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Inquiry into public communication campaigns targeting drug and substance abuse

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The principal aim of this submission is to examine the evidence as to whether shock advertising acts as an effective measure in reducing demand for drugs. The term 'shock advertising' specifically refers to advertising that attempts to penetrate through the clutter of all advertising by intentionally shocking, startling, or offending audiences via graphic, disturbing, explicit, provocative or offensive content for a wider societal or personal agenda. The term 'reducing demand' specifically refers to reductions in the desire or willingness to partake in a particular behaviour, which is measured by reported levels of that behaviour. And the term 'drugs' refers to anything ingested that produces a physiological change in the body – both legal and illegal. It is important to note however that the method of shock advertising is not reserved for deterring drug use e.g. fashion brands utilising borderline sexually explicit content to entice customers, government authorities televising re-enacted car accidents for road safety, organisations utilising violent images to raise awareness about domestic violence etc.

When it comes to drugs, shock advertising has been used throughout the Western World for at least the past fifty years. The most prolific of these campaigns was 'Just Say No' (JSN), initiated by Nancy Reagan in the early 1980's in the United States, crossing over to the UK and Australia in 1995 with the death of an eighteen-year-old English female Leah Betts, and fifteen-year-old Australian female Anna Wood. Nancy Reagan's JSN campaign anchored well to Ronald Reagans overall image, because even though earlier President Richard Nixon initiated the war on drugs, President Reagan favoured much higher drug enforcement spending, the expansion of public awareness and more aggressive policies.

Following the death of Leah Betts in 1995, a shocking image of her on life support in intensive care was placed on billboards throughout the UK, and the parents of Leah became tireless anti-drug campaigners, speaking in thousands of schools throughout the UK. Following the death of Anna Wood in the same year, her face was printed on the front page of *The Telegraph Mirror*, charity events were run in her name, the *Anna Wood Drug and Alcohol Education Project* was initiated, her parents became zealous anti-drug campaigners and her face was printed on badges along with the slogan 'Just Say No'. The death of Anna Wood came approximately ten years after Australia implemented harm minimisation as its national drug strategy, comprising of supply, demand and harm reduction – supply reduction receiving the overwhelming proportion of funding. Ten years prior to this saw the first study into the potential benefits of scare tactics as a means of drug demand reduction, and since then, a number of similar studies have been published, virtually all of which have shown little to no evidence of efficacy. We press on with this approach however because we

believe that mechanistically or theoretically, that fear generated by scare tactics, deters people from engaging in that particular behaviour.

In 1975, De Hayes and Schuurman published an article in the *International Journal of Health Education*, where they took 1,035 students aged 14-16 in Rotterdam, the Netherlands, and split them into four separate drug education regimes. It is worth noting here that in the late 1960's/early 1970's, the Dutch government instigated two major commissions – The Baan Commission and the Hulsman Commission – to review Dutch drug policy, and both commissions concluded that the current Dutch policy, which was heavily focused on law enforcement, was moralistic and repressive. It was not until June 1976 that the *Opium Act* was amended to reflect the suggestions. In the Rotterdam study, the students were divided into one of four groups; the control group that received no intervention, the 'warning' group that stressed the dangers and immorality of drug use, the factual information group, or the open non-drug focused discussion group.

Over the course of the study and with the increase in age of the participants, it was expected that use of illicit drugs would increase; therefore the control group was considered the natural rate of increase, which was 3.6%. The group that received factual information reported a slightly higher increase (4.6%), the group that received the "mild horror approach" in the warning group reported double the control groups increase (7.3%), and the group that received unfocused discussions around issues relating to adolescence, reported a slightly lower increase (2.6%) than the control group. The reductions in the unfocused group are hypothesised to be due to the fact that this group received a non-confrontational, interactive intervention, which allowed the students to discuss issues that concerned them, which would make them feel

valued and heard. The study had a range of methodological flaws, and none of the approaches could be categorically proven to hold value, it yet did pave the way for newer, more refined approaches, and it demonstrated which approach *not* to take.

Shock advertising has increasingly targeted young people, not only through televised and printed adverts, but also through the school system. In 2016, a hard-hitting anti-methamphetamine program was rolled out across Australian schools, which was based on the American Montana Meth Project (MMP). The MMP advertised itself as a 'large scale prevention program aimed at reducing first-time teen methamphetamine use through public service messaging, public policy and community outreach'. The program stated that it had been successful in reducing teen and adult methamphetamine use, as well as methamphetamine-related crime, even though research conducted by MMP was too simplistic to draw such conclusions. A 2008 independent study by Erceg-Hurm in *Prevention Science,* and an article in 2010 by Anderson in the *Journal of Health Economics* however showed that overall methamphetamine use was in decline prior to the campaign as was methamphetamine-related crime, and that the states that did not run the campaign saw comparable declines. There is even some evidence to say that teen use increased in the year following the projects initiation, and that it remained higher for several years after. Erceg-Hurm also found that at six months following exposure, the number of teenagers reporting methamphetamine use as 'not risky' tripled, and the number of teenagers reporting approval of methamphetamine use significantly increased. Half of all teenagers reported that the adverts exaggerated the risks of methamphetamine. Further, the campaign launch coincided with increased restrictions on the sale cold/flu medications, which contain precursors to manufacturing methamphetamine, meaning

there could have been a downturn in methamphetamine production regardless of the campaign. Research by Douglas and colleagues in 2017 concluded that the Australian $9 million “Ice Destroys Lives” campaign “reinforced negative stereotypes and did not encourage help seeking” among individuals with a history of methamphetamine use, “exacerbated negative labels”, as well as misrepresented and exaggerated the negatives of drug use.

Prior to the MMP, US Congress and Partnership for Drug Free America (now Partnership for Drug-Free Kids) launched the $1.5 billion “National Youth Anti-Drugs Media Campaign”, which had three primary objectives – to enable America’s youth to reject illegal drugs, to prevent youth uptake, and convince users to quit. Aggressive anti-drug messages were disseminated across an array of media channels – magazines, movie theatres, internet, radio and television. The campaign ran from 1999 to 2004. An independent evaluation in 2008 by Hornik and colleagues concluded that “the campaign is unlikely to have had favourable effects on youths and may have had delayed unfavourable effects”, due to the delayed pro-cannabis boomerang pattern. This backfire effect can be due to either intentional defiance as many young people view risk as exciting, or that the education has unintentionally illustrated some of the benefits of drug use. This is of particular concern for those young people who may already be drawn to using drugs.

In 2015, a comprehensive meta-analysis was conducted by Allara and co-workers looking into the efficacy of mass media campaigns and reductions in illicit drug consumption and intent to consume. The analysis included nineteen studies covering almost 185,000 individuals. The researchers found that the majority of studies found little to no benefit of such campaigns, with some evidence of adverse effects.

One of the programs to come out of JSN was D.A.R.E (Drug Abuse Resistance Education), which was a prevention-focused education program targeting schoolchildren. D.A.R.E costs approximately $1 to $1.3 billion annually, covers three-quarters of all American schools, and involves thousands of police officers, many on full time basis. D.A.R.E has been popular since being founded in 1982, largely due to the amount of freebies handed out to participants, it's clever marketing program, it's ability to downplay criticism, and because of the theoretical benefit in scaring young people away from drugs. A 2009 meta-analysis by Pan and Bai covering twenty controlled studies however found that teens who were involved in the D.A.R.E program were no less likely to use illicit drugs than those who did not. There is even some evidence that suggests if students were exposed to the program, they were more likely to drink alcohol, smoke tobacco, or use hallucinogens. In 1995, researcher at Southwest Regional Laboratory and Lecturer at the University of California, Los Angeles, Dr Joel Brown, completed a report for the California Department of Health into California's school drug education programs - D.A.R.E being the largest. The report stated that almost half of all students reported not being influenced by drug education programs at all, and almost three quarters reporting neutral or negative feelings about educators or anti-drug programs.

Further research by Rosenbaum and Hanson in 1998 concluded that "Across many settings and research projects, D.A.R.E. has been unable to show consistent preventive effects on drug use, and the observed effects have been small in size and short-lived." The 1999 paper by Lynam came to similar conclusions – "Few differences were found between the 2 groups in terms of actual drug use, drug attitudes, or self-esteem, and in no case did the DARE group have a more successful

outcome than the comparison group." Consistent with research findings, U.S Surgeon General David Satcher in 2001 stated that the D.A.R.E program showed "little or no deterrent effects on substance abuse", concluding it to be an "ineffective primary prevention program." D.A.R.E also drew criticism for simplifying a complex and multifactorial problem into a single catchphrase, for stigmatising drug users – in turn deterring them from seeking help – for not providing accurate and objective information, and exacerbating mass incarceration. The only potential benefit of this program – although not borne out by any evidence – is an improvement in the attitudes of young people towards the police.

In Australia, one of the most commonly referenced examples of hard-line approaches and demand reduction is the Howard Governments "Tough On Drugs" campaign in the 1990's. Yet the title of this campaign was somewhat of a misnomer as Prime Minister Howard gave open praise to a range of international harm reduction policies, and funded a range of initiatives irreconcilable with a zero tolerance approach such as needle syringe programs, and the diversion of drug users away from the criminal justice system towards treatment.

It is claimed that this 'tough on drugs' approach was responsible for the heroin shortage in Australia that began in the early 2000's, yet not only was this not a shortage – as levels simply returned to what they were prior to the heroin surplus during the mid-1990's – but heroin availably declined due to Australia's source country, Myanmar reducing heroin production by approximately 80%. At the time, China saw a ten-fold increase in heroin use, and as heroin was often trafficked from Myanmar to Australia via China, it is likely that much of the heroin trafficked from Myanmar entered the Chinese market – which is a much bigger market - before it

could reach Australia. Many heroin producers at this time also switched to methamphetamine production due to its higher profit margins, and other countries that sourced heroin from Myanmar, such as Canada and Hong Kong also experienced reductions in heroin supply. With regard to the tough on drugs approach – which utilised shock tactics – it is important to note that there is no evidence of a tough on *legal* drugs (such as alcohol or tobacco) campaign, even legal drugs account for nine out of ten drug-related deaths.

There are a number of reasons why shock tactics, including shock advertising has been extensively proven to be of very little, if any value. Firstly, they are often completely inappropriate as well as unnecessary, and the vast majority of students simply cannot relate to the content. Primary school or early high school students receiving testimonial education from ex-drug users can expose them to disturbing content, it provides no protective, prevention or harm-reduction benefit, and it simply takes up time where other, much more important drug education could be taking place such as the safe use/misuse of medicines or how to look after a friend. Initial scares can be powerful, however are simplistic, and ware off very quickly.
Shock tactics ignore a multitude of variables that influence decision making, and they cannot eliminate the powerful forces that initiated drug use as well as why they continued such as trauma, arduous circumstances or lack of supportive networks. And nobody takes a drug with the intention – or thinking – of becoming dependent or addicted.

Young people also tend to get desensitised to continuous warnings resulting in a form of ‘warning-fatigue’. This has a two-pronged effect – a change in attitudes, but not a

change in behaviour, and also of more concern, a sense of indifference or apathy towards other, legitimate health warnings. When exposed to shock material, young people often comment that they would never engage in that risky activity such as using drugs or drink driving. Yet when they are faced with that situation such as being offered drugs, or getting behind the wheel of their car after drinking, their behaviour is not affected because the shock has long worn off. Further, when young people become desensitised to one specific shock tactic, other warnings related to the same behaviour are often ignored. This is particularly the case when the original shock tactic is either not based on evidence or very exaggerated – credibility becomes lost, young people switch off, and other warnings are ignored even if they are real. It is also interesting that when it comes to drugs, shock tactics also tend to focus on illegal drugs, instead of legal drugs, even though young people are far more likely to use and be harmed by legal drugs.

"Most parents number one fear is that their children will end up addicted to heroin or crack, and they start the conversation by explaining the dangers of "hard" drugs. In the process, children can often get the impression that alcohol and tobacco aren't really drugs, and aren't dangerous, when in many ways they're even more harmful than a lot of illegal substances."

David Nutt

Drugs Without the Hot Air

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If an individual was discovered unconscious next to an empty syringe or packaging that contained heroin, cocaine or methamphetamine, the vast majority of people

wouldn't think twice before calling an ambulance. Yet when individuals pass out from drinking alcohol and exhibit depressed respiration, they are frequently told to sleep is off, even though their respiratory system is failing to cope with the level of alcohol in their blood, and they are at risk of going into respiratory arrest from alcohol poisoning, asphyxiating on their own vomit, or having the vomit enter their lungs, killing them via respiratory failure.

Shock tactics can in some circumstances also produce warning hyper-sensitivity, the complete opposite to desensitisation, whereby individuals become over vigilant with choices they make to avoid risk. An example of this is the British government in 1995 warning the public about the risk of deep vein thrombosis (DVT) from oral contraceptives, resulting in many women discontinuing or avoiding oral contraceptives, resulting in an increase in abortions. There was also an increase in births, and giving birth poses a significantly greater risk of developing DVT than oral contraceptives.

Some supporters of shock tactics have pointed towards Australia's successful anti-smoking campaign as an example of where shocking images has been associated with unquestionable, quantifiable reductions in use – from approximately half of Australia's population being current smokers at the end of the Second World War, down to 11-12% in 2019. Yet there are a number of reasons why this comparison is erroneous. Firstly, lifetime 'ever use' of tobacco is still much higher than lifetime ever use for any illicit drug. About half of Australians have used tobacco at some point in their life, yet only one in three Australians have used an illicit drug, the most common being cannabis. Secondly, the image of the tobacco industry suffered an enormous

blow when during the 1994 Waxman hearings, the Chief Executive Officers of the largest tobacco companies lied under oath about the addictiveness of tobacco products. For decades, the public had been lead to believe that smoking was stylish and relatively safe, yet this deliberate dishonesty caused the tobacco industry and its products unrecoverable damage. It also meant that the tobacco industry lost control in dictating tobacco regulation, which allowed science and public health to be at the forefront. The advertised risk with regards to smoking are also very real – half of long-term smokers die from a smoking-related disorder, and long-term smokers typically lose 10-25 years off life expectancy depending on the length of their smoking career and how heavily they smoke. But because many warnings throughout history with regard to illicit drugs have been exaggerated, the public have lost trust in - and disregarded - these warnings.

Thirdly, many tobacco advertising campaigns have been based on positive psychology, where users are advised about how to seek help, treatment options, and also the benefits of quitting or cutting down, instead of just the risks. In essence, the public message is just as focused around encouraging users to make positive choices about their health, as it is about discouraging users away from making bad choices.

Fourthly, and arguably most importantly, there have been an array of legislative changes that have been successful in reducing demand, most notably, advertising bans, restrictions on where individuals can smoke, packaging regulations, and pricing. The Whitlam advertising bans in the 1970's saw tobacco lose its voice on television and radio, and in the 1990's these bans were extended to print advertising. Restrictions on where individuals can smoke (not on beaches, in schools, hospitals

and other buildings etc.) made the act of smoking a nuisance for the smoker, reduced the harm caused by second-hand smoke, and it removed the visibility of smoking, which is particularly important to young people as well as those who are in the process of quitting. Plain packaging and taking cigarette packets 'out of sight' in shops has also reduced the public presence of tobacco. And gradually increasing the price of tobacco products has proved to be an extremely effective measure in reducing use, particularly for young people with low disposable income. This does not mean that tobacco shock advertising has produced zero reductions in demand, however if it has – at the very most – the effect has been small, and only one factor in a very comprehensive campaign.

Consistent with the body of evidence, the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales (UNSW) and the United Nations Office on Drugs and Crime (UNODC) has included in their guidelines for demand reduction programs that target young people, that such programs should *not* be non-interactive, should *not* be information only, and particularly, *not* be based on generating fear. On top of the full set of guidelines provided by NDARC and UNODC, information we provide to young people should be based on six principles; honesty, objectivity, proportionality, accuracy, relatability, and applicability. Honesty being the truth, objectivity being based on evidence, proportionality meaning in comparative risk to other behaviours, accuracy being without exaggeration, relatability being age-appropriate, and applicability being functional and useable. In addition, whilst reducing demand is important, drug use is only one factor contributing to overall harm. Therefore, public campaigns must not only focus on preventing drug use, but also, the promotion of harm reduction practices.

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