Leading Behaviour Change and Social Good

Submission by the AASM to the Parliamentary Joint Committee on Law Enforcement: Inquiry on Public communications campaigns targeting drug and substance abuse

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Dear Joint Committee on Law Enforcement,

I am writing as President and on behalf of the Australian Association of Social Marketing (AASM) to make a submission to the Parliamentary Joint Committee on Law Enforcement Inquiry on Public Communications Campaigns Targeting Drug and Substance Abuse.

The AASM is an Australian professional association leading behaviour change & social good. We are a voluntary association representing members, and the public interest, in using social marketing for behaviour & social change across the country. Our membership consists of policymakers, behaviour change programme practitioners, public health professionals, public sector organisations, businesses, & academic researchers. Together, the AASM represents considerable collective knowledge & expertise on successful behaviour & social change approaches.

Our submission is set out according to each of the items in the terms of reference for the inquiry below:

Pursuant to subsection 7(1) of the Parliamentary Joint Committee on Law Enforcement Act 2010, the committee will inquire into and report on public communications campaigns targeting demand for drugs and substance abuse, with particular reference to:

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

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

There is a well-established evidence base regarding what works and what does not with respect campaigns targeting behavioural change generally (see French & Gordon, 2019), and for specifically targeting demand for drugs and substance abuse (Stead et al 2007). This evidence shows that multi-component behaviour change programs are more effective than campaigns that focus simply on information or awareness raising.

The evidence supporting the use of shock advertising and fear appeals to achieve behaviour change is mixed. Meta-analysis research suggests that strong fear appeals depicting high susceptibility and severity, and which include statements with a high efficacy (the ability to perform the recommended behaviour) are found to be more effective in changing behaviour (Witte & Allen 2000; Tannenbaum et al 2015). However, there are various issues with fear appeals. First, they can be perceived as unethical in trying to scare people to change their behaviour (Hastings et al 2004). Second, habituation effects can mean that their effects weaken over time as people get used to the messages (Thornton & Rossiter 2001). Third, risk denial in which those among the most susceptible to the threat ignore it, or a boomerang effect in which the behaviour being warned against is performed in defiance, are other ways in which some people respond to fear appeals (Catchcart & Glendon 2016). Instead, positive reinforcement of desired behaviours is an approach favoured by social marketers. While informational campaigns are useful for raising awareness and increasing knowledge regarding drug and substance abuse, evidence shows that information alone does not change behaviour (Kelly & Barker 2016).

There is consistent evidence supporting a strategic and multi-faceted social marketing approach as being effective in changing behaviour (Gordon et al 2006; Firestone et al 2017). This includes for targeting drug and substance abuse behaviours (Stead et al 2007). Social marketing is an interdisciplinary and strategic approach to behaviour and social change. It seeks to develop and integrate marketing concepts with other approaches to influence behaviour that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programs that are effective, efficient, equitable and sustainable (iSMA, AASM, ESMA, 2013). Key principles of social marketing include:

1. Core focus on behaviour and social change that leads to social good and which aligns with Human Rights and Sustainable Development Goals
2. Draws on core values: reciprocity, mutuality, diversity and inclusivity, societal value and social justice, emancipatory, participatory, ethical, creativity
3. Informed by ways of thinking: strategically, systems thinking, critically, reflexively, competitively trans-disciplinary, ethically, utopian
4. Citizen centred: Facilitates participation with citizens and stakeholders designing and delivering services, interventions and programs around the needs, wants, lives and values of priority groups using a bottom up rather than top down expert driven approach
5. Makes use of careful planning, monitoring and evaluation
6. Applies the theory, science and evidence of behaviour and social change
7. Utilises research and insight throughout the behaviour change process
8. Applies segmentation, targeting and positioning strategy
9. Uses a broad, creative and multi-faceted mix of intervention tools and tactics
(French & Gordon, 2019).

>   ii.   **the use of campaigns aimed at various audiences, including, but not limited to, children at an age before they would typically become illicit drug users, Indigenous communities and Culturally and Linguistically Diverse groups; and**

The evidence regarding the effectiveness of substance use prevention and mitigation program at various population groups consistently demonstrate that communications campaigns alone are not enough, and that multi-component program approaches that adopt the principles and science of behaviour change and which utilise a combination of intervention tools and tactics are more successful (Roe and Becker 2005). Therefore, the AASM advocates a subtle shift away from mass media/communications campaign logic and referring to audiences – towards a programme logic featuring the use of a strategic mix of intervention tools and that involve working with citizens and communities in partnership. Our summary regarding the efficacy of substance use prevention programs aimed at different populations is presented below:

Children
Reiterating our earlier point about the need for multi-component approaches, a systematic review of programs to prevent substance use in young people found that "promising interventions addressed multiple domains (individual and peer, family, school and community) of risk and protective factors for risk behaviour. Programs that addressed just one domain were generally less effective in preventing multiple risk behaviour" (Jackson et al 2011, p733).

A systematic review of the long-term impact and effectiveness of psychosocial strategy informed adolescent substance use prevention programs found significant positive effects for long-term smoking, alcohol and marijuana outcomes (Skara and Sussman 2003). Psychosocial strategy informed programs usually consist of two types: 1. the social influences approach, and 2. personal and social competence enhancement. Social influences approaches focus on increasing the awareness of the social influences promoting drug use, altering perceived social norms regarding the prevalence and acceptability of drug use, and building up drug resistance skills. Personal and social competence enhancement programs focus on the development of 'life skills' and feature aspects of the social influence approach but also incorporate general self-management and social competence training (Skara and Sussman 2003).

The type and location of interventions should also be considered. Onrust et al (2016) conducted a meta-analysis of school-based substance use prevention programs and found that primary school students benefit most from interventions to enhance their personal competencies, while targeting social norms is beneficial for early adolescents. In middle adolescent it was found that universal programs are not very effective. And during late adolescence, opportunities for substance use prevention increase.

In another review by (Das et al 2016) it was found that for drug abuse, school-based interventions using a combination of social competence and social influence approaches demonstrated protective effects against drugs and cannabis use. Among interventions targeting combined substance abuse, school-based primary prevention programs were found to be effective. However, the evidence on Internet-based interventions, policy initiatives, and incentives was found to be mixed and needs further research (Das et al 2016).

In a review by Jackson et al (2011) it was found that interventions using targeting pricing, marketing, and mass-media/behaviour change programs were found to be more effective than school-based education interventions.

A review of the effectiveness of family interventions in preventing adolescent drug use found that universal family interventions had some positive effects on preventing or reducing marijuana use - but not other drugs (Vermeulen-Smit 2015). Family programs focus on improving family functioning, addressing issues such as parental involvement, positive parenting, parent– adolescent communication, and family support mechanisms to help prevent youth substance abuse.

Indigenous communities

Public communications and behaviour change campaigns aimed at Indigenous communities require particular care and attention. There is a myriad of factors that contribute to harmful drug and substance abuse among Indigenous populations including health, social and economic inequalities, unemployment, discrimination, cultural dispossession, family conflict and violence, and a family history of substance abuse (Stewart et al 2018).

Key considerations for effective behaviour change programs working with Indigenous people include: focusing on establishing trust, rapport and strong relationships with communities, developing and adopting an emic cultural understanding, adopting co-creative and collectively reflexive processes, use of culturally appropriate research methods such as ethnography, narrative analysis, and video-graphic methods, and the use of intervention tools and tactics including storytelling, song-lines, ethnographic film-making, and digital media resources (Kubacki and Szablewska 2019; Kariippanon et al 2020).

A recent systematic review of the literature on substance use prevention programs for Indigenous people identified that key elements of beneficial programs included: "substance use education, skills development, cultural knowledge enhancement and community involvement in program development" (Snijder et al 2002, p65). In particular it was found that programs developed in partnership with Indigenous communities show potential to reduce substance abuse. However, it was noted that more rigorously conducted evaluation trials are needed to strengthen the evidence base – which reinforces our earlier point about the critical importance of good evaluation.

CALD communities

The evidence regarding behaviour change programs aimed at drug and substance use prevention among Culturally and Linguistically Diverse people is quite limited. Indeed the lack of robust programs engaging with CALD communities has been identified as a key focus area for future research (Loxley 2005). As Browne and Renzaho (2010) explain, many drug and substance use programs that are implemented are not formally evaluated and not published in academic literature. Furthermore, most of the programs that are published and involve CALD communities are undertaken in the USA (e.g. working with African-America and Hispanic groups) and therefore differ substantially from CALD communities in Australia. Indeed, in their review of the literature Browne and Renzaho (2010) found no Australian drug and substance use programs that had been formally evaluated and published. Given that drug and substance abuse prevention among CALD communities is a key priority in Australia, they called for programs that are culturally competent, foster trust and build relationships, are theory based, co-create programs, leverage off culturally protective factors, include family-based components, and are adequately funded to include robust evaluation and publication (Browne and Renzaho 2010). Collaborations between CALD communities, drug and substance expert practitioners, health professionals and behaviour change scientists are needed to facilitate such efforts.

iii. international approaches;

Much of the evidence that the AASM has provided in this submission is taken from international approaches in the USA, Canada, UK and Europe - alongside work from here in Australia. Therefore, the association would advocate that any future efforts to develop behaviour change programs targeting demand for drugs and substance abuse draws on scoping research to evaluate the success of international approaches, but also ensure that new programs here in Australia are tailored to the local context. It is noted that programs from other parts of the world such as Canada and Scotland have adopted a successful public health approach - rather than criminality approach, to tackling drug and substance use (see Chricton 2017; Snijder et al 2020). The adaptation of successful approaches to the local context in Australia should be tested.

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

Research is a crucial component in the development and evaluation of effective behaviour change campaigns (Stead & Gordon 2009; French & Gordon 2019) - including those targeting drug and substance abuse. Research is used through all stages of the behaviour change process: from defining a social issue, to scoping what is known and what needs to be known about a subject, to developing insight and understanding from participants, groups, stakeholders and institutions, to testing intervention activities, to monitoring implementation, and to programme evaluation. Research helps us develop insight, understand the issues, establish objectives and goals, identify benchmarks, check on our progress, make adjustments, and determine when we have been able to make a difference.

Behaviour change programs should be informed by scoping research, and formative research with priority citizen groups and stakeholders to gain insight about their lives, issues, challenges, values, needs and wants, to understand the local context, and to inform appropriate intervention approaches that will engage and empower them and result in positive social outcomes. Pre-testing of interventions should be conducted to help test and refine campaign activities, messages and effects.

Evaluation research is critical in assessing the effectiveness of drug and substance abuse campaigns in changing behaviour. An evaluation plan should be developed at the start of any behaviour change process. Evaluation research should ideally focus on evaluating 1. The effectiveness of a campaign in changing outcomes (knowledge, attitudes, behaviours), 2. process evaluation to assess the delivery of the campaign, and 3. return on investment.

A mix of quantitative and qualitative methods is recommended. For outcome evaluation, randomised control trials (RCTs) are the gold standard – which involve conducted pre and post campaign measurements with an intervention and a case control group. If an RCT is not possible, pre and post campaign cohort survey studies are acceptable although these cannot guarantee that any changes in outcomes are directly caused by the campaign.
Process evaluation commonly uses qualitative methods such as interviews, focus groups or Delphi survey methods with managers, frontline staff, and target groups to evaluate the effectiveness of the implementation of the campaign. Return on investment evaluation involves quantitative analysis of the financial and other costs of delivering behaviour change (Stead & Gordon 2009; French & Gordon 2019).

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;**

The AASM advocates that best practice approaches to designing and implementing campaigns to reduce drug demand should follow a strategic social marketing approach.

Such an approach would:

➢ Draw on scoping research to unpack key issues, trends, challenges and opportunities affect drug and substance abuse
➢ Draw on core values of reciprocity, mutuality, diversity and inclusivity, societal value and social justice, emancipatory, participatory, ethical, and creativity
➢ Informed by ways of thinking strategically, systems thinking, critically, reflexively, competitively trans-disciplinary, ethically, and utopian
➢ Make use of careful scoping, planning, monitoring and evaluation frameworks (e.g. the Total Process Planning Model (French & Blair-Stevens 2008), WHO Combi model (WHO 2013), or STELa planning framework (French 2017)
➢ Utilise formative research with the target group, communities and key stakeholders to develop insight to inform the behaviour change process, pilot testing to test interventions, and evaluation research to evaluate process, outcomes, and return on investment
➢ Adopt a citizen centred approach that develops relationships, trust and rapport and facilitate participation with citizens and stakeholders; and involves them in the design and implementation of campaigns that reflect their lives, issues, challenges, values, needs and wants
➢ Apply appropriate theory and science of behaviour and social change
➢ Segment, targets and positions campaigns according to different groups of drug and substance abuse populations and other relevant target groups according to their demographic, geographic, psychographic and behaviour characteristics
➢ Use a broad, creative and multi-faceted mix of intervention tools and tactics that move beyond communications only (see Figure 1). Although social media, digital channels, and traditional advertising may well be recommended and effective approaches to reduce drug and substance abuse any decisions on which intervention tools to use should be informed by formative research and insights, theory, segmentation analysis, and pilot-testing.

Figure 1: The Strategic Social Marketing Intervention Mix
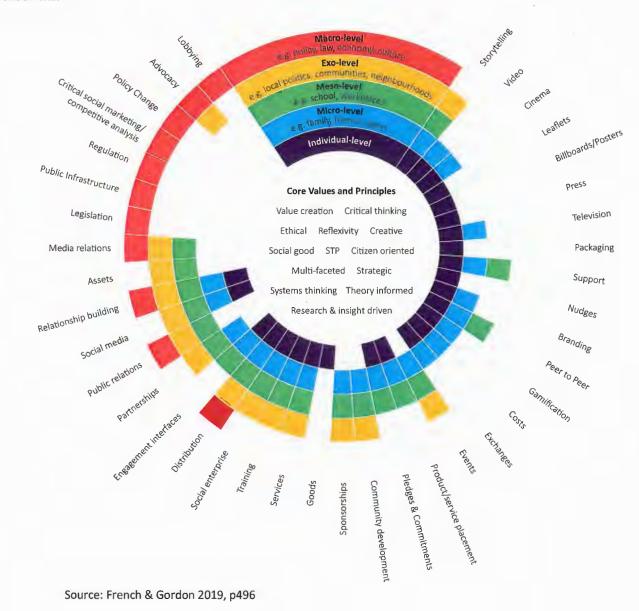

Universal influences
Person
Process
Context
Time and Space
Jurisdiction
Materiality

Core Values and Principles
Value creation   Critical thinking
Ethical   Reflexivity   Creative
Social good   STP   Citizen oriented
Multi-faceted   Strategic
Systems thinking   Theory informed
Research & insight driven

Source: French & Gordon 2019, p496

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

The AASM is supportive of the concept of the National Drug Strategy and its focus on drug education, treatment, and usage prevention. The association also welcomes the focus on harm minimisation within the strategy, and the delivery of harm minimisation programs working with high risk groups. Major successes in tackling tobacco related harm have been supported by the strategy with smoking prevalence rates in Australia among the lowest in the world (ABS 2019).

However, a criticism of the strategy is that in practice it tends to focus more on criminality rather than adopting a public health perspective. Furthermore, there are questions about the level of focus and commitment to harm minimisation in the practice of the delivery of the strategy. We note that up to 2/3rds of illicit drug expenditure is on law enforcement rather than harm minimisation (Ritter 2013). A public health perspective to addressing drug and substance abuse that focuses on harm minimisation, a segmented approach that focuses on protecting high-risk groups, selective decriminalisation of certain drugs such as cannabis, testing of recreational drugs at events, and improved access to drug treatment and support services including mental health services is advocated (Mosher & Yanagisako 1991; Rogeberg 2015). Such approaches in other parts of the world such as Scotland have been particularly successful at not only mitigating drug and substance abuse harms but reducing violent crime (Chricton 2017).

Public communications to reduce drug and substance abuse have tended to predominantly focus on individual level change, rather than also focusing on community level change. Community initiatives such as Good Sports and Local Drug Action Teams offer some examples, but more is needed. Strategic social marketing programs that involve action at the individual, community, and structural level as set out in this submission are needed. Furthermore, existing campaigns tend to often adopt fear-based messages, and do not consistently utilise the principles, theory and science of behaviour change, and they tend to be communications focused - rather than using a broader and integrated suite of intervention tools and tactics.

e. any related matter.

The AASM welcomes the opportunity to make a submission to this inquiry and would also welcome the opportunity to provide training to government and other stakeholders regarding social marketing for behaviour and social change, and to be involved in an advisory capacity in the development of future policy and public communications programs aimed at targeting demand for drugs and substance abuse. We look forward to seeing the outcomes of this inquiry in due course.

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References:

Australian Bureau of Statistics (ABS). (2018). National Health Survey. Canberra: ABS.

Browne, J & Renzaho, A. (2010). Prevention of alcohol and other drug problems in culturally and linguistically diverse communities, Prevention research quarterly, 13: 1-24.

Cathcart, R.L. & Glendon, A.I. (2016). Judged effectiveness of threat and coping appraisal anti-speeding messages, Accident Analysis and Prevention 96 237–248.

Chricton, J. (2017). Falls in Scottish homicide: Lessons from homicide reduction in mental health patients. BJPsych Bulletin, 41: 185-186.

Das, J., Salam, R., Arshad, A., Finkelstein, Y & Bhutta, Z (2016). Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. Journal of Adolescent Health, 59: S61- eS75.

Firestone, R., Rowe, C.J, Modi, S.N & Sievers, D. (2017). The effectiveness of social marketing in global health: a systematic review, Health Policy and Planning, 32(1): 110–124.

French, J. (2017) 'Social marketing planning', in J. French (ed.), Social Marketing and Public Health: Theory and Practice (2nd edn). Oxford: Oxford University Press. pp. 27–50.

French, J. & Blair-Stevens, C. (2008) The Total Process Planning Framework for Social Marketing. London: National Social Marketing Centre.

French, J & Gordon, R. (2019). Strategic Social Marketing: For Behaviour and Social Change, 2nd Edition. London: Sage Publications.

iSMA, ESMA, AASM (International Social Marketing Association, European Social Marketing Association and Australian Association of Social Marketing) (2013) Consensus Definition of Social Marketing.

Jackson., C., Geddes, R., Haw, S & Frank, J (2011). Interventions to prevent substance use and risky sexual behaviour in young people: a systematic review. Addiction. 107: 733-747.

Kariippanon, K., Gordon, R., Jayasinghe, L., Gurruwuiwi, G. (2020). Collective reflexivity in social marketing through ethnographic film-making: The Yolngu story of tobacco in Yirrkala, Australia. Marketing Theory, 20(1): 123-143.

Kubacki, K., Szablewska, N. (2019). Social marketing targeting Indigenous peoples: a systematic review. Health Promotion International, 34: 133-143.

Kelly, MP & Barker, M. (2016). Why is changing health-related behaviour so difficult? Public Health, 136: 109-116.

Loxley, W. (2005). Interventions for Illicit Drug Users Within the Criminal Justice System- A Review of Some Programs in Australia, the United Kingdom and the United States. In T Stockwell, P Gruenewald, J Toumbourou & W Loxley. Preventing Harmful Substance Use. London: John Wiley.

Mosher, J.F & Yanagisako, K.L (1991). Public Health, Not Social Warfare: A Public Health Approach to Illegal Drug Policy. Journal of Public Health Policy, 12:278-323.

Onrust, SA., Otten, R., Lammers, J & Smit, F. (2016). School-based programs to reduce and prevent substance use in different age groups: What works for whom? Systematic review and meta-regression analysis. Clin Psychol Rev, 44:45-59.

Ritter, A. (2013). Government Drug Policy Expenditure in Australia – 2009-2010. Sydney: National Drug and Alcohol Centre.

Roe, S & Becker, J. (2005) Drug prevention with vulnerable young people: A review, Drugs: Education, Prevention and Policy, 12(2): 85-99,

Rogeberg, O. (2015). Drug policy, values and the public health approach-four lessons from drug policy reform movements. NAD Nordic Studies on Alcohol and Drugs, 32(4): 347-364.

Skara, S & Sussman, S. (2003). A review of 25 long-term adolescent tobacco and other drug use prevention program evaluations. Preventive Medicine, 37: 451-474.

Snijder, M., Stapinski, L., Lees, B. et al. (2020). Preventing Substance Use Among Indigenous Adolescents in the USA, Canada, Australia and New Zealand: A Systematic Review of the Literature. Prevention Science, 21: 65–85.

Stead, M & Gordon, R. (2009). Providing evidence for social marketing's effectiveness. In French, J., Blair-Stevens, C., McVey, D., Merritt, R. (Eds.) Social marketing and public health: Theory and practice. Oxford: Oxford University Press; 81-96.

Stead, M., Gordon, R., Angus, K & McDermott, L. (2007). A systematic review of social marketing effectiveness. Health Education, 107(2): 126-191.

Stewart, T., Reilly, R &   Ward, J. (2018). Community-based interventions to address alcohol and

drug use in Indigenous populations in Australia, New Zealand and Canada: a systematic review protocol. JBI Database System Rev Implement Rep: 16(7):1485–1489.

Tannenbaum, M. B., Hepler, J., Zimmerman, R. S., Saul, L., Jacobs, S., Wilson, K., & Albarracín, D. (2015). Appealing to fear: A meta-analysis of fear appeal effectiveness and theories. Psychological bulletin, 141(6), 1178–1204.

Thornton, J., & Rossiter, J. R. (2001). Advertising wearout of shock-value anti-speeding ads. Proceedings of the Australian and New Zealand Marketing Academy Conference, Albany.

Witte, K., & Allen, M. (2000). A Meta-Analysis of Fear Appeals: Implications for Effective Public Health Campaigns. Health Education & Behavior, 27(5), 591–615.

World Health Organization (WHO) (2012) Communication for Behavioural Impact (COMBI): A Toolkit for Behavioural and Social Communication in Outbreak Response. Geneva: WHO.

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