>

This has also been the case in some anti-alcohol campaigns, used mainly on television media. https://www.youtube.com/watch?v=RRx_eCa4aPU

Sunsmart campaigns have been running over a long term in Australia and have had impacted on attitudinal change. Many of these have used real life stories to increase meaningful impact: <https://www.sunsmart.com.au/tools/videos/current-tv-campaigns>

We submit that there is a strong case for similar campaigns related to smoking cannabis, given the growing bank of evidence of its harms not only to the lungs and other physical side effects, but also to the impact on mental health.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827335/>

<https://www.drugfree.org.au/index.php/resources/library/9-drug-information/164-cannabis>

<https://drugfree.org.au/index.php/resources/library/9-drug-information/47-marijuana>

ii. the use of campaigns aimed at various audiences, including, children at an age before they would typically become illicit drug users, Indigenous communities and Culturally and Linguistically Diverse groups;

There is a valuable resource available through the Cancer Council of Victoria which indicates the benefits of school based interventions, combined with community education messages that aim to prevent or delay the use of tobacco (via smoking). This can be located at:

<https://www.tobaccoinaustralia.org.au/chapter-5-uptake/5-29-school-based-interventions>

Drug Demand Reduction has yet to explore topics and convey messages that are close to the heart of young people today. For instance:

- (1) Drugs and the Environment: <https://www.greenlifestylemag.com.au/features/20293/eco-side-effects-drugs>; <https://daily.jstor.org/the-environmental-downside-of-cannabis-cultivation/>
- (2) Drugs and Global warming: <https://www.theverge.com/2019/10/8/20905186/cocaine-drug-trafficking-deforestation-climate-change-migration-central-america>
- (3) Drugs and terrorism: <https://www.unodc.org/unodc/en/frontpage/drug-trafficking-and-the-financing-of-terrorism.html>
- (4) Drugs and child exploitation:
 - <https://www.afp.gov.au/news-media/media-releases/perth-man-charged-child-exploitation-and-drug-offences>
 - <https://aifs.gov.au/cfca/publications/child-maltreatment-and-substance-abuse>
 - <https://www.theguardian.com/society/2019/jul/05/children-as-young-as-seven-being-enslaved-by-uk-drug-gangs>

Effective campaigns are those that are conducted over a long term, to reach diverse audiences, sometimes with the one message. For example, as mentioned above, the 'Sun Smart' campaign to stem the tide of skin cancer has been most effective. It targets children, but the message simultaneously reaches their adult cares/teachers/parents and families. This could be used as model to spread the word about the harms of substances, particularly when used by young people, whose brain is still developing.

Drink driving campaigns are another good example:

<https://roadsafety.transport.nsw.gov.au/campaigns/index.html>

- iii. **international approaches**; Related to the above, we point to a recent campaign being developed in the United States, known as 'One Choice'. <https://www.ibhinc.org/prevent-teen-drug-use>

b) research and evaluation methods used to plan, implement and assess the effects of such campaigns;

Quit smoking campaigns have been evaluated over time. One example is:

<https://www.cancer.nsw.gov.au/getattachment/4a457a82-ecaf-4993-ba4c-8a680f095641/Anti-tobacco-campaign-evaluation-2005-2010.pdf>

WHO has a useful set of guidelines: <https://www.who.int/roadsafety/projects/manuals/alcohol/4-How%20to.pdf?ua=1>

c) identifying best practice approaches to designing and implementing campaigns, including social media, digital channels and traditional advertising, to guide Australia's approach to drug demand reduction;

Media campaigns are most effective when using a social marketing approach that focus on influencing a specific behaviour, not simply on raising awareness of a health issue. In 2016 a comprehensive review of mass media campaigns was undertaken by the Australian Prevention Partnership Centre entitled: *Mass media campaigns addressing physical activity, nutrition and obesity in Australia 1996–2015: an updated narrative review*

While this review did not specifically cover drug-related media campaigns, it offers some basic principles or guidelines that may be worthy of consideration.

<https://preventioncentre.org.au/wp-content/uploads/2016/08/1606-Mass-media-evidence-review-final.pdf>

Please see Attachment 1 for a summary or the 9 recommendations from the Review.

In an age of high-tech advertising, social media and the like, young people are being bombarded with highly effective, high impact advertising messages. Future campaigns need to match this. For example, (and in line with TGA guidelines) <https://www.tga.gov.au/10-things-look-out-medicine-advertisements> we point to the approaches being used by many commercial marketing specialists who use ‘popups’ in social media sites and on internet sites (including email sites). These are constant, accessible, and noticeable. Here is a possibility being used in the United States: <https://drugfreegeneration.org/drug-free-texas/current-campaign-examples.html>

d) the efficacy of the current and past National Drug Strategy in achieving demand reduction through public communications campaigns.

Learning from the past: Australia implemented the ‘Tough on Drugs’ strategy in 1998, with criminal penalties intact for use of most drugs. Deaths fell by 67% until it was scrapped by a new Federal government in 2007. Deaths then again rose sharply. During that time there was a national communication campaign that reached every letterbox in Australia; this was combined with the use of graphic television ads, posters for schools and a whole range of other synchronized messaging. The key was that all messages were consistent and synchronized.

The 2010 National Drug Strategy Household Survey shows a decrease in use of all illicit drugs is from 22% in 1998 to 13.4% in 2007 (which is a decrease of 39%.)

Table 5.1: Use of any illicit drug, people aged 14 years or older, 1998 to 2007 (per cent)

Period	1998	2001	2004	2007
Last 12 months	22.0	16.7	15.3	13.4

Please also see, Attachment 2 - A comparison of the Australian Tough on Drugs impact with that of a decriminalized Portuguese drug policy model. (This has been emailed as a separate attachment to the main document).

ATTACHMENT 1 - Key recommendations for mass media campaigns in Australia, based on a review by Australian Prevention Partnerships Centre (2016)

1. **Campaigns should be part of an integrated, system-wide approach to NCD prevention.** MMCs are important for the early stages of population-wide prevention efforts, especially when mass communications are needed to change social norms, community attitudes and advocate for policy focused changes regarding risk factors or prevention.
2. **Campaigns and main messages should be consistent across Australia.** Campaigns themes, taglines and brand should be consistent across Australia. Otherwise resources are wasted in concurrent campaigns in different jurisdictions. Consistent messages allow community perceptions and social norms to be influenced in a consistent way.
3. **Underpinning theory/logic models need to be made explicit and applied.** Campaign logic models, although recommended as good practice, were rarely used in planning. Theories and models underpinning campaigns were identified in approximately 50% of campaigns examined. The hierarchy of effects model was rarely used as a conceptual framework or to map intermediate and endpoint campaign performance indicators.
4. **Clear, measurable campaign goals and objectives should be specified.** Few campaigns examined in this review had specific goals and quantitative targets for population level change. Aims and objectives of campaigns were sometimes described broadly and at other times, specifically. The objectives of campaigns should be clearly articulated and need to be measureable such that the impact of the campaign may be assessed against them.
5. **Linkages to broader strategies (beyond communication) should be further developed.** There was evidence of campaigns linking to broader strategies, including multi-sectoral initiatives in some cases, as well as to guidelines or other campaigns (e.g. coordination with another state or federal campaign). Integration with multi-sectoral strategies and programs is to be encouraged for future campaigns. Cross-agency work and programs should be made concurrent with campaigns and encouraged as an accountable component of NCD prevention strategies.
6. **Campaign duration and investment should reach a defined impact threshold.** With few notable exceptions, this review found that there is a tendency to use short implementation schedules of 3–8 weeks' media flight duration. Most campaigns were usually not sustained beyond one phase of implementation. Campaign advertising budgets were sometimes difficult to access and were unavailable or incomplete for four of the 17 cases selected. Investments to date in PANO MMCs in Australia reviewed in this report are, at best, about 50% of the minimum expenditure levels suggested by the CDC. Given this, we recommend that further work is done to confirm the threshold for sufficient investment and that future MMC expenditure is allocated accordingly.
7. **A campaign planning and evaluation protocol could contribute to better practice.** A protocol to inform planning, implementation and evaluation of MMCs used as part of public health approaches for NCD prevention may be useful in bringing together best practice approaches in a succinct and memorable format. As part of this review we have developed such an approach in the FLOWPROOF protocol. It is recommended as a practice standard for the development of Australian MMCs and reporting their evaluation.
8. **Campaign evaluations should be made publically available.** Often campaign evaluations are unpublished or not readily accessible, which limits information sharing regarding campaigns. In the current review, campaign evaluation reports were not always easy to locate or access and a number were not represented in the peer review literature. Evaluation documents should include description of the campaign execution, dose (i.e. TARPs, range of channels and frequency of exposure) and effects on proximal and distal impact measures. Campaign expenditure, including a breakdown for media purchased, should also be made available as noted above.
9. **Sustained campaign efforts over several years are required to achieve population impact.** Campaigns involving sustained, multi-phase efforts over five or more years delivered reach and impact into the target population. Notwithstanding some good practices, areas for potential improvement in planning, implementation and evaluation were also apparent. These areas for potential improvement are encapsulated within these key recommendations and the FLOWPROOF protocol.

Portugal decriminalised the use of all drugs in July 2001 and the results of their changed drug policy can be compared with Australia's Tough on Drugs policy which was operative from 1998 to 2007.

Australians should not be misled by claims painting a false picture of Portugal's results.



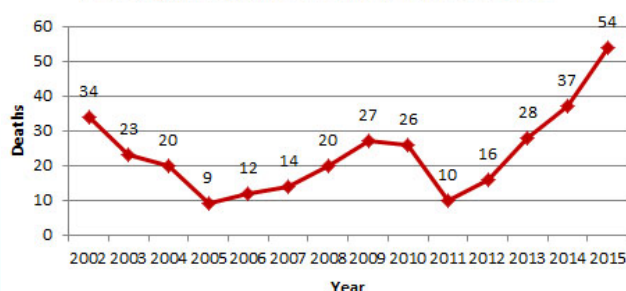
PORTUGAL versus our TOUGH ON DRUGS

The results of two drug policies compared

Drug deaths

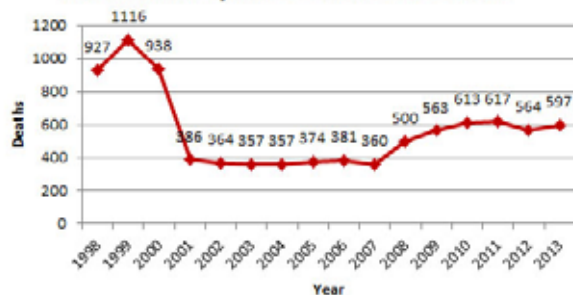
Portugal has no mortality data before 2002 which is comparable with Australia's, but they have lower drug deaths than Australia because opiates are mostly smoked or snorted and not injected as in Australia). Notably, their drug policy has failed to significantly decrease drug deaths since 2001, **and steep rises since 2011** normally indicate steep rises in opiate use.

Portugal Opiate Deaths 1998-2015



Australia implemented Tough on Drugs in 1998, with criminal penalties intact for use of most drugs. Deaths fell by 67% until it was scrapped by a new Federal government in 2007. Deaths then again rose sharply.

Australian Opiate Deaths 1998-2013



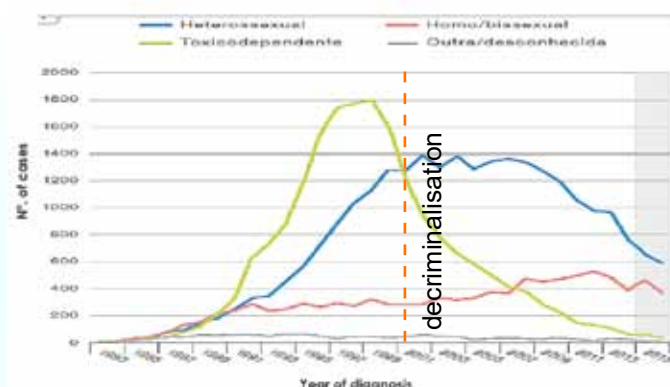
While Portugal has 'dissuasion' programs to encourage drug users to quit and spends liberally on encouraging users into treatment and rehab, decriminalisation appears to have obstructed policies that should otherwise be working.



See www.drugfree.org.au document "The Truth on Portugal" for more detail, citations and graph enlargements

HIV

In 1999 Portugal had the highest HIV levels in Europe, with 45% of drug users infected. Activists claim that Portugal's decriminalisation policy reduced HIV to 5% (green line), but the graph below shows steeper declines before/during 2001.



Clearly, programs were put in place a number of years before July 2001 which were effective and remained so. Decriminalisation was not responsible.

Australia's HIV has always been low, credited to the innovative Grim Reaper television ads of 1987, viewable on Youtube.

False claims on decreasing drug use

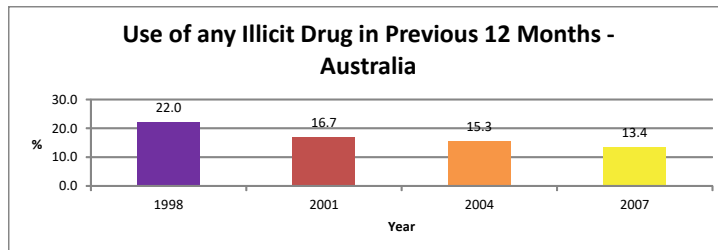
Claims are made that decriminalisation radically reduced Portugal's opiate use. Portugal's opiate use was 0.9% in 1998 but already down to 0.7% by 2000, the year before decriminalisation, indicating already successful demand reduction strategies.

Drug use

Australians do not approve the regular use of illicit drugs, and it is thereby clear that Australians want less drugs, not more.

Table 9.7: Personal approval of the regular use by an adult of selected drugs, people aged 14 years or older, 2007 to 2016 (per cent)

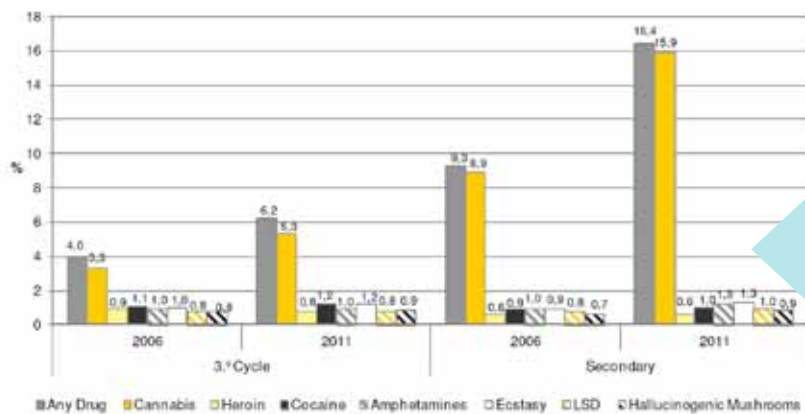
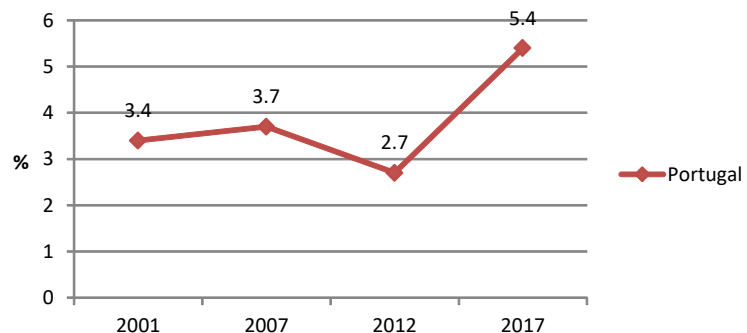
Drug	Persons			
	2007	2010	2013	2016
Tobacco	14.4	15.3	14.7	15.7#
Alcohol	45.3	45.1	45.1	45.0
Cannabis	6.7	8.1	9.8	14.5#
Ecstasy	2.0	2.3	2.4	2.9#
Methamphetamine ^(*)	1.2	1.2	1.4	1.2
Cocaine/crack	1.4	1.7	1.6	1.7
Hallucinogens	1.7	2.4	3.1	3.7#
Inhalants	0.8	1.0	0.9	1.0
Heroin	1.0	1.2	1.2	1.1
Pharmaceuticals ^(*)	13.7	22.4	23.2	27.8#
Prescription pain-killers/analgesics ^(*)	n.a.	13.0	12.6	12.7
Over-the-counter pain-killers/analgesics ^(*)	n.a.	14.3	14.5	19.1#
Tranquillisers, sleeping pills ^(*)	4.1	6.4	8.2	9.3#
Steroids ^(*)	1.7	2.2	2.2	2.4
Methadone or buprenorphine ^(*)	1.0	1.2	1.3	1.3



Tough on Drugs delivered decreases in overall illicit drug use of 39% between 1998 and 2007.

Portugal's official statistics indicate significantly increased use of any illicit drug which was 59% above 2001 levels by 2017. See our website document "The Truth on Portugal" at drugfree.org.au for all official source statistics.

Use of any illicit drug in the previous 12 months for Portugal 2001-2017



Graph 15 - School Population - INME (3rd Cycle and Secondary): Last 30 Days Prevalence of use, by type of drug (IDT, I.P. 2012)

Teen drug use (left) increased by 43% over 2001 levels by 2011. We do not yet have the 2016 statistics for this national survey.

A second ESPAD 'last 30 days' survey of 16 year old cannabis use in Portugal gives increases of 60% above 1999, the last survey before decriminalisation, through to 2015.

There are many false claims eulogising Portugal's experiment with decriminalisation. But it has yielded increased drug use along with increasing overdose deaths as drug use has risen. This represents a failure in drug policy which should not be emulated in Australia.

**AUSTRALIA'S 'TOUGH ON DRUGS' DELIVERED LESS DRUG USE
PORTUGAL'S DRUG POLICY HAS NOT**